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Faith-based resettlement agencies: the intersections of faith and well-being

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Thesis

**FAITH-BASED RESETTLEMENT AGENCIES: THE INTERSECTIONS OF
FAITH AND WELL-BEING**

by

MARAH RANGER

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Approved by

First Reader

Linda Barnes, Ph.D., M.T.S., M.A.
Professor of Family Medicine

Second Reader

Lance Laird, M.Div., Th.D.
Assistant Professor of Family Medicine

Third Reader

Anita Fábos, Ph.D.
Professor of International Development, Community, and
Environment, Clark University

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ABSTRACT

Many of the local resettlement organizations in the United States are faith-based organizations (FBOs). This research explores the role of faith in these organizations and its effect on the well-being of the volunteers and the community they serve. I conducted fieldwork and interviews with staff, volunteers, and clients at FBOs that serve refugees and asylum seekers in the Boston and Greater Boston area. Although these organizations are based in faith, I discovered a complex variety of practices, expressions and understandings of faith that shaped complex interactions, experiences of the organization, and understandings of well-being.

I have found that there are a variety of experiences and motivations that shape faith that affect various components of these organizations, such as public presentation, interactions with clients and decision making, and can affect individual experiences of resettlement and well-being.

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CHAPTER 1: INTRODUCTION

The conceptualization of health can vary between cultures based on cultural understandings, beliefs, and values. Varying understandings of health have produced different medical systems. Each of these medical systems has, “coherent theory, a shared body of knowledge based on that theory, and influence in the way that most illnesses are conceptualized and treated, whether or not it is formally organized” (Barnes 2007). In the US, there are multiple medical systems present, creating a pluralistic system of health. Despite medical pluralism in the US, there is one system that plays a dominant role in healthcare.

Biomedicine is the dominant medical model in the United States. The primary assumptions of the biomedical model include dualism (a divide between the body and mind), “disease is an affliction of the body and is separate from the psychological and social processes of the mind,” and “the person as a unique individual is not included in the biomedical mode” (Adibi 2014). Despite the long-running dominance of the biomedical model, the conceptualization of health in the US is shifting to include aspects of health outside of this model. For example, in the primary assumptions of the biomedical model, Adibi (2014) states that biomedicine does not include and consider the uniqueness of a person. This leaves out social, cultural, and economic factors that contribute to an individual’s health. In consideration of these factors, the social determinants of health have been developed. Social determinants of health are social factors that can alter health risks and outcomes. The social determinants of health include “economic stability, education access and quality, health care access and quality,

neighborhood and built environment, and social and community context” (Health People 2030, n.d.). The biomedical model does not consider these factors, yet they play a large role in individual and public health and therefore are important to consider when exploring health and well-being. Many social scientists have explored, and continue to explore, these social factors and have even argued for additions to the social determinants of health.

Medical Anthropologist Ellen Idler (2014) argues for religion to be added as a social determinant of health. Idler shows that religion provides social support, social norms, and behaviors (including health behaviors), and creates social capital (Idler 2014). She also argues, “religious practices and institutions may also mitigate or enhance the effects of other social determinants of health” (Idler 2014). While this thesis does not aim to dispute Idler’s argument about the addition of religion to the social determinants of health, the effects of religion on health are apparent. There are copious quantities of studies demonstrating religious and spiritual coping (Hasan 2016, Chilongo 2010, Shaw et al. 2019) and linking health behaviors with religious behaviors (Allen et al. 2014). Idler uses the term “religion” while other research studies I have listed use “spirituality” in addition to religion. However, for this research, I will use the term “faith” as to encompass all beliefs, both religious or spiritual and secular beliefs.

In addition to using an encompassing term for religion and spirituality, I aim to use the term “well-being” to allow for varying understandings of whole health. This term expands beyond the biomedical understanding of health that excludes social, cultural, and economic contributions to not only physical health but emotional, faith and mental health.

To continue, this research aims to further explore the effects of *faith on well-being*, specifically in the lives of asylum seekers who come to the United States.

According to the Pew Research Center, since the Presidency of Donald Trump, the number of refugees and asylum seekers entering the US has declined substantially (Krogstad 2019). Since President Biden was inaugurated in 2021, the number of refugees and asylum seekers has increased. In the United States there are many departments, government agencies, and non-governmental organizations that provide support or resources for these both refugees and asylum seekers, although this research focuses on resources for asylum seekers. Most resettlement agencies listed as US Resettlement Partners on The UN Refugee Agency website are faith-affiliated organizations such as the Church World Service, the Episcopal Migration Ministries, and the Lutheran Immigration and Refugee Services (UNHCR n.d.). Despite the dominance of faith-affiliated resettlement agencies in the US, there is minimal research on the effects of these faith-affiliations of the organization on the experiences of asylum seekers. Therefore, this research aims to begin an exploration of faith-affiliated resettlement organizations.

This thesis explores the faith of a faith based resettlement organization, the organization's effects on the well-being of their volunteers and clients, and their role within the larger system of resettlement support in the US. The primary research questions for this study are: How do volunteers and clients of an interfaith based resettlement organization conceptualize faith and well-being? How do these understandings of faith and well-being affect their experiences at the interfaith based

resettlement organization? I conducted this research at a local faith-affiliated resettlement agency, the Ministry for Refugee Services (MRS), that primarily services asylum seekers but also refugees. I completed approximately 6 months of fieldwork including attending monthly group and committee meetings, local panel conferences, and one-on-one meetings with employees at the organization. I conducted interviews with employees, volunteers, and clients of the organization to gain a deeper understanding of their conceptualizations of faith, well-being, and their experiences of resettlement. I argue both secular and spiritual faith are incorporated into the experiences of resettlement at the Ministry for Refugee Services. I also argue the MRS relies on the economic self-sufficiency model of resettlement-- despite organizational representation and volunteer understandings of well-being-- which leads to a crisis of faith for volunteers.

Outline of Chapters

To begin, the Background Chapter will build a foundation of knowledge about asylum seekers, US immigration policies, and relevant literature and theories. This chapter will first describe the process of seeking asylum. I will explore various resources that are available to asylum seekers once they arrive in the US, before the federal government grants them official refugee status. The background will also introduce how faith-affiliated organizations incorporate faith. I will discuss theories, such as Social Suffering and Meaning Centered Context Analysis, to establish an understanding of the anthropological theoretical frameworks that are critical to this research. Finally, this

chapter will dive deeper into the concepts of health and well-being regarding this research.

Throughout Chapter 1, I explore where the faith is in the Ministry for Refugee Services. They are an inter-faith based organization, so it was important to gain an understanding of where the faith was in the organization. Was it dominant in the lives of volunteers and/or clients? Were they motivated to join the organization because of religious values or practices? What is their faith in? Is the faith within the structure of the organization? Do faith and/or religious values and understandings play a large role in the decision making of the organization? Is the faith in the funding? To categorize the involvement of faith in the MRS, I create and present a rubric which I use during my discussion. In this chapter, I argue that while religious or spiritual faith values are present in some volunteers' motivations and experiences with the organization, others were motivated by secular faith. This secular faith is faith in American ideologies, such as rugged individualism and faith in the resettlement process and system. I also argue faith is involved in many volunteer and client interactions, both in implicit and explicit ways, which affect their experiences at the Ministry for Refugee Services.

In Chapter 2, I shift my attention to health and well-being. I start by navigating the various understandings of well-being from interview participants through a meaning-centered context approach. Meaning-centered context analysis gives participants the space to define well-being for themselves which allows for a deeper understanding of how they conceptualize well-being, how they reach a state of well-being and how the organization is contributing to their well-being. Throughout my discussion of well-being,

I gain an understanding of how participants conceptualize well-being for themselves, themselves in the current moment, and the well-being of others. I show that although each participant had a broad definition of well-being, common themes in meanings ascribed to well-being include happiness, community, physical health, and financial health. These common themes resemble many social determinants of health. Thus, I navigate ways in which the organization contributes to the well-being of the clients and the volunteers by contributing to their social determinants of health. I argue the Ministry for Refugee Services contributes to the well-being of clients by addressing the social determinants of health and affects the well-being of volunteers through both providing enriching experiences but also contributing to burnout.

Chapter 3 is a discussion of how the Ministry for Refugee services focuses on economic self-sufficiency. The Refugee Act of 1980 and other resettlement programs established the goal of reaching “economic self-sufficiency” as soon as possible (Refugee Act of 1980). I show how the MRS, although a non-governmental organization, uses this model and determines support based on economic self-sufficiency. I argue that the use of the economic self-sufficiency model by the Ministry for Refugee Services is contrary to the organization’s mission statement and volunteers’ understandings of well-being and how the organization contributes to well-being and leads to a crisis of faith for volunteers. The organization’s mission statement highlights the importance of community, friendship, and trust in the resettlement process. The volunteers and employees expressed understandings of well-being as including happiness, physical health, financial health, and community. With both organizational self-presentation and

volunteer understandings of well-being, the use of economic self-sufficiency as a marker to decrease support creates a tension for employees and volunteers. This tension leads to a crisis of faith and sometimes, volunteer burnout.

CHAPTER 2: BACKGROUND

This thesis aims to explore the experiences of employees, volunteers, and clients of faith-based resettlement organizations. In this chapter, I will introduce the process for refugees and asylum seekers to highlight the lack of support for asylum seekers and importance of resettlement agencies. I will then discuss resettlement resources in Boston, MA, specifically faith-based organizations. An exploration of theories of faith will guide a discussion of both religious or spiritual faith and secular faith. I will describe the value of “Welcoming the Stranger,” which is deeply rooted in many religious and spiritual faith traditions. Finally, I will conclude this section with a discussion of health and well-being. First, it will be critical to explore how seeking asylum affects the health and well-being of individuals. I will demonstrate the influence and importance of the Theory of Social Suffering and Meaning Centered Context Analysis in relation to this study. To conclude, I will explore the social determinants of health, specifically discussing how religion or spiritual faith plays a role in health and well-being.

The Process of Seeking Asylum

Each year, the number of refugees and asylum seekers who come to the US fluctuates. The immigration policies and political climate are the primary factors that determine the number of individuals that come to the US. During the administration of former President Donald Trump, from 2016 to 2020, racist and xenophobic rhetoric characterized his immigration policy changes. Trump changed the 150-day waiting

period to apply for a work permit to 365 days, keeping asylum seekers from working and making it more difficult for them to support themselves and their families. Another influential policy, the “Remain in Mexico,” policy, required those waiting for asylum to stay in Mexico until there was a final decision about their case (Ibe 2020). Trump not only affected the number of asylum seekers but also permitted a record low number of refugees who were qualified to enter the US. In 2020, fewer than 12,000 refugees were granted refuge in the US, compared with “the 70,000 to 80,000 resettled annually just a few years earlier” (Monin et al. 2021).

Newly elected President Biden stated he aimed to rework the changes Trump made to immigration, refugee, and asylum seeking policies. Since his election and inauguration, he has created a “Central American Minors Program,” which allows children of Central America to enter legally into the US to be rejoined with their families living in the US. He also reversed the year-long application deadline for filing for asylum and directed funds to address the large number of previous applications. Last, he has attempted to change the “Remain in Mexico” policy, but the Supreme Court has blocked this change (The Center for Migration Studies of New York 2021). While there is still a lot to be done, President Biden has made positive effects on immigration policy.

Exploration of these policies is critical because of the impacts they have on the lives of refugees and asylum seekers. The asylum seeker that was interviewed for this project came to the US after President Trump’s election. Therefore, navigating changes during both presidencies provides context for their experiences in the US.

An asylum seeker is someone who faced persecution or fear of persecution in their home country, who has come to the United States and is applying for asylum or is seeking asylum at a port of entry for protection (USCIS 2022). It is important to clarify the difference between refugees and asylum seekers. Refugees are granted refugee status prior to entering the United States and are therefore provided with benefits upon arrival into the country. Whereas asylum seekers apply for refuge after arriving in the United States and are not considered refugees until their applications have been successful. The time from applying to being granted refugee status can vary from months to years. Although the federal government provides benefits for asylum seekers after obtaining refugee status, prior to this status, they are without benefits. Because of the lack of benefits from the government for asylum seekers, nongovernmental organizations play a critical role in their resettlement process.

Resettlement Resources

Resettlement agencies are an extremely important resource for asylum seekers when they first arrive in the US and are awaiting their application decision. Some organizations are funded by the government, either state or federally funded, while others are non-governmental organizations (NGOs). The federal government works with nine national volunteer agencies (VOLAGs), many of which are faith affiliated, such as the Church World Service, Episcopal Migration Ministries, and Lutheran Immigrant Refugee Services (Office of Refugee Resettlement 2022). Outside of these nine programs, which specifically work with the federal government to resettle refugees, there are hundreds of

local organizations and programs for both refugees and asylum seekers throughout the US. According to the Massachusetts Office for Refugees and Immigrants, there are approximately 40 programs in Massachusetts at various NGOs and public institutions to assist in the process of resettlement, a few of them being affiliated with faith (Office for Refugees and Immigrants 2022). Because of their presence in both national and local landscapes, I focus on faith-based organizations to explore the effects of faith on the experiences of employees, volunteers, and clients of these programs.

Asylee Services in Boston

There is a wide range of services offered for asylum seekers in the Greater Boston area. While there are organizations that might provide specific services, or even just one service, many of these organizations work in a network using a referral type system to provide wide reaching support for asylum seekers. For example, an asylum seeker might seek housing assistance services with one organization, which might connect them with an organization that provides legal services to help with their asylum application. These organizations work together to provide legal services, housing assistance, English classes, employment services and support, financial literacy and help, health programs, youth mentoring and more (“Community Partners Directory - Massachusetts.”).

Many organizations, including the Jewish Occupational Assistance and the Refugee Association of Massachusetts, provide employment services from resume building to job searching. The Jewish Occupational Assistance hosts workshops for individuals to develop new skills, offer English classes, and offer different employment

training programs such as certification for a Nurse's Assistant and programs in hospitality. The Refugee Association of Massachusetts provides English-for-work courses, interview preparation, job search and job application assistance. Both organizations also provide other services, such as case management.

Case Management services might include one-on-one work with a case manager to determine how the organization can best help individuals, help to find other organizations to work with for specific services, and managing communications with other parties, from lawyers to landlords. The Haitian Health Initiative provides case management services through working with local pantries, youth programs, health education and family support. The Boston International Institute also provides case management for at least a year for individuals and sometimes up to 5 years. This case management program includes help to access benefits, education and connecting with other organizations to give individuals legal services.

Legal services are essential for asylum seekers as lawyers help these individuals gain work permits, citizenship applications, and more. The Immigration Care Initiative provides a legal assistance program, a free or low-cost legal aid program to assist refugees and asylum seekers in representation in court, services for those who experienced domestic violence or human trafficking. Similarly, the South Shore Committee for Refugees and Immigrants provides representation for a wide variety of legal cases, including citizenship, removal defense, and family reunification. These organizations are important for providing resources during the resettlement process for

asylees. The network-like support system woven together by these organizations helps solve gaps of need for their clients.

Faith-Based Organizations

Faith-based organizations (FBOs) are organizations that are founded on or that base their values in faith. Each FBO incorporates faith in its own ways. Some of these organizations express their connections to faith explicitly, while faith is implicitly present in others. Those that explicitly involve their faith might do so through prayer, faith music, or discussions of faith. This research largely focuses on how faith is integrated into these organizations. Therefore, a way to categorize these organizations is necessary for comparison.

Social scientists have attempted to devise rubrics to evaluate the role of faith in faith-based organizations. Ebaugh argues for a few factors, such as religion's impact on decision making, its impact on inter-organizational relationships, the religious authority of leadership, staff religiosity, and how religion shapes the organization's goals (Ebaugh 2006). Meanwhile, Adkins argues to evaluate organizations by focusing on financial support, how it was founded, the religious content of the program provided, present faith symbols, and the "expected connection between faith content and outcome" (Adkins 2010). Building from these anthropologists' work, I have developed a rubric useful for evaluating the faith-based organizations in this research, which I will discuss further in the next chapter.

Funding sources are an important consideration because of various influences they can have on the organization and their incorporation of faith. The US federal government provides funding for faith-based organizations but only for programs that are not “inherently religious” such as “religious worship, instruction, or proselytization” (Digital Communications Division 2015). Thus, if an organization is government funded, faith may be incorporated into the organization, but in implicit ways. Other organizations, like a few in the Boston area, are 501(c)(3) organizations. A 501(c)(3) organization is a nonprofit that is exempt from federal income taxes, churches and religious organizations can meet the requirements for this exemption (“Exemption Requirements - 501(c)(3) Organizations”). These organizations are sometimes funded by other faith groups and organizations. If the faith-based organization is funded solely by other houses of faith, is faith more present in their decision making, daily operations or programs? This is worth evaluating to further explore its effects on participants of the programs associated with the organization.

Faith

While these organizations are typically called “*faith*-based,” I will also use the term “faith” throughout this project as an inclusive term. At the start of this project, I wavered between the terms “religion” and “spirituality.” From their critical literature review, Chitra Victor and Judith Treschuk define religion as “a personal set or institutionalized system of religious attitudes, beliefs, and practices” (Victor and Treschuk 2020, 107). Victor and Treschuk explain that “spirituality is associated with

quality and meaning in life” which “can be a connection to God, nature, others, and surrounding” and “faith is often associated with religion and spirituality” (Victor and Treschuk 2020, 107). While I recognize faith as *part* of religion and spirituality, I have opted to use the term “faith” in this research to mean both religion and spirituality. I have chosen this term intending to be inclusive of religion, spirituality, and other faith practices in one succinct term. Philosopher Christina Gschwandtner argues that “‘faith’ expresses a personal commitment or adhesion to a person, group, or to certain beliefs” (Gschwandtner 2021, 5). This definition allows for religious, spiritual, and secular beliefs to be encompassed by the term “faith.” In *The Meaning and End of Religion*, W.C. Smith explains that “faith can be expressed [...] both prose and poetry; in patterns of deeds, both ritual and morality; in art, institutions, in law, in community, in character; and in still many other ways” (Smith 1991, 171). Throughout this research, faith is seen to be expressed predominantly in action within the organization as an employee or volunteer. The term “faith” was also used in the interviews to avoid assumptions about participants’, or the organizations’, beliefs.

Welcoming the Stranger

Many faiths have the shared value of “Welcoming the Stranger.” For example, in the Hindu tradition, the Taitiriya Upanishad encourages welcoming a stranger by providing food and a place to stay,

“Let a person never turn away a stranger from his house, that is the rule.

Therefore a man should, by all means, acquire much food, for good people say to the stranger: ‘There is enough food for you.’” Taitiriya Upanishad 1.11.2.

Similarly, the Jewish tradition describes befriending the stranger,

“For the LORD your G-d is G-d supreme and Lord supreme, the great, the mighty, and the awesome G-d, who shows no favor and takes no bribe, but upholds the cause of the fatherless and the widow, and befriends the stranger, providing him with food and clothing. You too must befriend the stranger, for you were strangers in the land of Egypt.” Deuteronomy 10:17

The Muslim tradition expresses doing good towards those around you, including strangers,

“Do good unto your parents, and near of kin, and unto orphans, and the needy, and the neighbor from among your own people, and the neighbor who is a stranger, and the friend by your side, the wayfarer, and your servants.” Surah 4:36

Likewise, the Christian tradition describes welcoming the stranger with food, drink, and clothing,

“For I was hungry and you gave me food, I was thirsty and you gave me something to drink, I was a stranger and you welcomed me, I was naked and you gave me clothing, I was sick and you took care of me, I was in prison and you visited me.” Then the righteous will answer him, “Lord, when was it that we saw you hungry and gave you food, or thirsty and gave you something to drink? And when was it that we saw you a stranger and welcomed you, or naked and gave

you clothing? And when was it that we saw you sick or in prison and visited you?” And the king will answer them, “Truly I tell you, just as you did it to one of the least of these who are members of my family, you did it to me.” Matthew 25:35 (Compiled by FaithAction International)

These traditions, and many others, describe the value of “Welcoming the Stranger” involving providing food, drink, clothing, shelter, friendship, etc. Not only has the value of “Welcoming the Stranger” been used by religious groups to argue for supporting and advocating for improved immigration policies, it appears to be a guiding principle in the Ministry for Refugee Services.

Health And Well-Being

There are many effects on the health and well-being of an individual who faces persecution and is forced to leave their home country and rebuild their lives and communities in a new place. Thus, this research aims to explore the impact faith-based organizations have on the well-being of asylum seekers. First, it will be important to consider what health affects seeking asylum can have on an individual. I will then discuss anthropological theories of Social Suffering and Meaning Centered Context Analysis to navigate experiences of asylum seekers. Finally, I will discuss the Social Determinants of Health and how faith contributes to health.

Effects of Seeking Asylum

Asylum seeking and becoming a refugee are difficult transitions. Individuals are escaping fatal situations like war or persecution. Asylees and refugees also face new challenges with leaving their home country, such as learning an unfamiliar language, establishing a home, navigating an unfamiliar culture, fighting against discrimination, sorting through legal policies, and more. These factors can take a toll on an individual or even a family's emotional and mental health.

The Social Justice Brief reports common mental health diagnoses among refugees include post-traumatic stress disorder, major depression, generalized anxiety and adjustment disorder (Wilson, n.d.). Therefore, one anthropologist Castañeda defines the experience of immigration as a social determinant of health (Castañeda et al. 2015). According to the US Department of Health and Human Services, a social determinant of health “are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks” (*Social Determinants of Health*). Social determinants of health include economic status, education, healthcare access and equality, neighborhood and environment, and social aspects and community. However, as seen in the Social Justice Brief report, seeking refuge or asylum has large effects on an individual's health. For this research, I explore health and well-being from a cultural perspective.

A “cultural” framework, as Castañeda defines it, focuses on an individual's culture, including traditions, beliefs, etc., and can be utilized to explore and show how culture plays a role in their health and well-being. (Castañeda et al. 2015). I use this

framework to not only determine the effects of the organization's culture on well-being, but also to allow for varying cultures to be represented in varying definitions of health and well-being.

Theory of Social Suffering

The concept of social suffering can be useful to explore the experiences of asylum seekers throughout the process of resettlement in the US. This theory focuses on the social experience of suffering resulting “from what political, economic, and institutional power does to people and, reciprocally, from how these forms of power themselves influence responses to social problems” (Kleinman et al. 1997). It has been used to explore how social, political, and economic forces shape experiences.

Arthur Kleinman and Joan Kleinman use this theory to analyze images of suffering. Kleinman and Kleinman discuss Kevin Carter's Pulitzer Prize winning photo, which depicts a famished child curled over on the ground and a crow staring at them from behind. They explain that “images of suffering are appropriated to appeal emotionally and morally both to global audiences and to local populations” (Kleinman and Kleinman 1996, 1). They describe suffering as being used as a “commodity” which is “being remade, thinned out, and distorted” (Kleinman and Kleinman 1996, 2).

Miriam Ticktin uses the theory of social suffering to explore the experiences of undocumented immigrants in France. During the time of her study, there was an “illness clause” in place that allowed immigrants to receive temporary approval to remain in France because of an illness for care and treatment. Who received this care and was given

temporary protections through the “illness clause” was determined based on their suffering and the medicalization of their suffering. This required individuals to prove their suffering was legitimate enough for care and protections in France. Ticktin focuses on the idea of a “morally legitimate suffering body” which is one that receives recognition of their suffering only based on determined legitimacy of their suffering (Ticktin 2010).

Similarly, to Ticktin, I want to apply this theory to the experiences of asylum seekers in the US, more specifically in Boston, to better understand the social, economic, and political processes they face during resettlement. Throughout the process of seeking asylum, and gaining resettlement assistance, these individuals are subjected to displaying their suffering to prove themselves worthy of assistance from the US. From the start, asylum seekers must “demonstrate that they were persecuted or fear persecution” upon arrival to the US (Refugees n.d.). It is then decided if they “qualify” for refugee status and protections that accompany that status. They are then required to show their need and suffering when signing up for support with some organizations.

Asylees do not have access to the programs provided for refugees upon arrival. Thus, asylum seekers are again required to subject their suffering to evaluation by some organizations. For example, one organization had a lengthy wait list of individuals waiting to receive support because of limited funding. After a case manager completes an intake, the cases on the waitlist are presented to the organization, and clients were chosen based on determined “neediness” of the applicant. These actions by the organizations use

the suffering of refugees and asylum seekers and require them to prove their suffering as “legitimate.”

Both the process of applying for support from some organizations and the organizations attempting to gain financial or volunteer assistance commodifies the suffering of these individuals. By “commodify,” I intend to imply the suffering of asylum seekers is used as a commodity in exchange for services or support. For example, asylum seekers who do not have access to government benefit programs they may have to commodify their suffering in exchange for support from some organizations, such as the one included in this study. The organization also commodifies the suffering, resilience, and success of these individuals, their clients. The organization uses their pictures (with the client’s permission) and stories to gain both financial support and human resources. These photos and stories are sometimes sent to local houses of faith to encourage individuals to volunteer or make donations.

Meaning Centered Context Analysis

In the dominant healthcare model of the United States, the term “health” is primarily defined in biomedical terms, focusing on the presence or absence of physical ailments. The biomedical framework is based on the idea that disease is caused by “deviations from the norm of measurable biological variables” (Engel 1977). This model fails to acknowledge the social and cultural factors that influence health and well-being. While my research is focused on other frameworks that view health and wellness from a more holistic perspective, this framework is important to mention because of its

underlying effects on my research. An example of underlying effects of the dominance of biomedicine include participants focusing on physical health rather than other aspects of well-being such as mental, emotional, or faith health. This effect is caused by the health enculturation to this biomedical dominance. However, there are many other factors that contribute of the health of an individual, and each person has a different understanding of health.

Therefore, for this research, I use the term “well-being” to encompass the biomedical standard of “health,” along with mental health, faith health, financial health, or any other contributors to well-being. The term “well-being” was also used in interviews with participants. However, I did not want to define these terms for the participants. Therefore, I developed this research with a meaning-centered approach.

Arthur Kleinman describes meaning-centered analysis and medical anthropology as concerned “with detailed description and comparison of the epistemologies and rules governing the way cultural, institutional, and personal meanings systematically affect the perception, experience, and expression of illness and the forms through which care is delivered” (Kleinman 1981, 163). Thus, it is important to understand each participant’s understanding of well-being before discussing how they evaluate their current well-being or how the organization contributes to well-being.

Social Determinants of Health

The Social Determinants of Health (SDH) are social factors such as where an individual lives or goes to school that play a role in their health. There are five declared

SDH which include: Neighborhood and Built Environment, Social and Community Context, Education Access and Quality, Economic Stability, and Healthcare Access and Quality (Healthy People 2030 n.d.). Each of these social factors can affect the health of an individual. Neighborhood and built environment include where someone might live and can contribute to health in several ways: pollution of the area, safe and stable home, water quality, violence, etc. Social and community context involves an individual's support system in family, friends, neighbors, faith community, etc. A community is important to health because a strong support system can aid during difficult times, such as financial crisis or illness. Education access and quality includes where an individual goes to school, if they can access school and attend consistently, etc. Increased access and quality of education can lead to higher paying jobs in the future, which can increase economic stability. Economic stability is critical for affording safe and stable housing, healthy foods, quality education, and healthcare. Healthcare access and quality do not just come from economic stability, although financial burden plays a large role in healthcare access. Increased access and quality can involve where individuals are located, such as in a rural or urban area, access to health insurance, access to a primary care provider, access to transportation, etc.

I would like to emphasize here that these social determinants of health are interconnected. For example, with economic stability, one can afford improved housing (neighborhood and built environment), one has increased access to healthcare and can access quality healthcare (healthcare access and quality) and can also pay for higher quality education (education access and quality). Therefore, improving one SDH can

have effects on other SDH. I would also like to note that SDH “contribute to wide health disparities and inequities,” thus, programs that improve SDH can play a part in decreasing health disparities and inequities (Healthy People 2030 n.d.).

Religion and Faith

Faith is a crucial part of an individual’s culture, through both its absence and its presence. Faith and faith rituals provide one with a structure of beliefs, behavior and feelings of belonging (Marshall 2002). These can guide oneself through the world but also a way to understand the world and one’s experiences. Thus, faith can play a large role in health, illness, and healing. Linda Barnes, in “New Geographies of Religion and Healing: States of the Field,” draws connections between health practices, such as health seeking behavior, medical pluralism, and health decision making, and religion (Barnes 2011). Barnes (2011) demonstrates not only the impact of religion on health, but how social scientists can further explore this connection.

Ellen Idler argues that religion on its own should be included as a social determinant of health because it can provide various supports for health and well-being such as faith healing, ritualized healing services and religious coping (Idler 2014). Faith can provide the “why” behind illness and help individuals understand the meaning of their suffering, not just the cause. Faith can also provide an individual with a community of people who share the same values and support each other. For example, organized religions typically involve congregations or spiritual rituals that bring individuals together to create a community and support system for individuals. World Faiths

Development Dialogue argues that faith can provide a supportive congregation, leadership opportunities, “space for cultural activities or social services”, and other ways to engage with the community such as the mobilization of aid (World Faiths Development Dialogue and Pluralism Project at Harvard University 2016). Because of faith’s vital contribution to culture, whether through its presence or absence, and its interplay with health and community, it is important to consider when exploring health through a cultural framework.

CHAPTER 3: METHODS

Research Setting

This research began with fieldwork in Boston, Massachusetts, with an interfaith-based organization, the Ministry for Refugee Services. The MRS was an ideal location for this research because it is a non-governmental organization that is based in faith. The Ministry for Refugee Services is not based on just one faith, rather, they are an interfaith organization. They help to resettle asylum seekers, regardless of faith, through financial support, health resources and legal services. The MRS helps asylum seekers find housing, gives them a monthly stipend to help with expenses, and assists them in getting their US work permit. They divide the organization into smaller geographical groups to serve refugees in different areas of Boston and the Greater Boston area. For example, there is a group in the counties north of Boston which is composed of volunteers from the area, and they serve the asylum seekers who are being resettled in that area. Due to the COVID-19 pandemic and social distancing, my fieldwork was limited to group monthly meetings that were conducted over Zoom.

I had little interaction with clients because of COVID-19 restrictions. While conducting fieldwork, I acted as an intern and created an online cookbook for the organization in place of their annual International Potluck, which was canceled due to COVID-19. I communicated with both volunteers and clients to collect recipes to create the cookbook. I conducted participant observation in monthly meetings with volunteers and employees of the organization. While I could to communicate with clients briefly

when I organized a community event, most of my interactions were with volunteers and employees. Meetings typically started as people slowly joined the calls. Most meetings had the same general outline, beginning with a discussion of the group's finances. Then the group discussed each client they were supporting (some groups had multiple clients while others only had one, this seemed to depend on the group's resources) followed by a plan for their continued support. To wrap up the meetings, each group discussed any current events or opportunities specific to the group. For example, in the spring, many groups discussed a flower sale that was beginning later in the month. I took notes throughout the meetings about conversations, topics, and body language. I also interviewed employees, clients, and volunteers to gain more insight on their experiences, their faith, and their well-being over Zoom.

Recruitment Process

I created an outreach email that included information about the research project, the exclusion and inclusion criteria, and my contact information. The email encouraged those who were interested in an interview to reach out to me to schedule an interview. This allowed potential participants to opt into the research rather than opt out. The email was meant to be sent to all volunteers and participants the organization had contact information for. However, the email was sent to a few volunteers and clients from the Ministry for Refugee Services through a contact within the organization. Many responded directly to my contact, showing interest. I did not directly reach out to any possible participants after getting their contact information to avoid restricting them to opting-out rather than having the ability to opt-in. However, I followed up with those who reported

to my contact, indicating they would like to be interviewed. I responded to whoever reached out with interest in being interviewed via email and an interview date was scheduled, along with their preferred mode of interview, either in person, over Zoom or a phone call.

Once we chose a date, time, and mode of communication, I sent the participant the consent form that detailed what they were consenting to by participating in my research. I sent in advance so the participants could formulate and ask questions at the time of the interview. One day before the interview, I sent the participant a confirmation email that included the date, time, and mode of communication (which included a Zoom link if they had chosen to communicate via Zoom). Following each interview, I asked participants if they would be willing to share information about my research with those they thought might be interested in participating. I encouraged them to ask possible participants to reach out to me via email or phone to schedule an interview. If someone gave me another person's contact information before they opted-in to the research, I did not record their contact information and I did not contact the person. Instead, I asked whoever sent me the contact information, to give that person my information so they could opt-in and contact me. This was done to avoid having possible participants opt-out of my research.

The research was expanded part way through data collection to include not just the Ministry for Refugee Services but all faith-based refugee resettlement organizations because of a lack of responses to recruitment outreach efforts at the MRS. I made connections with other faith-based resettlement agencies through their association with

the Ministry for Refugee Services. Executives and directors from these organizations were emailed and given information about this study. Following recruitment efforts, I received no participant interest from other organizations. Thus, this research only contains the stories of participants from the Ministry for Refugee Services.

Sample

The sample included 4 people: 3 volunteers and 1 client. The client was over the age of eighteen and had received services from an interfaith based organization after 2017. I chose this year because Donald Trump had just become President and made many changes to policies that restricted the lives of refugees in the United States. One such policy change required refugees to wait 365 after their application to receive a work permit. There were no exclusion criteria. All the volunteers were over the age of eighteen and had been working for a faith-based organization that serves refugees for at least a year. I chose this length of time to ensure the volunteers had experiences with refugees and ample experience with the organization. There were no exclusion criteria. Although we intended to get participants from various organizations, all participants were from one faith-based organization.

Data Collection

Prior to starting interviews, I completed participant observations. I attended monthly group meetings via Zoom, where I took notes on the interactions of volunteers. I noted what was being discussed, language being used and non-verbal language. These interactions included just volunteers, and I had little interaction with clients to begin. I

also attended committee meetings, including a fundraising committee meeting about their annual walk that raises money for each group. My supervisor within the Ministry for Refugee Services also invited me to come with them to meetings outside of the organization with other faith groups and organizations that were committed to helping refugees with the resettlement process. After each meeting, I would transcribe my shorthand notes into detailed descriptions of the participant observation to be coded later on.

I scheduled interviews with each participant via email or phone and gave them the option to conduct the interview in person (following CDC social distancing and COVID-19 precautions), over the phone, or on Zoom. Most participants chose to conduct their interviews over Zoom. One day before the interview, I sent them a Zoom link and explained that it was up to them to decide to turn on their video for comfort and anonymity. I also attached the Research Information Sheet corresponding to who was being interviewed, i.e., client or volunteer. At the start of the interview, there was time to address questions they might have about the project, consent, or myself. I then covered consent in more detail and confirmed that they were ready to move forward with the interview. With consent, I recorded the meeting over Zoom. If the participant did not consent to recordings, I took notes throughout the interview.

One primary focus of this research was to explore both the volunteers' and refugees' or asylum seekers' understandings of their well-being and how, if at all, faith contributed to their well-being. Therefore, I wanted to start the conversation with a discussion of how they defined well-being to develop the surrounding conversation. For

volunteers, I asked a series of questions about their volunteering experience, their faith and their well-being. For clients, I asked about their resettlement experience with the faith-based organization, their faith, and their well-being. The interviews each lasted an average of 1 hour. Before ending the interview, I asked each participant if I could reach out to them at a later time to clarify anything that was said. I also informed them that if for any reason, they did not want their interview to be included in my thesis, they just needed to contact me and I would not use their data. Following the interview, I deleted the video recording of the only kept the audio for transcription. After transcription, the audio recording of the interviews were deleted.

Data Analysis

Before beginning data analysis on the interviews, I transcribed them using OtterAI. While originally, I was going to transcribe by hand, BU School of Medicine approved this program as it upholds proper security measures for our data. I uploaded the audio recording of the interviews were uploaded into OtterAI and the transcription process started. Depending on the length of the interview, the transcription process took around 20-45 minutes. After OtterAI transcribed the interviews, I re-listened to the interview and followed along with the transcription. I combed through the transcription, correcting any errors I encountered. Once the transcription was accurate, I downloaded it and deleted the audio recording of the meeting.

For data analysis, I primarily used NVivo. To start, I uploaded my group and committee meeting notes to NVivo and applied my primary codes of “well-being” and “faith.” As I analyzed and coded my notes, I found other common themes. I re-read

through my notes to look for these themes as well. During this process, I continuously wrote memos to guide my analysis. Melanie Birks, Ysanne Chapman and Karen Francis, in “Memoing in Qualitative Research,” demonstrate the importance of memoing describing how it assists “the researcher in making conceptual leaps from raw data to those abstractions that explain research phenomena in the context in which it is examined” (Birks et al 2008). I used the memos I constructed as a springboard for themes and codes moving forward in data analysis. As I found these, I coded these in NVivo and highlighted them for other codes. I uploaded many of my bibliography resources into NVivo to analyze for my primary and secondary codes. Next, I uploaded the interview transcriptions to NVivo where I followed the same procedure as above. Throughout the data analysis portion of my project, I was continuously writing memos, adding new codes, and re-examining all of my interviews, notes, and sources for corresponding data. The primary themes that emerged from my data analysis showed common themes in understanding of well-being, similar perceptions of how the organization contributes to well-being, and themes of independence.

CHAPTER 4: WHERE IS THE FAITH?

Ministry for Refugee Services Volunteers Say

“Working with people through [FBOs] is part of the expression of my faith.” -C

“I'd like to believe there is a heaven, but I don't see a hell of a lot of evidence.” -A

“I consider myself a spiritual person. I believe in some of the teachings of Jesus, but I also believe in some of the teachings of other spiritual leaders as well.” -M

“To me, it was a secular thing.” -A

Introduction

The Ministry for Refugee Services is an interfaith organization that supports asylum seekers during their resettlement. This chapter explores how faith is incorporated into the organization. I begin by highlighting the importance of “Welcoming the Stranger” for many religious and spiritual faiths. I describe how this faith value is present throughout the MRS. A discussion of typology follows in order to establish where faith is involved in faith-based organizations. Finally, I explore the experiences of employees, volunteers, and clients, specifically navigating their motivations for joining the organization and their experiences that involved faith within the organization.

I identify two types of faith at work within the organization. The first is religious or spiritual faith, and the second is a secular faith. For this research, I define religious or spiritual faith as a faith in a greater power, such as divine being/s in many organized religions, or faith in spiritual practices. Secular faith encompasses faith in societal beliefs, such as the American ideology of individualism, as I demonstrate in the following sections. I conclude that religious or spiritual faith is present but silent throughout the

organization while secular faith, while not as present in self-representation of the organization, plays a critical role in the organization's resettlement structure.

Welcoming the Stranger

“Welcoming the Stranger” is a shared value of many religious and spiritual faiths. It teaches believers to not only welcome strangers but provide for them. The scriptures included in the Chapter 2 demonstrate welcoming the stranger and “doing good among them” by providing food, drink, shelter, and clothing. The idea of “Welcoming the Stranger” has been used by some faith-based organizations to encourage volunteers, especially by emphasizing the connection to their beliefs. Not only have organizations used this to encourage this work, but also to advocate for policy changes regarding immigration, refugees, and asylum seekers. The Ministry for Refugee Services, while not explicitly using this phrase, embodies this ideology throughout their mission and work. Their mission is to “welcome” asylum seekers and provide them with a community, support, and services ([Ministry for Refugee Services Website]). Through their services, they provide shelter and financial support for food, drink, and clothing. It is important to not only consider the work the organization is doing, but also where the faith comes into the organization.

The Ministry for Refugee Services is an interfaith based organization and thus is supported by many types of spiritual and religious faiths. Their website demonstrates connections with “American Baptist, Buddhist, Episcopal, Jewish, Lutheran, Mennonite, Muslim, Roman Catholic, Sikh, Society of Friends, Unitarian Universalist, United Church

of Christ, United Methodist, and United Presbyterian” groups ([Ministry for Refugee Services Website]). Although they are supported by a wide variety of traditions, many of these faiths value “Welcoming the Stranger.”

Categorization of FBOs

Each faith based organization differs in the services they provide, the religious groups that support them, where they receive funding, and much more. A fundamental difference that anthropologists have explored is where the faith is in their *faith-based* organization. How faith is incorporated into these organizations can change how they function and what they affect. For example, if an organization is deeply rooted in faith, they may base much of their decision making for the organization in faith, such as using scripture to guide decisions. In attempts to grapple with how organizations incorporate faith, some anthropologists have built rubrics to categorize these organizations.

Helen Rose Ebaugh, Janet S. Chafetz, and Paula F. Pipes in “Where’s the Faith in Faith-based Organizations? Measures and Correlates of Religiosity in Faith-based Social Service Coalitions,” attempt to evaluate faith-based organizations by measuring religiosity, and then builds from these evaluations to determine common predictor variables to apply to these organizations (Ebaugh et al. 2006). Ebaugh et al. (2006) uses questionnaires to survey faith-based organizations to evaluate what parts of the programs and services were based in service religiosity, staff religiosity or formal organizational religiosity. Parts of the program and services include items such as distributing religious materials to clients, praying at staff meetings, and sacred images in public spaces.

In “Social Services, Social Justice and FBOs in the United States,” Julie Adkins, Laurie A Occhipinti, and Tara Hefferan developed a rubric to categorize faith-based organizations constructed on a variety of factors (Adkins et al. 2010). This rubric categorizes these organizations established on a few qualifying factors including self-description, founded/organized, management/leaders, staff/volunteers/financial and other support, organized faith practices of personnel/volunteers (prayer, devotions, etc.), faith content of program, main form of integrating faith content with other program variables, expected connection between faith content and outcome, and faith symbols present. Adkins explored these variables and then developed ways to categorize organizations based on his evaluation of them. The categorizations range from an enormous influence of faith as “faith permeated” to no faith as “secular.”

For example, when looking at whether faith symbols are present, for faith-permeated, they are usually present. For “faith background” organizations, they are sometimes present and for secular organizations, they are not present. By categorizing organizations via this rubric, Adkins argues it “generates provocative and sophisticated analyses-grounded in empirical case studies- of such topics as the meaning of “faith-based” in the identity of these organizations, the nature of faith-based, versus secular approaches, the influence of faith-orientation on program formulation and delivery, and examinations of faith-based organizations’ effects on structural inequality and poverty alleviation” (Adkins et al. 2010).

Based on Ebaugh et al. (2006) and Adkins et al. (2010), I would like to propose my own rubric that I will use throughout this study to categorize the faith-based

organizations. Similarly, to Adkins et al. (2010), I created a scale that categorizes how strongly, or not, an organization is with a faith. This scale is determined based on factors that differ slightly from Adkins et al. (2010) and incorporates ideas from Ebaugh et al. (2006). For my rubric, I wanted to focus on factors one can see, such as faith symbols, as well as how the organization is presented through their public marketing (via websites or brochures). However, I also wanted to explore the factors one cannot see, such as the values of staff and volunteers or the daily operations of the organizations.

Table 1. Rubric for Categorization of Faith Affiliation of Non-Governmental Organizations.

	Strongly Affiliated with Faith	Affiliated with Faith	Silently Affiliated with Faith	Not Affiliated with Faith
Faith symbols	Present	Present	Present/Absent	Absent
Founded By/Founding Values	Religiously rooted— might include scripture as a guiding principle. Founded by religious group (i.e., congregation)	Rooted in religious values. Founded by a religious group.	Possibly rooted in religious values, but most likely not.	Not rooted in religious values/principles
Staff/ Volunteers	Identify with faith, motivated by faith, describe work in terms of faith	Identify with faith, motivated by faith values	Possibly identify with faith, possibly motivated by faith values	Possibly identify with faith but does not motivate or influence work
Described	Public Marketing rooted in faith.	Mentions faith in public marketing	Possibly mentions faith, but most likely not.	Does not mention faith in public marketing.
Operations	Daily operations are guided by faith and decisions are made based on faith practices	Operations include faith practices such as prayer.	Operations and decisions are not made by faith, possibly through faith values.	Operations and decisions not associated with faith values or practices.

Categorizations, such as those presented in Adkins et al. (2010), Ebaugh et al. (2006) and my rubric, are important when exploring how these organizations affect the people or community they serve. Adkins et al. emphasizes the importance of analyzing these FBOs by stating their work “shines a much needed critical light onto these organizations and their role in the United States by exploring the varied ways that faith-based organizations attempt to mend the fissures and mitigate the effects of neoliberal capitalism, poverty, and the social service sector on the poor and powerless” (Adkins et al. 2010).

FBOs are typically non-profit organizations that gain funding from a variety of different sources. Some can receive funding from the federal government, while others are funded by private sponsors, such as churches, mosques, or local businesses. Differing funding sources can have a profound impact on faith integration in the organization. For example, those funded by the federal government are not allowed to use those funds for religious means. This suggests the money cannot be used for proselytizing, worship, scripture study groups, etc. Therefore, these organizations tend to have less explicit affiliation with faith. Organizations that receive funding from private businesses or groups are not generally restricted to the same stipulations, allowing for more integration of faith into their program or service. For example, any organizations not funded by the government would be able to develop and support faith programs such as a Bible study or a worship service. Organizations that are not funded by the federal government can apply to become a 501(c)(3) which allows them to be tax exempt. This allows them to avoid paying taxes on money that they are funded.

Due to the restrictions placed on organizations that receive funding from the federal government, the discussions that are permitted and the decision-making process might differ from a 501(c)(3) which might have more flexibility to incorporate faith in their program. For example, the organization explicitly did not allow proselytization and did not speak to their clients about faith unless prompted by the client. During one meeting over Zoom, the organization was discussing Emile, a client who had their family with them. Emile was searching for a place to have their family baptized. The volunteers worked together to find a church that would perform a baptism for Emile and their family. On the other hand, a client like Liam— who had expressed his personal faith in God— did not explicitly bring faith into his interactions at the MRS. However, funding is just one piece of the puzzle. As shown in the rubric above, the faith experiences the volunteers and employees bring to the organization, along with their interactions with clients, play a critical role in the organization’s faith.

This categorization is intended to demonstrate *where* the faith is in these organizations, however, it is important to consider what the faith is *in*. Ebaugh et al. (2006) and Adkins et al. (2010) developed their typologies based on faith in a religion or spirituality and separated faith from the secular. For this research, I propose there is another faith at work—a secular faith. As demonstrated previously, Philosopher Christina Gschwandtner argues, faith is “a personal commitment or adhesion to a person, group, or to certain beliefs” (Gschwandtner 2021, 5). I use secular faith here to indicate faith in non-religious or spiritual beliefs. Specifically, secular faith demonstrates faith *in* American ideologies, such as rugged individualism and self-sufficiency, and faith *in* the

resettlement system. Just as religious or spiritual faiths have values and practices that contribute to the lives and interactions of their believers, secular faith motivates and establishes behavioral norms and beliefs that guide believers. Throughout the following sections, I will demonstrate the incorporation of this faith into this organization and the effects it has on the experiences of employees, volunteers and clients at the Ministry for Refugee Services.

Ministry for Refugee Services

The Ministry for Refugee Services began as an organization that provided spiritual services to undocumented immigrants in detention centers. Over time, the organization developed into an asylum resettlement agency. The Ministry for Refugee Services emphasizes their community connections, especially with faith groups, to help asylum seekers in “rebuilding their lives” ([Ministry for Refugee Services Website]). Although the MRS emphasizes its foundation in multiple spiritual and religious faith traditions, throughout my time with the Ministry for Refugee Services, I wondered about the presence of faith in the organization. Not only did I explore *where* the faith is in the organization but what the faith is *in*. Following interviews, I was able to develop a deeper understanding of the role faith played in the lives of the employees and volunteers and how they brought those faith experiences into the organization. Throughout the following sections, I will show where faith is present in the organization, what the faith is in, and how it affects experiences of volunteers and clients.

Motivations

When exploring staff and volunteers' impact on identifying where the faith is in a faith-based organization, I found it important to understand their motivations for joining the organization. Did the volunteers join because they were encouraged by members of their house of faith who also take part in the organization? Were they inspired by their faith? How did they encounter the organization? Was there a poster hanging up on a church bulletin? In speaking with staff and volunteers, I observed each individual was motivated to join these organizations for a variety of reasons.

Throughout participant observations in meetings with volunteers of the Ministry for Refugee Services, I heard them talk about how they had originally found the organization. One new member, Melanie, saw a poster about the organization hanging up on her church bulletin. Some houses of faith that subsidize the Ministry for Refugee Services join and construct their own groups to support asylum seekers. Therefore, many of the volunteers found the MRS through their church groups or ads in their church bulletins.

Marge, a volunteer, found a flier at a church, she was motivated to join the organization as an act of resistance,

“Well, it was shortly- shortly after Donald Trump got elected. And I—my partner and I—were very distressed about that election. And, and really just trying to think about, well, what can we do? You know, I mean, what can we do that would be constructive? And that would kind of fight against him. And his narrative and kind of hatred of, you know, immigrants and people of color and so

on. Oh, so, um, we happen to be at church with, which is a lot of people up from the [Ministry for Refugee Services] group involved with that, it's a [...] church, and we happen to be there for another reason, and we saw a sign in the bathroom that they were organizing this group, and, you know, it had to do with supporting immigrants and refugees in the Boston area. So I thought, well, that kind of fits with what I'm looking to do. And that's how, that's how it all gets started.”

Although she did not mention a religious or spiritual faith that motivated her to join the organization, she had faith in her act of resistance and in the resettlement system. She had faith in her work and her position as a volunteer successfully working against President Trump, who placed many restrictions on individuals seeking asylum in the US. Marge had faith in this group and the organization.

Aaron and his wife joined the organization following their retirement because they were looking for a place to donate their time and abilities. Although he noted his group is “loosely” associated with a local church, “it's not much of anything I have to do with. We [him and his wife] got involved because we were looking for something worthwhile to do volunteer wise. And it seemed like an awfully worthwhile thing.” Similarly, to Marge, he reported no spiritual or religious faith motivations for joining the organization. To him, “it was a secular thing.” Aaron demonstrated a secular faith in the organization, faith in his work with the organization and faith in the asylum seeker resettlement system. In describing it as “an awfully worthwhile thing” to do, he implies the large impact the work could have and show his hope in the organization. For some, it

was not viewed as a “secular thing” and was deeply rooted in their religious and spiritual faith.

Charlotte was predominantly motivated to work with the organization by her religious values, “Well, for me, working with people through the [Ministry for Refugee Services] is part of the expression of my faith.” Just as prayer or worship are expressions of faith, Charlotte sees the work she is doing at the organization as an expression of her faith. Expression of faith is not only a way of demonstrating your faith outwardly to others, but a way of practicing your faith. Charlotte’s motivation reflects both the organization’s religious and spiritual faith foundation but also the value of “welcoming the stranger” demonstrated across many faiths.

Adkins et al (2010) rubric and my own consider the faith of both staff and employees in faith-based organizations. While Adkins et al. (2010) evaluates if the faith of a staff member or volunteer is considered and required in the hiring process, my evaluation of the faith of these individuals is based on their motivations to work with the organization. This is an important consideration in navigating how faith is incorporated into an organization of the effect it can have on the experiences of the organization. For example, if most of the volunteers joined for religious or spiritual faith reasons, the organization may make decisions based on the volunteer and employees’ beliefs and those faith values would play a larger role in the organization. It may also dictate their own personal experience in the organization. For example, if a volunteer joined the organization with its secularity in mind, but found strong religious or spiritual values at work, they might leave the organization or disagree with decisions made with those

values in mind. After gaining a deeper understanding of the motivations of volunteers and employees to join the organization, I conclude each individual had either a religious or spiritual faith, or a secular faith that motivated them in their work with asylum seekers and their work with the Ministry for Refugee Services.

Experiences Involving Faith

In continuing to determine how faith is incorporated into the Ministry for Refugee Services, I explored the experiences of employees, volunteers, and clients that involved faith. How was faith experienced in the organization? How did individuals involved in the organization see faith in their experiences? What types of faith were experienced? When did these experiences take place, in meetings without clients, during interactions with clients? And how were these experiences accepted by those involved? These are all important questions in the attempt to gain an understanding of how faith works throughout the organization. Some experiences described explicitly involved religious or spiritual faith, while others implicitly involved secular faith.

Experiences involving explicit involvement of faith were not uncommon at the MRS. Aaron saw the organization as a secular one, and was not motivated by religious or spiritual faith, but described many experiences involving faith. Aaron worked closely with a client and drove them to religious services. He explained he kept his “[faith/religion and work at the Ministry for Refugee Services] separate” but “I don't have problems with anybody's kind of faith.” He described dinners the organization hosts for their donors, “where you've got different religions, all kinds of different religions there.”

Charlotte also mentioned the variety of religions and faiths that are present at the organization through donors, volunteers, and clients. During one monthly meeting, the director of the geographical group informed and invited others to join a Bible Study she was going to take that focused on faith and anti-racism work. Another explicit experience of faith was during Ramadan when a group director shared a reading from the Quran. These conversations of faith during monthly meetings were rare unless sparked by a client's need; still, they demonstrate the role of faith in the lives of the volunteers.

These descriptions highlight important aspects of the Ministry for Refugee Services. First, the organization provides religious resources for clients. Whether the organization is helping a client find a religious or spiritual faith service or connecting with their faith community, Charlotte explains “that every client we have should be encouraged to access their own faith resources.” Second, the organization values their interfaith foundation, and I conclude that this includes individuals with secular faith. Charlotte emphasized if clients did not share any religious or spiritual faith beliefs, “I leave them alone on it. I don't try to bring them to Jesus or convert them.” Faith is very clear in these interactions and experiences, but it is not always as explicit.

For Marge, the involvement of religion in her interactions at the MRS was a personal learning experience and an experience of “Welcoming the Stranger.” Marge was brought up in a Protestant faith but doesn't currently belong to a faith community and explained, “I consider myself a spiritual person, in that I believe in some of the teachings of Jesus, but I also believe in some of the teachings of other spiritual leaders as well.” She understood faith to play a role in her interactions at the Ministry for Refugee

Services in two ways: learning from other faiths around her, and “in a humanistic kind of way.” Marge explained she learns from those around her and clients about their faith practices and values, and she “incorporate[s] what feels right” into her own faith practices. Second, she described this “humanistic way” as the need “to help each other, you know, help one another in- in the world.” Although she described this “humanistic way” separate from her spiritual faith, it embodies all aspects of the religious or spiritual faith value of “Welcoming the Stranger.” By describing “helping on another” in the world, she alludes to including those we do not know. The act of “helping” may include providing whatever may be needed such as clothing, food, etc. This description and connection to “Welcoming the Stranger” relates to her faith in the organization and their work with asylees she described as her motivation to join the organization. The Ministry for Refugee Services vision emphasizes their ability to “Welcome the Stranger” through their built community, which is where Liam found the involvement of faith in his experiences as a client of the organization.

Through the MRS, Liam, a client, was “connected to different churches, other communities as well.” In readings from religious and spiritual faith traditions about “Welcoming the Stranger” they encourage practitioners to befriend them, treat them as your neighbor or your friend. On the Ministry for Refugee Services website, they emphasize not only the community-based support they provide but also their value on continuing to build communities. A major part of their built community is the various houses of faith that support the organization through funding resources or providing volunteers. The home page of their website displays symbols from all the spiritual and

religious faith groups involved with the MRS. This highlights not only the extent of their religious and spiritual community but their inter-faith foundation. However, it is also important to acknowledge the secular faith at work within the organization.

Expressions of secular faith became evident throughout discussions of the organization's operations and structure for clients during their resettlement. The general structure of asylum resettlement with the Ministry for Refugee Services includes: housing, gaining a work permit, getting a job, becoming financially independent. This term "independence" plays a critical role in decision making for this organization. While I will discuss this in greater detail in Chapter 6, I conclude this is rooted in American ideologies of rugged individualism. Secular faith in these ideologies leads to an emphasis on independence, more specifically, financial independence. During monthly meetings, the discussion was centered on the client's progress towards independence and if support (primarily financial support) could be decreased in correlation with increased independence. This secular faith appeared both as a motivation for volunteers to join the organization and as a foundation for structuring the resettlement process within the organization. Therefore, both the secular and religious or spiritual faiths played a role within the organization and the experiences in the organization.

Conclusion

The Ministry for Refugee Services is an interfaith organization that is supported by a wide variety of faith community groups. MRS provides a wide variety of services for asylum seekers, from providing a community to monthly financial support. The

organization comprises groups of volunteers that support one to three asylum seekers and sometimes their families. Each group has monthly meetings to discuss their clients and their progress in the resettlement process. The monthly meetings are typically devoid of discussions of faith unless the client is interested in finding a faith community, specifically asks for faith resources, or a volunteer speaks of their own faith experiences. Many of the volunteers were motivated to join the organization through connections with faith or faith communities, such as local churches. However, some volunteers joined the Ministry for Refugee Services for political or social reasons, which align with secular faith. This includes faith in the work of assisting asylee resettlement, faith in the organization, and faith in American ideologies, including rugged individualism. Throughout the interactions at the organization, volunteers and clients felt faith was present in both explicit and implicit ways.

I argue that this organization is, according to my rubric, silently affiliated with faith, both religious and secular faith. While the Ministry for Refugee Services has some characteristics of an organization affiliated with faith, faith in the organization is primarily silent. The silent affiliation with faith derives from the self-representation of faith on the organization's website, the motivation of volunteers and employees to join the organization for both religious and secular reasons (although not a requirement), and the experiences involving faith that occur throughout the organization. Although these forms of faith are "silent" within the organization, they are still present and therefore important to acknowledge.

CHAPTER 5: BEING WELL

Introduction

Arthur Kleinman argues that “the typical explanatory models constituted by participants in health care systems may differ in cultural context and logic”, making a meaning-centered context analysis important to understanding varying cultural meanings and understandings of health (Kleinman 1981, 162). While he discusses this theory in terms of illness, I apply it here to understandings of well-being. Using Kleinman's meaning-centered context analysis, I give participants the space to define well-being and the meaning of their experiences of well-being. This allows for a deeper understanding of their experiences rather than providing a definition to a concept they may experience differently.

During this discussion of well-being, participants described related factors that paralleled those of other social determinants of health, such as community and financial health. Thus, it will be important to consider simultaneously the social determinants of health and how they play a role in experiences and well-being. The social determinants of health include “economic stability, education access and quality, health care access and quality, neighborhood and built environment, and social and community context” (Healthy People 2030 n.d.). These are factors that “affect a wide range of health, functioning, and quality-of-life outcomes and risks” (Healthy People 2030 n.d.). Not only do participants define well-being involving aspects that resemble social determinants of health, when asked how the organization contributes to well-being of clients; participants discuss how MRS affects the social determinants of health.

In this chapter, I will navigate the varying understandings of well-being from employees, volunteers, and clients that work with the Ministry for Refugee Services. I will explore how participants conceptualize being well and maintaining well-being. Finally, I will discuss how the MRS contributes to the well-being of not just clients, but volunteers, and employees as well. I conclude that although there are varying definitions of well-being for volunteers, employees, and clients, common themes from conceptualization of well-being resemble the social determinants of health and the Ministry for Refugee Services contributes to the well-being of clients by addressing these social determinants.

Understandings of Well-Being

General Well-Being

Participants had varying definitions of well-being, from financial success to the ability to sleep soundly at night. While they differed widely on the surface, they were connected by common themes of happiness, community, physical and mental health, and financial health. These themes closely resemble the social determinants of health.

Happiness was a common theme among all the participants, whether explicitly or implicitly. Liam described, “I don't have any problems, I'm just happy living my life” as being in a state of well-being. He specifically described not having any worries and taking care of his responsibilities as leading to his state of well-being. Although Aaron predominantly discussed financial health, included in his understanding of financial health was the comfortability that comes with it,

“And so when you're talking about well-being, well-being means having a nice place to live, bringing your kids up in a nice environment, supporting them and doing the things that good parents do to- when their kids are growing up, you know, Boy Scouts and Cub Scouts and all that stuff, supporting them, teaching them how to be responsible. And they—they're, I mean, they both went to college and are doing what they want to do when the important part was to- to be happy and be a success in whatever you want to do and, you know, we pretty much accomplish that. And that's good.”

The comfortability of financial health allows other aspects of well-being to prosper, especially happiness. Happiness from doing what you want, such as Boy Scouts, studying your passions in college, or pursuing a career that makes you happy regardless of possible financial challenges. Charlotte described well-being as being able to sleep at night,

“Oh, I think being able to relax and sleep at night, and being able to let go of things that have been troublesome. I hear a lot of very horrible stories. And I have learned to let them go when I get home.”

Charlotte, as an employee of the Ministry for Refugee Services, speaks with asylum seekers about their experiences and what brought them to the US. Many of them have had traumatic experiences and have shared them with Charlotte. She also explained other things that are “troublesome” as parts of the resettlement process that she lets go before going to bed. The MRS works to find housing, financial assistance, and jobs, etc., for their clients. Charlotte described letting go of difficulties with finding a client housing

before sleeping, knowing she did everything she could helps her reach a state of well-being. While she did not explicitly state happiness as an aspect of well-being, she is describing letting go of traumatic stories and uncontrollable problems that influence her happiness so that she can sleep or relax.

Similar to the social determinant of health “Social and Community Context,” one reoccurring theme among participants’ understandings of well-being involved others. Aaron described the partner he has in his wife, “So she's the big part of this whole success thing that I've been talking about. So that's, so that's important, too. I mean, you got to have a stable family.” Marge emphasized “enjoying just the beauty of the world and having community with other people.” She found her community that helps her well-being, “I have a wonderful partner. I have good friends.”

Aaron described well-being for himself and his family in terms of financial well-being and success,

“Working hard and being successful, it's important. And I did that. [...]

And, and the material part of it is to make enough money to- so you don't have to worry about money.”

The idea of financial well-being aligns with the social determinant “Economic Stability.” Financial well-being brings the ability to not only pursue personal passions and provide opportunities for future familial generations, as previously mentioned, but also decrease stress and concern about financial burdens. Aaron describes this when he mentions not having to “worry about money.” Financial well-being also impacts other aspects of well-being, such as physical health.

Physical health was a common theme throughout discussions of well-being.

Marge described her well-being in two aspects of health:

“Um, well, it's a combination of- of physical and mental health, I would say. So well-being means, you know, just not being physically able. [...] For me, it's- it's kind of trying to maintain strength and keep my body free of disease by taking action. You know, I mean, it doesn't happen by itself. I'm eating healthy food, exercising, you know, these kinds of things. And then, um, you know, mental health as well, you know, just- and I believe in terms of mental health that some people just have issues that are almost biochemical in nature, you know, like, chronic depression or, or that kind of thing. So, um, you know, just trying to be in a- in a positive space mentally.”

Here, Marge is emphasizing the importance of health to well-being, describing both physical and mental health. She discusses preventative action she takes to avoid developing physical ailments and the effort she makes to keep a positive mental space. Many of the volunteers and employees discussed physical health when discussing their current state of well-being, demonstrating its important contribution to well-being.

Liam highlights many of these overarching themes of well-being,

“To me personally, of course, in general, well-being is how you take care of yourself. And to me as well, I'd say, exactly the same thing. I'll just add my own words, well-being as you know, to means like you could you personally can be able to take care of yourself and own yourself, like be responsible of yourself, yes, you might have family, this and that, taking care of you this and that, but to

you as an ind-, to me as an individual, you know, I have to still be able to take good care of myself and know, stay out of trouble.” (Liam)

Liam describes well-being as taking care of oneself and/or your family. This encompasses taking care of your health (physical and mental), providing for your family or community (including financially), and being “happy living [his] life.”

Well-Being of the Volunteer and Employee

After the employees and volunteers conceptualized well-being, I wanted to gain an understanding of their perception of their current status of well-being. Do they feel like they are in a state of well-being? If not, why not? If so, what contributed to that state of well-being? During this discussion, many participants described one aspect of well-being that they wanted to improve. For some, the aspect of well-being that required attention was physical, such as a sore foot or aching shoulder. However, some volunteers described being in a state of well-being and attribute that to their community, physical exercise, and more.

Previously, Aaron had described well-being in terms of financial success and the privileges that come with that success, including sending children to school and allowing them to choose their profession. However, when I asked Aaron to describe his current state of well-being, he omitted finances, but rather discussed an issue he had had with his shoulder. In other words, he was describing an issue with his physical health that was impeding on his ability to be well. Although he had previously focused on financial success, that definition of health was placed on a back burner as he focused on this

current issue. Similarly, Charlotte described physical health concerns related to her foot, rather than describing her current ability to set aside troubles before falling asleep at night. Marge specified that she has no “chronic or major illnesses, chronic conditions.” Similar to her description of well-being, she discussed other things besides physical health that contributed to her being well,

“My work outside of my garden, or, you know, so just do what I can to be—I do yoga. I was going to gym before the pandemic and maintain strength and those kinds of things. [...] I have a happy life. I have a wonderful partner. I have good friends, you know? [...] Um, you know, I'm not, I mean, I'm not wealthy, but I'm not poor. I have enough to, you know, have sheltering, food, and enjoy life. [...] All those things, you know, give me a sense of well-being.”

Well-Being of the Client

According to the American Psychiatric Society, “about one out of three asylum seekers and refugees experiences high rates of depression, anxiety, and post-traumatic stress disorders” (Song and Teichholtz n.d., 2). All the volunteers and employees described trauma and mental health challenges when discussing the well-being of the clients.

Marge spoke of the clients she worked with who had faced trauma that led them to seek refuge,

“Um, they're all victims of trauma. And most of them have PTSD. And they suffer from the trauma that they've lived through in their lives. [...] It's, you

know, I don't think you can—you can go through what they've- what they've been through and, and not have that kind of reaction.”

Charlotte had similar descriptions of clients' well-being,

“Most of them are pretty traumatized. Or that- because we're working with asylum seekers. And most of them are pretty traumatized. And they've been through pretty traumatic experiences, which is why they're here.”

The American Psychiatric Association argues for mental health care that partners with “social, cultural, and family supports around the individuals” (Song and Teichholtz n.d., 3). The Ministry for Refugee Services works to provide both community support and mental health care for asylum seekers, among other ways in which they contribute to the well-being of their clients.

Organizational Contributions to Well-Being

“There are some people who were really obviously in need, and I think they provide a hugely important service.” -C

The understandings of well-being defined by the participants paralleled the social determinants of health and aligned with how the Ministry for Refugee Services contributes to the well-being of clients. This section will explore how the MRS contributes to each of the five Social Determinants of Health and thus contributes to the well-being of their clients. I argue that the organization has effects on the well-being of the employees and volunteers as well.

Neighborhood and Built Environment

“We've been working hard at getting him a new place to live.” -A

One of the first aspects of supporting asylum seekers, the Ministry for Refugee Services, when they take on a new client is to find them adequate and affordable housing. Dr. Lauren Taylor suggests there are four major aspects of housing that contribute to health outcomes and costs, stability, quality and safety, affordability, and neighborhood (Taylor 2018). For this discussion, I will primarily focus on affordability and stability, which are the biggest challenges with finding housing for clients. According to Taylor (2018), it has been shown when an individual has a stable home, their health improves, and possible health care costs decrease (because of relying more on preventative care than emergency care). Additionally, if housing is more affordable, money can be allocated to health promoting uses (Taylor 2018). For example, with a lower rent, families might be able to afford more or healthier foods or they might be more willing to seek care rather than postpone it because of financial concerns. Some housing is affordable for either the client or the client with financial support from the organization, but it is less than stable. A volunteer described searching for stable housing for a client,

“So I went through the motions of getting his lease extended. And I talked to him and got them to lower the rate, which just barely made it affordable. But it was only going to be for like [five] months. So he was going to be out on the street in [five] months if we didn't find him something else.”

A primary source of housing comes from people within the community or connected to the community that have extra rooms or apartments that they can offer up to a client.

Aaron explained that a community member had an extra room to lend to a client, “so [they’re] renting [them] the room and use of the kitchen and I guess most of the rest of the house too.” This allows clients to find quality housing while paying little to no rent and continuing to build a community.

Social and Community Context

“But I was, like, just connected to different churches, other communities as well.” -L

The Ministry for Refugee Services is a network of groups that work together to support clients. The smallest unit of this organization is the volunteers, which are grouped together geographically to provide local support to clients. These geographical groups make up the bulk of the organization. In addition to the community formed by these groups, the MRS is supported by a community of faith organizations such as temples, mosques, and churches. This community network provides support for clients and offers extended connections to faith groups if the client is interested in pursuing faith resources.

The social network that is created by the Ministry for Refugee Services provides a community and social capital for clients. Pierre Bourdieu argues that social capital,

“is accumulated labor (in its materialized form or its “incorporated,” embodied form) which, when appropriated on a private, i.e., exclusive, basis by agents or groups of agents, enables them to appropriate social energy in the form of reified or living labor” (Bourdieu 1986, 241).

Bourdieu (1985) demonstrates the use of social connections as capital. The Ministry for Refugee Services creates a network of support with other organizations which provides social capital to clients through connections and community. The organization connects clients with individuals with specific skills (for example, volunteers with job mentoring experience or law experience), faith communities, and other organizations that provide resettlement services. For example, if a client recently got their working permit and is needing to build a resume and practice interviewing skills, the MRS might refer them to an organization focused on occupational services that is specifically designed to help asylum seekers and many others with job preparation.

Not only does this build the community and social network for clients; it allows a wider range of support through a referral system set up to further benefit asylum seekers throughout the resettlement process. Through this network, clients receive social support and instrumental support, both of which have effects on health (Healthy People 2020 n.d.). However, the social support provided by the Ministry for Refugee Services goes beyond social networking and opportunity, but also provides emotional support.

Charlotte describes relationships that are built within this community between clients and volunteers:

“...having the [local group] gives them community based support. And I think that's very important, because that makes them begin to relax. And they have—they can find the person within the [local group] that matches who they're going to trust and begin to trust again.”

Each client of the Ministry for Refugee Services has a point person within the organization who not only keeps the group up to date on how the client is doing and on what additional services are needed, but also provides them with an emotional and friendly connection. During a monthly meeting, one client point person discussed taking clients out on his small sailboat for bonding with other volunteers once the weather was warm and it was safe to do so regarding the COVID-19 pandemic. Aaron described becoming friends with a client he had grown close with, and frequently meeting them for lunch. This support from volunteers and employees at the MRS closely resembles aspects of well-being they defined, such as having friends, family, and partners who support them and contribute to their happiness.

Healthcare Access and Quality

“But once we place them, and—they begin to feel comfortable and safe.” -C

Before asylum seekers are taken as clients by the Ministry for Refugee Services, they must be seen at a local medical center, South Memorial Hospital. There, the prospective clients receive physicals, vaccinations, mental health support, and more at the Refugee Health and Human Rights Center (RHHRC). At the RHHRC, they are connected with psychiatrists trained to treat trauma, and can see them for their continued mental health care. This care at South Memorial Hospital is critical, because of to the high prevalence of mental health challenges asylum seekers face. The connection made with the refugee health center provides important connections for both current and future care.

Charlotte also described the growing trust between the clients and volunteers that allow clients to “begin to feel comfortable and safe.” However, the care provided by the Ministry for Refugee Services didn’t stop with emotional support. In addition to the services provided at South Memorial Hospital, volunteers discussed frequently taking clients to doctor’s appointments, “And we took this guy to have his physical over [at Southern Memorial Hospital].” One important aspect of healthcare is access. While there are many high-quality healthcare centers in Boston, transportation can decrease access, especially for those without licenses to drive or a steady income from employment. Volunteers providing transportation to healthcare appointments makes health care much more accessible for their clients. Especially with the COVID-19 pandemic, many of the group meetings discussed how to get clients COVID vaccinated, if they were interested. The groups stayed updated on changing vaccine availability and policies, informing clients of when and where they could get vaccinated, along with continuing to provide transportation and accompaniment if preferred.

Economic Stability

Each month, the geographical group gathers to discuss the resettlement of each client they are supporting (some groups have only one client, while others might have two to three). Ezra’s landlord just informed him the rent will increase and while he had recently increased hours at work, he would not be making enough money to afford the new cost of rent. His point person expressed his concern at the monthly meeting, asking if the group could increase his monthly stipend to cover the additional cost of housing.

Monthly, clients are given a check to support them financially. The group calculates the stipend based on financial needs including rent, transportation costs, groceries, and other bills. Due to changing costs, changing hours at jobs, and changing rent, the amount of the monthly stipend is discussed every month to ensure all costs are taken care of. However, the Ministry for Refugee Services supports clients financially through other avenues as well.

The Ministry for Refugee Services contributes to financial and economic stability by finding alternative ways to get nutritious food, affordable housing, and donations. While waiting for her working permit, the MRS helped Ava obtain a volunteering position at a local farm. As a volunteer, the farm gave Ava produce to take home. Although this wasn't directly financial support, this position allowed Ava to receive fresh, locally grown produce and decreased the financial burden of buying fresh vegetables at grocery stores. Similarly, volunteers could find housing with someone in their church community for Elias. The community member had an extra room that she gave to Elias without requiring a monthly rent payment. This allowed Elias to use or save the money that would've been otherwise used for rent. When Mira was moving into her new apartment, she was without furniture. Through the Ministry for Refugee community and connections with local houses of faith, Mira could furnish her home with donations including shelves, a table, and a tv. These contributions to economic stability also demonstrate the interconnectedness of the social determinants of health and highlight the importance of each service provided by the Ministry for Refugee Services. While finding affordable housing affects "Neighborhood and Built Environment," it also contributes to

economic stability. Similarly, social and community contexts can play a large role in education access and quality.

Education Access and Quality

According to The Lancet Public Health, “Education is strongly associated with life expectancy, morbidity, health behaviours, and educational attainment plays an important role in health by shaping opportunities, employment, and income” (“Education: A Neglected Social Determinant of Health”). Therefore, in addition to the other Social Determinants of Health, the Ministry for Refugee Services contributes to education access and quality for clients. The organization provides direct education services and support for parents who have children in school.

The MRS contributes to education access by providing English language courses for their clients and other individuals in the community. While these classes have been suspended since the start of the COVID-19 pandemic, the classes provide clients with access to learning English, especially to prepare for employment. It is also important to acknowledge informal education that occurs through other conversations and services provided by the organization. For example, throughout the COVID-19 pandemic, the organization has kept up to date on COVID-19 protocols and vaccine policies. As previously stated, they have then conveyed this information to their clients to inform them of when and where they can receive their vaccines. Help navigating through this health information increases education access and, in turn, health access. The Ministry for Refugee Services also provides support for their younger clients.

At a monthly meeting, the group discussed Cora. She has a child in school who is looking forward to finishing school and beginning a summer program. The group stayed up to date on how they were doing in school, including school projects and school events. They also helped Cora find possible summer programs in the area and helped sign her child up for various programs. While they are not providing education directly to children of clients, by assisting with transportation, information, tutoring resources, or even emotional support, the organization increases both access and quality of education for their younger clients.

Contributing to the Well-Being of Volunteers

The Ministry for Refugee Services emphasizes their services are not just to provide support for asylum seekers, “but it is enriching for volunteers. By sharing faith practices, and cultural customs [Ministry for Refugee Services] volunteers are enriched and inspired” ([Ministry for Refugee Services Website]). Marge described her experience at the organization positively:

“I’ve met some really nice people. You know, some of the volunteers and and it’s really, you know, interesting to meet the guests and, you know, kind of it’s different than just writing a check to- an anonymous check to an organization when you’re face to face and meeting people and hearing the stories and understanding the impact on their lives so- so it’s been a good, good experience.”

She discusses the difference between writing a check and then taking part in an organization like the Ministry for Refugees, where she worked personally with asylum

seekers and help them directly, which she implies has been impactful for her. Similarly, Aaron finds working with the organization, more specifically “knowing you're helping somebody—make it,” rewarding. Although many volunteers find their work fulfilling, it has not been without challenges.

One volunteer described their challenges at the Ministry for Refugee Services due to lack of resources and volunteers. While they enjoy the work they are doing with MRS and praise the organization for their efforts, with limited resources at the organization and in each geographical group, many tasks are placed on each volunteer. As a point person for a client, this volunteer was “feeling like [they] was hanging out by themselves] without a lot of support.” Overtime however, they received help from other volunteers who supported them and the client. The volunteer explained both a limited number of resources and the context of their previous work experience were at the root of their challenges. Thus, while the experience with the organization is enriching, impactful, and rewarding, the lack of resources can lead to an overwhelming number of responsibilities placed on individual volunteers, leading to the possibility of burnout.

Conclusion

Well-being is a widely encompassing concept with differing cultural understandings. It was critical to understand the meanings participants ascribed to both well-being and their experiences of well-being. Using meaning centered context analysis, I highlighted the varying definitions of well-being. Despite differing meanings of well-being, happiness, financial health, physical health and community were common themes

throughout each participant's definitions. These themes are closely aligned with the five social determinants of health: neighborhood and built environment, education access and quality, healthcare access and quality, economic stability, and social and community context. I showed how the Ministry for Refugee Services contributes to these five determinants of health and analyzed these services as also contributing to the well-being of the clients. Finally, I demonstrated how the organization also contributes to volunteer well-being both in positive and negative aspects.

CHAPTER 6: ECONOMIC SELF SUFFICIENCY

Introduction

The primary goal of the Ministry for Refugee Services, repeated throughout meetings and discussions of clients, is to support clients until they are “independent” or “self-sufficient.” This chapter explores the idea of economic self-sufficiency and the resettlement process of asylum seekers in the United States. I begin with a discussion of federal government policies for refugee and asylum seeker resettlement. I show how these policies pressure non-governmental organizations, including the MRS, to focus on economic self-sufficiency rather than other markers of well-being to guide the resettlement process. The focus on economic self-sufficiency is not only rooted in government policies, but also in American ideologies of rugged individualism. I argue in addition to the spiritual and religious faith present in the organization, there is a faith in rugged individualism present that affects the structure of the resettlement process at the Ministry for Refugee Services. This secular faith in rugged individualism, faith in the organization, and faith in the resettlement process is challenged. I argue this leads to a crisis of faith that leads to volunteer frustration and burnout.

The Self Sufficiency Model

“The Refugee Act of 1980 created The Federal Refugee Resettlement Program to provide for the effective resettlement of refugees and to assist them to

achieve economic self-sufficiency as quickly as possible after arrival in the United States” (Refugee Act of 1980)

The Refugee Act of 1980 includes repeated use of the phrase “self-sufficient.” What does self-sufficient mean for the government programs that provide assistance for refugees when they first arrive in the US? The Refugee Act emphasizes the importance of refugees becoming *economically* self-sufficient and not dependent on public assistance programs,

“(III) the likelihood of refugees placed in the area becoming **self-sufficient** and free from long-term dependence on public assistance,

(i) make available sufficient resources for employment training and placement in order to achieve **economic self-sufficiency** among refugees as quickly as possible,

(iii) insure that cash assistance is made available to refugees in such a manner as not to discourage their **economic self-sufficiency**” (The Refugee Act 1980).

Not only are federal refugee resettlement programs and efforts focused only on economic self-sufficiency; they also want refugees to get there as quickly as possible. In “When “Self-Sufficiency” Is Not Sufficient: How the American Refugee Resettlement System Fails to Protect and Fulfill Refugees’ Social and Economic Right,” SaraJane Renfroe emphasizes that to become self-sufficient in the eyes of the federal government, refugees

“must only accept jobs and not utilize public assistance programs” (Renfroe 2020, 25).

This system pressures refugees to accept the first job available to them to make money as quickly as possible rather than finding sustainable employment or seeking education. The focus is on immediate, rather than long-term stability and well-being.

Research completed in Philadelphia shows that, on average, refugees are self-sufficient after about seven years in the United States (Vijaya et al 2017). In this study, Vijaya et al. (2017) focused on indicators of self-sufficiency such as household income, use of government assistance (food stamps), employment, and language. With long-term success in mind, this research explored the time it takes for refugees to reach similar economic status as other Philadelphia residents who were American citizens. For example, the household income in Philadelphia was about \$38,000, after being in the country for seven years, the average refugee household income in Philadelphia was about \$46,000 (Vijaya et al 2017). By using Philadelphia residents as a benchmark, they not only demonstrated the time it takes to establish and rebuild a life after seeking asylum but implied the need to focus on long term sustainable success.

I argue that these policies emphasizing economic self-sufficiency are rooted in American ideologies of rugged individualism. In “Frontier Culture: The Roots and Persistence of “Rugged Individualism” in the United States,” Bazzi, Fiszbein and Gebresilasse explore rugged individualism’s roots in the frontier (Bazzi, Fiszbein and Gebresilasse 2020). They described two traits of “rugged individualism” as “individualism and antipathy to government intervention” (Bazzi, Fiszbein and Gebresilasse 2020, 2329). These traits are clear in those government policies that not

only emphasize individualism but also an aversion towards individuals using government assistance programs. Jennifer Erickson, in “Volunteering With Refugees: Neoliberalism, Hegemony, and (Senior) Citizenship,” discusses “worthy” citizenship which derives from “an individual’s responsibility to decrease her burden on the state, especially the welfare state” (Erickson 2012, 167). This demonstrates US ideologies of individualism that “stresses economic self-sufficiency” (Erickson 2012, 167). Erickson (2012) emphasizes the impact of neoliberalism on refugee resettlement, although I argue here that it impacts asylee resettlement as well.

Neoliberal Borderlands

“Neoliberal borderlands are fraught, contested spaces, where the provision of assistance by the welfare state to those living in precarity confronts neoliberal reforms and rhetoric that pillories those who receive assistance for their dependence on ‘government handouts’” (Besteman 2016).

According to the Cato Institute 2021 Immigration and Identity National Survey, 53% of Americans are opposed to immigrants receiving government assistance (Ekins and Kemp 2021). Much of this opposition comes from the idea that immigrants are a financial burden. This is clear through Trump’s expansion of the “Public Charge Rule”, stating that the US Congress could deny an individual a visa if they were going to become a public charge: “A public charge is anyone who would become dependent on

the U.S. government after gaining immigrant status” (Petts 2021, Immigration and Nationality Act 2019). Previously, if an individual had used any government assistance in the past, their visa could have been denied because it was assumed they would become a public charge.

Trump expanded this definition to include anyone who *might* become a public charge, regardless of whether they had ever received government assistance in the past (Petts 2021).

“The concerns about welfare dependency that characterized political rhetoric during the early 1980s extended to include refugees as well, stoking the anti-immigrant/anti-refugee sentiments that remain powerful today.” (Besteman 2016, 68-69).

In *Making Refuge*, Catherine Besteman explores what she calls the “Neoliberal Borderlands” in relation to Somali Bantu refugees in Lewiston, Maine (Besteman 2016). This concept of neoliberal borderlands is used to describe the refugee system in which providing assistance for those in need runs into harmful rhetoric about those who use assistance, such as welfare. The same notion applies clearly in the Refugee Act of 1980, as it emphasizes the achievement of independence from government assistance as quickly as possible. Besteman described support organizations as attempting to do better than the system, but also still forced to be part of the system,

“Many studies of social support agencies that operate in the neoliberal borderlands reveal the ways in which case workers, social workers, and street-

level bureaucrats are often forced to operate as agents of neoliberal reform, mandating expectations such as work requirements and obedient submission to state surveillance (for substance use, household membership, unreported income), and more” (Besteman 2016, 171).

Although the Ministry for Refugee Services works to provide for asylum seekers who are without government benefits and aims to support many aspects of well-being, they ultimately become part of the system by utilizing this self-sufficiency model to guide decisions about client support.

Contradictions Creating Tensions

“Welcoming the Stranger”

The Ministry for Refugee Services emphasizes “Welcoming the Stranger” with community-based support provided by volunteers who come from a multitude of religious or spiritual faiths. Their mission highlights their holistic approach to asylum seeker resettlement, by addressing employment, culture, friendship, support, and all-around rebuilding of their lives. When volunteers and employees join the MRS, they are inspired and motivated. They are motivated by religious or spiritual faith, motivated by a secular faith in the organization, and motivated by a secular faith in the resettlement process. However, the Ministry for Refugee Services uses the self-sufficiency model presented in The Refugee Act of 1980 which conflicts with self-representations of the organization’s efforts, and contradicts volunteers’ perceptions of well-being.

The Ministry for Refugee Services presents their services on their website as holistic and promotes focusing on building community and trust with clients. However, they prioritize economic self-sufficiency in measures of resettlement success. The organization's website presents their mission statement,

“By bringing uprooted people into a community they are able to build trust and can begin the process of rebuilding their lives. Community-based support helps clients to prepare for employment and to make the cultural adaptation necessary for success. Not only does the community welcome provide friendship, acculturation opportunities and support for clients, at the most vulnerable time of their lives, but it is enriching for volunteers.” ([Ministry for Refugee Services Website])

This mission encompasses what volunteers and employees described as parts of the organization's services. Community is emphasized throughout volunteer and employee descriptions of the organization and highlighted also here in the mission statement. The mission also emphasizes friendship, welcoming, building trust and rebuilding lives. Although they present a holistic view of resettlement on their website, the MRS evaluates asylum seeker progress and makes decisions about support based on economic self-sufficiency.

Reliance on economic self-sufficiency as a guide works contrary to volunteer and employee perceptions of well-being. When employees and volunteers discussed the variety of services they provided for clients for successful resettlement through the organization, they mentioned housing, financial support, community, and faith resources,

among many others. When employees and volunteers discussed how the organization affects the well-being of clients, they mentioned housing, financial support, community, and faith resources, among many others. This alignment demonstrates that volunteers and employees view well-being as critically important to consider during resettlement.

However, rather than measuring resettlement progress on aspects of well-being that are improving, they base progress and decisions about support on economic self-sufficiency.

Crisis of Faith

“Our purpose is to help you become independent [...] if we can help you to become independent, and then you can be proud of your independence.” -C

The Ministry for Refugee Services operates with a similar definition of independence to that of governmental programs, despite going against understandings of well-being and holistic approaches to resettlement advertised on their website. Their primary aim is to help the client reach economic independence and when a client begins to achieve financial success, they remove support, as a volunteer described:

”And as the person goes through the process and gets the job is able to more or less support themselves, that the stipend that [redacted] pays gets decreased over time, and the goal is being- to have them become independent, and eventually get a green card.”

The tensions between this American ideology of individualism, and supporting and “Welcoming the Stranger” causes a crisis of faith.

Aaron demonstrated a faith in rugged individualism throughout his description of well-being:

“He was an independent businessman who got rich, working his ass off. I mean, really working hard. [...] I'm trying to tell you that my background comes from hard work. And when I when I was in college, I worked for three years between college years in three different dairy—I worked vacation relief from a bottling plant, I drove a truck in summer and I worked in a receiving plant last summer. So I learned how to work hard to make money. [...] And so working hard and being successful, it's important. And I did that.”

He emphasized how hard each of his family members worked and how he worked hard too. While he did not explicitly discuss help from others, specifically the government, he implied working on his own by repeatedly using “I worked..” “I did that,” “I...” Yet when the MRS utilized economic self-sufficiency as a reason to decrease a client’s support, he argued for continued support:

“And there have been times when I've gotten the impression that as soon as somebody starts being a success, we start decreasing their monthly allowance. And I've gone to bat on a couple of different occasions where [2 members of the staff] saying ‘Hey. It's not time to serve decreasing stuff. You can't just do that.’ And for the most part have been successful, and they've understood and I'm not- what I've said in the past is err on the side of being too generous, not the opposite. Don't err on the side of being- there's always another- there's always another fundraiser out there to do- to err on the side of generosity and not the opposite.”

The structure of this support, like that provided by governmental programs, demonstrates that it is just enough to allow clients to support themselves without extra assistance. This basic idea of independence emphasizes clients only just surviving financially, rather than thriving and having the ability to support their families, pay for unexpected bills or begin to save money. However, I argue that government pressures and faith in individualism are not the only factors contributing to the Ministry for Refugee Services emphasis on economic self-sufficiency.

During each monthly meeting, the groups of the MRS would have a discussion about the current financial situation of the group. Had they done enough fundraising to continue to support their clients? Would they have to decrease the amount of financial support they provide each month to stay afloat? Would they be able to take on another client? Due to constraints on finances, each group can only support a few clients at a time. Not only are they restricted on how many clients they can support at once, they are also restricted on how much they can support them and in what ways. For example, a group most likely cannot pay the entire rent for a commercial apartment or some unsubsidized housing, so they get housing through people willing to lend out space in their homes. While the Ministry for Refugee Services provides services longer than many government programs for refugees, to provide services for much longer than a year was not common. Not only were they restricted by finances, but the systems within which they work, such as housing.

Due to the financial constraints of the group and the client, there are two primary ways that the Ministry for Refugee Services gets housing: 1) subsidized housing and 2)

host families. Securing subsidized housing is very difficult with waiting, uncertainty and applications, however, it is an affordable option. Describing a client he serves, Aaron said,

“Generally speaking, he doesn't make enough money for commercial rentals. And housing—subsidized housing is very, very complicated to get. You go jump through all kinds of hoops, and then waiting lists that take forever to come to fruition.”

Here he was detailing the difficulties he had encountered in trying to find this client stable, safe and affordable housing. Housing is a major step towards the well-being of the client, however, the volunteers are restricted in what they can provide for the clients in this regard due to the structures and systems of the housing market. Frustration with the housing system can also lead to the burnout of volunteers. One volunteer described this frustration:

“Yeah, I'm looking forward to finding [them] a solid place [...]. To tell you the truth. It's- it's been pretty frustrating. For a whole number of reasons. The primary one is why is subsidized housing so complicated and difficult.”

It is important to acknowledge frustration resulting from a crisis of secular faith. Many of the volunteers were motivated by faith to join the organization, faith in the work of assisting asylee resettlement, faith in the organization, faith in American ideologies of individualism, or faith in “Welcoming the Stranger.” However, the system is designed for economic self-sufficiency as soon as possible, disregarding the volunteers’ understanding of well-being. Not only are government policies structured based on the self-sufficiency

model, but the Ministry for Refugee Services also works within this system, acknowledging economic self-sufficiency as a marker for success, despite the holistic approach advertised on the organization's website and employee descriptions. The MRS also has to work within other systems, such as subsidized housing. The tension between volunteers' faith and understanding of well-being, and having to work within these complicated systems, causes a crisis of faith and can negatively affect volunteer well-being, leading to burnout.

Conclusion

The Refugee Act of 1980, while creating The Federal Refugee Resettlement Program to assist refugees resettling in the US, perpetuates the American ideology of rugged individualism by setting goals of helping refugees to reach economic self-sufficiency as soon as possible and not to rely on government assistance in the future. Resettlement organizations, like the Ministry for Refugee Services, are pressured to work within this system of self-sufficiency despite organizational understandings and goals being aligned with a more holistic approach involving prioritizing well-being of asylum seekers. However, the self-sufficiency model created by rugged individualism is in tension with volunteers' ideas of well-being and "Welcoming the Stranger." This tension is accompanied by a crisis of faith and can lead to negatively impacting the well-being of volunteers and causing burnout.

CONCLUSION

Discussion

How is faith working within the Ministry for Refugee Services, an interfaith resettlement organization? How does faith affect the experiences of employees, volunteers and clients of the organization, especially their experiences of well-being? These were the questions I aimed to explore through my fieldwork and research. Throughout this thesis, I have answered these questions and demonstrated the following points:

In Chapter 4, I discussed my first research question: How is faith working within the Ministry for Refugee Services, an interfaith resettlement organization? Ebaugh et al. (2006) and Adkins et al. (2010), demonstrated the various ways in which faith can be incorporated into an organization. I developed a typology that was derived from the work of Ebaugh et al. (2006) and Adkins et al. (2010) to categorize faith-based organization. This typology explored aspects of faith based organizations such as the use of faith symbols, if they were founded by a religious or spiritual group or founded in religious or spiritual values, the religiosity or spirituality of their staff and volunteers, their self-representation, source of funding, and if operations are guided by faith. At the beginning of this study, I focused predominantly on religious or spiritual faith. However, throughout the study, I found secular faith at work in the organization. I demonstrate how both the religious or spiritual faith and the secular faith motivate employees and volunteers to join the organization. Both kinds of faith were involved in interactions and experiences at the organization.

Employees, volunteers, and a client described faith being involved in their experiences at the Ministry for Refugee Services, both in explicit and implicit ways. Aaron, although he kept his personal religious faith separate from his work as a volunteer, he drove clients to religious services and took part in donor dinners that welcomed many religious or spiritual faiths. Although uncommon, there were brief discussions of faith during monthly group meetings, such as a volunteer informing the group of an upcoming Bible study and reading from the Quran before a meeting during Ramadan. More implicitly is the value of “Welcoming the Stranger” which is derived from values rooted in many religious and spiritual faith traditions. This value has a powerful presence at the MRS evident through their organizational mission, emphasis on community, connection with many faiths, and focus on a variety of services to support asylee resettlement. I argue, according to my typology, that the organization is silently affiliated with faith. With a better understanding of how faith operates within the organization, I wanted to explore the well-being of clients and volunteers, especially with relation to faith.

Chapter 5 begins with an exploration of how clients and volunteers conceptualize well-being and ascribe meaning to their experiences of well-being. Each participant had a different definition for well-being, ranging from broad definitions like taking care of your responsibilities and being able to sleep at night to more specific answers like physical and mental health. Despite the range of answers from participants, they all contained conceptualizations of well-being that involved happiness, community, financial health, and physical health. These aspects of well-being are closely aligned with the social

determinants of health: neighborhood and built environment, healthcare access and quality, education access and quality, economic stability, and social and community context. Thus, in order to navigate how the Ministry for Refugee Services contributes to the well-being of clients, I considered the ways they contribute to the social determinants of health for clients.

The Ministry for Refugee Services provides a wide range of services for asylum seekers. I demonstrated how the organization contributes to the Social Determinants of Health. First, the MRS helps asylum seekers find affordable and stable housing and thus contributes to the clients' neighborhood and built environment. The organization supports clients' economic stability by providing monthly stipends to ease financial burdens, especially while clients are waiting for their working permits. The Ministry for Refugee Services also contributes to economic stability by providing resources, such as free food programs. By providing English language courses and support for clients who have school-aged children, the organization can affect education access and quality. The MRS affects healthcare access and quality through their connection with South Memorial Hospital and improving access through transportation to healthcare appointments and health education, especially during the COVID-19 pandemic. Finally, the Ministry for Refugee Services contributes to social and community context through their emphasis on community-based support. Not only do they create a community within their geographical groups and the organization, but they also create a network with other nongovernmental organizations that provide additional services for asylum seekers during resettlement. Additionally, I demonstrate how the organization affects the well-

being of the volunteers. While work with the organization is rewarding and enriching, some volunteers express feelings of burnout because of a limited number of volunteers leading to overwhelming responsibilities.

Chapter 6 primarily explores the American ideology of rugged individualism present in refugee and asylum seeker resettlement. I showed how The Refugee Act of 1980 set a precedent for other efforts for resettlement to focus on economic self-sufficiency. Not only is the goal for these programs to help refugees reach economic self-sufficiency as quickly as possible, but they discourage government assistance programs in the future. To further demonstrate this point, I discussed Catherine Besteman's theory of neoliberal borderlands to describe the refugee system where providing assistance for those in need meets harmful rhetoric about those who use assistance such as welfare (Besteman 2016). Besteman demonstrates how organizations such as the Ministry for Refugee Services, or in the case of Somali Bantus social workers, are forced to work within these harmful structures (Besteman 2016).

This individualistic ideology is perpetuated by resettlement organizations that prioritize economic self-sufficiency and economic success as markers for success. The MRS uses this economic self-sufficiency model and adjusts support based on how a client is financially. However, volunteers of the Ministry for Refugee Services perceive assistance provided by the organization contributes to many aspects of well-being. The disconnect between volunteer perceptions of well-being and the organization's emphasis on economic self-sufficiency leads to a crisis in faith. This crisis in faith occurs because

of volunteers' faith in rugged individualism and faith in the resettlement process. This can negatively impact the well-being of volunteers and lead to burnout.

Contributions

Prior to this research, there was minimal research on faith-based resettlement organizations despite being a large contributor to the resettlement of both refugees and asylum seekers in the US. More specifically, I was unable to find research on how the faith of the organization played a role in resettlement. I aimed to explore how the faith in the faith-based organization functioned and contributed to resettlement, specifically in terms of the well-being of the client. This research developed an additional tool to categorize these organizations based on their affiliation with a faith or faiths. I expanded on previous work to demonstrate the lack of support asylum seekers receive from the government and emphasize the importance for organizations like the MRS and the network of support they create with other organizations.

The Ministry for Refugee Services is an interfaith based organization that works with asylum seekers during resettlement. This research explored how the organization was affiliated with faith and the importance of understanding this affiliation. By gaining an understanding of how faith is linked to these organizations, this research demonstrated the interconnectedness of faith and well-being through an analysis of various faiths at work within the organization and the conflict between efforts of well-being and the American ideology in rugged individualism.

Moving Forward

While this research made contributions to the field, the study was limited and there is substantial room for future research. The fieldwork portion of this research project was limited because of the length of the program. With an extended timeline, there could be additional time for recruitment from the organization and other organizations that contribute to the network of support created by this community. In addition to limited time, recruitment was limited by employee concern for the privacy of clients and volunteers. There is possibility for future work especially in comparing different faith-based organizations and non-faith-based organizations to faith-based organizations. This type of study would allow for a deeper understanding of how faith is functioning in an organization and contributing to the experiences and interactions at the organization. Through these comparisons, it would be beneficial to explore how each of these organizations works within the asylum seeker resettlement system, especially in terms of time restrictions on support and emphasizing economic independence without government assistance as soon as possible. I hope that this work and future inspires systematic change within the resettlement process and policies changes that not only provide additional resources for asylum seekers when they arrive in the US but also provide holistic approaches to support that consider their well-being.

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