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Home and Healing in the In-Between: Migrant and Refugee Mental Health in Tunisia

Donia Torabian
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Home and Healing in the In-Between: Migrant and Refugee Mental Health in Tunisia

Donia Torabian
Academic Director: Mounir Khélifa
Advisor: Mariam Mzoughi

Brown University
Healing Justice Studies

Tunisia, Sidi Bousaid

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Abstract

This research is a study of migrant conceptions of home and healing in Tunisia. It seeks to understand the ways in which migration, trauma, and healing interact as lived experiences for people who migrate for various reasons to Tunisia. Using past research from Terre d'Asile and Médecins du Monde, the research seeks to understand the main risk and protective factors of migrant mental health. The research is a qualitative study of the ways in which migrants identify with having experienced trauma and the healing practices they may have brought to or learned in Tunisia. It also hopes to build connections as to how displacement from a sense of home is degrading psychologically, while establishment of strong community ties is the main protective factor for migrant mental health.

Dedication

To all the refugees who have shared your hearts with me.

To those in search of home.

To the Refugee Youth Power Movement, may you keep growing towards the light.

Acknowledgements

Thank you to those who have bravely welcomed me into your story. Thank you to Mariam Mzoughi for your unique and heart-driven support and dedication.

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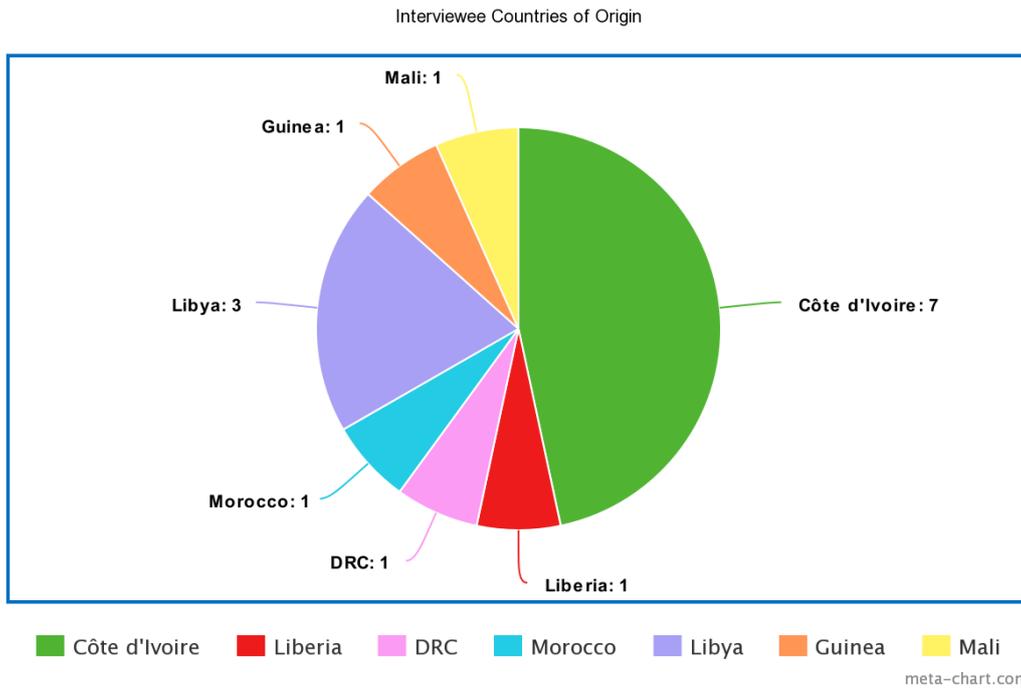
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Introduction

This research hopes to understand migrant and refugee relationality to the Tunisian space as one for building community and establishing a sense of home or belonging despite being a transit country for many. It also aims to understand refugee and migrant conceptions of healing: their ability to heal from the violence they have fled, what healing practices they carry from their home country, and what healing practices they have learned in Tunisia. It aims to study how home and healing serve as complementary facets in the construction of refugee and migrant life in Tunisia. This research topic was ultimately chosen due to an unexplored yet important overlap between Critical Refugee Studies and Healing Justice Studies. The main literature and frameworks used for this research include Yen Le Espiritu's Critical Refugee Studies, which upholds the belief that refugees should be telling their own stories rather than have their stories told for them; Bessel Van der Kolk's *The Body Keeps the Score*, a seminal text on trauma, its embodiment, and its healing; *La Santé Mentale des Migrants en Tunisie*, a study done by Terre d'Asile Tunisie and Médecins du Monde; Dr. Jeff Duncan-Andrade's Critical Hope, which thinks about the ways in which people reach towards light within traumatic environments; and Robbie Shilliam's *The Black Pacific* for its coining of anti-colonial connectivity as a method of resiliency. This research will be integral to the building of healing-centered school curricula for refugee youth which I was explicitly asked to build by one of the leaders of the Refugee Youth Power Movement in Providence, Rhode Island, and which will be implemented at the Refugee Youth Power Summit as well as within the Movement and hopefully beyond.

Methodology

The methodology for this research consists mainly of 15 qualitative informal interviews with willing migrant participants consulting with Terre d'Asile. As the discussion of trauma is a difficult one to say the least, and the burden of telling one's story falls heavy on many migrants, only a handful of migrants, to whom I am endlessly grateful, were willing to share their time, energy, and stories. As such, it is difficult to draw conclusions with such a small sample size. However, drawing conclusions was never the intent of this research. The research asked participants to share personal definitions for trauma, home, and healing, to hopefully contribute to a growing pool of knowledge and experiences about the overlap between the migratory journey and mental health and resilience. Interviews were conducted with 10 females and 5 males. Interviewees were between the ages of 19 and 42 years old and were from a range of countries of origin as can be seen below.



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If funding had been available, the research would have benefitted from offering compensation to interviewees in return for their time and energy. Since I am someone who holds certain privileges and is not intimately related to those who were interviewed, my interview introduction and questions were presented by Mariam Mzoughi who works intimately with migrants at Terre d'Asile Tunisie, speaks fluent French and Arabic, and has qualifications in the field of psychology that would allow her to speak sensitively with others on the topic of trauma. Each participant chose to remain anonymous and did not wish to have their interview recorded. While this posed some challenges in terms of documenting responses, their requests were naturally honored as the position of migrant in Tunisia is a precarious one.

¹ Anonymous, Interview by Mariam Mzoughi, Tunis, Tunisia, April 25 - May 8, 2019.

Research Findings and Discussion

Geography, History, and Law of Tunisia

Situated at the northernmost tip of the southern border of the Mediterranean, and with 1,300 kilometers of coasts², Tunisia has served as region of origin, transit, and destination. Tunisia's 3,000 years of culture has been a consistent history of migration, from the internal migration of the nomadic Amazigh people, to the Phoenician building of Carthage in 814 BCE, to the Muslim conquest of Tunisia in 670 CE, to French colonization in 1881.³

The only formal actions taken by the Tunisian government in regards to migration have been the encouragement of workers to emigrate out of Tunisia because the economy was unable to produce enough jobs for the workforce as well as monitoring those Tunisians abroad to maintain remittances as a main source of economic income.⁴ 11.9%⁵ of Tunisia's population is currently living abroad, reflecting an ever-growing spike in migration of young people to Europe for better economic opportunity after the Revolution⁶, despite the increasing danger of crossing the Mediterranean by sea. With Europe fortifying its exterior borders through bilateral agreements with departure and transit countries and the

² Organisation internationale pour les migrations (OIM Tunisie), *Bienvenue en Tunisie: Le Manuel pour Mieux Vous Orienter* (Tunis, Tunisia: Organisation internationale pour les migrations, 2015), [Page 8].

³ Safwan M. Masri, *Tunisia: An Arab Anomaly* (New York, NY: Columbia University Press, 2017).

⁴ Françoise De Bel-Air, "Migration Profile: Tunisia," *Migration Policy Centre*, no. 2016/8 (December 2016).

⁵ Statistiques Tunisie, "Demographic Indicators," Statistiques Tunisie, last modified April 7, 2018, accessed May 7, 2019, <http://www.ins.nat.tn/en/themes/population>.

⁶ Euro-Mediterranean Human Rights Network (EMHRN), *Asylum and Migration in the Maghreb - Country Fact Sheet: Tunisia*, December 2012, ISBN: 978-87-91224-99-7, available at: <https://www.refworld.org/docid/514d78422.html> [accessed 7 May 2019]

establishment of Frontex in 2004⁷, more and more people are being killed at sea. Between 1988 and 2010, 15,000 migrants died trying to reach Europe, more people than at any other border in the world,⁸ and the number is dramatically increasing.

In terms of inbound migration into Tunisia, there were 58,000⁹ migrants in Tunisia as of June 2017. Many migrants are Sub-Saharan people who go to Tunisia for work or studies, or to access Europe by sea, a majority of whom are from Côte D'Ivoire, and an increasing number of whom are victims of human trafficking. While the context of migration is changing, due to increased European restrictions on inward regular migration, migration continues to happen. These restrictions have forced migrants to depend on organized transnational criminal networks. Migrants sometimes face abuse and exploitation at the hands of smugglers and traffickers. These migrants are often lied to, with false promises of well-paying jobs or football careers, have their documents stolen, and are forced into exploitative and violent work and conditions.¹⁰

Some Tunisians and Sub-Saharan African migrants, previously living and working in Libya, migrate to Tunisia to flee worsening safety conditions in Libya.¹¹ Despite the fact that many migrants in Tunisia are fleeing war,

⁷ "International Migration," video file, YouTube, posted by Edeos- digital education GmbH, December 14, 2011, accessed May 7, 2019, <https://www.youtube.com/watch?v=IOZmqlwqur4>.

⁸ "International Migration," video file.

⁹ UN Department of Economic and Social Affairs, "International Migrant Stock: The 2017 Revision," United Nations, accessed May 7, 2019, https://www.un.org/en/development/desa/population/migration/data/estimates2/estimate_s17.asp.

¹⁰ Terre d'Asile Tunisie: Maison du Droit et des Migrations. *Portraits de Migrants*. Tunis, Tunisia: Terre d'Asile Tunisie, 2016.

¹¹ De Bel-Air, Françoise, "Migration Profile: Tunisia."

particularly from Syria and Libya, there are less than 700 refugees that have registered with UNHCR¹² in the country, the only organization formally documenting refugee demographics due to a lack of refugee law in the country. Although Tunisia is a signatory to the 1951 Geneva Convention and its new constitution of 2014 guarantees the right to seek political asylum, the country has yet to adopt a national asylum and protection legislation.¹³ Even so, because the documentation provided by UNHCR is not formally recognized by authorities, refugees risk being arrested and considered irregular migrants.¹⁴ Many migrants become trapped in Tunisia due to an inability to pay for a return ticket home in combination with the growing burden of weekly overstay fees, forcing them to live in a limbo of statelessness and exile. The following experience of Haya from Yemen is not uncommon: “I presented my case for asylum a year ago to UNHCR. They told me that it would probably not succeed. At that moment, I began to feel sick. I had issues with sleep and loss of appetite. I folded into myself. I was disconnected from the world.”¹⁵

Migration: Global Context

The International Organization for Migration (IOM) defines a migrant as “any person who is moving or has moved across an international border or within a State away from his/her habitual place of residence, regardless of (1) the person’s legal status; (2) whether the movement is voluntary or involuntary; (3) what the

¹² UN High Commissioner for Refugees, *Operational update: Tunisia 1st October-1st January 2018* (n.p.: UNHCR, 2018).

¹³ Matteo Mazzoleni, *The Drama of Migrants in Tunisia* (n.p.: Rosa Luxemburg Stiftung, 2016).

¹⁴ Mazzoleni, *The Drama of Migrants in Tunisia*.

¹⁵ Terre d'Asile Tunisie, and Médecins du Monde. *La Santé Mentale des Migrants en Tunisie: Quels Facteurs de Vulnérabilité, et Quels Soins Proposer?* Tunis, Tunisia, 2017 [29].

causes for the movement are; or (4) what the length of the stay is.”¹⁶ Human beings have migrated since the beginning of time. People emigrate, or leave one country to reside in another, because of various push factors, such as poverty, war, or environmental disasters. People migrate to new countries because of certain pull factors, such as economic opportunity and political freedom. Today, 3% of the world population is living away from their place of birth. Although many people migrate out of choice, there are also many people who migrate out of necessity, fleeing conflict, persecution, or environmental disaster. Today, there are about 68 million forcibly displaced persons around the world, including over 25 million refugees, 3 million asylum seekers, and over 40 million internally displaced peoples.¹⁷ There are ten main types of migration, which often overlap with one another and can be seen in the chart below.

Internal Migration: Moving to a new home within the same state, country, or continent	External Migration: Moving to a new home in a different state, country, or continent
Emigration: Leaving one country to move to another	Immigration: Moving into a new country
Population Transfer: When a government forces a large group of people out of a region	Impelled Migration: Individuals are not forced out of their country, but leave because of unfavorable situations
Step Migration: A series of shorter, less extreme migrations from a person's place of origin to final destination	Chain Migration: A series of migrations within a family or defined group of people
Return Migration: The voluntary movements of immigrants back to their place of origin.	Seasonal Migration: The process of moving for a period of time in response to labor or climate conditions

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For the purposes of this research, it is important to clearly define the difference between an asylum seeker and a refugee. An asylum seeker is a person

¹⁶ International Organization for Migration, "Who is a migrant?," IOM: UN Migration, accessed May 7, 2019, <https://www.iom.int/who-is-a-migrant>.

¹⁷ United Nations, "Migration," United Nations, accessed May 7, 2019, <https://www.un.org/en/sections/issues-depth/migration/index.html>.

¹⁸ "Migration," video file, YouTube, posted by Stephanie Thompson, November 8, 2015, accessed May 7, 2019, <https://www.youtube.com/watch?v=ZXcTSUxSjz0>.

who has filed an application for protection and is waiting to be recognized as a refugee or, if not, refused asylum.¹⁹ Under the Geneva Convention of 1951, no person may be sent back to a country where they are facing inhumane treatment, torture, or death penalty.²⁰ A refugee is someone who has been granted international protection because of a well-founded fear of persecution for reasons of race, religion, nationality, political opinion or membership in a particular social group, preventing them from returning home.²¹ An asylum seeker must demonstrate that their fear of persecution in their country of origin is “well-founded” in order to be granted refugee protections. Around the world, people migrate for a number of reasons, including for economic opportunity, to join family, to study, to escape conflict or persecution, and to flee natural disasters and environmental factors.

Migration: Tunisian Context

The majority of migrants in Tunisia are students, labor migrants, or victims of human trafficking. Tunisia hosts refugees as well but lacks a formal national asylum system, relying on UNHCR to determine asylum seeker registration and refugee status determination within the nation. In March of 2018, the UNHCR

¹⁹ Terre d'Asile Tunisie: Maison du Droit et des Migrations, "Glossaire" [Glossary], Maison du Droit et des Migrations, accessed May 7, 2019, <http://maison-migrations.tn/index.php/ressources/glossaire>.

²⁰ International Committee of the Red Cross, "The Geneva Conventions of 1949 and their Additional Protocols," International Committee of the Red Cross, last modified January 1, 2014, accessed May 7, 2019, <https://www.icrc.org/en/document/geneva-conventions-1949-additional-protocols>.

²¹ UN High Commissioner for Refugees, "What is a Refugee?," USA for UNHCR, accessed May 7, 2019, <https://www.unrefugees.org/refugee-facts/what-is-a-refugee/>.

reported that Tunisia's national asylum law has reached its final preparation stage and was shared with the Prime Minister's Office in June 2016.²²

Some of the key organizations working on migration in Tunisia include Terre d'Asile Maison du Droit et des Migrations Tunis, Médecins du Monde, Organisation Internationale des Migrations (OIM), Caritas Tunisie, Association des Etudiants et Stagiaires Africains en Tunisie, and Organisation Mondiale contre la torture (OMCT). Due to the lack of a formal asylum seeker or refugee law in Tunisia, many of these organizations do the tireless work of providing legal, psychological, physical, and vocational support to migrants in the country.

Of the 410 migrants assisted by Terre D'Asile Tunisie in 2018, 67% have not been granted permission to stay in Tunisia, 52% emigrated for economic reasons, 22% migrated to Tunisia to study, and 25% are potential victims of human trafficking.²³

Trauma and Healing

The World Health Organization (WHO) defines mental health as “a state of wellbeing in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.”²⁴ Mental health is one part of a person's overall health, which is beyond the simple lack of illness or disability.

²² UN High Commissioner for Refugees. "UNHCR Tunisia Factsheet." *UNHCR Tunisia Factsheet*, March 31, 2018. <https://reliefweb.int/report/tunisia/unhcr-tunisia-factsheet-march-2018>.

²³ Terre d'Asile Tunisie: Maison du Droit et des Migrations. *Rapport des Activités de la Permanence*. N.p., 2018.

²⁴ World Health Organization. "Mental health: a state of well-being." World Health Organization. Last modified August 2014. Accessed May 7, 2019. https://www.who.int/features/factfiles/mental_health/en/.

Mental health, therefore, is not only defined by the lack of mental illness but by healthy biological, psychological, and social development.

Trauma, then, can be defined as a psychological, emotional response to an event or experience that is deeply distressing or disturbing.²⁵ This definition of trauma can encompass anything from being involved in an accident or losing a loved one to rape or torture. Each person processes traumatic events through the lens of prior experience in their life. Thus, something that is not traumatic for one person, can be traumatic for another if it, for example, triggers memories of a traumatic experience from the past. Personal factors such as age, life journey, vulnerability, and psychological resiliency also influence whether a potentially traumatizing event actually causes trauma for any one person.²⁶ Psychologists have developed categories to differentiate between different types of trauma. Even so, each person's lived experience with trauma can vary greatly and diagnoses and treatment should not be generalized.

Complex trauma often happens repetitively, within a particular time frame or a specific relationship, in a specific setting, and often has the cumulative result of direct harm of the individual. Post-Traumatic Stress Disorder (PTSD) can occur after a person has been exposed to a terrifying event or has been through a situation in which intense physical harm occurred or was threatened, resulting in persistent and frightening thoughts and memories of the situation. Developmental Trauma Disorder is the result of abuse, neglect, and/or abandonment during the first three

²⁵ The Center for Treatment of Anxiety and Mood Disorders, "What is Trauma," The Center for Treatment of Anxiety and Mood Disorders, last modified September 25, 2018, accessed May 7, 2019, <https://centerforanxietydisorders.com/what-is-trauma/>.

²⁶ Réseau Santé Mentale en Exile, "Guide sur l'accès à l'aide en santé mentale en région bruxelloise pour personnes exilées," last modified 2011, accessed May 7, 2019, <https://www.guide-sante-mentale-en-exil.be/guide.pdf>.

years of a child's life, interfering with the child's neurological, psychological, and cognitive development, and disrupting the victim's ability to attach to an adult caregiver. Trauma symptoms can include denial, anger, persistent feelings of sadness, flashbacks, an altered sense of shame, physical reactions, or feelings of isolation and hopelessness.²⁷

For the purposes of this research, I will define healing not as a goal to be reached of absolute health, but rather as a state of (often painful) non-linear growth, and a process after trauma in which one adopts practices with the aim of re-defining and re-building themselves as whole. Such practices, unlike short-term coping mechanisms (which are often necessary and valid), include methods of self-preservation and resiliency-building and involve some conception of long-term healing. They can take the form of everyday self-care rituals, spiritual acts, or land-based methods like farming ancestral medicines, to name a few. An effective healing practice will often speak to the root of the trauma.

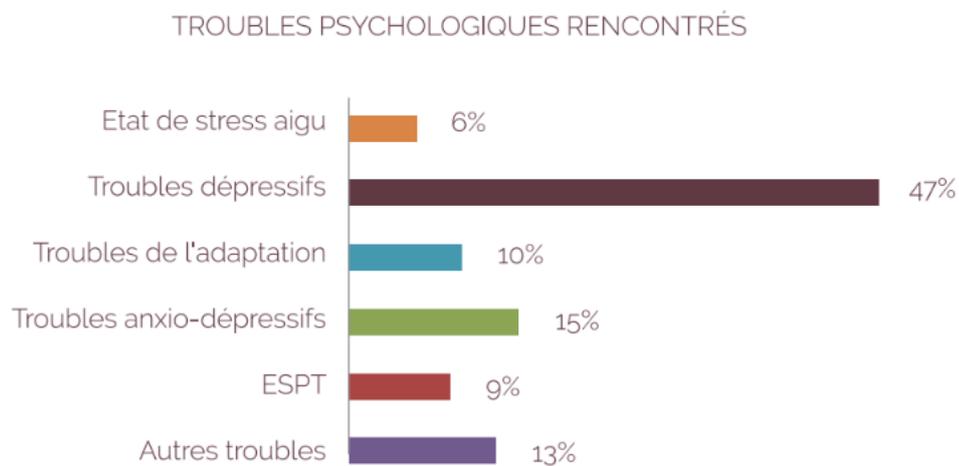
Migration and Trauma

While migration does not automatically imply resulting trauma, migration is a profound life transition that necessitates considerable adaptation on the part of the migrant. The way in which the life of a migrant influences their mental health evolves over time, as migration is characterized by periods of relative equilibrium, and others of stress. Often, the passage from one period to another is due to a large event like the attainment or refusal of refugee status, the birth of a child, or the loss of a loved one, which may cause one to question embarking on such a journey in the first place. These periods of challenge and uncertainty make the task of

²⁷ The Center for Treatment of Anxiety and Mood Disorders, "What is Trauma."

retaining stability of mind all the more difficult. Migrants confront the topic of mental health differently based on factors like country of origin and destination, migration journey, reception conditions, life before migration, etc. However, in a study done by OIM and ONFP (l'Office National de la Famille et de la Population) on migrants in Tunisia, all those interviewed (excluding those from Europe) reported a decline in their mental wellness in Tunisia, regardless of varying backgrounds.²⁸

Psychological Troubles Experienced



(Top to bottom: acute stress, depressive troubles, adaptations troubles, anxio-depressive troubles, PTSD, other)²⁹

There are many risk factors involved in the process of migration which can contribute to the degradation of a person's psychological wellbeing. Terre d'Asile Tunisie concluded that the most determinant extrinsic factor in the protection or harm of migrant mental health is the process of the migration journey itself and

²⁸ Terre d'Asile Tunisie, *La Santé Mentale des Migrants en Tunisie*: [20].

²⁹ Terre d'Asile Tunisie, *La Santé Mentale des Migrants en Tunisie*: [43].

the way it “ends” in relative success or failure.³⁰ Other important factors include socio-economic situation in Tunisia, status of stay, integration in country of reception, and social network.³¹ Of the migrants interviewed, some said they felt their trauma, “like a big bag on [their] shoulders,” or “everywhere in [their] body,” or “in [their] arms and head,” and a few said it was most present in their dreams or nightmares, or in sudden feelings of anger.³²

Within the context of migration, it is essential to break down potential traumas to the following three categories: (1) pre-journey trauma, (2) journey trauma, and (3) post-journey trauma. Because trauma can manifest immediately after an event or in a delayed manner, whether a traumatic event triggered a person’s departure from their country of origin or not, the migratory process or journey can bring past traumas to the surface. A psychologist from Médecins du Monde says, “past traumas like rape, or even educational practices marked by violence, can cause post-traumatic states without being diagnosed. They are buried in the back of a person’s mind, who lives with this pain that is more or less present, but that can be aggravated when placed in the context of migration.”³³ Those who are forcibly displaced from their country of origin by war, conflict, or persecution may develop psychological trouble linked to the traumatic events from which they fled. The migratory journey and the events that take place throughout strongly impact the way a migrant may envision their new life in the country of destination. Lastly, life conditions within the country of reception, such as language and

³⁰ *ibid.*

³¹ *ibid.*

³² Anonymous, Interview by Mariam Mzoughi.

³³ Terre d’Asile Tunisie, *La Santé Mentale des Migrants en Tunisie*: [23].

cultural barriers to communication, culture shock, socio-economic conditions, and applying for residence, can strongly destabilize a migrant's mental wellbeing.

The role of expectations, of academic success, financial security, a specific medical treatment, and so on, on the part of the migrant themselves, or their family, and the meeting or disappointment of those expectations is a significant determinant of migrant mental health and stress. Of the migrants interviewed by Terre d'Asile, 62% felt none of their expectations about their migration journey had been met.³⁴ Many migrants express a sentiment of shame or fear in regards to disappointing the expectations of their families. This prevents migrants from confiding in sometimes their only network of support or considering returning home when facing difficulties in Tunisia. Christine* from Cameroon explained, "It's something that I could not bear: returning to my country like that, without anything, and to have to look my father in the eyes, thinking of all of his money that I wasted here in Tunisia for my studies and everything else, and to be gone all these years, and return with nothing... for me, it's the biggest failure."³⁵

The concept of 'home' is often integral to a person's psychological wellbeing. According to Taylor, refugees are "in the crudest way defined by the loss of home".³⁶ In many cases, home can be best recognized when one is away from it, as journeys establish the threshold and borders of what constitutes home.³⁷ The concept of home is not limited to a geographical location, but can also be

³⁴ Terre d'Asile Tunisie, *La Santé Mentale des Migrants en Tunisie*: [21].

³⁵ Terre d'Asile Tunisie, *La Santé Mentale des Migrants en Tunisie*: [22].

³⁶ Helen Taylor, "Refugees, the State and the Concept of Home," *Refugee Survey Quarterly* 32, no. 2 (April 22, 2013): [130], <https://doi.org/10.1093/rsq/hdt004>.

³⁷ Shelley Mallett, "Understanding Home: A Critical Review of the Literature." *The Sociological Review* 52, no. 1 (February 1, 2004): 62-89. <https://doi.org/10.1111/j.1467-954X.2004.00442.x>.

identified with a feeling or a person, for example. Regardless of whether home is safe or frightening, studies show that people and animals are naturally inclined to return to that home when scared.³⁸ Homesickness is a common reaction to a loss of home, but can be pathologized when one becomes unable to cope with the feeling, often resulting in depression, obsessive thoughts, apathy, or more physical symptoms like sleep disturbances.³⁹ Some determining factors of homesickness are the degree to which an individual willingly entered exile, the nature of departure, and the absence or presence of contact and work in the new environment.⁴⁰ Since one symptom of homesickness is disinterest in the new environment, refugees and migrants often find themselves in a state of limbo, no longer at home while also not feeling at home in the new environment. For one migrant from Liberia, he has never felt a sense of belonging or home: “I escaped from the Libyan war and before that I lost my parents in Liberia when I was a child and a man saved me and brought me to Libya. No one understands me here and I couldn’t have my refugee status and I don’t know why. I’m angry! I don’t know why I’m in this situation. I feel my trauma everywhere in my body. I want to go somewhere where I can live as a person. As a human being. Home is where you feel safe, where you have identity. I’ve never felt as if I am home.”⁴¹

Leaving home by force affects not only the migratory journey but also obviously the mental wellbeing and perception of the migrant and the way in

³⁸ D.Mitchell, S. Koleszar, and R.A. Scopatz, “Arousal and T-Maze Choice Behavior in Mice: A Convergent Paradigm for Neophobia Constructs and Optimal Arousal Theory,” *Learning and Motivation* 15 (1984): 287-301.

³⁹ Sabine C. Koch, *Die psychosoziale Situation Asylsuchender am Beispiel der Stadt Heidelberg zur Zeit der Deutsch-Deutschen Wende*. Stuttgart, Germany: Ibidem, 1999.

⁴⁰ Sabine C. Koch, *Die psychosoziale Situation Asylsuchender am Beispiel der Stadt Heidelberg zur Zeit der Deutsch-Deutschen Wende*.

⁴¹ Anonymous, Interview by Mariam Mzoughi.

which they see their future in a new country. “We have learned that trauma is not just an event that took place sometime in the past; it is also the imprint left by that experience on mind, brain, and body. This imprint has ongoing consequences for how the human organism manages to survive in the present.”⁴² Forced displacement is a violent process of separating someone from their family, social network, career, and the lifepath and future they envisioned for themselves, to often begin again at square one, with little resources or preparation, and without an idea of their future. The combination of life-shattering loss and uncertainty that many migrants, especially those who are forcibly displaced, experience feed what psychologists call “learned helplessness.” The decapacitation of the ability to imagine one’s future may lead to the perpetuation of a vicious cycle of helplessness and survival. One interviewed migrant says, “Home is where we feel at peace, where we can dream and can achieve our dreams.”⁴³

6% of migrants accessing services at Terre d’Asile seek assistance returning to their country of origin.⁴⁴ However, many migrants face the impossibility of returning to their home, either because of unsafe conditions or because of the shame associated with returning. As return is not usually considered part of the migrant or their family’s expectations of the migration journey, return is often considered failure. According to professionals, those who do not have the possibility to return home suffer the most psychologically from their circumstances in Tunisia.⁴⁵ For many, the inability to return represents the

⁴² Bessel A. van der Kolk, M.D. *The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma*. New York, NY: Penguin Books, 2014: [21].

⁴³ Anonymous, Interview by Mariam Mzoughi.

⁴⁴ Terre d’Asile Tunisie: Maison du Droit et des Migrations. *Rapport des Activités de la Permanence*.

⁴⁵ Terre d’Asile Tunisie, *La Santé Mentale des Migrants en Tunisie*: [24].

permanence of their situation of instability in Tunisia. Agnès from Gabon explains, “my parents are old, I am the eldest of four brothers and sisters, and I left a daughter of 12 years in my country. I am supposed to help them. What am I supposed to do if I go back, with nothing? Also, I came to study, I was supposed to become an accountant, but I could not finish. I don’t know what else I can do, I was only good at school. I really want to go back, I feel so alone here, I need to be with my family. But, what can I do to help them?”⁴⁶

For those who are forcibly displaced or fleeing war, conflict, or persecution, the manner in which they are received into Tunisia has a significant impact on their mental health and their ability to envision and build a safe future. The recognition of struggle linked to exile or being a refugee influences the way in which a person accepts their situation of displacement from home. “To be recognized as a refugee, as a whole person who has suffered a grave prejudice, helps them to accept their experience and move forward.”⁴⁷ However, in Tunisia, because of the lack of a formal asylum law or system, many migrants wait years for the approval or rejection of their request for asylum as well as for adequate services. As Hanen from Syria puts it, “I would like for the Tunisian state to recognize me as a human being. My friends who are refugees in Europe have rights there, of welfare, of housing... Here, the state doesn’t have the means, but it is also not my fault. I am a human being and I have rights.”⁴⁸ This state of prolonged limbo strains migrants’ sense of self and denies them the recognition of the entirety of their lived experiences.

⁴⁶ *ibid.*

⁴⁷ Terre d’Asile Tunisie, *La Santé Mentale des Migrants en Tunisie*: [22].

⁴⁸ *ibid.*

To be without papers that grant someone the same basic rights as Tunisians is to be automatically rejected from Tunisian society, a psychological toll which contributes greatly to the fragility of mental wellbeing. One of the most prevalent psychological stresses for those who are without a permit of stay or asylum is the constant fear of being stopped by a police officer and deported. Sana shares, “Being a Libyan asylum seeker, I am illegal here. It’s stressful, of course. You feel insecure. You think at any moment, a police officer could ask you to show them your passport and arrest you...”⁴⁹ Meanwhile, migrants are charged 20 dinar each week they stay in the country without permission, facing the threat of being deported back home with less than they had in the first place. This inability to protect one’s present prevents one from even being able to imagine a future, always moving in survival mode. “... If an organism is stuck in survival mode, its energies are focused on fighting off unseen enemies, which leaves no room for nurture, care, and love. For us humans, it means that as long as the mind is defending itself against invisible assaults, our closest bonds are threatened, along with our ability to imagine, plan, play, learn, and pay attention to other people’s needs.”⁵⁰

Not only does this state imply a period of waiting for recognition and criminalization, but it also often denies people of the care they need and deserve. Experiencing a traumatic event pre-departure, whether it triggered the departure or not, can lead to psychological suffering. If a person develops psychological symptoms directly linked to this event, they may suffer from post-traumatic stress

⁴⁹ Terre d’Asile Tunisie, *La Santé Mentale des Migrants en Tunisie*: [29].

⁵⁰ Bessel A. van der Kolk, M.D. *The Body Keeps the Score*: [76].

disorder (PTSD). Not all potentially traumatizing events will cause PTSD, as a person's reaction to an event depends on both intrinsic factors (age, vulnerability, resilience) and extrinsic factors (duration of the event, eventual repetition). Additionally, people do not always have immediate reactions to traumatic events; sometimes people experience a delayed onset of PTSD. In fact, the process of requesting asylum and having to continuously validate one's experiences to another, whose job it is to poke holes in the story, can be triggering and cause late onset of PTSD. "Such was the case when Adel, a Syrian asylum seeker in Tunisia, imprisoned and tortured for 5 years in Syria, had his symptoms of PTSD and depression aggravated short after a preparation interview for his asylum request with an international organization that went wrong. A few weeks later, he was interrogated by the police who threatened to deport him back to Syria, a second event that further aggravated his troubles."⁵¹

Another important protection factor for migrants and those who have suffered from trauma is the ability to depend upon family and community support. Trauma psychologist Bessel Van Der Kolk suggests, "After an acute trauma, like an assault, accident, or natural disaster, survivors require the presence of familiar people, faces, and voices; physical contact; food; shelter and a safe place; and time to sleep. It is critical to communicate with loved ones close and far and to reunite as soon as possible with family and friends in a place that feels safe. Our attachment bonds are our greatest protection against threat."⁵² How can someone who is denied of a sense of home and belonging, as well as proximity to loved ones and safety, access these components necessary to mental wellbeing? Female

⁵¹ Terre d'Asile Tunisie, *La Santé Mentale des Migrants en Tunisie*: [23].

⁵² Bessel A. van der Kolk, M.D. *The Body Keeps the Score*: [212].

migrants who are victims of human trafficking are often denied access to their passports (the one document that would allow them to return home) as well as external communication.⁵³ This enforced isolation and entrapment potentially aggravates pre-existent pre-journey and journey factors contributing to the fragilization of mental health. The majority of migrants interviewed by Terre d'Asile said they benefit from speaking regularly with their loved ones about their struggles and successes in Tunisia. For those who face difficulties and cannot depend on the support of their families, either because they are too ashamed that they have not met their family's expectations or for security reasons, feelings of isolation and mental health challenges are common. Among the migrants who utilize the mental health services of Médecins du Monde, only 43% can count on family support. Psychologists conclude that the ability to depend on a protective, consistent, and financial contact is necessary to migrant wellbeing.⁵⁴

Patients Benefiting from Family Support

⁵³ Terre d'Asile Tunisie. "Portraits de Migrants" (2016).

⁵⁴ Terre d'Asile Tunisie, *La Santé Mentale des Migrants en Tunisie*: [23].

PATIENTS BÉNÉFICIAIRES D'UN
SOUTIEN FAMILIAL



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Sub-Saharan migrants in Tunisia face racism and discrimination on a daily basis. Students often experience language-based discrimination on the part of classmates and professors. Laborers are treated worse than their Tunisian counterparts. Women report being sexually harassed on the street and on public transportation. Hervé from the Congo says, “I lived in an apartment with Tunisians twice. It was not a good experience. There, I was a victim of theft and racism. They made remarks about the cleanliness of my hands, each time I cooked.”⁵⁶ 69% of Sub-Saharan migrants report feeling physically insecure in Tunisia, having been the victims of violent theft, sexual aggression, or other acts of discrimination.⁵⁷ Psychologically, these experiences can push migrants to be withdrawn and to avoid all social life, including with other Sub-Saharans, and diminish self confidence and the desire to set and reach goals.

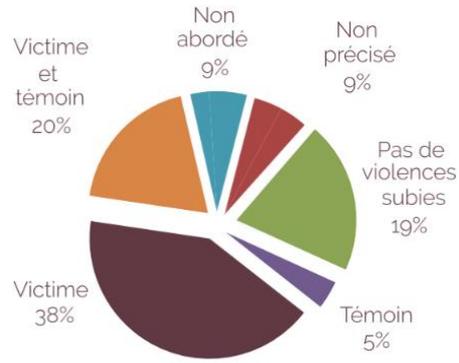
Exposure to Violence

⁵⁵ *ibid.*

⁵⁶ Terre d’Asile Tunisie, *La Santé Mentale des Migrants en Tunisie*: [33].

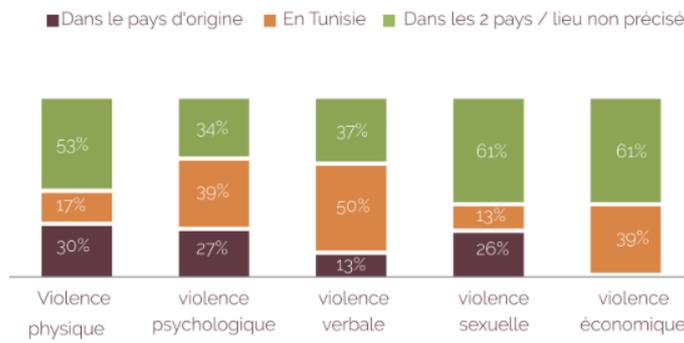
⁵⁷ Terre d’Asile Tunisie, *La Santé Mentale des Migrants en Tunisie*: [34].

EXPOSITION À LA VIOLENCE



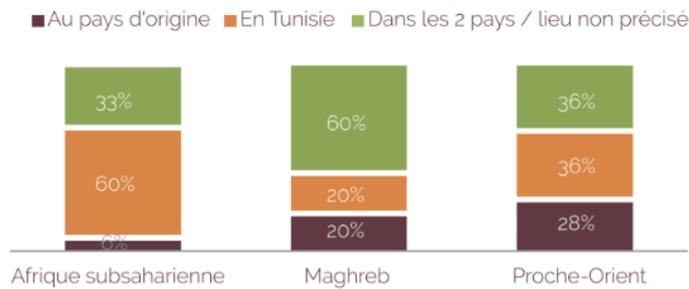
Exposure to Violence

EXPOSITION À LA VIOLENCE



Exposure to Verbal Violence

EXPOSITION À LA VIOLENCE VERBALE



⁵⁸ Terre d'Asile Tunisie, *La Santé Mentale des Migrants en Tunisie*: [35].

Socio-economic precarity is also a serious threat to migrant mental health. 94% of working migrants in Tunisia that were interviewed by Terre d'Asile reported being in a precarious economic situation.⁵⁹ While waiting for asylum approval or rejection, it is extremely difficult to obtain a work permit. Additionally, students are not allowed to work in Tunisia. As such, many migrants work without a contract, and therefore without social protections, often risking abusive conditions and low salaries. Migrants put up with these conditions as the thought of unemployment is even more daunting and threatening to their financial situations. Hanna from Libya says, "We don't have a stable source of revenue. My husband, a teacher at the Libyan school in Tunisia, hasn't touched his salary in many months. We live off of the charity of our neighbors or of associations. Our economic situation has put us in a situation of weakness and inferiority. We are really haunted by the idea of finding ourselves on the street, without a home."⁶⁰ Additionally, many migrants undergo humiliation and frustration from the fact that they are forced to work jobs for which they are over-classified. Many Sub-Saharan migrants, who are promised high-paying jobs by traffickers or who are students that cannot continue their studies due to a lack of income, are forced to work in construction or housekeeping, for example, conditions in which they never thought they would see themselves. As Agnès from Gabon puts it, "Who would be happy cleaning people's toilets? Who? I want to go back to school, I had already come a long way, and to have to stop right in the middle, it's like I never did anything at all. I am here and I have nothing, no diploma, no qualifications..."⁶¹ Many asylum

⁵⁹ Terre d'Asile Tunisie, *La Santé Mentale des Migrants en Tunisie*: [25].

⁶⁰ *ibid.*

⁶¹ Terre d'Asile Tunisie, *La Santé Mentale des Migrants en Tunisie*: [26].

seekers and refugees from the Arab world find themselves unemployed because of a lack of French language skills and recognition of qualifications. Hanen from Syria shares, “ I have a diploma in bacteriology. My whole life I’ve worked, first in a lab then in a family pharmacy. Here in Tunisia, I couldn’t find work, because French is used a lot in this sector. I found myself suddenly without work, It’s hard. Psychologically, it’s exhausting.”⁶² Due to the obligation to work without a contract, migrants are often on the receiving end of workplace abuse and exploitation, having to work longer hours and perform more burdensome tasks than their Tunisian counterparts for less pay. Migrants, knowing that they are being exploited but not being able to do anything about it, are stuck in a situation of psychological helplessness and frustration. Yacouba from Côte d’Ivoire explains, “We are housed there in a place set up by the employer, a dormitory for workers without contracts. A way of keeping us in the workplace. Like that, they can use us at any moment. Sometimes even at two in the morning. And on top of that, we work too much. Even if we are understaffed, the employer does not care. At some point it’s normal to lose control. The pressure is there too. That’s how my brother had an accident. At some point, disoriented, we lose control.”⁶³ Those who are victims of human trafficking often find themselves without a passport, in debt for an airplane ticket, and at the mercy of their employer and trafficker. Victims of trafficking can face serious psychological issues such as depression, anxiety, PTSD, or suicidal ideation. Marianne from Côte d’Ivoire said, “A trafficker brought me here. He brought me to a family in Sfax, and I was a housekeeper. The work was painful, there was no break. They give you tasks all the time, they bother

⁶² *ibid.*

⁶³ *ibid.*

you all the time... They confiscated my passport, they gave it back to me at the end of the (oral) contract. They told me that work was easy to find in Tunisia, and well-paid... but I coincidentally find myself here, without a residence permit, with increasing debt, and no work because I have health issues.”⁶⁴

Tunisia, as a transit country for many migrants is a literal in-between, neither a home to leave nor a home to be established. But it also traps migrants in a state of existential in-between, a state of rejection and erasure, an impossible environment in which one can sustain their mental wellbeing. In the in-between, even the strongest intrinsic factors in support of one’s mental health can be whittled down by unwelcoming extrinsic factors of discrimination, exploitation, and non-recognition. A privately interviewed psychologist said, “ I have concluded that most migrants are dealing with anxiety troubles and depressive states.: they find themselves in anxious suspense without horizon.”⁶⁵ While many migrants do not or cannot return to their homes, they cannot imagine a future for themselves in Tunisia either because of the unwelcoming circumstances. In this state of true homelessness, migrants are left in a waiting game in which they are bound for psychological stress.

Healing

Broadly speaking, there are various practices that one can participate in in order to embark on a path of healing. Since the most forefront threats to a person’s mental health that result from the act of migration are often place- and belonging-

⁶⁴ Terre d’Asile Tunisie, *La Santé Mentale des Migrants en Tunisie*: [27].

⁶⁵ Terre d’Asile Tunisie, *La Santé Mentale des Migrants en Tunisie*: [30].

based, it is essential to make accessible healing practices that center belonging, community, and establishing a sense of home in one's body. One healing practice currently being used by refugees, migrants, indigenous people, and diaspora communities around the world is community farming of plants that were grown by people's ancestors or home countries. This can be facilitated in both rural and urban settings. Of the utmost importance is to not assume what type of trauma a migrant has undergone, and what type of healing they might want or need. One psychologist from OIM explains how social ties are critical for the wellbeing of displaced persons. "During times of crises, like the installation of refugee camps, you don't give medicine to people: you regroup them by nationality, by culture, by religion, and you try to recreate their regular lives. You establish places of worship, you prioritize the preparation of their own cuisine... That's what helps the most with their psychological stability."⁶⁶

Sub-Saharan communities in Tunisia are very strong and close-knit, frequently holding social or cultural gatherings, and depending on one another in case of emergencies. Even so, there are sometimes conflicts within the community that prevent some Sub-Saharan migrants from getting involved. "At first it's good, but later it becomes catastrophic. It must be from the stress, difficult moments. Everyone deals in their own way, and then when we get together, it explodes. It's because we are stressed."⁶⁷ For migrants who are/were victims of human trafficking or torture, it can be difficult to trust others again, knowing that someone from your own community lied to you or hurt you in the first place. "Home is where no one would lie to me or where I can trust people. I came here after giving

⁶⁶ *ibid.*

⁶⁷ *ibid.*

money to a person, and I was taken to a family where I worked for some months. Without money. Now I'm searching for a job where I can have some money. It's a kind of trauma to live what I lived. I think about it constantly. I feel it everywhere in my body," says one anonymous interviewee from Côte d'Ivoire.⁶⁸ This betrayal can be traumatic for those whose mental map places community at the center, which is often the norm for non-Western cultures. Another interviewee from Libya says, "Of course I lived trauma: I was captured, tortured, days and nights. For the fact that I was talking about truth. I have nightmares every single night. I feel that people can hurt me, that those who tortured me in Libya could do it again here. I'm living in fear. I really don't know anymore the sense of community. I was threatened by my own community in my own country so how can I feel that again?"⁶⁹ Experiences of trauma force us to reconsider community and whether it is something we can depend upon or heal from. This existential insecurity contributes to a sense of mental insecurity and further feeds feelings of distrust and isolation, which further feed fear. "Trauma, whether it is the result of something done to you or something you yourself have done, almost always makes it difficult to engage in intimate relationships. After you have experienced something so unspeakable, how do you learn to trust yourself or anyone else again? Or, conversely, how can you surrender to an intimate relationship after you have been brutally violated?"⁷⁰ 60% of migrants interviewed by Terre d'Asile reported feeling isolated, having few friends or community ties, and being distrustful of others. Only 12% of mental health patients seen by Médecins du

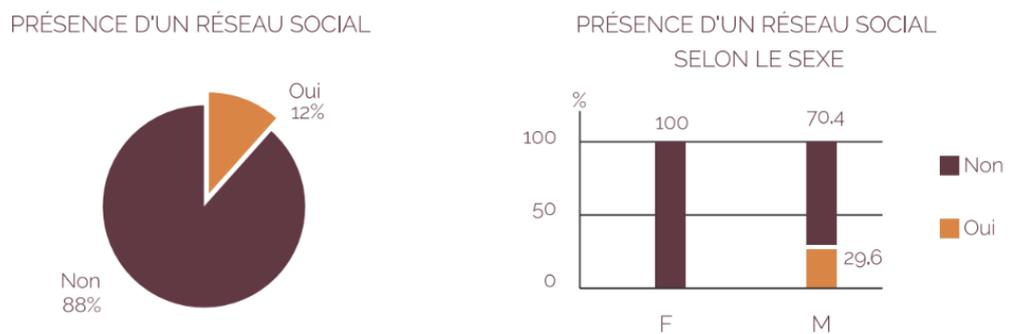
⁶⁸ Anonymous, Interview by Mariam Mzoughi.

⁶⁹ Anonymous, Interview by Mariam Mzoughi.

⁷⁰ Bessel A. van der Kolk, M.D. *The Body Keeps the Score*: [13].

Monde reported having a strong support network. 100% of women said they did not feel they had a strong support network in Tunisia. These factors are quite possibly symptomatic of the trauma, acknowledged or not, that many migrants have experienced at some point along their journey.

Presence of a Support Network/Presence of a Support Network Based on Sex



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The majority of those experiencing mental health difficulties and isolation report that having a strong social network is an important protective factor.⁷² “Study after study shows that having a good support network constitutes the single most powerful protection against becoming traumatized. Safety and terror are incompatible... In order to recover, mind, body, and brain need to be convinced that it is safe to let go. That happens only when you feel safe at a visceral level and allow yourself to connect that sense of safety with memories of past helplessness.”⁷³ For Joëlle from Cameroon, sincere community is the most protective factor against mental hardship: “What would help is affection. We need

⁷¹ Terre d’Asile Tunisie, *La Santé Mentale des Migrants en Tunisie*: [31].

⁷² *ibid.*

⁷³ Bessel A. van der Kolk, M.D. *The Body Keeps the Score*: [212].

affection. If I had a little friend, I would be able to talk to them, intimately. I think that it's meeting good people that helps. People you can trust. When you have someone like that, that can keep you from seeing a psychologist."⁷⁴ An anonymous interviewee from Libya is only beginning to feel the healing power of supportive community: "Before when I was in 'my' country I was persecuted because of my sexual orientation, they hated me, I hated myself. They wanted my death, even my family. I think I'm living in trauma! I lived very hard days, my life is not an easy one. People are seeing me as an unnatural thing. I don't trust people anymore. I'm afraid of people who consider themselves as 'normal.' I have good people who are surrounding me. So I'm happy about that for now. It's not enough to forget people's hatred, but it's better than nothing."⁷⁵

Overcoming trauma or hardship necessitates a space where one feels accepted, or a home. Migrants express that in order to find mental stability or healing, they must go where they are accepted, which for most of them unfortunately means away from Tunisia. Hervé from the Congo says, "Life here is difficult. I intend to leave. I intend to look elsewhere. If not, I will remain a stranger for the rest of my life. Society will not accept me here. I do not feel like a citizen here. I do not enjoy my freedom. I will go where they will accept me."⁷⁶ Rejection or displacement takes a toll on a person's mental wellbeing by keeping them from being able to see a future for themselves in that place.

⁷⁴ Terre d'Asile Tunisie, *La Santé Mentale des Migrants en Tunisie*: [48].

⁷⁵ Anonymous, Interview by Mariam Mzoughi.

⁷⁶ Terre d'Asile Tunisie, *La Santé Mentale des Migrants en Tunisie*: [37].

Of the 15 migrants interviewed in this research project, four said going to church and believing in God is their main healing practice.⁷⁷ Trauma psychologist Van der Kolk says, “Collective movement and music create a larger context for our lives, a meaning beyond our individual fate. Religious rituals universally involve rhythmic movements... Music binds together people who might individually be terrified but who collectively become powerful advocates for themselves and others. Along with language, dancing, marching, and singing are uniquely human ways to install a sense of hope and courage.”⁷⁸ Many of those interviewed found being in community settings and practicing rituals from home to be the main protective factors against psychological suffering. One migrant defined home as, “where I feel safe I think, and feel loved.”⁷⁹ Another who considers being a victim of trafficking like herself a type of trauma says, “First I didn’t even know that I could find people who experienced the same thing as me. People from my own country lied to me. But now I have friends and they are helping me.” Psychologists say, “Being able to feel safe with other people is probably the single most important aspect of mental health; safe connections are fundamental to meaningful and satisfying lives... For our physiology to calm down, heal, and grow we need a visceral feeling of safety.”⁸⁰ Some migrants said that learning about other cultures as well as learning from their families pasts are practices they have that allow them to heal. Living in community with other Sub-Saharan migrants provides a setting for cultural memory and joyful exchange, a

⁷⁷ Anonymous, Interview by Mariam Mzoughi.

⁷⁸ Bessel A. van der Kolk, M.D. *The Body Keeps the Score*: [335].

⁷⁹ Anonymous, Interview by Mariam Mzoughi.

⁸⁰ Bessel A. van der Kolk, M.D. *The Body Keeps the Score*: [81].

new type of creation of home that goes along with what Robbie Shilliam calls cross-cultural connectivity⁸¹, or building anti-colonial reference points using shared ancestral pasts and practices. This practice allows those with shared experiences of migration and potential trauma to find community along those lines, and resist erasure of their suffering, but also in a way that celebrates the beauty and resiliency of their people and cultures.

Conclusion

What has become strikingly clear from this research is the fact that the most protective factor of migrant mental wellbeing and resilience is the presence of a strong, supportive social network that can reproduce positive practices and sensations from the migrant's home environment. The separation from home, and beyond that, the presence of racism, discrimination, and exploitation, forcing one into the in-between, a liminal space in which one does not belong anywhere nor have any rights, places an extreme strain on migrant mental health. On top of this fact, many migrants experience trauma before, during, and after their migratory journey. This research hopes to be only the tip of the iceberg in soliciting migrant perspectives on the traumas they undergo and the ways in which they find healing and establish a sense of home. Additionally, a point not to be forgotten is the urgency with which many migrants desperately crave to return to their real homes and to their real families, needs one can try to satisfy with strong community in their country of reception, but that will never be truly met until people are supported in their movement globally and their right to safety is upheld

⁸¹ Robbie Shilliam, *The Black Pacific: Anti-colonial Struggles and Oceanic Connections*, Theory for a Global Age, New York, NY: Bloomsbury Academic, 2015.

everywhere. For some, home has not yet been found, and is not a given, but is more a matter of retaining a sense of hope. For an anonymous interviewee from Libya, leaving the site of his trauma was the first step on his journey for a home: “My life is a trauma! I’m thinking all the time about what I lived, my fear, the words I received, everything is always moving in my mind. I’m afraid. I’m not planning to stay here. I’m still unsafe with Libyans who are very near! So I hope that I can find a solution to go where I can find ‘home’. Yes. All I had from my country is fear, now I have fear but also hope.”⁸²

*Audacious hope stares down the painful path; and despite the overwhelming odds against us making it down that path to change, we make the journey again and again. There is no other choice.*⁸³

⁸² Anonymous, Interview by Mariam Mzoughi.

⁸³ Jeff Duncan-Andrade, "Note to Educators: Hope Required When Growing Roses in Concrete," *Harvard Educational Review* 79, no. 2 (Summer 2009): [191].

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