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Self-Determination and Psychological Adaptation in Forcibly Displaced People

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According to the UN Refugee Agency, as of 2018 approximately 70 million people were forcibly displaced because of intrastate and interstate conflicts. A majority of those people endured significant hardships, and a consensus is growing among researchers that forcibly displaced people have gone through potentially traumatic experiences that challenge their well-being and health. Consequently, a large amount of research focuses on their mental health concerns, whereas research focusing on their will to normalize their lives and grow after a traumatic migration is scarce. In this article, we highlight the efforts by forcibly displaced people to normalize their lives, pointing out the strengths they show in dealing with adverse migration and postmigration conditions and how they sustain their well-being and integrity. To this end, self-determination theory (SDT), a theory of human motivation, development, and well-being, proposes that autonomy, competence, and relatedness are basic universal needs that are required for integrated personality development and well-being. This study is a literature review that aims to apply SDT to forcibly displaced people's adaptation process, to identify the factors that potentially hinder or facilitate how displaced people satisfy their psychological needs, and to examine how they engage in a variety of behaviors to cultivate more autonomy, competence, and relatedness. SDT principles are used to highlight the potential venues in their postmigration adaptation, recovery, and growth.

Migration drove me down this bumpy road,
Where I fell and smelt the soil, where I arose and sensed the cloud.
Now I am a bird, flying in the breeze,
Lost over the alien earth.
And my heart, I'd say
Is displaced
Struggling to find its place.

—Shukria Rezaei (Afghan refugee in the United Kingdom), “A Glass of Tea
(after Rumi)”

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As of 2018, approximately 70 million people are displaced from their country of origin because of the destruction of their livelihoods in their homeland, and an additional 10 million people who are denied nationality do not have access to basic human rights in their country of origin. Of the world's displaced people, 85 percent live in a developing country—not in an industrialized one and often across the border of their country of origin in refugee camps.¹ These plain statistics indicate that a majority of forcibly displaced people have limited access to health, education, and psychosocial services. In addition, forcibly displaced people go through traumatic premigration and perimigration experiences, which are found to be related to poor mental health outcomes.² While it is important to address the challenges and difficulties that forcibly displaced people face, it is important also to consider that these challenges and difficulties might impede their drive to normalize their lives and their social inclusion.

Forcibly displaced people, struggling to find their place, as depicted in Shukria's poem, face a dilemma between returning home and resettling in the host country. The resolution of this dilemma is usually beyond their control. Forcibly displaced people are viewed as the guests who are supposed to repatriate once their homeland is safe. In the meantime, they are often forced to locate in near-border refugee camps, particularly in developing countries, with the primary purpose to relieve their immediate needs for food, water, and shelter. Consequently, about 85 percent of refugees live in those camps in the neighboring country, while, for many, the intractable conflict in their country of origin continues. That is, about 50 percent of refugees remain in the host country longer than five years, with an average length of twenty-six years.³ This protracted stay creates ongoing debates in the host country about how much and to what extent the host country should continue to support the refugees and asylees. The longer it takes to reinstate safety in the home country, the deeper forcibly displaced people's dilemma becomes. The longer they stay in the host country, the more they grow accustomed to life in the host country, with a lingering, but seemingly unresolvable, hope for a fresh start. This hope is prevalent in most refugee and asylee narratives. Sabri, for example, a sixteen-year-old Syrian refugee, states that he is "currently staying at a guesthouse for minors and families in Paiania, just outside Athens, Greece, with his family" and he "would like to go to Germany"; as they await permission to relocate to Germany, he and his family "hope to start a new page in their lives." Like Sabri, other forcibly displaced people seek stability and struggle to start a new chapter in their lives.⁴ As the conflict at home continues, the on-going discussion about their effort to be members of the host country begins to include their request for access to the labor market and other opportunities that are available to the local people. Political discourses about their protracted stay, however, often overshadow their drive to cast a better future. They may encounter efforts to limit their access to local services, which hinder their capacity to normalize their lives. The conventional response to forcibly displaced people's needs tends to be limited to meeting their immediate needs.⁵ Few are given opportunities to develop their own resources and livelihoods that will help them resolve the dilemma whether they are a respected member of the host country or a lifetime refugee or asylee.

The resolution of this dilemma often encounters resistance. The presence of a large number of refugees in the host country—or even of a small number, in some instances—may stimulate negative reactions in the host country.⁶ In addition, these reactions may be fed by negative representations of refugees in the society or in the media, including portrayals of them as criminals, as unfit for the host country's culture and values, or as potential "enemies at the gate."⁷ Forcibly displaced people's request for more autonomy, including more visibility and respect in social and economic life, might be viewed as a drain on the limited resources in the

host country, deepening the dilemma. Refugees and asylees thus find themselves in the position of having to negotiate their own needs and the locals' unwelcoming reactions. Some of these negative reactions are based on prejudices and may extend to the hosts' thinking of them as terrorists disguised as refugees.⁸ Furthermore, while dealing with these unwelcoming reactions, refugees and asylees are very likely also to endure traumatizing migration experiences. They must strive to recover from those experiences while they also navigate all the prejudices and numerous other problems in the host country that create difficulties and barriers to their meeting their basic needs for shelter and food.⁹ The living conditions are even tougher for forcibly displaced people living in refugee camps.¹⁰

In this study, we review the problems that challenge forcibly displaced people and their strivings for social inclusion. We acknowledge their mental health concerns and emphasize their will and very human drive for growth despite their past exposure to trauma and the barriers they encounter in their host countries. To this end, we believe that self-determination theory can help us understand forcibly displaced people's efforts to participate in social life. Self-determination theory portrays these efforts as the very human drive to better one's life. We hope to show the inner strength forcibly displaced people display in coping with adverse psychosocial environments.

Researchers use the terms *refugees*, *asylum seekers/asylees*, *involuntary migrants*, and *forcibly displaced people* to describe people who left their country because of war, torture, and political violence, and for many other life-threatening reasons. In this study, *involuntary migrants* and *forcibly displaced people* are used interchangeably as umbrella terms in references to people who flee into another country for protection regardless of their legal status in the host country. But *refugee* and *asylum seeker/asylee* are also used, where appropriate, for consistency with the use of these terms in the cited research.

Self-Determination Theory

Self-determination theory (SDT) is the guiding theory in this article. SDT embraces the view that humans are driven to develop a unified sense of self. This constructive drive is innate to all individuals. SDT proposes that to establish an integrated personality, one needs autonomy, competence, and relatedness.¹¹ The theory portrays a continuum between an integrated/productive self and a highly fragmented/passive self. Where one appears on that continuum depends on one's success in meeting those basic needs. According to SDT, felt frustration in meeting one's need for autonomy, competence, and relatedness surface as self-protective behaviors, including motive or need substitutes, controlling regulatory styles, and rigid behavior patterns.¹² That is, failure to meet very basic needs is perceived to be related to abnormal behaviors and a decrease in adaptive behaviors. The presence of an integrated self, however, is not a given. It depends on the social context to the extent that it nurtures or impedes one in meeting one's very basic needs for autonomy, competence, and relatedness, and as a result it either fosters the integration or increases the fragmentation of one's personality.¹³

In the context of forced migration, it should be noted also that satisfying basic psychological needs is not an objective process, and thus, it does not require a near-perfect psychosocial context. Instead, it is a relative subjective perception one uses in assessing one's condition, which guides feelings, cognitions, and self-congruent behaviors, such as pursuing one's goals based on one's motives and skill sets.¹⁴ Regardless of the individual's context, this perception is dependent on the context-person interaction. In this interaction, all individuals are perceived to have the drive to be proactive in shaping and influencing their life conditions rather than

claiming that contextual factors determine their functioning.¹⁵ Thus, an evaluation of the environment given to forcibly displaced people can be based on their perception of their environment and living conditions.

It is difficult, however, to materialize self-determination congruent contexts and situational factors that will repeatedly produce outcomes favoring a unified sense of self. In adverse situations such as displacement, one person's perception of the situation will determine his or her response to the situation. Thus, in the same situation, some may feel that their basic needs are satisfied, while others may notice a lack of opportunities to exercise innate motives and needs. That is not to say that an environment with a controlled orientation (e.g., exercising limitations on these three basic needs—as opposed to autonomous orientation) is likely to nurture people.¹⁶**Error! Bookmark not defined.** How people actively make sense of their environment depends on their background, expectations, and goals. Johan Y. Y. Ng and colleagues conducted a meta-analysis of 163 studies focusing on health-care settings.¹⁷ They examined how the climate (e.g., practitioner support for patient autonomy vs. lack of such support) affects patients' experiences of psychological need satisfaction. They found that people who perceive the health setting as supportive of their autonomy and volition tend to report higher efficiency in engaging in health-supportive behaviors (e.g., weight control, diabetes care, physical activity, and abstinence from tobacco) and better mental health outcomes. They also found that the relationship between mental health and autonomy orientation is stronger compared with the relationship between physical health and autonomy orientation. According to their findings, autonomy-oriented environments induce volitional action: People perceive the outcomes as the origin of their own behavior and they engage more in volitional action. The stronger outcome on mental health may also indicate that people feel their need for competence satisfied, and that satisfaction leads them to feel effective in producing desired outcomes, to exercise their capacities, and to develop relationships that provide respect and care. The innate need for autonomy, competence, and relatedness is as relevant to involuntary migrants as to anyone else. Their self-determination depends, however, on the available opportunities and policies in the host country, and their migration story, their present mental health, and other contextual factors (e.g., available support systems). Out of all these contextual factors, mental health concerns received the most attention in the field of psychology. We would like to briefly review the relevant research findings.

Mental Health in Forcibly Displaced People

Mental health in forcibly displaced people is a concern. Because of the trauma associated with forcibly displaced people's migration experiences, researchers, especially in industrialized countries, give special attention to the impact of exposure to violence on forcibly displaced people's well-being. Meta-analytic studies indicate that, compared with the general population, refugees have a greater risk for mental health issues—an almost ten times higher risk for post-traumatic stress disorder (PTSD)¹⁸ and an elevated risk for depression, chronic pain, and various somatic complaints.¹⁹ Furthermore, the mental health of forcibly displaced people is even more concerning in some developing countries, where refugees and asylees may be kept in camps with limited access to the psychosocial, economic, and health resources. The interventions at these camps are oriented to the relief of immediate needs, such as providing food and shelter.²⁰ For these groups in nonindustrialized countries, survival is of greater concern than well-being.

Researchers identified several pathways to the deterioration in forcibly displaced people's mental health, which can be examined in premigration, perimigration, and postmigration

contexts. The adverse premigration and perimigration experiences appear most frequently as the causal factors in forcibly displaced people's reports of psychological disturbances. In some studies, almost all of the participant refugees report exposure to traumatizing events that occurred before migration. That is, the vast majority of refugees individually may have experienced life-threatening conditions, even the murder of a family member or friend.²¹ Researchers therefore concentrated on the impact of exposure to challenging migration conditions predicting poor mental health outcomes and adaptation, such as war, torture, and other forms of violence.²²

Although refugees who experienced traumatic incidents show worse psychological outcomes than refugees who have noncumulative exposure to violence, the occurrence of mental health concerns was influenced by several other factors.²³ Zachary Steel and colleagues reviewed 161 survey studies, which included 81,866 refugees and other conflict-affected persons from forty countries. They identified several key issues, including variations in the study findings that reflect nuances in methodology. For example, they found that sampling method and size and the form of questionnaires used explained the variations among the studies of 12.9 percent for PTSD and 27.7 percent for depression. That is, less rigorous sampling methods and self-report questionnaires tended to identify higher rates of mental disorders. But even after adjusting for methodological variations, refugees tended to report higher rates of PTSD if their migration experience included torture. In the same study, exposure to torture was found to be the strongest predictor of PTSD. Similarly, refugees reported higher rates of depression as they experienced more traumatic events, and at the time of the data collection, if they were close in time to the traumatic incidents, if they had experienced torture, and if they lacked residency status in the host country.

Migration itself can be challenging and traumatic enough to cause disturbances that need to be addressed for better adaptation. Most refugees arrive at the receiving country after going through a long and dangerous journey. Some of them spend months in the neighboring country refugee camps, where resources can be extremely scarce and often compromised and where the environment is infested with violence.²⁴ As Fred Bemak and colleagues point out, "the hasty departure from one's home country and the precariousness of the flight itself frequently cause profound loss and separation of family, identity, and culture, a downgrade in socioeconomic status and employment, language problems, dramatic shifts in social, familial, and gender roles, and acculturation problems in the new country."²⁵ These limited resources and traumatizing experiences create a substantial risk factor that would frustrate the need-based motivational effort of forcibly displaced people. Furthermore, interventions provided for forcibly displaced people during their migration neither focus on their psychological safety nor take into account their volitional actions. Because the purpose is to provide immediate relief to the migrants' most pressing needs,²⁶ interventions may be unable to address their psychological needs, let alone support their autonomy. In addition, the interventions at those centers may restrict the migrants' mobility. They are physically limited to the refugee camps and have no access to the resources in the host country. Their perception of power is compromised and they are left with feelings of uncertainty about their legal status.²⁷ This sense of powerlessness and impotence can worsen already negative psychological outcomes.²⁸ It is likely to diminish the inner strength they need to overcome difficulties and act on their inner drive.

Women and children should be paid particular attention as a vulnerable population. Women and their dependent children made up more than 80 percent (27 million) of the world's refugees in 2001.²⁹ Global and local conflicts that result from sociopolitical changes exert a greater

influence on women.³⁰ Because of their role and status in society and within family and kinship systems, women are likely to be the target of a broader range of human rights violations than are men.³¹ Female refugees experience poverty, forced dislocation, family separation, and loss of home and close relatives, and they can be victims of torture, murder, terrorism, sex trafficking, and domestic and sexual violence.³² Charlotte Bunch points out that violence against women is not only personal or cultural but also profoundly political, arising from the structural relationships of power, domination, and privilege between men and women.³³ Thus, violence against women is used to maintain stereotypical political relations in all spheres of life. Systemic violence against women increases during armed conflict, taking the form of forced relocation, deportation and labor, and torture and executions.³⁴ Additionally, racist state policies that deny or limit health care, education, employment, public representation, and access to legal resources are rampant in refugee women's experiences.³⁵ And because women are the primary caregivers, the adverse effects of armed conflict on children cannot be separated from the adverse effects on women. When men leave to fight, women are increasingly obliged to sustain the social fabric of their communities and provide continuity and a sense of family and community. Thus, women's physical and psychosocial health and survival are important to the well-being of children and the family.³⁶

Like female refugees, child refugees are another vulnerable population. The impact of migration depends on the history of their resettlement, including any exposure to premigration and perimigration traumatizing experiences and other difficulties. Children are not free from the risk of psychological disturbances when they are exposed to traumatic incidents. Some refugee children experience separation from families, which is profoundly traumatic. Even after children have been reunited with their families or placed in a permanent resettlement, they face discrimination and the difficulty of acculturation, challenges that are found to be related to negative psychological outcomes.³⁷ Children experience disruptions in their social and educational development because they lack the resources they need for normal development. In addition, in some countries, child asylees are kept in detention centers, which strip away their sense of power and control, and they may end up being separated from their loved ones.³⁸ Farhood, an Iranian refugee relocated to the United Kingdom, describes his experience as a child asylee kept in a detention center: "My story is not unique. It is sadly similar to thousands of stories of displaced people across the world. But it does illustrate how the system in the UK can make life incredibly difficult for those fleeing persecution and seeking refuge. I was an adolescent when I arrived here, left stranded in Liverpool with no resources and no single person who could offer me support. Upon arrival I was detained in prison for four months, because I had no papers or any regular documentation."³⁹ Though not all asylees are treated the way Farhood was, separating children from their families and using detention centers for undocumented involuntary migrants are not rare practices. Consequently, Tammy M. Bean, Elisabeth Eurelings-Bontekoe, and Philip Spinhoven warn that children who are not accompanied by their guardians or who are separated from their guardians face elevated risk for negative psychological outcomes.⁴⁰

Refugees continue to experience hardships at postmigration, and it can be claimed that the collective memory of traumatic past is passed down to younger generation.⁴¹ Like Farhood, some child refugees and asylees have to go through detentions and system-related transitional challenges with limited or no support from the system and from their loved ones. Their misfortune continues at postmigration. Even members of the younger generation who did not endure the hardships of migration can feel bitter about postmigration conditions. For example, a

study conducted within a group of refugees found that 70 percent of the refugees experienced exposure to violence in the United States.⁴² Mina Fazel and Alan Stein, in a study including children from ages five to eighteen in the United Kingdom, found that the occurrence of psychological disturbances was three times more likely among refugee children compared with the national average.⁴³

Often, involuntary migrants, whether children or adults, are unwelcome and perceive discrimination, which might be listed as another negative aspect of the postmigration context that diminishes their well-being. Involuntary migrants are forced to negotiate inherent and hosting cultural values, in which their inherent culture is potentially undermined and devalued.⁴⁴ Added to trauma history are a lack of opportunities and rejection by the host culture, which contribute to the perception of discrimination and refugees' vulnerability to mental health concerns.⁴⁵ The social encounters with the host community members may include incidents of discrimination and interpersonal violence, in which visible minorities (those whose physical appearance, for example, is unlike that of the members of dominant racial-ethnic group in the host country) are at even greater risk.⁴⁶ The perceived discrimination significantly predicted depressive symptoms, even after the contribution of trauma history, demographics, and immigration variables are statistically removed and may lead to an isolated life, which is found to be related to poor mental health.⁴⁷

Because the characteristics of postdisplacement conditions may determine whether psychological disturbances are sustained, researchers have shown a particular interest in studying whether favorable postdisplacement conditions activate the involuntary migrants' resilience as addressed in SDT. Results of a meta-analysis conducted with fifty-nine independent comparisons of refugee and nonrefugee participants, which included 67,294 participants (22,221 refugees), provided evidence that refugees who have favorable postdisplacement conditions (e.g., residency status, access to the labor market) tended to show fewer psychological symptoms than refugees who do not have these opportunities. The same study, however, showed that refugees who are in permanent resettlement conditions reported fewer mental health concerns than stateless people, repatriated refugees, and internally displaced people. That is, refugees in permanent, private accommodations tended to have significantly better mental health outcomes than refugees in institutional and temporary private accommodations.⁴⁸

Self-Determination Theory and Involuntary Migrants' Adaptation

The contextual problems in addition to mental health concerns might hinder involuntary migrants' capacity to meet their psychological needs, which require them to negotiate intrapersonal, interpersonal, and sociocultural conditions. For example, a fundamental intrapersonal factor is their trauma history. Individuals with trauma history remain muted about their experience, but traumatic memories and subsequent affective experience continue to be fundamental to their existence.⁴⁹ Thus, these traumatic memories must be addressed. Involuntary migrants' traumatizing past experiences risk hindering an optimum functioning and compromise their well-being and capacity to fulfill their potential. Sociocultural conditions present another challenge in meeting their psychological needs. Statistics showing poor educational outcomes and evidence of involuntary migrants' difficulty in accessing the health and education systems and the job market suggest that resettlement stressors may further frustrate very substantial human needs.⁵⁰ Because of these psychological and socioeconomic factors, involuntary migrants face significant hardship, which can be observed in their behavioral manifestations, and are at greater risk for poor educational and psychosocial outcomes.⁵¹ **Error! Bookmark not defined.**

SDT provides venues and strategies, however, for developing programs to empower involuntary migrants in developing a unified sense of self.

According to SDT, people tend to forge a holistic self-regulation (autonomy), to integrate with the social environment (relatedness), and to exercise their capacity (competence) within their context.⁵² The SDT literature repeatedly shows that the experience of a volitional life enhances a person's general satisfaction and well-being. Self-determination refers to the degree to which a person's behavior is experienced as coerced or volitional.⁵³ People who perceive relative autonomy even in a solitary life tend to report a greater sense of well-being and fewer mental health problems.⁵⁴ Similarly, basic needs drive people to seek connectedness and reciprocal care by finding relationships that provide care and love.⁵⁵ Need-supportive relationships are found to lower psychological distress and other issues.⁵⁶

To support forcibly displaced people's inner capacities, interventions must go beyond the conventional strategies. The conventional strategy to deal with the refugee crisis has been relief-oriented. As Alexander Betts and colleagues assert, some receiving countries host large numbers of refugees and provide a limited budget for their humanitarian needs. The influx of refugees concentrates in neighboring countries, which experience difficulty dealing with the growing number of refugees crossing the border. A few of them close their borders altogether to refugees.⁵⁷ Studies of the refugee crisis suggest that public policy and refugee work are likely to produce better outcomes and mitigate the effect of the crisis on societies when relief-oriented refugee work is accompanied by the enhancement of involuntary migrants' available resources and encouragement of their efforts to fit in. Based on aforementioned findings, this article thus suggests that relief-oriented interventions should be accompanied by interventions that target refugees and asylees' available resources (e.g., inner capacities and available support systems and communities).

Most strategies used to deal with the refugee crisis focus on the short term and target immediate humanitarian needs. The drawback to this relief-oriented assistance is that it risks ignoring forcibly displaced people's drive to build their own sociocultural system. Some researchers point to the risk that relief-oriented refugee work will create dependency. They suggest that refugee work should begin to include efforts to remove dependency-developing factors and empower refugees to develop self-reliance so they can become independent and create their own self-supporting social and economic systems.⁵⁸ The creation of self-supporting social and economic systems among refugees might help decrease negative reactions to refugees and increase societal respect for them. Thus, interventions targeting involuntary migrants should focus as much on encouraging their drive to build their own psychosocial systems and improve their capacity for self-determination as on providing relief-oriented assistance.

As discussed earlier, another facet of forcibly displaced people's recovery and adaptation is their need for interventions targeting their mental health concerns. Refugees and asylees do not relocate by choice; they are displaced by force. This trauma-producing aspect of involuntary migration compromises their ability to function and their psychosocial adaptation. They often continue to suffer trauma from the past while enduring new, adverse conditions in the present. Consequently, refugees and asylees are found to have greater risk for mental health problems such as depression and PTSD.⁵⁹ It appears that their drive for a better life can be further damaged in refugee camps. Betts and colleagues discuss Wuli, a forty-year-old man with diabetes whom they met during a visit to a refugee camp. Wuli told the researchers that he had given up his own life goals. "Man does not live on food and water alone," he said, "but on hope; mine is gone but I now live to support the hope of the next generation."⁶⁰ Wuli is not alone in his desperation. The

extent of desperation like his among refugees complicates efforts to find a solution to their mental health problems and draws attention away from efforts to support their determination to build a better life, which includes strengthening connections within and between communities.

Research shows that when refugees are given opportunities, they have the drive to be productive members of their society. Shukria expresses this drive in her poem. Laura Simich points out, however, that the policy of the Canadian government runs counter to the best interests of the refugees. She reports that seventy-three hundred refugees were brought to Canada every year during the first few years of the twenty-first century. The Canadian government assigned these incoming refugees to predetermined areas in Canada without considering their interests.⁶¹ This policy ignored the desire of incoming refugees to reunite with their community and with relatives who had arrived earlier. These refugees were driven to find a situation that would fulfill their psychosocial needs, including the need for the social support of a built-up community. Simich's study underlines the importance of recognizing that past traumatic experiences and resettlement issues might negatively impact involuntary migrants' functioning and that the drive to self-determine (e.g., building up communities, economic systems, and access to services) can empower involuntary migrants.

Unfortunately, the media seems to present mostly negative images of involuntary migrants, and these images appear to impact public policies and the reaction of local people to involuntary migrants. Refugees and asylees are portrayed as people who are broken, dysfunctional, or abnormal or as potential criminals or even terrorists.⁶² Examples of involuntary migrants who integrated into the society are rarely presented in the media. This skewed representation of involuntary migrants as a potential threat to society discourages the development of policies and resources that would empower the hosting society and involuntary migrants together. In general, the stories about involuntary migrants that are presented in the news media and on social media are true, though often dramatized, and their publication is well intended. The dramatic stories that circulate in the media may help the local population to empathize with involuntary migrants. But, if people know only the refugees' traumatic experiences, would they be willing to be their neighbors, their friends, or their colleagues? It is unlikely, because the stories about the migrants seem to encourage the locals to feel pity for them. And in some instances involuntary migrants are portrayed as a potential source of threat.⁶³ The skewed attention to a small subset of involuntary migrants who once engaged in criminal activities is unjust. It has an outsized effect by suggesting that most migrants are criminals. Furthermore, it is likely to create another blockade to the migrants' efforts to fulfill their needs for autonomy, competence, and relatedness and to compromise their quality of life significantly.

SDT provides a model of how public policy may support involuntary migrants' resiliency and growth. A social atmosphere that encourages involuntary migrants to engage in adaptive behaviors for their own reasons, empowers them in dealing with contextual barriers, and communicates feelings of acceptance and respect is likely to help them build a unified sense of self. Conversely, a social atmosphere that is designed to control involuntary migrants and limit their options is likely to produce poor outcomes and delay their psychosocial adaptation. Policy makers must seek a balance between treating the impact of exposure to violence and other migration-related adverse situations and offering opportunities that encourage psychosocial adaptation and empower involuntary migrants to satisfy their need to be productive.⁶⁴

SDT maintains a positive view of innate human power. It recognizes that an individual's drive to grow and to adapt to new situations is enhanced under favorable circumstances and that controlling, critical, and rejecting sociocultural environments tend to produce ill outcomes by

blocking this innate drive and thus thwarting involuntary migrants' need satisfaction.⁶⁵ Public policy that is designed to support this proactive tendency of involuntary migrants is likely to produce more favorable outcomes in their adaptation.

Researchers have shown that growth-oriented public policies can be effective among people who have been exposed to trauma because such people are naturally driven to bounce back and develop new perspectives on life. Researchers refer to these positive changes as "post-traumatic growth." They include a new, positive outlook on life, an altered, positive perception of self and one's competencies, and closer interpersonal relationships.⁶⁶ According to one study, between 30 and 70 percent of traumatized people experience positive changes after trauma.⁶⁷ Regardless of how those positive changes take place, one's support system plays an important role in one's post-traumatic growth.⁶⁸ Thus, as SDT reveals, even though people have a natural inclination to grow despite the traumatic impact of forced migration, they require a psychosocial atmosphere that fosters that inner drive.

Edward L. Deci and Richard M. Ryan suggest that people have a natural inclination to make sense of their environment, history, and capabilities.⁶⁹ People are driven to alleviate the depressing features of their condition and move forward to adaptive functioning. That is, people are consciously and unconsciously acting to build an integrated sense of self, and this natural inclination can be an active agent of change among involuntary migrants at the intrapersonal and interpersonal levels. The empowerment of autonomy and volition among involuntary migrants involves their being given opportunities to refine their interests, preferences, and personal values along with interventions to treat past trauma and other mental and physical health issues. At the interpersonal level, a similar mechanism will be viewed in their effort to participate in social life through education and labor market, to build their own communities, and to interact with the host community. We need deeper discussion about public policies and intervention strategies and how our intervention strategies empower forcibly displaced people in building their own communities and connecting with the host community.

Conclusion and Recommendations

Refugee-related scholarship has been heavily focused on torture and trauma. This narrow, deficit perspective is likely to hinder understanding of the complexity of involuntary migrants' experiences. Even though these migrants face a complex array of adverse experiences in a war zone, during their flight, and in postmigration contexts, they could bounce back from the impact of traumatizing experiences. But their well-being is contingent on their ability to navigate between their self-preservation capacities (e.g., autonomy and competence) and resources that promote this capacity. SDT, with its emphasis on forcibly displaced people and their social and relational contexts, is a promising perspective.

The conditions of the postmigration context appear to moderate the outcomes in involuntary migrants. These conditions include the migrants' self-preservation tendencies and how well the host country facilitates the transitional tasks. Individual differences may ease or challenge this facilitation. Those that may ease the transition include youth, proficiency in the language of the host country, employable skills, an able body, and financial resources.⁷⁰ We propose that policies be based on SDT and therefore that they emphasize one's ability to work toward building autonomy, competence, and relatedness as individually oriented contextual factors of postmigration. Intervention strategies and public policy can be individualized to forcibly displaced people's needs and where they are on these transitional tasks. For example, the needs of an involuntary migrant who has a well-connected community would differ from the needs of

one who does not. Thus, policies and interventions should be tailored to the characteristics and realities of the host country and forcibly displaced people's needs.

Ecologically focused and culturally relevant perspectives are necessary if we are to understand involuntary migrants' unique challenges and strengths and provide them with opportunities for adaptation and the removal of impediments in their social context.⁷¹ A more nuanced understanding would help researchers, policy makers, and service providers improve the efficiency and effectiveness of psychological and psychosocial treatments and policies. Accepting the multidimensionality of forced immigration, we suggest that the next research steps include the examination of diverse systems (e.g., school and health systems) in the communities in which involuntary migrants locate. A systemic approach to the forced migration experience might provide a more comprehensive view that could be used to improve the resources that are made available to involuntary migrants. For their inner capacities to flourish in this systematic approach, forcibly displaced people require supportive and patient public policies. As Mary Canoon cautions policy makers, to help forcibly displaced people navigate their future goals and adaptation, we need a supportive environment that "provides space for exploration and understanding . . . and believing that answers and solutions are a collective effort" and "requires us to listen closely to one another and to understand that wisdom and knowledge come from many sources."⁷²

Notes

¹ UN High Commissioner for Refugees (UNHCR), "Figures at a Glance," <https://www.unhcr.org/en-us/figures-at-a-glance.html> (accessed August 7, 2019).

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