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BHUTANESE REFUGEE FAMILIES' EXPERIENCE IN COMMUNITY ENGAGEMENT
AND ITS INFLUENCE ON THEIR FAMILY RELATIONSHIPS

A Dissertation

Presented to the Faculty of
Antioch University New England

In partial fulfillment for the degree of
DOCTOR OF PHILOSOPHY

by

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July 2020

BHUTANESE REFUGEE FAMILIES' EXPERIENCE IN COMMUNITY ENGAGEMENT
AND ITS INFLUENCE ON THEIR FAMILY RELATIONSHIPS

This dissertation, by Jinsook Song, has
been approved by the committee members signed below
who recommend that it be accepted by the faculty of
Antioch University New England
in partial fulfillment of requirements for the degree of

DOCTOR OF PHILOSOPHY

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Abstract

Many refugees that come to the United States experience loss and separation from their norms, home, community, friends, and more. While resettling, they often deal with unfamiliarity, confusion, and uncertainty. They need support and resources to restore their losses and integrate into a host country's culture and norms. Community plays an important role in providing support and resources to refugees during resettlement in the United States. Previous studies that explored the community's role in refugee resettlement were focused on an individual level. There is a lack of research on how refugee families engage in community and how their community engagement influences their family relationships. The purpose of this study was to describe and interpret the meanings of Bhutanese refugee families' experiences in community engagement and its influence on the family relationships. Community engagement was defined as participation in a community garden. Phenomenology was used to describe and interpret the shared lived experience of the community engagement and its influence on families' relationships by nine Bhutanese refugee families.

The systemic lens in this study explores and emphasizes the importance of the partnership between the family and the community, as well as within family members, in their effort of resettlement and acculturation. This study illustrates how participants view family in a collective sense rather than trying to fit into the Eurocentric view of the nuclear family. Three main themes emerged from the study. The main themes included (a) intergenerational transmission, (b) community building through community engagement, (c) and strengthening family relationship through community engagement. The themes gave an illustration of participants' meanings of family, family constellation, their efforts to preserve family and cultural traditions and values, and parents' role for a well-adjusted family. They also captured the

participants' experiences of community engagement and its benefits for them. Furthermore, it illustrated how the community engagement strengthened participants' family relationships.

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Keywords: Refugee, Family Relationship, Community Engagement, Acculturation

Dedication

I dedicate this dissertation to my mom and grandmother who fled from their home and experienced losses, separations, and traumas during the Korean War. Their stories inspired me as a child and taught me resilience, work ethics, and humanity. I also dedicate this study to all refugee clients I worked with who were brave and audacious in their journey to this country and cared for their families, especially T who gave me inspiration for designing this study after hearing her story of the community garden. Her story gave me hope.

Acknowledgements

I would like to thank the seventeen participants who shared their stories. They took their time, gave me a tour of their gardens, introduced me to their families, and taught me how resilient they were. I was honored that they trusted me to share their lived experience. I hope I captured their stories and voices in this study.

I would like to thank my long-suffering dissertation chair, Dr. Robertson. She met with me every other week to support me, challenge me, and provide guidance for this long journey. She was there when I became an emotional wreck or was having a pity party. Even the pandemic did not stop our meetings and work. I would like to acknowledge my committee member, Dr. Byno, who held me in high esteem, encouraged me in every corner, and mentored me throughout the years. I would like to thank Dr. Valeras for inspiring me for her commitment in social justice and bringing out unheard voices. I am truly blessed to have had this opportunity to get to know and work with these remarkable women. Thank you to all of my professors at Antioch University New England for investing in me and believing my potential.

And last, but not least, I want to acknowledge my family, Steve and Harrison. I could not have completed this work without their encouragement and support. Despite many missing games and dinners, they continued to support me to achieve my goals. Their sense of humor made me laugh when it was impossible.

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CHAPTER I: INTRODUCTION

There are more than 68 million forcibly displaced people worldwide, and 25.4 million of them are refugees (Edwards, 2018). Each year, refugees from various countries are admitted to host countries and resettled. Approximately 85,000 refugees came to the United States in 2016, and 28,000 came in 2017 (Connor, 2016; Pew Research Center, 2017). In New Hampshire, 518 refugees arrived and resettled in 2016, mainly from Bhutan, Democratic Republic of the Congo (DRC), and Iraq (New Hampshire Department of Health and Human Services, 2018). Since 2010, 3,565 refugees came to New Hampshire; as of 2017, 1,563 refugees came from Bhutan. Bhutanese are the most numerous refugee group in New Hampshire, presently comprising 65% of the total refugee population (New Hampshire Department of Health and Human Services, 2018).

Bhutanese refugees fled their home to a nearby country, Nepal, due to political conflicts and persecution that started in the 1990s based on a “One Nation One People” policy. Bhutanese people who spoke Nepalese and practiced Hinduism were forced to practice Buddhism and speak the same language as the ruling class, becoming the target for political persecution. The Nepali government refused to grant citizenship to Bhutanese refugees, and the Bhutanese government would not take them back either. They became citizens without State or Country (International Organization for Migration, 2008).

Many of these Bhutanese refugees lived in refugee camps for approximately 20 years before they were resettled in the United States (UNHCR, 2016). People in refugee camps often experience separation from their norms, torture, and interpersonal forms of violence. Refugees are separated from their home, community, friends, family members, employment, status, and plans for the future. When they try to resettle in a new place, they often deal with unfamiliarity,

confusion, and uncertainties. They often lose their confidence and self-esteem (Groen et al., 2017). Their education from their home country is often not recognized in their host country. The refugees' experience of separation, loss, trauma, and stress while resettling in a host country influences their mental health, relationships, worldviews, and value systems (Betancourt, Abdi, et al., 2015; International Organization for Migration, 2008; Schinina et al., 2012).

Furthermore, when refugees adapt to a new culture, each family member experiences the same process of acculturation, but in a different way. This leads to intergenerational conflicts and tension, and family dynamic changes, especially traditional family roles and gender roles (Betancourt, Abdi, et al., 2015; Chambon, 1989; Deng & Marlowe, 2013; International Organization for Migration, 2018; Lazarevic et al., 2012; Rick & Forward, 1992; Schinina et al., 2012; Sossou & Adedoyin, 2012). The different ways of experiencing acculturation among family members influences their mental health, relationships, worldviews, and value systems. In severe cases, refugees' trauma experiences contribute to the development of Post-traumatic Stress Disorder (PTSD), persistent somatoform pain disorder, affect disorder, anxiety disorder, dissociative disorders, or suicide (Ellis et al., 2015; Schinina et al., 2012; Van Ommeren et al., 2001; Van Ommeren et al., 2002).

Acculturation is especially challenging for refugees resettling from collectivist communities. Bhutanese refugees bring their traditional sense of community, desire of belongingness, and interdependence to the United States, where individualism is pervasive (Hofstede, 1984; Hofstede, 2011). Due to this collectivism embedded in Bhutanese refugees, they try to rebuild a sense of self and their own community, as they have lost many contacts and community resources in the process of relocation. The loss of community ties and social support add extra burdens and challenges for Bhutanese refugee families to rebuild their life and resettle

in a new culture. The support from family, friends, extended family members, and community in their new host country can fill those losses and gaps. Many churches, community organizations, or volunteer groups have established community activities for refugees to get involved, including community gardens, religious practices, English classes, cultural events and activities, and access to the Bhutanese Community in New Hampshire (BCNH). Community in these activities can provide Bhutanese refugee families with a place to cultivate a sense of belongingness and the ability to share resources.

Families with gained support systems can become more stabilized and can settle more easily into a new host country by utilizing learned resources from community engagement. Community engagement can provide refugee families with a bumper effect from their refugee related challenges as they navigate health or education systems, adapt gender roles in families from a mainstream society, or adjust to new customs. Carney et al. (2012) found that a community garden project for Hispanic immigrants became a community for the participants. They suggest that the participants in the community garden developed a sense of belonging, received needed advice about local knowledge, and viewed their participation in the community garden as a part of community engagement. As a result, their community garden project strengthened family relationships.

Recent studies (Betancourt, Frounfelker et.al., 2015; Cheng et al., 2015; Mitschke et al., 2013; Nazzal et al., 2014; Ramaliu & Thurston, 2003) show that adequate research exists about community engagement and its benefits on an individual level by utilizing immigrants and refugee populations. These findings note that community engagement improves refugees or immigrants' wellbeing and mental health, and has a preventive effect. However, limited research is available about the impact of community engagement on family dynamics and relationships

among refugee populations. Pejic et al. (2016, 2017) found that community based, family focused intervention was more effective in supporting refugee families' wellbeing and their transition in a resettlement than an individual approach. Regretfully, their studies do not include family relationships or intergenerational interactions. Most refugees are from collective cultural backgrounds where extended family, community, and community engagement are important for their well-being as they rebuild what they lost in the process of resettlement and adjustment in a new country. Although there are numerous research studies on the Vietnamese population since they entered the United States, beginning in the 1970s (Birman, 2006; Nguyen & Williams 1989; Tingvold, Hauff, et al., 2012; Tingvold, Middelthon, et.al., 2012), more research needs to be done on different refugee groups and their family structure, dynamics, and relationships.

The purpose of this phenomenological study was to explore the meaning Bhutanese refugees ascribe to community engagement and family relationships. The focus was on their traditional sense of community and family, and their efforts of building community and maintaining and strengthening family relationships in a host country. Their efforts to overcome difficulties of acculturation and refugee challenges in a family was also explored. This research was necessary because Bhutanese refugee family relationships and community engagement was limited in the literature despite the Bhutanese tradition of community engagement. A few studies have focused on community engagement and its influence on individuals rather than family relationships or family dynamics at the time of this study. Healthy family relationships have been linked to positive mental health outcomes in the literature (Dowling & Elliott, 2012; Franco & Levitt, 1998; Walton et al., 2003; Weine, 2011). It was important to explore the community engagement and its impact on Bhutanese refugee family relationships and their mental health. Furthermore, the findings from this study will guide clinicians, teachers, lawmakers, and

community leaders in providing more appropriate and culturally adequate treatment and services for refugees who have already experienced trauma and challenges, and are trying to resettle and reestablish themselves in a new culture and country. The main research question was, how does community engagement of Bhutanese families influence their experiences of their family relationships in the process of resettlement in a new host country? Phenomenology was used for this research study to describe and interpret the shared lived experience of the phenomenon by nine Bhutanese refugee families.

CHAPTER II: LITERATURE REVIEW

The purpose of this study was to gain a more in-depth understanding of Bhutanese refugee families' experience of community engagement and its influence on family relationships. Since there were limited studies on Bhutanese refugee populations, this research study used literature about immigrants and refugees from Vietnam, Karen, Cambodia, or Afghanistan because they have a longer history in a host country. However, they were relevant to this study because of their similar experiences and challenges of relocation, acculturation issues, separation and loss, family dynamics, and changes in family dynamics.

PsychINFO was utilized for a literature search. The first keyword was "refugee," which was then paired with second keywords including family relationship, family dynamics, intergenerational exchange, multigeneration interactions, community, community engagement, community involvement, community garden, mental health, and well-being. The search included qualitative and quantitative research studies, theoretical and clinical papers, but was limited to peer reviewed journal articles. It did not generate as much literature as anticipated. The search was widened to "immigrants" as the first keyword paired with the same second keywords above. I excluded articles that were not relevant to the study. Even though the United States was the leading country for refugee resettlement until 2016, admitting 97,000 refugees; followed by Canada, 47,000; Australia, 28,000; and the United Kingdom, 5,000, respectively (Pew Research Center, 2019), the majority of articles were from Canada, Australia, the United Kingdom, and other European countries.

Family Relationships and Resettlement

Lewis (2008) and Pejic et al. (2016) define "family" not only as individuals related by marriage, biology, or adoption, but also individuals with day-to-day interactions associated with

affection, dependence, and obligations, which often can be found in a community where people share similar perspectives and interests. It includes not only nuclear families, but also extended family members with grandparents, uncles, aunts, and cousins, and newly created instant families, especially for refugees. From this multigenerational family structure, intergenerational interactions or exchanges among family members are unavoidable. The family concept from Lewis (2008) and Pejic et al.'s (2016) studies was used throughout this study, and provided a better understanding of refugee families and their family relationships and interactions because of extended family ties in refugee families and their practice, and their preference of collectivism (Agbenyiga et al., 2012; Ellis et al., 2015).

Lewis (2008) studied a Cambodian refugee community in the United States to emphasize influences of forced migration, resettlement, and reconstruction of extended family networks on intergenerational exchange, utilizing the ethnographic research method, and stated that forced migration can create conflicts and uncertainty in families. Lewis (2008) used a lens of constructionist perspectives and collectivist models to discuss the phenomenon of giving, receiving, and repaying among family members and intergenerational interactions. The family interactions extended beyond economic values of exchange “incorporates social and symbolic values and meanings within exchanges, and positive and negative tensions within those exchange” (p. 696). The Cambodian refugees are comparable to the Bhutanese due to their geographic and historical similarities, as well as their shared collectivism. Therefore, Cambodian refugee families’ intergenerational exchange pattern as obligations and expectations associated with filial piety (Lewis, 2008) would be similar to Bhutanese.

Tingvold, Middelthon, et al., (2012) focused on Vietnamese refugee families in Norway in a hermeneutical qualitative research study. Traditionally, extended family members among

Vietnamese families are active in raising children. Uncles and aunts or older siblings often take a supervisory role for children or younger siblings. Their study reported that Vietnamese refugee families kept extended family connections as a means of supplementing parental authority or roles and resources for younger generations. Additionally, they report that extended family members influence the acculturation experiences, family dynamics, and family functions.

Taylor et al. (2012) studied African American and Black Caribbean couples and their extended families' support by using data from The National Survey of American Life. They found that positive extended family support, including emotional and material support, is beneficial for marital/relationship satisfaction among married, cohabiting, and romantically involved African Americans and Black Caribbean families. Negative interactions were negatively associated with relational satisfaction for these populations. The authors discussed Black Caribbeans' migration status and how extended family support networks play a role in the migration process, as well as their immigration experience's influence on their family structure, function, and interaction. Black Caribbean extended families are more geographically scattered and transnational than African Americans due to their immigration status. Family ties are important in their residences, financial exchanges, and strategies to diminish immigration stress.

Acculturation

Three studies recognize that acculturation is a process, and the importance of family in the acculturation process, acculturation stress, strategies and adaptation for both immigrants and refugee families, as well as their interdependency (Merali, 2004; Rick & Forward, 1992; Tingvold, Hauff, et al., 2012).

In their hermeneutical qualitative study, Tingvold, Hauff, et al. (2012) discussed the role of extended family and sibling relationships in children's upbringing among Vietnamese

families. The study concluded that the use of extended family resources fostered social capital, incorporated traditional values and expectations, and maintained cultural practices that helped Vietnamese youth in their positive development. This study implied that extended families' support diminishes the possible intergenerational gap and conflicts in the acculturation process.

Rick and Forward (1992) noted that acculturation sometimes brings disruptions in Hmong refugee family structures by utilizing quantitative research methods and regression analysis. The authors stated that intergenerational differences often result from acculturated attitudes towards marriage, gender roles, traditional behaviors, and family relationships. Merali's 2004 study supported Rick and Forward's results. Merali (2004) studied the individual acculturation status and intergenerational gaps among Hispanic youth and their parents by utilizing a behavior questionnaire. The author found that an intergenerational gap in acculturation status causes family conflicts between youth and their parents, especially in Hispanic refugee youths' assimilation status, which includes speaking English at home and the host country's cultural influence of youth view as defiance or disobedience. These three studies illustrate the effects of different levels of acculturation on family relationships, but they did not include community engagement in their studies and how it would influence these same relationships as refugees resettled in their new host country.

Family Relationships and Their Impact on Mental Health

Although family relationships and their positive impact on family members' mental health and wellbeing are well documented (Dowling & Elliott, 2012; Franco & Levitt, 1998; Walton et al., 2003; Weine, 2011), only a few studies focused on refugee families (Boehnlein et al., 1995; Pejic et al., 2016, 2017), emphasizing extended family involvement and family interactions as a means of strengthening families' wellbeing, adaptation, and resettlement.

One of the themes from these studies was that family is an important part of one's acculturation and resettlement process, especially among refugees and people of multicultural backgrounds. Franco and Levitt (1998) utilized a quantitative research method by using mean score and standard deviation to examine fifth grade African American, European American, and Hispanic American children's family support and children's self-esteem. The quality of the relationship between parents and children with multicultural backgrounds is a thermometer for children's adjustment and positive friendship establishment (Franco & Levitt, 1998). At the same time, Boehnlein and colleagues' study (1995) concluded that Vietnamese and Cambodian refugee parents' relationships with their children provided the most significant impact on their health and wellbeing.

Another theme was that family-focused and community-based prevention and intervention, and their shared culture and religious beliefs in families' support, deepen wellbeing, adaptation, and mental health for refugees (Boehnlein et al., 1995; Pejic et al., 2017).

Pejic et al. (2017) utilized a case study approach through family-focused and community-based interventions to examine Somali refugee families, their wellbeing, and adaptation to their new community. This study recommended that celebrating the families' strengths and resiliency would improve refugee families' emotional health and wellbeing.

An additional theme noted from the studies is families' attempts to maintain wellbeing and mental health by utilizing community. Somali refugee families overcome adversity and challenges of resettlement through community based and family-based prevention and its support (Pejic et al., 2016). Similar to Pejic and colleagues' 2017 study, the difference in the research of Pejic et al. (2016) lay in the voice of female Somali refugees in the case study. In the Somali community, the authors found that a stigma of mental health existed and scarce access to mental

health treatment. The community-based interventions provided mental health awareness, stress management, strengthening parent-child relationships, accessing community mental health resources, and parenting in a new country for Somali refugee parents.

While many studies discussed family relationships and their benefits for wellbeing and mental health, some pointed out negative influences of intergenerational exchange. Studies suggested that family violence, spousal abuse, and the use of substances were high among refugee families (Barnes & Aguilar, 2007; Comas-Diaz & Jansen, 1995).

While Taylor et al. (2012) discussed family exchange and its benefits for marital/relational satisfaction by utilizing regression coefficients as an analysis approach using a sample from the National Survey of American Life, they also pointed out that negative interactions among family members and multigenerations would cause negative effects on relational satisfaction. They stated that extended family networks or interactions with family in-laws could be stressful, demanding, and detrimental to mental health, leading to relational dissatisfaction.

Intergenerational Relationships

Three studies (McCleary, 2017; Merali, 2004; Nguyen & Williams, 1989) focused on immigrants and refugee families and demonstrate that the intergenerational relationship influenced family relationships and families' readjustment in a new host country. Merali's (2004) study included 50 Hispanic parent-adolescent dyads and focused on individual acculturation status and intergenerational gaps among Hispanic youth and their parents by administering the Behavior Questionnaire (Merali & Violato, 2002). The author indicated that the intergenerational gap in acculturation or acculturation gaps between individuals' and

families' acculturation would deepen family dysfunction, psychological distress, and become a predictor of youths' depression levels.

Nguyen and Williams (1989) echoed the intergenerational acculturation gap by using a sample size of 191 Vietnamese adolescents and their parents in a qualitative study. In addition, Nguyen and Williams emphasized the gender difference between Vietnamese adolescents and their acculturation. They found that Vietnamese girls were at greater risk for intergenerational gaps and dissatisfaction than boys because of gender role changes.

McCleary (2017) studied Karen refugee family relationships using six focus groups in a qualitative study. She discussed refugee families' challenges, including separation, reunification, and resettlement, in a new culture. She emphasized the relational challenges due to difficulties of resettlement. Her findings echo common refugees' challenges, including generational gaps in acculturation, role changes in families, and a lack of culturally relevant resources that influence family dynamics and relationships. Her unique finding was that communication problems exist between spouses and between parents and children, and the use of illegal substances contributes to family crises.

Community Engagement for Refugees and Immigrants

Barnes and Aguilar (2007) cite Sarason's (1974) definition for community as "the sense that one belongs in and is a part of a readily available, mutually supportive network of relationships on which one can depend" (p. 226). Barnes and Aguilar (2007) suggested that social support can have buffering effects on individuals and families from transition, distress, mental and physical illness, or critical life events. Finfgeld-Connett (2005) and Barnes and Aguilar (2007) stated that social support includes emotional (affective) support, practical support, and informational support. Refugee and immigrant families experience extra challenges

and difficulties in a host country than their counterparts where social support and community engagement would prevent further distress and provide resources they need.

Finfgeld-Connett (2005) stated that social support is an interpersonal process and will help refugees replace their lost family connections (Agbenyiga et al., 2012; Falicov, 2007; Pejic et al., 2017). Falicov (2007) focused on acculturative stress, community, and social capital among Hispanic immigrant families. She found that many immigrants lose social capital in the process of immigration to a host country. Immigrants deal with social and cultural losses and often try to rebuild the ethnic community that provides recreation of social networks, local knowledge about health practices, and spiritual resources in return. Falicov (2007) argued that interventions at the community level, such as an immigrant peer ethnic network, help to heal families dealing with the stresses of separation and reunion and strengthen the community. Furthermore, these recreated social networks enhance health, mental health, and stable identities as they buffer from potential discrimination and immigrant stress, and provide immigrant families with resources.

Similar to Falicov's (2007) study, Agbenyiga et al. (2012) studied Burmese and Burundians in the Midwest United States. They used a general qualitative study with thematic analysis to examine adaptation and resettlement experiences and found that social ties and community networks dictated a level of access to resources for refugee groups. They noted that different ethnic groups had different help-seeking strategies. Burundians tended to seek resources from the outside rather than among their own ethnic community while Burmese had closer networks among themselves and came together to help each other. Burmese often sought support within families, friends, and religious institutions to meet their needs for childcare assistance, emotional support, and requisite services. As a result, their needs were met more adequately than

Burundians. The finding of Burmese family-oriented nature, support seeking behaviors, and the use of community resources could be viewed similar to Bhutanese practices because of the geographical closeness, and shared historical backgrounds, religions, and collectivism.

Impacts of Community Engagement on Refugees

Community engagement provides recreation of social capital, support systems, social network, and local knowledge for refugees (Barnes & Aguilar, 2007; Collignon et al., 2001; Lindgren & Lipson, 2004). Barnes and Aguilar (2007) explored 20 Cuban-born adult refugees' experiences of community engagement by employing a narrative inquiry method. They emphasized gaining social support and formal and informal resources from community engagement such as churches, community centers, clinics, or government agencies among the Cuban refugee population. The authors found that Cuban refugees tended to seek assistance and support from fellow Cubans and other Hispanics. In addition, the authors stated that community engagement generated practical and emotional support, including employment, housing, food, learning a new language (English), companionship, encouragement, and acceptance. This kind of support from community engagement better equipped Cuban refugees to handle difficult situations, such as resettlement and transition, and have preventive, therapeutic, and buffering effects when facing discrimination or poor physical or social environments.

Two studies discussed refugees' improved wellbeing, and improvement in health from creating new roles for refugees through community engagement (Collignon et al., 2001; Lindgren & Lipson, 2004). Lindgren and Lipson (2004) studied Afghan women, their community participation, and its impacts on them and their community. They interviewed five Afghan women utilizing an ethnographic research method. They found that these Afghan women created new roles, new places, and new spaces for themselves in their community through

ongoing participation in their community, unlike their experiences at their home country. As a result, Afghan women took on roles as activists to make a difference and to help each other while they gained a support system and social network. It was particularly important for Afghan women to have a new role in a new country because it was unlike their experiences in their home country. The change in traditional gender roles appeared to empower Afghan women in the United States by participating in the community, thus providing them with a new purpose in life and forging resilience.

The study by Collignon et al. (2001) utilized four focus group interviews with 60 Cambodian, Laotian, Hmong, and Vietnamese refugees in their own languages. Discussing their experiences in the United States education system, including challenges and underrepresentation of Southeast Asian teachers in their school district, their challenges reflected the need of community members' participation in school systems as staff or teachers that take a role in decision-making processes. As a result of this study, the Southeast Asian refugee communities formed an advisory council to represent their communities in the schools, and to serve in a working committee in the school district. This program actually motivated many community members to take courses to become teachers. The aim of the study by Collignon et al. was to find the challenges Southeast Asian refugees were facing, but the focus group discussions led the community to address issues, showing that when families and community members have roles in the community, members of the communities are empowered and thrive by engaging in a host society. This study indicated that community engagement has benefits not only on an individual level, but the whole community can exert a positive influence by becoming assertive in decision-making for school policies, and by incorporating direct interaction with policy makers and stakeholders.

Community engagement of refugees can be viewed from a point of community-based intervention. Community-based preventive intervention in public health was well spread and received (Puska et al., 2003). Similar to the community-based preventive intervention model in public health, community-based intervention is adapted by clinicians to provide effective services to refugee populations to address specific issues such as refugee stress, health practice, or mental health stigma. In addition, it provides an opportunity for refugees to participate in a program in their community, to develop belongingness, and to share their experiences with those who are going through a similar process.

A few research projects discussed community engagement through community-based prevention programs and their benefits on the improvement of physical and emotional health among refugees (Birman et al., 2008; Im & Rosenberg 2016; Ramaliu & Thurston, 2003; Williams & Thompson, 2011). Williams and Thompson (2011) conducted a literature review on the use of community-based interventions for traumatized refugee populations to improve their mental health. They were able to find 14 articles from health and medical databases and Google Scholar from 1994–2009. The articles in their study were selected only for community-based interventions, including home-based therapy, school-based interventions, and community-based group therapy. They concluded that community-based mental health services in both resettlement countries and countries of origin are essential for the improvement of mental health among traumatized refugee populations. They found that cultural sensitivity, local adaptations to therapeutic methods, training of paraprofessionals, and the use of native languages all contribute to positive outcomes.

Ramaliu and Thurston (2003) identified and discussed a multidisciplinary collaborative service model as a best practice model for refugee torture survivors living in Canada. Their

conclusion in this study came as they were developing an effective service program for tortured refugees. Their findings showed that community participation practices are the best practices as they address needs of torture survivors and mobilize community resources, including orientation to local customs, employment assistance, improving language skills, and education. Community participation practices helped refugee survivors of torture to improve their health by addressing health concerns and the wellbeing of the community by expanding the social network that brings collaboration and participants closer.

Im and Rosenberg's (2016) study was community-based participatory research with 22 Bhutanese refugees. This study has many important aspects helpful to refugees, including the use of community-based intervention, the use of Bhutanese paraprofessionals, the use of the Nepali language, and utilizing cultural and religious meanings and sensitivity. Peer-led community-based interventions such as health workshops and focus group discussions were conducted in Nepali due to participants' low literacy level, then translated to English by two research assistants. The use of participants' native language and six Bhutanese paraprofessionals brought out rich feedback. The authors reported improvement in health promotion, including health knowledge and competency in access to proper health resources, improved health practice in change in diet, exercise, and stress coping, as well as building social capital for health promotion. Another unique aspect of this research was shared leadership. The authors invited six Bhutanese paraprofessionals to lead a community-based intervention program. This level of collaboration promoted cultural sensitivity and preserved cultural and religious meanings of health practice.

In addition, community engagement has a benefit of improving mental health among the refugee population. (Gerber et al., 2017; Mitschke et al., 2013; Nazzal et al., 2014). The study by

Mitschke et al. (2013) of 65 Bhutanese refugee women utilized a quasi-experimental study. They provided financial education programs and measured the impacts of the community-based programs and community engagement by conducting pre- and post-tests on mental health. The authors found their six-month education group created support community, social cohesion, and reduced symptoms of PTSD, anxiety, depression, and somatization.

Gerber and colleagues (2017) studied 50 Bhutanese refugees in a community gardening project in a unique mixed method study, and found that the community engagement cultivated a space for refugees for their psychological healing, self-sufficiency, and a return of human dignity. It focused on individual level benefits of the community garden project, but left out the effects on families. Another unique implication of this study was that the participants in this study viewed the community garden as their community, and utilized the community garden to increase their social support and forge communal cultures influencing participants for optimal functioning. Gardeners were thriving with increased social support and resources while non-gardeners were struggling.

The study by Nazzal et al. (2014) of community engagement and its impacts of mental health perceptions of refugees utilized a case study with standard deviation. The authors collaborated with community partners and measured mental health awareness by asking participants “yes” and “no” questions at the end of cultural events. They found that the use of a nonclinical and community support approach was useful for suicide prevention and increasing mental health awareness. Nazzal and her colleagues’ study supported other studies on community engagement and its positive impact on mental health (Birman et al., 2008; Gerber et al., 2017; Im & Rosenberg, 2016; Mitschke et al., 2013).

Bhutanese refugees are at a higher risk of suicide in the United States (Aoe et al., 2016; Centers for Disease Control and Prevention [CDC], 2013; Ellis et al., 2015; Schinina et al., 2011). In 2012, the estimated annual global suicide rate was 11.6 deaths per 100,000 people and the annual suicide rate for Americans was 12.4 per 100,000 people, but the annual suicide rate for Bhutanese refugees in the United States was estimated as 21.5 per 100,000 people, comparable to the suicide rate in refugee camps in Nepal as 20.7 per 100,000 (Centers for Disease Control and Prevention, 2013; Schinina et al., 2011). Research pointed out that community engagement would recreate their traditional sense of community as in their home country and belongingness in a host country. Community engagement supported many refugee populations including Bhutanese collective culture and social structure and dynamics (Agbenyiga et al., 2012; Mitschke et al., 2013). In addition, studies showed that community engagement would reduce the rate of suicide and depression (Mitschke et al., 2013; Nazzal et al., 2014). Strong family relationships seemed to help to forge healthy identities and buffer adversity and challenges for refugees. When Bhutanese refugees had stronger relationships with family members, it boosted their self-esteem and belongingness and helped prevent suicide ideation or attempt. Mitschke et al and Nazzal et al.'s studies were valuable to understand Bhutanese refugees and their mental health issues, but were individually oriented and did not consider the community's influence on the refugee population's mental health and wellbeing.

Community Engagement and Family Dynamics

Four studies show evidence of improving family relationships through community engagement (Carney et al., 2012; Im & Rosenberg, 2016; Kwak, 2003; McCleary, 2017). McCleary (2017) utilized six focus group interviews with 36 participants to explore the impact of resettlement on Karen refugee family relationships. She documented that Karen refugee families

who have strong community ties through churches or temples are better at accessing resources to address family problem solving and demonstrate better skills in family crisis management. As a result, community engagement brings family stability in resettlement. However, this study did not include extended families as Karen families often emphasize. Instead, they focused on nuclear families. It viewed self-sufficiency as a measure of family stability, thus implying an application of Western mentality of success.

Im and Rosenberg (2016) reported in their community-based participatory research that building social capital and community participation provide Bhutanese refugees informational and instrumental social support to address their distress, to increase their understanding of health and mental health issues, and to improve their life and strengthen community. Building social capital and community participation teaches healthy habits for families to practice, reinforces families' collective coping skills, and promotes unity. The study indicated that the community, shared experiences, and practice strengthened the family relationship. Im and Rosenberg reported in their study that individual family members' issues became issues for family or community because Bhutanese refugees had a strong collectivistic aspect in their view of self and community. The findings in Im and Rosenberg's study aligned to the purpose and approach of this research study in that it viewed the family as a unit in acculturation and resettlement.

Kwak (2003) examined community support and its benefits on immigrant family relationships from the reviewed literature of intergenerational differences in the context of family relations. She reported that cultural gaps between the culture of origin and a new society often create conflicts among immigrant family members, but when they have support from their own cultural community and social network, and cultural values embedded in the family as core values, immigrant families can maintain healthy intergenerational relationships. Kwak's findings

support Bhutanese refugee families' practice of family traditions, their belief systems, and community engagement. The study described the needs for Bhutanese refugee families to engage in community activities to strengthen their family relationships.

Carney and colleagues (2012) reported that community engagement generated a sense of family togetherness from a community garden project for migrated Hispanic farm workers and their families. The purpose of the study was to examine the impacts of a community garden project on vegetable intake and food security. They found not only were vegetable intake and food security improved, but the project also generated a sense of togetherness among family members and strengthened family relationships by alluding to family traditions, spending family time, building family relationships, reducing stress, and relaxing. Although this study was among Hispanic migrant farmworkers in rural areas utilizing a community based participatory research method, Hispanic migrants also share collectivistic worldviews and family dynamics similar to the Bhutanese population (Hofstede, 1984, 2011). The finding from this study reflects Bhutanese's possible response to community-based programs.

In a case study, Falicov (2007) discussed acculturative stress in intergenerational relationships, and the impact of community among Hispanic immigrant families. Although she included intergenerational relationships and community engagement in the study, she did not examine the impact of community involvement on family relationships, but implied that the participation in a parenting group in community helped families to stay together by learning common parenting practices and taboos in the United States. Given the longer history of immigration than refugees' resettlement in the United States as a whole, there are more studies on immigrant families and community engagement than on refugee populations. Studies on community engagement and its influence on family relationships are still limited and rare.

Limitations

Recent studies show adequate research about community engagement and its benefits on an individual level by utilizing immigrant and refugee populations. For example, most studies of community engagement among immigrant and refugee populations are directed at community-based intervention to increase health and education outcome on an individual level (Birman et al., 2008; Collignon et al., 2001; Ramaliu & Thurston, 2003; Williams & Thompson, 2011). Other research focused on social capital gains, rebuilding social networks, and benefits on an individual level from community engagement (Agbenyiga et al., 2012; Falicov, 2007; Gerber et al., 2017; Im & Rosenberg, 2016). However, limited research is available on the impact of community engagement on family and families' dynamics and relationships among refugee populations. Carney et al. (2012) found family health and relationship benefits through community engagement, although the initial purpose of the research was to study the impacts of community gardening on vegetable intake and food security.

Bhutanese refugees are from collective cultural backgrounds where extended family, community support, and community engagement are important for their wellbeing as they rebuild what they lost in the process of resettlement and adjust to living in a new country. Although there are numerous research studies of the Vietnamese population since they entered the United States in the 1970s, more research should be done for different refugee groups and their family structure, dynamics, and relationships because they share similar challenges and experiences through refugee resettlement, but there are unique differences. The purpose of this phenomenological study was to explore the meaning Bhutanese refugees ascribe to community engagement and family relationships. This research study sought to describe and interpret the meanings of Bhutanese refugee families' experiences in community engagement and its

influence on the family relationships. The goal of this research was to provide a more culturally relevant study illustrating Bhutanese refugee families' experiences in community engagement, and its influence on the family relationships. Furthermore, this research was to explore Bhutanese refugees' and their families' mental health and wellbeing from the impact of community engagement on family relationships.

CHAPTER III: METHOD

Methodology

A phenomenological research method was utilized in this study. As a branch of qualitative research, phenomenology focuses on investigating lived experiences of a group of individuals to gain a deeper, clearer, and more accurate understanding of their experiences and shared meanings from the phenomenon (Creswell, 2013; Dahl & Boss, 2005; Smith & Osborn, 2003; van Manen, 1990). Van Manen (1990) stated that the phenomenological research method is descriptive and interpretive. This study used hermeneutic phenomenology aimed at elucidating participants' lived experiences and the lived meaning of those experiences. It allowed participants to voice their way of experiencing events and understanding their world as real and meaningful (van Manen, 1990). Phenomenological research methods help researchers to be curious of participants' lived experience and its meaning without assumptions, a Western intellectual attitude, or distinctly Western style of life.

Among different approaches in phenomenological research, this study borrowed Interpretative Phenomenological Analysis (IPA). IPA's aim is to provide detailed examination of participants' lived experiences, and typically has a small sample size. Its emphasis on the participant's voice and their meaning making in personal and social worlds resonated well with Van Manen's (1990) phenomenological research method and its purpose. IPA has a two-stage interpretation process: participants' voice and meaning making, and a researcher's meaning making of participants' meaning making (Smith & Osborn, 2003; Tuffour, 2017). It acknowledges that a researcher's own experiences and perceptions influence the interpretation of participants' experiences and meaning making, and employs researchers' reflexivity.

Phenomenology is widely used in marriage and family therapy (MFT) research because of their similarities in approach. The main focus for clinical researchers using phenomenological research and marriage and family therapists are the in-depth understanding of phenomena of everyday family processes and life experiences in ups and downs such as family members' meaning making, feelings, behaviors, and their perceptions (Dahl & Boss, 2005). They both use similar techniques, including investigating, accepting, validating, and assisting clients to describe clients' everyday life experiences and their meaning to clients, because the phenomenology has different meanings to different people (Dahl & Boss, 2005). In addition, the use of language is emphasized in both phenomenological research and MFT, especially in collaborative therapy (Anderson & Gehart, 2007) and narrative therapy approaches (White, 2007). Both phenomenological researchers and collaborative and narrative therapists use methods of empathic listening with genuine curiosity to stories, validating and accepting them. It allows clients and interviewees to use their own words to describe their experiences. Researchers and therapists are non-experts in the participants' lived experience (Gehart et al., 2007). The use of phenomenology was appropriate for this study because it explored Bhutanese refugee families' unique lived experiences of community engagement participating in a community garden project, family dynamics, and their feelings, perceptions, and perspectives that were unknown to the host society. In this research, participants' stories were valued, and participants were asked follow up questions to limit any assumptions.

Paradigms for this Study

This study utilized social constructionism, critical race theory, and a systemic lens. Social constructionism emphasizes "meaning making as an interactive process" (Daly, 2007, p. 32). People's experiences and knowledge are socially constructed (Gergen, 2015). The experiences of

Bhutanese refugees have cultural and political contexts that lead them to shape and forge certain perspectives, perceptions, and meanings. Their experiences in the United States will be different from other groups of refugees or immigrants. The use of social constructionism in this study helped to give me a clearer understanding of Bhutanese refugee families' experiences in their new world as they encountered common refugees' challenges and tried to maintain their traditions. In addition, it allowed me to be more open and curious about their experiences without using my own experience with the world to interpret their experiences. The social constructionism approach led me to reframe or mirror their descriptions with high regard in order to acknowledge and validate their experiences during interviews. This is similar to collaborative and narrative therapy approaches in that the therapist's genuine curiosity provides space to make room for possibilities. It helped to build joining and trust relationships for a short period of time.

Critical race theory's theoretical focus is on race, racism, power, and oppression in dominant discourses and its effects on people's lived experiences (Delgado & Stefancic, 2001). This framework helped to explore Bhutanese refugee families' perceptions and perspectives of power, identity, race, and gender in the process of acculturation, and its effects on family dynamics in a host country. In addition, the use of a critical race theory lens guided this study to understand how Bhutanese refugees make meaning of racism. It gave emphasis to Bhutanese interpretation of oppression from their experience of exile in Nepal where they had been denied the ability to gain citizenship by the Nepali government before coming to the United States, and their experiences with racism in the current political climate in the United States. While they have often been viewed as socially withdrawn from main societal activities (Horyniak et al., 2016), few studies have investigated how their experience of racism and microaggression in daily life play a role in creating obstacles for them to engage in main society and community, or

how White-dominated culture influences their socialization and perceptions. It was important for me as a female Asian immigrant researcher to approach interviewees as experts in their own stories and experience. With my professional experience working with refugee populations, and my own journey and experience of adaptation in the United States, the racism and microaggression existing in the White-dominated community led me to forge a protective shield for the refugees when I interviewed them. When interviewees commented about their means of transportation or jobs, I understood the meaning to be their achievement and pride. I was able to cheer for their accomplishments and to understand their efforts to overcome barriers in order to achieve accomplishments in a new host country. The significance of their employment or a driver's license was more meaningful to them than to their counterpart—non-refugees.

The use of critical race theory allowed me to examine participants' intersectionality, its effect on their lived experience, and its meaning. The current studies on refugees explore individual refugees' experiences in the process of acculturation and refugee trauma and find benefits of community engagement on refugees' health and wellbeing (Agbenyiga et al., 2012; Gerber et al., 2017; Lindgren & Lipson, 2004), but few research studies focused on the connection between community engagement and family dynamics and relationships. Furthermore, using critical theory helped me to examine gender and its role in Bhutanese refugees' experience and their process of resettlement. Bhutanese refugees' experience of gender socialization in the United States is different from the male dominated patriarchy societies in Bhutan and Nepal because gender socialization in the United States differs from their patriarchic traditions. Critical race theory helped to acknowledge the refugees' shifting gender roles in the family as they were going through the acculturation process and participating in community engagement.

In addition, this study utilized a family system lens to investigate Bhutanese refugee family members' intergenerational exchange and community involvement, and their effects on multigenerational interactions. A family systems lens treats a family as an emotional unit in regard to trauma, relocation, and acculturation (Kerr & Bowen, 1988). It provided a framework to study how families adapted and responded to changes during acculturation and resettlement, and explored multigenerational patterns and psychosocial demands of their refugee resettlement process. The majority of research studies about refugee populations is individually-oriented rather than systems-oriented and seldom explores multigenerational exchange, or family relationships. The family systems lens allowed me to explore participants' frequent use of "we " when they described their family, their family constellation, or family membership. Furthermore, I examined parents' roles, hierarchy and expectations in family, family traditions, and unique interdependency in the family using a family system lens. While using a family system lens, I tried to be mindful to understand their experience without criticism because of my training in the Western family system. Bhutanese families are unique; thus, their practices in a family may not fit in with the typical Western view of a nuclear family.

Participants

This study used a purposeful sampling strategy by utilizing a snowball or chain sampling approach. It included a sample size of nine families. The inclusion criteria for participants was 18 years old or older and Bhutan or Nepal born with at least one family member from each family participating in community activities. It was important to have participants sharing common experiences and themes to contain the overall essence of the experiences in phenomenology study (Creswell & Poth, 2018). Family members in this study were Bhutanese refugees who were born in Nepal or Bhutan and relocated to New Hampshire from refugee camps in Nepal.

Interviewees from each family lived with their respective families (Table 1). As refugees, they experienced readjustment and resettlement in the United States where they might have faced language barriers, difficulty finding employment, a lack of understanding of the American school system, and changes in the family dynamic, gender role shifting, acculturation, and community engagement. While participants were facing challenges as refugees, interviewees from the same family lived in the same residence and interacted and influenced one another throughout their acculturation and resettlement.

One family member of each of the nine families had community engagement experience. This study limited the community engagement experience to a community garden as a part of sampling strategy; that criterion sampling was essential in this study. Participants in an interview were 33 years old or older. They had the language skills to articulate their experiences either in their native language or English, and had experienced acculturation.

Recruitment

Several recruitment strategies were used to identify potential participants for this study, including collaborating with community garden staff and board members, advertising on a notice board of key community gardens and in an ethnic grocery store, community centers, community resource centers, and snowball sampling.

I called and emailed two community garden organizations in New Hampshire, and from their staff and board members, learned about their organizations, missions, and participants in their garden projects (Appendix B). The organizations were provided with the study's purpose, process, and tasks required to complete data collection for the study. They allowed me to post an invitation flyer on their notice board in the gardens and on their Facebook pages (Appendix C). In addition, the garden staff helped me to identify potential participants for the study during their

community gardens' registration days. When the community gardens' staff members recommended participants for the study, I met the potential participants at a known location where I explained the purpose of the study and the procedure, and scheduled an interview at a later time. Additionally, since many of the participants were from the same community garden, and preferred to have an interview at the garden, I was able to interview seven families at the garden. I visited two families at their home for an interview.

I contacted the Bhutanese community of New Hampshire (BCNH) to recruit an interpreter for the interviews and explained the purpose, process, and requirements of the study. When I met with staff in the BCNH office, I learned culturally appropriate greetings and mannerisms, common cultural values, family constellation, and common refugee challenges from case managers. An interpreter was with me when I arranged the interview dates and times at the community garden. The interpreter disclosed that she lived 40 minutes away from the common housing complex participants lived in and did not have any conflict of interest with potential participants. After introducing the interview process and the interpreter, participants told me that they preferred to be interviewed in English. All participants gave consent to be interviewed and to have an audio recording made.

Data Collection

The study's data collection included close observation and semi-structured interviews (van Manen, 1990). Van Manen (1990) described that a researcher should try to enter the lifeworld of participants and participate in it rather than using one-way mirror-like observations. In order to gain access to the full experience of participants and grasp the essence of lived experience, it was important to visit participants in their community garden, observe how they

used their plot for gardening, what they grew, how they traveled from their homes to the garden, and whether or not they communicated with other gardeners.

Close Observation

I chose to visit the garden on three occasions before recruiting participants, early evening on weekdays and mid-morning on weekends, to assess how gardeners utilized their time concerning their work schedule and family time. The first visit to the garden was at the end of June. There were nearly 200 garden beds and a few gardeners were tending their gardens. Gardeners seemed to be from various ethnic backgrounds. The garden looked similar to any other community garden except branches wove around the garden beds instead of the typical wire poles supporting tomatoes or cucumbers. Later I learned that refugee populations chose to use wooden sticks and branches to support vegetables for an economical reason. During the first visit, I talked to a gardener, exchanged greetings, and explained the purpose of my visit. He identified himself as a Bhutanese refugee and showed interest in my research project. Although we did not exchange any contact information since my research was not approved by the Antioch University Institutional Review Board at the time, I met him again when I visited the garden to recruit participants. He recognized me from the first encounter, and he and his wife became participants. During the interview, the three of us tended the garden together.

I had learned the common housing complex addresses and street names among refugee populations when I worked with the Bhutanese refugee population as a clinician. I drove between the housing complex and the community garden, and learned the distance and the public transportation route. It gave me a better understanding of the efforts the refugees made to be able to come to the garden.

On another occasion, when I visited the garden on a weekend in September, I was able to see many vegetables were harvested and many families working in the garden and socializing among gardeners. As I prepared to leave the garden, I saw three generations of African refugee or immigrant women arriving at the garden: a grandmother, mother, and young daughter. I learned that it was a family affair to come to the garden. The third time I visited the garden was to meet a garden manager. He gave me a tour of the garden beds, a shared garden shed, and discussed their practice of sharing gardening tools and resources. He pointed out Bhutanese traditional vegetation and their typical gardening routine. I was able to gather information about Bhutanese refugee families, and their challenges and efforts to adjust to the local area. The garden manager was well connected in the Bhutanese community and was able to recommend potential participants for the research study.

The garden board and garden staff gave me the idea of recruiting participants during their registration days for the following year, which was held was on weekends in October. I went to the garden during the registration process on two different dates, met Bhutanese gardeners, and circulated flyers. I met two of my former therapy clients, especially the one who inspired me with this research study. It was a moving moment as she recognized me, came to greet me, hold my hands, and say, “Thank you.” Both of us were holding hands for a long time, smiling at each other, and sharing tears. With a beaming smile, she later gave me a tour of her garden bed. Although she did not participate in the interview, her smile was enough to justify the work.

Semi-structured Interview

Fourteen interviewees from seven families preferred to have an interview at the garden. The face-to-face interviews were conducted in one of the two gazebos in the garden. Two families from seven families preferred to continue to tend the garden while being interviewed.

They escorted me to their garden bed, gave me a tour, and introduced me to their young children. Although young children were not a part of the interview, I was able to observe the interactions between parents and their children. Many of the participants came to the garden to tend the garden and to register for the next year, but some came to socialize with others. Two participants who initially came to the garden to register for the following year were wearing traditional Bhutanese clothing.

Two families participated in interviews at their homes. Because the interviews were done on the weekend, I met their whole family but interviewed only adults. I was able to step into their homes and observe them in their own environment. One family showed me the pots of chili peppers that they continued to grow indoors during winter months.

Participants received the informed consent form. I read it and explained until they understood. After participants agreed to be interviewed, they completed a demographics questionnaire before the interview process started. The personal information from the demographics questionnaire was securely stored and coded to maintain privacy and confidentiality. The interview was semi-structured and open-ended. Participants who were not comfortable speaking English were provided with an interpreter, who was not a family member, but all participants chose to be interviewed in English. While two family members from each family were doing the interview, their elder parents or extended family members were tending the garden, or their small children were playing at the garden and socializing with other children and adult gardeners. Their affect and mood and attire were recorded as a part of data collection. This interview process took approximately 30 minutes to one hour. The interview questions are listed in Appendix E.

Data Analysis

Thematic analysis (van Manen, 1990) and IPA (Smith & Osborn, 2003) were adopted in the data analysis for the research study. Van Manen (1990) described that the purpose of a phenomenological study is to try to grasp the essential meaning of phenomena. Smith and Osborn (2003) also emphasized meanings of events and experiences of phenomena of participants' lives, and explored how participants make sense of their experiences in relation to their personal and social worlds. Thematic analysis allows a researcher to utilize the notion of theme occurring frequently in the text by interpreting its meaning as allowing the theme to give control and order to the research (van Manen, 1990). Van Manen stated that we need to articulate the notion of themes in order to clarify further the nature of phenomena. Because meaning is multi-dimensional and multi-layered, thematic analysis and IPA were appropriate choices of analysis methods to clarify and to make explicit the structure of meaning of lived experience in this study. This allowed meanings of participants and their lived experiences to be captured and to be justified. This study was designed to honor the text and a process of interpretation.

As a first step of data analysis, I organized audio-recorded data into transcriptions in order to prepare for analysis. Software was not used for this process. I listened to the audio recorded data multiple times and transcribed their conversations including pauses and participants' exact words in English until I was positive that everything was captured. The audio-recorded interviews were replayed multiple times to allow the interviewees' feelings, thoughts, and stories to filter through my mind. Transcriptions were read multiple times by utilizing a wholistic approach to get a sense of the interview. Key words, concepts, and phrases were written on the margins and highlighted. Repeated key words, concepts, and phrases were examined for connections and transformed into meaning units. This transformation of emerging

meaning units was continued through all transcripts. Meaning units were organized and transformed into themes based on their similarities and connections. The emerging themes were organized again into clusters of themes, making sense of the connections between themes in a way that captured their essence. This process was used in each transcript. The detailed, or line-by-line approach, was used by looking at every single sentence or sentence cluster and pondering what they revealed about the phenomena. Poorly represented themes were abandoned. A list of themes was created from the clusters of themes, and the analysis was continued until a master table of themes was created. When this process was completed for all transcripts, the themes were reviewed and reexamined. Themes and sub-themes were identified by their connections and similarities (Table 1). Quotes from interviewees were included to add depth and richness.

Ethics

This research study obtained an ethical approval from the Antioch University New England IRB. The informed consent form was provided for the participants written on an eighth grade reading level. Although I provided an informed consent form in English and an interpreter was ready to translate it in Nepali, the participants wanted to try the interview in English; therefore I read through the informed consent and explained it to participants until they understood. In order to build trust with participants, I met with community garden staff and board members prior to the data collection, and discussed and learned cultural appropriate norms and necessary etiquette. I was mindful that the Bhutanese refugees' common literacy rate in their native language is 65% (CDC, 2012). I learned functional Nepali language, becoming able to state basic phrases including "thank you," "stop," "excuse me," "hello," "pain," "happy," and "sorry," especially with older participants who have a less functional grasp of English. I also had

a Nepali translation app to translate a few words when participants paused to find a fitting English word during the interview.

This research study had a minimum risk to participants, including participants' financial standing, employability, or reputation. In addition, I discussed with participants the pros and cons of participating in this research study. Participants were informed that they could stop the interview process at any time if they chose. Names of counselors were prepared in case of need, but no participants required them.

Confidentiality was assured by changing their names, de-identifying personal information, and keeping recorded interviews and transcripts in a password-protected thumb drive in a locked container with a keypad in my office. The stored data and materials will stay in a secure location for five years as the American Psychological Association (APA) suggests (2010). I was mindful of the downside of their small community, and protected their identity: when participants shared overly personal stories that would easily disclose their identity or harm participants, I did not use those stories in the research study.

Although the interview was voluntary, I donated \$10 (the community garden application fee) to participating families to pay for a garden plot for the following year. My visiting participants after completing the research study was discussed. One family shared their contact information with me to obtain the transcript, and I sent their interview transcript to the email address they provided. Another idea was formed with the garden board member and BCNH staff that I would do a presentation during their meeting after completing the research study.

Trustworthiness

This research study did not use instruments with established metrics about validity and reliability, but as a qualitative researcher, it was important to establish trustworthiness by

maintaining credibility, transferability, dependability, and confirmability during the course of the study (Shenton, 2004).

Credibility was established by utilizing triangulation, engagement with, and observations of, study objects. I relied on my committee chairperson to ensure this research study measured the intended phenomena. She monitored the course of research design and its implementation to maintain the integrity of research methods. Not only was her expertise on research methods helpful, but her working experiences and knowledge of the Bhutanese refugee population was resourceful and contributed to this research. The communications to organizations such as BCNH and the community gardens included my committee chairperson for a monitoring purpose. The meetings with staff from the community gardens and refugee organization, and multiple visits to the community gardens, provided a broader understanding of participants' experiences and their family relationships. Member checking is a big part of establishing credibility; unfortunately, member checking was not done fully. A transcription was sent to one family as arranged at the time of their interview, but others declined to receive copies. Another participant was open to meet with me for a second time. This participant reviewed and approved the transcript. I agreed to hold a presentation of the final findings from this research study in BCNH. During the data collection, participants agreed to meet and receive the final findings during harvest time in 2020.

In an attempt to ensure transferability, thick descriptions of phenomena were utilized. I transcribed participants' every word, pauses, mumbles, and grammatical errors. While transcribing, I listened to the recorded data multiple times until everything was written down. The transcripts were reviewed by my committee chairperson before data analysis. The research

situation, data collection circumstance, places, and surroundings, and methods were described in detail to increase transferability.

Dependability was governed by my committee chairperson's monitoring the process of data collection, data analysis, and reporting the results of the research study. She reviewed and monitored each step of the research study to ensure accuracy and confirmed the findings were supported by data.

Confirmability was ensured by utilizing an audit trail and reflexivity by my writing a journal during the research design, literature review, data collection, and data analysis process. Use of the journal was to record my impressions, initial thoughts, and feelings during the research study. I recorded the process of data collection, data analysis, and interpretation of the data in a memo and discussed them with my committee chairperson. It was helpful to understand my emotional reactions towards participants, their experiences of refugee challenges, or my own roadblock while writing each section of the research study. I wrote and included my own biases in the study with an attempt to be transparent with my own experiences and biases as a female Asian immigrant facing challenges and having a family history of experiencing the Korean War, fleeing home, and significant losses: my own meaning making of family members' trauma from the war experience. There were frequent debriefing sessions with my committee chairperson after each visit to the community gardens, BCNH and other refugee organizations, refugee resource centers, or after meeting with people who provided information. Discussions in these sessions and collaboration widened my vision, provided a sounding board for me to shape ideas, and helped me to recognize my own biases.

Findings from this research contained negative effects of community engagement on family relationships; I included those negative findings as well as positive findings as an effort to

maintain trustworthiness, and planned to report those negative ones to participants when I make a final report to participants.

Epoche and Reduction

Husserl (1982) stated that epoche or reduction is the central method for practicing the phenomenological method. Van Manen (1990) suggested that researchers need to open ourselves to the world as we experience it and free ourselves from presuppositions. I followed Van Manen's guideline by writing my own experience of phenomenon with an attempt to overcome the overlay, to reduce any bias and presumptions that might influence perceptions and beliefs, and to study the essential structure of the world.

In addition, IPA encourages researchers to have a researcher reflexivity because of emphasis on their two-stage interpretation process and sense-making by both participant and researcher. IPA acknowledges that a researcher is influencing the interpretation of data and results with their experiences and perceptions.

Journaling during the research study provided an opportunity to reexamine and process my own family history, my experiences of family history, its meaning making, family members' war experience, my own experience of racism in the United States as a female Asian immigrant and its meaning making, experiences of power and privilege while living in Asian countries, and working experience with refugees and underprivileged population as a clinician. The journaling and reflexivity process shaped my attitude towards this research study and responses to participants and interpretation of the data. Before this research study began, a bias statement was written (Appendix F), including the acknowledgement of my experience and its influence on perception and interpretation of meanings.

My experience includes the paternal side of my family history participating in community engagement, family's experiences of the Korean War and its effects on the maternal side of my family, my own experience of multiple relocations, and a former client's story of a community garden project. I was born and grew up in Seoul, Korea. I learned from an early age how the war divided family members and caused conflicts in family relationships from listening to stories from my maternal grandmother and aunts. The family's war stories included tremendous losses, separations, tortures, death, and betrayals. I was able to grasp maladapted family dynamics and distorted relationships from the war experience. On the other side, I learned the benefits of community engagement from my paternal family. My own experience of multiple relocations caused feelings of isolation, loss, and marginalization; yet, this experience also became an opportunity of learning independence, self-efficiency, adaptation skills, and different cultures and languages, as well as an expanding understanding of differences. Although I was not a refugee, my experience of migration to other countries and immigration to the United States, feeling marginalized and an outsider, can be similar to the Bhutanese refugee families. When I worked with refugee clients in therapy, they often asked questions about my past, including my origin, purpose of immigration, duration of residency, and means of education in the United States. Although at that time I did not disclose details of my life to my clients, it often became a positive bonding experience. One particular refugee client inspired the thought of this research topic and research design when she shared how her participation in a community garden project changed her perspective, mood, and family relationships. Combined with my family histories, personal experiences, and client's story, it gave me a unique position in which to conduct this study.

CHAPTER IV: RESULTS

Demographics

A total of seventeen people from nine families participated in the interviews. Five families were a combination of wife and husband interviewing together, but there were three families with sisters; a sister and a brother; niece and aunt in an interview respectively. Family members reported a shared residence. All interview participants were born in Bhutan and moved to Nepal when they were children, except one interviewee who was born in India, moved to Bhutan at age 2, and later moved to Nepal. The age of interviewees varied from their 30s to 60s. Most of them had children except one family. Six families had school-aged children attending elementary school, middle school, or high school. One family had a child in college. All nine families participated in a community garden in 2019 as their way of engaging in a community activity. All of them were seasoned gardeners with a few years' experience in the community garden. They learned about the research interview through a garden manager and fellow gardeners.

Themes

Based on the analysis of interview data, three main themes and nine sub themes emerged from this process. The main themes included (a) intergenerational transmission, (b) community building through community engagement, (c) and strengthening family relationship through community engagement. The themes gave an illustration of participants' meanings of family, family constellation, their efforts to preserve family and cultural traditions and values, and parents' role for a well-adjusted family. They also captured the participants' experiences of community engagement and its benefits for them. Furthermore, the main themes illustrated how the community engagement strengthened participants' family relationships. Nine sub themes are connected to one another because when participants discussed their family, they included

extended family and community members as their family. There was not a clean-cut separation between family and community. The themes resonated participants' practice of collectivism (Im & Rosenberg, 2016). Their neighbors and friends became a family so that boundary, in a Eurocentric sense, became blurred. Within these three main themes, participants illustrated how they became involved in community, and how their experiences in community engagement, such as a community garden, influenced their families, family relationships, and their mental health.

Intergenerational Transmission

The first main theme explains how participants practice and preserve their family and cultural traditions, values, and customs. It has two sub-themes: (a) attempts to preserve family and cultural traditions and (b) values and parents' role as a teacher and a provider.

Attempts to Preserve Family and Cultural Traditions and Values. All participants grew up in Bhutan and Nepal watching their parents and community members gardening or farming and learned from the observation. They interpreted gardening or farming as a family heritage and wanted to preserve it. It was familiar to them and provided them with continuity and similarity in the new host country. They saw the community garden as a tool to practice their family traditions and values, and wanted their children to learn family traditions and value systems. In addition, they viewed the community garden as a place they could cultivate their culture and forge their cultural identity. One interviewee declared the following:

We are farmers . . . In Bhutan, we had a big plot for rice and everything. In Nepal also, we had just like this near our house. We planted the same type of vegetable there too . . . We have been practicing this since Bhutan. It is our tradition. This is our commitment to our tradition.

Community engagement, such as a community garden, created an opportunity to practice value systems among participants. Participants brought their traditional values and customs from Bhutan or Nepal, different from Western culture and value systems. Their traditional collective value systems were working together, helping each other, and sharing resources with others. Parents practiced and reinforced their value systems in the community garden through their interactions with their children and other community members. The community engagement in the garden was a platform for Bhutanese refugees to maintain their cultural traditions, traditional values, and customs. A participant stated, “Working together is very important. I want them [children] to learn and do it. I have to do it and show them and teach them.”

Another participant responded:

My parents told me that they had a big land in Bhutan. One day, they went to neighbor's land and home, and worked. Next day, they all went to another friend's land and worked together. Sharing—we do that [here]. This is the way we do . . .

Parents' Role as a Teacher and a Provider. Two interviewees with school-aged children described their role as a teacher. They expressed their desire for their children to maintain values and traditions as they grow up in a different country other than their native country. They taught their children values and traditions as well as a simple gardening method or family recipes using vegetables from the community garden. They appear to feel they have to live by their values as role models in order to teach their children and keep the values in family. One of the participants said, “Working together is very important. I want them [children] to learn and do it. I have to do it and show them and teach them. If I don't do it, they can't learn.”

In addition, five participants described a parent's role as a teacher and also discussed how they learned traditions, values, and simple life lessons from their parents while living in Bhutan

and Nepal. Furthermore, participants described how they wanted to teach the same lessons from their parents to their own children in the United States. A participant said, “My father and mother worked in a garden in Nepal. I watched them how to work. I gained some knowledge about gardening and things from my mother and father. Now I do it here.” Another participant stated, “If my parents didn’t teach me back then, I don’t know what I would do now. But my parents taught me. I know things.”

They also described how they learned traditions and value systems from their parents when they were young growing up in Bhutan or Nepal, and how they desired to pass them down to their own children, especially when they lived in a new country. One of the participants described how she learned values and cultural customs and how she teaches her children: “We just teach them this is our way of doing things. This is a way to take share. We [parents] have to teach them.”

In the community garden, it is natural for parents to have an opportunity to teach children about nature, gardening methods, plants, harvest, and the family’s preferred cooking methods. This appears to preserve a traditional role for parents as the teacher. It helped the participants’ families to maintain their traditional hierarchy and dynamics in the family. A participant said, “My son asked me so many questions. ‘What is this? What is that?’ Oh my God. That was tiring [chuckling]. So many questions. My son asked me so many questions.”

A participant described how her children became to enjoy gardening:

They learn how to dig, how to grow them. They just learn from me. She [a child] helped me plant chilies. I taught her how to do it. I taught her how to dig and plant seeds, a step by step. I teach my children.

In addition, seven participants described their role as a provider for their family: “I brought [home] some vegetables from the garden, cooked the vegetables and we ate them together.”

Another parent described her role as a provider: “Very satisfied because I provide something for my family. And we save money when I grow vegetables here. No need to go to a Market Basket.”

Community Building

Participants explained that they lost social networks, social connections, and their own community from Bhutan and Nepal when they were relocated to the United States. They recognized the importance of community for resettlement. Their losses and desire of rebuilding a new life motivated them to try to meet people in their community and rebuild social connections. This second theme illustrates how Bhutanese refugees rebuild community in a new host country after losing one from their home country and how they utilized this newly formed community. Four sub themes that emerged in this theme are (a) socialization through community engagement, (b) sharing resources/local knowledge/experiences, (c) expanding support systems, and (d) community engagement’s impact on mental health.

Socialization Through Community Engagement. Six participants and their family members viewed the community garden as a meeting place. As a newcomer in the community, it was natural for them to have few friends or a support system. They described that their community engagement, including their participation in the community garden, provided them an opportunity to meet people, including other Bhutanese, Africans refugees, and Americans. This socialization led them to forge deeper friendships as they celebrated festivals and holidays together. One interviewee described his experience in community engagement.

Every time we have [community] engagement, we see so many people, we talk and meet, we have a socialization. This is a good place for me, with other people, so we can have a chance to introduce ourselves, we got an introduction from other people . . .

The same interviewee described his experience of celebrating a holiday/festival with other community people in the process of building community: “So this kind of festival helps us to connect to each other. People come together and gather to celebrate it together. More community people gather, make more relationships.”

Sharing Resources/Local Knowledge/Experiences. All nine families voiced their use of community as sharing resources/local knowledge/experiences. As Bhutanese refugees and their families settle in a new host country, they need local knowledge and resources such as doctors, school systems, a place to worship, or ethnic grocery shops. Each participant was introduced to the community garden by his or her neighbor, friends, or extended family members. Although the community garden has a website and online registration, none of the participants reported that they became a member of the community garden through the online registration. A participant said, “I heard about it (community garden) from family and friends.” Another interviewee said, “I heard it from friends. One friend told me to join, stated, ‘It is good for you.’”

Their practice of sharing information and resources was not limited to their introduction to the community garden, but throughout their resettlement experience. Participants saw it as a process of community building and a reason to build a community.

When we came for the first time to the United States., there were lots of challenges, but when we came, there were already many Nepali people here. So for us, it was our luck also, we met lots of Nepali people, got some places with Nepali people that made our lives easier . . . my brother, my neighbors and friends wanted to help us. So a couple of

years passed, when we got the same type of people, new people came, they were new to this area and I was and we were seasoned, so we also helped them.

It seems that community engagement allows participants to build stronger communities by sharing the same experience of speaking the native language, learning gardening methods from each other, and sharing garden products or foods cooked from their garden.

A participant said:

When we go to a garden, we go there together, we grow vegetables together, we meet with friends together and we make community in that way. Sharing time, sharing vegetables, sharing resources. When we do gardening, we help each other. That is how we make community.

Expanding Support System. Five families responded that they built community and expanded a support system through community involvement. They emphasized that those support systems became like a family, fulfilling their loss of family connections due to their evacuation from home in Bhutan and displacement. A participant noted, “I am from a big family, many uncles, aunts, grandparents and cousins. They are in Bhutan. I miss them. Here neighbors, friends and family help each other like home. All gardeners become family.”

The expanded support system was not limited within the Bhutanese community, but expanded to a larger society. After all, the community garden and community activities were open to everyone. Participants in the community garden agreed that the community engagement included integration to a mainstream culture and cultural diversity. A participant noted, “When I come here, I meet with my neighbors, Nepali people speaking Nepali, there are some American people, and there are African people here. Cultural diversity.”

Their expanded support system through community engagements appeared to strengthen their family. One of the participants said, “More community people gather, make more relationships. We introduce ourselves, my family, and participate in that kind of activity as a family. So this helps us, my family.”

Community Engagement’s Impact on Mental Health. Seven families acknowledged the impacts of community engagement on mental health. Although they all denied experiencing depressive symptoms or any mental health issues, four participants shared that they encountered community members who had depression due to a feeling of loneliness, isolation, language barriers, and other resettlement challenges. They all admitted that community engagement had a significant impact on community members’ depression.

A participant said, “It is helpful that we engage in community. Some people are depressed. They engaged in community. They have no depression. They have no free time [for that]. They are busy with tasks and people. They are no longer depressed.”

Another participant described her elder mom with no English skills and refugee trauma and her depression, and how community engagement improved her mental health.

It [community engagement] makes me happy. It makes my mom happy. Actually my old mom doesn’t know any English. She speaks only Nepali. Old people don’t have English. When they come here [the community garden], everything is Nepali. Here she speaks Nepali, her own language. It makes her happy. When she goes home, she remembers Nepal and everything [refugee trauma], not happy. Here she meets with people, making each other happy, speaking Nepali. She is busy doing gardening, making friends. She is happy. They enjoy it.

One interviewee was aware of the high suicide rate among Bhutanese refugees in the United States and discussed his perspectives:

Sometimes people with that kind of depression, thinking who has that kind of thinking. If community ignores that kind of people, so surely it will lead to a suicide. When we get together, we talk about getting together, festival or anything that will help individuals to get over loneliness and depression, community plays an active role that type of incident will decrease.

Strengthening Family Relationships

The third theme that emerged from the data was strengthening family relationships. It has three sub themes including: (a) family as a source of local knowledge and support, (b) family spending time together, and (c) family dinnertime and negotiation.

Family as a Source of Local Knowledge and Support. All nine families moved to a New England state to be closer to their families. Their concept of family was not only a nuclear family or family of origin, but also included extended family such as grandparents, uncles, aunts, cousins, in-laws, and close family friends and neighbors from Bhutan or Nepal. Participants emphasized the importance of having family close by. A participant responded: “We came to here, (because) we wanted to be close to family.”

All participants used their families to gain local knowledge and assistance, including childcare, emotional support, or transportation, while resettling. In addition, all nine families learned about the community garden from their relatives and family members. One participant said, “Sometimes my sister in law helps me to do gardening. They give me more help, at home too. Her children are all grown up. She has more time. That’s why I ask her to help. Always helpful.”

One of the participants described how his brother assisted him when he first arrived: “My brother helped me. He taught me how to drive, helped me, took me places to get a job, how to go to work.”

Family Spending Time Together. This sub theme was extensive in the participants’ responses. Eight families shared that they utilized the community garden as a tool for family to spend more time together and participate in the same activity. A participant said, “My husband and all my family, son and daughter, spend time together [in the garden]. We talk about the garden together. Sometimes my daughter asked me to go to a garden together.”

As a result, the families spent more time together, developed a common interest and shared experiences, and strengthened their relationships to each other. One of the participants said, “Family relationships are better because we talk more. It helps the family. We talk about vegetables, sometimes flowers, beans, healthy foods, everything we grow, helping others.”

Three families specifically discussed increased spending time between husband and wife throughout the community garden engagement. They illustrated their busy family life with work, children, elder parents, or house chores. Six families had a traditional family structure with a husband, wife, and children. A participant spoke about her joy of coming to a community garden and increased couple’s time:

My husband and me. We, together, we work [in the garden] . . . work together, spend time together. We go to the garden together, work some, just ask each other’s day, talk about vegetables, garden, children. Just being together. Enjoy each other.

Three families added their children’s increased outdoor play with parents. They all lived in a housing complex in a city that had limited outdoor space for their children to run around. A participant noted, “When my baby [youngest child] goes there [the community garden], he is

running around, pulling things from the garden, just visiting, enjoying nature, he is watching vegetables, little tomatoes growing.”

Family Dinner Time and Negotiation. Five families discussed their family dinnertime, and negotiation of each family member’s preferred dinner items or cooking methods, since they engaged in the community garden and grew their own vegetables together. They described how their typical dinner time conversations unfolded and how each family member responded to each other. One of participants said:

I brought some vegetables from the garden, cooked the vegetables, and we ate them together. My children would say after tasting, “Mom, next time you cook this in a different way.” Or “Mom, I like this, not that one, can you cook it next time?” Something like that. They all have different likes and dislikes.

Another interviewee responded:

I make one vegetable, next I make another vegetable [dish], not the same dish. They know we didn’t buy it. Sometimes one of them can’t eat one dish, sometimes, one of them can’t eat this dish, but there is always something for everyone to eat.

Family dinnertime appears to be an important ritual for Bhutanese families to maintain family relationships because five families indicated that they ate together most nights with dishes cooked from products from the garden, and communicated among family members during the family dinnertime. All female participants reported that they cooked dinner at home, especially traditional Bhutanese or Nepali meals, but none of the male participants discussed family dinnertime.

CHAPTER V: DISCUSSION

Intergenerational Transmission

Intergenerational transmission illustrates participants' family dynamics, parents' roles, attempts to preserve and cultivate family traditions and values, and efforts to practice cultural traditions, values, and customs. The first main theme, intergenerational transmission, has two sub themes: (a) attempts to preserve family traditions and (b) parents' role as a teacher.

First, participants explained their concept of family. In Western society, "family" often means a nuclear family including parents and children. I found that participants in this study used the term family to include their nuclear family, extended families, close family friends, or neighbors. The Eurocentric concept of family became blurred with Bhutanese refugee families. Western trained therapists might think they were enmeshed and had a lack of boundaries, but participants in this study were simply applying their traditional values and customs. During interviews, two participants' young children occasionally interrupted the interview and interacted with their parents. Children address parents' close friends as Aunty or Uncle. Three participants stated that friends become family as they spent time together in community engagement, and seven participants discussed they were able to deepen their friendships because of the participation at the community garden. Two participants commented that there were differences between their traditional view and Americans' practice of family concept and boundary setting. The traditional Western view of the nuclear family did not appear to apply in their practice.

All participants shared their childhood experiences including their parents' farms, family dynamics, their parents' methods of social exchange or labor arrangements with extended family members, and community engagement during farming seasons, and ultimately participants' losses of their own communities or extended families as they resettled in a new host country as

refugees. They viewed their observation of their parents' intergenerational exchange and community engagements in Bhutan and Nepal as cultural and family traditions, shared their desire to preserve family traditions, value systems, and cultural customs by practicing them in a new host country with their children. Participants discussed that intergenerational transmission happened in their families through community engagement and family spending time together. The study reveals that it is important to Bhutanese families to preserve family traditions, and to continue cultural traditions and customs in a host country. They used the community garden as a platform to carry on their traditional gardening methods, collective values, work ethics, and traditional values from their parents' generation from Bhutan and Nepal.

This finding was aligned with a study by Tingvold, Hauff, et al. (2012) that intergeneration exchange cultivated and incorporated traditional values and expectation, and maintained cultural practices among Vietnamese youth. This study's finding on intergenerational transmission resonated in previous literature (Carney et al., 2012; Lewis, 2008; Mitschke et al., 2013; Nguyen & Williams, 1989). The difference was that participants in this study focused on the positive outcome of intergenerational exchange leading to cultivating family traditions and values and cultural custom practices. Participants in this study reviewed this intergenerational exchange as a way to form intergenerational transmission, preserving family and cultural traditions and values, and passing them down to their children. Lewis (2008), Mitschke et al., (2013), Nguyen and Williams (1989), and Rick and Forward (1992)'s studies focused on intergenerational gaps and conflicts, and different acculturation processes among family members.

In addition, six participants discussed parents' role in family and how they learned from their own parents by observing their practices of traditions, values, and cultural customs, and

participating in parents' farming, cultural events, or family activities. Furthermore, participants in this study viewed their role as a provider for the family by working and earning wages or growing vegetables in the community garden as a source for family meals. Participants shared their parents' roles as providers and teachers and their efforts to maintain those roles in their own families. Participants in this study addressed their desire and practice of teaching their children their family traditions and values that they inherited from their parents. Participants shared they were preserving a piece of something from their childhood and homeland by teaching their children the same values they grew up with. The preserved traditional parental roles in this study played as a key of participant families' success in a host country. It is consistent with the literature's emphasis on cultural traditions, parent-child communications as protective factors for well-adjusted refugee families and parenting struggles, and a change of roles in a host country contributing to resettlement stress and generational gap in acculturation (McCleary, 2017; Nguyen & Williams, 1989; Rick & Forward, 1992). Although the literature illustrated negative impacts of a roles change in family, role loss, parent-child relational conflicts, and generational gaps, participants in this study showed how well refugee families could adjust in a new host country when the traditional parental role was preserved and family and cultural traditions and values were well maintained. Much of the literature explored negative impacts of intergenerational exchange on family, and suggested family violence, spousal abuse, and the misuse of substance among refugee families (Barnes & Aguilar, 2007; Comas-Diaz & Jansen, 1995; Deng & Marlowe, 2013; McCleary, 2017; Merali, 2004; Nguyen & Williams, 1989). Surprisingly, this study showed all positive and healthy influences of intergenerational exchange and transmission when participants and their family members were engaged in a community activity such as a community garden. Bhutanese refugee families in this study were able to

preserve traditional parents' role as a teacher and provider while participating in the community garden. Although they were displaced, relocated, and faced challenges, their traditions, values, cultural practices, and family dynamics were protected.

Community Building

The importance of community, the process of building community, and impacts of community on participants emerged in this study. The first sub theme in Community Building is socialization through community engagement. All participants and their family members noted that they were able to meet new people and socialize through community engagements including the community garden, community activities, or cultural festival and holiday celebrations in the community. The community engagement provided a platform for Bhutanese refugee families to rebuild the community they lost through the process of replacement and resettlement. Isolation is not uncommon among refugee populations in a new host country (Ellis et al., 2015), but participants in this study were able to socialize not only with other Bhutanese, but also with other gardeners in the community garden or participants in community activities. Seven participants stated that they met other Bhutanese, Africans, and Americans through the community engagement in the community garden. Participants had a plot as any other community member and their garden was admired by many fellow gardeners. This experience gave participants a sense of belongingness. Their presence in the community garden was valued and acknowledged as they lived in a state of predominantly White where people of color are less than 5% of the total population. The finding in this sub theme is consistent with Tingvold, Hauff, et al. (2012), Tingvold, Middelthon, et al. (2012), and Falicov (2007), in which they discussed the importance of community for refugee and immigrant populations to rebuild social capital, social networks, relationships, and increase a sense of belongingness.

Aligned with prior studies (Agbenyiga et al. 2012; Barnes & Aguila, 2007; Falicov, 2007; Im & Rosenberg, 2016; McCleary, 2017; Pejic et al., 2016; Ramaliu & Thurston, 2003), participants shared how they gained local knowledge, such as health care systems, school systems, employment opportunities, or community activities, from their community engagement. Seventeen participants learned about the community garden from their neighbors, family members, or community members while participating in a community activity. They also shared monetary resources with community members in need. One participant said, “Sharing is good. But you people [Americans] don’t share, right? Our culture, we share. Sharing working time, seeds, vegetables, and foods.” It showed their worldviews as collectivism—the “we” concept (Hofstede, 1984). The community engagement, including the community garden, was an informal platform for Bhutanese refugees to learn local knowledge, share resources, and identify with people with similar backgrounds and experiences. This experience contributed to their community building process and increased a sense of belongingness.

All participants illustrated their social and cultural losses, their attempts to rebuild community, recreate a social network, and expand support system through community engagement. This finding is consistent with prior studies (Agbenyiga et al., 2012; Barnes & Aguilar, 2007; Collignon et al., 2001; Falicov, 2007; Finfgeld-Connett, 2005; Lindgren & Lipson, 2004; Pejic et al., 2017) in which they discussed that a new community in a host country could replace what refugees and immigrants lost in the process of resettlement, especially a family connection. Participants shared a unique experience from their community engagement in the community garden and described the experience of cultural diversity. Gardeners in the community gardens were not only Nepali or Bhutanese refugees, but also Africans refugees from Congo, Somalia, Sudan, or Rwanda, and Americans from the local community. Participants in

this study valued the interactions with the wider community members, learning different perspectives, gardening techniques, or family dynamics. This experience and interaction taught them multiple possibilities that helped them to adapt to a new environment and settle in a host country. The community became their bumper from resettlement stress and challenges.

Community engagement's impacts on mental health emerged in this study, which is consistent with prior studies on the same topic (Almeida et al., 2011; Barnes & Aguilar, 2007; Gerber et al., 2017; Nazzal et al., 2014). Participants' perceptions of mental health and health practice behaviors were different from their U.S. born counterparts in their host country. Three families shared their ailments manifested by refugee stress, such as headaches and their elder parents and older relatives' emotional status due to an isolation and a lack of English skills in a predominantly White and rural community. All nine families discussed how community engagement in the community garden made them feel happier, increased a sense of belongingness, and decreased negative thoughts towards challenges they were facing and feelings of loneliness. They agreed that the community engagement improved their mental health and wellbeing. Aligned with studies by Agbenyiga et al. (2012), Ellis et al. (2015), and Schinina, et al. (2011), two participants in this study discussed their ethnic community's high rate of suicide and community engagement's positive influences on suicide. Participants' responses were that loneliness and purposeless were high risk factors in their community's high suicide rate. Community engagement through the community garden created a place for Bhutanese elders to socialize and regain a lost role as a provider or a teacher that was held by elders in their home country. As they participated in community activities and advised younger groups of Bhutanese families about cultural traditions, customs, or gardening methods, they were able to speak their own language in the community activities and maintain their traditional role.

Strengthening Family Relationships

The last main theme, strengthening family relationships, has three sub themes: (a) family as a source of local knowledge and support, (b) family spending time together, and (c) family dinner time and negotiation. Participants discussed how community engagement influenced their families and family relationships, and as a result of community engagement, their families stayed together and cultivated stronger and closer relationships despite prior studies' concerns of acculturation gaps between family members or generations, increased substance use, or domestic violence among refugees and immigrants (Lazarevic et al., 2012; McCleary, 2017; Rick & Forward, 1992; Tingvold, Middelthon, et al., 2012).

All participants described their families, not only as a nuclear family, but combined a sense of extended family and a kinship family. All nine families chose the current location to relocate because of family connections; either a sibling, extended family, or neighbors from Nepal. It was beneficial for Bhutanese refugee families to stay closer to families because family became a source of local knowledge and support. Nine participants in this study worked while juggling family. Participants used family in-laws and kinship families for childcare—additional assistance to get through their daily routines. The families whom participants met and became more than just friends through community engagements became resources and sources of local knowledge. Participants were able to exchange child rearing tips and discuss parenting issues. This finding is consistent with past studies on the topic (Carney et al., 2012; Kwak, 2003; McCleary, 2017; Tingvold, Middelthon, et al., 2012).

All seventeen participants in this study illustrated how their community engagement increased the time their family spent together, including couples' quality time, family spending time with each other, and children's outdoor play with parents. As participants spent more time

with their spouses in the community garden, tending their vegetable garden, searching for gardening methods, interacting with other gardeners, and through community activities, such as a festival celebration, many participants stated that their relationship satisfaction increased. Participants also brought their children to the community garden to do gardening: planting, watering, weeding, or harvesting. They were able to spend family time by doing the same activity. During the family gardening time, parents taught children about plants and gardening and maintained a traditional parent's role as a teacher and a provider. Their community engagement increased family quality time. Participants noted that their young children had an opportunity to run around and enjoy the outdoors when they came to the community garden. They reported that they were happy about their children's increased outdoor play and therefore spent less time on screen or social media. The community engagement provided the participants' families a topic to discuss as a family, an activity in which to participate, and a common interest to share, that generated a sense of family togetherness. This fits with prior work of Carney and colleagues (2012), who studied migrated Hispanics participating in a community garden project and discovered its benefits on family relationships.

Participants' community engagement brought their families to the dinner table. The participants in this study grew vegetables in the community garden and brought them home to cook for dinner. Five families discussed their dinnertime with their young children. Their children participated in dinner preparation, voicing their own preferred dishes or cooking methods, leading to family negotiation and communication. Participants were able to grow their traditional vegetables required to cook ethnic dishes from Nepal and Bhutan, and were able to preserve their traditional cuisine and share it with their children. Three participants illustrated how they were teaching their children to cook different curry dishes. This finding supports prior

studies (Merali & Violato, 2004; Nguyen & Williams, 1989) in which they discussed acculturation gaps between parent–child in Hispanic community and Vietnamese families, respectively, due to a lack of communication. These studies described that children preferred Westernized behaviors or life customs that led to conflicts between parents and adolescents. Participants and their children in the current study shared the same or similar interests and preferences in dinner meals because participants' children contributed to gardening; they grew the vegetables on their dinner table and showed more interest in meals cooked with the vegetables they grew. The community engagement and children's participation in community gardens closed a possible gap between parents and children in acculturation.

Although the research question did not ask about participants' gender roles in the family, participants described gender roles in the family, such as double income family status, homemaker status, working in the garden as a couple, or house chore duty. Four female participants between their 30s and 40s with school aged children were in the workforce; at the same time, another four female participants with toddlers described themselves as homemakers. One female participant with a young child disclosed that she worked from home. When they illustrated their dinner time, and cooking ritual at home, only female participants described that they were cooking for the family. The similarity was shown when parents described they were teaching their traditional cuisine to their daughters. It appeared that while they were preserving certain traditions for their family, such as female family members cooking for the family and husbands working to provide for the family, their practice in gender roles was changing as four female participants were at the workforce who had not worked prior to their resettlement in the U.S.

Five families described increased vegetable intake and physical activity because of the community garden and the financial benefits from gardening, although it was not a part of the purpose of this study. Five participants reported their families recognized that gardening contributed to family finance management and their children benefited.

Limitations

This study had a small sample size with seventeen participants from nine families. The sample size was adequate for a phenomenological study; however, the small sample size limited the wider range of experiences compared to a larger sample size. More participants would have illustrated more descriptive stories of community engagement and family relationships. Participants covered various age groups and life stages in the family, but this study did not include children. Many participants had school age children, ranging from elementary school to college. This study described only adults who had moved to the United States as adults. Children might have different experiences or perspectives towards community engagement and their family's relationship because their experiences in American schools might have led to a different level of acculturation.

Another limitation is that the interview was done in English. Although an interpreter was available at the time of each interview, participants preferred to try the interview in English. It appeared to be their attempt to prove their efforts and successful integration in the United States, as many participants announced with pride that they owned a car and could drive. Their refusal to use an interpreter created an interesting dynamic between family members during the interview. Family members with more adequate English fluency dominated the conversations, therefore, were able to have more influence on the results. Participants might have worried about their confidentiality if they used an interpreter for the interview because they lived in a small

community and Bhutanese refugee families were well connected to one another, as participants in this study indicated. Although participants had a certain level of English proficiency, different stories and experiences in their own language could have been drawn. Participants sometimes paused to find a suitable word to describe their experience. If a similar study was done in their native language or with an interpreter, I wonder what the results would have shown.

Lastly, it appeared that the concept of family dynamics or family relationships did not make sense or translate well to participants. When I asked a question such as, “Have you noticed any change in family closeness/cohesiveness?” a few participants asked me to explain the question again, so I had to restate the question with examples of healthy or unhealthy family relationships. The concept of family relationships or family dynamics and its possibility of change seemed to be a Westernized concept to them. Some parents during the interview stated, “We are a simple family, we work and eat together.”

Conclusion

More than 1,500 Bhutanese refugees came and settled in New Hampshire (NH) as of 2016 and make up 65% of the total refugee populations in NH (New Hampshire Department of Health and Human Services, 2018). This study gave an illustration and description of Bhutanese refugees’ families, their meaning and usage of community and community engagement, and its influence on family relationships. It was the first phenomenological research study in a rural area of New England using a family systemic lens to explore family relationships. Previous studies on refugee populations were conducted in an urban area. The rural area has different challenges and barriers from urban areas for refugee families to navigate resettlement. The systemic lens in this study explored and emphasized the importance of the partnership between the family and the community as well as within family members in their effort of resettlement and acculturation.

This phenomenological study allowed the participants to voice their experiences of family and community, and meaning of their experiences. They illustrated how they viewed family in a collective sense rather than trying to fit into the Eurocentric view of the nuclear family.

This research study found unique Bhutanese refugees' family dynamics as they attempted to preserve their family and cultural traditions. Many participants identified themselves as farmers as they described that they grew up watching their parents farm and garden in Bhutan and Nepal. They chose to participate in the community garden to practice the familiar activity and to teach their children about family and cultural traditions. It led parents to teach their children about traditional meals and holiday traditions and customs, and preserve them as they practiced them in their daily life. Their collective work ethic and practice were demonstrated while gardening. For example, their gardening work was not an individual activity. It was rather a group effort with family members and neighbors. Participants in this study adapted their parents' collective farming practice from Bhutan and Nepal in the host country while their children watched them and learned the values and traditions from their parents. Participants took a directive and non-directive role as a teacher as they modeled their value systems and taught their children small tasks, such as gardening or cooking their ethnic foods. Participants in this study acknowledged their challenges of spending time with their spouse or children due to their work hours or schedule, such as working double shifts to support their family. It will be important for Bhutanese refugee families to have access to practice their cultural traditions and to have systemic support for them to be able to spend family time. It will be equally crucial for clinicians, teachers, and community leaders to develop services or programs to promote family time and to forge and celebrate their culture and traditions. Policy makers and employers need to be aware of the impacts of cultural identity on Bhutanese refugee family's resettlement in a new

host country, and implement family friendly and culturally relevant policies and work environments. In addition, policy makers will need to support and promote integration as their preferred acculturation style by developing a way for Bhutanese refugee families to preserve their cultural traditions and values, and learn new traditions in a mainstream society. When Bhutanese refugee families integrate new customs in a host country with their traditional values and practice, they will forge stronger sense of self and identity.

This study described how participants valued their community, community engagement, and how their community engagement influenced their wellbeing. The Bhutanese refugee population in New Hampshire is thriving within the short period of time since their arrival in 2008. Participants in this study shared their success stories in a new host country based on utilizing their community and participating in community activities as a family. All participants voiced that community engagement provided them with an opportunity of socialization, expanding their support systems, and local knowledge and resources, including sharing foods, labor, parenting tips, or childcare. All seventeen participants acknowledged losses during the resettlement process and their challenges in a host country. Nine participants described that community and community engagement helped them and their family members to overcome their feelings of loneliness or isolation and depression—ailments manifested by poor mental health and language barriers. It is important for the refugee community and the larger society to have more available community activities and community resources for Bhutanese refugee families, such as community gardens, community-based classes, or celebration of holidays.

When families are forced to flee from their homes and are displaced, they experience disruptions, including increased substance use, impairments in relationships, and mental health issues (McCleary, 2017; Mitschke et al., 2013). This study illustrated that Bhutanese refugee

families strengthened their family relationships when they engaged in community activities. Bhutanese refugee families in this study chose to stay close to their extended family members. The reason seventeen participants moved to New Hampshire was that at least one of their siblings or family friends were living in New Hampshire and they desired to live close to their family and friends. The participants in this research study demonstrated that they could close a generational gap and acculturation gap between family members and strengthen family relationships by participating in community activities as a family. Participants reported increased family times as their family participated in community engagement and building shared interests among family members because of community engagement. It is important for clinicians to understand the role family plays in the Bhutanese refugee population to have a better understanding of their stories and experiences in the United States. In addition, clinicians need to pay attention to how stronger family relationships influence positive mental health outcomes among Bhutanese refugee families. A family member's difficulty becomes the family's challenge because of Bhutanese refugee families' practice of collectivism. A family with strong relationships can provide a buffering effect when Bhutanese refugees face resettlement stress and difficult life events that potentially become risk factors of depression or other mental health issues. Given Bhutanese refugees higher suicide rate in the U.S., it is important for Bhutanese families to forge cultural identity and strengthen a sense of belongingness and togetherness among family members, as both have effects on lowering a suicide risk and promote children's high performance in school.

This research study helps readers increase their understanding of the Bhutanese refugee population's family dynamics and their knowledge seeking practice. Bhutanese families tend to seek local knowledge, information, and advice within their extended family circle and

community. Most participants in this research study owned a smartphone and had access to the internet, and were aware of the community garden's web page about registration, yet they learned about the community garden and community celebrations of their holidays through their friends, neighbors, and family members, and registered in person. To aid Bhutanese refugees, it will help clinicians, teachers, health professionals, refugee resettlement organizations, law enforcement, or policy makers to implement their services, programs, or new policies with a community-based approach. It will be important to have paraprofessionals working in the Bhutanese refugees' community to provide needed assistance and empower community leaders by involving them in the decision- or policy-making process in schools, clinics, community, or state legislation.

References

- Agbenyiga, D., Barrie, S., Djelaj, V., & Nawyn, S. (2012). Expanding our community: Independent and interdependent factors impacting refugees' successful community resettlement. *Advances in Social Work, 13*(2), 306–324.
- Almeida, J., Subramanian, S. V., Kawachi, I., & Molnar, B. E. (2011). Is blood thicker than water? Social support, depression and the modifying role of ethnicity/nativity status. *Journal of Epidemiology and Community Health, 65*(1), 51–56.
- Anderson, H., & Gehart, D. (2007). *Collaborative therapy: Relationships and conversations that make a difference*. Routledge/Taylor & Francis Group.
- Aoe, T., Shetty, S., Sivilli, T., Blanton, C., Ellis, H., Geltman, P. L., ... Lopes Cardozo, B. (2016). Suicidal Ideation and Mental Health of Bhutanese Refugees in the United States. *Journal of Immigrant and Minority Health, 18*(4), 828–835. doi:10.1007/s10903-015-0325-7 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4905789/>
- American Psychological Association. (2010). *Publication manual of the American Psychological Association* (Sixth ed.). Washington, DC: American Psychological Association.
- Barnes, D. M., & Aguilar, R. (2007). Community social support for Cuban refugees in Texas. *Qualitative Health Research, 17*(2), 225–237.
- Betancourt, T. S., Abdi, S., Ito, B. S., Lilienthal, G. M., Agalab, N., & Ellis, H. (2015). We left one war and came to another: Resource loss, acculturative stress, and caregiver–child relationships in Somali refugee families. *Cultural Diversity and Ethnic Minority Psychology, 21*(1), 114–125. <https://doi.org/10.1037/a0037538>
- Betancourt, T. S., Frounfelker, R., Mishra, T., Hussein, A., & Falzarano, R. (2015). Addressing health disparities in the mental health of refugee children and adolescents through

- community-based participatory research: A Study in 2 Communities. *American Journal of Public Health*, 105, S475-S482.
- Birman, D., Beehler, S., Harris, E. M., Everson, M. L., Batia, K., Liautaud, J., ... Cappella, E. (2008). International Family, Adult, and Child Enhancement Services (FACES): A community-based comprehensive services model for refugee children in resettlement. *American Journal of Orthopsychiatry*, 78(1), 121–132.
<https://doi.org/10.1037/0002-9432.78.1.121>
- Boehnlein, J. K., Tran, H. D., Riley, C., Vu, K.-C., Tan, S., & Leung, P. K. (1995). A comparative study of family functioning among Vietnamese and Cambodian refugees. *Journal of Nervous and Mental Disease*, 183(12), 768–773.
- Carney, P. A., Hamada, J. L., Rdesinski, R., Sprager, L., Nichols, K. R., Liu, B. Y., ... Shannon, J. (2012). Impact of a community gardening project on vegetable intake, food security and family relationships: A community-based participatory research study. *Journal of Community Health: The Publication for Health Promotion and Disease Prevention*, 37(4), 874–881. <https://doi.org/10.1007/s10900-011-9522-z>
- Centers for Disease Control and Prevention (2012). *Bhutanese Refugees*.
<https://www.cdc.gov/immigrantrefugeehealth/profiles/bhutanese/background/index.html>
- Centers for Disease Control and Prevention (2013). *Suicide and suicidal ideation among Bhutanese refugees—United States, 2009–2012*.
https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6226a2.htm?s_cid=mm6226a2_w
- Chambon, A. (1989). Refugee families' experiences: Three family themes—family disruption, violent trauma and acculturation. *Journal of Strategic & Systemic Therapies*, 8, 8–13.
<https://doi.org/10.1521/jsst.1989.8.bonus.3>

- Cheng, I., Wahidi, S., Vasi, S., & Samuel, S. (2015). Importance of community engagement in primary health care: the case of Afghan refugees. *Australian Journal of Primary Health*, 21(3), 262-267. <https://doi.org/10.1071/PY13137>
- Collignon, F. F., Men, M., & Tan, S. (2001). Finding ways in: Community-based perspectives on Southeast Asian family involvement with schools in a New England state. *Journal of Education for Students Placed at Risk*, 6(1-2), 27-44. https://doi.org/10.1207/S15327671ESPR0601-2_3
- Comas-Díaz, L., & Jansen, M. A. (1995). Global conflict and violence against women. *Peace and Conflict: Journal of Peace Psychology*, 1(4), 315-331.
- Connor, P. (2016). *U.S. admits record number of Muslim refugees in 2016*. <http://www.pewresearch.org/fact-tank/2016/10/05/u-s-admits-record-number-of-muslim-refugees-in-2016/>
- Creswell, J. (2013). *Qualitative inquiry & research design: Choosing among five approaches* (Third ed.). Los Angeles: Sage Publications.
- Creswell, J. W., & Poth, C. N. (2018). *Qualitative inquiry & research design: Choosing among five approaches* (Fourth Ed). Sage Publications.
- Dahl, C. M., & Boss, P. (2005). The use of phenomenology for family therapy research: The search for meaning. In D. H. Sprenkle & F. P. Piercy (Eds.), *Research methods in family therapy* (2nd ed., pp. 63-84). New York, NY: The Guilford Press.
- Delgado, R., & Stefancic, J. (2001). *Critical race theory: An introduction*. New York University Press.
- Daly, K. (2007). *Qualitative methods for family studies & human development*. Sage Publications.

- Deng, S. A., & Marlowe, J. M. (2013). Refugee resettlement and parenting in a different context. *Journal of Immigrant & Refugee Studies, 11*(4), 416–430.
<https://doi.org/10.1080/15562948.2013.793441>
- Dowling, E., & Elliott, D. (2012). Promoting positive outcomes for children experiencing change in family relationships. In S. Roffey (Ed.), *Positive relationships: Evidence based practice across the world* (pp. 109–126). Springer Science + Business Media.
- Edwards, A. (2018). *UNHCR Stories*.
<https://www.unhcr.org/news/stories/2018/6/5b222c494/forced-displacement-record-685-million.html>
- Ellis, B. H., Lankau, E. W., Ao, T., Benson, M. A., Miller, A. B., Shetty, S., & Cochran, J. (2015). Understanding Bhutanese refugee suicide through the interpersonal-psychological theory of suicidal behavior. *American Journal of Orthopsychiatry, 85*(1), 43–55.
<https://doi.org/10.1037/ort0000028>
- Falicov, C. J. (2007). Working with transnational immigrants: Expanding meanings of family, community, and culture. *Family Process, 46*(2), 157–171.
- Fingeld-Connett, D. (2005). Clarification of social support. *Journal of Nursing Scholarship, 37*(1), 4–9. <https://doi.org/10.1111/j.1547-5069.2005.00004.x>
- Franco, N., & Levitt, M. J. (1998). The social ecology of middle childhood: Family support, friendship quality, and self-esteem. *Family Relations, 47*(4), 315–321.
- Gehart, D., Tarragona, M., & Bava, S. (2007). A collaborative approach to research and inquiry. In H. Anderson & D. Gehart (Eds.), *Collaborative therapy: Relationships and conversations that make a difference* (pp. 367–387). New York, NY: Routledge/Taylor & Francis Group.

- Gerber, M. M., Callahan, J. L., Moyer, D. N., Connally, M. L., Holtz, P. M., & Janis, B. M. (2017). Nepali Bhutanese refugees reap support through community gardening. *International Perspectives in Psychology: Research, Practice, Consultation*, 6(1), 17–31. <https://doi.org/10.1037/ipp0000061>
- Gergen, K. (2015). *An invitation to social construction* (3rd ed.). Los Angeles, Sage.
- Groen, S. P. N., Richters, A., Laban, C. J., & Devillé, W. L. J. M. (2017). Cultural Identity Among Afghan and Iraqi Traumatized Refugees: Towards a Conceptual Framework for Mental Health Care Professionals. *Culture, Medicine and Psychiatry*, 42(1), 69–91. <https://doi.org/10.1007/s11013-016-9514-7>
- Hofstede, G. (1984). The cultural relativity of the quality of life concept. *Academy of Management Review*, 9(3), 389–398
- Hofstede, G. (2011). Dimensionalizing cultures: The Hofstede model in context. *Online Readings in Psychology and Culture*, 2(1). 1-26. <https://doi.org/10.9707/2307-0919.1014>
- Horyniak, D., Higgs, P., Cogger, S., Dietze, P., & Bofu, T. (2016). Heavy alcohol consumption among marginalized African refugee young people in Melbourne, Australia: Motivations for drinking, experiences of alcohol-related problems and strategies for managing drinking. *Ethnicity & Health*, 21(3), 284–299. <https://doi.org/10.1080/13557858.2015.1061105>
- Husserl, E. (1982). *Ideas pertaining to a pure phenomenology and to a phenomenological philosophy* (Collected works / Edmund Husserl, v. 2). The Hague: Nijhoff.

- Im, H., & Rosenberg, R. (2016). Building social capital through a peer-led community health workshop: A pilot with the Bhutanese refugee community. *Journal of Community Health: The Publication for Health Promotion and Disease Prevention*, *41*(3), 509–517. <https://doi.org/10.1007/s10900-015-0124-z>
- International Organization for Migration. (2008). Cultural profile. The Bhutanese refugees in Nepal: A tool for settlement workers and sponsors. <http://www.mnchurches.org/refugee/healing/wp-content/uploads/Microsoft-Word-IOM-Bhutanese-Cultural-Profile-2008.pdf>
- Kerr, M. E., & Bowen, M. (1988). *Family evaluation: An approach based on Bowen theory*. Norton.
- Kwak, K. (2003). Adolescents and their parents: A review of intergenerational family relations for immigrant and non-immigrant families. *Human Development*, *46*(2–3), 15–136. <https://doi.org/10.1159/000068581>
- Lazarevic, V., Wiley, A., & Pleck, J. H. (2012). Associations of acculturation with family and individual well-being in Serbian refugee young adults in the United States. *Journal of Comparative Family Studies*, *43*(2), 218–236.
- Lewis, D. C. (2008). Types, meanings and ambivalence in intergenerational exchanges among Cambodian refugee families in the United States. *Ageing & Society*, *28*(5), 693–715. <https://doi.org/10.1017/S0144686X08007034>
- Lindgren, T., & Lipson, J. G. (2004). Finding a way: Afghan women's experience in community participation. *Journal of Transcultural Nursing*, *15*(2), 122–130. <https://doi.org/10.1177/1043659603262490>
- McCleary, J. S. (2017). The impact of resettlement on Karen refugee family relationships: A

- qualitative exploration. *Child & Family Social Work*, 22, 1464–1471.
<https://doi.org/10.1111/cfs.12368>
- Merali, N. (2004). Individual assimilation status and intergenerational gaps in Hispanic refugee families. *International Journal for the Advancement of Counselling*, 26(1), 21–32.
<https://doi.org/10.1023/B:ADCO.0000021547.83609.9d>
- Merali, N., & Violato, C. (2002). Relationships between demographic variables and immigrant parents' perceptions of assimilative adolescent behaviors. *Journal of International Migration and Integration*, 3(1), 65–81.
- Mitschke, D. B., Aguirre, R. P., & Sharma, B. (2013). Common threads: Improving the mental health of Bhutanese refugee women through shared learning. *Social Work in Mental Health*, 11(3), 249–266. <https://doi.org/10.1080/15332985.2013.769926>
- Nazzal, K. H., Forghany, M., Geevarughese, M. C., Mahmoodi, V., & Wong, J. (2014). An innovative community-oriented approach to prevention and early intervention with refugees in the United States. *Psychological Services*, 11(4), 477–485.
<https://doi.org/10.1037/a0037964>
- New Hampshire Department of Health and Human Services (2018). *Refugee populations ethnicity chart 2010–2017*. <https://www.dhhs.nh.gov/omh/refugee/documents/ref-pop-chart.pdf>
- Nguyen, N. A., & Williams, H. L. (1989). Transition from East to West: Vietnamese adolescents and their parents. *Journal of the American Academy of Child & Adolescent Psychiatry*, 28(4), 505–515. <https://doi.org/10.1097/00004583-198907000-00007>

- Pejic, V., Hess, R. S., Miller, G. E. & Wille, A. (2016). Family first: Community based supports for refugees. *American Journal of Orthopsychiatry*, 86(4), 409–414.
<https://doi.org/10.1037/ort0000189>
- Pejic, V., Alvarado, A. E., Hess, R. S., & Groark, S. (2017). Community-based interventions with refugee families using a family systems approach. *The Family Journal*, 25(1), 101-108. <https://doi.org/10.1177/1066480716680189>
- Pew Research Center (2017). *U.S. resettles fewer refugees, even as global number of displaced people grows*. <http://www.pewglobal.org/2017/10/12/u-s-resettles-fewer-refugees-even-as-global-number-of-displaced-people-grows/>
- Pew Research Center (2019). *Canada now leads the world in refugee resettlement, surpassing the U.S.* <https://www.pewresearch.org/fact-tank/2019/06/19/canada-now-leads-the-world-in-refugee-resettlement-surpassing-the-u-s/>
- Puska, P., Nissinen, A., Shao, R., & Sarraf-Zadegan, N. (2003). *The protocol for the WHO Study on the effectiveness of community based programmes for NCD prevention and control (COMPASS)*. <https://apps.who.int/iris/bitstream/handle/10665/68766/a85150.pdf>
- Ramaliu, A., & Thurston, W. E. (2003). Identifying best practices of community participation in providing services to refugee survivors of torture: A case description. *Journal of Immigrant Health*, 5(4), 165–172.
- Rick, K., & Forward, J. (1992). Acculturation and perceived intergenerational differences among Hmong youth. *Journal of Cross-Cultural Psychology*, 23(1), 85–94.
<https://doi.org/10.1177/0022022192231006>
- Sarason, S. B. (1974). *The psychological sense of community*. San Francisco: Jossey-Bass.
- Schinina, G., Sharma, S., Gorbacheva, O., & Mishra, A. K. (2012). *Who am I? Assessment of*

- psychosocial needs and suicide risk factors among Bhutanese refugees in Nepal and after third country resettlement*. Geneva, Switzerland: International Office for Migration.
<http://www.dbhds.virginia.gov/2008CLC/documents/2012Pres/clc-pres-Refugees-Bhutanese-MH-Assesmt-Nepal.pdf>
- Shenton, A. (2004). Strategies for ensuring trustworthiness in qualitative research projects. *Education for Information*, 22, pp.63–75. <https://doi.org/10.3233/EFI-2004-22201>
- Smith, J. A., & Osborn, M. (2003). Interpretative phenomenological analysis. In J. A. Smith (Ed.), *Qualitative psychology: A practical guide to research methods*. (pp. 51–80). Sage Publications.
- Sossou, M., & Adedoyin, C. A. (2012). A qualitative study of problems and parental challenges of resettled African refugee parents. *Professional Development*, 15(2), 41–54.
- Taylor, R. J., Brown, E. Chatters, L., & Lincoln, K. (2012). Extended family support and relationship satisfaction among married, cohabiting, and romantically involved African Americans and Black Caribbeans. *Journal of African American Studies*, 16(3), 373–389.
- Tingvold, L., Hauff, E., Allen, J., and Middelthon, A. (2012). Seeking balance between the past and the present: Vietnamese refugee parenting practices and adolescent well-being. *International Journal of Intercultural Relations*, 36, 563–574.
<https://doi.org/10.1016/j.ijintrel.2012.03.004>
- Tingvold, L., Middelthon, A., Allen, J., & Hauff, E. (2012). Parents and children only? Acculturation and the influence of extended family members among Vietnamese refugees. *International Journal of Intercultural Relations*, 36(2), 260–270.
<https://doi.org/10.1016/j.ijintrel.2011.03.005>

- Tuffour, I. (2017) A Critical Overview of Interpretative Phenomenological Analysis: A Contemporary Qualitative Research Approach. *Journal of Healthcare Communications*, 02(4). <https://doi.org/10.4172/2472-1654.100093>
- UNHCR (2016). *UNHCR education report*. <https://www.unhcr.org/en-us/introduction.html?query=the%20average%20length%20of%20time%20in%20refugee%20camp>
- Van Manen, M. (1990). *Researching lived experience: Human science for an action sensitive pedagogy* (SUNY series in the philosophy of education). Albany, NY: State University of New York Press.
- Van Ommeren, M., de Jong, J. M., Sharma, B., Komproe, I., Thapa, S. B., & Cardeña, E. (2001). Psychiatric disorders among tortured Bhutanese refugees in Nepal. *Archives of General Psychiatry*, 58(5), 475–482. <https://doi.org/10.1001/archpsyc.58.5.475>
- Van Ommeren, M., Sharma, B., Sharma, G. K., Ivan, K., Cardeña, E., & de Jong, J. M. (2002). The relationship between somatic and PTSD symptoms among Bhutanese refugee torture survivors: Examination of comorbidity with anxiety and depression. *Journal of Traumatic Stress*, 15(5), 415. <https://doi.org/10.1023/A:1020141510005>
- Walton, E., Roby, J., Frandsen, A., & Davidson, R. (2003). Strengthening at-risk families by involving the extended family. *Journal of Family Social Work*, 7(4), 1–22.
- Weine, S. M. (2011). Developing preventive mental health interventions for refugee families in resettlement. *Family Process*, 50(3), 410–430. <https://doi.org/10.1111/j.1545-5300.2011.01366.x>
- Williams, M. E., & Thompson, S. C. (2011). The use of community-based interventions in reducing morbidity from the psychological impact of conflict-related trauma among

refugee populations: A systematic review of the literature. *Journal of Immigrant and Minority Health*, 13(4), 780–794.

White, M. (2007). *Maps of narrative practice*. Norton.

Table 1**Participants**

Family	Age	A Place of Birth
Family 1		
Husband	39	Bhutan
Wife	35	Bhutan
Family 2		
Wife	34	Bhutan
Husband	35	Bhutan
Family 3		
Sister	36	Bhutan
Sister	34	Bhutan
Family 4		
Sister	38	Bhutan
Brother	50	Bhutan
Family 5		
Wife	33	Bhutan
Husband	36	Bhutan
Family 6		
Wife	34	Bhutan
Husband	36	Bhutan
Family 7		
Niece	40	Bhutan

Aunt	65	Bhutan
Family 8		
Husband	57	Bhutan
Wife	57	Bhutan
Family 9		
Mom	62	Bhutan

Appendix A

Informed Consent Form

How community engagement influences Bhutanese refugees and their family relationship

Investigator: Jinsook Song, M.A.

A PhD candidate at Antioch University New England is seeking 8 Bhutanese participants and their families in an interview focusing on the experience of participating in a community garden or other community activities and its effects on family relationships.

This study is designed to help policy makers, clinicians, teachers, and community leaders to increase their understanding of Bhutanese refugee families' experience in a host country, community engagement, and its effects on family relationships by utilizing a qualitative research method.

This interview will take about an hour. Participants will be asked to share their stories of their experiences of community, community garden, and family relationships before and after resettlement in New Hampshire. Participants can choose a place to interview. Participants will be given a copy of the transcript and the finished research study.

This interview will be audiotaped and kept in a locked office. Findings from these interviews may be published, but all names and identifying personal information will be changed for confidentiality.

This research doesn't cause any harm, risk or disadvantage for participants. This interview is voluntary. Participants have the right to stop the interview at any time and withdraw from participation without any penalty. If participants feel distress for some reason, names of counselors will be provided.

If you have any concern or question about this study, please contact xxx at Antioch University New England at xxx-xxx-xxxx or via email at xxxxx@xxxxxxxxxxx

If you have any questions and concerns about your right as a research participant, please contact xxxxxxxx, Chair of the Antioch University New England Institutional Review Board, or xxxxxxxx, Vice President for Academic affairs at xxx-xxx-xxxx.

Consent

I agreed to take part in this study.

Name:

Signature

Date:

Appendix B

Collaboration Request Letter

Hello! (Contact Person)

I am conducting a research study for Bhutanese refugee families' experience in a community garden project and how this experience strengthens family relationships as a PhD dissertation with Marriage and Family Therapy Program, Department of Applied Psychology, Antioch University New England. My research supervisor is xxxxxxxx xxxxxxxxxxxx.

I understand that your garden project is designed to support low income families, especially refugee families. May I seek study participants with your help through your organization?

You can help me to identify potential participants, and forward the information of the study to any Bhutanese families who may choose to volunteer in interviewing for this study. The interview will take one hour discussing their experiences in the community garden project and its effects in family relationships. The interview will be audiotaped. All names and personal information will be changed for confidentiality. Their identities will not be used in any publications or presentations.

This research study doesn't anticipate any risks or harm to interviewees, but may have many potential benefits. First, it is the first research to study of engagement in a community garden and its effects on Bhutanese refugee families' relationships. Second, this research study will help lawmakers, community leaders, teachers, counselors, and health care providers to understand the importance of community engagement for Refugees and family relationships while resettling in a host country.

I hope that you can collaborate with me in this research project to bring awareness and understanding of a community garden and its impact on participants.

This study will be approved by the Antioch University New England Institutional Review Board.

If you have any concerns or questions, please contact the principal investigator, xxxxxxx xxxxx, at xxx-xxx-xxxx

Sincerely,

xxxxxxx xxxx (Doctoral Candidate)
 Email: xxxxxx@xxxxxxxx.xxx
 Marriage and Family Therapy Doctoral Program
 Antioch University New England

Appendix C

Invitation to Participate in the Research Study

Wanted: Volunteers who are Bhutanese who are age 18 and older and their family, and who are experienced with the community garden project. They are invited to participate in a study by PhD candidate Jinsook Song on how community engagement strengthens Bhutanese refugee families' relationships.

Participants will be asked to share their stories of their experiences of community engagement in community garden project and its effects on their family relationships.

The interview will involve participants to sit down with a family member(s), the interviewer, and a translator. Participants can choose a place to interview. The interview will take one hour and will be audio-recorded. All names and personal information will be changed for confidentiality. The participants will be given a copy of the transcripts and the finished project. In addition, participants will receive a \$10 gift card as a token of appreciation toward the next year's garden plot.

Participants may withdraw from the interview at any time. Participants will not get a direct benefit from this study, but this research study will help lawmakers, community leaders, teachers, counselors, and health providers to understand the importance of community engagement and its effects on family relationships while resettling in a new host country.

Appendix D
Demographic Questionnaire

What is your name?

How old are you?

Where were you born?

In what year did you move to the U.S.?

Did (do) you participate in the community garden project?

Do you live with your family members?

Appendix E

Interview Questions

1. How did you become involved in the community garden?
2. What was your experience gardening or farming in Nepal or Bhutan?
3. What is (was) it like to participate in a community garden?
 - a. Please tell me about any benefits you discovered while participating.
 - b. Please tell me about any challenges you encountered while participating.
4. What was it like in family after (while) participating in a community garden?
 - a. Please describe for me any noticed changes in family relationships.
 - b. What was most helpful in a family relationship after (while) doing the gardening together?

Appendix F

Bias Statement

My interest in refugees and community engagement started with my family. I am a Korean; I was born and grew up in Seoul, Korea, with the maternal side of my family experiencing tremendous losses, separations, betrayals, tortures, multiple deaths, a life in war camps, grieving, and surviving through the Korean War from 1950–1953. My grandmother and aunts shared their stories that reminded me of a hero's journey. As a young girl, I used to ask them to tell me the stories many times, and loved to hear how they forged new identities and adapted to new lives after the war. At that time, I did not realize how painful it was for them to speak of their war experience, and in later years, I realized that they left out many tragic experiences they faced because I was young when they were telling me those stories. This family history gave me an understanding that due to the terrible experiences that they had faced during the war, which included losses and secrets, they developed an avoidance communication style that led to maladapted family dynamics and relationships.

In contrast to my maternal family, I have a paternal family with firm roots in one community for generations, a life with extensive family members, rich family traditions, practices, and customs, with strong commitment and involvement in their community. The experience from both sides of my family helped me develop an interest in refugees and community life, and ultimately led me to work in an organization helping North Korean defectors and their resettlement in South Korea.

I have experienced multiple geographic relocations in my adult life, living in five countries and eight different cities, that caused challenges, multiple losses, and separations. I often felt like an outsider, inadequate and marginalized in new communities. I needed to learn

new languages to shop in local stores, to communicate with a local utility company, or to ask for directions on streets. This experience also taught me to develop adaptation skills, exposing me to different languages, cultures, traditions, customs, and communities, and expanded my understanding of differences, and the nature of human beings. In addition, I experienced how community engagement helped me and other people resettle in a new country that created belongingness, a substitute family in overseas and a support system that relocation often took away from me.

When I met refugee clients in a prior workplace, I was fascinated by their stories, strength, and resilience. One particular refugee client in family therapy inspired me to design this research study of the community garden project and family relationships. She had experienced refugee trauma, struggled with depression and acculturation, had flat affect and mood, and withdrew from activities. After a few missed sessions, my client came back to session with her adult child. She had a big smile and relaxed posture. She explained that her work in the community garden prevented her from coming to therapy for a few weeks. She appeared to be happy and proud of her work and the changes she had made. Her adult child confirmed this and added that the family often went to the community garden plot to spend more family time. As a result of this increased family time, my clients admitted that this activity provided them with shared experience and a forged bond. My client gave me her narrative of the experience of working in the community garden: “Before [I worked in the community garden], I felt like I was standing in my room looking down and watching people on a street. Now I am out on the street meeting people, and chatting.”

The client's story, and my family histories, and personal experiences, made me wonder how other people experience relocation and resettlement, how they value community engagement, and how community engagement reshapes a person's perspectives and life.

Appendix G

Writer's Journal

5/28

Who thoughts it is an emotional journey while doing research. Recollection of Txxx's memory always brings tears. This morning I realized how much she reminded me of my own maternal grandmother by her demeanor and refugee experiences. My grandmother was in her mid 50s when the Korean War started. Her husband and two grown up sons (one still in college and the other a pilot) were kidnapped by the North Korean government because of her husband's connection to the South Korean government. She lost her home, income source, status, family, friends and heritage. Although I learned from another extended family member that grandmother and her 5 remained children were far better off than the rest of Korean during the War, she was stuck with 5 school aged children. Her family of origin was from North Korea. Her side of family and extended family remained in Pyung Yang, North Korea because of the boarder/DMZ. She lost her inheritance, support systems, her childhood home, the worst part was that her close friend reported her husband's whereabouts, his connection to the American government and his upcoming trip to the U.S. to the North Korea military in order for her to get free from an arrest.

She lost her confidence and trust overnight. I never learned what she experienced exactly at the camp where she lived for a year or so. I heard stories little by little from different sources over years. I remember her as a soft-spoken person, and a great source of comforting me. I remember she was good at quilting, knitting and needle works. She was overly dedicated to her sons and daughters... She was one of my angels in nursery. Now I realize that I saw my grandmother in Txxx when I was with Txxx in therapy room. Whenever I think of Txxx, I grieve the loss of my grandmother and the loss of a change of learning her story.

Appendix H

The Community Garden



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