Narratives of "Dissonance" and "Repositioning" Through the Lens of Critical Humanism

Exploring the Influences on Immigrants' and Refugees' Health and Well-being

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The focus of this article is on narratives of "starting over," and the embedded processes, conceptualized as "dissonance"—between what people had expected to find in Canada and their actual experiences, and "repositioning"—how they subsequently restructured their lives and redefined their identities. This narrative analysis is one way of illuminating the complex ways in which social support networks influence dissonance and repositioning, and subsequently influence health and well-being. **Key words:** *critical humanism*, *immigrant*, *narratives*, *refugee*, *social support*

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[W]hen we come to Canada] "we start all over again, we start from zero, and it's a very difficult life to start your life from zero." (A woman in her mid-30s from war torn Somalia.)

". . . this is our ideal home, but how can I adjust my emotions, how to survive in this society, how to socialize with local Canadians? If I can solve this problem, then, I think. . . I will be out of the dark. I'll be out of the dark." (A man in his mid-20s who emigrated from China.)

What do these short vignettes suggest about the factors that influence the health of immigrants and refugees as they take up life in a new country? In Canada, we know that although immigrants generally arrive with better health than the Canadian-born population,* their health tends

*This is due to the selection process of new immigrants to Canada, which is based on good health among other attributes.

to decline with time.[1] Ng et al,[1] using longitudinal data from the Canadian National Population Health Survey over an 8-year period, relate these problems to the stress of immigration, finding suitable employment, adopting behaviors with negative health impact, establishing a new social support network and socioeconomic status; "those with non-European origins are more likely than those with European origins to have low-paid jobs that require little education."*,[1(p6)]

Although there are no definitive explanations for the changes in the health status of immigrants, there is considerable evidence that poverty and other social factors such as conditions of work and housing are major social determinants of health and well being.[2-5] We are reminded in the 2008 WHO Report[5] that

Every aspect of government and the economy has the potential to affect health and health equity—finance, education, housing, employment, transport …[(p10)] …. Those at the bottom of the distribution of global and national wealth, those marginalized and excluded within countries, and countries themselves disadvantaged by historical exploitation and persistent inequity in global institutions of power and policy-making present an urgent moral and practical focus for action.[(p31)]

The influence of social factors such as immigration and low income on the health of immigrants and refugees is important in Canada, given the substantial inflow of both groups over the past decade. Canada has admitted on average 28 000 refugees and 235 215 immigrants annually between 1999 and 2008.[6] According to the 2006 Census, between 1996–2000 and 2001–2006, The People's Republic of China was among the top source countries of immigrants to Canada.[7] Between 1999–2008, a total of 22 952 Somali refugee claimants—averaging 2295 per

year—have come to Canada, with Somalia ranking between 5th and 20th among refugee source countries.[6]

This article continues a line of inquiry into the health and healthcare of immigrants and refugees, and the social processes in which health and illness experiences are enmeshed.[8-14] We focus, here, on narratives of "starting over," and the embedded processes, which we have conceptualized as "dissonance"—between what people had expected to find in Canada, and, their actual experiences; and, "repositioning"–how they subsequently restructured their lives and redefined their identities. These concepts are used as explanatory resources to explicate people's experience of starting over in a new country. The narratives from men and women that inform this analysis are selected from a subset of the data from a national study, the "Multicultural Meanings of Social Support." This narrative analysis is one way of illuminating the complex ways in which social support networks influence dissonance and repositioning and subsequently influence health and well-being.

We turn, now, to the research on which this article is based. This is followed by a description of the methodological and theoretical lens—critical humanism—through which we have conducted narrative analysis. We then present narratives from study participants to illuminate the concepts of dissonance and repositioning, followed by our analytic interpretations. We conclude with reflections on some strategies that might ease the transition to life in a new country, which, we argue, have implications for further research, policy, and healthcare delivery services.

BRIEF OVERVIEW OF THE RESEARCH STUDY

The focus of the national study, "Multicultural Meanings of Social Support," on which this manuscript is based was social support in the context of immigration. The following questions were addressed: (1) What are the

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*Canadian immigration policy now favors highly educated immigrants, but they are not usually able to get into the professions for which they are qualified. So, taking low-paying jobs at the present time is not due to lack of education.

key resettlement challenges experienced by immigrants and refugees in Canada? (2) How do immigrants and refugees define and/or understand social support? (3) What are immigrants' and refugees' methods of accessing/ seeking social support? (4) How do immigrants' and refugees' support-seeking methods and support resources and needs compare? (5) What mechanisms (eg, programs, policies) can strengthen support for immigrants and refugees? As the study evolved, a related question emerged from the narratives of the study participants: What does it mean to "start over" when one migrates to a new country? This question is the focus of this article.

The study was conducted in 3 Canadian cities: Vancouver, Edmonton, and Toronto, from 2000 to 2003. We selected the Chinese immigrant group, because they have a long history in Canada and strong community infrastructure of support services.[15] Consultation with settlement service providers led to the selection of Somali refugees because they were a less-established newcomer group that was experiencing significant barriers to services and therefore provided a contrast in social circumstances to the well-established groups. These populations were accessible in all 3 cities. In each site, a purposive sample of 60 Somali refugees and 60 Chinese immigrants was recruited with the help of local study advisory committees composed of members of immigrant settlement and ethnospecific community agencies. The study participants collectively represented a range of ages, levels of education, and regions of origin within the homelands.[16] Purposive sampling was combined with network[17] or snowball sampling.[18] Interviewed participants referred researchers to other members of their social network, who were in turn contacted. The interview guide was translated into Mandarin, Cantonese, and Somali, approved by the investigators' institutional research ethics boards, and administered by interviewers who were proficient in the languages of the participants. Interviews averaged 1.5 hours and were audiotaped,

translated, and transcribed into English for analysis.

The interview data from participants in the 3 sites were systematically coded across all sites to identify code categories from the data. This allowed us to compare the data across sites in a systematic way. In addition to this coding process, we reviewed the interviews and discussed how we might conceptualize the process of "starting over" in a new country through narrative analysis. The research team used NUD*IST (Non-Numerical Unstructured Data Indexing, Searching and Theorizing) software to organize the qualitative data from interviews into a coding framework developed jointly across all 3 study sites. The narratives presented in this article represent the views of the 120 immigrants and refugees interviewed in the study.

THEORETICAL AND METHODOLOGICAL PERSPECTIVES: NARRATIVE ANALYSIS THROUGH THE LENS OF CRITICAL HUMANISM

As noted earlier, the participants' narratives spoke to processes that we have conceptualized as dissonance and repositioning. These concepts served as explanatory resources to explicate the experience of starting over in a new country, recognizing that participants' stories were nested in particular life contexts and intersecting social relations. Narratives bring another dimension to survey data; as Bruner notes, narrative offers a way of "ordering experience, of constructing reality"[19(p11)] and illuminates both personal and social implications of distress.[20] While the same narrative is open to different analytic interpretations, the onus is on the analyst to explicate the interpretive framework. Riessman[21] notes that the investigator has many points of entry to the narrative, including a historical and political analysis. We have chosen to use the lens of critical humanism, which, as a point of entry into narrative analysis, focuses attention on intersecting social, historical, and political processes that may have a profound impact on health and well-being.

Critical humanism has grown out of the writings of postcolonial scholars, and postcolonial feminist and Black feminist scholars who have opened up the possibilities for new paradigms of thinking inclusively.[22-29] We conceptualize it as an analytic strategy, but it is also a philosophy of "being in the world"—a way of relating to one another—and a social theory. Critical humanism is possible because of the rigorous interpretive frameworks provided by scholars who have unmasked intersecting forms of oppression, and who have explicated how social categories are produced, and how the "Other" is constructed.[30] The critical consciousness that underpins this kind of analysis has the potential to foster a new political consciousness and a *reciprocal humanity* (italics added) to borrow the words of Gilroy.[24] This kind of engagement allows us to interrupt and transcend what has been given to us as our "differences." Mbembe and Posel tell us that:

This is a humanism which breaks with essentialized notions of difference and builds on a philosophy of critical cosmopolitanism. Integral to this project is also a politics of hope. This is a politics which transcends both the relativism and—at the other extreme—the dogmatic certitude which remain fashionable in some philosophical and political circles. . . . This new humanism is underpinned . . . by the insistence that debates about democracy should move beyond simply the idea of rights (important as these are), to engage the question of obligation.[31(pp283–284)]

A critical humanist perspective has implications for how we conceptualize the research enterprise, and how we collect, analyze, and present data. Rather than perpetuating concrete, monolithic, or homogeneous "ethnic categories" that emphasize "difference" or "sameness," we examine meanings and contexts that shape experience. Reporting of research findings would therefore emphasize how *history* and *social positioning* have shaped our lives, how equity is fostered, and how inequities are perpetuated. It is for this reason that we have not constructed the narratives around the "ethnic categories" of "Chinese" and "Somali" nor have we drawn distinctive lines between "immigrant" and "refugee." The ways immigrants and refugees relocate and settle in Canada we argue are influenced by the multiple forces that shape the context of experience, for example, their histories, sociocultural, political, and other structural processes; and, social supports, which no doubt influence their levels of dissonance and repositioning.

THE NARRATIVES: DISSONANCE AND REPOSITIONING

As we sifted through people's stories, we asked ourselves: What does it mean to "start over" when one migrates to a new country? In listening to the men and women who participated in this study and how they organized meaning in their lives, like Riessman, "[w]e have made efforts to give up communicative power and follow participants down their diverse trails. . . . The approach does not assume objectivity; rather, it *privileges positionality and subjectivity* [emphasis added]."[21(p696)]

For both immigrants and refugees, their stories began with endings: life as they knew it had come to an end. They described the challenges faced and the conflict experienced between expectations, aspirations, and reality, which bear similarity to our other research.[11,14,32,33] Their stories also portray "turning points" as they reconstructed their lives and redefined their identities, a feature of the narrative described by Riessman.[21,34] These narratives exemplify the dissonance experienced by most immigrants and refugees and how their response to the dissonance is influenced by their life contexts, such as the supports they received, or did not receive.

Dissonance

Immigrants and refugees alike were susceptible to the experience of dissonance between their expectations of what Canada would have to offer them, and the reality they experienced. This short vignette from a Somalian man who had come to Canada as a refugee

speaks to the kind of narrative that we constructed as dissonance:

Yeah, I was back in Africa I was expecting when I come to Canada that. . . . I will go to paradise but . . . I came here during . . . the winter, it was February and the first experience I had back there was a blizzard and it was my first time to see snow. . . . And besides that, . . .in order to get well adapted to Canada was very difficult for the first few months or even for the first year because . . . I didn't know where to go, I didn't have much information about Canada. It was hard for me to get a job even though I get little help from the government of Canada and some friends who were living in the country but, after all it was very hard.

Even though people were relieved and grateful to find safety from war in Canada, there was still a slippage between their expectations and the reality of life. We now share the experiences of a young refugee woman whose life changed dramatically with the civil war in Somalia. Her previous life of relative comfort, financial security, and family support ended abruptly and she arrived in Canada penniless, with her husband whom she had met in the refugee camp. The differences in the food, clothing, environment, and language encountered on a daily basis contributed to dissonance, stress, loneliness, and isolation. The desire to embrace Canadian culture, while retaining her own values and religion, compounded the dilemma further. The following excerpts from her reflections illustrate the challenges faced by newcomers:

When I grew up, everything was on the table from my father and my mother, they were working, we had our own business, our own houses, cars . . . but when I came here, it was a very big difference because I had left everything I had back home. When I came here, I didn't have one penny in my account, I didn't have enough clothes. I just brought myself here in Canada. If you came to the place that you don't know, I mean their language, their food, . . . their culture, the religion, how you wear your clothes, it's very, very difficult to live. . . . When my husband went to his work and I'm [the] only one staying home and I cannot answer the phone, I cannot go outside by myself, I don't know anybody. . . it was very stressful. There is another difficult life here in Canada to catch up because we start all over

again, we start from zero, and it's a very difficult life to start your life from zero.

Unlike people who immigrated voluntarily to Canada, like other refugees, this woman (we will refer to her as Salima to identify her later) was forced to flee her country in search of refuge elsewhere. Like other refugees, she had little, if any, opportunity to plan for migration and fewer financial resources to act as a cushion during settlement. Though different from immigrants in this respect, both refugees and immigrants faced language barriers, unexpected employment challenges, social isolation—a shock to those who had thought of Canada as coming to "Paradise"—and hence, potential disappointment and disillusionment.

Both immigrants and refugees experienced barriers to entering the workforce at the appropriate level despite post secondary education and English proficiency attained in their homeland. This is not what they had expected to find in Canada. For example, a young immigrant male described discrepancies between what he had expected and actual employment in Canada. His expectations about finding a job were based on his previous work history in China, where he was employed by a US-based company. He was considered proficient in English, yet in Canada, he discovered that English language proficiency was the major barrier.

Before I arrived, I thought that my English is OK. I worked in a US-based company in China, I was a software developer. In that environment, we spoke English. But, after I arrived, Canadian native's English, and the English spoken by Chinese is totally different.

Despite continuing post–secondary education and obtaining local certification, securing professional employment was illusory. Many from their community were still working as taxi drivers or laborers at minimum wages, as this man noted: "I know at least ten people who are professional who graduated from universities here in Canada who went back to drive taxis or doing a labor job with minimum wages."

Finding employment commensurate with their level of education was an ongoing challenge. These experiences of not being able to find a job, or downward mobility in the workforce with declining incomes, have major consequences for people's lives. As noted in the research literature cited earlier,[2-5] finances and employment are major social determinants of health and well-being. Furthermore, most people who come to a new country expect that their children will have educational and career opportunities that they might not have had. Yet, according to one woman, some parents felt that the next generation of young Somalis questioned the value of pursuing further education, as this had not led to better employment opportunities for their seniors:

So this notion of people graduating and not getting a job has become very discouraging especially for the youth and they would say what is. . . in [it] for me if people before me just come back and drive taxis and have not improved their life. Their education did not make any difference for them so it has become a very discouraging factor for the youth and younger people.

Some newcomers learned to lower their expectations of finding the jobs they had expected:

When I was in China, I imagined Canada to be very good, just like heaven. Everywhere are opportunities for work, everywhere are opportunities for making money. As a result, the feeling was not that great after I got here. Suddenly I became realistic.

Repositioning

The dissonance immigrants and refugees experienced as they encountered various challenges in their resettlement, served as a driving force to reappraise their situation, redefine their expectations and begin to reposition themselves. Repositioning was influenced and shaped by individual life contexts; barriers encountered; and social supports that were available or not. One participant explained this in terms of a proverb: "As the Somali saying goes, 'You limp according to how you break your leg.'" For many, repo-

sitioning meant "starting over" and this took various forms. For example, the woman described earlier (Salima) who came to Canada as a refugee was penniless. Without her extended family, she considered whether to return to her homeland or stay in Canada.* Attending ESL classes (English as a second language) was a turning point in her life, enabling her to read, write, and communicate with others. By providing her with some independence, English language ability enabled her to interact with the greater community.

When I first came to Canada, my first problem was the language. I tell myself . . . if I know what they say these people. . . I'm able to live here but if I don't. . . so I was just thinking that I may go back home but after I find out there is an ESL class, I just went and start and I feel so happy. Since then I'm okay, I can read, I can communicate to people, I can go everywhere I want by myself, taking a bus so that's the difference.

A male refugee described the varied support resources he drew upon from his friends and governmental agencies to address the major needs faced upon initially settling in Canada:

It's not practical and possible [for government] to cover all your needs because there's so much need compared to . . . the provision of help that you can receive. So there cannot be even closely proportional, the kind of problems I had and what the government, what my friends could do to help me. . . but it was good enough for me to get going and to be able to go to the next level where I could help myself.

Simich et al[33] described this kind of support as a "springboard" that facilitated access to needed resources. In a similar fashion to the male refugee described earlier, the immigrant woman quoted below did not expect that the government would support all the needs

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*What is interesting about this woman's comment is that she entertained the idea of "going home" even though she had come to Canada as a refugee, instructing us that if conditions in the home country change, some who come as refugees may want to return "home."

immigrants encounter and demonstrated her agency in fending for herself:

I depend on myself. I just have to bite the bullet and do this. . . if the government provides help, then it is nice but if the government did not, it is also reasonable. It is impossible for the government to provide all sorts of help. Since you're here, you have to depend on your own to settle in. Since you choose to come, you should be prepared to depend on your own.

However, despite her determination and personal resilience, this woman described the barriers that contributed to a vicious cycle: the complex interrelationships among language ability, educational attainment, employment options, and financial security. The interplay of these factors excluded her from opportunities to expand her educational and employment opportunities, attain financial security, and ultimately hampered her adjustment to and satisfaction with life in Canada. As she went on to tell us:

It is not only me, but a lot of Chinese would like to further their education [and] improve their English. I think this is a vicious cycle, if your English is not good then you won't be able to find a good job. . . . I have to make a living and [if I] have to pay a lot for the English course, of course I won't take the English course. If the government can provide higher level English course, of course I'll register and study. If my English is better then I'll adjust to the new environment better and be able to find a better job. . . . I'll be happier living here.

Some men and women were pessimistic and ambivalent that they would be able to find a "home" and survive in Canada. For example, this man's attempts to create a new beginning for his family remained a distant hope and contributed to his isolation, frustration, and despair:

It is possible to make a living here, I mean not making a living with a labor intensive job [but] in general, maintaining a middle class . . . living, I think it is achievable. Buy a car, buy a house are achievable goals. . . my wife work in an office, I hope, I work as a sales or in customer services. After I find a job like this, I think, maybe we can start to think that this place belongs to us. . . this is our ideal home,

but how can I adjust my emotions, how to survive in this society, how to socialize with local Canadians? If I can solve this problem, then, I think, . . . I will be out of the dark. I'll be out of the dark.

The phenomena of dissonance and repositioning that we have described were not benign. People perceived that their stressful experiences had a profound impact on health, as this Somali woman who had come to Canada as a refugee remarks:

If you are . . . on welfare, you can't be a healthy person because you [can't] do enough things you need and you didn't get. . . what you need and you get depressed. . . and you feel bad about yourself and you can't do anything. You feel trapped, you can't think . . . you think you are bad . . . so you can't be healthy. I feel . . . bad about myself.

DISSONANCE AND REPOSITIONING THROUGH THE LENS OF CRITICAL HUMANISM

The 2 major concepts developed in this article are dissonance between the expectations of what life in Canada would be like and the reality experienced; and, repositioning shaped by social circumstances, for example, employment or unemployment, job status and stability, the resources at hand, and available social support networks. The concepts of dissonance and repositioning provide insights into the complex ways in which social support systems operate (or do not), and the ways in which lives are disrupted, restructured, and lived.

The expectations of people who came from China and Somalia were in some ways different. One group—well-educated and with good jobs in the home country—had voluntarily immigrated to Canada, seeking upward mobility in employment; the other group came to Canada, seeking refuge from a war-torn country. Many were well off and well-educated and had privileged lives in the home country that they were forced to leave for communities in Canada that might not have abundant resources to welcome them. Yet, it became clear from the interviews

that the excellent resources usually available within the Chinese community in the 3 sites did not always obliterate the difficulties of resettlement. While formal support networks ensure access to some resources, the despair of not being able to find a job is real. In discussions with study participants, it was apparent that their failure to find a job was not due to negligence; instead, the jobs they had come to Canada expecting were not available to them. Indeed, their hardships resulted from "the devastating injuries that social force inflicts on human experience."[35(pxi)]

Despite well-intentioned immigration policies and humanitarian approaches to refugee settlement, there is a disjuncture between what some newcomers expect prior to their entry into Canada and the reality that awaits them. While selection of immigrants coming to Canada under the economic category (which accounts for about 55% to 60% of new permanent residents) rewards applicants with higher levels of education, job experience, and language skills (ie, English and French),[36,37(p14)] there is no guarantee that people will find a job in the profession in which they have been trained. Although educational credentials of recent immigrants have increased, the trends in immigrant wages and employment have gone downward with foreign work experience increasingly discounted.[38] Furthermore, particularly in the case of immigrants from newer source countries such as Eastern Europe and Africa, "foreign work experience is essentially worthless."[38,39(p477)] Professional licensing bodies have their own requirements. The completion of these requirements is beyond the reach of many newcomers, for various reasons, in particular the financial burden of retraining.

The conditions of employment of female immigrants have been widely documented over the years. As Tastsoglou and Preston[40] point out, not only do immigrant women have a higher level of unemployment than Canadian-born women and immigrant men, they also tend to be segmented into manual occupations. In fact, the situation of the participants in this study bore a striking resemblance to the accounts from immigrants to Canada in studies conducted by the authors over a period of 2 decades.[12-14,16,32]

Beiser's research with immigrants and refugees gives vivid accounts of narratives of hardships[41] yet illustrates that with sufficient opportunity and support, immigrants and refugees succeed and achieve well-being in Canada.[42,43] However, many people in our study did not have opportunities that would enable them to achieve their employment goals. The shifting identity from being a professional in China to taking a blue-collar job leads to a sense of dislocation, ambiguity, ambivalence, and uncertainty and took a toll on mental health and sense of well-being. Therefore, we should not view "repositioning," as comfortable adaptation or coping. Rather, through the lens of critical humanism, we interpret repositioning as aligning more closely with downward mobility from being a professional person to being jobless, or having to take a blue-collar job to survive on a day-to-day basis, and we analyze, critically, why this is happening.

We argue that downward mobility should not be seen as "natural" for the newcomer. Through the lens of critical humanism, we interrogate the "taken-for-granted" to make explicit the line of fault in the social, which are often embedded in long-standing social structures.[44] In reflecting on the narratives that people shared and in reviewing the research with immigrants over many years, there is a ring of familiarity in the narratives. In asking, "Why?" an observation by one participant is instructive:

They always encourage me to do the dishes in a restaurant, or my wife to work in a sewing factory, I think this is very bad.

Have we "normalized" the position of the immigrant not only in Canada but also in other countries? Are immigrants, especially those coming from "Third World countries" *expected* to be in the lower tiers of the workforce, in subordinated positions, to do the jobs that no one else wants to do? Why

is there no moral outrage that highly qualified professionals from one country find themselves on the lowest rung of the economic ladder in another? If indeed this shift in occupational status has been "normalized," it may well reflect a lingering legacy of colonialism and contemporary neocolonialism that needs to be interrupted. A discourse that calls for a "reciprocal humanity"[24] offers the possibility for engagement that recognizes our common humanity.

REFLECTIONS

In the foregoing analysis we have shared the narratives of men and women who have come to Canada as immigrants from China and as refugees from Somalia. We have argued that the concepts of "dissonance" and "repositioning" have illuminated the experience of starting over in a new country. Newcomers' stories spoke to the difficulties they faced, the barriers encountered, human agency, resilience, and hope—but some also spoke of despair. Most people in our study did not have access to well-paying jobs and the benefits associated with such jobs. What does this mean for their health and well-being and for health and social service policies? While several factors may come into play to influence health, as noted earlier, it is now widely recognized that the social and economic contexts of people's lives have a powerful effect on health and well-being.[4,45-47] The narrative examples of the newcomers we interviewed demonstrated how the social determinants of health, as noted in the research literature,[2-5] such as poverty, downward employment or unemployment, barriers to education related to lack of English contributed to their stress, in some cases to their despair, and ultimately their mental health. These social determinants of health affected the lives of immigrants as well as of refugees—both groups experience "starting over" in a new country and are positioned on the lowest rungs of the economic ladder.

The *extent of the gap* between high and low incomes in a society is one aspect of the socioeconomic context of people's lives that influences health. When the gap is large, those with low incomes experience low social status and less control over their lives.[3] Those at risk of occupying the negative side of the income gap include recent immigrants.[39] As noted in the narratives, these Canadian immigrant and refugee populations often experienced declining social status in the labor market and had forms of employment that exposed them to chronic poverty, which puts them at risk for poor health outcomes.[48]

Clearly there are implications for resettlement programs to ensure that resources and social support networks are in place to facilitate the retraining of immigrants and refugees for the labor market, enabling them to have access to better jobs, better housing, and reduced stress related to day-to-day survival. While the people with whom we spoke demonstrated the will to move forward, structural constraints sometimes stood in the way.

There are powerful messages here for healthcare providers and policy makers. As Canada and other knowledge economies welcome an ever-increasing number of new immigrants and refugees, so too must health and health-related service administrators, educators, and policy makers ensure that the social dimensions of health are seamlessly interwoven in the knowledge base for competent practice. Simply learning the "facts" about "different" "ethnic groups" does not address the social dimensions of health and healthcare. We suggest that fostering a critical consciousness and critical questioning of the "taken-for-granted" can interrupt deep-seated ideologies about "different" "ethnic groups" that can influence practice. This critical consciousness is being fostered in many disciplines, such as nursing. We encourage the continued integration and examination of the social, economic, and political contexts of health, illness, and well-being into the curricula of healthcare professionals to ensure that all people have access to the resources that promote health and well-being. Some participants

in our study described how initial health and social service supports enabled them to meet their basic survival needs and provided a stepping stone to help themselves in their new environment.[16,33]

Although many spoke of the services they received that helped them move forward, others spoke of barriers that thwarted their desire to become truly integrated within the Canadian mainstream. This inability to achieve the greater goal of becoming Canadian contributed predominantly to the dissonance newcomers experienced.

The issues we have described are not unique to Canada. In this time of global migration, all countries need to ensure that economic opportunities are available to newcomers. As noted in the Report *by the Mental Health Commission of Canada Task Group on Diversity, 2009*, "Some of the factors driving increased risk of mental health problems and illness are common to [immigrant and refugees] such as unemployment, financial insecurity, poverty and poor housing."[49(p14)] Addressing these issues call for *intersectoral collaboration* among social service and health agencies charged with the responsibility of addressing the initial needs of immigrants and refugees. Such collaboration could mitigate barriers encountered by immigrants and refugees that are magnified by language differences, as they navigate their way through complex systems to access appropriate health, health-related, and social services, and secure employment. One strategic and effective way of promoting good health and preventing the exacerbation of many health issues could be by funding ESL courses in English-speaking Canada, where our research was conducted, to a level that enables fluency in English so that people can be competitive in the labor market. Ensuring the accessibility of English language training that prepares people for the labor market, along with addressing some of the systemic factors within the Canadian community that limit access to employment and decent housing, may enable a more healthy integration into the host country and ameliorate the dissonance newcomers endure. From the perspective of critical humanism, we argue for policies and programs that put human dignity at the forefront so that newcomers can feel connected, engaged, and valued.

This woman has the last word:

I don't want my kids to go through what I've been through . . . to feel lonely . . . to feel frustration, and sickness. I want my kids to go to school . . . continue to university . . . work in a company . . . helping their people, that's my dream . . . this is their country, this is their home . . . I want my kids to feel they're Canadian.

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