Making Peace In The Heart-Mind: Towards an ethnopsychology of resilience among Bhutanese refugees

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Introduction

Over 100,000 Bhutanese refugees languished in camps established in eastern Nepal by the United Nations High Commissioner for Refugees (UNHCR) through fifteen years of failed bi-lateral negotiations until, in 2007, eight developed nations agreed to support resettlement. In 2007 the town of Damak in Nepal became the hub of a vast resettlement campaign; roughly 70,000 refugees have been resettled in the past five years and the process is ongoing (UNHCR 2013). The mass migration has been accompanied by a surge in popular (Semple 2009) and scholarly interest in the group (Benson *et al.* 2011).

One of the central tropes in this emerging public image is psychiatric vulnerability. An assessment published by the International Organisation of Migration (IOM) in 2011 reported an alarmingly high rate of suicide among Bhutanese refugees compared with other refugee and host country populations and a steady rise in suicide incidences beginning in 2007 (Schinina *et al.* 2011). This report spurred an investigation by the Center for Disease Control into suicide among Bhutanese refugees in the U.S. (Ao *et al.* 2012) and is frequently cited in media coverage of the migration and cases of suicide (Coen 2010).

Psychiatric research has clearly contributed to the representation of Bhutanese refugees as a vulnerable people. Studies have focused on the psychiatric afflictions of torture survivors (Mills *et al.* 2008, Shrestha *et al.* 1998, Van Ommeren *et al.* 2002), psychosocial determinants of medically unexplained epidemics (Van Ommeren *et al.* 2001), psychiatric factors in disability (Tol *et al.* 2007), salient negative emotion terms and idioms of trauma (Kohrt and Hruschka 2010), beliefs surrounding suicide (Ao *et al.* 2012, Schinina *et al.* 2011), and adaptations of psychotherapy for work with resettled Bhutanese refugees (Kohrt *et al.* 2012). Notably, two studies have dealt with coping (Emmelkamp *et al.* 2002, Benson *et al.* 2011); however,

both works revealed correlations between particular coping strategies and psychiatric morbidity or distress.

Significantly, the literature offers no complementary exploration of what it means to be psychosocially healthy in Bhutanese refugee society and what processes (psychological or interpersonal) are already functioning to preserve and promote wellness in Bhutanese refugee communities. In light of this gap, there is a great risk of overlooking the strengths and triumphs of the Bhutanese refugees as well as lay knowledge surrounding mental health. This paper sets out to complement previous research with an exploration of the local beliefs and values that are related to resilience.

Methodology

In 2011, Chase completed two months of intensive language training followed by eight months of anthropological fieldwork focused on community and cultural pathways to resilience in the Bhutanese refugee camps in Nepal. Bhattarai acted as a research assistant during this fieldwork; she hails from a Nepalese community local to the region of the refugee camps and has conducted her own Master's thesis research within the camps. Our research methods included participant observation, four focus groups with refugees involved in psychosocial programming, semi-structured interviews with a random sample of refugees (n=30) and with key informants (n=10), and adaptation and administration of the Brief COPE survey (Carver 1997) of coping behaviour to a random representative sample of refugees (n=193; quantitative analysis addressed in Chase, Welton-Mitchell and Bhattarai 2013). Throughout this research period, both authors were affiliated with the Transcultural Psychosocial Organisation Nepal (TPO-Nepal), a Nepali non-profit organisation and implementing partner of UNHCR that provides psychosocial services to the camp community and other communities in Nepal.

In addition, Chase engaged in a period of preliminary work in the U.S. that served to guide her research agenda in Nepal and illuminate important themes that emerged in both contexts. During the summer of 2010, she completed intensive language training in Nepali, followed by a two-month homestay and 22 semi-structured interviews in the resettled Bhutanese refugee community of Burlington, Vermont. She continues to maintain ties with her host family and to vet research findings and interpretations with leaders of this community.

Participants

Ethical approval to work with human subjects was obtained from the Nepal Health Research Council. All interviewees were over eighteen years of age. Twenty-six interviewees were selected from a randomised list of households generated using the UNHCR database to represent major demographic groups in the camps; these interviewees were also administered the Brief COPE (see Table 1). Four pilot interviews were conducted with individuals randomly approached in the camps. Key informants included representatives of all major community-based organisations, two community health workers, leaders in camp administration and security, one shaman (*dhami*), and one astrologer (*jyotisi*).

Table 1. Demographic data from random sample of interviewees (n=26)[1]

	% Sample	% Camp Population
Gender		
Male	46	51
Female	54	49
Religion		
Buddhist	27	37
Hindu	62	45
Kirat	8	15
Social Group		
Brahman	31	11
Chhettri	19	15
Gurung	12	10
Magar	4	10
Rai	19	20
Tamang	4	11

All of the interlocutors spoke Nepali as their first language. In synthesising our findings, we drew heavily on the work Kohrt and his colleagues

1 Complete demographic information was not collected during four pilot interviews or key informant interviews. Only major social/caste groups were included in the table. Camp population data were provided for the purposes of this research by UNHCR in September 2011.

have done in identifying elements of self that are central to understanding conceptions of mental health and psychological well-being in Nepali-speaking populations, including heart-mind (*man*), brain-mind (*dimag*), social status (*ijjat*), body (*jiu*), and spirit (*sato*) (Kohrt and Harper 2008: 468, Kohrt and Hruschka 2010). Although concepts of self are, of course, fluid and variable at the level of individual experience, the framework provides a valuable analytic tool for cultural outsiders involved in care of Bhutanese refugees.

Some explication of the relationship between 'heart-mind' and 'brain-mind' here will serve the discussion that follows. Constituted with properties of both the Western 'mind' (certain types of thinking) and 'heart' (feeling) idioms, the *man* is situated near the biomedical heart organ. The *dimag*, 'brain-mind' or 'social mind', is located in the head and represents logical thought and decision-making as well as the ability to behave 'in accordance with collectivity and social norms' (Kohrt and Harper 2008: 469). In the context of health and healing, strong negative emotion is experienced in the heart-mind (sometimes as over-activity or thinking too much) and may in turn affect other elements of self, including the *dimag*. Disturbances of *dimag* functioning range from fleeting anger to serious, permanent dysfunction related to the concept of *pagal,* or madness, which is highly stigmatised in Nepal (Kohrt and Harper 2008).

Vignettes of resilience

In recent years, research on resilience has increasingly informed efforts to understand and respond to psychosocial suffering (Foxen 2010). However, just as the field of psychology has witnessed a rapid proliferation of resilience literature, so too has it engaged in debate around the meaning and relevance of the concept in research. Betancourt and Khan define resilience as 'the attainment of desirable social outcomes and emotional adjustment despite exposure to considerable risk' (Betancourt and Khan 2008: 318). Bonanno extends the definition to encompass both a return to healthy functioning and the 'capacity for generative experiences and positive emotions' following adversity (Bonnano 2004: 21).

In 'non-Western' and indigenous contexts, efforts have been made to interrogate global constructs of resilience through the examination of local concepts and pathways operating at the interstices of the individual and the social (Kirmayer *et al.* 2009). Ungar has described resilience as a

phenomenon 'negotiated between individuals and their communities' and inextricably interwoven with 'culturally and contextually specific' factors (Ungar 2008: 219). Ungar and others have argued more broadly for a social ecological conception of resilience wherein individual adaptation is mediated by a dynamic environment encompassing family, culture, community, and society as well as the complex and evolving relationships among these domains (Betancourt and Khan 2008, Ungar 2011).

Ethnographic approaches to resilience research have been advocated by both clinicians and anthropologists who work with forced migrants (Foxen 2010, Rousseau *et al.* 1998). Our research in Bhutanese refugee communities relied principally on ethnography to identify locally meaningful indicators of favourable responses to salient stressors, as well as lay beliefs and knowledge, or ethnopsychology, surrounding the promotion of such favourable responses. Instead of mapping our findings onto existing psychological constructs, we sought to develop an emic model of resilience, to sketch the contours of this ethnopsychological terrain on its own terms.

To this end, we present three vignettes that ground and qualify key themes that emerged during our analysis of ethnographic data. In so doing, we hope to illustrate not only common beliefs and values related to resilience, but also the ways in which these values variably inform action to produce resilient responses in the lives of individuals. Like others who have relied on ethnographic methods to tell stories (e.g. Abu-Lughod 1993), we aim to both illuminate and complicate our knowledge of local practices, simultaneously painting culture in action and paying homage to the rich diversity of life ways that exists within a cultural group.

Vignette 1: Yasmin[2], Age 21[3]

Chase met Yasmin at the Manokranti Centre of Beldangi-II refugee camp, a large bamboo hut dedicated to a particular school of spiritual practice and healing.[4] Yasmin had become a caretaker of sorts at the Centre, and

2 All refugee names are pseudonyms.

3 Interview conducted March 2012, Damak, Nepal.

4 According to the official website, 'Manokranti is an inclusive, practical, holistic, non religion and non profit based on the values of developing health, happiness, creativity, humanity, naturality and spirituality' (see http://www.manokrantimovement.org/). Manokranti events observed in the camps included yoga, meditation, and Reiki courses, Reiki and cupping healing treatments, psychoeducation workshops on managing stress, and community ceremonies for members leaving on resettlement.

also provided instruction and treatment to other refugees. During our initial interview, she shared the following story with Chase in Nepali:

> 'I too was very depressed because of my resettlement process ... My sister was married to a local. We had done our resettlement process [without including her] and we were ready to go, and then finally my sister left her husband who had been bad to her. She came to live with us. We couldn't leave one sister behind, so we stayed and waited for her to do the process ... Then, we were ready to go. We were sent to Kathmandu and that same day my sister decided to go back to her husband. We took the bus to Kathmandu. My mother and brother went the day before me. And when each of us got there, we learned that UNHCR had cancelled our flight [as my sister had decided to end her process]'.

> 'Now it has been nine months of waiting with no date. When we first got back to the camps, I was so depressed.[5] For a whole week we didn't cook. We had nothing. We had no way to get rations. But my mom did meditation and my brother also had learned first level Reiki.[6] They encouraged me and I started to learn. Then slowly, slowly things have got better. Reiki, yoga, and meditation have been the biggest change in my whole life. At first, just to live was hard. Then so much change happened. It changed my whole mind. I am not afraid of anything, I can handle anything'.

Yasmin's story identifies several major stressors in the camps today, including marriage problems with consequences for both individuals and family networks. In the context of ongoing migration wherein relatives may file to resettle as a group, the effect of these conflicts on family members is disproportionate. Yasmin's narrative also captures the burden of anticipation during the long wait for one's 'date' which comes to symbolise the moment of radical change engendered by resettlement.

The latter half of the narrative addresses the ways in which Yasmin succeeded in finding peace and personal transformation against a backdrop

5 Yasmin used the English word 'depressed'.

6 A touch healing practice with origins in Japan, now widely available in Kathmandu.

of great uncertainty, a feat that she attributes primarily to meditation, yoga, and Reiki. Her account of how and why these practices helped, introduced in the narrative and elaborated in later discussions over the course of our ensuing friendship, resonates with a broader theme in the data: these activities enabled an instrumental *change of mind* (*man*).

In addition to Manokranti, both dominant religions in the camps encourage directly changing or transforming the mind as an adaptive response to unfavourable life circumstances, which are often attributed to sins committed in past lives, or *karma* (Kohrt and Hruschka 2010). In the context of everyday living, this wisdom was commonly invoked through the colloquialism of 'making one's own heart-mind peaceful' (*aphno man shanta banaune*). This and similar idioms of 'convincing the heart-mind' came up in four other interviews, two focus groups, and several TPO-Nepal support groups I observed. Notably, Veena Das discusses the connotations of active engagement associated with the similar idiom of to 'make one's peace' (*shanti banaye rakho*) among Hindu Indian women (Das 2006: 214).

Our inquiries about making peace in the heart-mind shed light on the nature of this change and revealed a few common, culturally sanctioned strategies for achieving it. Some were made explicit in spiritual texts, others embedded in everyday rhythms and social interactions. Daily Buddhist and Hindu practices of meditation (*dhyan*), yoga, or worship (*puja*) were said to make the mind 'fresh'[7] and foster feelings of peace (*shanti*) or relief (*ananda*) in the heart-mind. Another strategy was 'diverting the heart-mind', or keeping the heart-mind busy or engaged (*byasta rahanu*). Community leaders and TPO-Nepal counseling staff alike stressed that idleness can give rise to negative thoughts or over-activity of the heart-mind. On the other hand, activities that engage the body and mind may promote wellness by helping individuals to forget the problems troubling them. Given that refugees are not legally allowed to work in Nepal and face barriers to employment in resettlement countries, friends and relatives often provide a vital outlet for such distraction, as do community organisations.

In addition, engagement in group activities such as those offered at the Manokranti Centre can generate positive feelings that promote resilience in their own right. In other words, activity heals not only by distracting

7 This idiom was always articulated in English.

the mind from unpleasant thoughts, but also by introducing positive feelings such as relief (*ananda*) and fun/enjoyment (*majja*) to the heart-mind, and by making the heart-mind feel light (*haluka*). This value was reflected in TPO-Nepal programming; for example, Nepalese counsellors regularly engaged vulnerable middle-aged and elderly refugee women in light-hearted games involving physical exercise during the Women's Empowerment Group psycho-education sessions.

Some interlocutors described efforts to convince their heart-minds through intentional shifts in perspective, a concept not dissimilar from the psychological construct of 'positive reframing' (Carver, 1997). Several interviewees reflected on the opportunities for personal growth and learning afforded by their refugee status. Others, particularly those with some spiritual designation (e.g. *lamas*, *pandits*), discussed the importance of recognising the truth of *dukha*, the spiritual axiom that all life is suffering. As one elderly man who had resettled in Vermont put it: 'For elderly people coping, they are given consolation by many friends saying, "Life is like this, you have nothing to carry away at the end of it"'. In other words, relief can be drawn from accepting the suffering inherent in a transient existence.

Another Hindu and Buddhist principle with implications for resilience is the belief that the root of suffering is desire. In light of this belief, the first author's refugee host-father in Vermont explained: 'limiting wants or worldly pleasures is a way to cope with mental stressors'. One way in which this wisdom translates into practice, particularly in the context of resettlement, is in the management of expectations. A young male refugee friend in the U.S., learning that Chase would be traveling to the camps, advised her: 'Tell them [refugees in the camps] to come with low expectations, and they will be satisfied'.

This body of wisdom around actively changing the mind speaks to broader ethnopsychological beliefs related to agency and blame in suffering in Bhutanese refugee society. On one hand, the emphasis on the active, internal cultivation of resilience offers a relatively optimistic view of the human capacity to cope in a world where suffering is often construed as pervasive; the Manokranti *gurus* proclaim triumphantly: 'All solutions exist in the mind'. However, the belief may also contribute to stigma, in that disorder can represent a failure to effectively govern one's heart-mind. This was evidenced in the data set by the fact that those seen

as having succumbed to distress (such as those who attempted suicide) were sometimes described as 'ignorant', 'uneducated', or 'not knowing how to think'.[8]

Yasmin's involvement at the Manokranti Centre represents an effective use of religio-cultural technologies for changing the heart-mind, including meditation and yoga. Yet, beyond describing a subjective engagement with adversity, Yasmin's narrative traces the social ecological network of help-seeking and help-providing behaviours operating synergistically to produce this particular resilient response. Yasmin's ability to change her mind relates not only to personal strength, but also to her family's direction and encouragement and the community that built and maintains the Manokranti Centre, which includes other refugees as well as Nepali spiritual leaders.

Vignette 2: Bimala, Age 50[9]

Bimala's hut address was drawn from a random representative sample generated using the UNHCR database. She was interviewed by both authors in Nepali. During our encounter, Bimala was warm and talkative, offering us tea and quickly broaching the subject of women's issues in the camps. After a series of more general questions, we asked Bimala about suicide. In response, she shared the following story:

> 'I tried to attempt suicide. But I thought about my child and decided not to commit. My husband married my own younger brother's daughter while coming from Bhutan to Nepal. On the same day he eloped, I gave birth to a baby girl. I was very frustrated. Nobody helped me. I felt ashamed to ask for help as my husband married twice. I used to cry most of the time. I had responsibility to take care of my children. I had no money. It was a very hard time. When I talk about these things my heart feels as if it is going to stop beating ... After I arrived in the camp my husband and his second wife started

8 Interestingly, a connection was made between formal education and the ability to think or control one's thoughts, though it is unclear whether interlocutors were referring to academic or religious education. No psychiatric publication on suicide among Bhutanese refugees to date has examined education level as a risk factor; this may prove interesting to explore in future studies.

9 Interview conducted April 2012, Damak, Nepal.

> to live with me in the same hut. We lived together for eight months. Most of the time they used to beat my child and we used to fight for this reason. One day when I was crying outside the home of one of the LWF[10] members, he stopped and asked me why I was crying. I was uncomfortable sharing in the beginning. He mentioned that he works for refugees and then I told him I wanted to live separately. I was told to go to the office the next day. I was very innocent; I did not know how to talk with people. I did not know where the office was. The next day I asked people the way to the office. I went there. All paperwork was prepared to live separately. I stayed in the same hut though it was in my husband's name. I started to live with my children and [my husband and his wife] moved from my hut. One year later he again tried to come back to my hut as he was fighting with his wife. I denied and did not allow him to come to my house. Being angry, he told other community people that I am a bad character woman. I was pregnant at that time but he refused to accept my child and blamed me, saying I had relations with another man.
>
> Slowly everything was going well and now I am happy with my children. He is living with his second wife with three children. I was encouraged by my children. When I used to cry in the middle of the night, they together cried with me. They convinced me that things would be all right when they grow up. I was inspired by their words. My children are very sincere and obedient …'.

However, when prompted specifically about sharing, Bimala qualified: 'It is better to share my feelings with my children, but I do not want to make them cry. I cry alone when I feel tensions:

> Now I am working with BRWF.[11] I am sector head in my unit. [At BRWF] I learned to speak. In the beginning, I had fear to face people. My friend wrote my name for BRWF. I told them many times that I am not interested and I am illiterate. They encouraged me by help

10 The Lutheran World Federation (LWF) is the organisation responsible for logistics in the camps. The name of the member was removed from this account.

11 The Bhutanese Refugee Women's Forum (BRWF) is a large and influential community-based organisation that has worked to empower camp women socially and economically for more than a decade. See http://www.brwf.org/ for more information.

> in reading and writing. In every meeting I started to learn new things. We were also taught to clean our houses, surroundings in the camp. If women are not active, then man always dominates. I learned these things. Slowly I liked that work and I felt light [*maile haluka mahasus gare*]'.

Bimala's story touches on a gendered class of stressors affecting Bhutanese refugee society. Polygamy was readily identified as a vulnerability factor for women during focus groups, and in Bimala's case was associated with conflict between spouses, child abuse, and social humiliation. Bimala became estranged from her husband and part of her maternal kin network simultaneously, her husband's second wife being her niece. In breaking with societal norms to live alone with her children, Bimala also experienced a loss of community support, exacerbated by her husband's accusations of infidelity.

Bimala describes herself as 'innocent', a common euphemism for being uneducated or illiterate. As mentioned above, 'innocent' people may be seen as susceptible to severe distress due to their inability to manage destructive thoughts and feelings. Bimala's story reveals another layer of vulnerability experienced by this demographic: alienation from the bureaucratic social and governing structures of the camps. Bimala attributes her initial reluctance to engage in BRWF activities as well as her ignorance of agency office whereabouts to her innocence, suggesting a barrier to accessing important services.

Bimala's story illustrates several important themes. First, it is noteworthy that Bimala did not seek out help in her darkest hour; on the contrary, help seemed to find her. Bimala emerged from a pit of despair through active intervention on the part of the agency representative and the BRWF member mentioned. Our data suggest that this feature of Bimala's story is not unique; in cases of severe suffering among Bhutanese refugees, it often falls to friends, family, and neighbours to identify a problem and intervene appropriately. Agencies such as LWF may function as a third line of protection, operating where community supports have failed.

From the perspective of Western health systems research that emphasises help-seeking behaviours, this apparent passivity on the part of the sufferer might be read as a barrier to receiving care. However, to

frame the Bhutanese refugees as vulnerable on this basis is to ignore a rich culture of help-providing behaviour and social intervention. In the refugee camp community, individuals are rarely alone, sleep up to eight to twelve per hut and engage in an economy of constant borrowing and lending with neighbours. Given this highly interdependent lifestyle and a cultural bias against complaining or dwelling on one's woes, it is not surprising that the identification and management of suffering are likewise collective responsibilities. As one elderly refugee in the Vermont community explained: 'Even if a person is born in a poor or unhealthy life, he can become good through good friends'. In other words, the ability to survive and thrive in life is largely a function of one's social networks.

In Bimala's case, a single persistent friend transformed her life by insisting that she join BRWF, despite her initial qualms. Likewise, Bimala's children convinced her to shift her perspective, to acknowledge that her suffering was temporary and that she was not alone. This type of 'convincing' emerged as a common help-providing behaviour in the course of our interviews. Friends and relatives intervene when someone they care about is off track, often convincing them to change their behaviour by 'showing the right/good road' (*ramro bato dekhaune*).

Friends can also provide vital ecological support in the form of loans, goods, services, and, more recently, remittances. In this case, a neighbour affiliated with LWF intervened to connect Bimala with camp resources related to hut logistics. It is crucial not to relegate such actions to the realm of the purely pragmatic. Basic needs were not divorced from concepts of psychosocial wellness in the narratives we collected; on the contrary, financial pressures and ecological challenges (including language post-resettlement) were named as major sources of distress, and have also been found to be primary motivators of suicide among Bhutanese refugees (Schinina *et al.* 2011). As such, ecological support was often viewed as a first line of intervention, one that prevents and relieves stress before it becomes unmanageable.

Related to social support is the concept of sharing. Many informants, especially psychosocial counsellors, stressed the therapeutic value of ventilating one's feelings with others. Through sharing one's mental tensions (*tanab*) or burden (*bojh*), one's heart-mind comes to feel light (*haluka*), a common idiom of wellbeing that also appears in Bimala's narrative. Yet another, contradictory strand of discourse also emerged. Many of the

refugees I interviewed felt that sharing was ineffective and/or expressed reluctance to burden others by dwelling needlessly on their own woes. Some even associated venting behaviour ('saying unnecessary things') with socially inappropriate behaviour symptomatic of dysfunction of the brain-mind. This association is reflected at the level of language; one of the common idioms for sharing is *pokhnu*, literally 'to spill over', which connotes an inability to contain these emotions.

The dual nature of sharing is apparent in Bimala's dialogue: while expressing sadness to her children confers some personal relief, she finds it unfair or irresponsible to burden them with her worries. This raises the point that sharing is an inherently intersubjective phenomenon; one cannot share without an audience, and often the most vulnerable members of society are those most likely to lack these important outlets. Informants who did share usually named only one or two trusted confidantes; individuals who have violated cultural taboos may find they have no one to turn to. Resettlement may also disrupt key outlets for sharing. In such cases, community-based organisations in Nepal and resettlement communities can play a crucial role in creating safe spaces for the non-stigmatising expression and regeneration of social networks.

Vignette 3: Ram, 26[12]

Ram is a former substance abuser who recovered to become a leader in several camp initiatives, including Narcotics Anonymous. He has since resettled in the Midwestern U.S. The interview from which this excerpt is drawn was conducted in English by the first author. Here, he responds to the question 'These days, what thoughts or problems cause you stress?':

> 'Many stresses. I am blaming myself for my addiction. I haven't studied much, though I have desire. I am day by day proceeding towards an advanced country and I only have completed +2.[13] U.S. is an advanced country; you need to study hard to succeed there. I also think about financial problems. If my parents were able to provide some finances for me, maybe I would be outside the camp, with a good education, good job, and I could provide good things to the camp ... My sister I

12 Interview conducted May 2012, Damak, Nepal.

13 Equivalent to twelfth grade.

> introduced you to has no [resettlement] process. She keeps saying: "I cannot live without you". These words pain me like thorns. I love her. With her help, only, I am at this stage [of recovery]. She helped me a lot. I don't want to be apart from her. I owe her'.

I prompted Ram to talk about coping and community based organisations (CBOs):

> I listen to music, play guitar, read books ... I have spiritual meditation music that I put on my cell phone. I close my eyes and meditate for 30-35 minutes. My whole body becomes light ... At first all the community people think me negatively, at that time I was feeling bad. My sister just said: "Don't work, just try to be on the right track. Always do good, and things will be good. Past is past, think of it as a teacher, future is unknown, but today is live. So do always good, and then everything will be good...".
>
> I am not an elected member, but I have helped CBOs. For example, when the recent fire happened [I helped].[14] The feeling or attitude of people in my life, like my father, is positive. For this reason, even when I was in addiction, they made my attitude positive. Even as an addict I helped because of my parents' attitude ... One time, when I was in addiction, I along with my friends started a small home made out of bamboo and plastic: in that hut we taught for two and a half months, without any fee. We just did it to help our community children ... Still the children are asking me to come help. They all liked me. They said I had motivating power, "a lot of wisdom that changed our mind". Their love and respect helped me to get over this [addiction]'.

I go on to ask Ram about what makes him happy these days and his hopes for the future.

> 'Love [makes me happy]. Everyone defines this their own way. I mean friends, family, even with mud/dirt, relationships with bamboo and

14 The bamboo huts of the refugees are highly flammable and fires break out fairly regularly. A few have been disastrous, destroying hundreds of huts in one day. In the wake of such fires, volunteers from the community, such as Ram, gather to rebuild homes and care for the displaced.

> huts. We are totally known with bamboo. Everything in our lives, chairs, huts, are made of it. We have to love it ... I make my mind positive. Life is uncertain, but I only think about today.'

Ram's words reveal the depth of his struggle with substance abuse and the ways it has marked him, a struggle that key informant interviews suggest affects an increasing number of Bhutanese refugee youth. Ram also discusses anxieties that characterise the wait for resettlement, including fears around parting from loved ones and entering the American job market.

In spite of openly donning the highly stigmatised identity of a recovering addict, Ram is a case study of resilience in the refugee camps. When I began seeking a research assistant, several influential individuals in camp administration recommended Ram as the ideal candidate. These intersubjective indicators of wellness are significant; positive perceptions on the part of the community appeared central to concepts of individual wellness among our interlocutors. 'Community taking negatively' was a common idiom of vulnerability used to describe those who were lacking crucial social supports, while elevated social status in the community was associated with inclusion, engagement, and general wellbeing.

According to Kohrt and Harper (2008), social status (*ijjat*) is a central element of the ethnopsychological self in Nepali-speaking populations that is cultivated by behaving in accordance with societal norms or standards. While many of the individuals I interviewed and befriended had already broken with a dominant cultural contract, leadership roles in community-based organisations and other volunteer work seemed to offer a path to restoring social status and associated wellbeing. Ram explicitly links the respect accrued through volunteer tutoring to his recovery. It is through such work that his reputation, and therefore his social link to the broader community, was restored. Many of the women involved in BRWF, like Bimala, expressed similar feelings of approval and community support gained through their activities.

In this way, community based organisations (CBOs) might be construed more broadly as psychosocial interventions with implications for resilience. These groups often target vulnerable members of society for inclusion and leadership roles, such as divorced or widowed women (in the case of BRWF). Whereas previous research has explored the ways in

which such individuals might be ostracised or excluded from positions of responsibility under the rubric of traditional culture, our research points to a necessary addendum that social status is a fluid construct and that pathways for its regeneration exist within Bhutanese refugee society. Moreover, because these CBOs are seldom explicitly linked with a mental health agenda, they contribute to wellness without imposing harmful stigmatic labels or overtly problematising emotional suffering.

In the post-resettlement context, community groups may play an equal or greater role in psychosocial care. Upon reviewing a draft of this article, one community leader in Vermont commented: 'With the materialistic world in the West, people may not find community support as much because of the busy schedules everyone has which might lead to more frustrations among the homebound and illiterate adults... community based organisations must play an important role in supporting them in the changing environment'. In Burlington, community farming projects, women's knitting groups,[15] and the Vermont Bhutanese Association[16] were all active in engaging members of society that were perceived as vulnerable or isolated.

Ram's success was also an interpersonal project for which he explicitly distributes credit. He describes a single influential friend who was able to get him on the right track by providing concrete advice on how to change his mind. This 'sister'[17] advanced the wisdom of focusing on the present while avoiding troubling thoughts of the past, future, and the community's disapproval. Her words invoke the logic of *karma*, the notion that meritorious action will bear fruit. Ram also speaks gratefully of his father's positive attitude, tracing the social ecological influences that led him to his instrumental venture in community service. His account of this service experience resonates with a broader finding that altruism, in this context, confers benefits on both parties implicated. Providing help or service to others can foster positive feelings, improve social status, and generate spiritual merit.

Yet the narrative also suggests a strongly subjective engagement with coping and a range of strategies that operate in the interiority of

15 See www.chautarivt.com.

16 See www.vermontbhutaneseassociation.org.

17 Here, Ram refers to a close friend. The use of kin pronouns among friends is common in the camps and more generally in Nepal.

individual heart-minds to produce resilient responses to adversity. Ram describes several activities that divert the mind or make it 'light', including meditation. He has actively adjusted his perspective so that he finds love and happiness even, as he poetically states, in the bamboo that comprises the substance of refugee camp life.

Ram later summed up his approach to coping, saying: 'You need self-control power, which comes from doing meditation. You need to be patient and make your mind at peace. Don't make big or unrealistic plans'. Although highly unique, Ram's voice here echoes the wisdom advanced by other interlocutors, suggesting a shared body of cultural wisdom we might call a Bhutanese refugee ethnopsychology of resilience.

Discussion: towards an emic model of resilience

Drawing on the vignettes above and other qualitative data, we have identified several key themes, idioms, and processes related to resilience in the Bhutanese refugee context, which are summarised in the model below. In order to best illustrate resilience as a dynamic and multidimensional phenomenon, we elected to depict these various individual and collective strategies as they interact or compete with unfavourable responses to adversity.

The shaded boxes in Figure 1 represent findings on how the interplay of heart-mind (*man*), body (*jiu*), brain-mind (*dimag*), and social status (*ijjat*) can transform an immediate emotional response to stressful life events or conditions into a state of suffering that is problematised. The progression was drafted on the basis of popular beliefs about suicide and severe distress that were elicited through interviews and then verified by Nepali and refugee colleagues at TPO-Nepal, based on their clinical experience. While several other researchers have explored mental health-related experience in Nepali-speaking populations (Kohrt & Harper 2008, Kohrt & Hruschka 2010), this model is unique in its concern with responses to 'normal' or common sources of adversity, as opposed to ruptures in the ordinary, such as torture and trauma.

In short, unfavourable life circumstances create feelings of *tension* (the most common local idiom for general distress we encountered[18]) to build

18 In the words of the assistant director of TPO-Nepal's Damak branch: 'Tension is a term used by many Nepalese, even illiterate ones, simply to show that s/he is facing some kinds of problems. The problems at times could be severe which demand a lot of attention

Figure 1. Bhutanese Refugee Ethnopsychology of Resilience: Summary of Key Themes, Processes, and Idioms

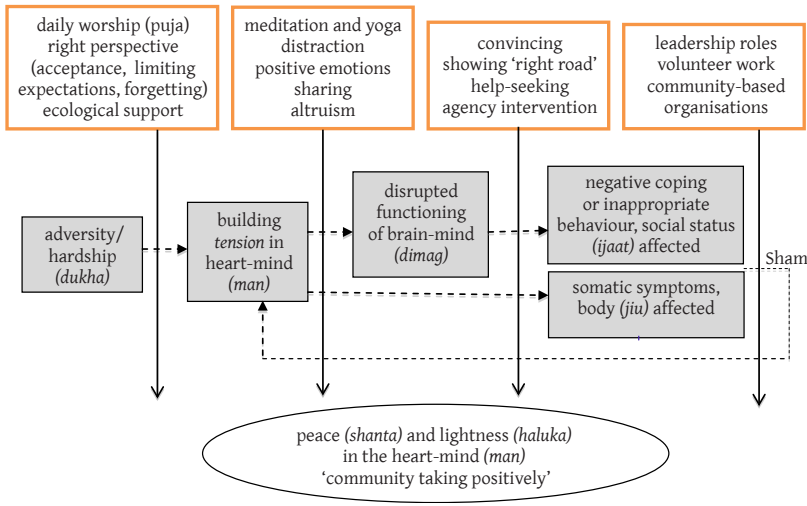

Figure 1. The shaded boxes connected by dotted lines depict a maladaptive response to adversity resulting in escalating distress. The un-shaded boxes feature adaptive strategies or processes that produce resilience. The vertical arrows represent points at which a particular set of strategies may halt or interfere with the maladaptive pathway in order to produce a favourable response (i.e. preventing tension, managing existing tension, addressing serious distress or disorder, or ameliorating the social effects of distress or disorder). Indicators of a favourable or resilient response are depicted in the oval at the bottom.

in the heart-mind (*man*). If *tension* is not addressed or managed, it may in turn disrupt the functioning of the brain-mind (*dimag*). Emotional/mental suffering is often simultaneously experienced viscerally in the body (*jiu*) and can be disabling (e.g. Hoge *et al.* 2006, Van Ommeren *et al.* 2002). Severe *tension* and disrupted *dimag* function may also lead to negative coping behaviours, such as alcoholism or drug use, that in turn affect social status (*ijjat*). Both of these consequences of distress can result in a failure to fulfill responsibilities attached to social roles and, consequently, produce shame and alienation that contribute to escalating *tension* in the heart-mind.

and intervention, or it could just be solved without any intervention, meaning ... it's just momentary' (personal communication). While the Nepali equivalent of tension (*tanab*) was occasionally used, the majority of our interlocutors used and recognised the English word 'tension' more readily.

The unshaded boxes represent common strategies and processes related to resilience in the Bhutanese refugee context, ranging from individual/internal to more collective efforts implicating friends, family, and community members. These activities function to promote adaptive responses to distress in a number of ways, as described in the caption that follows. The oval at the bottom of the diagram depicts idioms of wellbeing which indicate that a favourable response to distress has been achieved.

Conclusion

In this article, we have used three case studies to illustrate key findings of one year of ethnographic fieldwork focused on resilience among Bhutanese refugees. Far from being typical, the vignettes above represent exceptional cases of resilience. The strategies employed by these individuals and their communities outline what we might call the best practices of this particular ethnopsychological framework, reflective of a sophisticated body of collective knowledge around the promotion of mental health that has been tested and refined over time.

Generally speaking, Bhutanese refugee individuals facing adversity are likely to be encouraged to accept hardship as an inevitable fact of life in a cosmos governed by *karma* and to cultivate an adaptive perspective on this suffering by actively adjusting their heart-minds to avoid dwelling on thoughts that bring discomfort and disharmony. Several techniques for achieving this adaptive change of mind are actively promoted by religious and community organizations: these include meditation, yoga, distraction, and the generation of positive emotions.

In cases of acute distress, a friend, relative, or neighbour might intervene more directly in order to 'show the right road', convince an individual to change his behaviour or attitude, or provide instrumental support. Some individuals may benefit from sharing with others, although such interactions are not always available or appropriate. There may also be psychosocial relief associated with being a help provider or volunteer. When interpersonal supports fail, community organisations offer a pathway to regenerating social networks, restoring social status, and reinforcing positive coping (e.g. distraction, generation of positive emotions). The sum of these personal and interpersonal processes can produce favourable responses to adversity characterised by subjective feelings of

peace or lightness in the heart-mind, as well as intersubjective markers such as positive community perceptions.

While these beliefs and values are already to a great extent reflected in community-based programming in the camps, they may not map onto popular models of public mental health care in resettlement countries. In a context of migratory flux and rising suicide rates, understanding this rich body of religious and cultural wisdom around resilience can reduce harmful stereotypes and inform interventions. Policy makers and clinicians involved in efforts to reduce psychiatric morbidity among Bhutanese refugees may consider engaging with the ethnopsychological beliefs and best practices elaborated in this paper as well as working in partnership with the multitude of community-based organisations springing up across the Bhutanese refugee diaspora.

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