INTEGRATION POLICY AND PSYCHOSOCIAL WELL-BEING: A COMPARISON OF THE EXPERIENCES OF REFUGEES FROM BOSNIA-HERZEGOVINA IN GERMANY AND SWEDEN, 1992-1995

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ABSTRACT

REGINA KUTLE: Integration Policy and Psychosocial Well-being: A Comparison of the Experiences of Refugees from Bosnia-Herzegovina in Germany and Sweden, 1992-1995 (Under the direction of Dr. Robert Jenkins)

This paper presents a comparison of the policies of Germany and Sweden and assessments of well-being in each country in order to evaluate the impact that immigration policies may have on the mental and physical health of immigrants. On the basis of my comparisons, I draw conclusions about the impact of policies on well-being, and I argue that a stable home environment and a new social network were key determinants of life satisfaction for Bosnian refugees.

TABLE OF CONTENTS

	LIS	ST OF TABLES	V
Chapter			
	I.	AN INTRODUCTION TO INTEGRATION AND WELL-BEING	1
		THE IMPORTANCE OF HOME AND SOCIAL NETWORKS IN TRADITIONAL BOSNIAN COMMUNITIES	3
		BOSNIAN NOTIONS OF HOME AND SOCIAL NETWORKS IN THE CONTEXT OF THE TRANSITION FROM RURAL BOSNIAN SOCIETY TO HIGHLY DEVELOPED COUNTRIES IN NORTHERN AND CENTRAL EUROPE	7
	II.	THE INTERNATIONAL RESPONSE TO THE "BOSNIAN REFUGEE CRISIS")
		THE GERMAN AND SWEDISH RESPONSES TO THE REFUGEE CRISIS	5
	III	. CONCEPTS OF INTEGRATION AND WELL-BEING 18	3
		APPROACHES TO INTEGRATION	3
		APPROACHES TO WELL-BEING)
		THE RELATIONSHIP BETWEEN INTEGRATIVE POLICIES AND WELL-BEING	1
	IV	. COMPARING ASYLUM POLICIES AND INTEGRATION OUTCOMES IN GERMANY AND SWEDEN	1
		MEANS AND MARKERS	5
		SOCIAL CONNECTIONS)
		FACILITATORS	l
		EQUIND ATION 22	`

	WELL-BEING AMONG BOSNIAN REFUGEES IN GERMANY AND SWEDEN	
	THE LINK BETWEEN INTEGRATION AND WELL-BEING IN SWEDEN	55
	PHYSICAL AND PSYCHOLOGICAL WELL-BEING WITH REGAR' TO PHYSICAL AND PSYCHOLOGICAL DISTRESS: SELF- CONFIDENCE, APPETITE, MEMORY, CONCENTRATION, SLEEP, NIGHTMARE, AND PAIN	
	STRESSORS OF MIGRATION	
VI.	CONCLUSIONS	54
REI	FERENCES	57

LIST OF TABLES

Table 1: Means and Markers: Employment, Housing, Education, and Health	29
Table 2: Social Connections: Social Bonds, Social Bridges, and Social Links	31
Table 3: Facilitators: Language, Cultural Knowledge, Safety, and Stability	32
Table 4: Foundation: Rights and Citizenship	35

CHAPTER 1

AN INTRODUCTION TO INTEGRATION AND WELL-BEING

People adapt. Scholars who study migration look at the ways people adapt to change and new circumstances. Adaptation to change or new circumstances may be successful or unsuccessful.

People often experience stress when something from their environment threatens—or has the potential to threaten—the status quo, reducing ones sense of well-being. Conversely, after a perceived threat has been addressed or disappears on its own, it is natural for stress to decrease or disappear. I think this is a useful way to approach the study of refugees.

Involuntary migration is stressful at every stage of the process. Refugees experience stress from the uncertainty inherent in every situation they encounter throughout the experiences of uprooting, exile, migration, and putting down new roots. Until a person successfully adapts to a new place, i.e. acquires the necessary knowledge and resources to maintain the status quo, he or she will continue to feel stressed. If the process of adaptation to a new setting is incomplete or delayed, a person will continue to experience uncertainty in everyday life that can have repercussions for one's psychosocial well-being.

Adaptation and integration are closely interrelated. Adaptation is a process that requires only one actor. In a modern society, I think the process of integration requires at least three actors—an individual, society, and bureaucratic institutions. If these three

actors do not work in concert, integration will not be successful. Thus, a receiving society must provide newcomers with either the basic elements of normal and happy living, or the necessary tools to attain them themselves.

All humans have certain basic needs such as the need to belong, to feel safe, to have a supportive social network, et cetera¹. Social welfare policies in a given state should ensure that these basic needs are met for everyone within its territory. This is the first step towards integrating refugees.

In this thesis, I will compare the policy environments that confronted the group of refugees that left Bosnia-Herzegovina mainly in the first two years of the war (1992 and 1993) and applied for asylum in either Germany or Sweden. First, I will provide some background information on international refugee law and the context of reception in Germany and Sweden. Second, I will review the literature on integration and well-being pertaining to refugees. Third, I will explain the framework I used to assess whether policies promoted integration. Fourth, I will analyze the data on well-being outcomes among Bosnian refugees in German and Sweden. Fifth, I will review the conclusions of my research and suggest some areas for further research.

The Swedish policies towards Bosnian refugees promoted their integration into the social, cultural, and economic infrastructure of Sweden. The government granted them civil and political rights and access to the educational system, the labor market, and social welfare services. This in turn generated a sense of stability and belonging and

¹See Universal Declaration of Human Rights; Ager (2004).

²"Zadruga" also refers to the central gathering place where people brought their excess capacity (seeds, produce, meat) for 'credit' or vouchers, for purchase of goods that 'government' stores were selling"

³Such as urbanization, liberalization, and the rise of ethnic tensions within multi-ethnic Yugoslav villages.

⁴For more on this, see Jansen and Lofving (eds.) (2009) and Huttunen (2009).

enabled the refugees to recreate the central institutions of traditional Bosnian communities before the 1992-1995 war—home in the sense of a center of social life, and social networks. I argue that the stability of permanent residency and the recreation of the traditional Bosnian community institutions mitigated the stress of exile and migration for Bosnian refugees in Sweden.

Few studies have analyzed the impact that exclusionary immigration policies can have on the mental and physical health, subjective quality of life, and overall psychosocial well-being of refugees, and I did not find any studies on Bosnian refugees that looked specifically at Germany and Sweden. I hope that this paper can offer a useful framework for future research into the impact of state policies on its inhabitants' subjective well-being.

I selected Germany and Sweden for comparison because they a lot in common. First, together they took in almost half of the entire Bosnian refugee population, so the policies of these countries affected a major portion of the Bosnian refugee population. Second, the ratio of refugees to native population was similar. Third, they are welfare states. Fourth they both have large immigrant populations (Al-Ali, Koser and Black 2001). An important difference lies in their policies towards Bosnian refugees were near total opposites. Thus, I expect to find clear differences in well-being outcomes among Bosnian refugees in these countries.

THE IMPORTANCE OF HOME AND SOCIAL NETWORKS IN TRADITIONAL BOSNIAN COMMUNITIES

Tone Bringa argues that, in the highly gendered, patrimonial culture of pre-war rural Bosnia, the married woman was the core of social relations and the glue of the social fabric of the village. Women were responsible for organizing the social life in the

community (Dzumhur) and for upholding their family's reputation within the community. Upholding the family's reputation meant maintaining her household, fulfilling her wifely duties, raising her children with strong family and communal values, and abiding by a number of unspoken rules of social etiquette. Visiting other households in the village and inviting neighbor households to participate in celebrations, life events, and status changes was very important in terms of social decorum and resulted in a highly interlinked and closely bonded community that is distinctly Balkan.

In Yugoslavia, the tight-knit nature of villages continued to be reinforced by socio-economic realities of village life. First, it is important to keep in mind that small villages were sometimes entirely comprised of two or three large families. Second, these people were highly immobile; so multiple generations of the same families often lived in the same locale (Kutle, n.p.). Third, as is the case in many underdeveloped economies where currency circulation is low, there was essentially a barter economy in place, thus, "People depended on one another [to fulfill] their basic needs" (Kutle, n.p.). Fourth, gender roles were clearly delineated and had important implications for social etiquette. For example, wives were not free to visit friends until they had completed their wifely duties around the house such as cooking for their husband and cleaning. These socioeconomic realities provide some helpful insight into community relations in rural Bosnia.

Wives often visited friends, family, and neighbors during the day while their husbands were at work. There were many unspoken rules governing facets of socialization etiquette such as the number and frequency of social calls. Women were expected to visit neighbors frequently but not too frequently so as to give the impression that they were gossiping too much or avoiding their work in the home. Additionally,

nearby neighbors were expected to interact most often, especially when there was a celebration marking a status change or special occasion (Bringa, 91-92). Social calls were not limited to special occasions, but were a daily occurrence.

On a day-to-day basis the most sustained informal interaction between households was through women and the coffee-visits by which they frequently and visibly represented their households in the village community. Since men spent most of their time outside the village they relied on women both inform them about the latest village events and to express and maintain Muslim community values which they, as proletarianized workers in a "Yugoslav" environment, could express only rarely (Bringa, 91-92).

In addition, families would sometimes visit friends and neighbors together.

On winter evenings particularly, villagers, whether men, women, or children, socialized at sijelo: several household members, often together with members of other households [domaćinstva], went together to visit a neighboring household. They spent the long evenings drinking coffee, exchanging the latest news about life in the village, and talking about the tasks that lay ahead next spring and summer in the fields and at home (Bringa, 92).

Visiting friends and taking turns hosting friends at one's house is a source of great enjoyment for Bosnians, and women take great pride in being good hostesses.

The system of social organization and the Bosnian Muslim identity were anchored by the idea of "kuća" which means "house" or "household"; the home was the key community institution in Balkan culture. Until the late 20th century, the South Slavs were predominantly peasants. In those times, the basic South Slav social unit was the "zadruga," which basically means a large household comprised of a nuclear family and extended family members that shared responsibility for farming a plot of land² (Stahl, 53).

5

²"Zadruga" also refers to the central gathering place where people brought their excess capacity (seeds, produce, meat) for 'credit' or vouchers, for purchase of goods that 'government' stores were selling" (Kutle).

Generally speaking, building a house took years or even decades to complete, and required the help of the local community. After a young couple married, "[v]ery often, existing houses were expanded by adding a second story or additional room or two for the 'new' family. Newlyweds did not have the resources to actually build homes by themselves" (Kutle). The construction of individual households occurred with greater frequency in the late 20th century, accompanied by gradual urbanization, but the legacy of heavy reliance on family and community for socialization and economic purposes endured largely until the breakup of SFR Yugoslavia. In more recent decades with the advent of bank credit, newlywed couples have been more able to build their own houses, but typically in Yugoslavia, "the barter system (labor) was the core of financing....

Materials were gathered over a long period of time, sometimes [were] self-made (people would make their own bricks or blocks, buy them as second hand or by similar means)" (Kutle).

The house was the basis for engaging in the social community and demonstrating the moral character of its proprietors. For these and other reasons, the destruction of thousands of Bosnian households in the Bosnian war has crucial implications for social relations among Bosnians inside and outside of Bosnia today.

Only when we realize the amount and length of the hard work and effort which families have invested in the building of their house (and home), can we fully understand the tragedy of the systematic burning of homes in rural Bosnia in the war and the devastating effect it has had on people. When they lose their house, they lose all they have worked for in the past and much of what they would have lived for in the future. Particularly for the man as a husband and father, the house he managed to build symbolized his social worth; it was the proof of his hard work and commitment to his family and their future well-being. But the house or kuća also represented the moral unity of the household and the moral quality of its members, and while men were the builders of the house, women were the guardians of its moral values. [T]his unity and moral quality were ultimately embodied in the women of the household, indeed that the house and its women

were symbolic mirror images. They both embodied moral values and unity and delineated the boundaries for social intimacy. ... Men are the constructors of the kuća, women its sustainers. Men provide the material substance for the kuća, while women are critical in determining the moral environment within which new members are given their Muslim identity. It told a visitor that the hostess was "vrijedna" (worthy, also meaning industrious) and "čista" (clean, but meaning a woman who kept her house and its members clean and tidy) (Bringa, 86-87).

This passage illustrations the way that the traditional Bosnian household encapsulates some of the key values of Bosnian society, including industriousness, family unity, moral uprightness, pride in one's household, and community interconnectedness.

The unique connection between home, household, and community is still evident among older generations in rural villages (Kutle, n.p.). In recent decades the nature of social relations in Bosnian communities has changed as a result of social transformative processes that occurred under SFR Yugoslavia³ and the social upheaval and demographic changes created by war in the 1990s.⁴ Nevertheless, the institutions of household and social network are fundamental elements of a "good life" consistent with "the Bosnian way."

BOSNIAN NOTIONS OF HOME AND SOCIAL NETWORKS IN THE CONTEXT OF
THE TRANSITION FROM RURAL BOSNIAN SOCIETY TO HIGHLY DEVELOPED
COUNTRIES IN NORTHERN AND CENTRAL EUROPE

Given the importance of home and social networks in maintaining the status quo,

I argue that recreating a stable home environment and a new social network were the key

determinants of whether Bosnian refugees developed feelings of satisfaction with their

³Such as urbanization, liberalization, and the rise of ethnic tensions within multi-ethnic Yugoslav villages.

⁴For more on this, see Jansen and Lofving (eds.) (2009) and Huttunen (2009).

⁵"The good life" is a reference to a phrase that I have come across a few times while researching the experiences of Bosnian refugees during the 1992-1995 war.

⁶This is a reference to one of the most referenced books on Bosnian culture (Bringa 1995).

lives. I anticipated that an inadequate housing situation and minimal social interaction (due to policies that restricted interaction with local citizens and reinforced linguistic and cultural barriers between the refugees and the native population) would negatively affect psychosocial well-being among Bosnian refugees in Germany. Though home and social networks are important to all people, I will argue that creating a stable home environment and new social network were key determinants of life satisfaction abroad.

In my research on Bosnian refugees, I have come across several instances where a Bosnian individual mentioned the concepts of home and social networks. For example, Miller et al. (2002) reported, "In talking about their lives in prewar Bosnia, the majority of participants in the present study described a rich network of social relations that included nuclear and extended family members, good friends with whom they had frequent contact, and a network of less intimate but highly valued relationships with acquaintances, neighbors, and coworkers" (Miller 2002, 345).

A study by Huttunen (2010) study identified loss of social network to be a key source of distress for Bosnians in Finland. The author stated, "During my research among Bosnians in Finland I asked several times, what was most important for them in Bosnian culture. The answers revolved around ideas of dense social networks, frequent visiting and mutuality among fellow people" (Huttunen 2010, 49).

The loss of the social network as a result of the war was very painful for Bosnian refugees because they were accustomed to leaning on their social network in times of stress. Furthermore, since everything in their prewar lives was connected to their social network, its loss also meant the loss of the status they had enjoyed within their community before the war, loss of the sense of purpose that one feels in performing an

important social role within their community, and for many, the loss of autonomy (Miller 2002, 349).

From a series of interviews, Maja Korac concluded that where Bosnian refugees in Italy managed to build interpersonal relationships with locals, it positively affected their attitudes and "tended to counterbalance their dissatisfaction with the quality of their participation in the labour market as well as their objectively undervalued social role. It also helped to deal with uncertainties of their temporal (legal) status" (Korac 2009, 114). This quote supports my argument that the presence of a good home situation and a strong social network may be the determinants of whether a Bosnian refugee feels satisfied with his quality of life in a host country.

More broadly, the perception that one "fits-in" in his or her community has been shown to have positive psychological effects on refugees (e.g. Eastmond 2000, Mestheneos and Ioannaidi, 2002, Valenta, 2008). Language is a crucial factor in on the road to becoming self-reliant and in gaining the acceptance of the native population (Sundquist et al. 2000; Huttunen 2009, 115). According to Korac (2009, 115) "[the refugees] strongly placed value upon interpersonal contacts with the majority groups, because these social interactions and exchange made them feel included and part of the social fabric of life" (Korac, 115).

CHAPTER 2

THE INTERNATIONAL RESPONSE TO THE "BOSNIAN REFUGEE CRISIS"

The Bosnian war created approximately 1 million refugees and 1 million internally displaced persons (IDPs), triggering what is referred to as the "Bosnian Refugee Crisis" (UNHCR 2000). Within a relatively short span of time, 1 million people left Bosnia and Herzegovina to seek refuge in neighboring countries. The largest number of refugees and IDPs were Bosnian Muslim families fleeing Serb cleansing operations in Bosnia and Herzegovina. Between 1992 and 1995, approximately 350,000 Bosnian refugees fled to Germany, and about 86,500 went to Austria; Sweden took in the third largest number—about 70,0008 (UNHCR).

The Refugee Crisis was a catalyst for a number of ad hoc policies in receivingstates that attempted to respond to this massive influx of protection seekers. Prior to the Bosnian war, national asylum policies varied considerably in their implementation of international law and no serious efforts had been made to harmonize asylum policies in Europe. The idea of "temporary protection status" was one of the ad hoc policies that European states widely adopted and policymakers and scholars have widely criticized.

Sadako Ogata, the United Nations High Commissioner for Refugees (UNHCR), proposed the idea of "temporary protection" shortly after the war began in Bosnia. This policy meant that "a person [could] be granted temporary asylum if fleeing situations of

⁷The majority arrived during the first year of the war.

⁸About two-thirds of the total figure arrived by June 1993 (about 44,000) (Al-Ali, Koser and Black 2001).

generalized violence in contrast to refugee status which guarantees the permanent protection of persons fleeing conditions of individual persecution as stipulated in the Geneva Convention of 1951" (Korac 2009, 59-60). Commissioner Ogata thought that Temporary Protection (TP) would encourage European states to "share the burden" of refugee protection because, first, TP assured European states that the refugees would not stay forever. Second, TP gave states permission to circumvent the costly and lengthy asylum determination process that dampened interest in helping with the refugee crisis (Al-Ali, Koser and Black 2001, 532). Unfortunately, the policy was not successful.

Temporary protection did not bring about equal sharing of the "refugee burden" as it was intended to do. Fourteen European states took in refugees from Bosnia and Herzegovina. Germany, Austria, and Sweden together absorbed 89 percent of the refugees from the former Yugoslavia (Al-Ali, Koser and Black 2001, 533). Clearly, the distribution of the refugee burden was not equal. Moreover, there were other consequences of the policy. For instance, some EU countries "lower[ed] their welfare standards for refugees...[to] make their societies 'less attractive' destinations" (Korac 2009, 56). In addition, since TP released states from their obligation to carry out official asylum proceedings for every refugee, in this way temporary protection essentially negated the 1951 Refugee Convention and deprived refugees of all the rights to which they would have been entitled as "Convention refugees." In effect, the rights of Bosnian

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⁹Preexisting social ties and the fact that (at least for Sweden and Germany) these states had reputations for welcoming immigrants and refugees, and economic opportunities are some reasons Bosnian refugees chose to go to these countries.

¹⁰A "Convention refugee" is a person who meets the 1951 Refugee Convention's definition of refugee, undergoes asylum-determination proceedings in a host country, and gains the official legal status category "refugee."

refugees were left to states' discretion and were contingent upon the generosity of those states.¹¹

Unfortunately, beyond motivation to showcase their humanitarianism, ¹² states had little incentive to welcome and extend their generosity to Bosnian refugees. To list a couple, Sweden was experiencing an economic slump with high unemployment, and the German economy had sunk into a recession by 1992, due in large part to the extraordinary expense associated with rebuilding East Germany in the years after reunification, to the tune of tens of billions of Deutschemarks per year (Bibow 2001, 2). Towards the end of 1991, unemployment, public debt, and hate crimes against immigrants were rising rapidly.

By signing the 1951 Convention, the 141 signatories agreed protect the rights of refugees, including the following:

...the civil and political rights [of refugees including] protection from refoulement and expulsion, non-discrimination, protection from torture or cruel, inhuman or degrading treatment or punishment, freedom of movement, [and] access to the courts... Economic and social rights comparable to those generally available in the asylum country...including access to adequate housing, assistance or employment, health care and primary and secondary education... Respect for family unity is fundamental, and countries of asylum should help close family members be reunited (Jastram and Achiron, 68)

These rights were only guaranteed for people who met the definition of "refugee" in the Convention, and did not apply to asylum-seeking people. "Refugee" is defined in the following passage from the Refugee Convention:

¹²After World War II, concern for the respect of universal human rights increasingly influenced international relations to the point that states have used humanitarianism as a justification for military intervention in several conflicts.

¹¹As was the case with the 1951 Refugee Convention and 1967 Protocol, states did not implement the policy of temporary protection uniformly (Al-Ali, Koser and Black 2001, 532).

¹² After World War II, concern for the respect of universa

The 1951 Convention consolidates previous international instruments relating to refugees and provides the most comprehensive codification of the rights of refugees at the international level. In contrast to earlier international refugee instruments, which applied to specific groups of refugees, the 1951 Convention endorses a single definition of the term "refugee" in Article 1.The emphasis of this definition is on the protection of persons from political or other forms of persecution. A refugee, according to the Convention, is someone who is unable or unwilling to return to their country of origin owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group, or political opinion. The Convention is both a status and rights-based instrument and is underpinned by a number of fundamental principles, most notably non-discrimination, non-penalization and non-refoulement (UNHCR Convention and Protocol Relating to the Status of Refugees").

In this passage, the phrase relating to "protection of persons from political or other forms of persecution" is important. This wording in the 1951 Convention Relating to the Status of Refugees¹³ was problematic for Bosnian refugees (Davy 1995).¹⁴

To gain refugee status, a person must be fleeing "political persecution" which refers to *state* violence against its citizens or *state* persecution of its citizens. European immigration courts could interpret the Refugee convention definitions rigidly or loosely. Since the Bosnian refugees' aggressor was the Army of the Federal Republic of Yugoslavia (*Jugoslovenska Narodna Armija*, or JNA)— not the Army of Bosnia and Herzegovina, ¹⁵ technically, Bosnian asylum-seekers did not qualify for refugee status. German courts rejected almost all Bosnian applications for asylum on the basis of strict

13

¹³The 1951 Convention is an agreement signed by 141 countries governing the rights and treatment of refugees.

¹⁴Davy (1995) goes into detail about the criteria by which German asylum officials declared Bosnian asylum seekers ineligible for refugee status according to national law as well as a detailed explanation of the German constitution's and the 1951 Refugee Convention's legal definitions for 'refugee' and the framework of German refugee law within international refugee law.

¹⁵Bosnia and Herzegovina did not have its own army until 2005. After Slovenia and Croatia declared independence from the Socialist Federal Republic of Yugoslavia (SFRY), the National Army of SFRY (also known as the JNA) fell into the hands of the Serb-led rump-state (the Federal Republic of Yugoslavia, or FRY). The Serb-led JNA then launched a war in Croatia and Bosnia and Herzegovina so as to bring all Serb-inhabited lands into FRY.

interpretation of the 1951 Convention. The Bosnians' only option was to accept the temporary protection option that the German government offered them.¹⁶

Not only did TP fail to encourage "burden-sharing," among European states, On another level, the Refugee Crisis revealed the inadequacy of the asylum infrastructure in Europe and demonstrated the need for greater harmonization of European asylum laws. Since 1999, the European Community has taken major steps towards becoming better able to accommodate large refugee influxes and is, as a result, a more integrative place for migrants overall. However, the initial policy of "temporary protection" was a massive failure. It did not encourage "burden-sharing" among European states, and Germany was stuck with several hundred thousand people it could not accommodate, so it did not. An unforeseen consequence was that the psychosocial wellbeing, quality of life and mental health of Bosnian refugees in Germany steadily declined in an environment where the state tailored its policies in order to impede integration into German society.

There are several other reasons why European states such as Germany were concerned about implementing integration policies for refugees. Since the 1970s, there have been more and more abuses of the asylum system in some European countries, particularly as individuals from less developed countries seek out economic opportunities in more developed countries such as Germany, where abuses of the asylum system have skyrocketed particularly since the 1980s.

Another reason why policymakers were wary to implement integration measures around the time of the Bosnian refugee crisis was that they did not want to participate inor reward the ethnic cleansing that the Serbs were conducting. This concern to remain

14

¹⁶They could appeal the ruling, but the process was very long and usually fruitless. If they chose to appeal the ruling, they held TP status throughout the appeals process.

neutral was part of the reason why the UN and Dayton Agreement—in addition to European governments that hosted Bosnian refugees—advocated the policy of repatriation over integration for the displaced persons and refugees from Bosnia and Herzegovina.

An additional reason for limiting immigrant incorporation pertains to politicians' fear of public backlash domestically. The immigration debate was a salient issue in Germany especially in the 1990s after the fall of the Berlin wall, and jobs became scarce around this time. The country began to experience a rapid increase in xenophobia and xenophobic attacks against foreigners just before the Bosnian War began, making the German attempts to limit its responsibilities regarding protecting Bosnian refugees particularly important to political leaders at that time. Swedish citizens' attitudes towards labor migrants depended a lot on the strength of the Swedish economy, but certainly refugee immigration into Sweden was not as much a hot button issue as it was in Germany (UNHCR 1995).

THE GERMAN AND SWEDISH RESPONSES TO THE REFUGEE CRISIS

The start of the Bosnian war forced European policymakers to quickly take a stance on the Bosnian War and the question of temporary protection versus integration. When the war in Bosnia forced Bosnians to seek refuge in neighboring European states, the European Community scrambled to react to the rapid outpouring of people from the former Yugoslavia. Germany and Austria quickly imposed visa restrictions to mitigate the anticipated barrage of asylum-seekers and most European states followed suit.

Sweden, on the other hand, did not immediately close its borders to the Bosnian refugees. Swedish immigration officials worked to find a way to speed up the asylum

determination process to accommodate the Bosnian refugees, but the refugee reception system in place at that time, as in the rest of Europe, was far too inadequate to handle the large number of applicants it received between 1992 and 1993. By mid-1993, the Swedish government decided on a solution. It granted permanent residence permits to the 44,000 Bosnian refugees that had arrived before June 21, 1993. Afterwards, Sweden tightened its borders but set to work on expanding the infrastructural capacity of its asylum regime and improving the mechanisms in place for integrating immigrants and refugees into Swedish society (Dacyl 1999, 168).

The decision by Swedish authorities to grant Bosnian refugees permanent residence permits entitled them to rights and status almost equivalent to those afforded full Swedish citizens. The stability and predictability that the residence permits created in the lives of these refugees had important implications for their mental health.

Furthermore, the residence permit was a key ingredient in integrating the refugees into the social and economic fabric of Sweden. Finally, permanent residence gave them the rights, resources, and access to services that made it possible for them to lead a relatively normal life in Sweden. Bosnian refugees in Germany did not enjoy such privileges, which made it much more difficult to lead a normal life.

In Germany, temporary protection status equated to an almost complete lack of rights and access to social and community services. It had the effect of alienating Bosnian refugees from German society and excluding them from the formal economy. The refugees received a "Duldung," a "toleration permit." Duldung was a short-term,

¹⁷In 1992 and 1993 it took in approximately 70,000 Bosnian refugees (UNHCR).

¹⁸Duldung is variously translated as "toleration," "toleration permit," "toleration status," "deportation status," "special permission to remain," or "de facto refugee status."

renewable residence permit, but did not constitute legal right to reside in Germany. Duldungs were given to asylum-seekers whose applications were found to be "unfounded" or "manifestly unfounded" but for whom it was unsafe to return to their country of origin. Bosnian refugees in Germany therefore held no legitimate right to reside in Germany and were forced to re-apply for a new duldung every three to six months, each time fearful of the possibility that it would not be renewed.

From the start of the Bosnian war the policy responses, attitudes, and treatment of the Bosnian refugees were totally different in Germany and Sweden. Swedish policies aimed to integrate the Bosnian refugees into Swedish society, whereas German policies were directed at preventing the refugees from putting down any roots in the Federal Republic. Over time, Swedish policies proved to be relatively integrative of the Bosnian refugees, whereas German policies toward the refugees made it difficult for them to lead a normal life. The restrictive, exclusionary German policies ultimately had deleterious effects on the mental health of the traumatized Bosnians in terms of mental illness, mood disorders, and sometimes psychosomatic pain.

¹⁹This means ineligibility for legal refugee status.

²⁰For more information on duldungs, asylum proceedings in Germany, and types of legal residency in Germany, see Crage (2009).

CHAPTER 3

CONCEPTS OF INTEGRATION AND WELL-BEING

In this chapter, I will discuss key ideas relating to the concepts of well-being and integration as they have been discussed in the social science literature on migration and refugees, and highlight a few studies that have identified linkages between policies and psychosocial well-being.

APPROACHES TO INTEGRATION

Integration has been defined as "a process by which individuals and groups of newcomers maintain their cultural identity while actively participating in the larger societal framework..." which involves "...a complex process of structural and social adjustments and relationships" and is "a process of building bridges and shaping identities to accommodate the translational realities of the modern world" (Korac 2005, 28-31).²¹ In general terms, integration is a two-way street that involves the host nation and migrant to meet each other half-way, so the migrant does not totally sever the ties with his native country and culture.

The ideas of home and social networks that I have laid out in the previous sections relate to several themes that appear in the literature on migrant integration. These themes include housing (Valenta and Ramet 2011), income, employment (Valenta and Bunar 2010), language, schooling (Wench 2007), and fundamental rights ("Measurement and

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²¹Maja Korac is an expert on refugee studies and in-migration.

Indicators of Integration," 15). Researchers have found that these themes are important for achieving integration.

A number of studies rely on economic indicators to measure integration.

Economic indicators such as unemployment or labor market participation rates among immigrant populations are useful for measuring integration if this data exists. Ager and Strang (1998) argue that services such as job-hunting assistance, access to vocational guidance or training services, having the right to work, receiving financial assistance (that enables refugees to live comfortably and at similar level at which they lived prior to displacement), and securing long term employment can promote economic integration.

Ager and Strang (2004) created a useful conceptual structure for assessing whether policies promote the integration of refugees. The framework is organized into 10 domains within 4 categories: Means and Markers (Employment, Housing, Education, Health), Social connection (Social bridges, social bonds, social links), Facilitators (language and cultural knowledge, safety and stability), and Foundation (rights and citizenship). The domains within "markers and means" may serve as markers of integration but more importantly they may *promote* integration.

The Migrant Integration Policy Index (MIPEX) is another effective model for assessing integrative policies, and a more effective tool for cross-country comparisons. It was devised in 2004 under another name with the purpose of assessing, comparing, and improving integration policy in European and North American countries. This index is comprised of 148 indicators that are organized under 7 categories: anti-discrimination, access to nationality (pertains to obtaining citizenship), family reunion, education, labor market mobility, political participation, and long term residence. These categories reflect

some of the most important aspects of the process of integration that appear throughout the literature on immigration and refugee movements. MIPEX measures the degree to which immigration policies in 31 countries are integrative according to a point scale.

AN APPROACH TO WELL-BEING

Psychiatrists Ann-Charlotte Hermansson and Toomas Timpka (1999, 319-320) define well-being as "the individual's perceived condition of existence with special regard to physical and psychological distress associated with migration and associated violence." The set of factors that determine psychosocial well-being may vary for different groups of people. A lot of studies indicate that the stressors of refugee life, such as displacement, statelessness, lack of stability or predictability in life, and loss can lead to psychosomatic illness, mental illness, and psychiatric problems. Oftentimes, researchers use incidence rates of psychosomatic problems to indicate the level of well-being of refugee or migrant populations. Researchers also rely on case studies, interviews, surveys, and medical assessments to assess well-being of migrant populations.

Hermansson and Timpka's (1999) framework focuses on distress, perception of existential conditions, and overall health. There are three major categories that contain 16 subcategories organized as follows:

- 1. Well-being with special regard to physical and psychological distress: Appetite, Self-confidence, Memory, Concentration, Sleep, Nightmare, Pain
- 2. Well-being in the meaning of perceived existential condition: Gladness, Activity, Calmness, Security, Happiness, Appetite for life, Loneliness;
- 3. Global measures: Mental health, Physical health (Hermansson and Timpka 1999, 320).

The authors state that, of these 16 categories, 10 are more robust to cultural difference.

The include appetite, sleep, physical health, memory, concentration, calmness, gladness,

appetite for life, self-confidence, and mental health. This model provides useful categories for organizing and comparing the data on well-being outcomes in different countries.

THE RELATIONSHIP BETWEEN INTEGRATIVE POLICIES AND WELL-BEING

Where states' policies towards immigrants are not integrative, refugees may experience anxiety as a result of the fear that they will be forced to return to a dangerous place, in addition to the anxiety related to the uncertainty of statelessness (Colville, n.p.). Studies have shown that when refugees are excluded from the administrative and economic infrastructure of their host country, there are often negative repercussions for refugees' life satisfaction. Where states' policies integrate immigrants into its administrative and economic institutions, life satisfaction can be much greater.

The ambiguity about one's future and the alienation from the surrounding community are inherent in the asylum-seeking process. Mestheneos and Ionnidi (2002) showed that discrimination, segregation, poor social support, and uncertainty during status determination proceedings are some factors that negatively affect the mental health of refugees.

Another major source of refugee distress is loss of socio-economic autonomy and dependency on host government welfare assistance. Huttunen (2005) interviewed Bosnian refugees who had lived in Finland before returning to Bosnia, and argues that, for these refugees, attaining a sense of normalcy and stability was important; normalcy and stability depended heavily on achieving financial independence and regaining former social and professional statuses. Koser and Black (2003) also found that financial dependency often has a negative impact on well-being of refugees in addition to an

inadequate housing situation. Employment and skills recognition are important for joining the social fabric of a host community. Unemployment negatively affects well-being because reduces the sense of agency and marks a departure from normal life (71). On the other hand, employment which leads to socio-economic stability promotes life satisfaction among refugees (Korac 2001, 69). Policies that are aimed at increasing refugees' ability to find employment, by offering access to higher education, vocational courses, apprenticeships, et cetera, contribute to integration (Valenta and Bunar 2008, 472).

Member States and argue that racism at "personal and institutional levels,"

"enforced dependency," and "marginalization of refugees in Member States with highly developed welfare systems" negatively affects refugees. Their study demonstrates that loss of previous social status, social exclusion, prolonged status determination procedures, spending long periods of time living in reception centers, difficulty entering the labor market, and overall inadequate social support for refugees has resulted in depression, feelings of helplessness and humiliation, and psychological scarring among refugees in EU states. The researchers argue that these social and bureaucratic factors serve as obstacles to integration for refugees who have a wish to be accepted by their host societies.²²

There are negative effects on mental health of living in a situation where one's future is highly ambiguous. Temporary residence permits (Koser and Black 1999; Anderson 2001) and delayed access to employment, adequate housing, and language

²²For more on "adult education and its role in the social inclusion of migrants" in Sweden, see Alund, Dahlstedt, and Alund (2008).

training can be major impediments to integration and often lead to feelings of alienation, social isolation, and loneliness among refugees (Valenta and Ramet 2011).

When states integrate immigrants into its administrative system by granting them the right to work, to attend school, to access public services, et cetera, there are at least four major implications for well-being. First, equal status as legitimate members of the country helps to bridge the divide between citizens and immigrants and paves the way for the creation of social networks between the groups, thereby limiting the sense of alienation that immigrants often feel when living in a foreign country. Second, access to the labor market and educational system give immigrants the ability to achieve the same or similar socioeconomic status that they held in their country of origin if they are so motivated. Third, having the ability to work or attend school gives people a sense of stability, purpose, and a sense that one is contributing to his or her community that all have been shown to have positive effects on an individual's life satisfaction and wellbeing. Fourth, all of these factors allow immigrants to assert a greater degree of control over their own lives which has positive effects on life satisfaction, as opposed to a situation of dependency on state resources which can cause mood- or mental disorders such as depression, low self-esteem, and social alienation.

CHAPTER 4

COMPARING ASYLUM POLICIES AND INTEGRATION OUTCOMES IN GERMANY AND SWEDEN

The largest group of refugees from Bosnia arrived in Germany in 1992 and 1993. Until each person received a ruling on their asylum application, they held the status of "asylum seeker." Asylum seekers were entitled to no rights other than the right to undergo the asylum procedure and those rights guaranteed in the Universal Declaration of Human Rights. The majority of people in this group of refugees received either temporary protection or duldung status (also known as "toleration" status or "de facto refugee" status). Neither of these statuses constituted legal right to live in Germany, but international refugee law against refoulement prevented Germany from sending them back to their country of origin if it was dangerous to do so.

Bosnian refugees who went to Sweden in 1992 and 1993 applied for asylum through the regular asylum procedures. While they waited for decisions on their applications, they held the status of "asylum seeker," which brought more privileges than the same status in Germany. Unlike most European states that took in Bosnian refugees, Sweden did not grant the UN advocated policy of temporary protection; rather, in June 1993 it granted 44,000 Bosnian asylum seekers permanent residence permits on humanitarian grounds.

Ager's and Strang's (2008) conceptual framework consists of 10 domains organized within four categories. The first category, "Means and Markers," contains

indicators that pertain to employment, housing, education, and health. These are among the most influential on both integration and well-being outcomes. The second category "Social Connections" contains indicators that assess whether policies promote interaction between local citizens and refugees and between refugees and other immigrants. In addition, "social links" indicates whether refugees had access to state social or cultural institutions or services. The third category, "Facilitator," contains indicators that facilitate local integration or remove barriers to local integration. This category contains information on whether policies promoted language and cultural knowledge acquisition, including knowledge about national and local procedures that enabled refugees to adjust to life in the new country. The differences in legal status are of central importance. In both countries, persons who lacked a legal permit to reside in the country were left with no choice but to engage in the illegal economy to survive. This category also contains indicators of safety and stability. Finally, the forth category, "Foundation," compares refugees and locals based on rights and access to citizenship.

Comparing policies within each category holistically provides a picture of the difficult circumstances in which Bosnian refugees residing in Germany underwent, in comparison to life or Bosnians in Sweden. That is not to say that life was easy for Bosnians in Sweden, either. Being part of the massive wave of refugees impacted everyone especially in terms of length of time required to gain legal right of residence and therefore the rights that are conditional on legal residency. And of course there were the typical difficulties that migrants experience in a host country such as difficulty competing with nationals for jobs, difficulty learning the language and cultural norms with or without language and cultural classes.

In this chapter I will discuss the ways that national and regional policies in Germany and Sweden affected Bosnian refugees. I will use Ager's and Strang's (2008) framework of integration to organize my comparison and will focus on the policies that affected Bosnian refugees with temporary protection status (TP or TPS) or toleration status ("duldung") in Germany, and with permanent resident status in Sweden. I will show that Sweden was a much more integrative policy environment for Bosnian refugees based on an integration index that I created by drawing indicators of integration from MIPEX and studies on immigrant populations.

MEANS AND MARKERS

Bosnian refugees spent a considerable amount of time in reception centers and communal living facilities after arrival in Germany. In general, they were required to live in these facilities for a minimum of a year, usually longer. While living in these centers, adults were not legally entitled to work or attend school. After leaving the initial reception center, where they lived for up to three months, they could apply for a work permit, but it was difficult to acquire such a permit, and most employers would not hire individuals who could not speak German. There were no free German language classes available to individuals with duldung status. Another problem refugees faced was that employers usually did not recognize their professional degrees or certificates. Even if some refugees had the financial means and the motivation to begin their professional training from scratch, they were not allowed to attend institutions of higher education.

Access to schooling was not guaranteed for the children of asylum-seekers living in reception centers. Some reception centers had kindergartens on the premises. Where these existed, all migrant children could attend, but it was not mandatory in most Lander.

In some lander,²³ children were allowed to attend school if one were located near the reception facility, but there were no preparatory language classes for asylum-seekers to attend, so it was often difficult to complete schoolwork successfully until they developed adequate Germany language skills through interaction with German students (Anderson 2001). Instruction in the refugee children's mother tongue and free German language classes were very rare. Only occasionally were free classes offered to help asylum-seeking children integrate (UNHCR 2000, 91). Finally, neither teenagers nor adults had access to vocational training or apprenticeship programs (Mansouri, Leach, and Nethery 1999, 140) and were not entitled to the right of self-employment.

While living in reception centers and communal living facilities, they received a subsistence daily allowance.²⁴ Unmarried asylum-seekers were entitled to 224 euros per month using today's prices; married asylum-seekers were entitled to 199 euros per month, and child asylum-seekers²⁵ were entitled to 133 euros per month²⁶ (Zimmermann, n.p.)²⁷ with no separate housing stipend.²⁸

After 3 months in a reception center and 12 months in a communal living facility, refugees were assigned to a Lander and sent to live in another communal facility. At that time, families could apply for private housing. If their application was accepted, they

²³Lander are the sub-state territorial units in the Federal Republic of Germany.

²⁴The daily allowance was a federally mandated amount. Set in 1993, the stipends did not increase until 2012 (Zimmermann, n.p.).

²⁵This is the amount they received if they were living with their parent(s).

²⁶Today, this would equal approximately 7.4 euros, 6.5 euros, and 4.4 euros per day for unmarried adults, married adults, and children accompanying their parent(s), respectively.

²⁷See the 1993 Law on Social Welfare for Asylum Seekers (*Asylbewerberleistungsgesetz*).

²⁸Lander funded these facilities and though they did not receive a housing allowance, asylum seekers were not billed rent.

could potentially receive a housing allowance to pay for the private accommodation. However, most applications were denied due to lack of available housing. As a result, most families were forced to continue living in communal facilities for the duration of their stay in Germany.

In Sweden, refugees could not work for the first three months, while they lived in reception facilities, though they were allowed to participate in volunteer activities in the centers such as teaching language courses or leading children in leisure activities, or other work that was "not regarded as regular work" at refugee centers. In some cases, working at the reception centers was mandatory and failure to participate could result in a reduced daily allowance (Dacyl 1999, 177). While living in reception facilities, usually Swedish language and culture courses were available for them²⁹.

Permanent residence status entitled the refugees to almost all of the rights of full Swedish citizens. After refugees gained permanent residence status, they gained immediate and unrestricted access to the labor market without a work permit and they even had the right to self-employment. They had access to employment-finding services and apprenticeship programs and job recertification courses, and some Swedish employers recognized prior degrees and professional certificates. However, the law required employers to hire full citizens before immigrants. All children under the age of 16 were required to attend school, and adults had the right to attend institutions of higher education.

The chart below shows that Sweden scored much higher (20 points) than Germany (4 points) in the 'means and markers' indicators of integration.

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²⁹According to Dacyl (1999, 177), "Under section 4-7 of the Reception of Asylum Seekers Svt 1994:137 the Swedish Immigration Board is responsible...for finding alternative activities such as [teaching] Swedish language courses or assistance in maintaining the centers."

Table 1: Means and Markers: Employment, Housing, Education, Health

	Germany:	Integration	Sweden: Asylum-	Integration
	Temporary Protection or Duldung status	Score	seeker / Permanent resident	Score
Immediate access to employment	No	0	Yes	2
Right to self-employment	No	0	Yes	2
Access to state vocational training / language programs	No	0	Yes	2
Skills recognition from previous employment abroad	No	0	Varies	1
Assistance finding employment / placement services	No	0	Yes	2
Access to job recertification courses	No	0	Yes	2
Access to apprenticeship programs	No	0	Yes	2
Recognition of degrees from Bosnia	No	0	Varies	1
Access to higher education	No	0	Yes	2
Access to school (children)	Yes	2	Yes	2
Housing assistance (financial or informational)	Yes	2	Yes	2
Satisfactory accommodation	No	0	Yes	2
Total Score*		4		22

*Key: Yes=2, Varies=1, No or N/A=0

SOCIAL CONNECTIONS

Given that Bosnian asylum-seekers in Germany for the most part gained temporary protection status, they were not entitled to any of the rights of legally acknowledged refugees, such as family reunification, though in some cases, one's spouse or children under the age of 16 were permitted to join an asylum-seeker in Germany (ECRE 1999). Furthermore, due to the fact that most Bosnian refugees lived in reception centers or communal facilities and that the majority could not attend school or work, adults' social interaction was usually limited to interactions with fellow asylum-seekers.

Some reception centers held cultural events, but there is little data available on where and how often these kinds of events took place.³⁰

Bosnian refugees in Sweden with permanent residence permits enjoyed many more opportunities to build social connections than their counterparts under temporary protection. Bosnians in Sweden enjoyed the right to apply for family reunification and could receive assistance and advisement if they wanted to bring immediate family members to Sweden to join them. Family members who joined them in Sweden were entitled to the same legal status that they held, i.e. permanent residency or citizenship. The length of family reunification procedures from initial application to decision was moderately long, however, and took about six to ten months on average.

I found that reception centers sometimes held cultural events or coordinated community service projects in which the refugees could participate. With regard to special services for women and children, in at least some regions, free child-care services were available.

The chart below shows that Sweden scored much higher (11 points) than Germany (2 points) in the 'social connections' indicators of integration.

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³⁰I could not find information on whether special services were available to female or child asylum-seekers in Germany.

Table 2: Social Connections: Social Bonds, Social Bridges, and Social Links

	Germany: Temporary	Integration	Sweden: Asylum-seeker	Integrati
	Protection or Duldung status	Score	/ Permanent resident	on Score
Family reunification	Restricted (spouse and children under age 16)	1	Yes (Immediate family)	2
Assistance/Advisement with respect to family reunion	No	0	Yes	2
Status transfer to family members who join primary status holder	N/A	0	Yes	2
Length of family reunification procedure from initial application to decision	N/A	0	6-10 months	1
Anti-discrimination or equal-opportunity policies in workplace or office	N/A (no data)	0	N/A (no data)	0
Special services for women or children outside of reception or housing centers	N/A (no data)	0	N/A (no data)	0
Special services in reception centers for women or children	N/A (no data)	0	Yes (child care)	2
Cultural / community events in reception centers	Varies	1	Yes	2
Total Score*		2		11

*Key: Yes=2, Varies=1, No or N/A=0

FACILITATORS

The asylum determination process was extremely lengthy in Germany. While refugees awaited a ruling on their application for asylum, they were required to live in a reception center for up to 15 months. It was frequently the case that accommodations in these centers lacked privacy and a sense of safety; rates of crime and violence in communal living facilities tended to be high. In these facilities, there were no free or low-cost German language or culture classes available to them, nor were they entitled to welfare or financial assistance other than the daily allowance (and in-kind assistance, in some cases) for asylum-seekers. Every 3 to 6 months, they were forced to apply for

renewal of their temporary residence permit, with no prospects of gaining a more stable residence permit or citizenship.

Bosnian refugees were required to live in reception facilities for 3 months after arrival in Sweden. While living in these facilities, they had access to language and culture classes, unlike Bosnian refugees in German reception centers. After receiving permanent residence permits, they enjoyed a stable legal status, with the right to apply for citizenship after five years, and the same rights to welfare assistance as full citizens.

The chart below shows that Sweden scored much higher (13 points) than Germany (2 points) in the 'facilitator' indicators of integration.

Table 3: Facilitators: Language, Cultural Knowledge, Safety, and Stability

	Germany: Temporary Protection or Duldung status	Integration Score	Sweden: Asylum- seeker / Permanent resident	Integration Score
Access to training in culture or customs	No	0	Yes	2
Access to free, low-cost, or subsidized language classes	No	0	Yes	2
Welfare or financial assistance	Minimal (asylum- seeker daily allowance)	1	Yes	2
Duration of asylum determination process	Lengthy (over 1 year)	0	Varies (1-18 months)	0
Mandated duration of stay in reception center / communal living facility	Yes—lengthy (3 months + 12 months)	0	Yes—short (3 months)	1
Stable legal status	No legal right to be in Germany	0	Yes	2
Duration of residence permit	Renew every 3-6 months	1	Permanent	2
Prospects for citizenship	No	0	Yes	2
Total Score*		2		13

^{*}Key: Yes=2, Varies=1, No or N/A=0

FOUNDATION

In general, refugees in Germany with temporary protection status did not enjoy any of the rights of citizens and they were not entitled to apply for citizenship. The

expectation was that those with toleration status or temporary protection would return to their country of origin as soon as it was safe to do so. In general, individuals could apply for citizenship after 8 years of legal residence in Germany. However, Duldung status did not constitute a form of legal residency; therefore there were no prospects for citizenship. Furthermore, children of duldung status holders born in Germany did not gain German citizenship. The only social assistance they received was a subsistence daily allowance, as I mentioned in the "means and markers" section. During the first 12 months in Germany, they could only receive assistance in-kind beyond the daily allowance. Additionally, they were allowed to seek medical care only in emergency cases where the individual was experiencing severe pain.

Within Germany, refugees' movement was severely restricted. They were not permitted to travel from the time they filed an application for asylum until the time at which they were assigned to a Lander. After they were assigned to a lander, they were not permitted to travel more than 30km outside of their Lander (Mansouri, Leach, and Nethery 2009, 140). They had the right of repatriation³¹ but if they left Germany for any reason, they would not be allowed back into the country. The severe restrictions on movement obstructed their ability to meet up with friends and relatives living or staying in other parts of Germany and precluded them from visiting their country of origin.³²

Rights in Sweden were conditional on holding a legal residence status, as in Germany. During the time they held asylum-seeker status, their movement was restricted and they had limited access to medical care, as in Germany. However, most refugees did

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³¹This is a basic human right.

³²German authorities rarely issued identity or travel documents to Former Yugoslav citizens under tolerated or temporary status; Most refugees held a national passport at the time of their arrival (Dacyl 1999, 284).

not hold asylum-seeker status long, because in the fall of 1993 the government granted almost all the Bosnian asylum-seekers permanent residency.

Sweden anticipated that many of the Bosnian refugees who received permanent residency in 1993 would repatriate to Bosnian and Herzegovina when it was safe to do so (Al-Ali, Koser and Black 2001). They were not pressured to return to their country of origin, but if they chose to repatriate, they were entitled to financial repatriation allowances and assistance planning their return (Dacyl 1999, 183).

Permanent residents in Sweden were entitled to almost all of the benefits and services of full Swedish citizens except for voting rights (Crage 2009). They were eligible for welfare assistance, unemployment assistance, and social security.³³ They received both travel and identity documents and enjoyed freedom of movement.

Furthermore, adults and children³⁴ were eligible to apply for citizenship after five years.³⁵

The chart below shows that Sweden scored much higher (16 points) than Germany (4 points) in the Foundation indicators of integration.

³³According to Dacyl (1999, 185), Article 24 CSR51 of the Swedish constitution upholds the equal rights of all persons with legal right to reside in Sweden with respect to labor legislation and social security, though some differences in rights and liberties existed at thee municipal level.

³⁴Children born in Sweden did not automatically receive citizenship but their parents could apply for them at any time after the child was born.

³⁵After obtaining citizenship, family members who joined them could gain citizenship very quickly, and children born in Sweden to citizens automatically became citizens as well.

Table 4: Foundation: Rights and Citizenship

	<u> </u>	T + .		T
	Germany:	Integration	Sweden: Asylum-	Integration
	Temporary	Score	seeker / Permanent	Score
	Protection or		resident	
	Duldung status			
Social assistance	Minimal	1	Yes but low	1
Medical care	Minimal	1	Yes	2
Equal rights as citizens	No	0	Most	2
(civil, social, economic)				
Eligibility for citizenship	No	0		1
of children born in-			Yes (not automatic)	
country				
Civil liberties	No	0	Yes	2
/democratic rights				
equivalent to citizens				
Eligibility to apply for	No	0	Yes	2
citizenship				
Right of repatriation	Yes	2	Yes	2
Issued identity/travel	No/No	0	Yes/Yes	2
document				
Freedom of movement	Very restricted	0	Yes	2
Total Score*		4		16

^{*}Key: Yes=2, Varies=1, No or N/A=0

In this chapter, I presented data on the key asylum and immigration policies and procedures that affected the average Bosnian refugee in each country. My goals were to paint a picture of the environment in which Bosnian refugees lived while they waited for the war to end, and to present an overview of the policy environment that may have impacted psychosocial well-being outcomes in each country. In each category, Swedish policies toward Bosnian refugees were much more integrative in character than German policies. In the next chapter, I will present the data that has been collected on well-being outcomes among Bosnian refugees in Germany and Sweden.

CHAPTER 5

WELL-BEING AMONG BOSNIAN REFUGEES IN GERMANY AND SWEDEN

Studies on migrant and refugee wellbeing tend to fixate on the physical and psychological side effects of war and displacement, such as incidence rates and severity of Post-Traumatic Stress Disorder (PTSD) symptoms, nightmares, depression, psychosomatic illness etc. among refugee populations. Nevertheless, if one assumes that refugees will demonstrate certain levels of symptoms of anxiety, stress, etc. regardless of where they settle—it can be expected that well-being will be low in comparison to healthy citizens. It therefore makes sense to evaluate well-being in refugees by comparing refugee populations to one another, particularly when the population was more-or-less homogeneous at one point before heading into very different policy environments. Looking at studies on indicators of psychosocial wellbeing among refugee populations from this standpoint,—and compared to studies on well-being outcomes among Bosnian refugees in Germany—psychosocial well-being among Bosnian refugees in Sweden seems relatively good.

In this chapter, I will present data on the level of psychosocial well-being of Bosnian refugees in Germany and Sweden. I will discuss studies that assess some of the indicators of psychosocial well-being that Hermansson and Timpka discussed in their model. With the available data, it was not possible to compare data on Bosnian refugees in each subcategory of Hermansson and Timpka's model. However, the existing data

allows for comparison across the three overarching categories of physical/psychological well-being, self-perception, and global measures of physical and mental health. These broader categories make it easier to compare the general assessments of Bosnian life satisfaction and psychosocial well being in Germany and Sweden.

PHYSICAL AND PSYCHOLOGICAL WELL-BEING

Little work has been done with respect to self-confidence, appetite, memory, concentration, sleep, nightmare, and pain among Bosnian refugees. Instead, scholars have focused much of their attention on the incidence and symptoms of PTSD among Bosnian refugee populations in various host countries. A number of studies have shown that PTSD incidence rates were high among Bosnian refugee populations³⁶ as well as those who were internally displaced within Bosnia and Herzegovina.

The factors that cause PTSD vary for each individual, and the symptoms of PTSD among affected individuals vary widely as well. Also, PTSD incidence rates depend on the measurement tools in each study. The rates of PTSD among Bosnian refugees have been found to be between 26 percent and 71 percent according to Sundquist et al. (2004, 158). Hunt and Gakenyi (2005) cite another estimate of 18-30 percent PTSD prevalence among Bosnians in Sweden. Von Lersner, Elbert and Neuner (2008) state "For refugees from the former Yugoslavia who are now living in exile, reported rates of PTSD range from 30 percent to 60 percent" (n.p.). In a study conducted in Germany, Italy, and the UK, Bogic et al. (2012) found that "Prevalence rates of mental disorders [among refugees from former Yugoslav states] varied substantially across countries." What accounts for these differences?

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³⁶Studies on other refugee populations have shown that a high incidence of PTSD, especially in comparison to the native population of a host country, is common in refugee populations.

The short answer is that many factors can account for different rates of PTSD and mental disorders among Bosnian refugees, such as sociodemographic factors, individual personality traits, the severity of trauma they witnessed or experienced, and other premigration factors (Bogic et al. 2012, n.p.). The number of potential third variables makes it difficult to measure the separate impact of asylum policies using PTSD incidence as a basis for measurement and comparison. Nevertheless, Bogic et al. (2012, n.p.) found that three major factors that were "associated with higher rates of mood and anxiety disorders" included "more migration-related stress, a temporary residence permit[, and] not feeling accepted" (they linked unemployment to mood disorders rather than mental disorders) which are all particularly relevant to the experience of Bosnian refugees in Germany. They also reported that "higher rates of post-traumatic stress disorder (PTSD) were independently [italics mine] associated with ...more migration-related stress, and a temporary residence permit...among long-settled refugees" (among other factors). They concluded that "War-related factors explained more variance in rates of PTSD, and postmigration factors in the rates of mood, anxiety and substance use disorder." These results support the idea that policies can impact mental health.

It follows that incidence rates may not be robust indicators of well-being that can be used to assess the impact of German and Swedish policies on the quality of life of Bosnian refugees. and, these studies that focus on PTSD may lend only minimal insight into the living situation or the well-being outcomes among the Bosnian population that was affected by the asylum policies and procedures in various host countries.

Studies on Bosnian refugees frequently draw their participants from mental health institutions. Clinical refugees, i.e. individuals drawn from the registers of institutions of

mental health as well as those who did not seek mental health treatment, but not both. However, those who do not seek mental health care were not necessarily mentally healthy. They may not have chosen to seek mental health care for various reasons, for example, avoidance of addressing past trauma, feelings of shame for seeking treatment, lack of available institutions due to either legal status or geographical proximity to facilities, lack of financial means to receive care, or lack of knowledge about the concept of mental health or as a result of stigma of treatment-seekers (von Lersner, Elbert, and Neuner, 2008, n.p.).

STRESSORS OF MIGRATION

The causes of stress that result from migration and life in a foreign country are referred to as "post-migration stressors" in the literature. Von Lersner, Elbert, and Neuner (2008) state that these stressors "include difficulties in becoming integrated in or learning the language of the host country, an unstable visa status, social isolation, and discrimination" for example (n.p.). On the other hand, the causes of stress that result from war-related events are referred to as "pre-migration stressors." According to Knipscheer and Kleber, "The mental health consequences of being a political refugee and being forced to adapt to a new society have been found to be substantial" (2006, 340). Life satisfaction can depend on the combination of pre- and post-migration stressors to which each individual refugee was exposed, as well as cultural or personality traits (Hunt and Gakenyi 2005, 717).³⁷

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³⁷For another study on how difficulties of living in a foreign country contribute to stress levels among in Bosnian refugees. For example, Miller et al. (2002) found elevated levels of stress among Bosnian refugees living in the United States. They argued that both war experiences as well as difficulties of living in a foreign country contributed to stress levels in the target population.

The concept of "complicated grief" refers to the idea that the stressors of refugee life, i.e. post-migration stressors, can exacerbate the trauma of war and exile.

Furthermore, when individuals experience physical illness or somatic pain as a result of complicated grief, it is referred to as "psychological comorbidity." These phenomena have been found among Bosnian refugees worldwide.

The psychosocial well-being of refugee populations is generally lower than the psychosocial well-being of the native population, due to the pre-migration and post-migration stressors that I mentioned before. Incidence rates of psychosomatic illness, nightmares, anxiety, and depression tend to be higher among refugees than among healthy citizens. Tinghog et al. (2007, 990) found that "Immigrants in Sweden have a higher rate of mental illness than the native Swedes" (Tinghog 2007, 990). The studies by Sundquist et al. (2004) and Tinghog et al. (2007, 990), for example, confirm that this tendency was true of Bosnian refugees in Sweden as well. Sundquist et al. (2004) found that Bosnian women in Sweden "had significantly higher risks of symptoms of depression, anxiety, psychological distress, and posttraumatic stress disorder" than native Swedish women (158).

Though refugees typically have lower health than the native population, one study indicates that the mental and physical health of Bosnian refugees in Sweden improved over time. Lehman and Ruf found that "attainment of permanent residential status led to a decrease in symptoms of depression" in Bosnian refugees (von Lersner, Elbert and Neuner 2008, n.p.). This may be due to the fact that the refugees gradually become integrated into the social, institutional, and economic framework of the host country, or

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³⁸Although attaining permanent residency did not affect PTSD in this group.

that they may benefit from therapy or psychological treatment of some kind to which permanent residency status entitles them.

Bogic et al. (2012, n.p.) studied the impact of pre- and post- migration factors on Bosnian refugees who had lived as asylum-seekers long-term (average of 9 years) in Germany, Italy, or the UK. They found the highest rates of mental disorders among Bosnian refugees living in Germany: 60.7 percent had at least one type of anxiety disorder. 57.4 percent had at least one type of mood disorder. 67.8 percent had at least one mental disorder, and 36.9 percent had 3 or more mental disorders. They argued that "post-migration stressors, including difficulties with employment (obtaining a work permit, work in own profession, and having paid employment) and adequate accommodation," accounted for the differences across countries. Furthermore, "a lower level of education, more potentially traumatic experiences during and after the war, more migration-related stress, not feeling accepted by the host population, and having a temporary residence status were independently associated with higher rates of both mood and anxiety disorders.... [and] Stressful social and material conditions in resettlement independently predicted mental health status as well as, or better than, actual exposure to war trauma." Their data "adds to the evidence that prolonged unstable residential status and living under a continuous threat of repatriation may contribute to the persistence of mental disorders in refugees."

In a study by Likic-Brboric and Bennich-Björkman (2013), Bosnian refugees in Sweden self-reported mixed well-being outcomes. Some participants felt integrated into Swedish economy and society and had positive psychosocial well-being. Others felt integrated but alienated, complaining of discrimination or difficulty entering the labor

market. Still others did not feel integrated (because they did not have jobs) but were nevertheless happy with their lives. This evidence indicates that psychosocial wellbeing is a subjective and relative concept that depends on how refugees view their own situation and how researchers categorize their data.

An issue that has been inadequately addressed is that of mental health of child refugees and their treatment in various countries' asylum-seeking processes. The effects of uncertainty may be worse or more long-term term than on adults, because refugee children have difficulty forming their identity in a transitory state. Anderson (2001, 196) argues that Bosnian refugee children are faced with an identity crisis because they do not feel as if they belong to Bosnia and Herzegovina, a country that they barely remember, in many cases, nor do they feel that they belong in Germany, where they have no rights, where there future is uncertain, and where they oftentimes feel unwanted by the host population. This sense of cultural alienation and overall insecurity is compounded by lack of secure legal status. This problem, however, is not specific to refugee children. According to Anderson (2001), the lack of secure legal status resulted in "severe emotional and social strain" among Bosnian refugees in Germany due to the fact that they "are constantly fearful of whether their temporary right to remain will be extended the next time.... [which] is particularly painful when an adolescent faces removal shortly before finishing school or vocational training" (Anderson, 2001, 197). Anderson's (2001) study documents some of the hardship and low life satisfaction among many Bosnian refugee families experienced in Germany.

SELF-PERCEPTION WITH REGARD TO PERCEIVED EXISTENTIAL CONDITION: ACTIVITY, CALMNESS, SECURITY, HAPPINESS, APPETITE FOR LIFE, AND LONELINESS

One study documents the obvious lack of calmness among Bosnian refugees in Germany. Anderson (2001) argues that many Bosnian refugees in Munich felt a constant fear that they would be forced to return home, which they remembered primarily as the place where they had been traumatized. Among Bosnian refugees there was "a very real danger of retraumatization. First, they suffer[ed] a second uprooting...from the country, culture, and network of relationships in which they have lived for some years and often managed to adapt to with considerable success. Second, they [faced return]... to a situation in the country of origin which is objectively dangerous, or...which they remember as being such" (Anderson 2001, 195). According to Anderson (2001), Bosnian refugees in Germany were "constantly fearful of whether their temporary right to remain [would] be extended the next time..." (Anderson, 2001, 197). I did not encounter any data to indicate on fear among Bosnian refugees in Sweden.

Initially after arrival, living circumstances in both countries were often cramped and communal facilities with little-to-no privacy. However, Bosnian refugees in Sweden were able to obtain private accommodation before too long, whereas the majority of Bosnian refugee families in Germany lived in cramped, communal facilities, hostels, or refugee camps for years on end. In a study by Angel, Hjern, and Ingleby (2001, 5) conducted approximately eighteen months after their arrival, all of the 67 Bosnian refugee families in Vaxjo in southern Sweden that they interviewed had gained

permanent residence permits, almost all had private accommodation, and the majority (21 out of 25) were satisfied with their housing situation.

The housing situation for a large number of Bosnian refugees in Germany was quite different. The majority lived in communal residences. Anderson (2001, 189) argues that cramped living conditions in communal residences negatively influenced well-being among Bosnian refugees in Germany, a problem that was compounded by loneliness and "geographical and social isolation." He also reported that Bosnian refugees reported "a sense of shame about living in [those] centres," and were therefore reluctant to invite friends to their homes (193). Finally, he argued that many Bosnian refugee parents felt that neither the residential centers nor the road to the school were safe for their children (193).

For many Bosnians in exile, happiness is synonymous with attaining normalcy in everyday life. In interviews by Eastmond and Bennich-Bjorkman and Likic-Brboric (2013), for example, Bosnians cited the wish for a "normal life" and equated this wish with becoming integrated into their host society and being accepted by the native community and gaining the ability to be self-reliant. One Bosnian man living in Sweden said,

For me the integration is that you simply do not depend on anyone and that you can create, I and my wife normally, my normal family living conditions, respect the laws of the state which apply. I am not politically engaged in a Swedish organization, and I have no time for it. I see myself doing this job that I do, that I and my wife have a better life, to take advantage of free time that we have, to travel somewhere whenever we find time. If I were to get pension, I would spend half time in Sweden...and half time, down there. (Bennich-Bjorkman and Likic-Brboric 2013, n.p.).

This quote is an example of the "normalcy" for which many Bosnian refugees searched.

Despite the situation of high unemployment in Sweden, which particularly affected immigrants, Bosnian refugees interviewed by Frykman similarly expressed overall satisfaction with their lives in Sweden despite dissatisfaction with the job-locating services and/or not having a job (Frykman 2011). Frykman concluded that employment status was not the main factor determining happiness among Bosnian refugees in Sweden. One reason may be that the housing situation was satisfactory and access to language training helped them to form social networks in Sweden (Kivling-Boden, and Sundbom 2002, 462).

In Kivling-Boden and Sundbom's (2002, 462) study, "satisfaction with the housing situation was relatively high in the group, and most of the subjects had a reasonable knowledge of the majority language, which was closely associated with how much social intercourse they had with Swedes.... Most of them attended the Swedish for Immigrants course" (462). The happiness with their living situation was despite "unfavorable living conditions... such as unemployment and a high dependence on social welfare" (462).³⁹ In addition, this study found that Bosnian refugees socialized about equally with local Swedes as with other Bosnian refugees. This study suggests that socializing with Swedes and other refugees, in addition to a positive housing situation, were the most important factors affecting well-being in Sweden.

Again it seems that the situation was the opposite in Germany. As I mentioned before, most refugees in Germany lived in communal accommodations where they had little privacy and sometimes a low sense of security (Anderson 2001). Moreover, low

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³⁹According to these authors, "The unemployment rate of 32 percent was almost six times greater than the regular Swedish labor force but comparable to that of the whole Bosnian labor force in Sweden" (Kivling-Boden and Sundbom 2000, 401).

levels of language proficiency limited Socialization among refugees in Germany. Only 31.9 percent of the Bosnian refugee participants spoke fluent German in the study by von Lersner, Wiens, Elbert and Neuner (2008). 84.8 percent (64) limited their social activities to family and household, while 13 percent (40) had more contact with Germans in Germany than with people from their country of origin.

Though language classes were available to Bosnian refugees in Sweden, not everyone took advantage of the classes. Sundquist et al. (2000) found that psychosocial well-being was lower among Bosnian refugees who could not communicate in Swedish than among those who acquired the language. Those who could not communicate with the native population experienced confusion in everyday life situations and experienced feelings of alienation from the population, which negatively impacted their self-esteem and overall level of life satisfaction. In some cases, these feelings of low self-esteem, low life satisfaction, and alienation resulted in physical symptoms including fatigue, difficulty sleeping, and headaches.⁴⁰

Leubben (2003) described gladness among Bosnian refugees in Frankfurt. He argued that the nature of asylum procedures and the ambiguity in the everyday lives of Bosnian refugees with temporary protection status generated feelings of hopelessness and despair among Bosnian refugees living in Frankfurt.

Social interaction and community activity impacted Bosnian refugees' well-being in Sweden. Bosnian refugees in a study by Angel, Hjern, and Ingleby (2001, 14) were attending school or day-care which "helped them to structure their existence in the host society and find meaning in their daily activities" (Angel, Hjern, and Ingleby, 2001, 14).

⁴⁰Other studies have shown that language is a crucial factor for both integration, well-being, and self-esteem of immigrants, such as Valenta and Bunar (2010).

Furthermore, Kivling-Boden and Sundbom (2002, 466) found that "a passive and socially isolated life situation" negatively affected the well-being of Bosnian refugees in Sweden;, Those participants who were unemployed, dependent on welfare, and unable to visit their home country demonstrated higher rates of PTSD.

In Germany, inadequate social contact was a frequent complain among Bosnian refugees. Only 13 percent of the Bosnian refugees participating in one study "had more contact with Germans in Germany than with people from their own country of origin" (Von Lersner, Wiens, Elbert and Neuner 2008). In the study by Kivling-Boden and Sundbom (2000, 404), the researchers found that they had equal amounts of social interaction with other Bosnians and with Swedes.

Bosnians in Sweden frequently socialized at friends' homes or invited guests to their own homes (Kivling-Boden and Sundbom 2000, 404). In Germany, they avoided inviting anyone to their homes because they were ashamed of their living situation (Anderson 2001). A different study found that "Being housed in collective accommodation" and "being unemployed" and were two factors found to be independently associated with lower subjective quality of life (SQOL) among Bosnian refugees living in Germany (Priebe 2009, n.p.).

In Sweden, employment did not heavily influence quality of life (Frykman 2004). Having social contacts and a satisfactory home situation seem to be more determinative of well-being. In Germany, residence status, fear (Anderson 2001), and unemployment (Bogic et al. 2012) seem to have been more significant factors. These studies underline my argument that, for Bosnian refugees, the comparatively better housing accommodations, at least in terms of privacy and safety, in addition to the overall life-

stability and the access to the labor market that permanent residency provided and a satisfactory housing residence status, housing, and social contacts were the primary factors affecting the well-being of Bosnian refugees. The lack of adequate housing and socialization in Germany could explain the high rates of mental illness found among Bosnian refugees. Fear and physical insecurity had an obvious negative impact on Bosnian refugees in Germany.

GLOBAL MEASURES OF PHYSICAL AND MENTAL HEALTH

In terms of the indicators in the third main category, global measures of mental and physical health, the data indicate that different combinations of traumatic war and migration-related experiences affect individual refugees for different lengths of time and have different sets of psychosomatic consequences.

Although the prevalence rates of mental disorders varied substantially among refugees from the former Yugoslavia in [Germany, Italy, and the UK], sociodemographic characteristics and experiences before, during and after the war showed consistent associations with disorders. Specifically, a lower level of education, more potentially traumatic experiences during and after the war, more potentially traumatic experiences during and after the war, more migration-related stress, not feeling accepted by the host population, and having a temporary residence status were independently association with higher rates of both mood and anxiety disorders. Additionally, mood disorders were correlated with female gender, older age and being unemployed.... Except for substance use disorders, both war factors and post-migration stressors directly contributed to the rates of mental disorders (Bogic et al. 2012, 220).

Another interesting finding from this study was that data collected by a study on prevalence of psychiatric disorders among Bosnian refugees in Germany found a correlation between anxiety disorders and temporary residence status (Bogic et al. 2012, 216) (among other factors).

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⁴¹For example, a study by Von Lersner et al. (2008, n.p.) on Bosnian refugees that had lived in Germany for 13 years found that 51.9 percent of the participants were depressed and 43.2 percent exhibited suicidal tendencies.

In general, Bosnians in Germany and Sweden had lower overall physical and mental health than the native citizens in Germany and Sweden. Lindstrom, Sundquist, and Ostergren (2000, 97) studied psychosomatic effects of migration status and acculturation on well-being of former Yugoslavs. In their study, people from the former Yugoslavia living in Malmo, Sweden self-reported much lower overall health than native Swedes and reported more somatic pain and health problems on average than Swedes (97). One explanation that they offer for lower overall health among Yugoslav migrants is social and cultural marginalization. In addition to having poorer overall health, they found that Bosnian women had lower quality of life than Bosnian men in Sweden "...with regard to housing, home and family situation, economy, appreciation outside the home, and aspects of mental stressors such as low energy, sleep disturbances, and low self esteem" (97). Again, low well-being is sourced to housing, economic, and family situation.

Discrimination may be a factor that had a psychosomatic impact on Bosnian refugees. In studies on Bosnian refugees in Sweden, the topic of discrimination copes up frequently. Discrimination seems to have been a particular problem in employment offices. One Bosnian man said that even professionals, like doctors, were not respected for the credentials they earned in the former Yugoslavia, and were grouped into the category of "stranci" (foreigners; the implication was that foreigners were viewed negatively regardless of educational background) (Bennich-Bjorkman and Likic-Brboric, 2012, n.p.). Tinghog, Hemmingsson, and Lundberg (2007) argued that the link between discrimination and mental illness among immigrants may be "an effect of a higher

prevalence of social and economic disadvantage" (Tinghog, Hemmingsson, Lundberg 2007, 995). 4243

In a study on Bosnian refugees in an urban region and a rural region of Sweden, the researchers found that unemployment affected Bosnian men negatively in terms of overall health but their results on women were inconclusive (Blight et al. 2006).

Blight et al. (2006) addressed the indicator of "self-confidence." They concluded that "exclusion from the labor market creates psychosocial stress" among Bosnians who came to Sweden in 93-94 in a study that focused on men from Bosnia and Herzegovina. Employed men self-reported better health than unemployed men and had fewer of the symptoms of poor health (the researchers used the Goteborg Quality of Life Instrument to assess changes in mental health).

Another study concluded that "life situation" in Sweden affected the amount of time PTSD affected Bosnian refugees. They found that "The overall result was that the post-traumatic symptom level at follow-up was associated with a compound of factors in the refugees' current life situations," i.e. whether they were in school or earning an income and were engaged in the community as opposed to socially-isolated. The researchers argue that their results are consistent with those found by similar studies attempting to link life situation factors with PTSD incidence. Social interaction and being engaged in school or work correlated with greater mental health in Sweden. Given that Bosnians in Sweden had the option to attend school including institutions of higher

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⁴²This study surveyed several hundred immigrants including a large percentage of Bosnian refugees who had attained Swedish citizenship during the years 1998-2000 who were living in the Stockholm region.

⁴³The social and economic disadvantage seems to have been prevalent among refugees in Germany. In Germany, one study found that less-educated Bosnian refugees were at increased risk for mental disorders. In Sweden, the opposite seems true; data indicate that highly educated refugees were at an increased risk for mental disorders, though this could be due to the difficult economic climate for both immigrants and native Swedes in the 1980s and 1990s.

education, and were allowed to work and even to be self-employed, and they had assistance with child-care and finding employment, this would indicate that the overall mental health was greater among Bosnians in Germany than in Sweden.

More open unemployment and dependence on social welfare, less social intercourse, and fewer visits to the native country constituted various manifestations of an overall more passive and socially isolated life situation among high-symptomatic subjects as compared with subjects with lower symptom levels....

This study also found that working and attending school positively affected mental health, in that the participants showed fewer symptoms of PTSD, though attending school or vocational training had a more positive impact on well-being than being employed (Although those who earned higher salaries had fewer symptoms of PTSD). This may be due to the fact that, among those who were employed, salaries were often barely above subsistence level and the jobs a majority of refugees were able to secure in the first few years in Sweden (until they were able to develop strong Swedish language skills and until the economy in Sweden strengthened) were often lower in status than the ones they had held in their country of origin, which oftentimes negatively affected self-esteem and selfworth, though the extent of the impact is difficult to quantify. The researchers state, "In times of high unemployment in the recipient country, chances were small of getting a job at all, and the possibilities to choose still less. In fact, only one of the seven employees worked in the same profession as in their home country before the war." Respectively, better mental well-being among refugees attending vocational training was likely a result of the potential to "...[improve] one's socio-economic situation in the long run" (Kivling-Boden and Sundbom 2002, 466).

Angel, Hjern, and Ingleby (2001) argued that their results suggest that mental health could be positively correlated with number of years lived in Sweden. They observed that the mental health of Bosnian children in Sweden improved. According to these researchers,

[a] slight negative association was found between the length of time the child had spent in Sweden and scores on total problems, [generalized anxiety and phobic and depressive symptoms]. This association could be entirely accounted for by the negative association reported above between length of stay in Sweden and total stressors. Nevertheless, a tendency for problems to improve with time seems possible; the finding that people who have been in Sweden longer report fewer war stressors could be explained as the result of forgetting or denial. However, even if the negative correlation between children's symptoms and time spent in Sweden is taken at face value, the effect is a weak one (Angel, Hjern, and Ingleby 2001, 10).

The conclusions of von Lersner, Elbert, and Neuner's 2008 study suggest similar results in Germany but they offer different explanations as to why this phenomenon might occur. These researchers describe a phenomenon among long-term refugees called "dependency syndrome," that "... describes the growing helplessness, apathy, and lack of self-dependent actions in refugees who live with the refugee status in Germany for an extended period of time." They wrote, "Participants in our study lived with an unstable visa situation for an average period of 10 years, were not allowed to work, could not afford language schools, and basically had no access to German society with the exception of social workers and immigration authorities. These refugees were forced to live from the welfare system and to remain idle." They hypothesized that eventually, the refugees would "...[become] more and more dependent, apathetic, and incapable of independently organizing their life up to the point that many refugees developed depression, as seen in the high diagnosis rates." They concluded, "While this observation can not be generalized to the entire group for refugees in Germany, it most likely applies

to those who spent a long period of time in exile and who did not make use of earlier opportunities to return. Our findings show that many returnees withdraw from their environment after return and simply avoid dealing with the new reality with which they are faced" (n.p.).

CHAPTER 6

CONCLUSIONS

In this paper, I have provided a general overview of policies that impacted Bosnian refugees seeking asylum in Germany and Sweden during the Bosnian War, and I evaluated the degree to which Swedish and German policies and procedures were favorable to their integration by using Ager's and Strang's (2008) framework to organize the policy indicators I selected from a review of the literature on integration and refugee mental health. According to my assessment, Sweden's asylum policy environment was significantly more favorable to integration than Germany's with respect to this particular refugee group. Legal status, satisfaction with the home situation, and factors influencing ability to socialize were especially important in promoting integration and positive well-being outcomes.

At the start of my research, I expected that I would find clear differences in psychosocial well-being outcomes among Bosnian refugees in Sweden versus those in Germany. Those who went to Sweden gained permanent residence status within a year or two, which fast-tracked their integration into the social, institutional, and economic framework of the country. Almost the entire group of Bosnians who went to Germany held "toleration" or "deportation" status for years on end, living in a prolonged state of ambiguity and social alienation from the native population.

I concluded that while it is clear that both populations experienced high levels of stress from pre- and post-migration stressors, Bosnian refugees who went to Sweden

were ultimately happier than those who went to Germany. The available data on distress, perception of existential condition, and overall health of Bosnian refugees in these two countries suggests that after a few years of living in the host country, the quality of life and resulting psychosocial well-being of Bosnian refugees in Sweden was greater than among Bosnian refugees in Germany. In addition, there is compelling evidence suggesting that the policy environment in Germany not only precluded psychological healing; it exacerbated the psychological strain of having endured war and exile.

The data on well-being outcomes in Sweden demonstrate a link between integration and well-being. One of the my main conclusions from this thesis is that policies impact individual skills of refugees such as language skills, individual resourcefulness such as ability to gain employment and achieve financial austerity, and their ability to form networks. Therefore, policies can indirectly affect mental health by limiting or expanding the options available to refugees to adapt to life abroad. Policymakers should take these ideas into consideration when creating polices that affect asylum-seekers.

Despite the concerns that refugee and immigrant incorporation raise, since 1999 there has been much progress in European states' efforts to harmonize asylum policies and improve migrant and refugee possibilities for integration. If non-integrative policies negatively affect the well-being of migrant populations and exacerbate symptoms of PTSD among refugee populations (Von Lersner et al. 2008; Fazel, Danesh, and Wheeler 2005), there is further justification for developing a European asylum system based on the goal of integration of migrants.

There are few cross-country comparison studies on overall well-being of refugees, and no studies that attempt to assess overall well-being of Bosnian refugees in Germany versus Sweden. This is my contribution to the literature on refugees. By comparing the effects of policies on psychosocial well-being of Bosnian refugees, I hoped to bring attention to the fact that policies can create post-migration stressors and policymakers should be wary of the effects of structural exclusion on the mental health of immigrants.

There is a clear lack of statistical and demographic data on Bosnian refugees. It proved difficult-to-impossible to find data or statistics on indicators such as incidence rates of substance abuse or use, suicide, or premature death among Bosnian refugees in Germany and Sweden. There was also a lack of data on rates of ER or hospital visits, rates of seeking mental health treatment, and data on causes of death. Any of these indicators could have been useful in comparing the impact of asylum policies on psychosocial wellbeing of refugees in Germany and Sweden. Further studies of the impact of policy on well-being would benefit from this kind of data.

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