

Exploring the Migration and Health Trajectories of Iranian Refugees in Canada

by

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B.Sc., Middle East Technical University, 2014

M.A., Istanbul University, 2017

A Dissertation Submitted in Partial Fulfillment

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Supervisory Committee

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Abstract

This study focuses on the migration and health trajectories of Iranian refugees in Canada. More specifically, it addresses how post-2009 Iranian refugees in Canada understand and view their migration and health-related experiences. In addition, this research explores how Iranian refugees perform agency and power in the constrained frames of their migration and health trajectories. A phenomenological framework based on lived experiences is used to address these issues, together with intersectionality and political economy perspectives. Data are collected through qualitative interviews with fifteen Iranian refugees as well as through online content published in weblogs and other websites. The results of this study illustrate that Iranian refugees have diverse migration trajectories, varying in terms of their pre-migration, waiting, and post-migration experiences. These diverse experiences shape their physical and mental health trajectories and access to healthcare. While refugee migration leads to lifestyle and health behavior changes affecting their physical health, their mental health is often affected by the trauma, grief, loss, stress, social isolation, and loneliness associated with displacement. Still, Iranian refugees perform agency in various ways in an effort to cope with these experiences.

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Dedication

To every Iranian who had to leave their homeland in order to remain true to themselves.

To my co-supervisor Dr. Karen Kobayashi, who passed away before the study was completed, but whose guidance and support played a crucial role in the development of this research.

Glossary of Terms, Abbreviations, and Acronyms

Acculturation: The process of becoming adjusted to a host society's culture following migration.

ASAM: Association for Solidarity with Asylum Seekers and Migrants (SGDD-ASAM) is an NGO working in partnerships with the UNHCR and various Turkish municipalities (Sunata & Tosun, 2019).

Asylum Seeker: An individual who left their country of origin and applied for refugee status, and whose application is not completely processed yet. In Canadian legal terminology, asylum seekers are referred to as refugee claimants.

BC: British Columbia

CBC: Canadian Broadcasting Corporation

CIC: Civic Association of Iranian Canadians

Convention Refugee: An individual who lives outside of their country of origin and who is not able to return to it because of fear of persecution as defined by the 1951 Geneva Convention.

COVID-19: The coronavirus disease of 2019.

Diaspora: A group of people who live away from their common country of origin.

DSM: Diagnostic and Statistical Manual of Mental Disorders

Ghorbat: A word deriving from the Arabic verb 'garaba', meaning to go away, be absent, and live away from the place where one belongs (Kaya, 2018, p. 3). As Mandel (2008) describes it, it refers to a necessarily sad and melancholic state of mind, arising from a sense of displacement and lack of belonging (p. 234).

Global North: A grouping of countries that are known as developed countries or the West. It includes the United States, Canada, Europe, and Oceania.

Global South: A grouping of countries that are known as developing countries and have a history of being colonized by Western powers. It includes the Middle East, Africa, and South America.

Government-Assisted Refugees: Individuals who are referred to Canada by the UNHCR or another referral organization for resettlement. Government-Assisted Refugees receive support up to one year after their arrival, or until they are able to support themselves financially.

Homonationalism: A nationalist narrative associating pro-LGBT policies with national superiority compared to the nations of Global South where LGBT refugees mostly come from (Murray, 2016).

HREB: Health Research Ethics Board

Human Smugglers: People who illegally transfer refugees and asylum seekers across borders.

Immigrant: An individual who has permanently moved to another country. Often associated with voluntary and regular migration.

IFHP: Interim Federal Health Plan

Inland Refugee: An individual who applies for a refugee status inside Canada, in contrast to those who apply from abroad (e.g., in Turkey) and then become resettled in Canada.

International Refugee Regime: The norms, laws, conventions, and policies regulating the responses of governmental, non-governmental, and intergovernmental agencies to refugee migration and displacement (Betts, 2015; Keely, 2001).

IRCC: Immigration, Refugees and Citizenship Canada

ISS-BC: The Immigrant Services Society of British Columbia

LGBT: Lesbian, Gay, Bisexual, Transgender

Lifeworld: A phenomenological concept referring to an individual's lived experiences shaped by their lived time, lived space, lived body, and lived human relations.

MENA: Middle East and North Africa

Migrant: An individual who has moved to a country other than their country of origin or permanent residence.

Migration Status: An individual's legal status in relation to their residence in a country other than their country of origin.

MS: Multiple Sclerosis

NGO: Non-Governmental Organization

PR Status: Permanent resident status

Precarious Migrant Status: A migration status that renders an individual's rights and residence in a country temporary and insecure.

PTSD: Post-traumatic stress disorder

Refugee: An individual who has left their country of origin due to fear and/or history of persecution based on their social, political, religious, gender-based, or sexual identities.

Refugee Convention of 1951: A United Nations treaty that provided the contemporary legal definition of refugee and determined the rights of asylum seekers and refugees. Also known as the Geneva Convention.

Trajectory: A process that can include spatial and temporal variations, resembling a path that is followed through a specific period of time.

Transit Migration: Migration through a country that is not the end destination. Turkey is one of the countries of transit migration from Iran to Canada.

UNHCR: The United Nations High Commissioner for Refugees

VIRCS: Victoria Immigrant and Refugee Centre Society

Zoroastrianism: The pre-Islamic religion of Iranian nations which is based on a dualistic understanding of conflict between good and evil. Currently, Zoroastrianism has most of its followers in India, Iran, and North America.

Introduction

Refugee migration and displacement shape the most significant global population movements of the twenty-first century (De Haas et al., 2019). According to the United Nations High Commissioner for Refugees (UNHCR), there are approximately 26 million refugees around the world, fleeing war, conflict, or persecution (UNHCR, 2019). The most common legal definition of refugee status is based on the 1951 Refugee Convention¹, which suggests that a refugee is someone who cannot, or does not want to, return to their country of citizenship, because of a well-founded fear of being persecuted due to their social, political, religious, national, or racial identity (UNHCR, 2010). In terms of their health and access to health care, refugees are considered a particularly disadvantaged population, often exposed to health inequities more frequently than others (Ku & Matani, 2001; McKeary & Newbold, 2010).

Iran has been a major refugee sending country since the establishment of its current regime after the 1979 Islamic Revolution (Fathi, 1991; Rivetti, 2013). The revolution was followed by economic sanctions imposed by the United States and an eight-year-long war between Iran and Iraq, exacerbating the country's social, political, and economic instability (Fathi, 1991; Fayazmanesh, 2003; Mohabbat-Kar, 2016). In the summer of 2009, large protests against the national election results were suppressed by the government, leading to a further significant increase in refugee migration from Iran (Mohabbat-Kar, 2016; Rivetti, 2013). Most Iranian refugees cross the Turkish border to file their refugee applications at the UNHCR offices in Turkey and spend an indefinite period of time there (i.e., the waiting process) until being resettled in a third country (Akcapar, 2006; Karimi, 2018; Mohabbat-Kar, 2016; Rivetti, 2013).

¹ This treaty is also known as the 1951 Geneva Convention.

Canada has been one of the main countries of resettlement, receiving refugees whose applications are accepted by the UNHCR (Bloemraad, 2006; Murray, 2014; UNHCR, 2019). In addition to those who are resettled in Canada, who are also known as Convention refugees, Canada also receives significant numbers of refugee applications from individuals who come as temporary residents and later become refugee claimants (Government of Canada, 2021). The number of Iranian refugees in Canada has continued to increase since the 1980s (Bagheri, 1992; Karimi, 2018). However, knowledge about their migration and health trajectories is extremely limited, particularly since most studies of Iranian refugees in Canada focus on them together with Iranian immigrants (e.g., Bremner, 2000; Dossa, 2002, 2004; Karimi, 2018; Mirfakhraie, 2001; Shahidian, 1999, 2001).

This research addresses this gap, focusing on the migration and health trajectories of post-2009 Iranian refugees who settled in British Columbia, Canada. Its primary goal is to achieve a deeper understanding of the lived experiences of Iranian refugees in the context of these trajectories, including how they perform agency and power within them. Considering the significant and longstanding presence of Iranian migrants in Canada, the academic literature, policy makers, and others can benefit from a comprehensive study of Iranian refugee migration and health conducted from a sociological perspective.

Intersectionality, political economy, and phenomenological theoretical frameworks are used in order to prioritize the Iranian refugees' lived experiences while recognizing the social, political, and economic power relationships that contextualize them. Originally developed by Black feminist scholars (Crenshaw, 1989), intersectionality theorizing is centered around the concept of social location and emphasizes the intersections of various identity categories, contextualizing how individuals are located in different layers of social hierarchies (Gkiouleka et

al., 2018). This meso-level framework allows one to recognize how identity categories such as race, nationality, ethnicity, gender, sexual orientation, age, disability status, and migration status intersect with one another to influence Iranian refugees' migration and health trajectories across different temporal and spatial contexts, shaping their experiences differently. The political economy framework, in contrast, draws attention to the roles of more macro-level social, political, and economic structures in shaping individuals' access to power and resources (Minkler et al., 1994). Thus, it enables the exploration of the ways in which Iranian refugees' individual experiences are structured by local, national, and global health and migration systems, organizations, and policies. These meso-level and macro-level frameworks are used together with phenomenology, which focuses on the subjective, first-hand or micro-level understandings of individuals' lived experiences (Husserl, 1970; Moustakas 1994). The phenomenological framework is centered around the concept of the lifeworld, which enables exploring the spatial, temporal, embodied, and relational dimensions of these subjective experiences (Husserl, 1970; Rich et al., 2013; Van Manen, 1997, 2002).

Drawing on these theoretical frameworks and the existing literature on refugee migration and health, this study addresses the following research questions:

1. How do post-2009 Iranian refugees in Canada understand and view their migration and health-related experiences?
 - 1.1) How do these experiences, and responses to them, differ based on temporal, spatial, and social locations?
 - 1.2) How do macro-level systemic power relationships shape and affect refugees' migration and health trajectories?

2. How do Iranian refugees perform agency and power in the constrained frames of their migration and health trajectories?

2.1) What expectations, perceptions, and strategies contextualize the ways in which the Iranian refugees perform agency before, during, and after their migration to Canada?

2.2) How do they perceive their power and agency over their health across various phases of their migration trajectories?

The first chapter reviews the literature on Iranian migration and health trajectories, focusing on each separately. The research objectives and a detailed review of the theoretical frameworks used to guide the research are outlined in Chapter Two. This is followed by a discussion of research methodology, including the recruitment, sampling, data collection, coding, and analysis of the interview and online data, in Chapter Three. In Chapter Four, the results are presented by focusing on the pre-migration, migration, and post-migration phases of the trajectories, in addition to the physical health, mental health, and access to healthcare of the Iranian refugees during the various stages of the migration process. The dissertation concludes with a summary and discussion of the results, a review of the limitations of the study, and recommendations for future research and policy in Chapter Five.

Chapter One: Literature Review

This review examines literature on the migration trajectories and health trajectories of refugees, with a particular focus on those from Iran. The aim of this review is to provide a foundation for understanding Iranian refugees' migration and health trajectories by discussing the contributions of current research to our knowledge regarding their lived experiences before, during, and after migration to Canada.

In order to conduct as broad a review as possible, online databases (Google Scholar, JSTOR, ProQuest) housed at the University of Victoria library were used to access peer reviewed journal articles, reports, book chapters, and books about Iranian migrants, refugees, and asylum seekers and the health of migrants and refugees. Keywords that were used to carry out the search included various combinations of the words asylum, Canada, Iran, Iranian, migrant, migration, refugee, health, and trajectory. Recent publications (published since 2010) were prioritized in accordance with the study's focus on the post-2009 migration from Iran. Still, earlier publications were included when recent works were not sufficient and when they were directly relevant to this study. Non-academic publications such as news articles, political commentaries, and fictional studies were excluded. A majority of the reviewed works were qualitative, in accordance with the study's focus on lived experience. Almost all were written in English. Five articles were published in Turkish (reviewed in the section about Iranian transit migration to Turkey).

This review is divided into two broad sections. The first section discusses literature on Iranian migration trajectories and has two main subsections: general Iranian migration trajectories and refugee migration trajectories. Similarly, the second section reviews research on Iranian migrant health trajectories and is divided into two parts – one focusing on Iranian

migrant health and the other on Iranian refugee health. Each section is further divided into multiple subsections, ranging from a focus on the general literature to a more specific focus on the Canadian context. Both sections aim to focus on experiences specific to migrants and refugees who are from Iran, which has several different characteristics from other refugee-sending countries.² Therefore, studies that did not include Iranian refugees were excluded from the review. The conclusion section summarizes the contributions of this literature to our knowledge about the lived experiences of Iranian refugee migrants and outlines the main gaps in research on Iranian migrant and refugee health trajectories in Canada.

1.1 Iranian Migration Trajectories

This section reviews research relevant to Iranian migration trajectories. The first part reviews literature on migration from Iran, focusing on general themes about Iranian migration and the diaspora first and continuing with studies about Iranian migration to Canada. The second part focuses on refugee migration, reviewing general literature about Iranian refugee migration, transit migration through Turkey, and Iranian refugee migration to Canada, respectively.

1.1.1 Iranian Migrants

1.1.1.1 The Iranian Diaspora

In order to gain an understanding of the lived experiences of Iranian migrants, some of the major topics evident in the literature on the Iranian diaspora involve issues of identity and belonging (Gholami, 2016; Gholami & Sreberny, 2018; Maghbouleh, 2020; Malek, 2011; McAuliffe, 2008; Mohabbat-Kar, 2016), gender and sexuality (Ahmadi Lewin, 2001; Darvishpour, 1999;

² For example, unlike other refugee-sending MENA countries, the triggering factor for recent refugee migration waves from Iran has not been wars or armed conflicts, but the power of an Islamic authoritarian state and its repression of social and political dissent (Michaelsen, 2018).

Shakhsari, 2011, 2012, 2020), and transnational ties (Mohabbat-Kar, 2016; Nikkhah et al., 2020; Shakhsari, 2011, 2012, 2020).

The most common topic involves issues of identity, including cultural, religious, racial, and ethnic identity; identity crisis; and feelings of belonging. For example, Mohabbat-Kar (2016) argued that the Iranian diaspora communities' relations to their countries of residence have been changing in recent decades as a result of the increasing number of Iranian migrants in the Global North and the creation of online networks of communication virtually connecting them to each other. This change involved a shift from the nostalgic longing for the home country, to a new sense of identity and feeling of belonging to the host country (e.g., becoming Iranian-American instead of Iranian). To illustrate this shift, the author introduced the concept of 'an alternative Iranian map', pointing to the diaspora networks connecting various European and North American capitals and metropolitan areas with large Iranian populations to each other. This alternative map relies on the growing number of Iranian communities across the world, whose network of communication formed the basis for a new kind of Iranian identity belonging to the global diaspora community. As a result, Mohabbat-Kar (2016) noted that Iranians in the diaspora experienced a changing perception of themselves and their homes, leading to an increase in the Iranian migrants' social and political participation in Europe and the United States. These post-migration identities were characterized by the migrants' identification with a transnational community (i.e., the Iranian diaspora), in addition to their host countries and Iran, thereby reducing the significance of the latter in the diaspora's social and political activities.

While Mohabbat-Kar's (2016) concept of an alternative Iranian map illuminated the ties and connections evident among diaspora populations at an international level, McAuliffe (2008) demonstrated the multiple factors that complicate the relationships among diaspora members

living in the same locations. This qualitative research was based primarily on in-depth interviews conducted with forty-eight second-generation Iranian migrants, who were the children of the first cohort of immigrants, from Bahai and Muslim backgrounds in the United Kingdom, Australia, and Canada. The interviews were followed by an ethnographic photo-documentary project. The findings illustrated the importance of migrants' class, socioeconomic status, religion, and generational identities in shaping their ties to other Iranians. In particular, the research revealed that class-based relations in Iran were often reproduced within the diaspora. The author drew attention to the historical roots of the formation of the post-revolution Iranian diaspora, stating that the early migration flows from Iran were dominated by secular Muslims, Bahais, and other religious minorities who shared the same pre-migration socioeconomic status linked with the upper class. This cohort and their children relied on class and status to differentiate themselves from others, particularly those who migrated later. Spatial settlement practices in the more expensive neighborhoods of London, Sydney, and Vancouver as well as distinct consumption patterns and the branding of those perceived as being from the lower classes, were used to sustain this differentiation.

Malek (2011) used qualitative interviews and visual analysis of the use of space, signs, and performances as represented in the New York Persian Day Parade and other Iranian American public events to understand identity within the Iranian diaspora. The findings revealed two main functions of these public diaspora events - to represent Iran to non-Iranians (i.e., American society) and to negotiate and reproduce an Iranian diaspora identity. These identity representations and negotiations were found to be based on a selective view of the Iranian society and culture, through a nostalgic emphasis on pre-Islamic and pre-1979 Iranian symbols and signs. This emphasis was evident in the widespread use of the image of Ahura Mazda, which

symbolizes the Zoroastrian God, or even in the utilization of the word “Persian”, which refers to the pre-Islamic empire and only one of the Iranian ethnicities, instead of the word “Iranian”. By doing so, Malek (2011) notes that diaspora organizations tried to keep Iranian identity disassociated from images and ideologies related to the current Iranian Islamic nation-state.

Gholami (2016) explored religious identities. Relying on multiple qualitative methods including interviews with more than 70 Iranian migrants, participant observation of 20 Iranian diaspora social gatherings, and ethnographic content analysis of media texts, Gholami attempted to understand how the identity of the Iranian diaspora in the UK was shaped by a specific modality of secularism which he defined as “Non-Islamiosity”. He defined non-Islamiosity as the conscious and visible opposition of Iranian migrants to Islam, especially its mainstream forms, through their sentiments, discourses, and lifestyles. Gholami argued that this concept cannot be explained only through the concepts of secularism or irreligiosity, and it is also different from the concept of Islamophobia which refers to the anti-Islamic reactions that often overlap with anti-immigrant and racist sentiments. According to Gholami, for Iranians in the diaspora, non-Islamiosity is a way to achieve and sustain an Iranian identity that is not Islamic, particularly through references to the pre-Islamic Zoroastrian Iranian culture.

Similarly, Gholami and Sreberny (2018) used data from qualitative interviews conducted with thirty UK-based Iranian migrants to understand their views on integration, belonging, and religious identity. Their findings revealed that middle-class Iranian migrants in the UK viewed integration as an extremely positive and desired outcome, while associating it with a stance against Shia Islamic identities. Thus, at both individual and institutional levels, middle-class Iranians attempted to distance themselves from negative representations of ‘non-white Muslim

migrants' by emphasizing their secular identities and pre-Islamic cultural legacies (e.g., through public celebrations of Zoroastrian festivals).

Another important contribution to this literature is Maghbouleh's (2020) research on the racial identity of Iranian Americans, the only comprehensive study focusing on this topic. Drawing on a review of the history of Iranians in the United States alongside qualitative interviews with more than eighty Iranian American second-generation immigrants³, this study found that Iranians in the United States have a paradoxical racial identity, one that is located on the margins of 'whiteness'. This study illustrated how the social experiences of Iranian Americans reveal the limitations of the legal definition of race. Despite legally and federally being classified as white and despite first-generation Iranian migrants' self-identification as white, Iranian Americans have been going through a process which Maghbouleh referred to as "browning", that is linked to racial exclusion and discrimination which were exacerbated after the 1979 Iranian hostage crisis and the September 11, 2001 attacks against the United States. In other words, despite being legally "white", Iranians became socially "brown" after 1979, experiencing stigmatization as Iranians, Middle Easterns, and Muslims. As a result of this paradoxical identity, they reported having been targeted for racial discrimination and hate crimes. Therefore, their legal identity and self-identification no longer corresponded to their day-to-day racial experiences (Maghbouleh, 2020). While the sample was limited to Iranians born in the United States, this study is an important milestone for starting to contextualize the ways in which Iranian newcomers and refugees experience racialization in the United States and likely also in other parts of the Global North, including Canada.

³ Second-generation immigrant is a widely used term referring to the children born in the United States or another migration-receiving country, who have at least one foreign-born parent (Maghbouleh, 2010; 2020; Suro & Passel, 2003)

Overall, literature focusing on identity issues and feelings of belonging among Iranian migrants suggests that the Iranian diaspora identity is both racially and religiously paradoxical, shaped by the contrasts between its secular, Islamic, and racialized representations. However, these studies mostly focused on cultural, religious, and racial identities and belonging, while overlooking gendered and sexual aspects of identity. However, the literature on gender and sexuality deserves particular attention due to its relevance to Iranian refugee migration to Canada. As the first country to accept gender-based persecution as a valid reason for refugee migration (in 1993), Canada has been a major destination for Iranian women and gender-based refugees (Oosterveld, 1996). The literature illustrates that gender-related issues, namely patriarchal rules, sexual segregation, and discriminatory laws against women, together with restrictive traditional norms and values, play important roles in leading to migration from Iran (Darvishpour, 1999; Ghorashi & Boersma, 2009).

While the literature acknowledges the challenges faced by women in Iran, the findings of several studies suggest that migration to a Western country provides Iranian women with an opportunity to experience gender-equality and individual liberation (Ahmadi Lewin, 2001; Darvishpour, 1999). For example, Darvishpour's study (1999) focused on the implications of Iranian women's changing socioeconomic status in Sweden in the context of its impact on the traditional Iranian family structure. Based on the findings from qualitative interviews conducted with 30 Iranian migrants, including 17 women and 13 men, Darvishpour (1999) noted that in contrast with the stereotypical representation of Middle Eastern migrant women as passive and oppressed, Iranian migrant women in Sweden use liberal norms and laws and their improved socioeconomic status to challenge men's roles. Their employment and education levels, which were already high before immigration, increased in Sweden, thereby decreasing their economic

dependence on their husbands. Many women also saw their changing social position as an opportunity to change their family structures, which resulted in higher divorce rates among Iranians compared to other migrant communities and Swedish people more generally.

Similarly, Ahmadi Lewin's study (2001) suggested that Iranian women are more successful than Iranian men in integrating into Swedish society, as their employment status and social position tends to be better in Sweden compared to Iran. In contrast, Iranian men are often confronted with a deeper identity crisis as migrants. Ahmadi Lewin attributed this to the distinct positions of Iranian women and men in social hierarchies. She argued that while Iranian women are used to being treated as 'Others' in their own society, Iranian men generally experience discrimination and marginalization for the first time as migrants in Western countries. Compared to men, Iranian women generally adjust to life in Sweden and other Western societies more easily. As a result of their increased power and independence, Iranian women often confront their husbands when they behave oppressively, leading to high rates of divorce. Unfortunately, however, this study did not consider how gender intersects with other aspects of social location (e.g., sexual orientation, ethnicity) which might contribute to individuals' social positions both in Iran and Sweden.

While these studies of gender overlooked sexuality and sexual orientation, Shakhsari's ethnographic studies (2011, 2012, 2020) linked issues of gender and sexuality to the development of transnational ties. She focused on the political and gendered dimensions of the Iranian diasporic blogosphere, or 'Weblogistan' as it is commonly referred to in the literature. Shakhsari's ethnographic inquiries showed the ways in which Iranian masculinities, femininities, and sexual minority identities are represented in these online narratives (2011, 2012, 2020). She illustrated the normativity of gendered discourses in Weblogistan through reference to an online

division of labor, one that attributed to men the role of freedom fighters and political activists, in contrast with women whose posts were often devoted to intimate and sexual content, and who were often attributed an overly sexualized or depoliticized role (2020). While arguing that gay and bisexual identities became hyper visible in the Weblogistan in the post-September 11 context, the author's analyses of the most influential Iranian bloggers' posts and speeches (2012, 2020) demonstrated the intolerance of the diaspora towards queer identities unless they were found to be politically useful for the Weblogistan's representations of Iran and the West. In other words, the Weblogistan reproduced homonationalist narratives, which use the acceptance of queer identities in the West and the oppression of queers in Iran to reproduce claims about Western "civilized superiority" and Iran's "homophobic backwardness". She concluded that this hypervisibility of Iranian queers represented them as victims awaiting liberation, while putting LGBT individuals living in Iran at higher risk of facing state oppression by attributing to them a politically active and dissident character (2011).

Furthermore, in her contextualization of Weblogistan, Shakhsari went beyond literature that limited its focus to blogging inside Iran thus overlooking the diaspora. Instead, she demonstrated the critical role that the Iranian diaspora, particularly those residing in Canada, has played in popularizing Farsi blogs (Shakhsari, 2011). Her findings showed the complex transnational political character of Weblogistan that goes beyond the mainstream narratives representing it as a site of homogenous opposition against the Iranian regime. Instead, Shakhsari situated Weblogistan in the context of the post-9/11 'war on terror', where it becomes a site for reproducing neoliberal discourses of democracy and civilization (2011, 2012, 2020).

While Shakhsari (2011, 2012, 2020) focused on the role of the internet and social media in sustaining Iranian migrants' transnational ties and political participation, their use for

producing and obtaining information about migration was rarely studied. An exception is a study by Nikkhah and colleagues (2020) examining Iranian migrants' use of the cloud-based instant messaging application 'Telegram' for seeking, sharing, and exchanging information among migrants about migration to the United States. The findings of their qualitative observations of 45 public Telegram forums (including 35 public messaging groups and 10 channels focusing on Iranian migrants in the United States) illustrated the vital role of Telegram, particularly in the pre-migration stage, for providing future Iranian migrants with essential information about various steps in the visa application process.

1.1.1.2 Iranian Migrants in Canada

Despite their increasing number, Iranian migrants to Canada are an understudied population.⁴ One of the reasons for this lack of focus may be the tendency to categorize Iranians with other, broader population groupings such as Muslim, Middle Eastern, or Farsi-speaking migrants. However, these broad categorizations prevent emphasis on the unique social and political characteristics of Iranians as a migrant category, including the implications of leaving an Islamized, economically isolated country ruled by an authoritarian theocracy for a secular, economically liberal, and democratically governed country of destination. Still, several studies of the post-migration lived experiences of Iranian migrants in Canada have addressed issues of identity (Foltz, 2009; Mazaheri et al., 2009; Nasrullah, 2020) and gender and sexuality (Bailey, 2008; Dossa, 2004, Shemirani & O'Connor, 2006; Shirpak et al., 2011).

With regard to identity, Foltz (2009) conducted informal unstructured interviews with Zoroastrians in their temples in Toronto and Vancouver during the summer of 2008 (thus, prior

⁴ By 2016, the number of Canadian citizens with an Iranian national background was 210,405 according to the 2016 Canada Census (Statistics Canada, 2017). This number does not include Iranians with permanent resident status nor Iranian refugee claimants waiting for their status to be approved in Canada.

to the 2009 protests in Iran) to understand interactions among the national, cultural, and religious identities of Iranian diaspora members. The findings revealed the nationalist, secular characteristic of the Iranian diaspora in Canada, emphasizing that Iranian identity in Canada is sustained not through religion, but through cultural expressions and activities, such as the use of Farsi media to revitalize pre-Islamic Iranian traditions shaped by Zoroastrianism. According to Foltz (2009), as a result, the Zoroastrian identity transformed from a religious one to a cultural nationalistic symbol.

In contrast to Foltz's findings about nationalism, Mazaheri and colleagues' (2009) quantitative survey-based study demonstrated that compared to non-immigrant Iranians living in Tehran, and Iranians who applied for immigration to Canada but had not moved there yet, Iranian immigrants living in Canada reported the lowest level of national pride about their Iranian identity. According to Mazaheri et al. (2009), the lack of nationalistic sentiments was a result of the Iranian immigrants' lack of social attachment to Iran, and their dissatisfaction with the country's political situation, which led to their immigration in the first place.

More recently, Nasrullah (2020) used a phenomenological framework to highlight the intersecting identities of Iranian immigrants in Québec and the impacts of these identities on their interactions with each other, through conducting semi-structured interviews with them.⁵ The interviews revealed that in the first stages after arrival, Iranian immigrants most often interacted with each other based on the assumption of a shared national identity. Therefore, according to Nasrullah, in the process of transition to a new country, distinct aspects of Iranian immigrants' identities became reduced to their shared country of origin. However, the diversity

⁵ While the term immigrant refers to those whose move to Canada has taken place through economic or other voluntary migration programs and whose stay is permanent, migrant is a more comprehensive term that includes temporary migrants, refugees, and refugee claimants as well.

associated with their intersecting identities often remained unaddressed, thereby preventing these interactions from transforming into long-term, supportive relationships.

According to Nasrullah, both these interactions and the broader aspects of transition to another country were affected by intersections of socioeconomic status, class, gender, age, political identity, and nationality. A majority of the participants had a high socioeconomic status in Iran, which posed an advantage for them in Canada's points-based immigration system which favored their high education level and financial stability. However, socioeconomic status was experienced differently by men and women particularly depending on their marital status. While the loss of previous socioeconomic status was a stressor for married immigrants and Iranian men, being independent from legal, cultural, and family-related restrictions was a positive experience for Iranian women, particularly those who were single or divorced.

The author (Nasrullah, 2020) located these intersecting identities within interlocking systems of oppression, particularly those based on classism, sexism, ageism, and racism, which were experienced both in Iran and Québec. In particular, sexism and classism, demonstrated through attitudes such as judging other immigrants' social statuses, or limiting women's rights in families, were found to play significant roles in facilitating or limiting immigrants' sense of belonging to the broader Iranian community. This was because gender and socioeconomic status were the major social locations that differentiated the immigrants' lived experiences, as well as their interactions with others. As a result, the findings revealed that Iranian immigrants who had negative experiences with other Iranians because of their sex, gender, or socioeconomic status often reduced their interactions with the community and lost their sense of belonging. Moreover, based on the findings revealing that the participants refrained from political activism against the Iranian regime due to fear of negative consequences, the author argued that class and political

identity were interlocking systems of power and privilege. This is because those who had financial resources related to their higher-class position back in Iran were afraid of losing them as a consequence of political activism, while those who did not have any resources to lose felt less threatened.

Bailey (2008) also emphasized the internal diversity of the Iranian diaspora in Canada. Based on qualitative interviews with immigrant women in Vancouver, Bailey drew attention to the lack of a sense of community among Iranian immigrant women in the Canadian city, which appeared to arise from their significant socioeconomic, political, religious, and class-based differences from each other. As a result of migration, Iranian women from extremely different political, religious, and socioeconomic backgrounds encountered each other more than they would have in Iran. These contacts, in turn, led to widespread suspicion and mistrust within the community. In particular, due to the close links between class, religion, and politics in Iran, one's socioeconomic status or religious affiliation often implied one's political proximity to the current or former political regime in Iran (e.g., practicing Islam and wearing hijab would be seen as a sign of proximity to the current Islamic regime). According to Bailey (2008), these contrasting social and political identities reinforced boundaries and divisions among the Iranian women in Vancouver, preventing them from shaping a unified sense of community based on their shared gender and national origin.

Dossa (2004) also used a qualitative approach to study the life histories of Iranian migrant women in Canada. Through in-depth interviews with four women, she addressed the daily life impacts of the Iranian women's gendered and racialized social locations and the limits of immigration policies in Canada. The concept of social suffering, which can be defined as painful experiences and negative life events that deteriorate mental health and wellbeing, was at

the center of her study. Specifically, her findings revealed that Iranian migrant women from different social locations experienced social suffering similarly because of various socioeconomic and structural factors, rooted in unequal power relationships shaping immigration policies and systems. This included being socially isolated because of language barriers and financial difficulties. While in Iran, they were able to rely on their social support networks to deal with the social and political challenges. However, these networks were absent for them in Canada, leading to a sense of hopelessness. Based on these findings, Dossa argued that mainstream narratives that see Iranian women as being liberated by their arrival in Canada serve to hide the structural challenges that they face, including their lack of Canadian work experiences and credentials that lead to their unemployment or underemployment.

Similarly, Shemirani and O'Connor (2006) conducted in-depth interviews with five older Iranian women who immigrated to Canada after age 45, to understand their experiences of aging in Canada as migrants. Their sample consisted of two landed immigrants, two refugees, and one refugee claimant (although they did not focus on the differences between these migration categories and instead use the term 'immigrant/refugee' to refer to their sample) (Shemirani & O'Connor, 2006, p. 73). Their results revealed that for these older Iranian migrant women, the move to Canada was mainly associated with loss, including the loss of home, social and family support, and educational credentials or employment. Their interviews revealed that the participants began to experience health problems such as arthritis and memory changes, all of which started after their migration and now 'complicated their lives' (p. 82).

A qualitative study by Shirpak and colleagues (2011) also emphasized the challenges that both Iranian immigrant women and men faced following immigration to Canada. These authors conducted in-depth interviews with fifteen Iranian immigrant men and fifteen women who were

in heterosexual committed relationships. The interviews revealed three themes shaping these relationships: gender role adjustments, difficulties in integrating into the labor force, and the loss of the pre-migration social support provided by one's extended family. The researchers noted that the impacts of economic challenges, alongside the increasing individual freedoms of women and the loss of men's 'breadwinner' role, changed the gendered power dynamics between heterosexual partners upon immigration. While women benefitted from having more choices and options, men often lost their power and authority in the family, especially as a result of being financially dependent on their wives.

1.1.1.3 Summary

Overall, a review of previous research on migration from Iran, including migration to Canada, revealed the importance of attending to the complexities of Iranian diaspora identities for an understanding of the lived experiences of Iranian migrants, including refugees. Various findings showed that Iranian migrants often have a sense of belonging to a transnational community - the Iranian diaspora - that is mostly associated with a pre-Islamic and pre-1979 conceptualization of the Iranian identity.

Several studies focusing on the diaspora in Canada (e.g., Bailey, 2008; Nasrullah, 2020) further highlighted the impacts of gendered, racialized, and class-based dimensions of diaspora identities on the relationships of Iranian migrants with each other. Specifically, despite the general literature's focus on a relatively common, shared secular diaspora identity, the literature on Canada emphasized that the Iranian diaspora in this country is divided and fragmented in accordance with political, social, and class-based divisions, thus preventing a unified sense of community. It is important to note, however, that both areas of research focused primarily on the post-migration experiences of Iranian migrants. As a result, both in the general and Canadian

literature, less is known about the pre-migration decision-making processes of Iranian migrants and how these affect the later phases of their migration trajectories.

While the review mainly focused on the studies published in the post-2009 period, several studies about Iranian migrants in Canada and other countries were published in or before 2009 (e.g., Ahmadi Lewin, 2001; Bailey, 2008; Darvishpour, 1999; Dossa, 2004; Foltz, 2009; Mazaheri et al., 2009; Shemirani & O'Connor, 2006). Overall, the themes and findings of these studies overlap with those conducted after 2009, especially in the literature about Iranian migrants in Canada. However, several pre-2009 studies about the Iranian diaspora (outside of Canada) had a more positive approach to the situation of women after migration, in accordance with the individual liberation discourse (Ahmadi Lewin, 2001; Darvishpour, 1999). Also, some post-2009 studies emphasize the role of internet and social media in creating and sustaining the Iranian migrants' transnational ties (Nikkhah et al., 2020; Shakhsari, 2011, 2012, 2020).

1.1.2 Iranian Refugees

This section reviews the general literature about the migration experiences of Iranian refugees along with studies about Iranian asylum seekers in Turkey and Iranian refugees in Canada. Studies focusing on refugee and asylum seeker health-related experiences are excluded as they are relevant to the following section in this literature review. Studies about refugees and asylum seekers from other countries of origin are also excluded.

1.1.2.1 The Iranian Refugee Diaspora⁶

Similar to the literature on Iranian migrants, issues of identity and belonging (Aidani, 2010; Danesh, 2019; Hormozi et al., 2018), gender and sexuality (Ghorashi, 2003, 2020;

⁶ This section excludes studies about refugees in Turkey and Canada, and includes those focusing on multiple host countries, mainly the United States, Australia, Sweden, and Netherlands.

Khoshkharam, 2021; McKinnon, 2016; Najjar, 2020; Pickering & Barry, 2013), and transnational social networks (Koser, 1997) emerged as main topics in the literature about refugees from Iran. Several studies used a phenomenological methodology to illustrate the lived experiences of Iranian refugees pointing to their strength and resilience in the post-migration phase (Danesh, 2019; Hormozi et al., 2018; Najjar, 2020).

Koser (1997) focused on Europe, examining the role of social networks in shaping migration decision-making, as well as the choice of destination and post-migration adaptation of Iranian asylum seekers in the Netherlands. The scope of this study was limited to the short-term supportive roles played by these networks in the asylum seekers' migration processes until the asylum cases were finalized through a decision. The findings, based on in-depth interviews with 32 Iranian asylum seekers, showed that having social networks, including family members and relatives in the Netherlands and other European countries, played a facilitating role in their migration process by sponsoring them or contributing to their pre-migration costs. However, decision-making about migration destinations was shaped largely by national migration policies and the decisions of human smugglers. After arrival to the country of destination, social networks were often used for short-term assistance by migrants. These forms of assistance included financial support, assistance with childcare, and the provision of information and emotional support until asylum seekers received a decision about their case.

More recently, Hormozi and colleagues (2018) studied first-generation Iranian refugees in the United States to understand their acculturation process from a strength-based perspective. Phenomenological interviews were conducted with ten participants, including nine religious refugees (who were Christian converts, Bahais, and Zoroastrians) and one political refugee. The findings illustrated the refugees' strengths and resilience in coping with the displacement and the

post-migration culture shock. A majority of the participants mentioned only relying on themselves and God when confronted with various obstacles related to acculturation and having strong coping skills. While recognizing the impacts of the mass traumas of pre-migration persecution and displacement on the refugees, the findings highlighted their ability to be flexible and optimistic, thus focusing on their strengths instead of weaknesses.

While it could be argued that Hormozi et al.'s (2018) findings revealed the impact of religious influences, Danesh's (2019) dissertation research focused specifically on political refugees, exploring their lived experiences in Britain before, during, and after migration. Through phenomenological interviews with nine refugees, the study identified five major themes shaping the participants' narratives about themselves. These themes included: their value systems and commitments; the impact of the human rights violations experienced in Iran in threatening their sense of self; the risk-taking behaviors experienced during migration; their experience of psychological rebirth; and cultural adaptation. The findings suggested that for these Iranian political refugees, political belonging and ideological value systems (centered around individual and political freedoms such as women's rights and the right to use ethnic minority languages) were at the core of their sense of identity since all of them were politically dissidents in Iran. Before becoming refugees, they all went through various kinds of persecution, including intimidation, torture, and imprisonment, which threatened their sense of self. As a result, they decided to escape Iran, thereby putting themselves and their families at risk of being hurt physically and/or psychologically. Therefore, their trauma and sense of loss following migration were also related to their failed political agendas and ideological crises rather than to such factors as losing material possessions.

Still, despite all these challenging experiences, being able to experience social and political freedoms in the United Kingdom resulted in the refugees being able to experience a psychological rebirth. After being recognized as refugees in the United Kingdom, the participants often reported having gained a new sense of mission. They realized this new mission through being active members of society by learning English, becoming employed, being culturally adjusted, and by forming and sustaining new social relationships in the host society. These were particularly evident in the cases of Iranian refugee women who reported having obtained stronger financial and social positions after migration. Similar to Hormozi et al.'s (2018) study, these findings once again illustrate the strength of the refugees, highlighting their ability to overcome crises and to create new lives after going through a painful and challenging process of displacement.

Aidani (2010) also used a phenomenological framework to gain an understanding of how Iranian refugees in Australia constructed their identities through the use of cultural and linguistic categories. The findings of life history interviews conducted with 20 refugees revealed that the research participants were often critical of the category of refugee. They viewed this term as a category that overlooked the actual lived experiences and identities of displaced people. Instead, it was seen as a category used to classify and "order" these people, thereby reproducing boundaries between those who belong and those who do not. Instead of this legal category, they used other cultural terms to express their narratives of displacement, including identifying themselves as strangers, migrants, travellers, or nomads. The author concluded that the Iranian cultural and linguistic repertoire provides rich alternative terminology for expressing these complex and transnational identities, thus fully illustrating the experiences of displacement in contrast to the term refugee.

McKinnon (2016), on the other hand, completely focused on the pre-migration experiences of Iranian refugees by examining the global political power relationships determining the eligibility and ineligibility of refugee claims, particularly the gender-based asylum claims of Iranian women. Drawing on the experiences of three women, the article demonstrated how the Iranian state's rules about mandatory Islamic covering for women and prohibitions against close interactions between non-married men and women affected the lives of those who did not hold the same views. As a result of their pre-migration experiences, these three feminist women expressed strong fears of returning to Iran, where they could face increased persecution, including imprisonment.

McKinnon (2016) also discussed the rejection of gender-based asylum claims and the deportation of Iranian refugee claimant women from the United States. This study focused on the cases of three Iranian women (Fatin, Safaie and Hassib-Tehrani) who applied for asylum in the United States because of gender-related persecution, feminist political identities, or the Iranian state's discriminatory laws against women. However, all three asylum applications were rejected. According to McKinnon, host countries' roles in the refugee system are more complicated than simply being 'saviors', especially when refugee claimants do not fit into the 'victim' role (e.g., those demonstrating politicized gender roles). Based on the cases of these three women, this article indicates that even though Iran is a theocracy with separate laws and policies for men and women, secular lifestyles and feminist views that are openly non-conforming with the Iranian state's legal framework, are not seen as being sufficient for claiming eligibility as a refugee. More empirical research is needed that explores whether these policy criteria, including the definition of a 'well-founded fear of persecution' reflect the lived experiences of Iranian

dissidents and those who do not conform to their state's constructions of ideal, legitimate citizens.

Pickering and Barry (2013) also examined the pre-migration experiences of Iranian refugee women, focusing on Australia. The findings of qualitative interviews conducted with 50 refugee women illustrated that gender-related factors played a significant role in their decision-making with regard to leaving Iran and applying for asylum in Australia. Even though gender-based persecution was rarely presented as an official reason for seeking asylum, the decreasing status of women in Iran, including the social, political, and legal restrictions enforced by the Iranian state, affected their migration journeys. These restrictions often included the disempowered status of women and the enhanced power of male family members over them, along with the negative impacts of the economic sanctions against Iran, and the increasing political violence evident after the 2009 election protests. A majority of the participants (66%) reported that gender-related roles and social norms, including conflict with their extended family in relation to these roles, shaped their decisions to leave Iran. However, statistical data also showed that Iranian women were less likely to leave without their families compared to women of other nationalities. This was interpreted by the researchers as a sign of the conflict between their traditional and modern values.

Ghorashi (2003, 2020) also addressed issues of gender, examining the narratives of Iranian women refugee migrants from leftist political backgrounds living in the Netherlands and the United States. Through qualitative interviews, she focused on their life stories and their ways of shaping and reshaping their identities while in exile. Her findings indicated that despite often coming from similar social and political backgrounds, the legal, social, and political contexts of their countries of destination determined the ways in which these Iranian leftist refugee women

shaped and reshaped their identities post-migration. Ghorashi (2003) found that compared to those in the United States, Iranian women in the Netherlands reported facing a more significant process of ‘othering’, shaped by anti-migrant sentiments and social exclusion. As a result, Iranian refugee women living in the Netherlands were found to cope by creating “an imaginary past” that was “present in their lives” (pp. 239-241). This imaginary past gave them a conceptualization of an Iran that they belonged to, in contrast with the Netherlands, where they did not belong despite their achievements. As a result, their senses of identity and belonging were associated with a time and space that did not exist, keeping them stuck in a mode characterized by a nostalgic feeling of longing for the past and fear about the future. In contrast, those in the United States reported that they felt socially included. Therefore, their definitions of identity and home were said to be in harmony with their present circumstances, rather than belonging to an ‘illusionary past’. Unlike the migrants in Netherlands who suffered from the consequences of the host society’s lack of recognition of their qualifications, the Iranian refugee women in the United States felt that they had strong possibilities for achieving successful careers.⁷

While the previous study was conducted prior to the political events of 2009, in a more recent study, Ghorashi (2020) used additional qualitative data (including data from 68 Iranian refugees who became Dutch citizens) in addition to the life stories collected for her 2003 study. The findings supported her previous study’s (2003) claim about the lack of feelings of belonging that characterized Iranian refugee women living in the Netherlands despite their achievements and qualifications. The findings, which also included some men, revealed that Iranian refugees

⁷ These findings are useful for contextualizing Iranian refugee women’s participation in the workforce in Canada, particularly the implications of the lack of recognition of refugees’ non-Canadian credentials and work experiences by employers (Dossa, 2004).

did not feel like they were treated with respect and seen as equals. While appreciating the individual freedom and opportunities available in Dutch society, the participants referred to feelings of insecurity and lack of belonging, mostly because of the othering that they faced, particularly due to their ‘imperfect Dutch language skills’. Ghorashi interpreted this situation as an ‘integration paradox’, referring to the contrast between the Iranian refugees’ willingness to integrate versus the host society’s lack of recognition.

Another study of the post-migration experiences of refugee women analyzed the integration process and Iranian women’s coping strategies, together with those from Afghanistan, who migrated to Sweden (Khoshkharam, 2021). The findings of qualitative interviews conducted with six women revealed that, while Farsi-speaking women described successful cultural and legal integration into Swedish life, the language barrier formed the main obstacle that negatively affected various aspects of their lives, including employment. In order to cope with the challenges faced during the integration process, the refugee women often relied on social and emotional support from family members, friends, and professionals (e.g., social workers) as well as on their religion and faith. However, despite relying on social support, the Iranian refugee women reported that they often avoided forming relationships with other Iranian refugees, due to deep mistrust, as well as social and political differentiations within the community. These included former experiences of being negatively judged by others because of their political or religious identities (e.g., being a Christian convert).

*1.1.2.2 Iranian Transit Migration to Turkey*⁸

The majority of Iranian refugees who are resettled in Canada spend the time between applying for asylum and being resettled (i.e., the waiting process) in Turkey (Yildiz, 2020). Therefore, even though the findings of research on Iranian asylum seekers who are living in Turkey might not be applicable to those who apply for refugee status from within their permanent countries of resettlement, knowledge about the situations of asylum seekers in Turkey is valuable for achieving a holistic and comprehensive understanding of Iranian refugees' experiences throughout their migration trajectories.

Turkey, although a signatory to the 1951 Geneva Convention defining who is considered to be a refugee as well as their rights and the legal obligations of States to protect them, also has a geographical restriction limiting its obligations to refugees from Europe (Akcapar, 2006; Helsinki Citizens Assembly, 2011; Salushev, 2014; Yildiz, 2020). Based on this restriction, Iranian refugees are not allowed to permanently settle in Turkey (Akcapar, 2006; Helsinki Citizens Assembly, 2011; Salushev, 2014; Yildiz, 2020). However, since Turkey is a neighbour of Iran, and Iranian citizens do not need to apply for a visa for visits of up to 90 days (Mohebi, 2015), many Iranians travel to Turkey and apply for refugee status at the UNHCR offices there (Akcapar, 2006; İçduygu & Koser Akcapar, 2005).⁹ Those who do not have a passport also frequently come to Turkey, as illegal border crossing is common (İçduygu & Toktas, 2002; İçduygu, 2007; Yildiz, 2020). Iranian asylum seekers in Turkey must wait while their refugee claims are processed by UNHCR and they are subsequently referred to a third country for

⁸ Five of the studies reviewed in this section (Durmaz et al., 2017; Kalfa-Topateş et al., 2018, 2017; Namdar, 2019, Vaghefi, 2014) were conducted in Turkish.

⁹ In 2020, almost 10 percent of the 15,320 Iranian refugee applications were made in Turkey, which was the third most common destination country for them after the United Kingdom and Germany (Refugees From Iran: Figures and Development, n.d.).

resettlement. Research reveals that this process is characterized by uncertainty about the future as well as temporary and precarious residence and employment status, which affect multiple areas of everyday life (Durmaz et al., 2017; Kalfa-Topateş et al., 2018, 2017; Vaghefi, 2014).

Most studies of Iranian refugees in Turkey focus on aspects of their daily lives in Turkey. This includes their experiences of abuse and discrimination in a labor market where they work without a contract (Durmaz et al., 2017; Kalfa-Topateş et al., 2018, 2017), as well as daily experiences of social exclusion (Vaghefi, 2014). The studies also emphasize the importance of social networks and social capital (Akcapar, 2006; Koser Akcapar, 2009; Vaghefi, 2014). Other significant topics in the literature include: the lived experiences, rights, and safety of women (Namdar, 2019; Vaghefi, 2014) and LGBT asylum seekers (Durmaz et al., 2017; Helsinki Citizens Assembly, 2011; Najjar, 2020; Shakhsari, 2014); Iranian asylum seekers' political participation and activism (Rivetti, 2013; Vaghefi, 2014); and the implications of Turkish and global asylum policies for Iranian asylum seekers (Helsinki Citizens Assembly, 2011; Salushev, 2014; Yildiz, 2020).

For example, Najjar (2020) focused on the lived experiences of Iranian LGBT refugees and asylum seekers using minority stress (Meyer, 2003) and acculturative stress theories (Berry, 1997). The research was based on phenomenological interviews conducted with eight gay men and two gay women, nine of whom lived in Turkey and one who lived in Canada. The findings illustrated that these Iranian LGBT refugees experienced social and political oppression both before and during their migration, including during the waiting process. This included marginalization, discrimination, harassment, and abuse by family members, peers, and authorities. In addition to the prevalence of homophobia in Iran and Turkey, the complete control of Western asylum interviewers, policymakers, and adjudicators over the asylum process was

also a reason given for the Iranian LGBT refugees' feelings of powerlessness. These feelings arose from the challenges related to the refugee application and migration process, including the requirement to prove that their sexual orientation was a basis of persecution.

Shakhsari's (2014) study, however, demonstrated the agency of LGBT asylum seekers by exploring the practical obscurity of the categorical distinction between economic migrants and refugees. Ethnographic interview data collected from Iranian LGBT asylum seekers in Turkey illuminated the strategies adopted by asylum seekers to acquire refugee status from UNHCR. The interviews revealed how Iranian asylum seekers viewed different categories of refugee claims as providing easier or more difficult admission by the UNHCR. Based on these insights, asylum seekers tended to choose between claiming a political, religious, or LGBT refugee case, framing their stories about pre-migration experiences and fear of persecution accordingly. This finding is important as it illustrates the presence of Iranian refugees' agency, as they attempt to strategize their migration paths despite the involuntary nature of refugee migration.

Three other recent studies (Durmaz et al., 2017; Kalfa-Topateş et al., 2018, 2017) were based on qualitative fieldwork conducted with 28 Iranian asylum seekers in Denizli, a Turkish town to which Iranian LGBT refugees are frequently assigned by the Turkish migration authorities (Durmaz et al., 2017, Kalfa-Topateş et al., 2018). These studies revealed that Iranian asylum seekers in Denizli tend to be seen as cheap labour sources by employers (Kalfa-Topateş et al., 2018). Despite the fact that many had relatively high educational credentials and professional qualifications in Iran, they generally worked in labour-intensive, unskilled jobs with low wages (Kalfa-Topateş et al., 2017). As an unregistered labour force, they did not have any social rights or insurance (Kalfa-Topateş et al., 2017, 2018). LGBT asylum seekers were further

disadvantaged, since most of them reported that they had to hide their sexual orientation or gender identity in order to stay employed (Durmaz et al., 2017).

Previous research by Vaghefi (2014) was based on qualitative interviews with three Iranian asylum seeker women and participant observation of the living and working environments of eleven Iranian asylum seekers waiting in the Turkish towns of Ankara, Eskisehir, and Cankiri. This research also documented asylum seekers' disadvantageous position in the Turkish labour market. This study showed that in addition to long working hours and low wages, these women often faced sexual harassment from their employers, which they were afraid to report to authorities due to the possible and unpredictable consequences of working informally without a work permit, such as imprisonment or deportation which would affect their refugee applications. As well, the women often faced social isolation because of the language barrier, the lack of a work permit, and mandatory residence in specific towns assigned by the government. Their self-identities often transformed as a result of the decline in socioeconomic status that most of them had enjoyed in Iran. The research participants reported being socially respected because of their occupations (i.e. working for the public sector) or their ethnicity (i.e. being Persian in an Arab-majority city) in Iran. In contrast, they described their status in Turkey as representing "the lowest class", since they experienced poverty, depended on welfare, and had to regularly interact with the migration police to prove that they complied with the mandatory stay requirement in the towns to which they were assigned.

Some Iranian asylum seeker women coped with these changes by engaging in feminist political activism within their diaspora communities. However, Iranian asylum seeker women's activism was often distant and detached from their personal lives, focusing on the politics of their home country instead of their lives and social interactions within and beyond the diaspora

(Vaghefi, 2014). As a result, these women often found themselves in an ironic position where they were empowered politically but disempowered personally.

Rivetti's research (2013) also showed the limitations of refugee political activism by focusing on its role in relation to the identities of Iranian asylum seekers in Turkey and Italy. This study was based on fifty-two interviews and fieldwork conducted with Iranian politically active asylum seekers in these two countries between 2009 and 2012. The findings revealed that despite the claim that it empowered them, political activism often imposed pre-established roles and identities on asylum seeker individuals, thereby limiting their agency. In order to fit the role of political activist, asylum seekers had to perform accordingly while waiting for their asylum decision, to be seen as worthy of being granted political asylum. In particular, the unstructured and flexible character of the Green Movement (referring to the 2009 election results protests) enabled many asylum seekers to take on the role of a political activist in that movement, especially since activities such as journalism, blogging, or human rights activism have ambiguous definitions in Iran. Rivetti (2003) argued that as a result, "refugeeness" became a performative process, shaped by a network of power relationships between different actors such as the institutions granting political asylum (i.e., the UNHCR or refugee-accepting states), and the broader communities of asylum seekers which taught them the internal norms and values of political activism.

1.1.2.3 Iranian Refugees in Canada¹⁰

Most of the studies on Iranian migrants in Canada focus on migrants' countries of origin rather than on their migration category (e.g., Bailey, 2008; Garousi, 2005; Mazaheri, 2009). Therefore,

¹⁰ Studies that focused on Iranian refugees' health, refugees from other countries of origin, and Iranian migrants from non-refugee migration categories are excluded as they are reviewed in other parts of this chapter.

the number of studies that explicitly focused on the experiences of refugees from Iran who are residing in Canada, is extremely limited. Alongside a study about refugees' religious identities (Talebi & Desjardins, 2012), prominent themes in the literature that does focus on Iranian refugees in Canada include sexual orientation (Karimi, 2018, 2019, 2020a, 2020b) and gender (Bauer, 2000). The significance of these themes in the literature may well be a result of Canada's unique position in the global refugee system as a major host country for LGBT refugees (Murray, 2014).

Karimi's recent qualitative research (2020a, 2020b, 2021) provides important ethnographic data about the post-migration lived experiences of Iranian gay male refugees in Canada, as well as their specific position as a minority within the broader Iranian refugee community. With a focus on gay refugees' integration, Karimi (2020a) found that despite the widespread emphasis in the literature on the significance of family and ethnic ties in facilitating integration, sexuality is more significant than ethnicity for gay refugees, who tend to distance themselves from their ethnic community in Canada and instead, bond with individuals sharing their sexual orientation.

Using the same data, another study by Karimi (2020b) focused on the refugees' transnational social and symbolic ties, which were defined as power relations that expand beyond nation-state borders. Here, the interviews with Iranian gay refugee men demonstrated that their transnational agencies and networks formed around sexuality and ethnicity affected their pre-migration as well as post-migration integration. The findings revealed that they built cultural capital and knowledge about Canada and the West in general, by accessing information through the weblogs of Iranian gay refugees in Canada as well as other forms of Western media. Their pre-migration experiences of persecution and migration decision-making were shaped by

structural, legal and economic factors, including the prohibition of homosexuality in Iranian Islamic laws and, the negative economic consequences of the US-led sanctions against Iran. In particular, not having enough economic security and financial stability to guarantee their safety inside Iran, encouraged several gay men to apply for asylum. Transnational ties also impacted the refugees' post-migration experiences, since most of them sustained their social networks of solidarity with their friends and family in Iran and in Turkey after arriving in Canada. In some cases, these efforts to sustain social solidarity included providing economic support to friends and families in Iran and gay asylum seekers in Turkey, as well as the creation of social media accounts and weblogs to inform others about seeking asylum in Canada.

Another study by Karimi (2021), which also drew on the same sample, focused on the post-migration phase in order to understand Iranian gay male refugees' integration by analyzing their social interactions in Canada as shaped by their gender, sexuality, ethnicity, and nationality. The findings demonstrated that for Iranian gay refugee men, the main source of social and emotional support was other Iranian gay men. Furthermore, sexual orientation was sometimes found to highlight differences and divisions within the ethnic community, becoming a more significant social location compared to the refugees' ethnic or national identities. As a result, it sometimes limited their access to ethnic community resources. Nevertheless, in contrast with the gay refugees' pre-migration expectations, their sexual orientation did not positively shape interactions with the host society either, as they reported often feeling racialized and marginalized by gay Canadians, which, in some cases, escalated to experiencing racist and anti-immigrant comments in online interactions in platforms such as Grindr.

In contrast to the focus on sexual orientation, gender, by itself, was rarely studied in connection with the lived experiences of Iranian refugees in Canada. An exception to this gap

was Bauer's study (2000). In this study, refugee women's narratives were used to illustrate the challenges they faced while trying to navigate the conflicting expectations and demands of the Iranian diaspora communities and the societies of the host countries, including Canada. The study found that Iranian refugee women often encountered stereotypical narratives within their own community and the host society about how Iranian women should behave, thus having to re-establish their sense of self in response to these. In this process, Iranian refugee women often reclaimed their political identities through gender-based organizations and activism. Although conducted before the 2009 protests in Iran, Bauer's (2000) results overlap with the findings of some other studies, such as Nasrullah (2020), which also revealed sexism and its implications among the Iranian immigrant community in Québec.

Unlike studies that discussed sexual orientation and gender in the post-migration phase, Talebi and Desjardins (2012) focused on the Iranian refugees' religious identities before, during, and after migration. They used a phenomenological approach to explore the life history narratives of four Iranian Bahai migrants living in Saskatchewan. Demonstrated through their narratives of exclusion and discrimination, the results showed that all four migrants lived at the society's margins both in Iran and Canada, as religious minorities and racialized newcomers, respectively. A comparison of the pre-migration and post-migration social positions of the research participants revealed that the refugees transformed their relationship with their religion while moving through their migration trajectories, as an adaptive strategy. They reported that while religion was their main identity marker in Iran and thus, more central in their lives before and during migration, it became a personal matter after their migration to Canada. The research participants found it challenging to maintain a strong spiritual life and continue their religious practices after migration to Canada, as they perceived religion and faith as being more casual and

less deep there, compared to Iran. Furthermore, they reported not having a strong Bahai community which encouraged them to remain involved in religious activities, unlike their close relations with the community before and during migration. As a result, the participants restructured their faith and spirituality as a more personal devotion in contrast with a community-involved collective identity.

1.1.2.4 Summary

In summary, a review of the literature on Iranian refugees' migration trajectories reveals that while the refugees come from diverse backgrounds and follow different routes, they often face common challenges before, during, and after migration. These include socioeconomic challenges and persecution in Iran, the difficulties of navigating the refugee application process, particularly the waiting process (e.g., Vaghefi, 2014), and challenges to integration, adaptation, and finding employment after migration (e.g., Khoshkham, 2021). While this review included several studies that were conducted before the 2009 protests (Akcapar, 2006; Bauer, 2000; Ghorashi, 2003; Koser Akcapar, 2009) their findings, particularly those about gender and sexism in the Iranian refugee community, overlapped with those reported in studies conducted after these events (e.g., Ghorashi, 2020; Nasrullah, 2020).

The literature mostly focused on topics of identity and belonging for Iranian refugees, including gender and sexual orientation, political activist identity, class and socioeconomic status, and religious identity. These identities were shown to affect refugees' lived experiences particularly in the post-migration phase, by further shaping their patterns of receiving social and community support and access to community resources (e.g., Karimi, 2020a, 2020b; Rivetti, 2013; Talebi & Desjardins, 2012). Similar to the findings of literature on non-refugee Iranian migrants, the research focusing on Iranian refugees also points to post-migration shifts in gender

roles as a result of both men's and women's changing socioeconomic status (e.g., Ahmadi Lewin, 2001; Darvishpour, 1999; Ghorashi, 2003; 2020). In addition, both areas of literature showed the lack of supportive personal relationships and close interactions that is often evident among community members with each other, resulting from the widespread fragmentation, heterogeneity, divisions, and mistrust frequently manifest among Iranian migrants and refugees (e.g., Bailey, 2008; Darvishpour, 1999; Khoshkaram, 2021).

While illustrating these challenges, the literature also documents how migration can be both a disempowering experience for some (e.g., Iranian men, those with stronger religious community ties in Iran, some of those with higher social class or socioeconomic status in Iran compared to their post-migration status) and an empowering experience for others, including Iranian women, LGBT communities, some religious minorities, and political refugees, providing them with safety, economic opportunities, and success (e.g., Darvishpour, 1999; Ghorashi, 2003; 2020; Karimi, 2020b, 2021). Multiple studies show that despite facing challenges that can lead to feelings of disempowerment and lack of agency, many refugees adopt coping strategies by restructuring their understandings of spirituality or senses of self (e.g., Bauer, 2000; Talebi & Desjardins, 2012) or creating and sustaining networks of support and solidarity with friends and families (Karimi, 2020a; 2020b).

Despite these contributions to existing knowledge, the number of studies focusing on the migration trajectories and experiences of Iranian refugees in Canada is very limited. This gap might reflect the fact that refugees referred to Canada by the UNHCR in a transit country, such as Turkey, are often considered 'government-assisted refugees' and therefore already granted permanent resident status (PR) when they resettle in Canada (Hyndman et al., 2017; Olsen et al., 2016). Therefore, data about Iranian permanent residents who left their country as refugees

might be grouped together with data about other Iranian migrants who do not have a refugee background. This, in turn, decreases the visibility of refugees in the literature about Iranian migrants in Canada. Yet, their migration trajectories differ. A more specific data collection is needed to explore the experiences of individuals with a refugee background.

1.2 Iranian Migrant Health Trajectories

This section reviews literature relevant to Iranian migrant and refugee health trajectories. The first subsection focuses on Iranian migrant health and the second looks at Iranian refugee health. In accordance with the focus on health reflected in existing literature, the subsections review the literature on physical health, mental health, and access to healthcare, respectively.¹¹ Studies focusing on the health of Iranians in other migrant and refugee receiving countries in the Global North are reviewed first, followed by those addressing the relevant aspect of health with a focus on Canada. In addition, the discussion focusing on refugee health includes a section on refugee health during the COVID-19 pandemic, which occurred as the current study was conducted and is a new and growing area of research attention within the academic literature.

1.2.1 Iranian Migrant Health

1.2.1.1 Iranian Migrant Physical Health

While the literature does not provide any information about the health of Iranian migrants either pre-migration or during migration, a few studies have addressed their post-migration physical health. In general, these studies focus on immigrants as a whole and point to their health

¹¹ Even though this research adopts a non-biomedical definition of health based on the subjective perceptions of the research participants following the phenomenological perspective, a distinction between mental health, physical health, and healthcare access serves the practical purposes of differentiating the relevant literature and analysis results.

challenges when compared to the general population of their host countries (e.g., Australia, Sweden) and those from other countries of origin (e.g., Arab-majority countries).

For example, in an early exploratory qualitative study of Iranian immigrants to the United States, Lipson and colleagues (1992) found that although most reported being healthy, several immigrants reported physical symptoms that they linked to worry and stress associated with their migration to the United States. These included stomach problems such as ulcers, in addition to headaches, and backaches. Similarly, in their cross-sectional quantitative study, Wiking and colleagues (2004) demonstrated that Iranian women in Sweden have a five times higher risk of poor self-reported health compared to Swedes while for Iranian men the risk was three times higher. This strong association between national origin and self-reported health was found to be mediated by socioeconomic status, the language barrier and lack of acculturation, and discrimination.

Also adopting a qualitative methodology, Emami and Torres (2005) focused on the experiences of older Iranian migrants (55+) who immigrated to Sweden later in life (i.e., while having adult children). The findings of their study illustrated that late life migration and not the country of origin created the shared cultural experience of older Iranian immigrants in Sweden. According to these findings, the migrants perceived their late in life migration and its consequences such as isolation, psychological stress, acculturative demands, communication challenges linked to the language barrier, and changing social roles as the reference point which caused their ongoing illnesses and diseases. The authors argued that we should focus on their shared migrant identity rather than their national identity to understand older Iranian immigrants' meaning making of their illnesses.

Alizadeh-Khoei and colleagues (2011) used interviews and surveys conducted with 302 older Iranian immigrants living in Sydney, Australia in order to explore the impact of acculturation on their overall health. The findings of this study showed that older Iranian immigrants had more limited physical function compared to the general population of older Australians. In addition, those who did not speak English at home were more likely to face limitations in their physical functioning, suggesting that those who had limited proficiency in English were at the greatest risk of negative health outcomes. However, the authors did not address the older immigrants' functioning before and during migration. Finally, most recently, Abuelezam and colleagues' (2021) compared the health risk factors and chronic health conditions of Iranian immigrants and Arab Americans living in Northern California. The results of this quantitative study conducted with adults aged 35 and older revealed that compared to Arabs, Iranian immigrants had a lower risk of obesity and smoking, but a higher risk of hyperlipidemia (i.e., high levels of lipids such as cholesterol in the blood) and prediabetes (i.e., higher than normal blood sugar levels).

Iranian Migrant Physical Health in Canada

A review of the Canadian literature revealed three studies of Iranian migrants' physical health in Canada. In contrast with the broader health outcomes focused on in the previous section, all three focused on the prevalence or incidence of specific chronic diseases, including cancer (Yavari et al., 2006) and multiple sclerosis (Guimond et al., 2010; 2014), among Iranian migrants in Canada. Their findings, although based on different indicators of physical health, tend to be similar to those reported with regard to Iranian migrants living in other countries (reviewed above), revealing worse physical health (including higher rates of multiple sclerosis (MS), breast

cancer, colorectal and prostate cancers) among Iranian migrants compared to the general population living in Iran.

For example, Yavari and colleagues (2006) compared cancer incidence rates among Iranian immigrants in British Columbia, the population in Iran, and the general population of British Columbia. The findings revealed that Iranian immigrant men generally had lower rates of cancer incidence than the other populations, while for Iranian immigrant women, the incidence rates were intermediate. Compared to the population in Iran, Iranian immigrant women had breast cancer incidence rates that were four times higher. This rate was two times higher for colorectal cancer. Iranian immigrant men also had higher prostate cancer rates compared to those in Iran. Conversely, both Iranian immigrant men and women had lower incidence rates for stomach and esophageal cancers than the comparators. The authors concluded that overall, Iranian immigrants had similar cancer patterns to the general population of British Columbia. The authors argued that differences in lifestyle, environmental factors, and screening practices between Iran and British Columbia could be the reason of these differences in patterns of cancer between immigrant and non-immigrant Iranians.

A more recent study by Woods and colleagues (2019), focusing on breast cancer incidence among immigrant women from various countries of origin in British Columbia, reported similar findings. Iranian women had rates of breast cancer incidence consistent with those of non-immigrants in the province. Although they faced an increased risk between ages 40-49 compared to non-immigrants, their risk became significantly lower after age 70. While the authors did not provide an explanation for this pattern, they argued that differences in screening patterns and reproductive risk factors across these age groups could be the reason for these results.

Finally, Guimond and colleagues' quantitative research (2010; 2014) focused on the prevalence of MS among Iranian immigrants in British Columbia. Their findings revealed that Iranian migrants in Canada experienced MS more frequently than those in Iran by a factor of at least four, which was similar to its prevalence among Iranians in other countries in the West compared to non-migrant Iranians. No major genetic susceptibility variants were identified. Thus, the researchers suggested that the increased risk of MS among Iranian immigrants might be due to such factors as the long-term impacts of pre-migration environmental factors such as sun exposure, Vitamin D deficiency, the infectious mononucleosis caused by the Epstein-Barr virus, and/or a history of smoking (Guimond et al., 2010; 2014). The potential importance of psychosocial factors (e.g., migration-related stressors) was not considered. Yet, an increasing number of studies are reporting associations between stressful life events and the incidence and severity of MS (Artemiadis et al., 2011; Briones-Buixassa et al., 2015).

1.2.1.2 Iranian Migrant Mental Health

Somewhat greater attention has been paid to the mental rather than physical health of Iranian migrants. However, the literature on Iranian migrant mental health also tends to focus primarily on the post-migration experiences of Iranian migrants. Sharareh et al.'s study (2007) is an exception. This longitudinal qualitative study, which was based on interviews conducted with 10 Iranian migrant women living in Sweden and interviewed in 1996 and 2002, revealed that pre-migration traumatic events, including mental, physical, or sexual violence and dissatisfaction with emotional relationships, were among the factors negatively affecting the migrants' post-migration mental health, along with post-migration experiences of discrimination, racism, and lack of employment. The interviews conducted in 2002 showed that in some cases, the impacts

of pre-migration trauma tended to decrease over time. However, the negative effects of post-migration discrimination and racism were persistent.

Several other studies have also noted the problematic mental health status of Iranian migrants and have paid close attention to adjustment and acculturation-related issues in the early stages of post-migration. They too tend to show that the challenges related to acculturation that affect communication and employment can lead to poor mental health. Two early examples are studies conducted by Lipson et al. (1992) and Meleis et al. (1992). The first study used a mixed-methods approach combining semi-structured interviews with 35 Iranian migrants with health opinion surveys distributed to a larger sample of Iranian migrants and completed by 38 immigrants (i.e., 19% response rate) living in the San Francisco Bay Area. The results revealed that these migrants reported suffering from the negative mental health consequences of language barriers and related communication issues, challenges in finding employment and broader economic problems, in addition to discrimination and culture shock. Similarly, Meleis and colleagues' quantitative research (1992), also focused on Iranian migrants in the United States (together with four other immigrant groups), and showed that although these migrants, especially those who had migrated a longer time ago, had a weaker identification with their home country, this did not necessarily lead to better mental health. For example, some older Iranian migrants reported that they faced mental health problems, such as depression, because of a lack of community support.

The relationship between acculturation and mental health was further explored by Haasen et al. (2008) through quantitative research with 100 Iranian migrants in Germany who had stayed in that country for at least one year. The results of this study revealed that 28 percent of the Iranian migrants studied suffered from mental health challenges, particularly depression. To

assess the impact of acculturation stress on their mental health, the researchers used an index that included questions about the challenges associated with language barriers, finding employment and housing, social contacts, and norms and values (Nicassio et al., 1986). According to their findings, stress related to the process of acculturation was correlated with mental health, regardless of the migrants' length of residency in Germany. Those reporting higher levels of acculturation stress also reported poorer mental health.

A somewhat more recent study conducted by Alizadeh-Khoei and colleagues (2011) on the impact of acculturation on the mental health of older Iranian migrants reported similar findings. The results of surveys and interviews conducted with 302 migrants in Sydney, Australia revealed that while older migrants who were fluent in English experienced less psychological distress than other Iranian migrants, those who did not speak English at home were more prone to do so. Furthermore, those who had better English language skills also reported experiencing less anxiety and fewer depressive symptoms than others.

Iranian Migrant Mental Health in Canada

Studies of the impact of pre-migration experiences on the mental health of the overall population of Iranian migrants to Canada are lacking. Instead, studies have focused on the implications of post-migration experiences, often with a narrower focus on specific groups of Iranian migrants, such as women or older adults. For example, Dossa (2002) explored the life stories of 40 Iranian women in Canada (British Columbia) through two focus groups in order to understand the interactions between their lived experiences as migrants and mental health. The results of this study revealed that language barriers, which often resulted in unemployment or underemployment, together with various forms of discrimination, led to experiences of depression among some Iranian women migrants in Canada. As a result, the majority of the

participants studied reported having been treated medically for depression following migration to Canada.

Two other studies (Dastjerdi & Mardukhi, 2015; Moztarzadeh & O'Rourke, 2015), both of which were conducted after 2009, focused on the mental health and wellbeing of older Iranian immigrants. Dastjerdi and Mardukhi's (2015) qualitative narrative inquiry studied the social factors influencing older Iranian women's mental health and wellbeing in Canada. This study was based on in-depth interviews conducted with eight Iranian women who were 65 years old or older. It once again revealed the significance of socio-economic status, social and community involvement, and language proficiency in promoting mental health, well-being, and life satisfaction. Other significant themes identified by the research participants as affecting their mental health included educational background, volunteering, public transportation access, and immigration status. Similarly, Moztarzadeh and O'Rourke's study (2015) addressed older Iranian immigrants' mental health and life satisfaction by analyzing their association with acculturation and integration within Canadian society. The findings of this quantitative study suggested that acculturation to life in Canada positively affected their life satisfaction. Acculturation and integration also had a direct impact on the depressive symptoms of migrants.

Although information on the mental health status of the overall population of Iranian migrants to Canada is lacking, some research also attests to the importance of acculturation for the mental health of the broader population of Iranian migrants in Canada. Specifically, Jafari and colleagues (2010) addressed immigrant acculturation through a qualitative study of the knowledge of mental health determinants among Iranian immigrants in British Columbia. Their findings revealed that immigration-related risk factors, such as a lack of English language proficiency, underemployment or unemployment, the lack of social support, and cultural

differences were viewed as barriers to acculturation. These barriers, in turn, also led to adverse mental health consequences such as social isolation, anxiety, unstable behaviours, and aggressiveness as reported by the research participants.

1.2.1.3 Iranian Migrant Access to Healthcare

The literature shows that compared to the general population in the United States, Iranian immigrants have lower levels of access to health care compared to the US-born population (Derose et al., 2007; Lavizzo-Mourey, 2002). They are also less likely to seek and receive proper mental health care (Emami et al., 2001; Haasen et al., 2008).

In general, recent studies about Iranian migrants focus on the barriers affecting their access to healthcare, rather than the levels of access (Martin, 2009a; Martin, 2012). For example, Martin (2009a) focused on the experiences of older Iranian migrants within the American healthcare system. Using a phenomenological methodology, in-depth, semi-structured interviews with 15 migrants revealed that older Iranian immigrants have a holistic view of health, illness, and healthcare centered around the concept of '*ruh*' which means 'soul' or 'spirit' in Farsi. Older Iranian immigrants were reluctant to seek healthcare services in general and to comply with their doctors' recommendations, because of their mistrust of modern medicine, a sense of pride that kept them from asking for help, and their frustration with the biomedical healthcare system's neglect of their '*ruh*'.

The literature particularly focuses on the barriers to access to mental health care services in the post-migration phase (Shishegar et al., 2015; Simkhada et al., 2021). A recent study by Simkhada and colleagues (2021) focused on access to mental health care through qualitative interviews with Iranian and Nepali migrants in the United Kingdom. Its findings revealed that migrants' access to mental health care was affected by six factors: stigma and fear; gender;

language; tradition and culture; family involvement; and health care workers' lack of cultural awareness. The results indicated that Iranian migrants, in general, reported that they often did not seek help for mental health problems because of the significant stigma that existed around poor mental health in the community. This concern with stigma was more common among men compared to women. In addition to fear of losing social status and being judged negatively due to stigma, fear of long-term dependency on psychiatric medication, losing familial support, and language issues were identified as significant barriers to mental healthcare access. In the absence of access, for some Iranian migrants, faith and religious activities such as praying were reported to play a significant role as alternative coping mechanisms, particularly against psychological distress. Shishegar et al.'s (2015) review of the literature also reports similar findings regarding the factors affecting Iranian immigrants' mental health and healthcare access.

While the studies reviewed above suggest that Iranian migrants may be reluctant to seek healthcare services in the Western context, other research has focused on their experiences while using such healthcare services. According to a study conducted by Martin (2012), in contrast to research reporting that immigrants receive less and lower quality health care services (e.g., Derosé et al., 2007; Lavizzo-Mourey, 2002), the Iranian immigrants' experiences were generally seen as positive. Drawing on interviews with older Iranian immigrants, this study revealed that despite the post-9/11 political climate, the participants did not perceive discrimination in their interactions with American health care providers. While some participants attributed this lack of discrimination to the healthcare system's view of the patient not as a 'whole person' but as an 'illness', others argued that language barriers may have prevented them from recognizing discrimination. The findings also suggested a possible class-based difference in the treatment of

older Iranian migrants by the healthcare system, with care providers possibly perceiving them as upper-class based on the myth of Middle Eastern immigrants as being rich with oil money.

Other research also emphasized the role of culture in shaping migrants' experiences with various healthcare services, although focusing on different indicators. For example, based on an ethnographic study with older Iranian immigrants attending a program developed by Swedish municipalities, Emami and colleagues (2000) demonstrated the positive impact of culturally appropriate health intervention programs on their mental health and well-being. These programs contributed to the improvement of immigrants' mental health by preventing social isolation and stress.

Iranian Migrant Access to Healthcare in Canada

A review of the literature revealed four studies that are relevant to Iranian migrants' access to healthcare in Canada. Dastjerdi et al. (2012) focused on the processes by which Iranian immigrants learn to access health care services in Canada. Drawing on unstructured interviews with 17 Iranian immigrants, their findings illustrated that, despite Canada's relatively universally accessible medical care system, these immigrants reported facing both structural and non-structural barriers to access. These included financial challenges and communication (language) barriers as well as cultural differences. They noted that immigrants tend to go through a series of five transitions in their attempts to become integrated and proficient in accessing healthcare services: these included being a stranger; feeling helpless; navigating/seeking information; employing strategies (such as weighing options and looking for physicians with whom they could communicate better considering the language barrier, cultural differences and financial obstacles); and becoming integrated and self-sufficient. Overcoming the various barriers to access or "tackling the stumbling blocks of access" was said to be the main struggle immigrants

faced throughout their journeys. Some were able to overcome these challenges and become proficient in accessing health care services while others were not. As a result, some of the latter immigrants decided to return to Iran, while others stayed in Canada but did not access Canadian healthcare services and/or relied on medications and health advice they received from Iran.

A second qualitative study by Dastjerdi (2012) was based on interviews conducted with Iranian health care providers and social workers in the Greater Toronto Area. It sought to identify obstacles faced by Iranian immigrants when accessing health care but from the providers' perspective. According to these health care providers, even when receiving services from Farsi-speaking health care providers and family doctors, Iranian immigrants still faced cultural misunderstandings and lack of knowledge about the Canadian healthcare system which exacerbated their mistrust of the system and their dissatisfaction with the services they received. For example, even when the health care providers spoke Farsi, the language barrier was still present since their Farsi was often not as good as that of their clients, who were newcomers. In addition to language issues, the different cultural values of the Iranian migrants also shaped their perceptions of the health care system and services, which often led to misunderstandings. For Farsi-speaking clients, it was not culturally acceptable to ask for help and talk about their needs until they were asked to do so. As a result, many of the participants expected to be provided with information about health care access without asking for this information. These cultural issues were also found to be linked to a lack of trust and fear of disclosure, which affected provider-client relationships in negative ways. Due to the small size and diverse characteristics of the Iranian community, clients were often hesitant to reveal personal information to the healthcare providers who were also from the community. As a result, they often replaced healthcare

services with alternatives such as asking others to bring them medications from Iran or sharing medications with others.

In contrast with these qualitative studies, Poureslami and colleagues (2007) used a mixed-methods approach based on telephone surveys with a random sample of 590 participants from the Iranian community living in the Greater Vancouver Area, followed by focus group sessions with 98 of them, to address issues involving access to healthcare. The research was designed to understand their use of the BC Health Guide program, which is aimed at improving access to healthcare information and advice. The findings revealed that despite their low awareness and lack of use of the program at the beginning, their perceptions and utilization of the program improved after watching culturally appropriate promotional videos. While they commonly perceived health advice received over the phone or internet from translators or nurses as less credible than that received in-person from a doctor, most of them believed that a culturally appropriate and sustained promotion of the BC Health Guide program could be beneficial for the community. Furthermore, despite other studies showing the holistic view of health among Iranian immigrants (e.g., Martin, 2009), most emphasized that since Iranian culture does not significantly value using preventive healthcare services, it can be difficult for the community to adjust to the use of self-care resources.

Taking a slightly narrower focus, Vahabi's study (2011) explored the breast cancer screening information and communication needs of Iranian immigrant women in Toronto. Based on qualitative interviews with a convenience sample of 50 women, Vahabi's findings revealed that Iranian immigrant women's socio-political situations, shaped by their exposure to chemical war with Iraq in the 1980s as well as air and water pollution, influenced their information needs about breast cancer. However, living in a physically unsafe environment limited their access to

reliable information about breast cancer and screening prior to immigration. The results also suggested that migration strongly affected their information and communication needs, especially since increased demands by work and family left them with limited time. Thus, the study recommended the use of multimedia methods to access this population.

1.2.1.4 Summary

Overall, although extremely limited and primarily focused on the post-migration phase of the migration trajectory, a review of available literature suggests that Iranian migrants tend to be disadvantaged in terms of both physical and mental health compared to the general populations of Iran and their countries of residence, including Canada. For Iranian migrants in Canada, their disadvantages in terms of cancer were most often attributed to exposure to pre-migration environmental factors and health behaviors. In contrast, the migrants' mental health disadvantages were often said to have resulted from exposure to migration-related stressors, acculturation challenges such as language barriers, discrimination, social isolation, and changing social status.

In addition, various findings demonstrated that both in Canada and other host countries, Iranian migrants face multiple barriers accessing physical, mental, and preventive health care. These included language barriers, cultural differences between immigrants and health care providers, and financial limitations. In the case of access to mental health care, fear and stigma also played important roles in preventing Iranian migrants from seeking proper care. In addition, despite the literature documenting Iranian migrants' holistic approach to health, some findings pointed to the Iranian culture's lack of emphasis on preventive healthcare services (Poureslami et al., 2007). While a significant number of the reviewed studies were conducted before 2009, there

was no indication of difference in health and/or access to health care when comparing pre-2009 and post-2009 Iranian migrants in Canada or elsewhere.

1.2.2 Iranian Refugee Health

This subsection reviews studies focusing on Iranian refugees' health in Canada and other receiving countries. The literature on physical health, mental health, access to healthcare, and health during the COVID-19 pandemic is discussed.

1.2.2.1 Refugee Physical Health

Iranian refugee physical health was rarely a specific focus of research. In fact, only two studies addressed the physical health of Iranian refugees in countries in the Global North other than Canada (e.g., Gerritsen et al., 2006a; Nguyen & Rehkopf, 2016). Both compared Iranian refugees' physical health with other refugees' health. A quantitative comparative study conducted by Gerritsen and colleagues (2006a) focused on the health of Iranian refugees and asylum seekers in the Netherlands, compared with those from Afghanistan and Somalia. The results of this research illustrated that health problems (including chronic conditions, such as severe neck/shoulder problems, back complaints, migraine/severe headaches, dental problems, and eye problems) were common among refugees and asylum seekers from all of these countries. However, chronic conditions were more prevalent among older refugees and asylum seekers as well as among women compared to men. Furthermore, asylum seekers generally had more health problems compared to refugees.

Nguyen and Rehkopf's study (2016) used a similar method to understand the prevalence of some chronic diseases (i.e., type-2 diabetes and hypertension) and their risk factors (i.e., smoking and obesity) among Iranian, Ukrainian, and Vietnamese refugees living in California. The findings revealed that compared to those from Ukraine and Vietnam, Iranian refugees had a

higher prevalence of type-2 diabetes. In addition, older refugees more often experienced hypertension compared to younger ones while no country of origin was associated with a higher prevalence of hypertension. In terms of risk factors, Iranian refugees were more likely to smoke than those from the other countries studied while older Iranian refugees were more often obese than the California-born general population. This was the case even though refugees had lower rates of obesity than the general population when grouped together. The study suggested that attention should be paid to refugees' distinct health needs associated with their country of origin.

Refugee Physical Health in Canada

To date, only a few studies have focused on the physical health of Iranian refugees in the Canadian context. However, they also report evidence of poorer physical health. For example, Guruge and colleagues' (2012) quantitative research findings indicated that in addition to various negative mental health consequences (see the next section), the refugee women they studied reported suffering from physical health issues such as headaches, back pain, colds, infections, flu, and memory problems following migration.

Shemirani and O'Connor's qualitative study (2006) also included a focus on older Iranian refugee women's understandings of their physical health. Their in-depth interviews revealed the holistic perspective of the refugee women about their own health, viewing their physical health problems such as hurting legs and high blood pressure as resulting from their poor mental health, which they saw as a consequence of displacement, exile, and the lack of a secure immigration status.

1.2.2.2 Refugee Mental Health

The recent literature on Iranian refugees' mental health is diverse in terms of research design and geographical contexts. Once again, however, its main focus has been on post-migration

experiences. Ekblad and colleagues' (1999) research focused on the impact of migration in affecting perceived quality of life by comparing 14 Iranian refugee patients in Sweden to eight Swedish patients. All participants were adult patients who were seeking healthcare for any medical diagnoses with a functional or stress-related component. According to their interviews, Iranian patients reported a lower quality of life compared to Swedish patients. The research participants who had gone through pre-migration war-related experiences also experienced migration stress (i.e., stress experienced during and after migration), which led them to perceive quality of life differently than the Swedish patients. The results showed that Iranian refugee patients who sought health care in Sweden described a good quality of life as being connected to the need to be healthy, financially independent, and accepted by the host society. For Swedes, in contrast, having a work and social life was an important aspect of life quality, alongside spending enough time with family and friends and being able to spend time outdoors. While Swedish patients viewed the individual and the environment separately when conceptualizing quality of life, Iranian patients had a more holistic understanding. Therefore, the Iranian participants viewed problems related to migration as having broader (holistic) implications for their quality of life.

Werkuyten and Nekuee (1999) focused on the post-migration experiences of Iranian refugees living in the Netherlands. Their quantitative study revealed that the majority of refugees did not report experiencing discrimination. A majority, however, did report experiencing cultural conflict. This was said to be characterized by feelings that they were living between two cultures, finding it difficult to respond to the expectations of both the Iranian and the Dutch cultures, and feeling insecure about how to relate to Iranians and the Dutch. According to their findings, although a minority reported experiencing discrimination, among those who did, this

led to decreased feelings of personal control over life or agency, which, in turn, led to worse mental health. In addition, feelings of cultural conflict with the host society negatively affected their self-esteem and thereby decreased their life satisfaction.

More recently, Gerritsen and colleagues (2006a) also adopted a quantitative framework to examine symptoms of PTSD, depression, and anxiety among 178 refugees and 232 asylum seekers from Iran as well as Afghanistan and Somalia who were living in the Netherlands. Their results revealed that compared to refugees, asylum seekers more often had symptoms of PTSD, depression, and anxiety. Those from Iran had the highest risk of these mental health symptoms, followed by asylum seekers and refugees from Afghanistan. In addition, those who experienced less social support and more post-migration stress due to homesickness, more worry about family members left behind, delays in applying for a residence permit, and uncertainty about obtaining it, also reported higher rates of PTSD, depression and anxiety symptoms. Overall, women were more prone to experience these mental health symptoms compared to men.

Similarly, Steel and colleagues (2011) conducted a quantitative study comparing the psychological symptoms of Iranian and Afghan refugees who were subjected to different types of protection visas and policies in Australia. The study focused on the differences between those with temporary visas who were subjected to restrictive immigration policies (such as immigration detention, exclusion from federal benefits and services, restricted access to welfare and healthcare assistance, and prohibition from leaving the country) and those with permanent protection visas who had no restrictions. The results revealed that those subjected to restrictive immigration policies during the migration process reported increased mental distress, social isolation, and difficulties in resettlement and acculturation, compared with those who had

permanent protection visas. Furthermore, they showed increased anxiety, depression, and distress symptoms among those with temporary visas compared to those with permanent visas.

Refugee Mental Health in Canada

Relatively few studies have addressed the mental health of refugees in the Canadian context. However, the literature focusing on the mental health of Iranian refugees in Canada reports findings similar to those applicable to Iranian refugees in other countries. This includes the importance of pre-migration experiences. For example, Bagheri (1992) reviewed the medical charts documenting the mental disorders experienced by 111 Iranian migrants (86 percent of whom were refugees) who were referred to a psychiatrist in Canada. Some (n=15, 14%) of them had psychiatric diagnoses before migration. Others (10%) were diagnosed with PTSD in Canada due to the various traumatic events they experienced before migration (e.g., physical and psychological torture and confinement). However, in addition to disorders and trauma related to pre-migration events, over sixty percent of the patients were diagnosed as having experienced post-migration adjustment challenges combined with depression, anxiety, or mood disorders as a result of living in a different country with a different culture and language.

Moztarzadeh and O'Rourke's study (2015) also included refugee claimants (6% of the sample) and former refugees who were already Canadian citizens at the time of the study (18% of the sample). Their results revealed that compared to voluntary migration, refugee migration and displacement was significantly associated with depressive symptoms. Shemirani and O'Connor (2006) reported similar findings based on their interviews with a sample of older Iranian refugee and non-refugee migrant women. Their results revealed that for these older Iranian migrant women, the move to Canada was mainly associated with loss, including the loss of home, social and family support, and educational credentials or employment. They tended to

view their mental health problems as originating from their displacement and/or lack of legal migration status in Canada. Therefore, they saw “being depressed” as a consequence of their involuntary migration, believing that having a permanent and secure migration status would end their mental health issues.

Guruge and colleagues’ (2012) quantitative study, based on surveys conducted with 30 Iranian women, including refugees, revealed the prevalence of intimate partner violence (before, during, and after migration). There were 20 reports of violence (physical, psychological, sexual) in the pre-migration and during migration phases (including time spent in transit countries or refugee camps). In addition, 13 participants reported experiencing similar types of violence in the past 12 months (i.e., post-migration). Although no significant associations were found between their exposure to violence and their mental health (likely due to their small sample size), the researchers also found that almost one-third of the Iranian women included in the study reported recently experiencing mental health symptoms (such as an inability to remember traumatic events and feeling detached or withdrawn, worthless, hopeless, and tense) following migration.

1.2.2.3 Refugee Access to Healthcare

The literature includes a few studies about Iranian refugees’ access to healthcare in Europe and the United States. These tend to focus on the barriers they face in accessing care. For example, using a qualitative framework, O’Donnell and colleagues (2007) focused on the experiences of asylum seekers living in Glasgow, in the United Kingdom, including those from Iran as well as several other countries. Their study revealed that while asylum seekers were often satisfied with the healthcare system in the United Kingdom, they faced common difficulties such as getting timely doctor appointments, having proper access to interpreters, and handling the financial costs

of over-the counter medicines. In addition, coming from countries with health care systems different than the United Kingdom's, including Iran, negatively affected their trust in general practitioners, who were sometimes perceived as having less knowledge than specialists. Also, for those who came from countries, such as Iran, where medicines such as antibiotics were readily available without prescription, not being able to easily access antibiotics was mentioned as a negative experience. In sum, the healthcare systems in asylum seekers' countries of origin highly affected their expectations of healthcare services in the United Kingdom.

Gerritsen and colleagues (2006b) conducted a population-based study to compare the healthcare utilization of refugees and asylum seekers from Iran, Afghanistan, and Somalia in the Netherlands. The study was conducted with 178 refugees and 232 asylum seekers in total, including 63 Iranian refugees and 54 Iranian asylum seekers. The results revealed that while asylum seekers and refugees had equal access to healthcare services in general compared to each other, a greater proportion of asylum seekers (59.1 percent in general, and 75.9 percent for Iranians) reported poor health compared to refugees (42.0 percent in general, while the percentage for Iranian refugees was not reported). However, asylum seekers used less medication compared to refugees with the same health status. In addition, compared to those from Afghanistan and Somalia, Iranian refugees and asylum seekers reported the highest rate of mental health care utilization (24.6 percent) and use of medications (71.6 percent). Also, women and older refugees and asylum seekers had more contacts with general practitioners and medical specialists than others.

Refugee Access to Healthcare in Canada

Once again, a major focus of literature on Iranian refugee access to healthcare in Canada is on the barriers they faced in accessing care as well as their interactions with family doctors. For

example, using the life story method, Dossa (2004) interviewed Sultan, an Iranian refugee claimant woman in British Columbia, about her lived experiences related to migration and social suffering. The interview revealed that Sultan encountered financial and legal barriers that negatively affected her access to healthcare. These barriers included a lack of clear information about the process for obtaining public health insurance, her inability to use the Medical Service Plan (MSP), and the lack of coverage of non-prescription medicines under the Interim Federal Health Program (IFHP). In particular, the difficulties that Sultan experienced were related to the lengthy bureaucratic process of obtaining an interim federal health card, and the inconsistencies evident within the system about obtaining health care coverage. For example, while only government-sponsored refugees are eligible for MSP coverage, Sultan reported that she knew some refugee claimants who received MSP coverage depending on how much their social workers intervened, while she could not succeed in obtaining access.

More recently, a phenomenological study by Grant and colleagues (2015) reported that Iranian refugees, along with those from several other countries, reported conflicting experiences in terms of finding regular family doctors. Barriers to their access to family doctors included language problems and a lack of access to interpreters, lack of knowledge about the healthcare system in Canada, geographical isolation, cultural differences in health beliefs and practices, lack of available regular family doctors, and prejudice on the part of service providers. As a result, their decisions and ways of interacting with family doctors were characterized by their perceptions of futility (hopelessness), dependence (feeling of depending on interpreters and being a burden), in addition to seeing them as relevant or irrelevant (i.e., unfamiliarity with the need to have a family doctor due to their lack of knowledge about the Canadian preventative health care system). The findings did, however, reveal that perceptions of inclusion, benefits to

the family, and congruence with their previous healthcare experiences with the Canadian healthcare system were facilitators of Iranian refugees' access to family doctors and their services.

1.2.2.4 Refugee Health during the Pandemic

The literature on refugee health during the COVID-19 pandemic has been developing since the declaration of the pandemic in early 2020. However, to date, empirical studies are rare. Instead, the vast majority of articles are commentaries and focus on refugees in general or on those living in refugee camps. The main theme that tends to be evident within these commentaries concerns the greater risk or vulnerability of exposure of refugees and other migrants to the COVID-19 virus and its negative impacts. This includes its impact in such areas as physical and mental health (Clarke et al., 2021), access to health information and testing (Kluge et al., 2020), and the delivery of health services during lockdowns (Mattar & Piwowarczyk, 2020). For example, refugees are thought to be at a higher risk of exposure to COVID-19 and to more severe illness when they do acquire COVID-19, since they are more likely to live in crowded housing, experience poverty, work in service-sector jobs, have health care access barriers, and experience high rates of comorbidities (Clarke et al., 2021).

Furthermore, it has been noted that the pandemic could negatively affect refugees' mental health by triggering their past traumas and increasing already existing mental health issues, particularly among those who had previous experiences with food and medicine shortages, violence, persecution, and insecurity (Rees & Fisher, 2020). It has also been noted that the pandemic would likely exacerbate the social and economic exclusion of refugees and lead to tightened border restrictions, preventing them from moving across national borders to seek protection (Alemi et al., 2020; Crawley, 2021). Researchers have also reported that spending

lengthy periods of time with children and partners in crowded surroundings during lockdowns may increase interpersonal stress and conflict among refugee families (Browne et al., 2021) as well as the risk of domestic violence (Sieffien et al., 2021).

While most of these commentaries focus on refugees internationally and lack empirical data to support their arguments, one recent Canadian study by Benjamen et al. (2021) conducted online surveys with 77 clinicians who worked with refugees, followed by interviews conducted with eleven of them. The clinicians reported that inequities in the social determinants of health and mental health issues were often exacerbated for refugees as a result of the pandemic. Furthermore, the results showed that refugees' access to integrated primary care and community migrant services decreased during the first six months of the pandemic. During this period, clinicians experienced various challenges in providing virtual care to refugees. In terms of virtual psychotherapy, the main barriers included technological problems, communication challenges, and privacy concerns including interpreter issues. Still, according to the majority of clinicians who were surveyed or interviewed, virtual psychotherapy presented a feasible option in the context of the pandemic lockdowns.

1.2.2.5 Summary

To date, there is limited research and information available that describes Iranian refugees' health trajectories. This is particularly evident with regard to their physical health. Iranian refugee physical health in Global North countries other than Canada was rarely studied, and their health was compared to refugees from other countries instead of to non-migrants or non-refugee Iranians. Iranian refugee physical health was rarely the focus in the Canadian context as well. Still, the findings also pointed to the poorer physical health of refugees. In comparison, Iranian refugee mental health was more frequently studied, with most studies reporting evidence of poor

post-migration mental health. In terms of access to healthcare, the literature focused on the barriers faced by refugees rather than their actual levels of access to services. In addition, similar to the literature on migrant health, a significant number of the studies were conducted before 2009 and the literature did not indicate any difference between the health and healthcare access of pre-2009 and post-2009 Iranian refugees.

Compared to the literature on migrant health, which typically focused on post-migration experiences, the research about refugee health paid closer attention to the health impacts of pre-migration experiences. As reviewed above, these experiences, especially war, violence, and trauma were seen as exacerbating the barriers and disadvantages faced by refugees in terms of mental health and healthcare access. In the migration and post migration phases, compared to non-migrant populations and voluntary migrants, refugees were found to face various disadvantages and barriers that affected their physical health, mental health, and healthcare access. These disadvantages included language barriers, cultural differences, financial difficulties, stigma, social and geographical isolation, and appeared somewhat more significant for older refugees and for women than others.

While most of the findings highlighted barriers against migrants' and refugees' access to medical and psychiatric health care services (e.g., the language barrier and mental health stigma), it is important to note that these services were also among those that were the most likely to be available to refugees, thus involving fewer barriers compared to other preventative and non-medical services which were not sufficiently covered by the literature. Examples of the latter include psychological counselling, chiropractic care, dental care, and home care services.

Finally, regarding the COVID-19 pandemic, despite the insights provided by the early discussions about the experiences of refugees in Canada, the implications of the COVID-19

pandemic for refugees who do not live in camps are not sufficiently studied. More research and empirical data are needed to explore the implications of the pandemic for refugees who stayed in crowded houses, as well as those living alone, particularly during lockdowns. Another topic that needs further attention are the implications of delays in processing refugee applications and relevant legal processes during the COVID-19 lockdowns.

1.3 Chapter Summary

This chapter has reviewed key aspects of the literature relevant to Iranian migration and health trajectories with a specific focus on Iranian refugee migration, health, and healthcare in Canada. Focusing on migration trajectories, the most common themes that emerged in literature relevant to the lived experience of Iranian migrants and refugees involved issues of identity and belonging, gender and sexuality, acculturation and integration, and work and employment. Overall, the findings revealed that the pre-migration experiences of Iranian migrants and refugees are shaped by the social and political environment under the post-1979 Islamic regime of the country. The implications of this environment include political, gender-based, and legal restrictions faced by women, sexual minorities, religious minorities, and political opponents, as well as the impacts of the US-led sanctions against Iran (Pickering & Barry, 2013). For refugees, the waiting process is often characterized by legal restrictions such as their inability to travel freely (Vaghefi, 2014) as well as uncertainty regarding future stages in the migration trajectory. In the post-migration phase, Iranian migrants have an identity of themselves as belonging to the Iranian diaspora, which is often associated with secular nationalist pre-Islamic symbols (i.e., those related to Zoroastrianism). Still, gender and sexuality also play significant roles in differentiating the lived experiences of Iranian migrants and refugees from each other, during various phases of migration (e.g., Ghorashi, 2003; Karimi, 2020a, 2020b). This differentiation

and diversity of experiences were also significant in terms of acculturation, work, and employment, with women often found to be more successful compared to men in the post-migration phase (e.g., Darvishpour, 1999). Other aspects of social location, including race, class, religion, and political ideology further differentiated Iranian migrant experiences and contributed to the fragmentation of the Iranian diaspora in Canada and other countries in the Global North (Bailey, 2008; Maghbouleh, 2020; Nasrullah, 2020).

The literature on Iranian migrant and refugee health trajectories is dominated by studies of mental health, particularly refugees' post-migration experiences with trauma and PTSD and their implications (e.g., depression). Consequently, less is known about physical or other aspects of their health. Barriers to Iranian refugees' post-migration access to healthcare in Canada and other receiving countries have also been identified, with the lack of official language proficiency, social exclusion, limitations to health insurance coverage, and the lack of a legal migration status (i.e., being undocumented) being the most frequently mentioned barriers. In addition to these, there is an emerging area of literature on refugee health during the COVID-19 pandemic, identifying the unique challenges faced by refugees during the pandemic, particularly in terms of the risks of infection and mortality and barriers to healthcare.

Overall, the major findings of the literature on Iranian refugee migrant health trajectories suggest that Iranian refugees are likely to be at risk of experiencing higher rates of chronic physical illnesses, more negative mental health consequences, and more frequent barriers to access to healthcare, compared to voluntary migrants and non-migrants in Iran and their host countries. The literature showed that Iranian refugees often suffered from pre-migration trauma including traumatic events related to persecution, violence, war, and conflict, which negatively affected their health, both physical and mental. Furthermore, existing research has demonstrated

that the waiting process in Turkey is often linked with temporary and precarious working and living conditions. These hardships are often combined with post-migration challenges, such as discrimination, cultural conflict, and financial barriers, which can further exacerbate poor refugee health.

While the study prioritised research conducted after the 2009 protests, in some areas, especially migrant and refugee health, the number of studies was extremely limited and most of them were published before 2009. There was no indication of a significant difference between the experiences of pre-2009 and post-2009 Iranian migrants and refugees in the migration or health literature, as the results of the studies conducted in these two time periods generally overlapped (e.g., Shakhsari, 2003; 2020). The only exception was the significant focus on the role of the internet on the transnational ties of the Iranian migrants in the post-2009 literature (e.g., Shakhsari, 2011, 2012, 2020) and the emphasis of two pre-2009 studies on the individual liberation of Iranian migrant women (Ahmadi Lewin, 2001; Darvishpour, 1999).

Still, these findings provide an important foundation for understanding various aspects of migration and health trajectories of Iranian refugees in Canada. They show the ways in which identity issues and their different aspects affect the Iranian refugees' migration trajectories, particularly in the post-migration phase. They also provide a background about widespread mental health and healthcare access challenges faced by the Iranian refugees. In the following chapter, the research objectives and theoretical frameworks used to inform this study will be reviewed.

Chapter Two: Research Objectives

The preceding review revealed that, while various studies address Iranian migration and health trajectories in Canada and elsewhere, the existing literature is not only sparse but has several other important gaps and limitations. First, a majority of studies focus on immigrants or migrants without distinguishing between immigrants and refugees. As a result, there is a gap in knowledge about the specific experiences of refugees as a distinct group, and Iranian refugees in particular. Since refugee migration often implies involuntary migration and displacement and it is associated with specific policy constraints (i.e., restrictions in rights to travel) and stigma, it is necessary to focus on refugee experiences separately from other migrants. Furthermore, studies rarely focus on refugees' experiences in Canada, which is an important gap to fill due to Canada's significant role in receiving and resettling refugees. In addition, much of the research was conducted prior to 2009, thereby excluding refugees who migrated more recently. Therefore, there is a gap in knowledge regarding the experiences of post-2009 refugees who fled from the impacts of increased legal and political persecution after the 2009 protests, and possible differences between their experiences and those of refugees who migrated earlier.

Second, a majority of the studies tended to focus on migrants' and/or refugees' post-migration, providing a somewhat fragmented view of pre-migration, waiting process, and post-migration phases. As a result, the changes, stabilities, shifted patterns, and commonalities across refugees' experiences in different phases of their migration trajectories are often ignored. Therefore, there is a need for more studies addressing all phases of the migration trajectory (i.e., pre-, during, and post-migration).

Third, existing studies tend to overlook the diversity of the Iranian migrants' and refugees' social locations, lived experiences, and migration and health trajectories. Despite the

central focus of several studies on identities, especially gender and sexual identities, the literature fails to consider the intersections of multiple identities, which differently locate Iranian refugees in social hierarchies. For example, while several studies explored race, religious identity, gender, and sexual orientation separately, the complex interactions and overlaps between these identities are rarely addressed. Thus, there is a need for research that moves beyond focusing on different aspects of identity separately, and recognize the complex impacts of social locations (i.e., intersecting and contextual set of identities) on Iranian refugees' lived experiences. Such research would enable seeing and understanding the similarities and differences across refugees' experiences, including their different needs, more clearly.

Fourth, the impact of more macro-level factors and institutions (i.e., the UNHCR, the Turkish and Canadian states) deserve more attention. Macro-level structures and institutions provide the context within which refugees' migration and health trajectories are shaped and evolve. There is a need for research to link institutional policies and practices to the experiences of those at the receiving end. Such research can enable recognition of the structural nature of the various constraints, limitations, and challenges faced by individual refugees across their migration and health trajectories.

Finally, Iranian refugees' performances of power and agency are often not recognized, both in the contexts of migration and health trajectories. Yet, focusing on refugee agency is crucial in order to move beyond narratives that attribute a victim role to refugees and a savior role to refugee-receiving states (e.g., Canada), which overlook refugees' control over their own lives.

In response to these gaps, this research has two broad objectives. The first is to understand the migration trajectories (decision-making, border-crossing, the waiting process,

resettlement) and health (physical, mental) experiences of Iranian refugees before, during, and after their migration to Canada. Within this broad objective, the specific goal is to address the diversity of refugees' experiences based on their social locations and individual migration trajectories. The second goal is to explore the ways in which refugees perform agency in the context of their migration and health trajectories. As in the first objective, a more specific goal is to understand the diversity of Iranian refugees' performances of agency and power in the constrained frames of their migration and health trajectories. Particular attention is paid to Iranian refugees' expectations, perceptions, and strategies adopted before, during, and after migration to Canada, to better contextualize the ways in which agency is performed in these three phases. To meet these objectives, this study addresses the following research questions:

1. How do post-2009 Iranian refugees in Canada understand and view their migration and health-related experiences?

1.1) How do these experiences, and responses to them, differ based on temporal, spatial, and social locations?

1.2) How do macro-level systemic power relationships shape and affect refugees' migration and health trajectories?

2. How do Iranian refugees perform agency and power in the constrained frames of their migration and health trajectories?

2.1) What expectations, perceptions, and strategies contextualize the ways in which the Iranian refugees perform agency before, during, and after their migration to Canada?

2.2) How do they perceive their power and agency over their health across various phases of their migration trajectories?

By addressing these questions, this dissertation aims to fill the multiple gaps identified above. Specifically, this research provides an alternative to the fragmented understanding of migration and health trajectories that characterizes existing research and which focuses primarily on the post-migration phase and overlooks refugees' lived experiences throughout the migration process. Continuity, stability, and changes in Iranian refugees' migration and health trajectories are highlighted through an equal focus on the pre-migration, waiting process, and the post-migration phases of their journeys.

Furthermore, this research addresses the diversity of Iranian refugees' social locations and political belongings, migration routes and trajectories, and their health-related implications. It delves into the lived experiences of Iranian refugees from different social locations (manifested through the complex intersections of gender, religion, ethnicity, socioeconomic status, and age) and varying trajectories of migration and health. This includes diversity in migration status, as the research participants included those with permanent residence and citizenship as well as those who were refugee claimants at the time of the interviews.

Finally, this study addresses the lack of research that addresses issues of power, at both the structural and individual levels, and its implications. It emphasizes the roles played by macro-level policies and institutions, including nation-states, international organizations, and NGOs in shaping individual-level refugee experiences across the migration and health trajectories. Conversely, it also attempts to understand the ways in which the Iranian refugees perform power and agency, despite the constrained and often involuntary nature of refugee migration and displacement.

2.1 Theoretical Frameworks

This research draws on intersectionality, political economy, and phenomenological theoretical frameworks to guide the analyses of Iranian refugees' migration and health trajectories. The following sections discuss the application and relevance of each framework to this research.

2.1.1 Intersectionality

Intersectionality is a theoretical and analytical framework originally based on the contributions of Black feminist thought, illuminating the intersections of social identity categories, including race and gender among others, and the interplay of these intersections with power relationships (Crenshaw, 1989; Gkiouleka et al., 2018; Schulz & Mullings, 2006). Through the concept of social location, intersectionality illuminates how individuals and groups are differently located within intersecting systems of power (Gkiouleka et al., 2018). Social location involves multiple categories of identity (such as race, sex, gender, and migration status) based on the specific social and historical contexts shaping subjective points of view and experiences (Gkiouleka et al., 2018).

The intersectional framework's focus on social location and inequalities of power is highly relevant in the present climate in which both voluntary and involuntary migration have been increasing globally (Gkiouleka et al., 2018). In terms of migrant health, the intersectional framework offers a perspective emphasizing the interaction of social location and context with health inequities, moving beyond a focus on singular factors such as race, sex, gender, culture, class, or socioeconomic status (Gkiouleka et al., 2018). Intersectional theorizing illuminates the significance of the inequities, advantages, and disadvantages that accompany specific social locations in stratified social orders, including those shaped by country of origin and migration status. Moreover, it does so without overlooking the capacity of disadvantaged individuals,

including many Iranian refugees, to exercise agency (Collins, 2000; Gkiouleka et al., 2018). Thus, studying Iranian refugee migration and health using an intersectional framework allows one to recognize how different social locations shape migration and health trajectories and related experiences, contextualized by power relationships.

The intersectional framework is applied to this research in a number of ways. First, it is used to emphasize the significance of individual social locations in shaping their migration trajectories, including the pre-migration expectations and perceptions, experiences during the waiting process, and post-migration experiences. Second, the impact of intersecting identities and social locations on differentiating (or converging) the Iranian refugees' health trajectories to one another is recognized. This includes the ways in which the research participants' self-care and coping strategies vary according to their social locations.

Therefore, instead of using the term refugee, or migrant, as a unified category, this study attempts to consider all dimensions of the research participants' social location, which are not limited with their migration status (i.e., being a refugee). While the previous research examined the impacts of the intersections of gender, sexual orientation, and migration status for the Iranian refugees in Canada (e.g. Karimi, 2018, 2019, 2020a, 2020b), this study will further explore the intersections of migration status with class, socioeconomic status, age, ethnicity, and religious identities. By doing so, this research will also address the temporality and spatiality of social location. In other words, in accordance with the previous literature (e.g. Darvishpour, 1999; Maghbouleh, 2020), this study will illustrate how identities such as class, socioeconomic status, and perceived racial, ethnic, or national belonging are contextual in the lived experiences of the Iranian refugees.

2.1.2 The Political Economy Framework

It can be argued that the health and migration experiences of Iranian refugees are shaped not only by their social locations, but also by institutional and structural forces underpinning the systemic distribution of power and resources. These include local, national, and international migration and health-related political structures and policies, as well as formal and informal economic structures, including immigration companies and human smuggling networks (Yildiz, 2020). Therefore, political economy theory can be drawn upon to better understand the implications of macro-level, structural power relationships for refugees' migration and health trajectories.

A political economy framework focuses on the ways in which socio-political and economic structures shape the unequal distribution of power, and economic and other resources (Minkler et al., 1994). Rather than being a single unified theory, the political economy framework is an interdisciplinary perspective underlining the interaction of multiple structural, political, and socioeconomic factors in influencing individual lives and experiences (Minkler et al., 1994). Political economy theorizing sees individual actions and behaviours as phenomena that are constrained and motivated by broader political and economic forces (Minkler et al., 1994). Thus, this perspective makes it possible to study topics such as migration decision-making, health behaviours, and lifestyles as issues that are not only part of, but also go beyond individual experiences. Instead, a political economy framework suggests that both migration and health trajectories are structured by the social, political, and economic contexts in which they are experienced.

This framework is used in this research to situate Iranian refugee migration to Canada in the context of global neoliberal capitalism, and the economic and political relationships that are shaped by this system. These contemporary capitalist economic relationships can be said to

shape refugee migration trajectories in several ways. First, unlike other migration categories, refugees are not expected to provide proof of access to economic resources in order to come to Canada (Immigration, Refugees and Citizenship Canada, 2020). Thus, refugee migration can be seen as a more economically feasible option for those who are financially disadvantaged. Second, despite its low cost compared to other migration categories based on investment or temporary studies, refugee migration trajectories still include economic interactions. For example, Iranian refugee claimants and asylum seekers are often clients of migration lawyers and consultants, immigration companies, as well as human smuggling networks. These complex and multilayered economic interactions illustrate that refugee migration from Iran often occurs within a type of ‘migration industry’ (Castles & Miller, 2003). Within the Iranian refugee migration industry, future migrants and refugees are the clients, while the freedom, safety, and security attached to the Canadian passport are the commodities.

This draws attention to the third and fourth aspects of the political economy of Iranian refugee migration to Canada: the situation of Iran as a source country and Canada as a receiving country. US-led economic sanctions, which started in 1979 and reinforced in 2018 under the Trump administration, have had a negative impact on the employment rates, purchasing power, and social life of Iranian citizens (Kokabisaghi, 2018). As a result, it is commonly argued that refugee migration is a legitimate and justified strategy for Iranians seeking to escape the sanctions’ economic and other consequences (Shakhsari, 2014). Conversely, Canada’s labor market seeks to benefit from migration, including through the access it provides to temporary seasonal workers, foreign investment, and international student migration (Barber; 2009; Hennebry, 2008; Man, 2004).

The fifth aspect of the political economy of refugee migration is related to the international humanitarian industry. In Canada, as well as countries involved in transit refugee migration such as Turkey, non-governmental organizations and other institutions working in the humanitarian field often receive international and/or governmental funds to work with refugees (McGrath & McGrath, 2013; Sunata & Tosun, 2019). This includes funds designed to help them provide social, psychological, and other kinds of assistance to refugees and refugee claimants. In Turkey, these funding institutions include the UNHCR as well as the European Union (Sunata & Tosun, 2019).

In addition to the economic factors that influence Iranian refugee experiences, refugee migration from Iran is shaped by political factors determined by Iranian, Canadian, and international policies. Iranian national laws and policies are based on Islamic theocratic Sharia rules and they are often used as bases for persecution of those whose lifestyles do not comply with the Sharia law (Schirazi, 1997). Thus, since the 1979 Islamic Revolution, many individuals who identify as secular, LGBT, political opponents, or religious minorities have relied on international (i.e., UNHCR) and national (i.e., country-specific) asylum policies to claim refugee status due to persecution on social or political grounds (Akcapar, 2010). However, the policies of destination countries further shape the Iranian refugees' migration routes and trajectories, including by limiting their options. For example, despite being the most common first destination for Iranian migrants because of the visa-free travel allowed between the two countries, Turkey does not accept permanent refugees from Middle Eastern countries, including Iran (Kirisci, 1996). In contrast, Canada's multiculturalism policy has made it one of the major countries of resettlement for Iranian refugees for decades (Bloemraad, 2006; Karimi, 2020a).

In the end, refugee migration also shapes the political economy of receiving countries in multiple ways. In particular, the 2015 refugee migrations triggered by the Syrian War led to more restrictive policies in European countries including Sweden, Denmark, and Norway (Hagelund, 2020). Still, based on the policies of the country of transit or resettlement, refugees and refugee claimants are generally entitled to receive basic income assistance or other financial help for a limited time period. For example, Turkish municipalities provide asylum seekers and refugees with supplies, including food and hygiene products (Kale & Erdoğan, 2019). In Canada, eligible refugees and refugee claimants (those considered unable to pay for their basic needs) receive a one-time allowance as well as a monthly income support payment (Government of Canada, 2021, 2022b). Still, both in countries of transit migration and resettlement, Iranian and other refugees are largely involved in the informal job market (i.e., unregistered and undocumented work paid in cash), due to their lack of work permits or social insurance numbers, particularly during the initial resettlement period (Durmaz et al., 2017; Jackson & Bauder, 2014; Kalfa-Topateş et al., 2018).

These political and economic ties and interactions likely shape refugee health trajectories as well. Access to economic resources is known to be a major determinant of health, affecting multiple outcomes (Braveman, Egerter, & Williams, 2011). In the context of Iranian migration to Canada, the political economy of refugee health is further shaped by health/medical examination requirements. Immigrants and refugees who have certain mental or physical health conditions, such as active tuberculosis and untreated syphilis are deemed inadmissible, as their conditions are seen as possible burdens on the healthcare system or dangerous for public health (Vineberg, 2015; Wilton et al., 2017). Thus, even though refugee migration and relevant policies are mostly

presented under a humanitarian discursive framework, the recruitment of healthy workers and taxpayers is a central aspect of migrant admission.

2.1.3 Phenomenology

The aim of phenomenology is to understand the essence of the lived experience of individuals by focusing on their first-person narratives and subjective perceptions (Moustakas 1994; Rich et al., 2013; Van Manen, 1997, 2002). An important conceptual tool for grasping the lived experience is the ‘lifeworld’ (Husserl, 1970), which covers four dimensions: lived space, lived time, lived body, and lived human relations. Lived space refers to the subjective experience of spatiality, lived time is the subjective experience of temporality, lived body is the embodied lived experience, and lived human relations refer to relational or communal dimensions of the lived experience (Rich et al., 2013; Van Manen, 1997, 2002).

The four dimensions of the lifeworld provide very useful conceptual tools for fully capturing the lived experience of refugee migration and health. Refugee migration brings a fundamental dissociation in both spatial and temporal senses: it leads to a separation and distance from the migrant’s homeland as well as a discontinuity or break between the individual’s past and present (Aksoy & Robins, 2003, p. 90). The lifeworld dimensions of spatiality and temporality are therefore significant in making these aspects of the refugee experience more visible. The other two dimensions of the lifeworld, which are the lived body and relationality, are equally important and useful, as they help illuminate the embodied, relational, and communal aspects of refugee migration and health. Both migration and health are embodied experiences, as the body carries experiences of border crossing, movement, wellbeing, and illness. Relationality also characterizes the migration and health trajectories, as both of these trajectories exist in the context of broader networks of personal, communal, and institutional relationships.

The phenomenological framework is applicable and relevant to the study of Iranian refugee migration and health in Canada for multiple reasons. First, phenomenology provides an alternative approach to more dominant biomedical and related approaches to the study of health evident in much of the current research, particularly when it comes to physical health. It does so by focusing on individuals' own subjective assessments of health rather than the more objective clinically-determined assessments provided by medical practitioners (Grinfelde, 2018; Schulz & Mullings, 2006). In contrast, the biomedical approach is based on a compartmentalized view of human beings, which originates in Greek thought (Lima, Alves & Turato, 2014). It proposes a strict split between one's mind and body, and therefore views pain, illness, or disease as physiological issues independent of psychological and social factors (Lima et al., 2014). The phenomenological model, however, attempts not to reproduce the mind-body split, emphasizing a more holistic approach and recognizing complex interactions between social, psychological, and physiological aspects of one's lived experiences (Lima et al., 2014; Mehling et al., 2011).

Moving beyond the biomedical approach is important when studying the health of Iranian migrants, including refugees. This is because Iranian refugees often tend to view their health issues and illnesses as originating from migration, displacement, and/or having a precarious migration status (e.g. Emami & Torres, 2005; Shemirani & O'Connor, 2006). This perspective is also compatible with the holistic view of health, illness, and healthcare centered around the concept of 'ruh' (soul or spirit), which is common among some Iranian migrants (Martin, 2009a). Indeed, the literature shows that despite the dominance of biomedical perspective in the Iranian healthcare system and midwifery (Moghasemi et al., 2018), many Iranian women tend to see the causes of their physical pain or illnesses as involving distress, emotional pain, and social pressures including interpersonal problems (Tavafian et al., 2008).

Overall, a phenomenological framework makes it possible to prioritize refugees' own narratives about their experiences, and to create a discursive space for those who are willing to tell their own stories through interviews (Dyck & McLaren, 2004). Therefore, this framework contributes to this research by highlighting the lived experiences of the lifeworld - the lived time, lived space, lived body, and lived relations - of Iranian refugees. As a result, unlike simplified and homogenous representations of refugees, and the dominance of the discourses produced by powerful institutional actors, such as international organizations and nation-states, this approach allows one to explore the diversity of the Iranian refugee community by prioritizing individuals' own subjective narratives about their experiences of health before, during, and after migration to Canada.

2.1.4 Summary

This chapter has reviewed the objectives of this study as well as the theoretical frameworks used to frame the research. With an overall objective of enhancing our understanding of the migration and health (physical, mental, healthcare) experiences of Iranian refugees as well as the ways in which refugees perform agency in the context of their migration and health trajectories, three theoretical frameworks (i.e., phenomenology, intersectionality, political economy) are being used. While phenomenology focuses on the lived experiences and lifeworld, intersectionality emphasizes social location in relation to interlocking systems of oppression, and the political economy perspective provides tools to understand the institutional forces that shape these systems and lived experiences.

Although often used separately, the three appear complementary. For example, linking intersectionality to a phenomenological framework enables an understanding of how interlocking and complex systems of oppression are experienced subjectively through lived body, lived time,

lived space, and lived relations (Velez & Spencer, 2018). Recognizing this, several previous studies have linked these two frameworks, including but not limited to studies focusing on migrants and refugees (e.g., Collison & Ugolotti, 2021; Kumar, 2022; Semlyen et al., 2018; Velez & Spencer, 2018). Similarly, a political economy perspective complements both an intersectional and a phenomenological perspective since the former allows one to go beyond individual social locations and their micro-level experiences to consider the intersections between individuals and institutions (Gkiouleka et al., 2018).

In sum, this research uses these three frameworks in a complementary manner in order to be able to cover micro-, meso-, and macro-level aspects of the lived experiences of Iranian refugees in the context of their migration and health trajectories. The next chapter discusses the methodological approach used in this study.

Chapter Three: Methodology

The methodological approach used for this research is based on the phenomenological framework, which prioritizes first-person narratives and perceptions about the phenomenon being experienced. As discussed in the previous chapter, phenomenology is centered around the concept of the lifeworld, which enables the analysis of one's lived experience through its spatial, temporal, embodied, and relational or communal dimensions (Husserl, 1970; Rich et al., 2013; Van Manen, 1997, 2002).

In accordance with this framework, this study uses a multi-method qualitative research design and draws on two sources of data: in-depth interviews and online accounts of Iranian refugees or migrants about their experiences. A multi-method qualitative study uses multiple data sources, with the intent of being able to provide a rich and deep understanding of the phenomenon being studied (Creswell, 2015; Mik-Meyer, 2020). The internet provides multiple options for data collection and analysis, including online interviews, surveys, and the secondary analysis of online textual or other data. Each can also be incorporated with other types of online or offline resources (Hine, 2015). Several previous studies, including phenomenological research (e.g. Pratesi, 2012), have supplemented one-on-one interviews with online data, in order to obtain a broader picture and to fully immerse one in the phenomenon in question by covering their variations (Mik-Meyer, 2020; Pratesi, 2012; Sade-Beck, 2004). Using multiple methods is reported to increase the credibility of research findings by supplementing subjective and contextually located interview data with those derived from other resources, including the internet (Pratesi, 2012).

Following a statement regarding the researcher's subjectivity, this chapter reviews the two data sources being used in this study in more detail. The sampling, recruitment, data

collection, and coding phases of the in-depth qualitative interview process are discussed. This is followed by a discussion of the sampling, data collection, coding, and analysis procedures used with regard to the online data. The chapter concludes with a brief summary of the methodology and a discussion of the relevance of the methods to the research questions being addressed.

3.1 Subjectivity Statement

Addressing the researcher's subjectivity is an important aspect of the phenomenological framework, which requires the suspension of preconceptions and beliefs to understand the essence of the phenomenon being studied. Being an Iranian migrant myself, I have beliefs and values that affect this study. These are related to my social location and lived experience. At the time of writing this statement, I am a 31-year-old Iranian woman with Azerbaijani Turkish and Northern Iranian ethnic backgrounds. My family background is secular Shia Muslim, with a middle-class socioeconomic background. I have an undergraduate degree in Sociology and a Master's degree in Eurasian Studies focusing on the history and politics of Eurasia, which refers to the Caspian region, where my ancestors came from. I am a Ph.D. candidate in Sociology, and I am writing this statement from Istanbul, Turkey, where I was raised as a migrant. Migration and exile have shaped the lives of multiple generations of my family. Despite having a sense of belonging to Turkey due to my lived experience and Turkic ethnicity, I do not have a permanent legal status here or in Canada, which makes me and other members of my family precarious migrants. I only hold citizenship in Iran, where I have never lived.

As a Farsi-speaker Iranian migrant, I started forming ties with Iranian refugees in Turkey at the age of 19, providing voluntary translation services for a refugee activist group. My first employment was with a non-governmental organization in Istanbul, as a translator and interpreter for refugees. Later, during my undergraduate studies, I lived away from my family

and roomed with several different Iranian refugees for almost three years. Meanwhile, I continued to work as a translator for refugees until moving to Canada. Therefore, I had the roles of a service provider, a roommate, a friend, and a *'hamshahri'* (fellow country person) of refugees. These roles led to multiple interactions and observations and influenced my current attitudes and beliefs.

In addition to these experiences, displacement, which is at the centre of refugee experiences, has affected my family for several generations. Although I am not a refugee, I share the experience of living in Canada as an Iranian migrant, with the participants in this study. However, my legal status as an international student, my experience of living outside of Iran throughout my life, and my lack of complete exposure to Iranian contemporary culture and daily life, are among the factors that differentiate my social location and experiences from those of the participants. This dynamic becomes even more complex considering historical power imbalances between different genders and ethnicities in Iran, added to cultural hierarchies based on age, class, education level, and citizenship. In addition to being younger than most of my research participants, my ethnicity is different from a majority of them who are Persian, which is the dominant ethno-linguistic identity in contemporary Iran.

My position as a researcher, characterized by these intersections and complexities, makes me both an 'insider' and an 'outsider' depending on the context. Indeed, this situation, in which the researcher can be positioned both as an insider and outsider, can be identified as being the 'outsider within' (Adeagbo, 2021, p. 184). This concept was first used by Patricia Hill Collins (1986), a Black feminist scholar, to address the complex and marginalized position of Black women in the academic setting. She suggested that this experience of Black women can teach

others, including women and other people of color, to trust in the potential of their own cultural and personal biographies when doing sociology.

While suspending my cultural preconceptions and beliefs to put refugees' lived experiences at the center of my research, I also recognize that my social location and subjectivity as the 'outsider within' influenced multiple dimensions of this research process. Therefore, this research is an illustration of my attempt and commitment to finding strength in 'my own cultural and personal biography' (Collins, 1986) while navigating the academic path. The next sections of this chapter provide an overview of the research design by focusing on the two data sources that were used.

3.2 Interviews with Iranian Refugees

Interviewing is a commonly used tool for qualitative research in sociology, and the dominant form of phenomenological data collection (Bevan, 2014). Phenomenological interviews open a platform for study participants to talk about their lived experiences, providing the researcher with an understanding of participants' subjective narratives and perspectives (Bevan, 2014).

Accordingly, the interviewer puts existing preconceptions aside by 'bracketing' them (Husserl, 1970) and uses broad and open-ended questions to obtain meanings and knowledge about phenomena based on the descriptions of those who experience them (Bevan, 2014; Giorgi, 1997). While these interviews are mostly unstructured or semi-structured, the latter includes several pre-determined questions, thus making it easier to seek descriptions of the phenomena that are important for the study and to derive systemic patterns of meanings (Brinkmann, 2014). Therefore, in-depth semi-structured one-on-one interviews with Iranian refugees to Canada were chosen as the main data collection method for this research.

3.2.1 Research Ethics

This study received ethics approval from the University of Victoria Human Research Ethics Board (HREB) before the participant recruitment process commenced. Participants were provided with information about the study framework, goals, anonymity, confidentiality, voluntary participation, and possible risks through both verbal communication and written forms of consent. The consent forms were presented in Farsi and were signed by the participants before the interviews. Non-signed English and Farsi copies of these forms are included as Appendix A.

All of the interviews were recorded, transcribed, and translated into English by the researcher. Anonymity and confidentiality were protected by removing the participants' names and places of residence from the interview transcriptions. The interview recordings, transcriptions, and other information were securely stored in locked cabinets, on password-protected computers, and on the University of Victoria's password-protected cloud accounts. The raw data consisting of the audio recordings and transcripts will be destroyed five years after the finalization of this dissertation, by complete removal from computers, cloud accounts, and other devices. Finally, each participant was given a Digital Gift Card with a total balance of 20 CAD after the interviews were completed, as a way to compensate them for their time and participation.

3.2.2 Sampling and Recruitment

Non-probability purposive and snowball sampling strategies were used to identify potential participants for this component of the study. Purposive sampling allows one to identify and choose research participants with particular characteristics and qualities, in accordance with the criteria required based on the research questions and objectives (Etikan et al., 2016). In this study, purposive sampling was employed to access Iranian refugees living in British Columbia.

Based on this sampling strategy, three individuals from the researcher's social network were initially recruited as research participants. One of these participants was a community gatekeeper who later played a role in facilitating the snowball sampling process by referring more participants to the study.

Snowball sampling is one of the most popular sampling strategies used in qualitative research (Parker et al., 2019). It is commonly used for identifying participants from specific populations and for researching sensitive topics, including the experiences of refugees (Biernacki & Waldorf, 1981; Bloch, 1999; Roehr et al., 2019). Conducting research with Iranian refugees, particularly about personal and sensitive topics such as health and migration trajectories, can be challenging as the community is a self-enclosed one characterized by mistrust and suspicion towards outsiders, including other Iranian migrants (Bailey, 2008; Darvishpour, 1999; Karimi, 2018). Thus, it is crucial to rely on networking and referral strategies, both of which are central in snowball sampling (Parker et al., 2019).

Community organizations, individual gatekeepers, and individual research participants were asked to refer potential participants to the researcher. Due to the relatively small size of the Iranian refugee community in British Columbia and the researcher's shared identity and language with other Iranian migrants, accessing gatekeepers and community organizations was a smooth and organic process. The researcher's pre-existing social connections with other Iranian migrants were used to identify gatekeepers within the Iranian refugee community in the province, as well as the local community organizations working with them. While a large number of community organizations were contacted, three organizations ultimately took part in the recruitment process: the Civic Association of Iranian Canadians (CIC), the Immigrant

Services Society of British Columbia (ISS-BC), and the Victoria Immigrant and Refugee Centre Society (VIRCS).

The inclusion criteria used for recruiting participants included migration status, nationality, age, migration time, and location. Migration status refers to the status of those who came to Canada as refugee claimants or as resettled convention refugees. This includes refugees who gained permanent resident status or Canadian citizenship by the time of the interviews, in addition to those who had not yet gained any of these statuses. The nationality criterion was used to distinguish refugees who had Iranian citizenship from non-Iranian individuals, particularly the large number of Afghan nationals who lived in Iran as refugees and subsequently moved to Canada (Nourpanah, 2013; Stack & Iwasaki, 2009). The age criterion was set to limit the sample to individuals who were 18 years old or older at the time of leaving Iran. The sample only included adults in order to avoid the ethical, legal, psychosocial, and academic risks associated with conducting research involving children and youth. This decision was also consistent with the research objectives since the international terminology and policies on refugees are primarily developed around adults, who are seen as the main decision-makers when it comes to migration (Baker & Bones, 2018).

The migration time and location criteria were set to establish a focus on those who left Iran during or after the summer of 2009, and who lived in British Columbia at the time of the interviews. The summer of 2009 marks the period during which one of the largest collective protests since the establishment of the Islamic Republic of Iran took place (Afshari & Underwood, 2009; Dabashi & Nikzadfar, 2017). These protests were followed by escalated socio-political tensions in the country, leading to a significant increase in refugee claims from Iran (Chaichian, 2012; Mohabbat-Kar, 2016; Nasrullah, 2020; Rivetti, 2013). Finally, the

geographical scope of this research was limited to one province, as each Canadian province has its own context of migration and healthcare policies (Dutton et al., 2018; Marchildon, 2008). British Columbia was chosen as the location due to its status as one of the major immigrant and refugee receiving provinces in the country (McGrath & McGrath, 2013). Furthermore, British Columbia was also the researcher's place of residence within Canada, thus making it temporally and financially more feasible than conducting the research elsewhere. Using this set of criteria, adult refugees who left Iran during or after the summer of 2009 and who eventually took up residence in British Columbia was defined as the target population.

The initial research plan was to conduct face-to-face interviews with 30 participants. Phenomenological studies usually include a relatively small number of participants (Converse, 2012; Eddles-Hirsch, 2015; Kleiman 2004). Recommended sample sizes often range from 5 to 25 participants (Ellis, 2016; Polkinghorne, 1989). Initially, the study sample was to consist only of principal applicants (referring to those who filed the main refugee application, in contrast to dependant family members), including approximately ten (10) individuals from each of three major refugee case categories, covering those pursuing political, religious, and sexual or gender-based claims of persecution. However, these criteria had to change at the beginning of the recruitment process for a number of reasons. First and foremost, the start of the global COVID-19 pandemic early in 2020 led to the prohibition against all in-person research activities at the university, including sample recruitment and interviewing (University of Victoria Human Research Ethics Board, 2020). Thus, a new and modified approach was decided upon, one in which sample recruitment and interviews were proposed to be done online or over the phone. The recruitment phase started in May 2020, immediately after Ethics Board approval, and lasted until March 2021.

Various resources show that the Iranian diaspora in Canada and other countries is a fragmented community with deep issues of mistrust between its members (Bailey, 2008; Darvishpour, 1999; Karimi 2018; Khoshkharam, 2021). The prohibition against in-person research activities made it practically impossible to communicate face-to-face to establish rapport, which made issues of trust more challenging than expected. In addition, a homicide targeting a prominent Iranian dissident activist in October 2020 in Toronto further triggered the community's suspicions about the Iranian government's attempts to identify, monitor, and target dissidents abroad (CBC News, 2020; Fazeli, 2020; Michaelson, 2016; Radio Farda, 2020). This sociopolitical climate made it challenging to recruit participants and to obtain their trust. Indeed, four potential participants withdrew from the study after the initial contact but before starting the interviews. One of them openly stated that they suspected that the researcher was based in Iran at the time of the recruitment, due to the fact that I responded to their emails very late at night, which the potential participant interpreted as a sign of the researcher living in the Iranian time zone (personal communication, June 13, 2020). Two others mentioned that they were uncomfortable due to the research topic being 'extremely sensitive' (personal communication, June 14, 2020; personal communication, November 8, 2020). Furthermore, an Iranian-Canadian LGBT community organization leader, who initially provided a written letter of support for the recruitment of sexual minority refugees (personal communication, September 3, 2019), did not respond to any attempts at contact when the recruitment phase actually started. Also, eight participants refrained from declaring their refugee case category, deeming it a very sensitive and personal question. As a result of these challenges, the targeted sample size was reduced to fifteen (15) and the recruitment criteria were expanded to include all post-2009 adult Iranian refugees

and refugee claimants living in British Columbia, regardless of the category of their refugee cases and their roles as the main applicants or as family class dependent refugees.

The first participants were recruited through contacting community organizations and individual gatekeepers based in British Columbia. As discussed above, the community organizations taking part in the recruitment were the Victoria Immigrant and Refugee Centre Society (VIRCS), the Immigrant Services Society of BC (ISS), and the Civic Association of Iranian Canadians (CIC). Gatekeepers from these organizations, particularly the CIC, supported recruitment efforts by distributing information related to the research through their online and virtual networks. Three individual community gatekeepers from Victoria and Vancouver were also contacted and included in the recruitment phase. All of them had previous or ongoing leadership roles in local Iranian-Canadian community organizations or refugee organizations at the time of recruitment, providing them with strong networks and respect from the community.

The organizations and individual gatekeepers were given a recruitment poster that included the researcher's name and contact information. The gatekeepers sent the poster to potential participants, who were then invited to contact the researcher for further information. After initial contacts with the eight study participants recruited through individual and community gatekeepers, a snowball sampling technique was used to recruit additional participants. Specifically, those who participated in the study were asked to send the poster, including the researcher's contact information, to fellow community members who they felt might be interested in taking part in the research. The remaining seven participants were recruited through this process.

3.2.3 Data Collection

The main data used in this study were collected through in-depth semi-structured audio only telephone and Skype interviews, which were conducted between May 2020 and February 2021. As noted, in-depth semi-structured or unstructured interviews are the most common form of phenomenological data collection (Bevan, 2014). This is because semi-structured and unstructured in-depth interviews allow the collection of detailed, rich data while facilitating a natural and flexible flow of the interview, thus centering the subjective narrative of the interviewee about their lived experiences (Khan, 2014). For this study, semi-structured interviews were preferred over unstructured interviews, as the former allowed for casual and free-flowing conversations while ensuring that the necessary information about participants' migration and health trajectories were captured through pre-determined questions. All interviews were conducted in Farsi by the researcher. Although originally planned to be conducted in person, the interviews were conducted by phone or on Skype in accordance with revised University of Victoria Ethics Approval requirements regarding the prohibition against in-person research due to the COVID-19 pandemic. Based on participants' preferences, thirteen of the interviews were conducted by phone with two interviews conducted on Skype. They lasted from two hours to three and half hours, with ten participants interviewed once and five participants interviewed twice.

The phenomenological framework suggests that the researcher should put aside what they already know about a phenomenon during the data collection phase (Husserl, 1970). Thus, it is suggested that phenomenological interview questions be open-ended and not charged with any theoretical or social assumptions or expectations (Benner, 1994; Bevan, 2014). In this context, it is recommended that the interview guide to be used is flexible, in order to allow for an open-

ended and naturally flowing conversation (Bevan, 2014). Thus, the interview questions were organized to allow the participant the flexibility to center their own perceptions and subjective understandings of various aspects of their migration and health trajectories. Throughout the interviews, the aim was to explore the spatial, temporal, embodied, and relational dimensions of the participants' lifeworlds and thereby achieve a subjective but comprehensive understanding of their lived experiences as refugees.

The interviews consisted of two parts, with the first seeking to obtain information about the participants and their migration trajectories, and the second focusing on their health trajectories. The first part included questions about social identity, background, and migration trajectories. At the beginning of each interview, the participants were asked to introduce themselves in their own words, while questions eliciting sensitive information, such as religious identity or sexual orientation, were not directly asked. City or region of stay in Iran was asked about in order to further understand the participants' ethnic background and pre-migration socioeconomic status. The participants were also asked how long they have lived in Canada, and whether they came directly to Canada or were required to wait in another country. For those who needed to wait in Turkey, the duration of their stay was also asked. The interviews then evolved to an organically developed comparison of their living conditions in Turkey, Iran, and Canada, which often led to a shift to the next theme of the interviews, which was about health trajectories.

The interviews also asked participants about their evaluations of mental and physical health and wellbeing in Iran at the time of migration, during the waiting process, and after receiving permanent residence status if applicable. Participants were also asked about the factors and incidents they considered most important in shaping their mental and physical health during and after their migration, their coping strategies when dealing with negative health experiences,

the efficiency of these strategies, and their experiences in accessing health services in Canada (and in comparison with Iran, and Turkey if applicable). They were also asked about their thoughts and experiences with regard to the role of governmental and non-governmental organizations (including the UNHCR) in shaping their health and wellbeing, and finally, the impacts of the COVID-19 pandemic on their health and wellbeing. An English copy of the interview guide is included in Appendix B.

3.2.4 Coding and Analysis

The interviews were audiotaped with the participants' informed consent and then manually transcribed verbatim by the researcher from sound recordings into text files for the coding and analysis stages. A thematic coding process was used in order to systematically categorize, classify, and analyze the data based on common patterns of meaning. Coding was conducted through Dedoose, which is an online software for analyzing qualitative data (Salmona et al., 2019) that works with multiple languages including Farsi. The interview transcripts were not translated from Farsi to English, in order to prevent translation from changing the actual meaning of the participants' responses. However, codes and their descriptions were then recorded in English.

The coding was conducted according to the open and axial coding techniques developed by proponents of the grounded theory method (Connolly, 2003; Lawrence & Tar, 2013; Lin, 2013; Strauss & Corbin, 1990). Some scholars consider the coding techniques of grounded theory to be incompatible with phenomenology (e.g., Urcia, 2021), arguing that these two methods should not be combined or mixed due to their distinct historical, ontological, and epistemological roots (Baker et al., 1992; Urcia et al., 2021). However, other scholars combine

the two based on the view that they represent complementary ways to facilitate an in-depth interpretation of lived experiences (Chaker et al., 2016; Lin, 2013).

Open coding was considered suitable for this study as it allows for the suspension of the researcher's preconceptions while identifying the phenomena, in accordance with the concept of bracketing (Ashworth, 1999; Lin, 2013). Axial coding allows one to link the existing codes to each other based on the hierarchical relationships between them, thus creating root and sub-codes (Connolly, 2003; Lin, 2013). In accordance with the open coding technique, the data were carefully examined and codes were applied to various concepts that emerged without any preconceptions about the possible findings. Next, codes were connected to broader categories, structuring them according to their relationships with each other, which is in accordance with the axial coding technique of the grounded theory approach (Lin, 2013). Finally, the hierarchies between codes, categories, and themes were reconsidered according to the research questions (Connolly, 2003). The boundaries between these phases were not always strict, and the process often included going back to the first phase to reorder codes and themes and reorganize them into root codes and sub-codes.

Root codes refer to the more general, broad themes related to migration and health trajectories that emerged in the data, while sub-codes are more specific categories that are hierarchically located under these themes. Depending on the data, sub-codes can also have hierarchical levels within themselves, containing other sub-codes that refer to narrower and more specific phenomena compared to the codes containing them. Based on the specificity of the phenomena referred to by these codes, each root code or theme contains up to four levels of sub-codes. This hierarchical structure was used to make it easier to see and analyze the relationships

between the general and abstract themes represented in both the root codes and the more specific aspects of the collected data (Peters & Wester, 2007).

The coding process started just after the first interview was transcribed. Thus, interviewing and coding were conducted simultaneously. The coded transcripts were constantly compared to each other, therefore allowing root-codes and sub-codes to organically develop as the interviews proceeded. This is in accordance with the constant comparative method, which is at the core of the qualitative approach (Boeije, 2002). The codebook was finalized after multiple cycles of coding, as new themes, meanings, and connections were identified through this gradual coding process. After the coding was finalized, the meaning of each code was defined and described in the software in order to contextualize the use of the codes and ensure consistency.

The final codebook included 122 codes. Sixteen of these were root codes referring to the general themes about migration and health trajectories. These root codes included: (1) adaptation, acculturation, and integration; (2) living conditions as refugees; (3) education; (4) work and employment; (5) sense of safety; (6) power and agency; (7) gender and sexuality; (8) social and community support; (9) (the different stages of) the migration trajectory; (10) expectations based on the migration system; (11) perceptions of Canada; (12) health status and health behaviours; (13) interactions with the health system; (14) the COVID-19 pandemic; (15) mental health; and (16) coping mechanisms (see Table 1). Each of these root codes included subcodes referring to more specific aspects of the themes represented by the root codes. A copy of the codebook is included as Appendix C.

Table 1. *Root Codes and Subcodes Emerging from the In-person Interviews*

Root Codes	Number	Sub-Codes	Number
Mental health	15	stress	15
		loneliness	12
		mental health in Canada	11

		waiting process worry depression separation from partner trauma fatigue grief	10 9 8 7 7 4 4
Migration trajectory	15	Iran	13
Social and community support	15	social support in Canada economic support (and its lack) in Turkey relations with Iranian community in Canada social and community support in Turkey family/community pressure economic support (and its lack) in Canada	15 13 10 10 8 8
Work and employment	14		
Adaptation, acculturation and integration	12	change in perception of self and attitudes (lack of) discrimination in Canada being respected discrimination by Canadians discrimination discrimination in Turkey discrimination towards Iranians by the migration system age and ageism	11 10 9 6 5 4 4 3
COVID-19	12	delays due to COVID-19	9
Power and agency	12	decision-making sense of lack of options	12 11
Coping mechanisms	11	activism as coping art and/or hobbies as coping religion and spirituality as coping	9 7 5
Health status and behaviors	11	diet and self-help health literacy sleeping issues	10 2 2
Living conditions in the refugee life	11		

Perception of Canada	11	disappointment in Canada	11
Education	10		
Expectations from the migration system	10	NGOs and their role	13
Gender and sexuality	10	gender roles gendered expectations gender based violence and abuse sexual orientation	10 8 3 2
The healthcare system	9	access to healthcare in Canada meds in Canada insurance and access to healthcare in Turkey insurance in Canada	14 7 5 4
Sense of safety	6	safety in Iran safety in Canada safety in Turkey	8 7 6

Note. The first column shows the root codes and the second column shows the number of interviews that the root code appeared in. Similarly, the third column shows the sub-codes, and the last column shows the number of interviews that the sub-code appeared in.

After finalizing the codebook, the text files for the transcribed interviews were reorganized based on the excerpts linked to each root code by using the filtering options provided by the Dedoose software. The reorganized text files were then reviewed in order to assess patterns of difference and similarity among excerpts from different interviews that included the same code, according to the constant comparison technique suggested by the grounded theory approach (Hays & Wood, 2011). These patterns were then interpreted based on intersectional, political economy, and phenomenological approaches, and in the light of previous empirical literature. These patterns and interpretations are presented and discussed in the results (Chapter Four) and discussion (Chapter Five) chapters of this dissertation.

3.3. The Online Data

As explained above, the main source of data for this research were the qualitative interviews conducted with fifteen participants. However, the small size of the sample led to a decision to seek additional data that would contribute further to the depth and richness of the study.

Therefore, a decision was made to include online written content as an additional source of data.

In accordance with this study's focus on lived experiences, it was decided to limit the use of online content to webpages featuring subjective accounts of Iranian refugees or migrants about their own experiences. Therefore, the online data used in this research includes written and published interviews in the online media. These interviews supplement the offline data by providing additional personal accounts from Iranian refugees, which also illuminate how Iranian refugee experiences are represented in the Iranian and Canadian online media narratives from which the interviews are derived.

Special attention was paid to weblogs as they represent an important part of the contemporary Iranian socio-political sphere (Akhavan, 2011; Falasiri & Ghanavizi, 2009; Kelly & Etlings, 2008; Sreberny & Khiabany, 2010; Shakhsari, 2011; 2012; 2020). Weblogs are websites where users post entries consisting of frequently updated texts containing information, discussion, and opinions written by the weblog authors (Gordon & Swanson, 2009; Shakhsari, 2011). Weblogs started to gain popularity in the middle to late 1990s, while the first Farsi weblog was published in 2001 (Shakhsari, 2011). Farsi weblogs quickly evolved to become the fastest-growing cybersphere in the Middle East, gaining the title of 'Weblogistan' (which means the land of weblogs in Farsi, referring to the Iranian blogosphere) (Hendelman-Baavur, 2007; Shakhsari, 2011). In a context where printed and broadcast media are strongly controlled by the

government, Weblogistan has served as a major site of information production and discussion about various aspects of social life and politics (Hendelman-Baavur, 2007).

Iranians in the diaspora are at the very center of Weblogistan, since the most influential bloggers live in the West (Shakhsari, 2020). Weblogistan has increased the virtual ties and connections between Iranians in Iran and the diaspora, particularly by increasing the participation of Iranian migrants in social and political debates in their homeland (Shakhsari, 2011). In particular, the Iranian diaspora in Canada has played an important role in increasing the popularity and socio-political significance of Weblogistan (Shakhsari, 2011, 2020). For example, in 2001, an Iranian migrant living in Canada, named Hossein Derakhshan, published instructions about creating a blog in Farsi and posted some blogging tools, enabling many Iranians to use blog-hosting services for free (Doostdar, 2004; Shakhsari, 2011). Furthermore, the documentary *Blogger Wars*, which is one of the most popular depictions of Weblogistan, was produced by an Iranian director at the Canadian Broadcasting Corporation (CBC) (Shakhsari, 2011). Released just before the 2005 Iranian elections, this documentary centered on Iranian bloggers in Canada and Iran, who were represented as agents of political resistance against the Iranian regime (Shakhsari, 2011).

Mainstream Western academic and media representations of Weblogistan conceptualize the weblogs as politically unified sites of political opposition (Shakhsari, 2011). In this conceptualization, as exemplified in *Blogger Wars*, Iranian bloggers in Canada are portrayed as revolutionary agents, who have found refuge in the West where democracy and freedom are protected (Shakhsari, 2011). These bloggers are seen as fighting to bring the same democracy and freedom, which are essential parts of the 'Canadian dream', to their Iranian homeland, using weblogs as emancipatory tools (Shakhsari, 2011). Thus, the narrative identifies Iranian migrant

bloggers as victims and revolutionary heroes at the same time, while those living in Iran are depicted as complete ‘victims’ of their oppressive regime. Canada is thus represented here as the ‘white savior’ which enables the fight for democracy in Weblogistan and elsewhere (Shakhsari, 2011). In contrast, Shakhsari (2011) argues that the roles played by Iranian diaspora bloggers are essentially neoliberal, as they market themselves as sources of valuable information. This role has been crucial within the historical and political contexts shaped by the ‘war on terror’ after the September 11 attacks, increasing popular demand for locally produced information and knowledge about Iran in the West (Shakhsari, 2011).

Whereas the role of Iranian weblogs in political debates is relatively well-researched (e.g., Shakhsari, 2011, 2020), less is written about their role in hosting information, opinions, and discussions about Iranian migration to Canada. Beyond their significance in the Iranian context, weblogs generally provide a rich source of qualitative textual data, especially for researchers studying populations that are challenging to access or recruit (Kurtz et al., 2017; Wilson et al., 2015). In the current study, as noted, the purpose of using online content was to enrich this study, particularly in the presence of the limitations imposed by the COVID-19 pandemic, including the extra challenges of remote participant recruitment. The literature on multi-method qualitative research points out how supplementing offline interviews with online content can be beneficial for illuminating multiple aspects of a phenomenon, thereby obtaining the bigger picture (Pratesi, 2012; Sade-Beck, 2004). Several studies have also discussed the advantages and challenges of using online data in qualitative research conducted during the pandemic (Jowett, 2020; Moises Jr, 2020; Vindrola-Padros et al., 2020; Pocock et al., 2021).

Compared to offline interviews in which the participants were asked about their backgrounds and demographic information, online data, especially those produced in the

blogosphere, are more anonymous as bloggers often use pseudonyms and do not reveal their identifying information (Amir-Ebrahimi, 2008; Golzard & Miguel, 2016; Masserat, 2008). Furthermore, compared to oral interviews, written online content is less spontaneous, more comprehensive, and does not have the temporal and spatial limitations of synchronous interviews, allowing bloggers to review and edit their content before publicly posting it.

In addition, the anonymity of the blogosphere often provides bloggers with more control over their content, enabling them to share more intimate feelings and experiences than those they would be able or comfortable to express to an interviewer (Amir-Ebrahimi, 2008; Golzard & Miguel, 2016; Masserat, 2008). Overall, the online data includes multiple types of personal accounts of Iranian refugees, which are useful for further contextualizing the social setting in which these experiences are lived, narrated, and represented.

3.3.1 Research Ethics

The online component of the research was reviewed and approved by the Human Research Ethics Board of the University of Victoria. Ethical considerations related to the use of online data include issues around anonymity, authenticity, privacy, and consent (Ackland, 2013; Wilson et al., 2015). The growing body of literature about online qualitative research suggests that while the anonymity of blogs raises questions about the authenticity of the content, the risk of deception and inauthenticity is not specific to the online context (Ackland, 2013; Hookway, 2008; Wilson et al., 2015). In terms of privacy and consent, the accounts published in blogs and social media platforms are seen as “private content in the public domain” (Wilson et al., 2015). The personal accounts used in this research were drawn from fully public weblogs and websites with no restrictions on access. Iranian blogosphere and social media users commonly hide their personal information in order to be able to express their political opinions without negative

consequences (Amir-Ebrahimi, 2008; Golzard & Miguel, 2016; Masserat, 2008). Accordingly, the authors often used pseudonyms, refrained from publishing their identifiable information or pictures, and thereby maintained their anonymity. The limited identifiable information that was included in the online accounts (such as content producers' places of residence in Canada, jobs, or ages) was eliminated from the data set and from the discussion of the results in order to further sustain the authors' anonymity.

3.3.2 Sampling and Data Collection

In the context of this research, online data refers to webpages consisting of written content. These include weblogs, pages of websites belonging to community publications such as e-journals and e-newspapers, as well as webpages of e-journals, news agencies, and other platforms featuring written interviews conducted with Iranian refugees in Canada.

The search engines Google and Yahoo, as well as the popular Iranian weblog hosting platform Blogfa (Akhavan, 2013), were initially used to identify relevant content. These search engines were selected due to their global and local reputation (Akhavan, 2013; Seymour et al., 2011). The keywords used for this research process included Farsi translations of the terms “Canada”, “migration”, “refugee”, “health”, “wellbeing”, “healthcare”, and “hospital”. These keywords were selected because they enable access to a broad range of content about Iranian refugee migration and health in Canada. After identifying 59 relevant websites in the first stage, the keywords of refugee, health, wellbeing, healthcare, and hospital were used again one by one, in order to access relevant specific webpages within each website, featuring subjective accounts of Iranian refugees about migration, health, or access to healthcare. This process was repeated multiple times until no more publicly accessible relevant content was left unscanned.

The webpages included in the final sample of online data sources were selected based on three broad criteria. The first criterion was the relevance of the online content to the research objectives of this study. Thus, news articles, reports, and content produced by immigration and law firms were excluded to prioritize sources featuring refugees' subjective accounts and experiences. The second criterion involved the spatial and temporal relevance of the content. In order to sustain spatial relevance, only online written content published about migration to Canada by Iranian migrants was added to the dataset, including those about the migration process to Canada through transit countries (e.g., Turkey). Online written content that focused on migration to Québec was excluded due to policy-related and other differences in the migration and health experiences of refugees in Québec compared to other provinces in Canada, including British Columbia, where the participants of the in-person interviews lived (Labelle & Rocher, 2009).¹² Temporal relevance was sustained by collecting data published from 2009-2021, in accordance with the study's focus on post-2009 Iranian refugee experiences. The third criterion involved the accessibility and popularity of the online content. Thus, as noted, only webpages appearing publicly in common search engines, such as Google and Yahoo, were included in the sample. In addition, popularity was assessed based on the virtual promotion of Iranian migrant weblogs, online magazines or e-journals, or community webpages on the other migrant weblogs and pages. The scanned webpages had sections promoting links to other webpages, which enabled the assessment of popularity and accessibility.

¹² Québec has had its own provincial department of immigration and separate migration policies since 1968 (DeVoretz & Pivnenko; 2008; Proulx-Chénard, 2021). Even though the federal government is in control of refugee files, Québec is able to select convention refugees referred by the UNHCR to Canada, leading Francophone refugees to predominantly get resettled in Québec (Barker, 2010; p. 24; Proulx-Chénard, 2021). In addition to having different policies for immigrant and refugee admission, migrants' experiences of health inequities are also contextualized differently in Québec compared to the rest of Canada (Lebihan et al., 2017).

Using these three broad criteria, the sample of online data consists of two main categories. The first category includes blog posts, memories, and experiences written by Iranian migrants in Canada about migration to Canada. This includes webpages consisting of posts and experiences about the social and environmental determinants of health in Canada. These determinants include the health care system, socioeconomic status and mobility, the presence of community support, language barriers, discrimination, acculturation and integration. The second consists of written interviews conducted with Iranian refugees about their lived experiences of migration and health throughout the migration process. These interviews were published on e-journals, community webpages, and Canadian news platforms, including the CBC.

Overall, the final dataset includes 40 webpages from 15 websites. Over thirty (n=33) of these webpages feature subjective accounts about refugee migration or health, written in the first-person. They consist of 32 weblog posts, and one first-person essay from an online community magazine. The rest of the dataset includes seven webpages featuring interviews with Iranian refugees and migrants, derived from four websites. A complete list of these 40 webpages is included as Appendix D.

3.3.3 Coding and Analysis

The coding and analysis of the online data occurred in multiple steps. First, the data sources were listed and categorized as described above, based on their publication types and platforms. Second, textual content from each webpage was copied to a word document in its original language. Visual content was deleted since it was not included in the analysis process. In the third step, the same coding process used for the in-person interviews was repeated. Using open and axial coding, the documents were coded sentence-by-sentence, using the online software

Dedoose. After reading each sentence, paragraph, and page, root codes and sub-codes were assigned to each sentence based on prevalent themes and concepts.

As mentioned above, this coding process was inspired by the qualitative analysis model based on the grounded theory method (Strauss & Corbin, 1990), which is a commonly used approach for qualitative data coding (Connolly, 2003; Lawrence & Tar, 2013). At the end, the coded online texts were compared to each other, in order to be able to recognize common themes across the texts and the interviews and finalize the codebook accordingly. While a majority of the codes that emerged from the online texts and interview data correspond with those identified in the in-person interviews, other codes were added to classify newly emerging themes and concepts. The root codes and sub-codes emerging from the online blog posts and media interviews are included in Tables 2 and 3 respectively.

Table 2. *Root Codes and Subcodes Emerging from the Blog Posts*

Root Codes	Number	Sub-Codes	Number
The perception of Canada	33	post-migration perception of Canada	21
		information for newcomers and future migrants	17
		lived space (after migration to Canada)	15
		pre-migration perception of Canada	13
		Canadian dream	12
		Canadian mirage	12
		lived relations (friendships and relationships)	12
		comparison with Iran	11
		racial diversity in Canada	10
		critique of the Canadian dream	6
		disappointment in Canada	6
		weather and climate	5
		deceit and violence	4
		lived time (temporality)	4
		order of law in Canada	4
		asylum as a strategy	3
return to Iran as a solution	3		

		health policies	2
		racism against other migrants and POC	1
		affordability	1
		bogus refugees	1
		Canada as home	1
		disappointment about housing	1
		discouragement of refugee migration	1
		general migration policies	1
		help and charity	1
		human rights in Canada	1
		not belonging	1
		rejection of asylum	1
		white savior	
The healthcare system	12	access to healthcare in Canada	11
		insurance in Canada	3
		long waiting times	3
		paid ambulance	2
		meds in Canada	1
Coping mechanisms	5	art and/or hobbies as coping	1
Gender and sexuality	5	gender equality and freedom in Canada	4
		gendered expectations	1
		gender roles	1
Migration trajectory	5	human smugglers	1
Adaptation, acculturation and integration	4	change in perception of self and attitudes	16
		perception towards Canadians	7
		changing consumption patterns	5
		(lack of) discrimination in Canada	4
		discrimination	2
		discrimination by Canadians	2
		being respected	1
		changing food habits	1
		changing religious habits	1
		hygiene habits	1
		minimalism	1
Sense of safety	4	safety in Canada	4
		political safety in Canada	1
		safety in Iran	1
		safety in Turkey	1

Social and community support	4	relations with the Iranian community in Canada	5
		social support in Canada	5
		divisions and mistrust within the Iranian community	2
		family/community pressure	1
		economic support (and its lack) in Canada	1
Education	2		
Mental health	2	loneliness	5
		homesickness	3
		mental health in Canada	2
		cultural grief (azadari)	1
		lack of trust between refugees and within diaspora	1
		waiting process	1
Living Conditions in the Refugee Life	1		
Power and agency	1	joy and happiness	1
		legitimacy of asylum	1

Note. The right column shows the root codes and the second column shows the number of blog posts that the root code appeared in. Similarly, the third column shows the sub-codes, and the last column shows the number of blog posts that the sub-code appeared in.

Table 3. *Root Codes and Subcodes Emerging from the Media Interviews*

Root Codes	Number	Sub-Codes	Number
The perception of Canada	7	Canadian dream	7
		Canadian mirage	4
		homonationalism	4
		white savior	4
		help and charity	3
		racial diversity in Canada	3
		critique of the Canadian dream	2
		information for newcomers and future migrants	2
		pre-migration perception of Canada	2
		refugee migration policies	2
		affordability	1
		bogus refugees	1

		comparison with Iran	1
		deceit and violence	1
		health policies	1
		human rights in Canada	1
		lived space (after migration to Canada)	1
		order of law in Canada	1
		post-migration perception of Canada	1
		weather and climate	1
Coping mechanisms	5	activism as coping	5
Gender and sexuality	5	sexual orientation	4
Migration trajectory	5	human smugglers	2
		Iran	1
Sense of safety	4	safety in Iran	3
		safety in Canada	2
		safety in Turkey	2
Social and community support	4	homophobia and transphobia (Iranian community)	3
		relations with Iranian community in Canada	3
		economic support (and its lack) in Canada	1
		family/community pressure	1
		homophobia in Canada (by non-Iranians)	1
Mental health	3	trauma	3
		waiting process	2
Power and agency	3	legitimacy of asylum	3
		victim narrative	3
		prioritized refugees	1
		joy and happiness	1
Adaptation, acculturation and integration	1	discrimination	3
		(lack of) discrimination in Canada	3
		discrimination in Turkey	2
		changing consumption patterns	1
		changing food habits	1
		change in perception of self and attitudes	1
		discrimination by Canadians	1

		discrimination towards Iranians by the migration system	1
		perception towards Canadians	1
Education	1		
Expectations from the migration system	1	NGOs and their role	1
Living conditions in refugee life	1		
Work and Employment	1		
The healthcare system	1	access to healthcare in Canada	1
		insurance in Canada	1

Note. The right column shows the root codes and the second column shows the number of media interviews that the root code appeared in. Similarly, the third column shows the sub-codes, and the last column shows the number of media interviews that the sub-code appeared in.

3.4 Summary

This chapter has reviewed the methodological paradigm guiding this research as well as the research design and methods. The study draws on a phenomenological framework that prioritizes the first-person narratives and perceptions of research participants, in this case Iranian refugees, in order to understand their lived experiences as refugees. The research design is qualitative and centered around in-depth semi-structured interviewing with a sample of fifteen Iranian refugees living in British Columbia. This is a commonly used data collection method in studies drawing on the phenomenological framework. In addition, an analysis of 40 online webpages explores the personal accounts of Iranian refugees published on weblogs and other websites. This multi-method approach provides added depth to my analysis of the migration and health trajectories and the various factors that affect the lived experiences of Iranian refugees throughout these trajectories. The next chapter focuses on the results of these thematic data analyses.

Chapter Four: Results

This chapter presents the results of the thematic analyses of the one-on-one interviews and online data used to answer the research questions posed in this study. The central areas of focus in this research are migration trajectories, health trajectories, and the lived experiences of Iranian refugee migrants. In the context of this study, migration trajectories refer to the holistic, continuous, and dynamic process involving refugees' movements from their home country to transit and destination countries, as well the resettlement process and its aftermath (Snel et al., 2021). Health trajectories refer to the complex sequence of periods of stability and change in the refugees' health and wellbeing during the migration process. Finally, lived experience is a conceptual theme used in this research to address these trajectories as they are subjectively perceived and experienced by each individual research participant. Lived experience - the lifeworld - is shaped by an individual's lived time, lived space, lived body, and lived relations.

This chapter is divided into two broad sections, to comprehensively share the participants' lived experiences of their migration and health trajectories, respectively. Following a description of sample characteristics (both in-person and online), the first section discusses the Iranian refugees' understanding and perceptions of their migration trajectories by focusing on their lived experiences in three different phases categorized as pre-migration, the migration process, and after migration. Within this section, the Iranian refugees' pre-migration expectations are reviewed, beginning with a discussion of themes that emerged in the in-person interviews and then in the online representations. This is followed by a discussion of the results of the in-person interviews and online data analysis regarding the migration pathway and refugees' lived experiences while crossing borders, as well as the asylum waiting processes experienced in both Turkey and Canada. Finally, the section concludes by focusing on the themes that emerged in the

in-person interviews and online data regarding resettlement, including the refugees' contrasting experiences of the Canadian dream versus the Canadian mirage, and their hopes for the future. The Iranian refugees' performances of power and agency in the context of their migration trajectories are discussed throughout the section.

The second section in this chapter elaborates on the Iranian refugees' understandings and perceptions of their health trajectories. While the research focuses on health as a holistic experience, the discussion of the refugees' health trajectories is divided into three subsections focusing on various aspects of health and wellbeing. The first subsection focuses on the Iranian refugees' physical health, discussing it in the context of the healthy immigrant effect, and changing lifestyles and health behaviors. The second explores the lived experiences of mental health, focusing on expressions of trauma, grief and loss, stress and worry, isolation and loneliness, and coping strategies respectively. Finally, in the third and final subsection of this chapter, Iranian refugees' lived experiences of access to healthcare are discussed with a focus on physical and mental healthcare. Once again, the refugees' performances of power and agency are discussed throughout this section, in the context of their physical and mental health and access to healthcare based on the results of in-person interviews and online data analysis.

4.1 Interview Participants: Sample Characteristics

While the in-person interview sample primarily consists of those who had contact with community organizations and gatekeepers, to a large extent, their general characteristics (i.e., age, sex, sexual orientation, ethnicity, religious affiliation) appear to reflect the diversity that exists among Iranian diaspora in general. The primary exceptions include undocumented, transgender, and ethnic Kurdish refugees, who are not represented in this research (Akcapar, 2006; Garousi, 2005; Karimi, 2020a). The sample of fifteen participants consists of nine women

and six men, including a gay man and a lesbian woman. The ages of the participants ranged from 29 to 64 at the time of the interviews. Twelve of the participants were under 45 years of age. All were adults at the time they left Iran.

They also had diverse migration trajectories despite their common refugee identities. At the time of the interviews, two participants had been in Canada for eleven years while four others had been in the country for one year or less. While some participants (n=9) applied for refugee status in Turkey and arrived in Canada as permanent residents, six others spent their waiting process in Canada. The duration of the waiting process varied, ranging from nineteen months (n=2) to five years (n=2). Two other participants spent three years in Canada as refugee claimants, before becoming permanent residents. Finally, the remaining four participants were still in the waiting process in Canada at the time of the interviews. They had spent from eight months (n=1) to one year (n=2) in Canada, waiting for the official decision of the IRCC on their refugee claims.

In terms of ethnic identity, six participants are Persian, four are Azerbaijani Turks, three are Northern/Gilaki, one is a Bakhtiari/Lor, and another one is half Azerbaijani-half Persian. A majority of the participants come from a Shia Muslim religious background (n=14) whereas only one of the participants openly identified as a practicing Muslim. At the time of the interviews, three participants were Christian converts, two were involved with alternative contemporary or New Age spiritual practices, and one was an atheist. The remaining nine participants were not practicing Muslims, despite coming from Shia Muslim backgrounds. However, these nine participants did not openly disclose whether they still identify as Muslims or not.

The sample was diverse in terms of socioeconomic and occupational status as well. With one exception, the participants had a college-level education: five had postgraduate degrees or

were enrolled in postgraduate education programs at the time of the interviews. Yet, although most were employed, a majority of the employed participants worked in entry-level positions. At the time of the interviews, four participants were unemployed, four others worked in retail or food service environments, two were construction workers, one was a school bus driver, three had seasonal academic teaching jobs, and one was a psychological therapist. Their sources of income were regular salaries (n=11), regular government support (n=5), savings (n=5), family support (n=3), and occasional income through freelance work (n=1). A majority of the participants (n=10) had more than one source of income. In terms of housing, a majority of the participants (n=13) were tenants while two (F, 37 and F, 29) lived in their relatives' houses as long-term guests without formally paying rent.

In terms of marital status, the sample is relatively balanced. At the time that they were interviewed, six of the participants were married, three women were divorced, and the rest (n=6) were single. In total, six of the participants, including two of the divorced women, had children and five of them came to Canada together with their children. Only one of the divorced women came to Canada together with their spouse, while the two others separated from their spouses in Iran and Turkey.

4.2 Online Data: Sample Characteristics

As discussed in the methodology chapter, in this study, the phenomenological interview data are complemented by online data consisting of blog posts (n=33) and online published interviews (n=7). The blog posts were published between November 2009 and February 2021. However, a majority of them (n=25) were written before 2015. A large number of these blog posts (n=22 out of 23) were written by the same bloggers, under nicknames. Specifically, four posts were written by a blogger nicknamed Ashraf, three were written by an author who used the nickname Bali, six

were written in a blog named Mohaj Canada, three were published by a user nicknamed Mohajer, four were written by Negar, and two posts were written by a blogger using the name Ramin. All of the blog posts were written in Farsi.

The remaining online content consists of seven webpages, all featuring interviews with Iranian migrants living in Canada. These webpages were published between July 2014 and June 2021. Five of these webpages were published in English, and two of them were written in Farsi. A majority of these webpages (n=5) featured interviews conducted with LGBT refugees, including activists. One of the other webpages included excerpts from interviews done with 19 migrants by a law and immigration firm, and the other one was an interview conducted with a human smuggler who was also a migrant himself.

4.3 The Migration Trajectories of Iranian Refugees

Conceptually, migration trajectories refer to the routes and process of movement from one country to another (Snel et al., 2021). In the context of contemporary refugee migration, these trajectories are more dynamic and complex than linear movements from a country of origin to a predetermined country of destination (Kelly, 2013; Snel et al., 2021). Migration trajectories can go beyond having fixed, specific starting and endpoints. Rather, they can be expanded to include such things as the decision-making process and the post-migration evaluations and reconsiderations of the migration decision; the latter can lead to the continuation of movement through onward or return migration (Kelly, 2013; Long & Oxfeld, 2004). Therefore, this study's approach to migration trajectories focuses on the holistic, continuous, and dynamic nature of these movements, while recognizing diversity within the migration trajectories of refugees despite them having a common source and destination country.

4.3.1 Pre-migration Expectations and Decision-Making

Migration motivations, expectations, and decision-making are complex phenomena, which are understudied in the context of refugees movements. The most common legal definition of a refugee is contained in the 1951 Geneva Convention. It describes a refugee as “someone unable or unwilling to return to their country of origin owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership in a particular social group, or political opinion” (Fitzpatrick, 1996, p. 233). This definition suggests a political basis for refugee status and implies that a refugee is someone with no option but to migrate and thus, as having minimal to no agency. In other words, refugee migration is often conceptualized as a sudden escape, with little time for planning and decision-making.

However, data from the in-person interviews reveal that not all refugee migration happens for similar reasons or in similar contexts.¹³ In particular, the motivations behind deciding to leave Iran as a refugee vary significantly based on individuals’ backgrounds and previous experiences. For the participants in this research, these motivations included avoiding long-term imprisonment because of dissident political affiliations (n=3), improving one’s financial situation (n=1), being safe as an LGBT individual (n=2), the urge to move away from social and economic pressures faced by young urban middle-class secular women (n=4), such as the enforcement of a mandatory Islamic dress code (n=2), unfair treatment in the workplace (n=2), and harassment by former partners or strangers (n=2).

A majority of the participants’ statements implied that various preconceptions of life in Canada existed even when their expectations were broad or unclear. For example, one participant

¹³ The root codes that emerged from an analysis of the interviews include mental health, migration trajectory, social and community support, and work and employment, and power and agency. A complete list of the root codes and sub codes that appeared in the interviews are available on Table 1.

described his pre-migration expectations about life in Canada by emphasizing that he prioritized political freedom rather than such things as improving his financial situation:

I didn't have financial or job-related problems in Iran. Our problem was a political problem. It was that we couldn't say what we wanted. We didn't have freedom of speech. Or they (the state authorities) used to disturb us because of our politically active family members. And I was just looking for a calm and quiet life, with a normal government and a normal life. No one interferes in others life, no one cares about anyone's religion. You can do whatever you want as long as you don't break the law. (M, 42)

This response illustrated how the participant performed agency in the pursuit of political freedom. In contrast, another participant mentioned that he expected migration to Canada to improve his living standards compared to those he experienced in Iran, where he already lived comfortably in a financial sense. He stated:

When someone migrates to another country, because of any reason, one of the most important things is that you want your life standards to improve. If my life standards are not going to change and I'm going to work from 6 AM until the evening, then what is the point? Otherwise, I have my own house and my own car in Iran, you know? (M, 40)

It is worth noting that in this participant's conceptualization, the boundaries between economic and refugee migration are almost non-existent, as he deemed migration "pointless" unless one obtains better financial conditions in the destination country. Indeed, it can be argued that one of the motivations for making a refugee application, instead of going through other forms of migration, is related to the lack of financial requirements for being considered a refugee in Canada. In contrast, other migration categories require proof of financial means (Government of Canada, 2021). One of the participants who came to Canada as a student and then applied for refugee status also emphasized how financial restrictions associated with other forms of migration shaped her decision, together with concerns related to her sexual orientation:

When I came out (as gay) I didn't know if it was a good idea or not to return home. Then I ended up staying. But you know, for me to stay here - for me to be able to apply for PR - I had to show an amount of money in my bank account. Well, at that time I wasn't on good terms with my family, and I couldn't ask them for money. That's why I applied (to stay here) through the refugee category. (F, 35)

It was clear that for some, the destination of their migration trajectory was Canada, while others had minimal power in selecting the destination – thus not having control over their future lived space. Instead, this was determined more by institutional actors, including human smuggling networks, the UNHCR, and refugee-accepting countries. For example, one participant (F, 38) emphasized that the only reason that she ended up in Canada was that the human smuggler gave her a fake passport representing her as a Canadian woman.¹⁴ In such cases, the person has minimal agency in choosing Canada as their destination country. However, for most others (except one research participant) who immigrated through Turkey, UNHCR took their preferences into account, especially if they were based on the presence of relatives or social support networks in Canada.

In any case, the interviews revealed that refugee decision-making is a complex process that often includes using social and community support to choose the migration route and the destination country. Therefore, lived relations are an essential part of the pre-migration phase and decision-making about the trajectory. Immigration lawyers, family members and relatives, and human smugglers are all part of the networks that often assist Iranian refugees during this process. For example, four participants mentioned the crucial role played by their immigration lawyers in strategizing their migration trajectory and navigating the complex legal processes involved. Two of them (F, 29 & F, 37) also contacted their close relatives who had already been living in Canada for decades in order to be connected with Iranian immigration lawyers specializing in migration to Canada. Both participants decided to start this process after realizing that they “cannot handle living in Iran anymore”, due to their social circumstances as middle-

¹⁴ While the participant did not discuss how she got in touch with the human smuggler, the literature reveals that refugees often meet these smugglers through friends, acquaintances, or family members (Van Liempt & Doomernik, 2006).

class women living in Tehran. These included problems in the workplace and harassment from others (e.g., a former fiancé). One participant (F, 37) who encountered problems in the workplace summarized her decision to leave Iran in these words:

The interesting thing is that you may not believe it, but I have not thought about leaving Iran even 1 percent during my whole life. Never. Never! I mean, the day I told the rest of my family that we (me and my husband) have sorted everything out, things are ready, and we were getting prepared to leave Iran, everyone was in shock. Because even my aunt told me that she could think of everyone leaving (Iran), everyone, except me. Me, not at all. But well, the last year really put a lot of pressure on me, a lot. I don't know. They (my workplace) sent me to another city in Iran, Kerman, for a job, where I had a really bad time. I was so frustrated that I called my aunt there and said, 'please help me if you can, I really do not want to live in Iran anymore'. She took the time to talk to a lawyer, then I started talking to them. In short, we sorted things out and came here. (F, 37)

The support of a lawyer was crucial for two other participants as well (i.e., a married couple), albeit in very different circumstances. One of the research participants (M, 42), who had been a political prisoner several times before, decided to leave Iran after meeting with his lawyer, who was a prominent dissident human rights activist himself. After receiving a 24-hour notice to appear in court again, the participant was advised by his lawyer either to leave Iran or take the risk of never seeing his son again, implying life imprisonment. Realizing that "there were no other options for him and his family", the participant arranged a fake passport and left Iran for Turkey.

The performance of agency during decision-making appeared to be somewhat more limited for those whose spouses initiated the migration process. For two couples, the main decision-maker was the man (M, 40; M, 42) while for another, it was the woman (F, 37). While none of the married participants indicated thinking of separating from their spouses or migrating regardless of their spouses' decisions, several statements showed the additional complexities of becoming refugees as part of a family. For example, one participant (M, 40) described experiencing an intense feeling of guilt associated with "dragging his family behind him" to

Turkey and Canada as refugees due to the political issues he faced in Iran. In the other case, a participant's (F, 38) husband had been willing to leave Iran ever since the beginning of their marriage, even though when she took the first step to initiate migration, his first reaction was "shock":

He was completely shocked. I mean the day that I talked with my aunt (to arrange the refugee application process) he wasn't even there, and when he came, I told him that I did such a thing. He just stared at me for 10-15 minutes in shock. Then he said that 'I'm not upset at all because of your decision, but I just can't believe it. Is this really you?!'. I mean he was completely shocked, he couldn't believe it. But I'm very happy to be able to make such a decision. (F, 38)

Two of the participants who went directly to Canada and then applied for refugee status there also mentioned having close relatives in the country who arranged lawyers for them at the beginning of the decision-making process. For one of the participants (F, 35) who applied for refugee status after coming to Canada as a student, the presence of her sister was a factor in shaping the decision to choose Canada as a country of migration, even though at the time of decision-making, her intention was not to settle in Canada as a refugee.

Even though for the majority of the participants in this research, refugee migration was far from a sudden escape and resembled a longer and more complicated process of decision-making, most of them described refugee migration as a turning point in their lives, and one that represents "leaving everything behind". This included those for whom it was in fact a sudden escape. A participant who left Iran with her spouse (F, 41) described how sudden and brief their decision-making process was by mentioning that she even bought new kitchenware for her house a day before leaving the country and could not even collect all of her belongings before leaving. She, along with another participant (F, 37) who came to Canada as a tourist before then applying for refugee status, also mentioned not having the opportunity to say goodbye to her friends. This was not only due to time constraints, but also, in some cases (F, 38), because of the secretiveness

of the refugee migration process. Secrecy was considered necessary both as a precaution to prevent government tracking and so as to not attract friends' and relatives' criticisms arising from the stigma directed to asylum seekers and refugees in Iran and Canada.¹⁵ Regardless, the participants mentioned saying goodbye symbolically to their family, friends, or hometowns. In the words of one participant (M, 34): "I looked at the place that I was born for the last time from the bus, repeating to myself that I will never see my hometown again".

In sum, the pre-migration expectations of the Iranian refugees who were interviewed appear to be closely linked to their motivations for leaving Iran. These motivations ranged from improving their quality of life and achieving more individual liberties to achieving personal safety and escaping political persecution. In addition to exercising varying levels of agency when deciding whether and when to become refugees, the levels of agency performed by the Iranian refugees in choosing Canada as a destination country also varied depending on their individual cases and migration trajectories. They were often shaped by the presence of transnational networks consisting of family and community members, immigration lawyers, and human smugglers, together with the constraints imposed by macro-level institutional actors, such as the UNHCR, and the policies of refugee destination countries (e.g., Turkey, Canada, or the United States).

Pre-migration expectations were rarely mentioned in the online data. Still, a rather nuanced representation of Iranian migration to Canada is seen in an interview done by the prominent community e-journal *Parnian*, with an Iranian human smuggler who was also a

¹⁵ While none of the participants explicitly mentioned considering the role of this stigma during their pre-migration decision-making, at least two of them (F, 38; M, 34) mentioned restricting their communication with other Iranians during and after migration in order to avoid judgements. One participant emphasized that her older sister, who she lived with in Canada, "did not want other Iranians to know that her sister is a refugee", leading her to be very cautious about opening up to anyone about her problems and concerns as a refugee claimant. (F, 38)

migrant in Canada (Parnian Media Group, 2014). Here, the unnamed interviewee detailed the legal and physical risks faced when crossing the Iranian border illegally. In addition, he argued that even though those crossing the border illegally are classified as refugees, most of them are indeed ‘regular migrants’ as they left Iran for general social and economic reasons rather than due to their individual fear of persecution (Parnian Media Group, 2014). While he did not detail the post-migration experiences of Iranian refugees, he argued that refugees often have an idealized perception of Canada before migration, and think that “they are going from the hell to the heaven,” which eventually leads to their disappointment. According to him, the main reasons that these migrants cross the border illegally include their lack of information about their legal options, in addition to the difficulties of getting a tourist visa and the long and uncertain process of immigrating legally. He argued that if they were given a legal temporary visa, many of these migrants would go back to Iran after visiting Canada. Instead, according to him, the difficulty of getting visas created an illusion for them about how well things are in Canada, which made them risk everything to get there. While this statement somehow recognized decision-making or agency on the part of migrants, the interviewee completely overlooked his own agency by stating that “he did not choose the job of human smuggling”, but rather “he was pushed/convinced to doing it by people around him” (Parnian Media Group, 2014).

Three of the blog posts referred to refugees specifically, albeit in different contexts (Mohaj, 2010a; Ramin, 2017; Roshan, 2015). The common emphasis of these three posts were that becoming a refugee, by illegally crossing the border or by coming to Canada as a tourist, is a risky, dangerous, and challenging experience (Ramin, 2017; Roshan, 2015). Only one of these posts was written by a refugee, who left Iran with fake documents because of economic reasons such as inflation, unemployment, alongside “social and political pressures” (Roshan, 2015). The

author detailed his experiences in Turkey, Europe, and Canada, describing how dangerous and risky it was to travel across land and sea borders without valid documents. He commented:

(You would not believe) if I told you how many times I was almost killed, drowned in the river, or passed out from hunger and thirst. I, who had never even slept in a yard in my life (in Iran), passed out from exhaustion on the side of the streets or on the park benches (Roshan, 2017).

Another post featured an email correspondence between the blogger and one of the readers of the blog, who consulted an immigration lawyer who recommended that they travel to Canada with a tourist visa and then extend their stay. The author mentioned that this option is only possible through an asylum application, the finalization of which depended on “the opinion of the judge or the case officer” (Ramin, 2017). He then discouraged the readers from making such an application, as “the same exact asylum process can be done in Turkey and there is no need to pay exorbitant fees and take action inside Canada” (Ramin, 2017). He also discussed the risks of applying for asylum in Canada, including detention and deportation to Iran, and not being able to get another tourist visa or residence “in the Western World” anymore, because of lying during their Canadian tourist visa application and using it as a tool for requesting asylum (Ramin, 2017).

4.3.2 The Migration Process

The migration process, as described by the research participants, varied with regard to the ways in which they crossed the Iranian border as well as the place and duration of their waiting process before resettlement. For some (n=9), the process included three countries (i.e., Iran, Turkey, Canada), with the waiting process spent in Turkey. However, others (n=6) spent the waiting process in Canada. The duration of the waiting process - the time period that passed from one’s initial refugee application until receiving permanent status - also varied, ranging from

nineteen months (n=2) to five years (n=2) for those in Turkey, while lasting approximately 2 years on average for those in Canada.

The Migration Pathway: Crossing the Border

A majority of the participants (n=10) crossed the Iranian border legally as a tourist or temporary visitor to Turkey (n=5) or Canada (n=5), intending to make a refugee application after their arrival. The participants' experiences of crossing the Iranian border varied, based on their status at the time, their destination country, as well as the agents involved in the process. For four other participants (M, 42; F, 41; M, 34; M, 35), who crossed the border illegally, human smugglers working on the Iran-Turkey border played an important role in facilitating their migration. One of these participants (M, 34) gave details about having accessed them through the suggestions of friends. However, he also noted that he did not have information about the hardships that he would face during the route and the vulnerability that he would face when dealing with the human smugglers, as "they can literally leave you over there in the mountains if you don't accept to do what they want". In his accounts of illegally crossing the Iran-Turkey border, he (M, 34) detailed the physical and emotional hardships of the process:

My journey to Turkey was very uneasy, it was very stressful, it was not comfortable. Crossing that mountain... not even normal, I mean, it was scary. Because first of all, you are crossing the border illegally as a fugitive, and this has its own stress and fear by itself. Then, in the second place, the journey itself is not easy either, that is, your relationship with the smuggler, your relationship with the smuggler from Turkey, is not very secure either, it isn't an easy one. (M, 34)

His comments also revealed that the human smugglers were not a single homogenous group, as different people facilitated the journey on different sides of the border:

For example, when I arrived in Turkey, the smuggler on the Iranian side gave us to the Turkish ones at the border, so the Turkish ones [smugglers] took us halfway to continue. Then the smugglers there noticed that I was not their man. I was not actually from their group because the Iranian smuggler had added me to his friend's group in Iran. Anyway, my name wasn't on the list of the Iranians. So there was no name there. So the smuggler asked me who am I, and then he said, 'we'll send you back from the mountains across the

border'. That gave me stress by itself. I'm trying to say that these kinds of problems happen. The point is that this journey will not happen as planned, that is, people come and encounter other things. It was a very stressful experience. (M, 34)

The participant's comments show the complexity of the power relationships experienced by refugees by describing their lived relations with human smugglers, as well as the uncertainty of the process:

A fight took place on the mountain. Between asylum seekers and them (human-smugglers). I mean, a lot of fear, a lot of things happened. It was fearful, actually, that process wasn't comfortable. Usually, such things are very common. Coming from these mountains - because you come illegally and when you are a fugitive you are completely in the hands of smugglers, and smugglers give priority to their own self-security and these things. And your hopes will rely on them. You are already in the mountains, you are not a local person of that region. He (a smuggler) can go and leave you on the mountain as he likes, he can leave and if there is a problem, he can beat you - and he can send them back as well. My journey lasted two nights and I saw all three of these happening. (M, 34)

While he addressed the multiple aspects of refugees' vulnerability in the process, especially in relation to the human smugglers, he also mentioned witnessing refugees fighting back which suggested a performance of agency:

For example, on the second night, we were climbing the mountains. There was an Afghan family with three children, they were a bit older. They complained about the tiredness of going up the mountain and carrying loads. Then there was a large group of migrants from Pakistan and Bangladesh, the smugglers told them to carry the loads (of the family). They refused and said 'this is not our duty, you get your money, you carry it'. Then a fight broke. The smugglers took off their belts and started hitting these Pakistani and Bangladeshi migrants for not accepting that. But then they (the migrants) saw that they are a lot (of people), and the smugglers are only five people, but they are forcing us, they are cruel to us. After a while, they realized that and then, they started to resist and throw stones at those smugglers! (M, 34)

This participant's comments about the journey also showed that in his experience, crossing the border was a long process including multiple stages, each having its own physical challenges as a part of the embodied lived experiences (lived body):

At night, we used to go a little bit off the road on foot in Turkey, and some by climbing the mountain. Smugglers decide where to go by car. Then they put him in the truck. For example, 50, 60 or 100 people, that is, a lot of people, they put them in the truck like that, you have no place to move. As if you put stones on top of each other. I don't know if it's an hour or two after that, you can't breathe because there are five people on you. I mean,

you can't move your feet, you're choking, you can't breathe. That itself was the biggest trauma there - because your arm is numb or you will die if you can't move, so that was the worst experience. After that, when they brought us down, when they stopped at a place and brought us down, I said to myself, I came to life again, otherwise – Anyway. People were bowing their heads and couldn't raise them, someone (a smuggler) sitting there would hit those who raised their heads. There were so many bad things. Anyway, this road took two days, then we arrived in Van. (M, 34)

The Waiting Process in Turkey

A majority of the research participants (n=9) spent all of the waiting process in Turkey, before being resettled in Canada. The research participants reported having spent their waiting process in six different towns, including Bolu (n=1), Denizli (n=1), Eskisehir (n=1), Kayseri (n=3), Van (n=1), and Yalova (n=2). The interviews reveal various aspects of participants' experiences during the waiting process in Turkey, a process that affected every aspect of their lifeworlds. Most prominently, the waiting process shaped and affected their lived time, establishing it as a period when the refugee perceived him/herself as being in limbo between their past and future.

One participant described how the daily life impacted this situation as follows:

In Turkey, our situation was as if we were left hanging in the air, we couldn't take action about anything. I'm talking about even renting a house and buying furniture. Every day when we used to go shopping, even when we wanted to buy some basic cutlery, we wouldn't feel comfortable about buying anything. We would tell ourselves that 'well, I might have to leave these here and move (to the country of resettlement) after a few months or a year'. And that wasn't only about spending money, the fact is that we could only bring two pieces of luggage with us, not heavier than 23 kilograms. (M, 34, Denizli)

For asylum seekers in Turkey, the waiting process starts right after the refugee

application, while its end point is indefinite, depending on various institutional and political factors beyond the control of the individuals involved (Biehl, 2015). Even after one's refugee claim is accepted by the UNHCR, national and global events can affect a country's quotas and the assignment of a receiving country to refugees. Multiple participants mentioned the impacts of the Syrian refugee crisis, the American elections, and Trump's immigration policy changes on extending their waiting process in Turkey. For example, a gay refugee, whose case was assigned

to Canada, had to wait more than two years to hear back from the Canadian embassy on their application:

In Turkey, my process with the UN has finished in one year. Actually, they sent my case file to the Canadian Embassy after eight months. But that coincided with the (beginning of the) Trudeau government, and the (Syrian) refugee crisis, and these sorts of things. So the Canadian government stopped receiving (Iranian) refugees. For exactly 27 and half months, every day, every day except the weekends, I was waiting for a call from the Canadian embassy. For almost two and half years, I waited for that call. (M, 34, Denizli)

Another participant (M, 40) described how the delays in his migration process affected his

feelings about the future, even after he was resettled in Canada:

Well, imagine that you are constantly waiting and preparing yourself for receiving news, telling yourself that ‘Well I’ll be going to Canada’, and then they call you referring you to America (the United States), so you prepare yourself again, this time for going to the America, and then again. So here we are now. So that’s why I feel like no one ever knows what will also happen tomorrow (in the future) (M, 40)

The waiting process in Turkey represents impermanence not only in terms of the lived time, but also with regard to the lived space. In Turkey, an asylum seeker is outside of Iran but not in a refugee-accepting country. As a transit zone, Turkey is geographically close to Iran, yet a land of exile and refuge. Thus, for refugees and asylum seekers, the distance experienced there went beyond physical distance. It was the distance of ‘ghorbat’, nested with homesickness and loneliness.¹⁶ One of the participants described these feelings as follows:

So there were many kinds of loneliness, there are many reasons (for feeling lonely). One of them was that you were alone there, that is, in a different city, in Van of Turkey. It’s not a big city like Istanbul which is lively, that you could get lost in it, could go and talk with people. It wasn’t like that. It was quiet. Peaceful indeed. But you had that loneliness. (M, 34)

The impacts of the waiting process on lived time and space intersect with the lived body, particularly through restraining the refugees’ physical movements within the various spaces of

¹⁶ Ghorbat is a word deriving from the Arabic verb ‘garaba’, meaning to go away, be absent, and live away from the place where one belongs (Kaya, 2018, p. 3). As Mandel (2008) describes it, it refers to a necessarily sad and melancholic state of mind, arising from a sense of displacement and lack of belonging (p. 234).

their living environment (including the country, the satellite town, their own home, and even their own room). Once they enter Turkey, asylum seekers are assigned to towns of residence by the Turkish government based on available spaces or quotas, unless the asylum seeker has a first-degree relative living in one of the satellite towns (Soykan, 2010). Thus, many asylum seekers have minimal agency when it comes to choosing their towns of residence during the waiting process in Turkey. Furthermore, Iranian asylum seekers are not allowed to leave the satellite towns that they are assigned to without first applying for and obtaining official permission (Turkish: 'izin'). They then have to regularly provide signatures in the local police stations to prove residency (Ustubici & Karadag, 2020). Still, some asylum seekers did live in larger cities with better living conditions and only visited their satellite towns to provide signatures. One of the participants in this situation described his exhaustion from the constant sense of fear of being found out. Comparing his situation with those of other migrants who were among his circle of friends, he mentioned that rather than being excited about his country of destination, his main motivation was to be freed from the restrictions shaping his daily life in Turkey.

I - I wasn't excited at all and it really didn't matter for me where I would go. I just knew that I wanted to get rid of the uncertainty. I wanted to know what I am going to do with my life. I wanted to have a proper legal status so I wouldn't constantly act like a fugitive. I wouldn't fear from police anymore. I wouldn't be forced to go (back) to another town for providing a signature anymore. Or (I wouldn't be forced to) obtain permission for leaving the town, and constantly worry about being caught by the police (when you are out of the satellite town without permission). (M, 35)

The social and legal restrictions surrounding the waiting process also affect refugees' housing situations and corresponding lifestyles. One interviewee shared how financial limitations often led refugees to share their living space with other people. His response illustrated the intersections of lived space (shared room), lived relations (roommates), and lived body (not eating) in his experience:

I was sharing a room - sharing my room with someone else. So, I didn't have a room of my own, I had to live with other people. This was not very comfortable, having a very small space, I had to limit everything, even eating. So, the first month and a half and two months were very tough. I can remember, I would just go out and walk, I wouldn't do anything, I wasn't eating much, I was just waiting. (M, 34)

Finally, the relational aspect of the lifeworld was also affected by the waiting process.

This was evident in the asylum seekers' relations with the Turkish police, the UNHCR, social workers in the Turkish refugee NGOs, the Turkish community, including friends, neighbors and coworkers, as well as the other members of the Iranian refugee community, including friends and family members. Two participants (M, 34; F, 64) mentioned working informally for the local Turkish immigration police as Farsi-Turkish interpreters. Two others (M, 34; F, 41) recounted their experiences of voluntarily collaborating with the local Turkish NGO branches working with Iranian and Afghan asylum seekers. One participant stated:

I used to be the one who brought the newcomer asylum seekers to their doctor appointments in Turkey because I learned the Turkish language. The police used to call me and say "Abla gel" (Turkish: Come here, sister).¹⁷ I would have gone there as an interpreter. For example, when they would detain trafficked Afghan asylum seekers. I would be their interpreter. I can't tell you how much the police respected me. They (Turkish people) loved me so much, regardless of where I went. From hospitals to various doctor clinics. All doctors would have known me because I used to bring them (newcomer asylum seekers) to different doctors. (F, 64)

Another interviewee commented:

I used to work at the office of ASAM.¹⁸ That NGO was like a bridge between the UN and the asylum seekers. I mostly worked there as a volunteer. My intention was both to keep myself busy and also to be able to provide some help to the newcomer asylum seekers. (F, 41)

While this participant mentioned eagerly and easily learning Turkish, partially due to her ethnic Azerbaijani Turkic background, her husband's experience was significantly different:

In my workplace, there used to be around 40 or 50 Turkish people. And I learned the language from them. Actually it is an interesting or rather sad story. But now that I think about it, it was a good experience. But it was sad during the first days. As you know, the

¹⁷ Abla: Older sister in Turkish. A word used to denote kinship and respect in casual Turkish.

¹⁸ ASAM: Association for Solidarity with Asylum Seekers and Migrants (SGDD-ASAM) is an NGO working in partnerships with the UNHCR and various Turkish municipalities (Sunata & Tosun, 2019).

younger generation of Turkey is not good with migrants at all. So they used to insult us a lot - and it's interesting that I actually tried to learn Turkish in less than two months. The only reason for me to learn Turkish quickly was that I wanted to respond to their insults. So that's why I learned Turkish. (M, 42)

Alongside the interactions with the Turkish population, relations with the other members of the Iranian asylum seeker community were also significant in shaping the participants' experiences during the waiting process. Several participants (n=6) mentioned being close 'like a family' with other Iranian asylum seekers, spending the waiting process in the same town with them. They mentioned taking different kinds of community leadership roles and engaging in activities of solidarity, such as collecting funds or providing emotional support for community members in need. One of the participants commented:

I was under a lot of pressure. Not only me, but those around me were in the same situation as well. And I had become something like their mom, I had to constantly comfort everyone. In Turkey, I had four or five close friends that actually became like my family. I mean, in fact, they were closer than family. At the end of the day we were all far away from our families, some of us hadn't seen them for one or two years. But with these people, we were near each other every day from the morning until night. (M, 34, Denizli). Another participant (F, 54) commented on how she supported a refugee neighbor of hers,

who had lost her kidnapped child due to a family crisis that made news in Turkey. She mentioned helping her during the incident despite not belonging to the same religious community. Recalling other refugees' praise for her support, she commented: "I felt a sense of responsibility. If one doesn't become useful in this kind of time, it wouldn't make sense to be with each other during good times as everyone can do that. The important thing is to help and rescue each other during hardship". (F, 54). She talked about eventually gaining a community organizer role, in the following words:

It made me feel useful in Turkey. Feeling that I can solve someone's problems, or help someone. There were many newcomer refugees who, for example, didn't have money. The (refugee) folks in Kayseri, were sincere folks and they respected me. For example, when they wanted to go to the Bazaar, I would tell them 'Guys, we have newcomer compatriots who don't have money, who have problems, let's help them. Let's each of us buy something for their home from the Bazaar and bring it here and help them'. So one

would bring 5 Turkish liras, another one would bring 10. Everyone would help with so much kindness. (F, 54)

As reviewed above, the participants mentioned having close ties, supportive relationships, feelings of productivity, and a sense of purpose through their relationships within the Iranian refugee community in Turkey. It can be argued that through these interactions, the participants attempted to overcome the lack of support provided by official and non-governmental organizations. Several participants (n=4) mentioned having negative or disappointing experiences with representatives of governmental institutions or refugee organizations during their waiting process in Turkey. For example, one interviewee mentioned the lack of support that they received from the Turkish police and their interpreters when they reported the kidnapping of her neighbor's child. She commented:

This is one of the biggest challenges of being a refugee. And I have accepted that when you are not in your own country, no one takes you seriously. Nobody has compassion for you the way that they should. And this is a very painful memory for me. I will never forget this. (F, 54)

Another participant commented on the lack of tangible support and assistance from NGOs in Turkey. She stated:

We didn't have any (active NGOs) there. There was only ASAM, but it wasn't in our town. In our last year there, they established a branch in our town as well. They organized a painting class and they brought us to a potluck two or three times. So that was the extent of their activities. They would just tell children to come to the art class, take some photos from them, and put them on their website to show as if they are actively working. So they could continue to get the regular funding. (F, 40)

The Waiting Process in Canada

Six of the participants applied for refugee status directly while they were in Canada. At the time of the interviews, four of these participants were still going through the waiting process in Canada as refugee claimants, while two others had already completed their waiting process (in two years) and had obtained permanent refugee status. While, in general, all study participants associated the waiting process with uncertainty and being in limbo, the interviews reveal

significant differences in the experience of the waiting process in Canada as compared to Turkey.

The first and the most tangible difference is that while all participants who spent the waiting process in Turkey complained about the lack of work permits and financial assistance available there, the economic conditions were less restrictive for those refugee claimants living in Canada. In addition to being able to obtain a work permit, refugee claimants in Canada were also eligible for regular financial assistance, which several participants (n=3) mentioned receiving (Government of Canada, 2022b). The second difference between spending the waiting process in Canada and Turkey is that those claiming refugee status in Canada already lived in their country of destination. Thus, unlike those in Turkey, they did not have to wait to hear about their country of resettlement and go through the process of moving to a third country. Perhaps, for them, this implied a stronger control over their lived space compared to those in Turkey who did not know about the final destination until the UNHCR made their decision.

Still, despite not having to deal with the additional uncertainty of their country of resettlement, those who moved directly to Canada from Iran also went through a sharp transition. This transition, which was described as “a move from hell to heaven” by one of the participants (F, 52), affects multiple dimensions of one’s lived experience. Once they arrive in Canada, either as a temporary visitor or under a fake passport, and then submit a refugee claim, their waiting process begins. Several participants (n=4) viewed this beginning of the legal process as the beginning of their ‘new life from zero’ (F, 52; F, 37; M, 40). This beginning of a new life from zero required the participants to learn the social, cultural, and economic norms and values of their new country of residence from scratch. In one participant’s words: “Coming here is like

being born again. I have to start everything from the beginning again. It seems like life is an exam for me. I don't know what will happen at the end". (M, 40)

The most significant and challenging part of this learning process arose when participants faced barriers during their search for employment. For several participants (n=4), a major barrier involved employers' requests for proof of Canadian education and work experience. As a result, participants faced a social erasure of their past credentials, previous job experiences, and occupational status prior to migration. Multiple participants (n=5) mentioned experiencing severe downward mobility or sharp ups and downs in their occupational histories, in connection with their migration trajectories. For example, a refugee claimant (F, 29) who used to work in Iran's public sector as a psychologist ended up working as a busser in an Iranian grill house after moving to Canada. Another participant, who was a lawyer in Iran, mentioned doing manual labor in the construction sector in Canada, due to his lack of Canadian credentials and official language proficiency. He commented:

Well, this is a first-world country, you should work every day like a machine, otherwise, you know (sarcastic tone). I work 8 hours a day - including Sunday. It's really hard to do manual labor here. You end up being left behind in life because, during your free time you're so tired that you become like a dead body, you can just sleep at home until the next day. What kind of life is this? When someone migrates to a place, regardless of its reasons, one of the most important things is to raise one's living standards. I can't keep working from early morning until evening and then sleep like a dead body and go back to work again. Is this my standard (of living) now? It shouldn't be. Otherwise, I have my own house and own car in Iran, so what's the point (of living in Canada)? (M, 40). Employers' expectations of Canadian credentials become more challenging to navigate for older refugees, who can feel like they have fallen behind or that they have less time to achieve new credentials. A 52-year-old woman described her experience as below:

When I came here I realized that they don't accept my documents or past experience at all, and I have to start from zero in this age. I mean I was shocked, I didn't think that it was going to be like that. Although everyone tells me that I can follow up in the upcoming years and later work on my own field, but well, in the end, I'm not a 20-year-old young folk who can wait five more years. (F, 52).

For these participants, the transition from life in Iran to being a refugee claimant in Canada is embodied through the impact of manual labor and fatigue, as well as through the self-perception of having an aging body. These lived body experiences are also connected to lived time and temporality as one constantly looks back on and reconsiders their past experiences, credentials, and/or living standards while assessing future options and prospects. In some cases, these assessments were based on comparisons of one's past in Iran with one's present situation in Canada, which resulted in feelings of remorse. One participant described the downward socioeconomic mobility that she experienced during the waiting process as follows:

When I came here, the first thing that I ended up remembering and thinking about was an Afghan woman, who was a maid in our home (in Iran). And I felt like 'well, this woman has been suffering a lot' and I said to myself that now. I just felt that at that moment, I was finally able to understand her. So imagine how (hard) my experience was here that I ended up thinking like that. (F, 38)

Another participant commented:

We didn't have any job in the first 3 months...until obtaining our work permit. Those 3 months were too stressful for me, way too much. I can say that I was even remorseful, at the beginning. I was always saying that at least there (in Iran) I had my job, at least I had my family there, we were able to have a cup of tea or have a chit-chat so I could ease the pressure on me. Here I can't do that. (F, 29)

This participant's comparison of her living conditions in Canada and Iran not only focuses on her employment issues, but also underlines the absence of close family providing emotional support, which shows the change in her lived relations. Nevertheless, almost all of the participants who claimed refugee status in Canada (n=5) already had one or more close relatives or family members there before leaving Iran. These transnational ties served as a means of social and emotional support for these refugee claimants. These supports included linguistic and social assistance in navigating the multiple steps involved in refugee migration, as well as practical support in areas of life, such as securing housing or finding employment. One participant

commented on how she received various types of support from her sister and how, in turn, she felt indebted towards her, in the following way:

Since my sister has already been living here, she was able to request a tourist visa for me. Actually, she requested a visa for my mom, and I came to Canada as mom's accompanier. My sister did all the work for me beforehand. She bought our ticket, she supported us through everything from here. I really hope to be able to repay her someday. (F, 37)

She later mentioned babysitting her sister's child every day for free, in exchange for staying with them for an indefinite time period. This unwritten agreement shaped a significant aspect of this participant's lived experience during her waiting process in Canada. Combined with the effect of pandemic lockdowns, her responsibility to take care of her niece made her spend every day at her sister's house, where she had to deal with a lack of privacy. As a result, her lived space was shaped by feelings of temporariness, being a guest, and having discomfort. At the time of the interview, she was waiting for her work permit to be approved, hoping to find employment and rent her own place. Thus, the experience of waiting was multi-layered and multi-dimensional for this participant, involving multiple anticipated milestones.

Even though refugee claimants are entitled to receive assistance from the government in the absence of employment, accessing financial help is not always a straightforward process.

One participant shared the challenges that she faced while navigating the welfare system during the waiting process as follows:

I got a social worker and they (the government) gave me 500 dollars a month. But I actually lost that (right to financial assistance) after a short time. And I'm actually so glad that it's over. Because at that time my (English) language wasn't strong and I didn't have an interpreter. The social worker used to sit behind glass and she was very distant to me. After starting to work, and receiving a check, she issued a fine to me! They told me that I haven't reported it (as my income). At that moment, I was actually living in a shelter. I mean, because of my housing problems I ended up returning to [the] shelter. So imagine, they issued a fine of 1000 dollars for me who is a refugee. (F, 38)

This participant mentioned having complex feelings about receiving financial assistance from the government, even years after going through the waiting process:

I always advocated about not being dependent to the state, and encouraged my refugee friends to get out of the welfare system. But as a friend says to me that apparently the system is so fucked up that we actually deserved to stay in the system and keep receiving welfare. But it seems like it (the system) doesn't appreciate what we have done. You know, unfortunately, nobody here appreciates characteristics such as honesty and hard work that we brought with us from our home country. (F, 38)

Online Data about the Waiting Process

The blog posts offered limited data on the waiting process of refugees. However, they included one post discouraging readers from initiating the refugee application process in Canada because of the risks of detention, rejection of application, and deportation to Iran, “while the same process can be spent in Turkey with less financial costs” (Ramin, 2017). They also included a brief observation about their lack of trust of other Iranians in Canada (Mohaj, 2010a). Another post, which was an essay published in an online community journal, described the experiences of homelessness and manual labor of the author who left Iran for Turkey with fake documents. However, it did not mention whether he actually applied to the UNHCR for refugee status or continued living there undocumented (Roshan, 2015).

The online media interviews, however, did mention the hardships of the waiting process in more detail, particularly those spent in Turkey. For example, in an interview conducted and published online by the CBC, an Iranian LGBT refugee activist described the time period he spent in Turkey as “the one of the most difficult times in his life” (Parsi, n.d.). He emphasized that he was assigned to stay in Kayseri, which is “one of the most religious and homophobic cities in Turkey” (Parsi, n.d.), which added to the challenges that he faced during the waiting process as someone with “no financial and emotional support” (Parsi, n.d.). He stated that many Iranian LGBT refugees “have experienced trauma during the years of waiting”, emphasizing their need to seek counselling after arriving in Canada (Parsi, n.d.). The interview stated that after his move to Canada, he became the “executive director of an organization that provides

guidance, food and shelter to LGBTQ refugees living in Turkey”, and therefore continued to travel to Turkey frequently to meet with them (Parsi, n.d.).

A similar media interview conducted by the CBC with Saghi Ghahraman, who is another Iranian LGBT refugee activist, drew attention to the impacts of the Syrian War and Trump’s Muslim Ban on admitting refugees to the US who were spending the waiting process in Turkey (CBC radio, 2017). In this interview, she focused on the concerns of Iranian LGBT refugee claimants dealing with the challenges and extended waiting process encountered en route to Canada (CBC radio, 2017). This interviewee also emphasized the unsafe conditions experienced by these refugees in Turkey, reporting that they face homophobic assaults by their Turkish and Iranian neighbours alongside financial difficulties and unemployment (CBC radio, 2017). Another interview mentioned the hardships experienced by Iranian refugees waiting for processing of their applications on Manus Island in Australia. In that interview, a refugee who was later resettled in Canada through private sponsorship described the camp that he stayed in on the island as a “hell”, where theft and physical assaults were frequent (CBC radio, 2019).

In sum, both the in-person interviews and online data show that the waiting process appeared to be a crucial step in shaping the migration trajectory through multiple aspects of the refugees’ lived experience. Despite the social and legal differences determining refugees’ freedoms and restrictions during this process in Turkey and in Canada, this process posed significant challenges for refugees in both countries.

4.3.3 Post-migration Experiences

This section focuses on the lived experiences of the Iranian refugee participants after their permanent migration to Canada. The post-migration stage refers to the period that begins with the obtaining of permanent resident status (PR). Once refugee claims are approved and PR is

granted, the legal status of the refugees is no longer temporary, and the destination phase of their migration trajectories gains stability and permanence. Regardless, all of the participants who had PR (n=11) still considered themselves refugees. Perhaps, this identification shows the persistent impact of this time period (from making a refugee application until receiving PR status), over their lived time in Canada (thus, when they are no longer being legally considered as a refugee). In some cases (e.g., F, 38), it also heavily shaped how they viewed their lived space (Canada) as the country where they took refuge. In particular, two participants (M, 35; F, 38) insisted that the refugee experience is such a significant one that it continues to mark their identity and view of self regardless of their legal residence status. One of these participants commented:

I always say ‘once a refugee always a refugee’. You know, I took refuge in Canada. Really, it might be even something philosophical for me - that I don’t even think about whether one is a refugee or citizen or something else. I think about (the fact) that when someone came to another land, for what did they come? I wasn’t born here, I didn’t come here for tourism, I didn’t come here to study, I didn’t come here to enjoy. I really came to live here. You know, that’s why I know that I’m always a refugee here. (F, 38)

The rest of this section is divided into five parts. The first three parts focus on the results of the in-person interviews with Iranian refugees while the fourth and final parts review the results of the online data about the post-migration process.

Resettlement in Canada after Waiting in Turkey

Resettlement is the last stage in the migration trajectory of Iranian refugees who migrate to Canada from Turkey as Convention refugees. All of the Convention refugees in this study (n=9) were referred to Canada by the UNHCR. As a result, the Canadian government is considered the financial sponsor of these refugees, who obtain permanent resident status upon their arrival in Canada (Kaida et al., 2020). Completion of the resettlement stage removes several restrictions that characterized the waiting process for refugees, including the lack of work permits and the obligation to live in a satellite town determined by Turkish authorities. Resettled refugees

acquire Canadian citizenship within several years of being resettled in Canada, thereby overcoming their precarious residence status (George, 2002).

The resettled participants most often constructed their narratives of their experiences in Canada by comparing them to the experiences they had in Turkey as asylum seekers. The most common themes in these comparisons of lived spaces were their feelings of uncertainty, of having experienced discrimination, and of feeling a lack of belonging in either country as well as the differences between their social relationships in Turkey and in Canada. One participant who spent several years in Turkey as an asylum seeker compared his sense of belonging, particularly from the relational aspect of his lived experiences, in Turkey and Canada as follows:

Look. At least here the difference with (our situation in) Turkey is that here you are in no sense a 'yabanci'.¹⁹ Because here (in Canada), we are all foreigners. You know. This topic is a very positive aspect here. In Turkey really, the challenging issue was that whenever you go, you are treated as a 'yabanci'. And this is something that also happened to us. For example, we would have gone to a restaurant or somewhere else, well, as long as we spoke Turkish there were no problems. Then, the moment that they would understand that we are not Turkish, things would then suddenly change. (M, 40)

While this participant's experience was significantly shaped by the sense of being discriminated against, for another interviewee the focus was on their uncertainty about the future which was the main factor shaping her experience of lived time and a permanent lived space (Canada as the final destination):

Well, compared to Turkey, (our life in) Canada is okay. Getting rid of the uncertainty is a very positive difference, by itself. Here, you know that whatever you do, this is where you are, regardless of whatever happens. But in Turkey, there was no motivation for making any effort. (F, 40)

These comments illustrate the positive changes experienced by the participant after leaving Turkey to be resettled in Canada. Even though moving to Canada implied being freed from discrimination as well as from feelings of not belonging and uncertainty regarding the

¹⁹ Yabanci: Foreigner in Turkish.

future for these participants, some other comments mentioned positive aspects of life in Turkey compared to Canada. For example, a majority of the resettled participants (n=4) complained about the lack of a sense of community among Iranian refugees in Canada, in contrast with their fulfilling social interactions in Turkey, which differently shaped their lived relations in these two countries. As well, two older women refugees (F, 64; F, 54) detailed how working, volunteering, and taking part in community activism gave them a sense of purpose and self-respect in Turkey.

Another participant, who was a Christian convert, compared his church community in Turkey with that in Canada. Explaining his fruitless attempts to build a Farsi-speaking church in Canada, he reported being disappointed with the social climate of the white Christian Canadian churches he attended. This interviewee described his previous expectations as involving closer and friendlier social relationships, particularly among church attendees in Canada, whom he thought would check on him to see if he was doing well or if he needed anything. Instead, he came across what he defined as financial and bureaucratic disputes among Canadian church members. Still, he tried to create personal friendships with church members even after his initial disappointment. However, he described how these attempts did not work either, as the world of young white Canadian church members was “too different from his”:

Well, in the conditions of Turkey, we were really in a difficult situation. So I always used to imagine that if I came here, there wouldn't be any problems anymore. No problems about safety, no problems about the status. So (I thought that) everything would be almost perfect. But then when I came here, I felt like there is a difference between me as a person of color and those who are white. I don't mean that it actually exists but I feel like the Canadian culture is like - They are too cold even with each other. To be honest, I had a different expectation. (M, 35)

This participant's experience overlaps with another interviewee's comparison of the lived relations he experienced in Turkey and Canada. He argued:

Here the biggest problem that one can have is (related to) the social relationships. Because at the end of the day, Turkey is way closer to the Iranian culture. People are very open, they let you in their life very easily, but here it's very difficult, much more difficult.

Even though it is so-called ‘multicultural’, it’s still in the West, you know. Even in the workplace, some people wouldn’t even say hi to you, as if they actually hate you. It was bothering me too much at the beginning, but then I realized that they are like this with everyone, not just with me. But at first, it really bothered me. (M, 34)

Even though these two participants came from different social backgrounds (i.e., one is a Christian convert and the other is a secular gay man), both had a similar view of social relationships in Turkey compared to Canada. Both interviewees had close links with their communities in Turkey, which were absent after they resettled in Canada. Indeed, the last participant mentioned ‘becoming like a family’ with his close friendship circle, which consisted of several other gay and lesbian Iranian asylum seekers in his town of residence. After leaving Turkey, living with his partner, who was another Iranian refugee, protected him from dealing with complete social isolation. However, he mentioned having a challenging time trying to expand his social relationship networks later on when he broke up with his partner and started living alone. The challenges that he faced while trying to establish new professional, friendly, or romantic relationships made him revisit his perception of Canada, which he described as “multicultural but still a part of the West”. In this narrative, the West is placed in sharp contrast with Turkey and Iran in terms of the significance of personal boundaries and distance between work colleagues, as described in his experience above. Other interviewees also shared how they revisited or reshaped their perceptions of Canada. These are discussed further below.

Living the Canadian Dream versus the Canadian Mirage

Despite having the common experience of being refugees, the research participants’ degrees of contentment and perceptions of their quality of life in Canada varied significantly. Some participants’ (n=5) narratives of their life in Canada reflect images of the Canadian dream, referring to the representation of Canada as a welcoming and tolerant country offering safety and liberty to migrants (Razack, 1998). This image is particularly strong when it comes to Canada’s

reception of women and LGBT refugees, especially those coming from countries like Iran where homosexuality is criminalized (Jenicek et al., 2009; Karimi, 2016; Shakhsari, 2014). The homonationalist representation of Canada locates pro-LGBT refugee policies as an integral part of its progressive, liberal, and democratic character, which is positioned as a positive alternative to that of countries from which refugees escape (Murray, 2014, 2016; Sykes, 2016; Tompkins, 2015).

The experiences of both of the gay participants in this research are consistent with this narrative, emphasizing their feelings of safety in Canada in contrast to Iran or Turkey. For example, a gay male participant who spent the waiting process in Turkey before coming to Canada commented:

I never hide it (here). Even when I was attending the *Link* classes of the community college at the very beginning. The first time there, everyone was supposed to stand up and introduce themselves. I stood up. At first, I was afraid. Well, it was my first time to introduce myself (there). And I stood up, I expressed it and sat back. And that was my first experience ever (to come out) in public. Because in Turkey, you can't tell it publicly either. But here, in Canada - I never forget that day. Yeah. I stood up and said I'm that and I came here with my partner and I sat down. And no one - no one (did anything). Honestly, I was expecting something to happen! (M, 34)

These remarks show that for this participant, the new phase of his life that started with his resettlement in Canada was characterized by feelings of safety and freedom to not hide his orientation, both of which were new. However, despite achieving permanent residency status in Canada, spending his formative years in Iran under theocratic rule and later experiencing similar restrictions in Turkey conditioned him to expect a possible negative reaction upon publicly coming out. He shared his astonishment with the absence of any reactions as follows:

Nothing happened. This was so interesting for me. I mean, it was like a weird feeling. I don't even know. It's not a new experience for me to publicly say that I'm gay, but it was always in the LGBT gatherings. But that was very interesting. It was a very nice feeling. And from that day, from that moment, I never hide anything about myself. (M, 34)

Another gay participant mentioned similar positive changes that happened in her life after gaining permanent status in Canada. However, rather than emphasizing the freedom and safety to come out publicly, her comments pointed to the sense of relief she experienced as a result of the absence in Canada of the social and legal pressures targeting women in Iran. These included the mandatory Islamic dress code and the prevalence of verbal sexual harassment in public. The following remarks indicate her happiness as a result of getting away from these problems:

It's so important for me to know that (unlike Iran) in the streets not everyone looks at me as a sexual object or no one catcalls me. I'm not constantly angry. I don't turn on the TV every day and see a stupid person talking nonsense. Or I don't have to wear the mandatory hijab.²⁰ These were all reasons for me to be angry in Iran. These are all changes (that happened for me) that even today when I think about it, I want to say 'Phew!' How happy I am to not be in Iran anymore. (F, 35)

Similar sentiments of comfort and relief were mentioned by heterosexual participants as well. Some mentioned enjoying a sense of political safety in Canada compared to Iran and Turkey where they used to fear political persecution, detention, or deportation (n=3). For example, a participant who left Iran because of political persecution and experienced harassment from locals in Turkey stated that:

Here is way better than Turkey for us. At least here we are comfortable knowing that we are safe, and at least we leave our house without fearing for our safety. This was not the case in Iran and Turkey. It was so different. (M, 40)

Other comparative remarks included comments about participants' appreciation of clean air and the beautiful natural environment of British Columbia, compared to Turkey and particularly Iran where air and environmental pollution are growing problems. The participants also mentioned getting away from workplace problems including mobbing, favoritism, and low salaries, poor educational quality, travel restrictions imposed on the Iranian passports, and the highly dense

²⁰ Mandatory hijab refers to the obligatory Islamic dress code rules which apply to all pubescent and adult females in Iran, requiring them to cover their hair and bodies except their faces and hands in public (Jalili, 2020; Sedghi, 2007).

traffic of the capital city of Tehran and other major cities, as benefits of migration to Canada.

One participant detailed her experience as follows:

I remind myself how much I suffered in Iran, and when I remind myself of these, I can take things easier here. Because the situation that I put up with in Iran was so difficult. For example, we were newly married, and we were living in Karaj while my workplace was in Tehran and my university was also in Tehran. So I was in traffic for almost one and half hours every day. I used to get up at 5 am to be able to arrive at my workplace at 6 am, because traffic was so horrible. I mean my whole life was spent in the traffic between Tehran and Karaj... When I remind myself of these, I realize that God really loves me so that he gave me the opportunity to change my life by coming here. (F, 29)

This participant also mentioned planning to have a child now that she lives in Canada, since their “situation did not allow to do so back in Iran” because of her husband’s and her own workload and financial difficulties.

While these comments illustrate the positive experiences and feelings that the participants reported after obtaining permanent status in Canada, the post-migration stage was also said to have its own challenges. For example, one participant compared the feelings of concern and worry that she had regarding the future in Turkey and Canada:

There was no opportunity for us to stay there, so that was a concern about the future in Turkey. But here, the concerning thing is that the living costs are so high. Turkey was not like that at all. (F, 40)

Indeed, some of the participants with permanent status (n=5) talked about the feelings of disappointment that they experienced after encountering multiple challenges in British Columbia. These included facing barriers in accessing safe, affordable, and quality housing (n=4). In addition, several participants (n=4) mentioned experiencing hardships in meeting their expected living standards with the government support that they received. One participant shared her frustration as follows:

I receive 760 dollars welfare money each month. My rent is 1000 monthly. What I’m trying to say is that a government that brought me here in this age. Don’t they ask themselves how is this woman going to afford her living? What was I going to do if my son didn’t help me? My problem is that there is no justice here. Where is justice? Where can they actually do something for you? It’s all a lie. There is no justice. (F, 64)

A repeated theme in the accounts of those refugees with permanent resident status is the internal evaluation of their ongoing lived experiences, particularly in terms of lived space, with their pre-migration expectations and perceptions of Canada. In this context, two participants (F, 64; F, 38) referred to life in Canada as an ‘illusion’ or ‘mirage’, due to the perceived mismatch between the representation of Canada that is held out to migrants and the actual realities of living here. As one participant commented:

I’ve been going through lots of hardships, these many challenges. After all of these, they have sent me here, tell me, how is this place useful for me? What do I want to do here? Canada. They say it’s everyone’s dream to be here. I’m telling you, there is nothing here! It’s all an illusion, everything (about it) is a mirage! (F, 64)

Another interviewee stated that:

Indeed, my worst experiences had taken place there. It’s a big lie. And we didn’t come here to prove that lie. I just tried to have a humane life, you know? But then you feel like you escaped from a hellhole but then you have fallen into another one.²¹ (F, 38)

While these remarks reflect sentiments of frustration and disappointment, other

participants who had very positive experiences in Canada also mentioned facing problems related to living conditions. In particular, four participants mentioned different challenges that they had faced in accessing affordable housing in British Columbia. A gay participant commented:

For a single gay person, it’s a struggle to find housing here. Because, well, at the beginning you don’t have any income, many don’t speak the language so they can’t go to work, and the salary that the government gives is only 1100 dollars. Well, that would be the rent, but what would you do for the rest? (M, 34)

Continuing this remark, he mentioned how it is difficult to find a trustworthy roommate in case one decides to share housing. This participant talked about witnessing multiple refugees dealing with depressive symptoms after facing housing problems upon their arrival in Canada.

²¹ The participant originally used the Farsi idiom ‘Az chale oftadan be chah’, literally meaning ‘falling to a bigger hole after escaping from one’.

Comparing his own situation with theirs, he emphasized the role of his partner in preventing similarly intense challenges from taking place for him. He stated:

My partner came here four years before me. So, I didn't have these kinds of problems such as finding a place. I came directly to my partner's house from the airport. (M, 34)
Similar to this interviewee, a majority of the participants (n=7) had the relational aspect

of their lived experiences (lived relations) shaped by their transnational social networks, including relatives or family members in British Columbia, before being resettled or achieving permanent status here. These transnational social ties and networks often eased the refugees' process of adjustment to their new country of residence, providing various forms of support that can include housing solutions, such as sharing the same place or dividing the costs.

For refugees, however, who did not have sufficient transnational ties, sharing housing with a stranger can be an inconvenient option. An older female participant who did not have any relatives or acquaintances in British Columbia shared her frustration about this dilemma. She mentioned consulting with a local refugee organization to share her problems with affording rent. While she was expecting to be offered solutions to expand her budget or raise money, instead she was advised to find a roommate to share living costs. She shared how she found that being offered this option was thoughtless:

Whenever I complain, they tell me to share housing with someone else. Look, even a mother can't live in the same house with her daughter comfortably. How can I go and live with a complete stranger? I'm a vegan, where am I going to find someone that won't put meat or these kinds of stuff in my fridge, don't they see that this is impossible? (F, 64)

Indeed, the challenges that the Iranian refugees faced around housing in British Columbia were not only about the affordability of the places. Rather, housing-related rules and norms, including the prevalence of having roommates or interactions between landlords and renters, were viewed as parts of a new culture that required adjustment. For example, one participant who was in the

process of moving to a new place at the time of the interview mentioned how she found the questions asked by landlords to be surprising and invasive. She commented:

Well, it's not easy to find a place here. Especially if you want to pay a low rent but have three bedrooms. And I don't know what's wrong with the landlords. It's as if you're proposing marriage to them.²² They ask everything about you. I mean, it was not like that in Turkey and Iran, no one would have bothered you if you paid 2000 dollars per month. They even asked me to show the pictures of my children. So they (the questions) even reached this extent. I also told them that we have a dog, and they told me that they have to see it before renting the place to us. It's not a good feeling at all. (F, 40)

Another challenging aspect of the Iranian refugees' lives as permanent residents in

Canada was the downward mobility in socioeconomic status that they commonly experienced.

One participant, who worked as a library manager for 20 years in Iran before coming to Canada, mentioned the difficulty of explaining her current job to her acquaintances in Iran as follows:

I visited Iran after seven years. I met with my niece's wife there for the first time. She asked about my job in Canada, and I told her that I work in a Canadian store's deli branch. So I cut bacon for people! She said 'Are you joking? My friend went to Canada and they say they earn 60 dollars per hour!' I told her that this friend apparently talked about a dreamland. Such a thing doesn't exist. The actual life is full of challenges here, and the illusion that they have doesn't exist in reality. (F, 54)

Still, the most prevalent mood among the interviewees was a feeling of relief about

having permanent status in Canada. One participant stated that his only remorse was about not having been able to migrate earlier. He said: "At that point, I wouldn't even want to visit Iran as a tourist. Even if someone comes and pays for my tickets and everything else". (M, 34)

Future Hopes and Plans

The research participants devoted significant time in the interviews to talking about their future hopes and plans. Some (n=5) stated that emotionally investing in future hopes and dreams provided a strategy for coping with the disappointments or frustrations related to their new lives

²² The participant used the Farsi term 'Khastegari'. This term refers to the first step of traditional Iranian marriage and courtship processes, where the boy's family visits the girl's family to propose marriage and discuss conditions concerning it (Fathi, 2013, pp. 23-25; Hanassab, 1993, p. 223).

in Canada. Others (n=3) reported that the pandemic led to an involuntary suspension of the plans and goals that they had had before gaining permanent status in Canada, which provided them with extra time to revisit or reconsider them. While the future hopes of the participants mainly focused on restoring their previous socioeconomic status or improving it by overcoming downward mobility, some others (n=4) were hoping to change their place of residence, thereby continuing their migration process even after becoming Canadian citizens.

As mentioned, it is common for refugees and other migrants to experience downward mobility after coming to Canada, due primarily to employers' frequent requirements for Canadian credentials and experience. While some participants (n=2) saw this as a downside of the Canadian 'system', some others (n=2) interpreted this as an inevitable consequence of the lack of credibility attributed to the Iranian education system. One participant explained his view regarding Iranian credentials as follows:

I studied accounting in Iran at a university. But well, here the Iranian credentials are never useful. And I think this is not their (Canadians') problem. This is because of the Iranian system that is so horrible which makes its university degrees worthless. (M, 34)

While his initial goal was to study in Canada in order to replace his Iranian credentials, this participant had to reconsider his plans to be able to respond to the demands of the Canadian job market. He commented:

I actually wanted to study accounting again here. But then I got a job offer from my workplace. So I stopped my education a little bit. Because that would be so good for my resume and my salary will 'jump' as well. So I stopped and thought well, if I study for two more years, I will be 37 when I graduate. I'm not saying that age is important here, but naturally, any employer would like a younger employee, there is nothing to do. So I ended up accepting the job offer. (M, 34)

After evaluating his options, this interviewee had updated his plans in a way that would allow upward mobility in his current retail career:

I'm planning to study part-time business management alongside my work, so it would be 4 years (of studying) instead of 2. After 4 years, I will also have (better) work experience. So I can easily apply for assistant managerial positions. That's my future plan. (M, 34)

While almost all of the refugees faced downward mobility and invalidation of their previous experience and credentials, not all shared the same hopes about improving their socioeconomic status in Canada. A 54-year-old participant explained her attempts to continue her previous career as a library manager in Canada until finally giving up after facing multiple requests about achieving Canadian credentials. She stated:

I even went to the library here and talked with them. I was even ready to start working as a volunteer. I told them that I actually have 20 years of experience, and this is my field of study, and I don't even want a salary. Just let me work. They told me to go and pass the whatever (certification program). I said to myself 'give it up'. I was 45 years old at that time. What was I supposed to do? Study two more years so I could become a volunteer for them?! (F, 54)

Unlike the previous interviewee, this participant saw the employer's demands for Canadian credentials as a systemic barrier that should be removed. She argued that Canadian authorities "should help refugees about work and employment by removing such barriers".

In cases where the participants were not hopeful about the removal of the barriers that they faced in Canada, moving to a third country was mentioned as a future possibility. Turkey was the most commonly named destination alongside European countries, including Denmark and Italy. For example, one interviewee (F, 38) who never lived in Turkey mentioned being influenced by comments from her friends who positively recalled their time spent in Turkey as asylum seekers. She mentioned checking Turkish real estate prices regularly and dreaming of buying a house in a warm and sunny Mediterranean area of Turkey.

For two other participants, having family members in Turkey and Europe, and facing barriers such as loneliness and financial limitations in Canada, were reasons for them to want to move on. A 64-year-old woman mentioned waiting to receive her Canadian passport, at which time she was planning to move to Denmark to live close to her son. Another participant (M, 34) mentioned his brother's residence in Turkey as one of the reasons he wanted to move there after

finishing his education in Canada. Coming from a Turkic ethnic background and being fluent in Turkish were also motivating factors for this participant who had already spent two years there as an asylum seeker before coming to Canada. Another participant who had a similar migration trajectory mentioned coming to Canada with the intention of moving back to Turkey, but later changed his plans. He explained:

After coming here, I married my wife. And she didn't have the same motivation and knowledge (about Christianity) as me. She wasn't even close to having these. Maybe if I had married someone else who was also a Christian, I would have returned to Turkey. I mean, I wanted to return, but my wife didn't want us to go to Turkey and the idea almost faded out for me. But I still remember it clearly. (M, 35)

Another participant also mentioned wanting to go to Turkey, but unlike those quoted above, he planned to visit there alongside several European countries, once the pandemic-related travel restrictions were over. While those with an Iranian passport often face multiple financial and legal barriers to receiving a European tourist visa, traveling to these countries as a Canadian tourist was a hope that kept this participant's mood positive during the COVID-19 lockdowns. Indeed, it can be argued that transitioning from holding an Iranian passport and subsequently a refugee travel document to having a Canadian passport changed this participant's embodied experience of border crossings and travel even though the pandemic enforced new limitations on the lived body. Finally, Iran was mentioned as the next destination country by one of the participants. After speaking about the various challenges that she faced in Canada, including financial problems, downward socioeconomic mobility, and delayed access to emergency health care after a workplace accident, this participant expressed her wish to permanently return to Iran:

There is only one dream that keeps me alive now. After getting vaccinated, I will immediately go to Iran and there is a business that I'm thinking of starting in Iran. And I will do everything I can to make it succeed so I don't live life in vain. Because I'm not someone who would like to stay in Canada ten years more for just going to work. I'm not like that at all. I mean. Now I'm 54 and I don't even know how long I'm going to live. But I don't like to live like that, in an average life where I go to work in the morning and

come back at night. I want to live with my own ideas, produce some stuff, form some creativity. (I want) to live a different life. (F, 54)

Representations of the Canadian Dream and the Canadian Mirage in Iranian Weblogs

The online data used in this study included thirty-three blog posts to identify how Iranian migrant bloggers represent their own experiences and through them, life in Canada, alongside seven webpages featuring interviews with refugees and migrants. Most of the blog posts did not specify the migration category of the writer and focused on the general implications of migration from Iran to Canada.²³

Several of them provide informative content about the migration strategies as well as practical suggestions for newcomers (Bali, 2009; Mohajer, 2009a, 2009b; Pegah, 2009; Ramin, 2017). Often, the blog authors provide suggestions to future and possible immigrants, including discussion about those who are ‘suitable’ to migrate and be successful in Canada. Several posts state that those who are ‘not hardworking, adaptable, and tolerant of hardships’ should not migrate to Canada (e.g., Bali, 2009; Kamran, 2012; Negar, 2013). Downward socioeconomic mobility, the ‘hardship of getting wealthy’, the high costs of visiting Iran, and the cold weather were listed as hardships that migrants often encountered, who were recommended to “not believe the mirage, but instead believe in the reality”. (Kamran, 2012).

Despite some variation and differentiation across the online content, their representations of Canada can indeed be categorized as corresponding to the concepts of “the Canadian dream” or “the Canadian mirage”. The former refers to idealizing life in Canada for Iranian migrant and refugee audiences, and the latter refers to feelings of disappointment experienced by migrants. A

²³ The root codes that emerged from the analysis of the blog posts include perceptions of Canada (n=33); work and employment (n=15); the healthcare system (n=12); adaptation, acculturation and integration (n=4); and power and agency (n=1). A complete list of the root codes and sub-codes that appeared from the blog posts are available in Table 2.

significant portion of the blog posts (n=12) represented Canada as an idealized lived space, in other words as the “Canadian dream”. Common themes included its economic advantages and higher living standards, personal safety and security, the order of law and human rights, gender-based and sexual equality, feelings of being at home and belonging, and the positive aspects of Canadian weather and the natural environment. Conversely, a minority of the blog posts created an image of Canada that was the opposite of this idealized version, characterizing pre-migration conceptualizations of Canada as an illusion or mirage. The common topics that emerged under this representation included feelings of separation from others, homesickness and loneliness, the downward class mobility experienced by migrants, the problems experienced with other members of the Iranian diaspora, people’s negative experiences with the healthcare system and housing, and exposure to discrimination and racism. Except for the problems with other members of the Iranian diaspora, none of these positive or negative experiences were represented as being specific to refugees or any other migration category.

As noted, one of the most common topics in blogs providing positive representations of migration to Canada was related to increases in economic power. This included gaining economic advantages and improving living standards. For some (e.g., Mohaj, 2021), its economic environment made Canada a “land of opportunities”. It was noted, for example, that in Canada, it is “unwise” to stay as regular employees when it is possible to create one’s own business and thrive. For others, the lack of the economic fluctuations that were linked to the sanctions and inflation often evident in Iran was considered as a factor increasing life quality and peace of mind (Ashraf, 2018). Similarly, several posts (e.g., Ashraf, 2018; Mohaj, 2021) criticized what they referred to as Iranian habits of luxurious consumption and argued that in Canada, one can also be happy and successful with a simpler lifestyle compared to that aspired to

in Iran. Other positive differences in consumption patterns included the relative availability and affordability of high-speed internet, the ability to use credit cards which do not exist in Iran due to Islamic theocratic economic laws (Iren, 2020), as well as being able to gamble and buy lottery tickets which are forbidden under the Iranian Islamic economy (Iren, 2020).

Peace of mind as well as feelings of safety and security were also commonly mentioned themes in the weblogs (Ashraf, 2018; Mohajer, 2009c; Negar, 2014a). Various blog posts argued that compared to Iran, in Canada, “there is less stress and pressure” (Ashraf, 2015b), people are kinder and more respectful (Ashraf, 2015a, 2015b, Bali, 2010b), and everyone enjoys “human dignity” as long as they “do not harm others” (Ashraf, 2015a). Heightened feelings of safety and security in Canada were often attributed to a “respect for human rights and law” (Bali, 2010b; Iren, 2020). However, several posts (Ashraf, 2015a, 2015b, 2018; Negar, 2014a) attributed this peace of mind and sense of safety to the lack of luxurious consumption habits, arguing that having a feeling of safety in Canada is worth giving up some luxuries, as “real prosperity” is not about material possessions but rather, about the sense of safety and enjoying “human rights”. Some posts particularly emphasized the importance of safety and security for women, arguing that in Canada, “a woman can walk at night alone without any fear” (Bali, 2010b, Iren, 2020).

A related theme reflecting the ‘Canadian dream’ in the weblogs was Canada as ‘home’. Here, home was seen as symbolizing a sense of peace in, and belonging to, one’s lived space. For example, Ashraf’s blog entry entitled “Home” stated that the author “never had the peace and sense of safety that she has in Canada, when she was in her motherland, Iran” which in turn, makes her feel less sense of belonging to Iran and more feelings of belonging to Canada (Ashraf, 2018). Several posts also mentioned more tangible aspects of life in Canada, such as the clean air and, in the case of British Columbia, nice weather (Ashraf, 2015a; 2015b; Negar, 2014a). In

contrast, a post titled “A paradise named Vancouver” (Ashraf, 2015a) mentioned that Vancouver was a “paradise” not because of its weather, but because of the “peace of mind” that its residents have. Some posts argued that there are also positive aspects of being away from one’s family and community, including more privacy and autonomy (agency), thereby leading to a “peace of mind” (Negar, 2014b). Therefore, the lived space (Canada) shapes one’s lived relations (through being away from one’s family and loved ones).

Even though Canada was presented as a land of opportunities and economic prosperity in the majority of the blog posts, other posts also mentioned financial problems, the difficulties of finding employment, and the hardships of downward class mobility (e.g., Ashraf, 2015b; Bali, 2010b; Mohaj, 2010b). Migration and ‘ghorbat’ were often seen as experiences that bring one’s self-identity into question, especially due to the difference evident between one’s skills and knowledge and the ones that are required in the country of migration, in this case, Canada (Ashraf, 2015b). Some posts (e.g., Ashraf, 2015b) mentioned unemployment and financial challenges as problems faced by newcomers and compared their situations to those of a young child trying to learn to walk (Ashraf, 2015b) while some others (Kamran, 2011c) argued that the hardships experienced at the beginning, including “having to build your career again from scratch” are close to those of childbirth (Kamran, 2011c). In one of the posts, entitled “I want to cry” (Bali, 2010a), the author wrote about her feelings of shock and frustration when her French teacher offered to give her second-hand toys for her child. This made her feel like she was receiving “charity”, which reminded her how her own family used to help their maid back in Iran when she was a child (Bali, 2010a). This experience illustrates how comparisons made between one’s status before and after migration are common when migrants give meaning to their experience and are linked with their perceptions of life in Canada.

The most often mentioned negative aspect of experiences in Canada was the increased distance from one's family and loved ones along with feelings of loneliness and homesickness, altogether referred to through the Farsi concept of 'ghorbat' (Ashraf, 2015b; Negar, 2014b; Kamran, 2011c; Ramin, 2010) and seen as "the hardest part of migration" (Negar, 2014b; Ramin, 2020). Migrants' relationships with their fellow community members also affected their perception of Canada, and vice versa. For example, several blog posts (Kamran, 2011a, 2011b, 2011c; Mohaj, 2010a; Negar, 2014c) were devoted to discussing and criticizing the widespread mistrust, fragmentation, and avoidance said to be evident between members of the Iranian diaspora in Canada and elsewhere. A post described the Iranian community in Canada as "a society growing in number, but far from being in solidarity" (Kamran, 2011a). Comparing Iranians with other ethnic communities in Canada, the author of the post criticized members of the Iranian community for not being "supportive" of each other, arguing that they do not form close relationships with each other as long as it does not serve to their political or religious goals (e.g., converting someone to a particular religion) (Kamran, 2011a).

Other commonly mentioned post-migration hardships included the disappointments and frustrations experienced with Canadian housing (Kamran, 2010a) and healthcare systems (Kamran, 2010b; Mohaj, 2009, 2010c, 2011; Sahel, 2011). For example, Kamran (2010a) posted information about the widespread bedbug infestation problem in houses in Vancouver and Toronto, which he described as a very frustrating and disappointing experience to have. The blogger suggested that other newcomers be upfront with their landlords and ask if their houses have bedbugs or not, before signing rental contracts. Reporting that he observed landlords avoiding dealing with infestation in order to minimize costs, he recommended that newcomers "not shy away and ask for their rights" (Kamran, 2010a). Other blog posts included information

and anecdotes about long waiting times for clinic visits, the limits of health insurance coverage and its exclusion of medicines, and use of paid ambulance services.

Finally, two blog posts mentioned discrimination and racism as post-migration challenges faced in Canada (Reza, 2014; Roshan, 2015). Reza (2014) stated that Iranian migrants were not seen as being any different from Arabs or Bangladeshis, as “they are all migrants”. The blogger argued that media reports about “Canadian soldiers killed in Afghanistan or elsewhere” and negative publicity about Iran in the West caused racist treatment of Iranian migrants. Still, he believed that the Iranian readers of the blog should “put themselves in Canadians’ shoes” and try to understand the reasons behind discrimination and racism (Reza, 2014). Similarly, Roshan (2015) stated that he had witnessed and experienced instances of racism in Canada, while arguing that compared to Europe (i.e., Austria), people in Canada were more supportive and friendly towards Iranian migrants (Roshan, 2015).

Another blogger observed that compared to other Iranian migrants, refugees and refugee claimants who had “endured many hardships to get in Canada”, tend to be more cautious and less friendly towards their compatriots, stating that this is one of the reasons for lack of close relationships among Iranians in Canada (Mohaj, 2010a). The author commented:

What caught my attention during this time (since I moved to Canada) is that sometimes I meet Iranians who give me nicknames when I ask them their names. Once, one of these Iranians asked me ‘what is your case?’ I said ‘what does a case mean?’ He said that each of us is here with a ‘case’. For example, one creates a document showing that their life is in danger in Iran and...(this becomes the basis of their case). So, I found out that many Iranians here are refugees and they had to provide a reason for asylum and document this reason, and this is what they mean by a ‘case’. Refugees are usually sensitive about (the privacy of) their lives and rarely trust anyone, especially other people from their own country. This is because they have endured many problems to get here, and this is one of the reasons why Iranians are not together here much. (Mohaj, 2010a)

Online Media Representations of the Canadian Dream

Representations of the Canadian dream were also evident in the webpages of published interviews conducted with Iranian refugees who came to Canada during the study period. Two of these interviews were published in Farsi while the rest were published in English. The main topics in these interviews were the experiences of migrants in Canada (Golestan, 2021), including gay, lesbian, and transgender Iranian refugees (Ballingall, 2016; CBC radio, 2017; Fisher, 2018), in addition to a comparison of Canada with other asylum and refugee receiving countries, including Australia, Turkey, and the United States (CBC radio, 2017; 2019).²⁴

Several of the media articles focused on LGBT refugees. Four interviews conducted with Iranian LGBT refugees and activists presented Canada as a safe haven for Iranian sexual minorities. Still, rather than being an abstract idealization, the representation of Canada in these interviews revealed certain complexities. A comparison was made between the United States and Canada, with Iranian-Canadian LGBT activist Ghahraman (CBC radio, 2017) arguing that while the UNHCR directs Iranian refugees to the United States instead of Canada (because the latter prioritized Syrian refugees), the United States is currently far from being a ‘safe’ alternative to Canada, due to the prominence of racism under Trump’s administration. The interviewee not only compared different destination countries but different Canadian government policies as well: Ghahraman separated the Harper government, which officially prioritized cases of LGBT Iranian refugees, from the Trudeau government, which promised to quickly settle Syrian refugees. Thus, by comparing the different priorities of the two governments in Canada,

²⁴ The root codes that emerged from the analysis of the media interviews include the perception of Canada (n=7); migration trajectory (n=5); coping mechanisms (n=5); gender and sexuality (n=5); sense of safety, (n=4); and social and community support (n=4). A complete list of the root codes and sub-codes that appeared from the media interviews are available on Table 3.

Ghahraman also underlined the differences between Iranian LGBT refugees and those from Syria. However, her criticism of the Trudeau government's policies did not challenge the implied claim that Canada, particularly when compared with Turkey and the United States, is the ideal destination country for Iranian LGBT refugees.

The positive comparison of Canada with other countries of destination is not limited to the case of LGBT refugees. Compared with other countries of destination, Canada is often represented as offering better conditions to refugees in general. In particular, the living conditions in Canada for Iranian refugees are represented as a 'dream' compared to those in Australia which, in Amir Sahragard's words, resemble 'hell' (CBC radio, 2019). The help and charity of private sponsors are claimed to have made the 'Canadian dream' possible by saving Amir and other Iranian refugees from the Australian 'hell' (CBC radio, 2019). The victim-savior narrative, representing Iranian refugees as victims and Canada and its policies as saviors, is also prominent in other webpages. For example, another CBC interview with the prominent Iranian gay activist, Arsham Parsi, stated that Canada "gave him a second chance" (Parsi, n.d.). In another interview, Parsi compared his life in Canada with that back in Iran, drawing a sharp contrast between his "persecuted" status in his home country and his "thriving" situation in Canada (Ballingall, 2016).

Still, even though Canada is represented as a savior and safe haven for LGBT refugees, it is not completely idealized. Both interviews with Parsi mentioned the homophobic attitudes and constant harassment that he faced from other members of the Iranian community, as well as the vulnerability of LGBT refugees to hate crimes directed at them by others outside the Iranian community (Ballingall, 2016; Parsi, n.d.):

Even living in a safe country like Canada, most LGBTQ refugees are not fully 'out and proud.' Many of us continue to be in the closet when we interact with the Iranian

community here because we cannot afford to lose the emotional support of our families in Iran if they were to find out about our sexual orientation. These factors all leave us vulnerable to a predator like Bruce McArthur even after we've reached the relative safety of Canada. (Parsi, n.d.)²⁵

Another CBC interview illustrated similar challenges for a transgender woman, who shared her experiences of facing transphobia and other forms of discrimination in Canada while trying to save her life from retribution by her family in Iran (Fisher, 2018). Like the other three interviews with Iranian LGBT refugees, this interview also detailed the persecution faced by Tanaz and other LGBT individuals in Iran:

Mehraban, who was only 13 at the time, had recently been kicked out of school for being someone who looked like a boy but dressed as a girl. 'Because this was a great tragedy for my family — I had destroyed my family's reputation in the community — my family wanted to kill me,' Mehraban said, speaking in Farsi through an interpreter. This was just one of many hardships that Mehraban had to face as a transgender woman in Iran. After being persecuted her whole life Mehraban, now 38, arrived in Canada as a refugee eight months ago. She currently resides in Burnaby. (Fisher, 2018)

However, the legal and state-funded status of gender transition and transgenderism in Iran is not mentioned in the interview. The relative social and legal advantages of Iranian transgender individuals, whose gender identities are legally accepted, compared to other LGBT individuals who often are medically and socially encouraged to undergo transition surgery to avoid persecution including a death sentence, are ignored (Terman, 2014). By doing so, the presentation of this interview further enforced the victim-savior narrative in the story of Tanaz, overlooking her relative power and agency (Fisher, 2018).

Only one of the webpages, published by a prominent Iranian-Canadian immigration company, mentioned the negative experiences of Iranian migrants in Canada beyond problems experienced with discrimination within or outside the Iranian community (Golestan, 2021). This page featured 19 very brief interviews with Iranian migrants and focused on the positive and

²⁵ Bruce McArthur is a Toronto serial killer whose victims were mostly newcomer gay men from the Middle East (Parsi, n.d.)

negative aspects of migration to Canada. The positive aspects of migration to Canada were listed in detail, including references to such as things as “a growing economy”, “multiculturalism and diversity”, the “kindness of people”, “a good and affordable education system”, “fully respected individual human rights”, “an efficient government”, a “lack of foreign threats and political tensions”, and “the order of law and high rates of safety”. In these interviews, the negative aspects of migration to Canada were limited to the difficulties in finding employment which forces some migrants to “start from scratch again”, high tax rates (especially in comparison to the United States), and cold weather (Golestan, 2021).

4.3.4 Summary

This section has outlined the results related to the migration trajectories of Iranian refugees as subjectively experienced and reflected in in-person interviews and online data sources. The discussion was divided into three broad subsections, focusing on pre-migration expectations and decision-making, the border crossing and waiting process, and the post-migration experiences of the refugees. While the migration trajectory of each individual differed from those of others, the findings revealed several broad themes.

First, the Iranian refugees’ expectations about life in Canada closely interact with their motivations for leaving Iran and their decision-making process. Depending on each individual context, migration-related motivations ranged from improving quality of life and achieving more individual liberties to escaping to a location safe from political persecution. The Iranian refugees’ ways of performing agency in choosing Canada as a destination country also intersect with their individual migration trajectories. In other words, those who are inland refugees and apply for refugee status from within Canada are able to exercise more agency in choosing Canada as a destination. In contrast, those who are Convention refugees and who apply through

Turkey may experience minimal agency since the responsibility for assigning a country of resettlement belongs to the UNHCR (Zieck, 2010). In addition to these aspects of their trajectories, refugees' performances of agency in choosing their destinations are often shaped by the presence of transnational networks consisting of family and community members, immigration lawyers, and human smugglers, all of whom can play important roles in sustaining and realizing the refugees' migration journeys.

Second, despite having the same countries of origin and destination, the migration trajectories of the refugees varied in terms of their ways of crossing the Iranian border as well as the place and duration of their waiting process. Despite these variations, the waiting process emerged as a crucial and central phase shaping the migration trajectory. It did so by affecting all aspects of the refugees' lifeworlds, including lived time, lived space, lived body, and lived relations. The refugees' experiences of lived time were characterized by temporariness and being in limbo both in Canada and Turkey. For Convention refugees, the experience of lived space (e.g., Turkey) was in between Iran and Canada. For them, both the lived space and lived body were also shaped by various restrictions put on them, including the inability to legally leave for a third country before the waiting process ends. The lived body was further restrained through the requirement to regularly introduce themselves to the Turkish migration police and provide weekly signatures to prove their adherence to the rule of mandatory residency. Of relevance, lived relations with the Turkish police and the UNHCR officers were characterized by hierarchy and power over refugees' lives, while relations with other Iranian community members and Turkish neighbors usually included patterns of social support and solidarity. For refugee claimants in Canada as well, the lived time and lived space during the waiting process were shaped by a sense of temporariness, financial constraints, in addition to delays resulted from the

pandemic. While some refugee claimants had the support of their family members or relatives, some others had to navigate the system by themselves without any support.

Third, after getting permanent residency status in Canada, the refugees continue to engage in internal evaluations of their migration decision-making and compare their ongoing lived experiences with their pre-migration expectations. Through these processes of re-evaluation, comparison, and reconsideration, the refugees often redefined their lived experiences in Canada as reflecting either the ‘Canadian dream’ or ‘the Canadian mirage’. These redefinitions further informed their future goals, hopes, and plans, including their hopes and aspirations about regaining their pre-migration socioeconomic status in Canada, or continuing their migration trajectory with a Canadian passport, which changed their embodied experience of travelling and crossing nation-state borders. Still, regardless of their changing legal status, the participants continued to see themselves as refugees, and Canada as their country of refuge, illustrating how the previous phases of their migration trajectories permanently shaped their lived time and lived space.

4.4 The Health Trajectories of Iranian Refugees

In the context of this study, health trajectories refer to the research participants’ lived experiences of health and illness as they change or remain stable over time. These include stable, improving, or deteriorating physical or mental health, as well as stable or changing self-definitions of health and wellbeing, and experiences with access to healthcare. Reflecting this focus, the following sections focus on the refugees’ physical health, mental health, and access to healthcare during their migration trajectories.

4.4.1 Physical Health

As a dimension within a holistic concept of health, physical health refers to the proper and balanced functioning of one's body (Misselbrook, 2014). In the context of this study, physical health refers to this functioning, including experiences of pain, acute and chronic illnesses, and physical disabilities.²⁶ Physical health can strongly influence the limits, scope, and content of the subjective experiences of the lived body, such as embodied thoughts, feelings, acts, and movements, including but not limited to migration (Lu & Zhang, 2016; Sandström, 2007). Indeed, physical health is deeply affected by forced migration and displacement in various phases of the migration trajectory (Siriwardhana & Wickramage, 2014).

A review of the literature on migrant health suggests that (im)migrants tend to have better health compared to non-(im)migrants, particularly in the early years following migration (Newbold, 2005). This 'healthy (im)migrant' effect (HIE), which has been found to decrease over time, has been widely documented in Canada as well as in other Western nations (Beiser, 2005; Markides & Rote, 2019; Newbold, 2005). It has been attributed in part to the medical screening of migrants, which is used to determine their eligibility for immigration based on health status (Lu & Ng, 2019). In Canada, medical inadmissibility rules specify that migrants can be denied entry to the country if their health status is deemed dangerous to public health or if their condition is seen as creating an excessive demand on the healthcare system (Government of Canada, 2022a; Wilton et al., 2017). However, although refugees and their dependents are exempt from the excessive demand medical inadmissibility criterion (Gushulak & Williams,

²⁶ Root codes that emerged from the interviews and online data that are the most relevant to physical health are the healthcare system (n=22) and health status and behaviors (n=11) while the relevant sub-codes include access to healthcare in Canada (n=29), medicines in Canada (n=8), insurance in Canada (n=8), insurance and access to healthcare in Turkey (n=5); and diet and self-help (n=10). A full list of these codes and their descriptions can be accessed in the Codebook attached as the Appendix C.

2004), they can still be denied entry on public health grounds. Therefore, both refugee claimants and resettled refugees go through medical screening before receiving permanent resident status approval (Gushulak & Williams, 2004). Research on the health status of Iranian and other refugees and asylum seekers remains unclear. On the one hand, evidence suggests that the HIE is also evident among refugees in general in Canada, although it tends to be considerably weaker (Lu & Ng, 2019). On the other hand, it suggests that refugees and asylum seekers experience increased rates of infectious diseases and chronic illnesses during and after migration, which are often exacerbated by malnutrition and unsanitary living conditions during migration (Matsangos et al., 2022; Thomas & Thomas, 2004; World Health Organization, 2018).

Iranian Refugees' Physical Health before Migration

All participants reported that medical screening was a quick and easy procedure for them and found them to be in generally good health. Although one participant reported having been diagnosed with a chronic health reproductive health problem before arriving in Canada (F, 40), most described their pre-migration health in positive terms. For example, one participant who was subsequently diagnosed with a chronic illness and a physical disability after migration to Canada commented:

I was always a very healthy person in Iran. Both mentally and physically. Maybe it's because we experienced the conditions of war back there. Maybe living in Iran made us suffer a bit more, but I was a very healthy person physically, I mean, I didn't have any problems anywhere in my body. My body wasn't disabled. It wasn't fragile. Nothing bad had happened to me in a physical sense. (F, 38)

Another participant also emphasized her positive health and wellbeing before coming to Canada.

She described her pre-resettlement health conditions in the following words:

I was a healthy and strong person before they (the UNHCR) brought me here. I was even the one who used to bring asylum seekers to doctors and hospitals in Turkey. All doctors already knew me because I used to bring many of them (asylum seekers) to their appointments. I was the only one (among them) that never needed to visit doctors or anything, so I'm really a powerful person both in terms of body and spirit. But now, they

brought me to the camp. I was a healthy person before that, throughout the 4 years and 8 months that I had an open case with the UN, I didn't even have a medical file. I only visited a dentist, to check my teeth. Even my teeth were all healthy at that age. (F, 64)

Refugee Physical Health During and After Migration to Canada

Although most viewed their pre-migration health in positive terms, at the time of the interviews, the physical health conditions and wellbeing of the participants varied. Some participants reported experiencing declines in health during the migration process. For example, one participant who spent a long waiting period in Turkey reported having frequent physical health problems as a result of stress, poor diet, lack of sufficient personal space, and other difficult living conditions he experienced in Turkey, which improved after moving to Canada:

My health was not very good back in Turkey. Since coming to Canada, I get sick once every year or maybe less. But I remember that when I was in Turkey, I got sick frequently. I had things like stomach ache, fever, nausea once every three months. (M, 34)

Several other participants (n=4) reported deteriorating physical health after migration.

Three participants (M, 35; F, 38; F, 40) had chronic health issues. Two of them (M, 35; F, 38), started to experience symptoms only after arriving in Canada and received their diagnoses there. One had an autoimmune disorder and the other a women's reproductive disease. Both attributed their declining health to the poor working and/or living conditions that they experienced after migration. One of the participants (M, 35) related his deteriorating physical health to his working conditions:

In fact, I don't have a good situation in terms of physical health. And this is something that has gotten much worse in these last couple of years. I constantly deal with backaches, pain in my spine and my neck, and this kind of stuff. I think I got much weaker in a physical sense. And most of these problems have started here. One of the roots for the beginning of my autoimmune disease goes back to the time that I used to work in a hotel. I was a front desk agent, and my station was not proper at all. I constantly had to stay standing and lower my neck. I think that period of time harmed me a lot. (M, 35)

Similarly, another participant (F, 38) commented on how her living and working conditions led to her persistent chronic disability, which she was diagnosed with in Canada. She stated:

When I first arrived, I was a refugee with minimum wage, so I was working at three jobs. During the weekdays, I had two jobs, and I worked at a third job at weekends, just to be able to pay my rent and bills. I used to work with children in a school as a childcare worker. Eventually, I ended up having shoulder and hand pain, because my shoulder tendon got injured. (F, 38)

She continued by comparing her situation as a refugee with a scenario in which she never left the country:

The doctor told me that this condition has given me a lifetime disability and that I should be careful. Then, they told me that I shouldn't work with children anymore. Because such work wouldn't allow my treatment process to continue. Then I realized that if I was in my own country, it would have been so different. You know. If I was having a comfortable life where I didn't have to work, and I was living with my mom and dad. I wouldn't have high expenses, so I wouldn't need to work in a physical job. I could rest, and swim, so this condition could be treated by itself within a few years. For a refugee though, it's different, you know? I had to work three jobs. (F, 38)

Other participants also related work and labor to their physical health conditions in various ways.

For example, one of the participants commented on how she responded to an injury that happened to her at her workplace, emphasizing her insistence on behaving in a 'dignified' way and not 'abusing the system' by asking for a long sick leave. She detailed her experience as follows:

A few months ago, I fell from 20 flights of stairs, and my foot has been severely injured. I actually had to get almost 15 surgical sutures. I could easily impose myself and ask the doctor to write me 4 months of paid medical leave. I could pretend to be very weak. I could do that; I mean it was very easy for me. But I stayed at home only for one month. After one month, I returned to my work. (F, 54)

She further commented on the difficulties of navigating her treatment process at work, in the context of her perception of Canadian workplace norms and expectations:

I started with working 4 hours and then increased it to 6 hours, and after two weeks, I started working 8 hours a day, as a full-time worker. And now, I'm working 40 hours a week again. Well, it's difficult. I don't have a healthy foot right now, which could allow me to stand up 8 hours a day. Sometimes I have to sit for 10 or 15 minutes each hour, and as you know, it's very bad for Canadians (in the workplace culture) when someone has to sit down. But this is what my doctor has written down. I have to sit down for 10 minutes each hour, and then I continue working. I never can use my weakness as an excuse for begging for help. It doesn't fit my character. (F, 54)

While these interviewees linked difficult working conditions with their deteriorating physical health, most of the Iranian refugees (n=8) reported stable physical health after arriving in Canada, while some others (n=3) reported improved health and wellbeing. Adopting a more holistic approach to health and wellbeing, these participants emphasized going through changes in their lives that led to better physical health compared to that experienced in Iran. These changes included living in an area with cleaner air and more affordable, better quality food compared to Iran. They also included having improved mental health and senses of safety and freedom, which indirectly led to better physical health through eliminating the psychosomatic symptoms and illnesses that they had experienced before and during migration.

Finally, in contrast with the in-person interviews, the online data did not include content specifically about the physical health experiences of Iranian refugees in Canada. However, a published interview with a former refugee mentioned how he was beaten in the street by a group of men while going through the waiting process in Turkey, being targeted because of his sexual orientation. As a result, this former refugee still dealt with physical pain in his left arm even after moving to Canada (Ballingall, 2016).

4.4.2 Mental Health

The World Health Organization definition of mental health is among the most widely used definitions, describing it as “a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community” (World Health Organization, 2004, p. 10). Other conceptualizations of mental health are specific to social and cultural settings, including the Iranian and mainstream Western contexts (Galderisi et al., 2015; Katz, 1985; Marsella & Yamada, 2000; Mirabzadeh et al., 2014). Cultural factors not only shape the expressions and

frequency of mental illness, but also perceptions about mental health and wellbeing (Marsella & Yamada, 2000; Mirabzadeh et al., 2014). For example, a study conducted with Iranian non-migrant women revealed that in general, mental health was perceived as being synonymous with emotional well-being, while religion and faith were attributed important roles in sustaining it (Mirabzadeh et al., 2014). Based on this literature, emotional wellbeing and coping strategies play an important part in this study's conceptualization of mental health. In the context of this study, mental health refers to participants' mental and emotional wellbeing, including their self-perceived mental capacity to cope with recent and future ups and downs.²⁷

Mental health and wellbeing can be affected by multiple stages and events in one's migration trajectory. Some of the most significant themes that emerged from my analyses related to the mental health and wellbeing of the Iranian refugees in this study had to do with experiences of trauma, grief and loss, stress and worry, social isolation, and loneliness.²⁸

Trauma

In the context of this study, trauma is used to refer to subjective experiences of deeply distressing and disturbing events experienced during the participants' migration trajectories. These events ranged from pre-migration persecution and/or violence leading to displacement; problems encountered during the stage of migrating and crossing the border; encounters with discrimination, stress, uncertainty, or violence experienced during the waiting process in Turkey; and distressing interactions or incidents experienced in Canada.

²⁷ Farsi: salamati-ye ruhi. The literal translation is 'spiritual health' or 'health of the soul'.

²⁸ They overlapped with the root code "mental health" which was used in 15 one-on-one interviews and 5 webpages, including the sub-codes trauma (n=10); grief (n=4); depression (n=8); stress (n=15); worry (n=9) and loneliness (n=17). Other sub-codes of mental health, which appeared in the data set can be viewed from the Tables 1, 2, and 3.

Traumas experienced in Iran, which led or contributed to migration-related decision-making, often shaped refugees' mental health during the rest of their migration trajectories. In these cases, refugees arrived in Canada under the impact of the trauma, which often reduced their capacity to cope with additional mental health challenges such as stress and uncertainty. In this context, one participant (M, 41) compared the mental health issues faced by refugees with those faced by voluntary migrants, emphasizing that refugees "already have problems" when they arrive in Canada due to previous trauma, and that these problems are exacerbated when they are faced with new challenges. He described this situation as being completely different from those of voluntary migrants, who "become depressed (only) because of the challenges that appear after migration to Canada" while not having any pre-migration mental health issues.

Another example of the impact of trauma on the Iranian refugees' mental health is the lived experience of a participant (F, 41) whose husband was a political prisoner in Iran. She shared the traumatizing effects of her encounters with Iranian judicial and police authorities, whom she had to deal with regularly due to her husband's political activism. She reported facing verbal sexual harassment by these authorities, which left her mentally and physically distressed during her time as an asylum seeker in Turkey. She described the physical symptoms she experienced when recalling these traumas during her refugee application interviews, as follows:

At those times (in Turkey) I used to always feel faint. You know, it really affected me very badly. It was to the extent that whenever I repeated them, all my body would shiver. I remember that when we were at the UNHCR office, when I was talking to them, all my body was shaking, and it was like I constantly had to interrupt my own talk. (F, 41)

This description illustrated how trauma and distress influenced her lived body. She also reported being under the physical, mental, and emotional impacts of trauma at the time of her arrival in Canada:

I used to get so restless. I would feel sick. Sometimes I would get hysteric.²⁹ And when we migrated and came here, I was already destroyed in the mental sense. And I used to think to myself ‘well, what is going to change for us here?’³⁰ (F, 41)

For this participant and other Iranian refugees, trauma was experienced not only in their home country, but in Turkey as well, where a majority of the participants (n=9) spent the waiting process. The legally precarious living conditions, socioeconomic challenges, and restricted movement characterized their waiting processes in Turkey. As a result, even those who did not experience traumatic events reported having witnessed deeply distressing or violent incidents within their local Iranian refugee communities there. One of the most significant examples of this situation was the case of a participant (F, 54) whose neighbor's child was taken hostage and later killed by her father, who was also an Iranian refugee. The participant described the intense emotional and mental toll that this incident took on her, as the main provider of emotional and practical support to the child's mother both before and after the homicide:

We went to the home, and they (the police) opened the door, and we saw that the child was dead. See, this is a big nightmare in my life. For four months I was - I was even losing my mental balance. I felt extremely bad. I still remember that child's voice from the phone, screaming and saying ‘Auntie, save me’. My whole body still shakes when I remember this. (F, 54)

She reported appealing to the police for help (together with her neighbor) while the child was still alive but a hostage, but was “not being taken seriously”, an attitude which she saw as an unfortunate result of being a refugee. After the incident, this participant had to testify in the Turkish court against the father, in his close physical presence. She described her feelings of fear and distress during that process in the following way:

You wouldn't even believe it, but even though I took two anti-stress pills and this kind of stuff before it, my whole body was shaking. I had such a bad feeling, such a bad situation. A strange fear and terror took my whole body. I was almost going to faint because of how bad I was feeling. (F, 54)

²⁹ Farsi: Tashanoj. Can be translated as hysteria, convulsion, or unrest

³⁰ Farsi: daghun. Can be translated as destroyed or dilapidated

As a result of this incident, the participant mentioned having a persistent fear of police even after moving to Canada. Her fear was further triggered when a group of police officers broke into their house early in the morning, looking for a suspect at the wrong address:

Whenever I see the police, I remember that incident and all those memories. Because that was the way that I encountered them. I can't even express how afraid and terrorized I got. I was destroyed. I was feeling so bad that they (the refugee support workers) told me that I legally can sue them. But we, Iranians, are so afraid of getting in trouble with the police and the system, that I couldn't dare to do this. Truly, this is still a nightmare for me. (F, 54)

Due to the restricted options available during refugee migration and its association with displacement, some participants experienced the migration itself as a deeply distressing event. For example, one of the participants (M, 34), who left Iran by crossing the land border to Turkey illegally using human smugglers, mentioned that the physical conditions encountered during the border crossing, as well as the behavior of the human smugglers and fear of being caught, were traumatizing. This participant, who experienced traumatic incidents both while leaving Iran and during his waiting process in Turkey, also commented on feeling the impacts of those events after his resettlement in Canada. Comparing his situation with those of voluntary and non-refugee migrants, he commented on how fatigue and exhaustion resulting from these traumatic events affected him:

I came to Canada as a very tired person. I didn't come feeling energetic. My normal, non-asylum seeker friends, for example, those who come from Russia or elsewhere, say 'well when I came to Canada first it was so good, so exciting, everything was new and so beautiful blah blah'. For me, such a thing didn't happen. Because when I came to Canada I was already exhausted. I didn't come directly from Tehran or somewhere else to visit. When I came here I had a feeling of mental fatigue. And it continued here as well, and it affected the whole process. (M, 34)

This interviewee described how his fatigue and exhaustion negatively affected his process of learning English and seeking Canadian credentials, which were two main goals he had set for himself before resettlement.

Another participant who claimed refugee status in Canada due to gender-based violence (F, 37), reported harassment and threats by her former fiancé in Iran as a long-term traumatizing experience. However, unlike the previous two participants, this interviewee mentioned experiencing symptoms of improved mental health, such as ending night terrors and increased sleep quality, since arriving in Canada. She commented:

I used to have a lot of scary dreams in Iran. Not only scary dreams but nightmares in general. I used to see them most nights, since my childhood. But after coming here, my sleep (quality) has become very good. I almost don't see nightmares at all anymore. (F, 37)

In such cases, changes in sleep schedule and/or quality can be a symptom of changes in mental health and wellbeing. For example, another participant (M, 34) described how his sleeping problems, characterized by oversleeping and difficulty waking up, started during his waiting process in Turkey. He mentioned experiencing more significant sleep problems after arriving in Canada, which led him to seek professional mental health support.

Traumatic events such as death threats, assaults, the dangers and risks associated with illegally crossing borders, and violence in refugee camps were also mentioned in several online interviews and blog posts, particularly those focusing on hate crimes targeting the LGBT refugees in Iran, Turkey, and Canada (Ballingall, 2016; CBC radio, 2014, 2019; Fisher, 2014; Parsi, n.d.; Roshan, 2015). For example, in content published by the CBC, the author (who was also a refugee activist) mentioned that many LGBT Iranian refugees have experienced trauma during the waiting process, and deal with suicidal ideation as a result, after arriving Canada (Parsi, n.d.). However, the long-term impacts of trauma on refugees' mental health were not detailed and not discussed in other webpages.

Grief and Loss

A common theme relevant to the mental health and wellbeing of the Iranian refugees was grief, an emotional response to a significant loss (Gilbert, 1996; Rodgers & Cowles, 1991). Often, grief is experienced in response to the loss of a close personal relationship. This was visible in the cases of at least three participants who mentioned losing loved ones during their migration trajectories. One of these participants (F, 41) had experienced a miscarriage as a result of the police violence experienced during a house raid in Iran, which was also one of the main events leading to her and her husband's migration decision:

In one of my husband's arrests, I lost my child. They pushed me; I fell from the stairs, and I miscarried my child because of that. Even now, each December, my memories become regenerated, and I tell myself that maybe my child would be eight-year-old, nine-year-old, or ten-year-old now. Every time that I count these years, it's like that day repeats for me again and the incident happens to me once again. (F, 41)

Another participant (M, 42) had lost his young brother just before leaving Iran. His brother was a political activist who had been executed by the Iranian government. As a result, this participant reported dealing with intense feelings of grief, sorrow, rage, and vengeance, even after leaving Turkey for Canada. In his words, refugees "carry their wounds with themselves while leaving their countries behind". In some other cases, refugees experienced grief when they could not visit their loved ones in their home country before their deaths nor participate in their funerals. One of the participants (M, 40) reported the death (loss) of his mother, which not only affected himself but also his teenage son in an emotionally intense way. He reported: "My mother passed away when we were refugees in Turkey, and this caused my son to go through depression". (M, 40)

In the context of refugee migration, the notion of grief can also be applied to the loss of one's 'home', 'homeland', and/or one's previous sense of self. The loss of 'home' is often connected with the loss of belongings that are inside the home, some of which cannot be carried

by individuals as they transition through their migration trajectories. Thus, grieving for more abstract and symbolic losses of home and the previous sense of self become intertwined with a longing for the material objects or belongings that are left behind in one's previous home. For example, one participant (F, 37) reported feelings of sadness due to having to leave her artwork in the house of her parents in Iran:

Unfortunately, I couldn't bring any of my art supplies or artwork here. Because my sister and her family requested some stuff, and then we had some personal stuff which was necessary, so we didn't have any place left for additional stuff. Still, when I call Iran after a few months (of being here), my mom tells me what I'm going to do with 'these stuff' and whether she should throw them into the garbage or not. She's talking about my artwork and sculptures! I tell her that she's going to give me a stroke, (I say) please don't even touch them or I will die, they mean the whole life for me! (F, 37)

Similarly, another interviewee (F, 41) reported a feeling of loss arising from suddenly having to leave Iran. She emphasized the urgency of their departure, by mentioning how she had bought new kitchenware that she could never open and use, as they had to leave their house the same day. She shared her feelings in the following words:

We had to leave everything behind in one night. For example - these are actually minor and detailed things that you can't list all, but they are there, they are still there. For example, the same day I had gone and bought a set of kitchenware. I didn't even take them out of their box. I did put them on the table. Then we had to leave the house. There was just a child bag which was close around, I took it and we came to Tehran only with that. I mean, I didn't even go back to my house again. I even - I don't know. I even couldn't say goodbye to my sister. (F, 41)

For this participant, the loss of her belongings was intertwined with the loss of tangible symbols of her previous memories, leaving dreams as her only connection to her past. She commented:

It's as if all our memories are just in our dreams now. For example, for a while, I used to dream about trying to locate my belongings. I knew that they didn't exist anymore. But it was as if in my memories, I was looking for them and trying to locate them. Well, there are many things like that. They made me realize that I was very preoccupied, mentally. (F, 41)

This description showed how the interviewee experienced lived time as a process interrupted through displacement, which broke her physical connection to her past. Using the metaphor of a backpack, the participant compared the mental and emotional baggage of refugees who are

displaced due to painful, stressful, and traumatic events in their home countries to that of voluntary migrants. She commented:

(Imagine carrying) a backpack full of stress, sorrow, and pain. Everyone brings things like chocolates, photos, sweets, and memories with them when they migrate so that they can give them energy for a long time. But our backpacks are full of stress and these kinds of things that shake all our lives, moods, and everything whenever we remember them.
(F, 41)

These quotations suggest a common lived experience among Iranian refugees. They have to choose what to carry or not and to prioritize what are seen as ‘essentials’ for living. As another participant (M, 34) mentioned, this is partly because there is a limitation on the amount of luggage that airlines allowed for each traveler, to two pieces of luggage that are not heavier than 23 kilograms. However, as the above-mentioned quotation shows, refugees’ luggage is not limited to what they physically choose to carry, but also contains emotions, feelings, and memories shaping their lived time. Meanwhile, dispossession from one’s material belongings is often intertwined with displacement from one’s homeland or previous lived space.

Another aspect of the Iranian refugees’ lived experiences of grief involves the loss of their previous sense of self. In some cases, the previous self is viewed as being characterized by higher socioeconomic status, often accompanied by more material resources, such as a better house or a luxury car (n=9). The loss of this previous sense of self is often a result of the downward socioeconomic mobility experienced by the refugees. For example, two refugees (F, 52; F, 63) mentioned their disappointment about not finding employment due to their lack of Canadian experience, while in Iran they had been “hard-working” and “respected”. Five other refugees (M, 35; F, 54; M, 40; M, 34; M, 42) mentioned facing a significant loss of status and having to do manual labour while they had a higher socioeconomic position in Iran. One participant (M, 40) mentioned changing his first job as “it was in a construction site and full of people from India, and it was difficult to relate with them”. Another one (F, 54) compared her

previous status in Iran with her current job, arguing that, “in Iran it is impossible to see an elderly lady like me having to drive a bus to earn her life”, referring to the social norms about the undesirability of manual labour, especially for women and older adults, in Iran.

For a considerable number of the participants (n=11), this downward mobility was a direct result of employers’ requirements for previous Canadian work experience and/or Canadian credentials. One participant commented on the difficulties she encountered when seeking employment, by describing their mental health effects:

It’s so meaningless. They set all these things against people, I mean against migrants. This causes a lot of mental harm and damage. Many of them encounter a dead-end and finally, they commit suicide. Because they become completely hopeless. They come here with countless hopes and desires, and then, suddenly they see that all these that they created in their mind were dreams and they don’t even exist. This land has a peacefulness on the surface, but you’re always surrounded by the rush and haste of life that you can’t even have that facade of peace. (F, 54)

Another participant described her previous socioeconomic status in the following words:

Well, there we had our home, our life, we had established something for ourselves there. For years, I was standing on my own feet, I was working and at some points, my salary was even higher than my husband’s. We had two different jobs and a high-profit business. I was the financial director of a big company. Then, we had to leave all these overnight. (F, 41)

In these cases, the downward socioeconomic mobility seem to have resulted in a significant change in the participants’ perceptions of self (e.g., from seeing oneself as a woman who earns more than her husband to seeing oneself as a housewife who is financially dependent on her husband’s salary). The impact of the refugees’ loss of their previous socioeconomic status on their sense of self becomes more significant in the cases in which they are on the receiving end of welfare support or charity in their countries of asylum and resettlement. Three participants (F, 38; M, 35; F, 54) emphasized how obtaining help from charity organizations in Turkey or receiving government welfare support in Canada made them feel insufficient and disrespected in comparison with their socioeconomic status in Iran.

Finally, while several blog posts discussed the loss of previous socioeconomic status of Iranian migrants in general (e.g., Kamran, 2012), the themes of grief and loss were not openly mentioned in the online content specific to refugees. Still, an interview with a gay Iranian refugee quoted his thoughts about how he went through a changing self-identification in racial terms, after arriving Canada, which implies a loss of previous sense of self. He commented:

I also found myself in a strange paradox. I wasn't accepted for who I really was in Canada either. I am not white. I am not black. Eventually, I came to find out that I am not even properly "brown." When people talked about "brown people" in Canada, I noticed they were mostly referring to people from South Asia or Latin America. But I'm from the Middle East — the middle of everything and still living in the margins. (Parsi, n.d.)

Stress and Worry

A majority of the participants also emphasized stress as a factor affecting their mental health. In the context of this study, stress refers to the feeling of being overwhelmed or unable to cope with pressures arising during the refugee migration process, including the resettlement phase. Before arriving in Canada, stress was often associated with the traumatic events experienced in the pre-migration phase, as well as with the fear they encountered while crossing the border, and the uncertainty they felt during the waiting process. For the nine participants who spent this latter phase in Turkey, stress most often arose from their precarious status in Turkey (where the law assigned them to a particular town for their stay and they did not have a work permit), which often lead to economic problems and poverty that in turn affected their housing quality and diet, among other factors. Discrimination by the local population was also mentioned as one of the stressors encountered by a participant, who reported learning Turkish in order to be able to respond to insults he received by the youth of the town in which he lived and worked (M, 42).

For those who spent their waiting process in Canada (n=2), stress during the pre-migration phase was linked to language barriers and communication issues. For them, the COVID-19 pandemic not only led to further isolation but also, to delays in the paperwork

required for migration, thus increasing the time spent waiting to receive documents or legal decisions. For all the participants who mentioned stress, the waiting process was also associated with uncertainty about the future and therefore, feelings of lack of control and agency over lived time.

Worry about others, including accompanying children and relatives back in Iran, was also mentioned by three participants (F, 41; M, 40; F, 52), as a factor perpetuating stress and declining mental health, and further illustrated the relational aspect of their lived experiences. One participant shared her feelings of worry about her child who witnessed their political and legal persecution before migration:

My first child was too young, he was two and half years old when we left Iran. He used to be harmed a lot during our detentions. He used to fear a lot when they used to come to our house to search for it. To torture us more, they wouldn't allow us to keep the child away from that surrounding. The child always thought that they were thieves who came to our house. He always talks about remembering a thief. These (incidents) were so difficult for me, (and) to take care of this child in such a situation. I myself was also affected a lot, both physically and mentally. (F, 41)

Another participant (M, 40) also mentioned feeling worried about his children's mental health and wellbeing. In his case, the worry was intertwined with feelings of intense guilt for "dragging his children and wife" with him, since his political activism led them to leave Iran.

Feelings of worry were reported to be more intense by refugees who had left Iran just before or during the pandemic. In particular, they reported worrying about the lives of their loved ones who had experienced the pandemic in Iran, where it led to one of the highest mortality rates in the world (Chaibakhsh et al., 2020). This feeling of worry, together with stress about her worsening financial situation and unemployment, resulted in a loss of appetite for one of the participants. She commented:

It doubled everything in effect. The virus, my nephew's illness, both of these doubled everything else. So, in these ten months, I ended up tolerating twenty months' worth of stress, you know? Some people say that the first two years are difficult, but for me, it was

like I had double the amount of stress in these ten months, as if I had experienced those two years already. Anyway. I'm just praying for finding a job, and nothing else is too important for me. (F, 52)

Resettled participants also reported experiencing stress and worry, particularly about finding regular employment in accordance with their previous work experiences. In general, the employers' demands for previous Canadian work experience was a common theme leading to disappointment, frustration, and stress for the participants, alongside worry about the adjustment of their children and partners and discrimination during the waiting process.

While stress and its impacts on the Iranian refugees' mental health were not directly and openly discussed in the online data, several webpages mentioned the stressful experiences that refugees went through in different phases of their migration trajectories. These included the experiences of the LGBT refugees who faced discrimination and harassment from other Iranian migrants or the local community in Turkey (Ballingall, 2016; Fisher, 2014; Parsi, n.d.), and the difficult living and working conditions faced by an undocumented migrant in various countries (Roshan, 2015). The situation of LGBT Iranian refugees waiting to be resettled in Canada after Trump's travel ban and the Syrian War was also an example of stressful conditions, even though the mental health impacts of these delays were not discussed in detail (CBC radio, 2017).

Social Isolation and Loneliness

A majority of the Iranian refugees (n=10) reported experiencing social isolation and an emotional sense of loneliness during the waiting process and/or the post-migration phase. Both speak to the importance of the relational aspect of lifeworld, as they result from the interruption of lived relations (e.g., breakups) or the absence of close and supportive relationships. Three of the participants (F, 37; M, 35; M, 34) mentioned that they had separated from their romantic partners during the waiting process, because they were refugees (n=2) and the unwillingness or inability of their partners to leave for Canada with them (n=1). One of them (F, 37) described

this separation and the feelings of loneliness resulting from it as being “harder than the migration itself”, while another (M, 35) mentioned feeling a lack of excitement and enthusiasm when arriving in Canada since he was leaving his former girlfriend behind. For two other participants who were inland refugee claimants in Canada (F, 64; F, 29), feelings of loneliness were strongly related to being far away from their closest relatives, whom they relied on for emotional support while back in Iran.

Relevantly, six participants mentioned being depressed or dealing with depression, characterized by feelings of intense sadness and loss of interest, after migration to Canada. These experiences were often shaped by their lived space and lived relations, especially as they felt distant from their previous sources of social and emotional support in Canada. One participant (F, 64) reported a suicide attempt during her stay in a government-provided shelter. She linked this attempt to her unwillingness to stay in a crowded shelter room in Canada, away from her children who were in Europe:

Is it justice that they separate a family from each other and put distance between us? Where is justice?... I told them please, I request you to return me so I can go to Europe - They told me that it is impossible, and the only way for me is to become a citizen and then decide (to leave)...And then they brought me to this camp. (I told myself) why are they driving me crazy (by putting me) here? What can I even do (to change this)? I decided to kill myself by jumping from the fourth floor. (F, 64)

Only one of the 10 participants who reported experiencing social isolation (F, 64) did not have any family members, close relatives, or previous community ties in Canada. All of the other participants either arrived in Canada together with their family members, or they had close relatives and family members in Canada before migration. Perhaps, as a result of this community presence as well as the language barrier, only two of the participants (M, 35 and M, 34) reported that they had formed close social relationships and friendships with Canadians from non-Iranian backgrounds. Two others (F, 40 and F, 37) mentioned perceiving Canadians as distant, cold, and

“too different from Iranians” and said that they did not see close relationships as being possible. One of these participants (F, 40) mentioned a brief casual interaction with her neighbours, where the neighbours did not respond to her small talk as warmly as she expected: “I felt like they don’t want to be friends with us. Maybe they are racist. We would have been much warmer to them if they were in our country”.

Still, having family members, relatives, friends and other community ties with other Iranians in Canada helped several refugees to receive social support and cope with loneliness. For example, at the time of the interviews, two participants (F, 37; F, 35) lived with their relatives who were already settled in Canada before they arrived. One of them (F, 37) reported that her arrival to Canada was a smooth and easy process since her sister took care of all paperwork and practical problems (e.g., transportation and housing) for her. The other participant (F, 35) found employment in an Iranian-Canadian restaurant by using her community ties and networks. Two other participants, a gay male (M, 34) and a gay female (M, 35), mentioned the Iranian LGBT community as their most significant source of social support (i.e., the community to which their closest friends belonged).

Despite the presence of some of their relatives as well as a large Iranian community in Canada, which had often helped the participants to cope with social isolation, many participants also mentioned experiencing problems with fellow community members. These included uncomfortable and complex interactions with other members of the Iranian community. Often, these interactions were shaped by multilayered moral and character-based judgements, leading to increased social isolation and loneliness. Four participants (F, 38; M, 34; M, 35; F, 37) mentioned avoiding close interactions with other members of the Iranian community, in order to protect themselves against the widespread stigma and negative prejudices held towards refugees

among Iranians from other migration categories. Two other participants (M, 40; F, 54) mentioned observing attitudes and behaviours among members of the Iranian community, particularly among women and youth, which were “disappointing” as they did not fit traditional Iranian moral norms. These included being sexually active and consuming alcohol and/or drugs.

However, two other participants, including a gay man (34) and a lesbian woman (35), shared their disappointment with the attitudes and behaviour of Iranian community members for the exact opposite reason. They criticized community members for “being too Iranian”, implying the persistence of traditional social conservative norms and values (M, 34). One of these participants (M, 34) mentioned being afraid to hold his boyfriend’s hand in Vancouver neighbourhoods, which have a large Iranian presence. The other participant (F, 35) jokingly said that she “never invites anyone to her house unless they are both Iranian and a part of the LGBT community”. Thus, while the presence of a large Iranian community can be positive in terms of providing Iranian refugees with social support, there are negative consequences arising from such factors as language barriers in communicating with non-Iranians, conflicts within the community and the broader society, involving traditional and liberal values, anti-refugee stigma from the community, and social isolation from the broader Canadian society.

The loneliness of Iranian migrants and refugees in Canada was also mentioned several times in the online interviews and blog posts. Two of these webpages focused on the loneliness of LGBT Iranian refugees specifically, who often noted that they had to stay in the closet when interacting with other Iranians in Canada, as they “cannot afford to lose the emotional support of their families in Iran if they were to find out about their sexual orientation” (Parsi, n.d.). As a result, many of the Iranian LGBT refugees were reported to have significant difficulties in “finding a real friend to talk [to]”, which further pushed them into social isolation and suicidality

(Parsi, n.d.). Similarly, a transgender refugee reported facing discrimination from the Iranian community in Metro Vancouver, who “looked at her with disgust, called her bad names, and did not accept her as a human” (Fisher, 2014). However, another content published in the online journal *‘Parnian’* further showed that experiences of loneliness were not specific to LGBT refugees. In that webpage, an Iranian refugee who lived in multiple countries (all without valid documents) described how the support that he received from his friends was limited. He reported that despite being homeless and sometimes sleeping on the streets, he was never invited to stay in his friends’ places as “in the abroad (outside of Iran) friends usually meet at cafes and public places and then each one goes back to their own lives” (Roshan, 2015).

4.4.3 Healthcare

The Iranian refugees’ healthcare experiences included the self-care and coping strategies they adopted as well as their access to formal physical and mental healthcare services.

Health Lifestyles, Self-care and Coping Strategies

Migration can also lead to changes in individuals’ health behaviors and lifestyles, including the attitudes, habits, and actions that affect one’s physical health and wellbeing (Davies et al., 2009). These include self-care and coping strategies such as sleep, stress management, physical activities and movement, smoking and alcohol intake, dietary habits (Blair et al., 1985; Laaksonen et al., 2002), self-medication, as well as social participation, coping behaviors, and access to social support and assistance (Landale & Oropesa, 2001).

In this study, all participants reported experiencing changes in their self-care activities and health lifestyles after migrating to Canada, with those who arrived in Canada through Turkey (n=9) experiencing at least two periods of change. In addition to the changes associated with migration itself, several participants (n=6) also reported feeling the impact of the COVID-19

pandemic and the various measures implemented against it, on their lifestyles and health behaviors. For those who arrived in Canada just before or during the COVID-19 lockdowns (n=4), lifestyle and health behavior changes caused by the pandemic were intertwined with those resulting from migration.

In general, the most frequently mentioned lifestyle and health behavior changes were related to sleeping schedules and the quality of sleep. Four participants (F, 29; F, 52; M, 34; M, 40) reported experiencing disordered sleeping which they attributed to various things, such as fatigue resulting from manual labor, the change of diet and climate, the impact of COVID-19 lockdowns on their daily schedules, or navigating the time zone difference while maintaining contact with family and friends in Iran. Two of the participants (F, 29; F, 52) mentioned self-medicating by using pills to regulate their sleep. One of these participants commented:

I generally don't like to use meds and stuff. When I was in Iran, I used to treat myself with herbal remedies whenever I had any problems. But here, I went and bought four over-the-counter medicines because I started to have sleeping problems. Though I only used one or two of them, because after eating them not only I couldn't sleep, but I got dizzy. So, I didn't continue to use them. I told myself that apparently my body is not used to medicines and stuff. Other than that, I brought some hound's tongues from Iran with me, so I continue using them instead.³¹ (F, 52)

Similarly, another participant reported routinely using traditional Iranian herbal tea remedies, in the following words:

I brought herbs and tea from Iran. I generally use herbal stuff a lot. Things such as bitter orange blossom with cardamom or cinnamon, or things like that. Sometimes I use rose water too. This (habit) is a stable, continuous part of my life.³² (F, 29)

In a similar manner to the previous interviewee, this participant also reported using pills to cope with her sleeping problems, despite her general preference for herbal remedies over chemical

³¹ Herbs made from a plant with the same name, which is native to Europe and Asia, including Iran (Schwarzlaender, 1997).

³² Orange Blossom is referred to as 'Bahar-narenj' in Farsi.

medicines. She mentioned bringing her pills from Iran, and adjusting their daily dosages intuitively:

I brought most of my medicines from Iran because I thought it wouldn't be easy to get them here. When I first came here, I used to have some pills for being able to sleep at night. I really couldn't sleep at all. It was a tranquilizer prescribed for me by a doctor in Iran when I had the university entrance exam a few years ago. I had stomach problems and after all the tests, the doctor told me that it was only because of nervous reasons, so I had to use a tranquilizer. So, he had let me always have the pills with myself. They used to calm me down during my pre-menstrual syndrome as well. But here, I started to use a higher dose for being able to sleep. I doubled the prescribed dose. (F, 29)

As reported above, it is common for Iranian refugees to self-medicate in order to cope

with changes in their sleep patterns or increased stress. These practices of self-medication are mostly based on the use of traditional herbal teas and remedies. However, in addition to the interviewees' use of chemical medicines for sleep, two other participants (F, 37; F, 38) also mentioned using vitamins, supplements, over-the-counter medicines, and antidepressants as part of self-medication. One of the participants mentioned starting to use vitamins and supplements based on her sister's recommendation:

My sister got a vitamin D pill and then suggested that I use it since she didn't want it to expire. I started using them regularly, but I didn't pay attention to its ingredients. It had calcium, and apparently, you have to drink enough water if you use calcium supplements, but I was just using it as a Vitamin D supplement, so it ended up badly! (F, 37)

The interviewee reported quitting the use of supplements after observing physical health deterioration, as below:

I started having tooth discoloration and back pain. The pain has completely gone after I quit getting the pills. So apparently, I was using them for way too long. (F, 37)

In addition to cultural traditions, the prevalence of self-medication among the participants can also be attributed to the difficulty of booking doctor appointments or taking non-emergency medical tests at the time of the COVID-19 lockdowns. At the time of the interviews, none of the participants had been infected with the coronavirus. Still, the effects of COVID-19 and the measures adopted against it affected participants' lifestyles and health behaviors. For example,

one interviewee reported a significant decrease in his physical activities as a result of the lockdowns. He commented:

For sure it (the pandemic) has a large impact. For example, before that, I used to walk at least for 20 minutes, half an hour, or one hour each day between the buildings on my campus. Even this doesn't happen anymore. I'm always sitting at home. (M, 35)

This participant mentioned having a chronic health condition, which he used to cope with by engaging in physical activities and exercise. Therefore, the lockdowns limited his opportunities to exercise, thereby complicating his ability to cope. He described this challenge as follows:

I always try to exercise and be active so I can improve this situation. But unfortunately, because of this pandemic, I had to quit going to the gym. I have to be at home, and my physical activities have decreased a lot. And I believe I got much weaker in the physical sense. (M, 35)

Another participant also commented on the significance of exercise in his lifestyle, which changed with the COVID-19 lockdown. He commented:

Here I cut down (the number of cigarettes I smoke) a lot, because well, its financial cost is too high. When I first arrived, I used to smoke as much as I did in Turkey, and suddenly I realized that I've spent 500 dollars a month only on cigarettes. That's too much. So I reduced it a lot. Also, it's not like Turkey here: people dislike it when you smell tobacco in the workplace or school. Instead, I exercise (more). It really puts stress away from your body. So, I used to exercise and get good results until COVID-19 hit. (M, 34)

Similarly, another refugee (M, 35), who spent his waiting process in Turkey, mentioned that he started smoking there and quit after arriving in Canada. Another research participant (M, 42) reported being a smoker both in Turkey and at the time of the interview, reporting that, "It is a bad habit which gives him a special kind of peacefulness".

In most of the cases, changes in the lifestyles and health behaviors of the participants were complex, resulting in a deterioration in some aspects of their health and wellbeing, and improvement in some others. Dietary habits are one of the health behavior areas, which are subject to complex and multilayered changes during the migration process. Several participants (n=4) commented on their changing relationships with food during the different stages of their

migration trajectories, as a result of such things as: the changing availability and affordability of various food items; changing nutritional needs related to varying levels of physical activity and climate; differing food and cooking cultures across Iran, Turkey, and Canada; and changes in appetite as an emotional and/or physical response to the various consequences of migration and displacement. For example, a participant who arrived in Canada just before the COVID-19 pandemic commented on having intense worry about her relatives and family members back in Iran and losing appetite as a result. Still, she reported experiencing better purchasing power and easier access to high-quality fruits in Canada. She commented:

Even though my financial situation is not good right now, my nutrition got better (compared to Iran). Such as fruits that I could never afford to eat in Iran. For example, avocado, banana. So, I think my nutrition got much healthier, even though I don't always have an appetite because of stress. (F, 52)

In some other cases, moving away from persecution or restrictions in Iran led to positive changes affecting multiple dimensions of life, including self-care habits and other health behaviors. Comparing her experience in Iran with that in Canada, a gay female participant described how her self-care habits interacted with the sense of individual liberty and freedom she has. She reported:

In comparison with Iran, my health has been way better here. Freedom is very important for me and my well-being. Being able to schedule my days myself and make decisions for myself. As a result, my self-care has improved a lot more. (F, 35)

This participant's comment indicates how health behaviors, including self-care habits, can often interact with multiple aspects of wellbeing, including mental health.

In addition to the one-on-one interviews, the blog posts written by Iranian migrants often discussed changes occurring in their lifestyles and the lived space. Similarly, the media interviews also discussed the changes emerging in the refugees' lives as a result of migration to Canada, particularly in terms of feeling safe from harassment and life threats (e.g., CBC radio, 2017). The root-code "change in the perception of self and attitudes" appeared in 16 webpages.

While a majority of these changes were not related to health behaviors, several pages (n=5) mentioned increased life quality, the different climate, and changed diet and consumption patterns as important health determinants. For example, a blog post entitled “You get used to these” listed daily life habits that are new for Iranian migrants in Canada, including dietary behaviours such as the consumption of pork and alcohol (Iren, 2020). This post, along with two others (Ashraf, 2015a; Mohajer, 2009c) also mentioned the “calmness”, “peacefulness”, and “safety” of Canadian cities, compared to Tehran and other large Iranian towns, as factors that increased their overall life quality.

In addition to changing health behaviors and lifestyles, participants adopted various coping strategies to deal with the numerous factors undermining their health and wellbeing.³³ A majority of the coping strategies mentioned by the participants interacted with several common themes centered around creative productivity, faith, religious or spiritual activities, community activism, and strengthened virtual community ties. Furthermore, two participants (M, 34; M, 35) mentioned starting smoking cigarettes in Turkey in order to cope with the stress of the waiting process there, as mentioned above.

Four participants indicated that pursuing productive and creative activities was their primary coping strategy when dealing with the negative feelings (stress, depression) they experienced in daily life in Canada. Two of them (F, 64; F, 41) mentioned baking Iranian recipes as an activity keeping them productive and providing feelings of purpose, talent, and validation, as well as reminding them of home. For one of them (F, 64), baking also provided an occasional freelance income and a way of bonding and connecting with the members of her local church

³³ The root code “coping mechanisms” appeared in 11 one-on-one interviews and 10 webpages, while including the sub-codes of activism as coping (n=14); art and/or hobbies as coping (n=8); and religion and spirituality as coping (n=5).

community. Two others (F, 29; F, 37) mentioned engaging in painting or creating visual art as a coping mechanism, which they described as a calming and soothing activity. However, both of them also mentioned that affording art supplies and having the space to paint were strong barriers.

Spirituality and religious faith were the most prominent themes evident in participants' responses when asked about coping strategies. Three participants (F, 35; F, 37; F, 41) mentioned being inspired by new-age spirituality. Among them, one participant (F, 35) described having a spiritual mentor from Iran to whom she stayed virtually connected and from whom she received life coaching. Two others (F, 37; F, 41) reported using personal growth and self-help resources from the internet. All of these participants mentioned regularly doing yoga and engaging in meditation in order to enhance their mental health and wellbeing, while one of them emphasized the importance of the spiritual aspect of yoga for her. Four other participants (M, 35; M, 40; F, 52; F, 64) mentioned drawing on more traditional religious practices as an important coping mechanism. One of those (F, 52), who is a practicing Muslim, mentioned regularly praying and fasting as a grounding activity. She also mentioned "tawakkul", an Islamic concept referring to reliance on God and trusting in the Godly plan, as a coping skill. Three others are Christian converts, two of whom took an active role in church communities in Turkey, and the third of whom engaged in church activities in Canada.

For four participants (M, 41; M, 34; F, 40; F, 42), non-secular community support and activism were also important. For two of them, being Iranian asylum seekers in Turkey was the main dynamic shaping their community identity and ties, some of which continued after they immigrated to Canada. For one gay interviewee (F, 40), their community identity was based on being an Iranian LGBT refugee in Canada. Thus, she took an active role in organizing Pride

events and other community work. Another participant (M, 34) from the Iranian Turkic ethnic group defined his community based on ethnic identity and its intersection with being a refugee. In his case, his community activism was transnational as he focused on writing community news about Iran from Turkey and Canada. In this sense, the virtual sphere was an important aspect of community activism, as social media and the internet enabled the refugees to transcend spatial limitations thus expanding the lived space in a symbolic way.

The use of virtual networks and online spaces was not only limited to activism purposes, but also provided ways for the refugees to stay connected with family members and others. A majority of the participants mentioned using virtual links to connect with close family members and other relatives in Iran, spending most of their time on applications such as WhatsApp or Telegram, or “telling stories through voice messages to their niece to make her sleep” (F, 29). The opposite coping strategy was also mentioned by several participants (n=4), and centered on limiting communication with family and friends who stayed in Iran. Two participants (M, 34; F, 29) emphasized feeling criticized and judged by their Iranian friends due to not being able to proceed in their education and careers, especially during the early stages of their migration to Canada. As a result, both of them mentioned minimizing or cutting contact with their friends back in Iran to “protect their own mental health”.

Finally, another coping strategy mentioned by the participants was the use of virtual applications and online resources for accessing mental health support. One participant described how she got involved in various Telegram groups about personal growth and self-help, as follows:

I tried so much to connect myself with every group that has information about psychology or counselling. There are various Telegram groups where I at least read their books or documents. Also, I would do exercises that they suggest, meditations that they recommended us to do. I do some of them, or for example, I got other suggestions. For

example, one of them told me that I should find what my hobby is... and that was something that I had lost. (F, 41)

Two other participants (F, 35; F, 38) also mentioned using social media and online resources to learn about practical strategies of self-help and self-care, including yoga and meditation. One of them (F, 38) emphasized the importance of the spiritual and cultural aspects of yoga for her, criticizing mainstream Western approaches to them for “commercializing yoga and meditation”. Therefore, the practical coping strategies she used interacted with her definition of cultural and spiritual self-identity.

The coping strategies used by Iranian refugees were also mentioned in the online data, albeit in less detail. These coping strategies can be summarized as LGBT and refugee rights activism (Ballingall, 2016; Parsi, n.d.; Roshan, 2015) and future hopes (Fisher, 2014). For example, a refugee who stayed in Canada without valid documents mentioned participating in refugee rights protests with his Canadian friends, and learning about different ways of legal activism from them, including filing petitions (Roshan, 2015). In two other webpages, a former LGBT refugee described how he coped with his displacement from Iran and being a racial minority in Canada by forming an NGO to assist other Iranian LGBT refugees and asylum seekers both in Turkey and Canada (Ballingall, 2016; Parsi, n.d.).

Access to Physical Healthcare Services

Despite occasionally mentioning using preventative health care practices such as yoga and meditation as coping strategies, the research participants’ understandings of healthcare were generally limited to its biomedical aspects. That is, when asked about their access to healthcare, their responses were usually framed in terms of their access to family doctors, medical specialists, and hospitals rather than their access to, and use of, more traditional culturally-based and holistic healthcare practices. They reported various lived experiences related to their access

to formal physical healthcare services.³⁴ These included experiences involving difficulties in accessing doctors and other medical services and treatments, due to such things as the barriers and difficulties associated with communication problems, long waiting times, poor quality of care, and the high cost of care.

With regard to access to medical care, including family doctors and specialists, a number of participants (n=4) mentioned easily finding Farsi-speaking or Iranian-Canadian family doctors and specialists. However, one refugee woman who was living with a chronic illness reported having difficulties in finding a Farsi-speaking family doctor and in getting an appointment to visit a specialist doctor. She described her situation as follows:

I had an illness with which I came from Turkey. But well, it took several months until I could find a specialist doctor. Also, it was very difficult to find a family doctor. It has only been one week since we finally could find a Farsi-speaking family doctor because everyone says that they are not available. And well, you can't go to any doctor without having a family doctor to refer you and to diagnose you with a need for a specialist. Even then the waiting process for the doctor's appointment is too long. (F, 40)

As a result of these difficulties, this participant mentioned being disappointed with the healthcare system in Canada, which she described as being “incomparable with Iran as there it was much easier and simpler to have access to a doctor”. She commented:

So I had to wait 6 months. There are some illnesses, especially for women, that if you wait for six months you might get into trouble, or the illness would already go away by itself by then. (F, 40)

Similarly, another participant, who had to use emergency healthcare services two times, also reported negative experiences with the health care system, criticizing the long waiting times in hospitals and the quality and expertise of medical professionals:

³⁴ The sub-code “access to healthcare in Canada” appeared in 14 interviews and 12 webpages under the root-code “the healthcare system”, while other sub-codes included medicines in Canada (n=8), insurance in Canada (n=7), insurance and access to healthcare in Turkey (n=5), long waiting times (n=3), and paid ambulance services (n=2).

If you want to get an X-ray, (they tell you to) come after three weeks or one month, if you want an MRI, they give you an appointment for six or eight months later. These are really bad. (F, 54)

She mentioned being able to see a doctor after going through intense stomach aches for a long time, only to be given morphine and sent back home to await a sonography several months later. She described how shortly after that, she had to go to the emergency room as a result of a burst appendix:

Apparently, the doctor was so stupid that even though he tested me, he didn't understand what problem I had. They realized it when my appendicitis burst. So, they knew what had happened since 9 in the morning, but when do you think they brought me to the surgery room? They brought me there at 9 PM. So it took twelve hours for them to do that.

Similarly, when I had an accident in my workplace, I was brought to the hospital at 8 in the morning, but I couldn't see a doctor until 2 PM. (F, 54)

Another participant shared a similar experience where the doctor did not diagnose his kidney stone issue despite taking an X-ray at a hospital. Sent back to his home, he mentioned experiencing increasing pain and going to see another doctor at a walk-in clinic. After taking tests, he was referred to the hospital again to go through surgery. He described his reaction to this experience as follows:

So (what would have happened) if I hadn't gone and sought another doctor for the second time. At that time I got really upset about the first doctor, I told myself that he didn't care about me at all and told me that there is nothing and I should go. That was rude, I mean - While I actually had a large kidney stone. The last doctor also got surprised and told me that the first doctor didn't even look at my situation. (M, 34)

Participants' negative experiences and complaints about doctors were not limited to lack of access to medical services or cases of late diagnosis, but also included their attitudes and communication styles during diagnosis and treatment processes. For example, one refugee woman commented about being upset with the "cold attitude" of a doctor who diagnosed her with a lifetime disability, after "ignoring her complaints and symptoms for a long time":

I mean when she told that to me, I became really upset. And she was cold, and I was on the edge of crying. I started to cry, and I just told her that I don't know what to say. I mean, what kind of doctor is this? You are a doctor, so you should do your job! (F, 38)

She compared her doctor's behavior and attitudes with those she encountered in Iran, criticizing her for not having "cultural awareness" and "not being as welcoming as doctors in Iran":

The doctor that I had was English-speaking. I think she couldn't understand the cultural difference. For example, in Iran when someone goes to a doctor, talks with a doctor, she gets better because doctors are very welcoming, and they sit and talk with you. You (are someone who) paid, and they sit and talk with you. (F, 38)

Three participants (M, 35; F, 38; F, 64) mentioned performing agency by ignoring their health issues or engaging in self-medication due to the long waiting times encountered in hospitals and clinics. A young male participant (M, 35) mentioned ignoring the symptoms of his autoimmune disorder and occasionally trying to manage it by controlling his food intake when the symptoms were triggered. Another Iranian refugee (F, 64) mentioned being told that her hand needed surgery but delaying it due to complexities arising from the COVID-19 lockdowns, not having caretakers and supporters, and lacking financial means. Another participant (F, 38) similarly mentioned ignoring her ulcer, due to the negative mental health effects and exhaustion associated with long waiting times in hospitals. She stated:

(Since the diagnosis) I haven't gone at all to check and see if my stomach became better or worse. I had given up because I became tired. Whenever I go to the doctor for my stomach, you wouldn't even believe it, but I go at 7 am and return at 7 pm. So, you sit at the hospital for twelve hours, you see people more desperate than you, and you become crazy. You tell yourself 'Whatever, I will stay home and have some painkillers'. (F, 38)

Another aspect of participants' experiences regarding access to healthcare was related to

the availability, prescription, and coverage of medicines. Despite the publicly funded health care system in Canada, several participants (n=3) compared the lack of coverage of painkillers with the more comprehensive insurance systems that they had experience with either in Iran as citizens and/or in Turkey as asylum seekers. A participant who went through an accident and two surgeries discussed the limitations of the insurance coverage, as follows:

The cost of medical dressing was on me. Even painkillers are not covered. And this is one of their weaknesses, because in that situation, when you suffer, you have to use

painkillers. But as their insurance doesn't cover them, you have to buy the painkillers yourself. (F, 54)

Two other participants (F, 38; F, 29) mentioned self-medicating for their chronic stomachaches and cramps. One of them (F, 29) detailed using her friend's prescribed medicines, and pills that she brought from Iran, to self-medicate as the over-the-counter painkillers in Canada "didn't work for her". Another participant mentioned self-medicating as a replacement for doctor's appointments:

When you talk with doctors, that's what they do anyway. Basically, the system is run by painkillers. When they see us, refugees, they tell themselves 'Okay, just give them some painkillers'. Do they think that we are a bunch of addicts? I mean, they don't see us as humans in any sense. (F, 38)

In contrast with the generally negative experiences of these three participants with the healthcare system and insurance coverage, one participant praised Canadian doctors, comparing them with those in Iran whom he saw as manipulative and materialistic. He mentioned having positive encounters with doctors in Canada and being able to fully cover his thyroid and diabetes medications through his health insurance. He commented:

Here, the doctors have a sense of responsibility. They know that if something happens, you can sue them and ruin their life. In Iran, the doctors don't care, because no one demands accountability, you know. Well, I'm an Iranian too, but my point is to say that it is no longer a place with humanistic feelings, everything became about money. There are specialist doctors who would prescribe stupid foreign medicines only to be able to get a commission from the pharmacy, and you will end up wasting your money for nothing. (M, 40)

In addition to the one-on-one interviews, 11 webpages, including 10 blog posts and one law firm webpage featuring short interview excerpts, mentioned experiences related to the healthcare system and access to healthcare services in Canada. A majority of them mentioned free and accessible healthcare as a part of their positive representation of Canada, while some others mentioned issues such as the doctor shortage, long waiting times, and paid ambulance services as problems (n=3), leading to their negative experiences and disappointment with the healthcare system. Three blog posts were completely devoted to a discussion of access to

healthcare in Canada, comparing it with Iran. In one of the posts, the anonymous blog author compared the price of medicines in Canada with that in Iran which he called “a paradise in terms of medicine prices”, sharing how he avoided spending more money by shipping the medicines that he and his family use from Iran to Canada (Mohaj, 2009). Another post from the same blogger also compared the health care services in Iran with Canada, focusing on the long waiting times in Canada and the lack of insurance coverage of dental and visual care for adults. He also argued that, “the lack of doctors is a significant problem since the law does not allow them to bring doctors from other countries” (Mohaj, 2010b). In another post, he argued that people who work in Canadian health centers often try to “get rid of the clients quickly”, and therefore, it is advisable to “let them know that there is a big difference between someone who comes from Iran, where the doctors are always in your service, and someone who comes from (countries like) Somalia” (Mohaj, 2010c). Through this comparison, he implied that in contrast with other migrants (whom, he assumed, did not have access to proper healthcare in their home countries), Iranian migrants had higher standards since they had access to public healthcare back home (Mohaj, 2010c).

Access to Mental Healthcare Services

While several participants (n=6) mentioned their desire or attempt to obtain professional mental health support, contextual factors and multiple barriers complicated their access to such services. These barriers included but were not limited to communication issues arising from language barriers and the counsellors’ perceived social location (i.e., non-migrant white Canadian), the costs of accessing care, as well as the implications of the COVID-19 lockdowns.

All of the participants who indicated that they had wanted or attempted to access mental health care identified the language barrier as an important factor, negatively affecting their

communication with the mental health professional. Two of the participants (M, 34, F, 38) mentioned the difficulty they had in using their limited vocabulary to describe their mental health situation. One interviewee described the impact of another member of the community in familiarizing him with local mental health terms and vocabulary:

When I was in Turkey, I didn't know what depression was, I didn't even know its name. Neither when I first arrived in Canada. If Ms. A. didn't tell me that there is something called depression, I wouldn't even know its meaning, its description.³⁵ I only knew that something was wrong with me. I was exhausted, weak, not able to do anything. (M, 34)

Another interviewee described how the language barrier added to time constraints when she tried

to explain her mental health concerns to her general health practitioner. She commented:

I really had a significant language barrier, and she was always in a rush. When you are a refugee having a different language, it takes a lot of time for you to talk. I also didn't know technical medical terms. I couldn't say I'm sad or whatever. I used to go and describe what was happening. And she would quickly say okay, let's give it time. This would take a maximum of ten minutes. That's why I usually stayed silent, and she used to talk, and give me a paper and it would be done. (F, 38)

One of the research participants (M, 41) was assigned two Iranian interpreters, who were a married couple, to navigate his communication with the counsellor, by interpreting between Farsi and English during the counselling sessions. However, the presence of the interpreters, one of whom was “visibly from a political community opposed to the participant's background” made the participant uncomfortable about sharing his experiences with the counsellor, as he became worried about his privacy and confidentiality. Another participant also mentioned challenges arising from the use of an interpreter, combined with the counsellor's social location and “culture”, leading her to decrease her expectations of counselling. She stated:

My counsellor was English-speaking, and I had an interpreter. The interpreter did his best, but I could see that at some points, either the interpreter didn't translate correctly, or the counsellor didn't understand the topic at all. I was talking about issues that she didn't grow up with, she didn't have in her culture, and she couldn't understand me at all. I was aware of this. So, I was just talking to relieve myself, that's all. (F, 41)

³⁵ Ms. A.: A. Khanum in Farsi. A term to respectfully address women, in this context it is used to refer to the participant's fellow community member.

Three participants (M, 34; M, 41; F, 38), all of whom accessed mental health services in Canada in order to help them cope with depression, loss, and grief, mentioned feeling a lack of connection to the mental health professionals they encountered. They attributed this to visible social location factors, particularly the fact that these professionals were generally white Canadians and did not share the lived experience of migration. They all mentioned how their experiences of loss and grief seemed distant to psychologists and psychiatrists, who reacted in a surprised way, making the participants feel “as if they are telling an exciting story” instead of reporting on their real lived experiences. The participants stated that these reactions showed them “the lack of information” that the counsellors had about the social and political context of Iran and refugee migration, which shaped their mental health and wellbeing. One of the interviewees (M, 41) detailed his experience with a psychiatrist in the following words:

As someone who was raised here, she didn't have any understanding of the issues that I was talking about. For her, my narration is similar to reading an exciting storybook out loud. And she just sits across the room and says 'oh', 'wow', and these are all topics of excitement for her. You know what I mean? It's as if she is hearing a new story. (M, 41)
For three participants (M, 34; F, 38; M, 41), the psychologists' and psychiatrists'

reactions made them feel invalidated as if “it's all in their head”, resulting in them not using the prescribed psychiatric medicines, implying mistrust of the professional and their diagnoses. One of the refugees (F, 38) noted that she had confronted her psychiatrist, stating her experience of “not being properly listened to”, “not being taken seriously”, and being invalidated by the mental health professional. After this, she replaced psychiatric counselling with self-help activities, such as learning yoga and meditation from online tutorials and regularly practicing them.

Despite the significance of the language barrier and challenges arising from the counsellors' social locations, one participant stated that the most important barrier against her continuous access to quality mental healthcare was related to financial constraints (F, 41).

Similarly, another participant (F, 54) mentioned not seeing a psychological counsellor due to the financial burden, despite going through the trauma of witnessing a homicide and encountering police and judicial authorities about this incident in Turkey. The only exception to this occurred when a refugee assistance organization assigned her a counsellor with whom she held two brief sessions after she was retraumatized due to a police raid on her house, which were insufficient to address her needs.

Another important barrier against access to mental health care involved stigma, which was mentioned by one participant (M, 41) who was a political activist in Iran. He described the shift in his perspective towards accessing mental healthcare, in the following words:

To accept that one's problem is a mental problem is itself a long-term process. Especially for us, who were raised in a country where people think that only insane people go to see psychologists. We are from there too, so naturally, it wasn't an easy thing for us (either). We always thought that, if there is a problem, it is because of the Iranian regime, and we don't have any problems. We used to overlook that the problems that they have created also resulted in us having many problems now. (M, 41)

This participant referred to his previous tendency to focus on political problems at the expense of overlooking his own mental health needs. He explained how he had gone through a long-term process through which he replaced this tendency with support-seeking behaviors, actively looking for a suitable counsellor to address his mental health needs until he was able to find one four years after arriving Canada.

Specific barriers to access to healthcare also arose during the lockdowns resulting from the COVID-19 pandemic. For example, a participant (F, 29), who arrived in Canada during the early months of the pandemic, mentioned she felt she needed to get mental health support after the trauma she faced in Iran, but not being able to access it. During the lockdowns, she stayed with her sister and sister's family who "helped her with everything", including legal, linguistic, and financial assistance. In this context, she refrained from trying to access telephone or video

counselling due to privacy concerns. Her concerns arose from her lack of access to a personal room or other personal space, which made it challenging for her to talk without being heard by others in the house, whom she “felt indebted to” and didn’t want to “feel bad because of her problems”. Thus, in her experience, the lived relations heavily influenced and limited her presence and activities in her lived space. In sum, although several participants mentioned the desire to obtain professional mental health support, or attempted to do so, contextual factors complicated the communication process with counsellors and access to quality mental health care.

Another aspect of access to mental health care that was discussed in the interviews was around participants’ lived experiences with the prescription, use, or lack of use of psychiatric medication. Several participants (n=4) reported using or having used psychiatric medication at some point in their life in Canada. One of them (F, 38) mentioned being prescribed antidepressants when she first arrived in Canada, in 2013, by her doctor who told her that “being away from her family made her depressed”. However, although she used to regularly receive boxes of antidepressant pills from her doctor, she reported never using them. Despite this, however, she reported being on “very strong antidepressants” at the time of the interview, which were prescribed to her by her Iranian Canadian doctor “to target her anxiety which increased because of her schoolwork”. She explained:

I never consumed pills in my life before. I always thought why should I even use pills?

So, I didn’t use them either. But this year I started to use antidepressants regularly.

Before that, I also tried them for a while, but I responded very badly, it wasn’t good at all.

I wasn’t even able to wake up in the mornings. So, I stopped. (F, 38)

Another participant explained how she started to use antidepressant pills in Canada after a doctor noticed the physical impacts of her worsened mental health due to pre-migration trauma. She started using medicines before getting counselling, which she avoided due to her concerns about

the language barrier. However, she described not expecting to get a permanent solution from using medicines, in addition to being affected by increased fatigue. She commented:

One day at the clinic, a doctor saw that I'm not very well like I had low tension, and my mental situation was not good at all. He asked me if I would like to get counselling. I responded and said I don't know if that would be even helpful or not. I didn't know the language at all, so. He told me that he recommended getting counselling, and he also gave me some medicine. So, I started with taking pills. The tranquilizer pills usually make you sleepy, they make you more tired. I believe that medicines don't have any benefits at all, as long as one's mental condition is not treated. It's just temporary. It's like a sedative. (F, 41)

Another lived experience was narrated by a young male refugee, who became familiar with mental health terminology and the counselling process only after arriving in Canada. He was referred to a psychiatrist by fellow community members and prescribed psychiatric medicine. While he used psychiatric medicine, about which he did not have any detailed information, for a long time, he made the final decision to stop taking them without consulting a professional. He described this process in the following words:

I was talking with Ms. A., and it was the first time that she told me that 'you might be depressed, go to a doctor'. So, they brought me to see their own family doctor because I was depressed. That doctor prescribed me some pills. The blue pills, the most common depression medicine, that I was supposed to take twice a day. I took them for six or nine months. I used to take them irregularly though. But after a while, without seeing the doctor, I stopped taking the pills myself. (M, 34)

All three of these participants had complex histories of psychiatric medicine use, where trust in and reliance on Western medical and mental health professionals stood alongside a degree of autonomous decision-making and agency. This autonomy and agency was seen, for example, in the case of the young male refugee who quit taking the medicines, or the hesitant remarks of another participant (F, 41) about the effects of the medicines. A similar case was shared by an older refugee woman, who decided to use pills on her own, and approached her doctor with a specific prescription request based on her decision. She detailed this as follows:

I told my family doctor that. Well, I used to have Xanax in Iran, and it used to affect me very well without any side effects. So, I told him to prescribe me at least four or five

pills. But he didn't. He said we wouldn't prescribe it; do you want to be an addict? I said I won't get addicted to four pills, I just want to be able to sleep easily and this stuff, but he didn't prescribe it anyway. (F, 54)

Another participant (M, 41) was prescribed psychiatric medication in a context where he was looking for in-depth and effective personal therapy. The counselling session was so short and brief that the participant ended up feeling unheard and did not use the prescribed medicines. He commented:

The first psychiatrist that I was sent to - I went and sat there, and she told me 'Why do you think you have a problem?' And I didn't understand this question. I said 'what do you mean by this? If I didn't have a problem I wouldn't come here anyway'. Then she said 'okay, take this and use them three times a day'. So, she prescribed pills for me. I mean, this happened after a conversation taking less than twenty minutes. (M, 41)

After feeling rushed and neglected, this participant described continuing to try to navigate the system and seek a mental health professional suitable to his background and needs. Despite encountering multiple challenges, he mentioned finally accessing effective psychotherapy, after seeing three counsellors and taking a break of several years during which he "dealt with life alone". He detailed this process in the following words:

The second time that I had continuous sessions was in a community center here. It was with a psychologist lady, and it was where big changes in my perspective towards my issues, my problems, even towards the loss of my loved ones, had started. But we really floundered around until finally reaching that stage. (M, 41)

Despite the relative significance of this topic in the participants' interview responses, the online data about Iranian refugees rarely included content about access to mental healthcare. The only exception was a piece written by the LGBT refugee activist Arsham Parsi, who commented:

LGBTQ refugees face serious obstacles such as limited access to employment, housing and particularly mental health services when they arrive in Canada. Many of us have experienced trauma during our years of waiting and are in need of counselling. But there's a long wait list for psychotherapists and Farsi interpreters. Finding a real friend to talk to is so hard that many LGBTQ refugee newcomers become suicidal (Parsi, n.d.).

4.4.4 Summary

The thematic analyses revealed that Iranian refugees in British Columbia have complex and diverse health trajectories contextualized by their lived time (i.e., migration phases) and lived

space (i.e., Iran, Turkey, and Canada). These included various changes in their physical health, mental health, and access to healthcare. As discussed above, refugees experienced changes in their physical health due, in part, to their experiences before and during migration. They also experienced changes in their lifestyles and health behaviors following migration and displacement, which in turn also affected their physical health and their lived body. In addition, Iranian refugees' mental health was shaped by pre-, during, and post-migration experiences with trauma, grief and loss, stress and worry, social isolation, and loneliness, the latter of which were shaped by lived relations. The refugees' access to physical and mental healthcare was affected by various barriers, including long waiting times, language issues, financial limitations, stigma, and care providers' social locations. They performed agency by responding to these constraints through changes or stabilities in their health behaviors and lifestyles, such as reliance on Iranian herbal medicine for self-care. Furthermore, they developed coping strategies, which were based on such things as faith, religious or spiritual activities, community activism, strengthened virtual community ties, and creative productivity.

In the following chapter, these results as well as those obtained with regard to the migration trajectories of Iranian refugees are discussed in relation to the research questions posed at the outset of this study as well as the theoretical frameworks adopted to guide the analyses. The theoretical, research, and policy and practice implications of the findings are also discussed.

Chapter Five: Discussion and Conclusions

This study was conducted in order to explore the migration and health trajectories of Iranian refugees who migrated to Canada in years following the 2009 summer political protests in Iran. Its primary objectives were to examine: (1) how these refugees understand and view their migration and health-related experiences; and (2) how they perform agency and power in the constrained frames of their migration and health trajectories. Within these primary objectives, the study also sought to address the role of social factors, including social location and more macro-level systemic power relationships, in influencing the refugees' experiences. The analyses were informed by three theoretical frameworks including intersectionality, political economy, and phenomenology. Methodologically, a phenomenological framework based on lived experiences was used to address these issues. The analyses were based on data collected through qualitative interviews with fifteen Iranian refugees living in British Columbia, Canada as well as through online first-person accounts published in weblogs and other websites.

The discussion that follows begins with a focus on the migration trajectories of Iranian refugees, showing their pre-migration, during migration, and post-migration lived experiences. The review continues with a similar focus on the refugee health trajectories, illustrating their lived experiences of physical health, mental health, and healthcare access. The findings are then examined in the context of this study's research questions, theoretical frameworks, and previous literature on Iranian refugee migration and health, with an emphasis on the contributions of this study to knowledge in this area.

5.1 The Migration Trajectories of Iranian Refugees

The post-2009 Iranian refugees in Canada viewed their migration trajectories in diverse ways, which varied according to their lived experiences during the pre-migration, migration, and post-

migration phases. The research participants had different experiences in terms of their ways of crossing the Iranian border, the place and duration of their waiting process, and their views of Canada after becoming permanent residents or citizens. Their performances of agency and power in the context of these migration trajectories were shaped by the presence of transnational networks consisting of family and community members, immigration lawyers, and human smugglers, among others. After obtaining Canadian permanent resident status, Iranian refugees often reevaluated and redefined their lived experiences in Canada in terms of their pre-migration expectations of a 'Canadian dream' or a post-migration realization of 'the Canadian mirage'.

5.1.1 Pre-Migration Experiences

The pre-migration experiences of the Iranian refugees can be discussed in terms of the decision-making process and their expectations about life in Canada. The decision-making process of the Iranian refugees was based on a diverse range of motivations, strategies, and plans. Since a majority of the refugees were convention refugees, who were referred to Canada by the UNHCR after having their refugee applications accepted in Turkey, other than informing the UNHCR regarding their preferred destination country, they were not able to decide where to go. Instead, decision-making regarding their status as refugees as well as their ultimate destination and time of departure was in the hands of the UNHCR and/or other institutional actors. Thus, the spatial and temporal aspects of their lived experiences (i.e., lived space and lived time) were mostly beyond their own control, particularly during the waiting process.

However, all of the refugees made or participated in the decision to leave Iran, thereby demonstrating their agency and power, albeit in very different contexts (social, political, and economic). For example, while the motivation for some refugee women was to get away from

the conservative lifestyle restrictions evident in Iran (changing or shifting the embodied aspect of lived experiences), for others the decision-making process was initiated by their wish to get away from a former husband or fiancé (changing their lived relations). Other research participants decided to leave Iran because of the persecution based on their own (or their spouses') political activities or their sexual orientation. Still others, including some refugee men, made the decision to leave Iran because of the impact of economic sanctions on their socioeconomic status and living standards. While this motivation does not appear consistent with the Geneva Convention's definition of a refugee, a common belief among all research participants was that "anyone who is born in Iran is already entitled to request a refugee status" (M, 35) due to the social, political, and economic restrictions evident in the country.

The Iranian refugees' expectations about life in Canada differed based on their migration trajectories, which were influenced by their social locations (e.g., sexual orientation) and macro-level power relationships (e.g., the role of the UNHCR). Those who came to Canada as temporary residents or visitors and who applied for refugee status as inland refugee claimants generally had fairly specific expectations about life in Canada. These included having a social, economic, and political life that did not hold the negatively perceived traits of their lives in Iran. The specific examples that were given by the Iranian refugees for the latter included high inflation and the low purchasing power of citizens, low salaries, workplace problems including mobbing and favoritism, the highly dense traffic of the major cities of Iran, tight travel restrictions imposed on those holding Iranian passports, and poor education quality. Other examples included persecution and human rights abuses against women and LGBT individuals.

In contrast, the convention refugees who migrated through Turkey did not have much control over their country of destination, which shaped their lived space. Therefore, their pre-

migration expectations about life in Canada were more general. Nevertheless, they included expectations about being safe from political persecution, having freedom of speech, and enjoying the rule of law, democracy, and human rights. Despite their differences in terms of specificity, both sets of expectations had in common the fact that they reflected an idealized version of life in Canada, which can be conceptualized as ‘the Canadian dream’. Interestingly, this idealized view was evident in both the in-person interviews and many of the online accounts available to potential migrants.

5.1.2 During Migration Experiences

Iranian refugees experienced lived space in different ways as they crossed the Iranian, Canadian, or Turkish nation-state borders. While this process was traumatic for some, especially those who crossed the Iran-Turkey border illegally, for others, particularly those who came to Canada on temporary visas, this process was relatively smooth and easy compared to other phases of their migration trajectories.

Yet, regardless of their differences, it became clear that crossing the Iranian border with the intention of becoming a refugee represented a crucial turning point in the lives of all of the participants. Crossing the border influenced all aspects of a refugee’s lifeworld, including their lived time, space, body and relations. It marked a temporal break from one’s past and a spatial break from one’s homeland. It was embodied through the refugees’ physical act of movement. Once nation-state borders were crossed, the refugee’s body was no longer subject to the Iranian state’s restrictions but rather, to those of the international refugee regime. These included the norms, laws, and conventions regulating the responses of governmental, non-governmental, and intergovernmental agencies to refugee migration and displacement (Betts, 2015; Keely, 2001). Finally, the intersubjective and relational aspects of crossing the border involved the agents of

this regime, including the border agents and institutions receiving the refugee claim, as well as human smugglers and other refugees. This aspect was also linked to the political-economic dimension of refugee migration, through the various relationships and material exchanges that maintain the border crossing process.

Whereas the refugees' experiences during the border-crossing phase differed, the waiting process was reported to be challenging by all participants insofar as it was characterized by uncertainty regarding the future, thereby influencing the temporal aspect of lifeworld (lived time) the most. Being in limbo between the past and the future, the refugees experienced lived time as a symbolic pause or interruption between their pre-migration and post-migration lives. Thus, it can be argued that during this process, lived time was symbolically standing still. Yet, significant variation existed between the lived experiences of those who spent the waiting process in Turkey (i.e., Convention refugees) versus those who were in Canada (i.e., inland refugee claimants). First of all, Convention refugees reported higher levels of stress and feelings of uncertainty regarding the future, since their final destination country was not clear until the end of their waiting process, unlike the inland refugee claimants who were already in their destination country. Therefore, for those in Turkey, the waiting process implied an impermanence of both lived time and lived space. For several research participants who were Convention refugees, the determination of the country of resettlement took more time than expected, due to the impacts of the war in Syria and the travel ban imposed by the Trump administration in the United States targeting citizens of Muslim-majority countries (CBC, 2017).

Second, Convention refugees reported experiencing financial hardships and the challenges of working without work permits and financial assistance in Turkey. Those in Canada, on the other hand, were able to obtain a work permit and become legally employed, in

addition to receiving regular financial assistance from the government. This difference between the economic conditions in these two countries can be attributed to the fact that Turkey, unlike Canada, viewed refugees as temporary residents and thus, did not attempt to integrate them into the economy. In contrast, in Canada, which has a much older working population than Turkey (OECD, 2022; Zimonjic, 2022), refugee claimants were expected to become active workers and taxpayers even before receiving permanent resident status.

Yet, an additional challenge that inland refugee claimants faced was having to go through a sharp transition from Iran to Canada, which was experienced as an entirely different social, cultural, and political context (lifeworld) by a majority of the participants. This sharp transition, which was described as a “move from hell to heaven” by one of the participants (F, 52), was significantly different from that experienced by most Convention refugees who were already used to living outside of their home country and navigating the social, economic, and political conditions of a relatively Westernized country (i.e., Turkey), before arriving in Canada. That being said, it can be argued that Convention refugees faced a double challenge since they had to transition from one country to another at least two times (from Iran to Turkey and from Turkey to Canada).

Finally, the participants’ lived human relations, that is, their interactions with the local and Iranian communities, were significantly different between those who waited for the asylum decision in Turkey and those already in Canada. Participants who migrated through Turkey often reported having close relations with other Iranian refugees in Turkey who were sometimes described as ‘becoming like a family’. Similarly, many of those applying for asylum in Turkey (e.g., F, 64; F, 41; M, 34; Denizli; M, 34 Van) reported having positive relationships with the local Turks, including collaborating with Turkish immigration police or NGOs as volunteers or

interpreters. In contrast, those who spent the waiting process in Canada mentioned having extremely limited or no contact with local Canadians. Instead, several participants mentioned perceiving Canadians as ‘distant’, ‘cold’, and ‘too different from Iranians’. Often, these participants also reported uncomfortable interactions with other Iranians in Canada, which led them to avoid building relationships with these members of the community. It can be argued that the participants’ conceptualizations of cultural proximity and difference play a role in building and sustaining close relationships with locals. From an intersectional perspective, it is worth noting that four of those who reported having close relationships with Turks came from Iran’s own Azerbaijani Turkish ethnic community, which has linguistic and cultural similarities with Turkey’s ethnic Turks (Salehi & Neysani, 2017).

5.1.3 Post-Migration Experiences

The last phase of the Iranian refugees’ migration trajectories included their post-migration experiences, which differed depending on their previous migration histories, social locations (i.e., intersections of gender, sexual orientation, class and socioeconomic status, religion, and age), and political and economic policies affecting them. For a majority of the research participants, who were Convention refugees, the post-migration phase was the result of a process of resettlement in Canada, after they arrived as holders of permanent resident status. Regardless of their different experiences during the waiting process in Turkey, a majority of these resettled refugees reported experiencing significant relief from the impermanency and precarity of spending their time waiting in Turkey without knowing their final destination, after arriving in Canada. In addition, several refugees compared the state of being a foreigner (Tr: “yabancı”) in Turkey with being a permanent resident or citizen in Canada, emphasizing the relative sense of stability that the two latter options gave to them.

On the other hand, feelings of social isolation and loneliness (lived relations) also were commonly reported following arrival in Canada, and were compared by some to the social support available from other Iranian refugees and local Turks during the Convention refugees' waiting process in Turkey. Those who reported loneliness often attributed this to perceived differences in the culture, social life, and interpersonal relationships evident in Canada compared to those evident in Iran and Turkey. Social isolation, on the other hand, was commonly attributed to refugees' distance from their previous support systems, including family members and close relatives, combined with the impacts of the COVID-19 pandemic. These differences made it more challenging for the refugees to re-establish their networks of social support following migration.

Other challenges that were reported included economic hardships arising from the refugees' lack of Canadian education credentials and former Canadian work experience, the difficulties imposed by the housing shortage in British Columbia, and barriers in access to healthcare. Both the online data and in-person interviews highlighted specific challenges faced by LGBT refugees, including increased social isolation resulting from homophobia and transphobia within the Iranian community. Together, these negative experiences resulted in significant disappointments for several Iranian refugees, who described their previous expectations and representation of Canada as a "mirage" or an "illusion". As a result, some refugees emotionally invested in future hopes of travelling or moving somewhere else as a way of claiming power and agency over their lived experiences, particularly their lived space. For some others, the post-migration experiences were mostly positive, particularly in comparison to their pre-migration and during migration experiences in Iran and/or Turkey.

As mentioned above, various aspects of refugees' social locations have specifically shaped their post-migration experiences, both in negative and positive ways. Among these, the impacts of gender and sexual orientation were most frequently mentioned, both in the in-person interviews and the online data. Both women and LGBT refugees compared their feelings of safety and individual freedom in Canada with their experiences of persecution and discrimination in Iran and Turkey. However, for several refugees who came from a better socioeconomic status in Iran compared to the others, downward socioeconomic mobility became a significant aspect affecting their post-migration experiences negatively. For those who were older than 50 years old, this aspect was experienced in an even more challenging way since they did not have any hope of reobtaining their pre-migration degrees and work experience in Canada. For another refugee, religious identity (i.e., being a Christian convert) was a key component of his expectations about receiving social and community support, which led to disappointment when they were not fulfilled.

5.1.4 Interpreting the Findings on Migration Trajectories in Relation to Theory and Research

Referring back to those research questions that focused on Iranian refugees' migration trajectories, the results of this study showed that;

1. Post-2009 Iranian refugees in Canada understand and view their migration-related experiences from a variety of perspectives that range from defining their migration trajectories as achieving the Canadian dream to seeing themselves as chasing after the Canadian mirage. Despite these variations, they commonly see their departure from Iran as 'refugees' as a turning point in their lived experiences.

1.1. The migration-related experiences of the Iranian refugees, and their responses to these experiences (particularly as coping strategies), differ depending on specific aspects of their social locations, namely gender, sexual orientation, age, socioeconomic status, and religious affiliation.

1.2. Macro-level systemic power relationships, namely those between the UNHCR, the nation-states, and the NGOs, as well as those between refugees and immigration lawyers and/or human smugglers, shape and affect refugees' migration trajectories in a determinative way. As discussed below, these institutions, especially the UNHCR and the Canadian nation-state, have the power to end the Iranian refugees' migration trajectories by rejecting their applications.

2. The Iranian refugees perform agency and power in the constrained frames of their migration trajectories, through various behaviors and strategies, including coping mechanisms adopted during and after migration. In the pre-migration phase, the participants exercised varying levels of agency often by using their transnational networks to make the decisions about becoming refugees and moving to Canada. These included using fake passports to travel to Turkey or obtaining tourist visas to arrive in Canada. During and after migration, refugees performed agency through adopting various coping strategies such as community activism, faith, and productivity. Some of them also emotionally invested in future hopes about moving to another destination, thus continuing their migration trajectories.

2.1) The expectations, perceptions, and strategies that contextualize the ways in which the Iranian refugees perform agency before, during, and after their migration to Canada also vary according to the refugees' social locations. The expectations and perceptions that refugees have before and during migration range from getting away from social and political pressures and persecution to improve their overall living standards. These variations, in turn, shape their

perception of life in Canada as a ‘Canadian dream’ or a ‘mirage’ and their strategies of coping with the challenging aspects of migration and displacement.

Overall, my findings revealed that post-2009 Iranian refugees in Canada understand and view their migration trajectories through different lenses. However, leaving Iran was a crucial turning point for all of them. It changed their lived time and lived space by associating Iran with the past and being a refugee with the present (including the state of being in limbo) and the future. As refugees, their lived bodies were marked by the constraints, limits, and boundaries placed on them by nation-state borders and international organizations, including the UNHCR, defining who belongs and who does not. Their lived relations, similarly, were shaped by hierarchical power relationships defined by these macro-level institutions, which were constantly reproduced in their interactions with others, including their friends and families, fellow refugees, human smugglers, immigration lawyers, Turkish immigration police, UNHCR officers, and NGO workers.

While social locations played important roles in shaping the refugees’ views of their migration trajectories, their migration status (as refugees) was the most significant aspect of the research participants’ social location in defining their understandings of these trajectories. Yet, despite this commonality, the Iranian refugees’ migration-related experiences and responses to them differed based on intersections involving refugee status and other social locations, particularly gender, sexual orientation, class, age, religion, political affiliations, and ethnicity both before, during, and after migration. Furthermore, different temporal and spatial settings (i.e., the duration and location of the waiting process involved or whether it was spent in Turkey or Canada) also affected their overall experiences of migration and responses to them. Specifically, women and gay refugees’ pre-migration experiences were often characterized by

gender-based and homophobic persecution, while they reported experiencing relative individual liberty and freedom in Canada during the waiting process and/or post-migration phases.

Intersections of class and refugee status were significant for the participants in various phases, making them ineligible for other migration categories, shaping the living conditions during the waiting process and being affected by downward mobility experienced after migration. Age also played a role for some refugees, since older refugees believed that they did not have enough time to obtain new education and work credentials following their migration to Canada. Religious affiliation and political persecution mostly intersected with refugee status through shaping the decision-making process before migration, and coping strategies during and after migration. Similarly, ethnicity shaped the refugees' coping strategies during the waiting process, with those reporting Turkic ethnicity being able to draw on social and community support while in Turkey.

Being a refugee was also the main determinant of their positions in the power relationships with, and between, macro-level institutions such as nation-states and the UNHCR, as well as meso-level agents such as NGOs, human smugglers, and migration lawyers. Consistent with political economy theorizing, macro-level systemic power relationships shaped the refugees' lived migration trajectories through the actions, decisions, and/or guidance of institutions such as the UNHCR, nation-states, human smugglers, immigration lawyers, and NGOs. Refugees stood on the disadvantaged side of the power relationships with each of these agents since their migration processes and trajectories were significantly determined by their policies, actions, and decisions. Indeed, the UNHCR (for the Convention refugees) and the Canadian state through its Immigration and Refugee Board (for the inland refugees) had the power to put an end to their migration trajectories by denying their applications. Their decisions

to accept these applications were also the main determinants of transition to the post-migration phase.

Furthermore, for Convention refugees, the decisions made by Canada and other nation-states (e.g., the US) to accept refugees for resettlement was crucial for ending the waiting process. Yet, the refugees had almost no control over this process, which was often dictated by foreign policy and international events (e.g., the Syrian war or Trump's travel ban against Iranians and citizens of other Muslim-majority countries). Similarly, agents such as immigration lawyers and human smugglers had crucial roles in linking the pre-migration phase to the migration process, through influencing the refugees' decision-making and/or through facilitating their border crossing. For Convention refugees, the Turkish nation-state, its immigration police officers, and NGOs (i.e., ASAM) were important institutions in shaping their lived experience during the waiting process. They did so by determining the rules, obligations, and limits to freedom governing their status as refugees (i.e., through the mandatory residence requirement and obligation to give weekly signatures to the police) and, in the case of NGOs, by presenting a space for refugees to connect with social workers and fellow refugees.

Despite the crucial roles of these macro-level institutions and the unequal power relationships evident between them and the refugees, the Iranian refugees still performed agency and power in the constrained frames of their migration trajectories. They did this throughout the pre-migration, migration, and post-migration phases, by relying on different expectations about life outside Iran, perceptions of Canada, and strategies to cope and adapt to their situations or to change them. In the pre-migration phase, these included deciding to leave Iran as refugees and taking action to get away from the financial, social, and political restrictions in Iran with the perception of Canada as a place where they can be away from these restrictions, pressures, and

persecution. In the waiting process, they included the use of coping strategies built around social and community support. In the post-migration phase, the refugees re-evaluated their decisions and emotionally invested in future plans, including plans to leave for a third country or return to Iran, through which they often coped with the post-migration challenges.

Overall, these findings point to the value of linking phenomenology, intersectionality and political economy theorizing for an understanding of refugees' lived experience throughout their migration trajectories. In doing so, they also provide some support for the findings of previous research focusing on Iranian migrants and refugees' lived experiences of migration. Specifically, both the phenomenological interviews and online data analysis showed that despite sharing a common national origin and migration status, intersecting identities such as class, gender, sexual orientation, religion, and political affiliation further differentiated and diversified the Iranian refugees' lived experiences (e.g., Ghorashi, 2003; Karimi, 2020a, 2020b). Both data sources showed that this diversity led to the reproduction of social divisions within the Iranian refugee community, which overlaps with the previous literature's findings about divisions within the diaspora (Bailey, 2008; Darvishpour, 1999; Khoshkharam, 2021).

In particular, findings about divisions based on sexual orientation, which manifested itself through the social isolation of LGBT refugees from the rest of the Iranian community because of widespread homophobia, was relatively consistent across the in-person interviews, online data, and previous literature about this community (e.g. Karimi, 2020a, 2020b). Similarly, the in-person interviews and online data supported previous literature pointing to mistrust among the members of the Iranian community (e.g. Bailey, 2008; Darvishpour, 1999; Khoshkharam, 2021). However, in terms of gender, neither the in-person interviews nor the online data supported previous findings indicating that women refugees were socioeconomically more

successful and had more positive experiences in the post-migration phase, compared to men (e.g. Darvishpour, 1999; Ghorashi, 2003; 2020).

In addition, the findings supported the literature's discussion of the common challenges faced by Iranian refugees, including experiences with pre-migration persecution, the hardships of the border crossing and waiting process, and post-migration downward socioeconomic mobility (Durmaz et al., 2017; Ghorashi, 2003, 2020; Kalfa-Topateş et al., 2017, 2018; Khoshkham, 2021; Najjar, 2020; Vaghefi, 2014). For example, the social and economic challenges faced by Convention refugees during the waiting process in Turkey were once again confirmed both in the phenomenological interviews and online media interviews.

While existing literature did not include studies focusing on the waiting process of Iranian inland refugees in Canada, this study compared their lived experiences with those who spent the waiting process in Turkey, revealing three main differences in social and community support (i.e., its relative absence in Canada), financial support (relatively absent in Turkey), and concerns about the country of resettlement (absent for the inland refugees). Also, in contrast to previous research as well as with findings from the participant interviews conducted here indicating that the disregard of refugees' non-Canadian work experience was a recurrent problematic experience (Creese & Wiebe, 2012; Dossa, 2002, 2004), the online media interviews represented it as an occasional/isolated occurrence based on individual employers' attitudes rather than as a systemic issue (Golestan, 2021).

Another theme that was evident both in the literature and the in-person interviews as well as the online data was the strength and resilience of the Iranian refugees. This was particularly evident in their coping strategies. The results of the in-person interviews revealed that faith and relying on God were common coping skills, which overlapped with a previous study's results

(Hormozi et al., 2018). Furthermore, data from interviews and online resources supported the literature by showing the refugees' strength and adaptability, including integration to Canadian society through learning the language and becoming employed (e.g., Danesh, 2019). In addition, both the online data and interviews revealed that activism was another coping strategy commonly adopted by the Iranian refugees. This provides a new contribution to the literature.

This research also went beyond the existing literature about Iranian migrants and refugees by demonstrating their post-migration re-evaluations of their decision-making, their comparisons of Iran, Turkey, and Canada, as well as their future plans, which included moving to a third country or returning to Iran. In general, the literature views the post-migration phase as the final stage of the refugees' migration trajectories without focusing on the re-evaluations afterwards (e.g. Danesh, 2019; Ghorashi, 2020; Hormozi et al., 2018). Refugees' subsequent migration to third or fourth countries or return to the country of origin or temporary asylum are not recognized in existing literature. In contrast, through in-person interviews, this research illustrated that in some cases, plans of moving to another country, including Turkey, or returning to Iran, are parts of the Iranian refugees' future plans.

In addition to the contributions discussed above, another original aspect of this research is its focus on Iranian refugees in Canada, specifically British Columbia. Previous literature has rarely studied Iranian migrants and refugees in Canada. Those that did often only focused on a specific group such as LGBT refugees or migrant women (e.g., Bailey, 2008; Karimi, 2020a, 2020b). The results of this study showed that in general, Iranian migrants' and refugees' experiences in Canada are, in some ways, similar to their experiences in other Western countries such as the United States and the United Kingdom. These similarities included relying on their own strength, agency, values, and/or faith to cope with the consequences of displacement

(Danesh, 2019; Hormozi et al., 2018). However, there are differences as well. For example, as noted, one significant difference involved findings regarding gender differences in the socioeconomic status of migrants and refugees in Sweden compared to Canada. While several previous studies showed that Iranian refugee and migrant women experienced an increase in socioeconomic status following migration to Sweden (e.g., Ahmadi Lewin, 2001; Darvishpour, 1999), both data sources used in this study showed that regardless of gender, Iranian migrants and refugees often experienced a decrease in socioeconomic status after migration to Canada. There is a need for future research with a broader geographic and demographic scope (including provinces other than BC and a more diverse sample). This is needed in order to facilitate an understanding of exactly whether and how Iranian refugee experiences are differently shaped in Canada compared to other receiving countries (e.g., Sweden), and if so, whether this reflects the lack of recognition of non-Canadian degrees and work experiences in Canada and its impact on the refugees' socioeconomic status.

5.2 The Health Trajectories of Iranian Refugees

The health trajectories of Iranian refugees include their lived experiences related to physical health, mental health, and access to healthcare. The physical health of the refugees was affected by lifestyle and health behavior changes resulting from migration and displacement as well as by their mental health, while their mental health was shaped by trauma, grief and loss, stress and worry, social isolation and loneliness. They coped with these experiences through various strategies based on faith, religious or spiritual activities, community activism, strengthened virtual community ties, and creative productivity as well as the use of health care services and treatments. Finally, Iranian refugees faced multiple barriers limiting their access to physical and mental healthcare. These included long waiting times, language barriers, financial constraints,

stigma, and the differences between their own and the care providers' social locations.

5.2.1 Physical Health

The lived experiences of Iranian refugees reflect changes in physical health as well as in health behaviors and lifestyles that occurred in conjunction with migration to Canada. Most of those who were interviewed reported experiencing stable or improved physical health after arriving in Canada. Improvements in health were seen to be a result of increased access to such things as clean air and more nutritious food. Many Iranian refugees also reported changing health behaviors, such as exercising more, having a more nutritious diet, improved sleep quality, and in the case of one refugee, quitting smoking. However, in accordance with the healthy immigrant effect thesis, several participants reported being in good health prior to their arrival in Canada but as having experienced deteriorating physical health after arriving. In general, this deterioration was considered a result of their unemployment or poor working conditions, as many reported experiencing a decline in their socioeconomic status compared to Iran. As a result of their lack of Canadian credentials and work experience, many Iranian refugees who were previously white-collar workers or entrepreneurs, had to work in (often multiple) physically demanding manual jobs for long hours at the time of the interviews. The physically demanding conditions of their jobs, together with the impacts of the stress related to work workload and downward social mobility, led to deteriorating physical health for several Iranian refugees.

In addition, for those who arrived in Canada during or just before the COVID-19 pandemic, the changes brought about by migration were intertwined with those caused by the pandemic measures, including lockdowns. As a result, several research participants reported experiencing the negative physical health consequences of not being able to exercise and the increased stress associated with pandemic-related uncertainties that adversely affected their sleep

schedules and/or pre-existing chronic health issues. Finally, an online interview with a former Iranian refugee showed that he had permanent physical pain in his arm because of an attack by a group of men who targeted him because of his sexual orientation during his waiting process in Turkey.

5.2.2 Mental Health

To a large extent, the Iranian refugees' mental health was found to be shaped by the trauma, grief and loss, stress and worry, social isolation and loneliness that they experienced in various phases of their migration trajectories. These included the pre-migration traumas (including social, political, and legal persecution, violence, and the deaths of loved ones) experienced in Iran, which led or contributed to their migration decision-making. In addition to pre-migration trauma, the migration process itself was traumatizing for several participants, especially those who crossed the Iran-Turkey border under the direction of human smugglers. Grief and loss were also themes that characterized refugees' mental health, manifesting as sadness because of the losses of direct contact with one's loved ones, one's sense of home and homeland, and/or one's previous sense of self during the migration trajectory. As well, the uncertainties linked with the migration process, particularly the waiting process in Turkey, often led to stress and worry about the future. The pandemic further exacerbated feelings of worry, especially for those who had close family members back in Iran. These issues were often accompanied by post-migration social isolation and loneliness, even for those who had relatives or family members in Canada. Despite the presence of a large Iranian community in Canada, many refugees mentioned having complex relationships and uncomfortable interactions, shaped by lack of trust and political, cultural, gendered, and class-based divisions, with other Iranian refugees and migrants.

The refugees' lived experiences of trauma, stress and worry, loss, social isolation and loneliness were mentioned in blog posts and online interviews as well, although in a less significant way. These online discussions of refugee mental health were mostly limited to the challenges faced by the LGBT refugees before, during, and after migration to Canada, including discrimination faced by the Iranian and/or local communities during the waiting process in Turkey or Canada. In addition to these themes that negatively affected their mental health, several women and LGBT Iranian refugees mentioned the positive mental health consequences of getting away from widespread legal and social persecution or intimate partner violence in Iran. The results of this sense of relief included improved sleep quality and an overall sense of wellbeing.

5.2.3 Access to Healthcare

The Iranian refugees reported experiencing various barriers limiting their access to physical and mental healthcare during and after migration. While the negative aspects of their experiences included multiple barriers, some positive aspects such as the availability of Farsi-speaking family doctors and specialists were also noted. Despite mentioning the use of preventative health care practices, when asked about their use of healthcare, the Iranian refugees' understandings of healthcare were generally limited to medical health services. Still, they used self-care behaviors and coping strategies to improve their health and wellbeing.

Some of the barriers that were said to limit their access to or quality of physical healthcare services they received were language difficulties and other communication problems, long waiting times, the cold attitudes of healthcare providers, and not receiving proper and timely diagnoses. Similarly, barriers to mental health care consisted once again of language and other problems associated with using interpreters, the psychologists' or psychiatrists' social

locations as non-migrants without the relevant knowledge and/or lived experience to deal with Iranian refugees, the cost of services, and the implications of the COVID-19 lockdowns.

Despite the barriers to healthcare, many participants mentioned easily finding Farsi-speaking family doctors. While a majority of the participants claimed having equal access to healthcare services with other Canadians, one of the participants mentioned feeling neglected and discriminated against because of her refugee background. With some exceptions, such as a participant who saw the Iranian healthcare workers as financially motivated in contrast with the Canadian ones, both in the in-person interviews and the blog posts, a commonly mentioned sentiment about the quality and delivery of physical healthcare services was disappointment. This disappointment often was a result of a comparison between Canadian healthcare services and those available in Iran. While both countries have free public healthcare systems, unlike Canada, Iran has both public and private hospitals, the latter of which aim to achieve “customer satisfaction” (Zarei et al., 2012; 2015). In this sense, the Iranian refugees’ comparisons of their experiences in Iran with those in Canada reflected not only the difference between these two systems, but also the difference between the refugees’ pre-migration and post-migration socioeconomic status, since many of them were able to afford private hospitals in Iran.

In terms of mental health services, several participants mentioned attempting to obtain mental healthcare while facing various barriers to doing so. The most commonly mentioned barrier was the perceived social distance and lack of understanding among Canadian psychologists and psychiatrists about factors contextualizing the Iranian refugees’ backgrounds, including the displacement and political persecution that shaped some of their pre-migration traumas. In this sense, one participant described being treated “as if he is telling an exciting story” rather than reporting his actual lived experiences. In addition, the presence of interpreters

who also belonged to the Iranian refugee community, led to issues regarding privacy and confidentiality, complicating the barriers experienced when accessing mental healthcare. Conversely, the only online data that discussed the mental healthcare experiences of the refugees mentioned the “long wait lists for Farsi interpreters” as a barrier, together with the wait lists for psychotherapists, leading to the conclusion that interpreters’ absence (in contrast with presence) is also a challenge.

In order to deal with the lack of proper access to physical and mental health care and the negative consequences of displacement, participants adopted various coping strategies, including creative productivity; faith, religious or spiritual activities; community activism; and strengthened virtual community ties. They also practiced self-care behaviours such as reliance on the use of traditional Iranian herbal remedies as reported by several refugee women. The coping strategies differed according to the refugees’ social locations, including their ethnic, political and religious identities and sexual orientations. In particular, some gay refugees reported engaging in LGBT activism with other refugees and Turkish or Canadian organizations, while two other Iranian refugees who were Christian converts mentioned relying on faith and religious community activism to cope with the mental health challenges that they faced during migration. Several non-religious women mentioned using yoga, meditation, and New Age spirituality as their ways of coping, and others reported creative productive activities such as art, baking, and cooking as their coping strategies. Regardless of these differences, all these strategies served as a means of reclaiming agency.

For several participants, these coping strategies were successful in easing their distress and improving their mental health. However, others only saw positive results from their coping strategies during their waiting process in Turkey. Some participants, who engaged in community

activism with other Iranian refugees in Turkey, were not able to use the same strategies in Canada, which resulted in deteriorating mental health. Yet, the online data included the experiences of a former refugee who engaged in transnational LGBT refugee activism in Canada to cope with the negative impacts of his displacement.

Overall, while structural and systemic issues negatively shaped their mental health, Iranian refugees frequently reclaimed their individual agency through the different coping strategies that they adopted. They did so by taking action to improve their mental health and physical health in the absence of access to timely and proper mental or physical healthcare services, or when these services were not sufficient to ease the negative consequences of their displacement and pre-migration traumas.

5.2.4 Interpreting the Findings on Health Trajectories in Relation to Theory and Research

Overall, my analyses suggests that in response to the first research question, the post-2009 Iranian refugees in Canada understand and view their health-related experiences through a comparative lens that covers different phases of their migration trajectories. As pointed out in the second research question, they perform power and agency in the constrained frames of their health trajectories, mainly through coping strategies and health behaviors including self-care.

Consistent with phenomenological theorizing, their health-related experiences (including mental health, physical health, and access to healthcare) affected their lived time throughout pre-migration, the waiting process, and post-migration. Similarly, the refugees' health-related experiences tended to differ across different lived spaces (i.e., Iran, Turkey, and Canada). As well, throughout these times and spaces, the refugees' lived bodies were carriers of the signs and symptoms of these health-related experiences. Their lived relations were, in turn, shaped by their support networks around healthcare access and coping strategies, as well as their relationships

with various health care service providers including family doctors, medical specialists, psychologists and psychiatrists, and interpreters. The refugees' coping strategies also varied according to temporal and spatial contexts, or lived time and lived space. For example, whereas those who spent the waiting process in Turkey tended to rely on social support and solidarity networks of other (non-family) Iranian refugees for support, these were absent for those who were inland refugees in Canada.

Despite their shared country of nationality, country of residence, and migration status, the refugees' health-related experiences, and responses to them, also differed based on intersections involving their social locations and temporal and spatial settings. The intersections of migration status and gender were particularly evident in the cases of women who had pre-existing reproductive diseases that created additional challenges for them in maintaining their physical health after arriving in Canada. Women and gay refugees also mentioned post-migration improvements in mental health more frequently than heterosexual men, due to their sense of relief from gender-based and sexuality-based pressures and persecution in Iran. The refugees responded to their health-related experiences through coping strategies, which differed according to their social locations. For example, gay refugees used LGBT activism as a coping strategy against social isolation, loneliness, and other mental health challenges, while religious converts relied on faith and religious practices for coping. In contrast, several secular women mentioned using New Age practices such as yoga or meditation to cope. Another refugee, on the other hand, who did not report any pre-migration political or religious persecution, coped by focusing on her future plan to return to Iran.

Consistent with a political economy framework, macro-level systemic power relationships also appeared to shape the refugees' health trajectories in various ways across

migration phases and countries of residence (i.e., Iran, Turkey, Canada). To begin, Canadian migration policies required that, in order to be admitted to the country, Iranian refugees and refugee claimants not have any communicable disease or mental illnesses that could pose a danger to the Canadian public. Thus, all of the Iranian refugees were screened through medical exams and went through psychiatric evaluations required by the IRCC. However, unlike other migration categories, refugees were exempt from the other medical inadmissibility policy, which deemed those who would create an additional burden on the Canadian healthcare system as ineligible. Therefore, while still going through a screening process, it can be concluded that the macro-level policies of the Canadian state allowed refugees somewhat more flexibility than other migrants in terms of health. As a result, all of the participants reported that the medical examination was a smooth and easy procedure, and none of them mentioned any significant (positive or negative) experiences with the specific policies regarding medical eligibility. Nevertheless, it is important to note that this study only includes those who passed the medical eligibility screening and therefore became refugees in Canada, which might have affected this result.

In addition to eligibility policies, the systemic impacts of macro-level policies were most significant in relation to the refugees' experiences related to healthcare. Almost all participants reported positive experiences related to access to healthcare in Iran before migration, due to the presence of comprehensive health coverage and their ability to access both public and private healthcare systems. The ease of accessing formal healthcare services, such as specialists and hospital care in Iran, was also mentioned in the online data and compared to the long waiting times often evident in Canada. The limited coverage of health insurance in Canada, which excludes non-prescription medicines, ambulance (in contrast with Iran) and other costs, were

also mentioned as barriers by many refugees. Still, several of those who already had permanent resident status emphasized that they faced the same barriers as any other Canadian does, and did not face any extra challenges in accessing physical healthcare services because of their migration status or other social locations. In addition, many refugees reported having access to Iranian or Farsi-speaking family doctors as a positive aspect of their health care access in Canada.

In terms of mental healthcare access, however, several refugees mentioned their specific concerns and background related to pre-migration persecution and displacement not being understood by Canadian psychologists and psychiatrists. In most of the cases, the refugees were likely to consult psychiatrists (whose services are covered under Medicare, Canada's publicly-funded health care system) and be prescribed medications for their complex and multidimensional problems, a situation which left some refugees feeling unheard. In comparison, one of the participants (M, 41) who was able to access psychotherapy mentioned learning to navigate his problems, including his pre-migration trauma and grief, as a result of the therapy sessions.

The Iranian refugees' perceptions and expectations about other social structural and policy-related environmental determinants of health in Canada also influenced their lived experiences of health, particularly post-migration. For example, social determinants such as income levels, housing, prejudice and discrimination, and healthcare access were often perceived as areas in which refugees faced challenges (e.g., downward mobility, losing previous socioeconomic status) affecting their health. Still, for some participants, especially women and gay refugees, having a feeling of individual freedom and liberty in Canada, which was absent in Iran, led to an overall improvement in health. Finally, several research participants also reported having access to cleaner air and more nutritious food in Canada as environmental factors

contextualizing their improved health. Altogether, these systemic policies and social and environmental determinants shaped their lived experiences of health and healthcare (e.g., the mental health consequences of the loss of previous socioeconomic status as a result of the policies about non-Canadian work experiences; not being able to access counselling because of long waitlists).

Yet, Iranian refugees were still able to perform agency and power within the constrained frames of their health trajectories. In particular, through health behaviors such as increases in exercise, dietary changes, and other self-care strategies, refugees tried to assert control over their own physical health. In addition, several research participants reported using non-prescribed antidepressants, sleeping medications, or painkillers, while some others mentioned not taking the medicines prescribed by their psychiatrists. It was further reported that in order to cope with the fact that the equivalents of some common Iranian medicines were not available in Canada or with the lack of their coverage by Canadian health insurance, some refugees would bring or order in medicines from Iran. In addition, refugees performed agency by using various coping strategies to improve their mental health. These ranged from religious activities, meditation and yoga to activism and productive and artistic hobbies such as baking and painting.

The findings of this study support the results of previous studies demonstrating that Iranian refugees experience more risks and challenges regarding physical health, mental health, and healthcare access compared to voluntary migrants and non-migrant populations (Dossa, 2004; Guruge et al., 2012; Moztarzadeh & O'Rourke, 2015; Shemirani & O'Connor, 2006). The results regarding physical health appear consistent with the healthy immigrant effect thesis suggesting that migrants tend to be in good health (and perhaps better than that of non-migrants) following their arrival in Canada, but often begin to experience deteriorating physical health after

arriving (Beiser, 2005; Markides & Rote, 2019; Newbold, 2005). In addition, the findings related to mental health overlap with the findings of previous literature on the impacts of pre-migration trauma (Bagheri, 1992; Guruge et al., 2012; Sharareh et al., 2007). These results also support previous findings about stress, depression, and the mental health consequences of social isolation, loneliness, and experiences of loss (Bagheri, 1992; Gerritsen et al., 2006a; Moztarzadeh & O'Rourke, 2015; Shemirani & O'Connor, 2006; Steel et al., 2011). In terms of access to healthcare, the results of this study supported some of the findings regarding limitations on healthcare access, including language issues, experiences of prejudice by providers, and financial barriers (Dossa, 2004; Grant et al., 2015).

However, this research went beyond the existing literature by documenting several original results in the areas of physical health, mental health, and healthcare access. For example, while some refugees reported improved physical health after migration to Canada, as a result of improved mental health and healthier environment, some others reported deteriorating physical health as a result of working conditions in Canada, especially manual labor. Both findings provide new contributions to the existing literature about refugee physical health in Canada.

In terms of mental health, the research revealed the challenges to mental health and access to healthcare that were often evident during the waiting process both in Turkey and Canada. These included such things as uncertainty about the future and economic challenges, as well as post-migration mental health consequences, such as downward socioeconomic mobility (i.e., unemployment and underemployment). However, in contrast to the previous literature (e.g., Guruge et al., 2012; Shemirani & O'Connor, 2006), some findings also pointed to improvements in mental health compared to Iran or Turkey.

In terms of access to healthcare, easy access to Farsi-speaking specialists, and the perception of the Canadian healthcare system as less profit-oriented compared to the Iranian system were positive aspects of the Iranian refugees' experiences, which were not reported in the previous literature. Furthermore, the results also demonstrated that the perceived social locations of psychologists and psychiatrists can be barriers limiting access to quality mental healthcare. This has yet to be documented in the literature. The discussion of the impacts of COVID-19 lockdowns on mental healthcare access and refugees' worries about their loved ones back in Iran during the pandemic were other original contributions to existing knowledge. Finally, this research contributed to the literature by providing detailed findings about the mental health coping strategies of Iranian refugees from different social locations.

5.3 Limitations of the Study

This study has several limitations that should be acknowledged. First, the focus of the research was limited to Iranians who became refugees during or after 2009, thereby excluding those who left Iran as refugees during the 1980s, 1990s, and early 2000s. As a result, the perspectives and lived experiences of those who became refugees during the first waves of refugee migration from the country, when a large Iranian diaspora was relatively absent, and those who became refugees more than fifteen years ago, are not included in this dissertation. Including these populations in the study could provide different findings about acculturation, social support, and relations within the Iranian community. For example, several studies have shown that increased length of stay in a host country has various effects on refugees' experiences, including improvement in their mental health (Khamis, 2022; Porter & Haslam, 2005; Steel et al., 2002). Accordingly, it can be speculated that including those who migrated to Canada in earlier decades might reveal better mental health. In comparison with research conducted before 2009 focusing on the earlier

cohorts (e.g., Bauer, 2000, Koser, 1997), the findings of this study presented similar results in terms of the roles of transnational networks in facilitating migration, and the significance of gender in shaping Iranian refugees' experiences. This similarity was also present in areas such as the mental health impacts of worry and anxiety (Gerritsen et al., 2006a). Still, future research can look into the lived experiences of different cohorts of Iranian refugees to see the impact of the duration of stay in their mental and physical health.

Furthermore, with regard to the in-person interviews, the sample size was limited because of the impact of the COVID-19 lockdowns on face-to-face communication, which made it more difficult to create a rapport with potential participants, some of whom were already suspicious of the research because of the sensitivity of the topic. The geographical scope of this study was limited to those living in one Canadian province (British Columbia). Therefore, the sample did not include those living in provinces such as Ontario and Québec, which have the largest populations of refugees, including Iranian refugees (Houle, 2018). Research focusing on multiple provinces could provide a more comprehensive understanding of Canadian refugee lived experiences and policies and enable comparisons of the refugees' post-migration experiences across the provinces. In particular, research on refugees' experiences in Québec could provide different results due to the controversies related to Muslims and Islamophobia, following the introduction of Bill 21 and Bill 94 in that province (Conway, 2012; Koussens, 2020).³⁶

In addition, the interview sample did not represent all Iranian refugees in British Columbia due to its small size and demographic characteristics. For example, while Persian, Azerbaijani Turk, and Christian refugees were represented in the study sample, it did not include

³⁶ Bill 21 forbids certain public employees from wearing religious symbols, including hijab, in the workplace, while Bill 96 requires individuals to show their face while receiving public services, thus prohibiting Islamic face covering (niqab).

any Kurds, Arabs, or Sunni Muslims. It also failed to include transgender individuals or undocumented refugees. Previous research indicates that the lived experiences of Kurdish refugees in Canada can be different from those of other ethnic backgrounds. This is because of Kurdish people's widespread experiences of pre-migration ethnic discrimination and racism as well as the heavily politicized nature of their migration as one of the largest ethnic groups without a sovereign nation-state of their own, that has a significant contemporary history of political rebellion in countries in which they traditionally live (Kayaalp, 2020; Rempel, 1999). While there are no studies that focus on the specific experiences of these groups of Iranian refugees in Canada, it can be speculated that the experiences of Arab and Sunni Iranian refugees could also differ from the others because of their minoritized status in their home country (Ghanea & Hass, 2011; Tohidi, 2009). Similarly, some studies show that transgender refugees and undocumented refugees experience unique barriers and discrimination, despite lack of evidence regarding the Iranian population in Canada (Bassetti, 2019; Lahuis et al., 2019; Schoevers et al., 2009).

Furthermore, in this research, the age range of those interviewed was between 29 and 64 years, thereby excluding both younger and older refugees whose experiences, including education and occupation, are likely to differ. Diversity related to education levels and socioeconomic status was also relatively low, as most of the participants were college educated. Is it possible that Iranian refugees coming from lower education levels or working-class backgrounds would not experience the downward socioeconomic mobility experienced by some of the research participants in this study in the same way? Related to this, the sample was not representative of those Iranian refugees who did not have any connections with the NGOs and individual gatekeepers who facilitated the recruitment phase. Further, while the sample includes

both government-assisted Convention refugees and inland refugee claimants, more research is needed to understand their distinct experiences in contrast with each other. In addition, the lived experiences of Iranian refugees in Canada can be compared with those of non-refugee migrants, to obtain a broader perspective about the Iranian community in Canada, and to better understand the differences between refugee migration and other forms of migration. Comparison of the experiences of the Iranian refugees in Canada with those in other countries can also contribute to the literature on refugee migration and health.

In addition, this study focused on the lived experience of Iranian refugees, based on the subjective understandings and personal narratives of the participants. Thus, the findings reflected the Iranian refugees' subjective experiences but, at the same time, excluded the perspectives of other agents (such as social workers, migration officers in Turkey, Canada, and the UNHCR, medical and mental healthcare workers) who were involved in the refugees' migration and health trajectories. Including the perspectives and experiences of these agents could provide a more comprehensive and multi-dimensional view of the barriers, constraints, and challenges faced by Iranian refugees, as well as a better understanding of their performances of power and agency in confronting these challenges. Future research in this area could include social workers, migration officers, and/or healthcare workers in their sample together with Iranian refugees.

Data collection through personal interviews was conducted remotely due to the prohibition placed by the university on in-person research because of the COVID-19 pandemic. As a result, those who were not comfortable talking on the phone or who were unable to access online programs such as Skype did not take part in the research. Furthermore, due to the lack of face-to-face communication, it was difficult to build rapport with the research participants. This, along with the researcher's social location as a younger Iranian woman and the widespread mistrust of

Iranian migrants and refugees toward academic research conducted by other Iranians, might have left several sensitive topics not covered during the interviews.

Finally, although in-person interviews were the main sources of data used in this study, a decision was made to include online written content (weblogs and online interviews with Iranian refugees or migrants about their experiences) as additional sources of data. This triangulation of data sources allowed for a more comprehensive analysis to be carried out, thereby enhancing the validity of the analyses, particularly when they yielded similar findings. However, the online data sources used in the study were limited to those that were fully open to public access, thereby excluding more intimate and private accounts. Furthermore, most of the online data sources were created by anonymous writers who used nicknames and hid their personal information for safety reasons, making it challenging to analyze their subjective positions. Their content was mostly limited to experiences in the post-migration phase. A majority of the blog posts were written by non-refugee migrants or those whose category of migration was not disclosed. As well, several authors produced multiple webpages, which limited the diversity of experiences in favor of their voices.

5.4 Conclusions and Implications

Despite the limitations noted above, this study contributes to previous literature on refugee migration in several ways. First, there is a significant research and knowledge gap about both the migration and health trajectories of Iranian refugees in Canada. This study contributes to the filling of this gap by collecting qualitative data about this understudied population and, in the process, obtaining important insights into their migration and health trajectories. Specifically, this research points to the diversity that characterizes Iranian refugees' migration trajectories, including their pre-migration, waiting, and post-migration experiences. These diverse

experiences shape their physical and mental health trajectories and access to healthcare. While refugee migration leads to lifestyle and health behavior changes affecting their physical health in both positive and negative ways, their mental health is often affected by the trauma, grief, loss, stress, social isolation, and loneliness associated with displacement. In addition, the refugees often experience barriers against access to mental and physical health care, including financial constraints and long waiting times. However, this study also demonstrates that despite the constrained and often involuntary nature of refugee migration, power and agency are still visible both in their migration trajectories and health trajectories, particularly through migration-related decision-making and the use of various self-care strategies and coping mechanisms.

Importantly, this research also contributes to the literature on refugee migration and health in Turkey by including a focus on those transiting through Turkey, therefore paving the way for future global comparative studies on this topic. In particular, the research demonstrated three comparative findings, which were not documented in previous literature. First, in comparison with Canada, where refugees and refugee claimants can be employed, the lack of financial assistance and work permits available to those in Turkey were major challenges experienced by those who spent the waiting process there. Second, participants often mentioned having community support and solidarity networks in Turkey, in contrast to Canada where they reported minimum or no interactions with Canadians, and often negative experiences with other Iranians. Finally, refugees in Turkey had to deal with the uncertainties about their country of resettlement even after their refugee status was granted, which is an additional challenge not faced by inland refugees in Canada. Overall, the emphasis on the role of Turkey as a transit country is important for highlighting the diversity and complexities of the Iranian refugees' migration and health-related experiences, which is another contribution of this study.

Furthermore, Iran has been a major source country of refugee migration since the early 1980s. Thus, studies focusing on refugees who left Iran during 1980s, 1990s, or early 2000s shape a large portion of the existing literature. Therefore, this study contributes to the literature on the Iranian refugee and diaspora studies by drawing attention to a more recent cohort of refugees, a majority of whom were part of the post-revolution generation in Iran, born after the 1979 Islamic Revolution. By doing so, it allows a comparison of the findings that are based on a more recent cohort of refugees to the earlier cohorts (pre-2009). In particular, it offers findings about the impact of the COVID-19 pandemic and lockdowns on Iranian refugees' migration and health trajectories, especially through exacerbating worry and anxiety, and causing delays in migration paperwork.

In addition to these contributions, this research also contributes methodologically, through its use of a multimethod research design that combines first person accounts presented both offline and online. By doing so, it recognizes the significance of weblogs and online media representations in the context of Iranian refugees' lived experiences. In addition, the use of in-depth interviews and online content analysis as data resources enables a comparison of these two different data gathering strategies. The adoption of this multimethod approach strengthened the conclusions in areas where the results were similar (e.g., LGBT refugees' lived experiences). Still, their different contributions also suggests that these two data sources are not interchangeable. For example, while the online data presented the narrative of 'the Canadian dream' more significantly, the interview results more often detailed the negative aspects of migration to Canada, such as downward socioeconomic mobility. Importantly, the design of this study also represents an important example of successful empirical qualitative data collection during the COVID-19 lockdowns, facilitated through remote interviews and the use of online

content. In addition to its data collection methods, the relationship between the coding strategy and theoretical perspective of this research is also somewhat unique, as it combines grounded theory's coding approach with a phenomenological lens.

Finally, this study also provides an original contribution to the theoretical literature by linking a phenomenological framework with intersectional and political economy lenses. By definition, phenomenological research focuses on individual lived experiences without necessarily taking into account broader institutional factors (Gergel, 2012). In contrast, this research has supplemented an emphasis on the micro-level lived experiences with an understanding of intersecting power relationships and macro-level social, economic, political, and policy-related institutions and systems that structure refugee migration and health globally. For example, the interviews with the research participants demonstrated that while becoming refugees deeply shaped their individual lived time, lived space, lived body and lived relations, other aspects of social locations (e.g., social class, gender, sexual orientation, ethnicity) intersected with refugee status to further affect their lived experiences. One example of this was the impact of Turkic ethnicity in facilitating social and community support for refugees who spent the waiting process in Turkey. Another example was the impact of class was in turning the refugee status application into the only economically feasible option for migrating to Canada for those with limited economic resources (who could not invest in obtaining Canadian permanent residence status through other means). Looking at the broader picture, macro-level institutional actors such as the UNHCR and the Canadian nation-state through its Immigration and Refugee Board had power over shaping the refugees' migration trajectories, including possibly ending them by rejecting their refugee applications. In several cases, the UNHCR's decision (together with Canada's refugee migration policies) was the only reason why some Convention refugees

were assigned to be resettled in Canada, thus shaping their post-migration lived experiences, especially from a spatial dimension (i.e., lived space).

However, while this study has addressed the lived experiences of the post-2009 Iranian refugees in British Columbia, there are aspects of the refugee migration and health trajectories that were not covered in this dissertation. Thus, future research can focus on several of these areas to improve the literature and academic knowledge about refugee lived experiences. With regard to migration trajectories, for example, there is a need for research that examines the presence of agency in refugees' decision-making, as well as the consistency of their pre-migration expectations and post-migration experiences. In terms of health, future research can investigate the presence of the healthy immigrant effect among Iranian refugees and refugee claimants in Canada, by also taking the possible impacts of their exemption from medical inadmissibility based on excessive demand on health or social services into account. Other topics can include the mental health impacts of the refugees' social isolation (especially during the COVID-19 lockdowns) and downward socioeconomic mobility.

5.4.1 Policy and Practice Recommendations

The findings of this research underscore the need for several policy and practice changes and interventions. These include improvements to the provision of information, social and community support, and the removal of barriers to mental healthcare access for the Iranian refugees in Canada. They also include long-term interventions aimed at reducing and removing employment and housing barriers.

First, it is important to recognize the common tendency of refugees to idealize Canada before migration. This idealization is characterized by high expectations, which can lead to disappointment and negative mental health outcomes when they are not fulfilled. Relevant

authorities can address the idealization and expectations by giving realistic and accurate information about the challenges and hardships that refugees may experience in Canada. In particular, it is crucial to provide clear and comprehensive information about the economic and other challenges that refugees and other migrants often face. These include the costs of living in different cities and provinces, policies and regulations around housing, and challenges around finding employment. For example, refugees should be informed about the common request by employers for ‘Canadian education and employment experience’ and the possibilities of unemployment and downward mobility.

The accessibility of this information can be enhanced by addressing the impact of widespread internet censorship on information-seeking behaviors. Web platforms that are not censored inside Iran, including Farsi social media and Telegram groups, should be used to distribute information about migration to Canada. In addition to providing information to refugees before migration, relevant authorities can also target already settled Iranian migrants in Canada for assistance. For example, Iranian migrants can be informed about how to help when a friend or community member asks them about migration to Canada as a refugee. Relatives of future refugees and other community members can also be provided with online resources and warned about the negative long-term mental health outcomes of having unfulfilled high expectations linked to migration to Canada. Targeting relatives and community members who are already in Canada can be helpful in regulating the information that future Iranian refugees receive from their families and friends there, therefore preventing future inland refugee claimants from taking decisions based on idealized representations of living conditions in Canada.

Second, interventions can be introduced to prevent the social isolation and loneliness

reported by Iranian refugees. Currently, Iranian refugees are provided with official information, which targets all Canadian newcomers regardless of social location and previous migration trajectories (Government of Canada, 2022c). Iranian refugees should be educated about the presence of a large and diverse Iranian community in Canada, and provided with information about the complex and multidimensional implications of this presence. These include the widespread anti-refugee stigma reportedly evident among non-refugee Iranian immigrants, political mistrust and conflict within the diaspora, the persistence of traditional conservative gender-based expectations and attitudes, as well as homophobia and transphobia. While providing these sources of information might not directly reduce refugees' social isolation, it can prepare them to cope with social problems that they might face within the community and to think of alternative channels of socialization. Opportunities can also be created to enhance refugees' contact with non-Iranian Canadians, migrants and refugees from diverse backgrounds. In addition, policy makers and community organizations can provide refugees with information in Farsi about racial, ethnic, and religious diversity in Canada, including Canada's racial history and information about Indigenous peoples. These types of information can provide sufficient background knowledge about (non-Iranian) Canadian communities to the refugees, which can be an initiating step for healthier socialization with the broader society. Virtual and physical platforms could be created for newcomer refugees to socialize with Canadians from different ethnic, racial, and religious backgrounds. These could include art groups, language exchange cafes, and other spaces of socialization based on voluntary participation in collaboration with community organizations.

Third, policy makers could work to provide better access to health services for Iranian refugees in Canada. Structural changes should be considered in order to eliminate long waiting

times and financial concerns regarding access to non-prescribed medications and psychological counselling. Community organizations and service providers should consider choosing translators and interpreters from outside the Iranian community in order to overcome privacy and other problems arising from the presence of interpreters during counselling sessions. These organizations can give roles to Iranians from other migration categories and second-generation or third-generation Iranian-Canadians, as well as individuals from other Farsi-speaking groups, such as Afghan Canadians. Other possible solutions include allowing service users to choose and/or bring their own interpreters to the sessions, while ensuring that this does not put an additional burden on them.

Translators and interpreters should be well trained with regard to such issues as privacy, confidentiality, proper interpersonal boundaries, and the use of correct and respectful vocabulary, especially with regard to stigmatized groups such as LGBT refugees. For policy makers and organizations working on refugee migration and mental healthcare, it is important to recognize the significance of the social locations and backgrounds of mental health professionals in order to facilitate rapport with the Iranian refugees and ensure confidentiality. Organizations providing mental health counselling services to Iranian refugees can give a larger role to mental health professionals with refugee migration backgrounds and/or Farsi language skills. These organizations can also provide mental health professionals with training on the needs and experiences of refugees from various backgrounds.

Finally, the stigmatization evident within the community about using mental health services and seeking therapy should be recognized. Tendencies to avoid accessing counselling services could be addressed by offering practical options for engaging in self-help. These could include online apps and websites in Farsi that introduce coping skills, strategies, and resources

known to be useful in addressing the specific mental health needs of Iranian refugees from different social locations. In addition, educational and informative materials in Farsi can be distributed through NGOs and online channels to reduce mental health stigma among the community.

Along with these interventions, the findings point to the need for policies to be introduced aimed at reducing and removing barriers to the employment of Iranian (and other) refugees, including the lack of recognition of their non-Canadian credentials and non-Canadian work experience. In addition, socially and financially accessible programs could be developed in order to provide refugees who were educated in Iran with accreditation or equivalence certificates that could be counted as Canadian credentials. Future employers could be informed about the quality and equivalence of refugees' non-Canadian work experience and be encouraged to provide refugees with practical opportunities and supports (including paid internships and certificate programs with official language support if needed) for occupational roles similar to those in which they had previous experience. The encouragement of the employers can also include financial incentives or rewards for recognizing foreign credentials and work experience.

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Appendices

Appendix A

Consent Forms

This appendix presents the text of the consent form in English followed by Figure 1 showing the Farsi copy of the consent form.

Health and Migration Trajectories of Iranian Refugees in Canada

You are invited to participate in a study entitled HEALTH AND MIGRATION TRAJECTORIES OF IRANIAN REFUGEES IN CANADA that is being conducted by Sanam Vaghefi.

I am a PhD Student in the Department of Sociology at the University of Victoria.

As a graduate student, I am required to conduct research as part of the requirements for a degree in Sociology. It is being conducted under the supervision of Dr. Margaret Penning and Dr. Karen Kobayashi, Department of Sociology, University of Victoria.

Purpose and Objectives

The purpose of this research project is to gain knowledge about the migration and health-related experiences of Iranian refugees who left Iran after the summer of 2009, and are currently resettled in British Columbia, Canada. The aim is to understand refugees' experiences before, during, and after migration, and their mental and physical health and wellbeing.

Importance of this Research

Research of this type is important because little is known about refugee health in Canada. Research on refugee migration and health will benefit both the academic literature and Iranian refugees. It will do so by identifying the main health issues of importance to the Iranian refugee community, thereby potentially contributing to the development of relevant policies, programs or interventions needed to respond to the issues identified.

Participants Selection

You are being asked to participate in this study as an Iranian refugee who left Iran after the Summer of 2009, and who are currently settled in British Columbia, Canada.

What is Involved

If you consent to voluntarily participate in this research, your participation will include two one-on-one interviews in Farsi or English, depending on your preferred language. These interviews are not expected to take longer than five hours in total. Both of the interviews will be conducted online. The interviews will consist of open-ended questions about your experiences around migration, mental and physical health and wellbeing before, during, and after your migration from Iran.

You can withdraw your consent at any point in the research, and request that your information and data be removed. Your responses will be recorded using a voice recorder and written notes. After the

interviews, they will be transcribed and translated into English by myself. You will also be invited to share any artistic materials, poems, or journals that you think reflect your experiences, if you wish. These data will not be shared with anyone without your consent, and your identity will be protected by using pseudonyms and removing your personal information from the published research.

Inconvenience

The interviews will be held at a time and place that is most convenient for you. However, participation in this study may cause some inconvenience to you in that it requires a time commitment.

Risks

The potential risks to you of participating in this research include emotional and/or psychological distress over sharing your experiences related to migration and health. These risks would not be greater than those encountered in everyday life when you talk/write about your health and migration experiences. Also, due to the limits to confidentiality, arising from the context of the research and the small size of the Iranian refugee community, a possible recognition of your identity and/or story by another community member might lead to the risk of a status loss in the community. To prevent or to deal with these risks the following steps will be taken: You will be guaranteed that you can stop the interview/conversation whenever you experience these risks. I will create a non-judgmental and safe space, in order to minimize these risks during the research. If emotional and/or psychological distress occurs, I will immediately stop the research questions that have caused harm. I will provide you with suggestions of soothing and distracting activities, and assist you with these if appropriate, and also refer you to available public resources if needed. I will also use pseudonyms and remove identifying information in order to protect your confidentiality, as explained in the relevant part below. In addition, I will give you the option to review your transcripts of the interviews after they are done. This will allow you to edit or remove any information that you feel uncomfortable about sharing.

Benefits

The potential benefits of your participation in this research include contributing to existing knowledge about the health and migration trajectories of refugees, which can lead to the improvement of relevant policies in Canada, by outlining diverse needs and experiences of Iranian refugees from various backgrounds. The benefits also include providing the participants with time and space for productive and possibly therapeutic self-expression, through the interviews and fieldwork.

Compensation

As a way to compensate you for any inconvenience related to your participation, you will be given a Digital Gift Card with a total balance of 20 CAD right after the end of the second interview.

Voluntary Participation

Your participation in this research must be completely voluntary. Therefore you are under no obligation to participate. Choosing to participate or not will not affect your migration status or the services that you receive from any governmental or non-governmental organizations. None of the community service organizations, including the ones who are conducting the recruitment, are involved in the study. Therefore, organizations and service providers will not be aware of who has chosen to participate and who has not. If you do decide to participate, you may withdraw at any time without any consequences or any explanation. If you do withdraw from the study, your data will be used only if you give permission. In case of your withdrawal after the second interview, you will be able to keep the already given or approved compensation. If you withdraw after the first interview, you will be given a Digital gift

card with a balance of 10 CAD as a compensation. You can contact the researcher by email or phone any time to withdraw.

Ongoing Consent

To make sure that you continue to consent to participate in this research, I will keep you informed about the voluntary nature of your participation in both verbal and written forms before each interview, and ask for your ongoing consent.

Anonymity

In terms of protecting your anonymity, pseudonyms will be used, and identifying personal information will be removed when the research is published.

If you choose to share copies of your creative work (such as paintings, drawings, poems or journals) as a data resource, they will be briefly and broadly described in the study results. However, people might still be able to guess a participant's identity if they are already familiar with the shared creative work. This can contribute to the risk of a status loss in the community. In order to mitigate this risk, you will be able to see the description of your creative work and request the elimination of some details to protect your anonymity and confidentiality. Also, you can withdraw your consent for sharing the description of the creative work in any stage of the data collection process.

Confidentiality

Your confidentiality will be protected by storing your information in locked cabinets, password protected computers, and password-protected cloud accounts (UVic's Netdrive File Storage) with no public access. While full confidentiality of your identity cannot be completely guaranteed due to the context and the size of Iranian refugee community, I will work to protect your identity and the information you share by using pseudonyms and removing identifying information. Your name and other identifying personal data will not be published or shared with any individual or institution. Also, in order to protect your confidentiality, you will be given the option to review your transcripts of the interviews after they are done. This will allow you to edit or remove any information that you feel uncomfortable about sharing.

Dissemination of Results

It is anticipated that the results of this study will be shared with others in the following ways: Doctoral Dissertation, Presentations at Scholarly Meetings, and Published Academic Articles.

Disposal of Data

Data from this study will be disposed of within 10 years, through permanently erasing electronic data, and shredding paper copies.

Contacts

Individuals that may be contacted regarding this study include the researcher and the supervisors. Please refer to this information at the beginning of this consent form.

In addition, you may verify the ethical approval of this study, or raise any concerns you might have, by contacting the Human Research Ethics Office at the University of Victoria (250-472-4545 or ethics@uvic.ca).

Your signature below indicates that you understand the above conditions of participation in this study, that you have had the opportunity to have your questions answered by the researchers, and that you consent to participate in this research project.

Name of Participant *Signature* *Date*

Future Use of Data *PLEASE SELECT STATEMENT:*

I consent to the use of my data in future research: _____ (Participant to provide initials)

I **do not** consent to the use of my data in future research: _____ (Participant to provide initials)

I consent to be contacted in the event my data is requested for future research: _____ (Participant to provide initials)

A copy of this consent will be left with you, and a copy will be taken by the researcher.

Figure 1

Farsi Translation of the Consent Form



University
of Victoria

فرم رضایت شرکت کننده

مسیرهای مهاجرت و سلامتی پناهندگان ایرانی در کانادا

از شما دعوت شده است تا در پژوهشی تحت عنوان مسیر های مهاجرت و سلامتی پناهندگان ایرانی در کانادا شرکت کنید. من صنم واقفی انجام دهنده این پژوهش و دانشجو دکتری در دپارتمان جامعه شناسی دانشگاه ویکتوریا میباشم

این پژوهش بخشی از پایان نامه دکتری جامعه شناسی من می باشد که تحت نظارت دکتر مارگارت پنینگ و دکتر کارن کویپاشی در دپارتمان جامعه شناسی دانشگاه ویکتوریا انجام می شود

اهداف

هدف از این پروژه تحقیقاتی کسب دانش در مورد تجربیات مرتبط به سلامتی روحی و جسمی پناهندگان ایرانی است که پس از تابستان سال ۲۰۰۹ ایران را ترک کرده و هم اکنون ساکن استان بریتیش کلمبیا هستند. مصاحبه ها شامل سوالات به منظور درک تجربیات شما قبل ، حین و بعد از مهاجرت خواهد بود.

اهمیت این تحقیق

تحقیقات از این نوع مهم هستند زیرا اطلاعات کمی در مورد سلامتی پناهندگان در کانادا وجود دارد. تحقیقات در مورد مهاجرت و سلامتی پناهندگان ، هم برای ادبیات علمی و هم برای پناهندگان ایرانی مفید خواهد بود. این تحقیق از طریق شناسایی مشکلات اصلی جامعه پناهندگان ایرانی می تواند به تدوین سیاست ها ، برنامه ها یا مداخلات مربوطه لازم برای پاسخ به مشکلات شناسایی شده کمک کند

انتخاب شرکت کنندگان

از شما خواسته می شود به عنوان یک پناهنده ایرانی که بعد از تابستان سال ۲۰۰۹ ایران را ترک کرده ، و در حال حاضر ساکن بریتیش کلمبیا ، کانادا می باشد ، در این پژوهش داوطلبانه شرکت کنید

محتوای تحقیق

در صورت رضایت به شرکت داوطلبانه در این تحقیق ، شرکت شما شامل دو مصاحبه فردی فارسی یا انگلیسی خواهد بود. انتظار نمی رود این مصاحبه ها و دیگر تعامل ها بیش از پنج ساعت طول بکشند. هر دو مصاحبه بصورت آنلاین از طریق اسکایپ انجام می شود. این مصاحبه ها شامل سوالات در مورد تجربیات شما در مورد مهاجرت ، سلامت روحی و جسمی و بهزیستی قبل ، حین و بعد از مهاجرت شما از ایران می باشد. شما می توانید رضایت خود را در هر نقطه از تحقیق پس بگیرید و درخواست کنید که اطلاعات و داده های شما حذف شود. پاسخ های شما با استفاده از ضبط صدا و یادداشت های کتبی ضبط می شود. بعداً ، یادداشت های مصاحبه توسط محقق به انگلیسی ترجمه می شود. همچنین از شما دعوت می شود در صورت تمایل مطالب هنری ، اشعار یا نقاشی هایی را که فکر می کنید منعکس کننده تجربیات شما باشد ، به اشتراک بگذارید. این داده ها بدون رضایت شما با کسی به اشتراک گذاشته نمی شود و هویت شما با استفاده از نام های مستعار و حذف اطلاعات شخصی شما محافظت می شود

زحمات

مصاحبه ها در یک زمان و مکانی برگزار می شود که برای شما مناسب ترین باشد. با این حال ، شرکت در این مطالعه ممکن است باعث زحمات شما شود زیرا نیاز به تعهد زمانی دارد

ریسک ها

ریسک های مشارکت در این تحقیق (از جمله اضطراب از به اشتراک گذاشتن تجربیات خود) از ریسک های موجود در زندگی روزمره بیشتر نخواهد بود. همچنین، به دلیل محدودیت های محرمانگی، ناشی از زمینه تحقیق و کوچک بودن جامعه پناهندگان ایرانی، شناسایی احتمالی هویت و/یا داستان شما توسط یکی دیگر از اعضای جامعه ممکن است منجر به خطر از دست دادن وضعیت در جامعه شود. برای جلوگیری یا مقابله با این ریسک ها اقدامات زیر انجام خواهد شد: به شما تضمین می شود که هر زمان که این ریسک ها را تجربه کردید می توانید مصاحبه / مکالمه را متوقف کنید. من یک فضای غیر داوری و ایمن ایجاد می کنم تا در طول تحقیق این ریسک ها را به حداقل برسانم. اگر پریشانی عاطفی و یا روحی رخ دهد ، بلافاصله سوالات تحقیقاتی را که باعث

آسیب شده است متوقف می‌کنم. در صورت لزوم شما را به منابع عمومی نیز ارجاع می‌دهم. همچنین از در یادداشت‌ها از اسم مستعار استفاده می‌کنم و اطلاعات مربوط به شناسایی را برای محافظت از حریمیت شما حذف می‌کنم، همانطور که در قسمت ذیل توضیح داده شده است. علاوه بر این، من به شما این امکان را می‌دهم که نسخه‌های مصاحبه‌های خود را پس از انجام آنها بررسی کنید. این به شما امکان می‌دهد هرگونه اطلاعاتی را که از اشتراک‌گذاری احساس ناراحتی می‌کنید ویرایش یا حذف کنید.

مزایا

از مزایای احتمالی مشارکت در این تحقیق می‌توان به کمک به دانش موجود و در مورد مسیرهای بهداشت و مهاجرت پناهندگان اشاره کرد که با تشریح نیازها و تجربیات گوناگون پناهندگان ایرانی با پیشینه‌های مختلف می‌تواند منجر به بهبود سیاست‌های مربوطه در کانادا شود. علاوه بر این، مصاحبات به شما این فرصت را می‌دهد تا خود را بیان کنید و در مورد تجربیات خود به روشی مودت‌صحبت‌کننده.

جبران زحمات

به عنوان راهی برای جبران هرگونه زحمات در رابطه با مشارکت خود، بعد از اتمام مصاحبه دوم به شما یک کارت هدیه دیجیتال به مبلغ ۲۰ دلار داده خواهد شد.

مشارکت داوطلبانه

مشارکت شما در این تحقیق باید کاملاً داوطلبانه باشد. بنابراین شما هیچگونه مسئولیتی در شرکت ندارید. انتخاب مشارکت یا عدم شرکت، بر وضعیت مهاجرت شما یا خدماتی که از هر سازمان دولتی یا غیردولتی دریافت می‌کنید، تأثیر نخواهد گذاشت. هیچ یک از سازمان‌های خدمات‌جامعه، از جمله سازمان‌هایی که احتمالاً شما را در مورد این تحقیق آگاه ساخته‌اند، در این تحقیق شرکت نمی‌کنند. بنابراین، سازمان‌ها و ارائه‌دهندگان خدمات از مشارکت شما آگاه نخواهند شد. اگر تصمیم به مشارکت گرفتید، می‌توانید در هر زمان و بدون هیچ‌گونه عواقب و توضیحی از آن خارج شوید. در صورت انصراف از مطالعه، داده‌های شما فقط در صورت اجازه شما استفاده می‌شوند. در صورت انصراف از مصاحبه دوم، می‌توانید کارت هدیه داده شده را نگه دارید. اگر بعد از اولین مصاحبه انصراف دهید، به شما کارت هدیه دیجیتال با مبلغ 10 دلار داده می‌شود. برای خروج از تحقیق می‌توانید هر زمان که بخواهید از طریق ایمیل یا تلفن با محقق تماس بگیرید.

رضایت مداوم

برای اطمینان از اینکه شما همچنان به شرکت در این تحقیق رضایت دارید، من شما را قبل از هر مصاحبه در مورد ماهیت داوطلبانه مشارکت شما آگاه می‌کنم و رضایت شما را می‌گیرم.

ناشناس بودن

از لحاظ محافظت از ناشناس بودن شما، از اسم‌های مستعار استفاده می‌شود و با انتشار تحقیقات، اطلاعات شخصی حذف می‌شود. اگر تصمیم دارید نسخه‌هایی از کارهای خلاقانه خود (مانند نقاشی یا شعر) را به عنوان یک منبع داده به اشتراک بگذارید، این آثار هنری به طور خلاصه و گسترده در نتایج مطالعه توضیح داده می‌شوند. با این حال، مردم اگر در حال حاضر با اثر خلاق ذکر شده آشنا باشند، می‌توانند هویت یک شرکت‌کننده را حدس بزنند. به منظور کاهش این ریسک، می‌توانید توضیحات مربوط به کارهای خلاقانه خود را مشاهده کرده و برخی از جزئیات حذف کنید تا از ناشناس بودن و محرمانه بودن خود محافظت کنید. همچنین، می‌توانید رضایت خود را برای به اشتراک گذاشتن آثار هنری و خلاق در هر مرحله از روند جمع‌آوری داده‌ها پس بگیرید.

محرمانه بودن اطلاعات

محرمانه بودن اطلاعات شما با ذخیره کردن اطلاعات شما در کابینت‌های قفل‌شده، رایانه‌های محافظت‌شده با گذرواژه و حساب‌های ابری محافظت‌شده از رمز عبور (در سیستم ذخیره‌سازی قابل‌دانشگاه و ویکتوریا) بدون دسترسی عمومی محافظت می‌شود. من از اسامی مستعار برای شرکت‌کنندگان استفاده می‌کنم و اطلاعات شناسایی شما را حذف می‌کنم. نام و اطلاعات شخصی شما با هیچ فرد یا موسسه‌ای منتشر و یا به اشتراک گذاشته نمی‌شود. همچنین برای محافظت از محرمانه بودن، به شما این امکان داده می‌شود که نسخه‌های مصاحبه‌های خود را پس از انجام آنها بررسی کنید. این به شما امکان می‌دهد هرگونه اطلاعاتی را که از اشتراک‌گذاری احساس ناراحتی می‌کنید ویرایش یا حذف کنید.

انتشار نتایج

پیش‌بینی می‌شود نتایج این مطالعه به روش‌های زیر با دیگران به اشتراک گذاشته شود: پایان‌نامه دکتری، ارائه در جلسات علمی و انتشار مقالات علمی.

حذف داده‌ها

داده‌های این مطالعه طی 10 سال با پاک کردن دائمی داده‌های الکترونیکی و خرد کردن نسخه‌های کاغذی حذف می‌شوند.

اطلاعات تماس

افرادی که ممکن است در رابطه با این مطالعه با آنها ارتباط برقرار کنید شامل پژوهشگر و سرپرستان می‌شود. لطفاً برای اطلاعات تماس به صفحه اول این فرم مراجعه کنید. علاوه بر این، شما می‌توانید با تماس با دفتر اخلاق تحقیقات انسانی در دانشگاه ویکتوریا، تأیید اخلاقی این مطالعه را تأیید کنید یا نگرانی‌های احتمالی خود را مطرح کنید.

(اطلاعات تماس: 4545-472-250 یا ethics@uvic.ca).

امضای شما در زیر نشان می دهد که شما شرایط فوق الذکر شرکت در این تحقیق را درک کرده اید ، که فرصتی برای پاسخگویی به سؤالات خود توسط محقق داشته اید و به مشارکت داوطلبانه در این پروژه تحقیق رضایت می دهید

_____ تاریخ
 _____ امضا
 _____ نام شرکت کننده

استفاده از داده ها در آینده: لطفا انتخاب کنید

_____ : من با استفاده از داده های من در تحقیقات آینده موافقم

_____ : من با استفاده از داده های من در تحقیقات آینده موافق نیستم

در صورت درخواست استفاده از داده های من برای تحقیقات بعدی می خواهم با
 _____ : من تماس بگیرم

نسخه ای از این رضایت در اختیار شما قرار می گیرد و یک نسخه از آن توسط محقق گرفته می شود

Appendix B

Interview Guidelines

These questions are tentative and the main goal is to provide you guidance in order to understand your view of your own experience about your migration, mental and physical health and wellbeing. Feel free to skip some, or add more information.

1. Background information: Can you introduce yourself? When did you leave Iran? Where did you spend your waiting process (and how long)? When did you arrive in Canada?
2. How would you evaluate your mental and physical health and wellbeing in Iran, at the time of migration?
3. How would you evaluate your mental and physical health and wellbeing during the waiting process (in Turkey, if applicable)?
4. Which factors and/or incidents have been most effective in shaping your mental and physical health during and after your migration from Iran, according to you?
5. How have you been coping with factors or incidents that have negative effects on your mental and physical health and wellbeing, since leaving Iran?
6. How effective do you think these coping strategies were?
7. How would you evaluate your health and wellbeing in Canada? Do you think it has changed over time since you came here?
8. How has been your experience regarding access to health services in Canada, so far? Would you like to compare it with Iran, and/or Turkey?
9. What do you think about the role of the UNHCR, and/or other governmental and non-governmental agencies in these experiences that you have talked about? Did they have any role? If so, how?

10. What do you think about the impacts of the COVID-19 pandemic on your mental and physical health and/or wellbeing?

Appendix C

Figure 2

Codebook

LEVEL	CODE	DEFINITION
0	ADAPTATION, ACCULTURATION, AND INTEGRATION	Experiences related to adaptation and integration to the host country that involves acculturation
1	Change In Perception Of Self And Attitudes	Changes in one's perception of self-identity or the ways of thinking and feeling about the self, in the context of migration
2	Being Respected	Experiences, comments, and expectations about being treated with respect
2	Discrimination	Experiences and comments related to unjust and prejudiced treatment towards the individual and/or their community.
3	(Lack of) Discrimination in Canada	Experiences and comments related to unjust and prejudiced treatment, or its lack, in Canada
4	<i>Homophobia in Canada (by non-Iranians)</i>	Experiences related to homophobia, or its lack, in Canada by Canadians or other non-Iranian communities
3	Age and Agism	Thoughts and comments about one's age, including experiences of agism
3	Discrimination by Canadians	Comments and experiences about discrimination towards the individual and/or their community by Canadians.
3	Discrimination in Turkey	Comments and experiences about discrimination towards the individual and/or their community in Turkey.
3	Discrimination Towards Iranians by the Migration System	Comments about discrimination towards Iranians by national and/or international migration authorities and/or NGO's.
2	Perception Towards Canadians	Participants' perceptions towards Canadian people and/or society.
3	Hygiene Habits	Perceptions and comments about hygiene habits in Canada
1	Changing Consumption Patterns	Changing consumption patterns in Canada.
2	Minimalism	Decreasing consumption after migration
1	Changing Food Habits	Changes in food consumption and production patterns, eating, and diet after migration
1	Changing Religious Habits	Changing religious habits and practices after migration
0	COPING MECHANISMS	The strategies that one uses to cope with difficult emotions and situations linked to migration
1	Activism As Coping	Use of activism as a coping strategy to deal with difficult emotions related to the migration trajectories
1	Art and/or Hobbies As Coping	Use of art, hobbies, and/or creative self-expression as a coping strategy to deal with difficult emotions related to the migration trajectories
1	Religion And Spirituality As Coping	Use of religion, faith, and/or spirituality as a coping strategy to deal with difficult emotions related to the migration trajectories
0	COVID-19	Experiences, thoughts and comments about COVID-19 and its broader implications.
1	Delays Due to Covid-19	Experiences about delays and/or changes arising due to COVID-19, and their implications.

0 EDUCATION	Experiences about education before and during migration trajectories, including future goals and plans.
0 EXPECTATIONS FROM THE MIGRATION SYSTEM	Open and/or subtle expectations from the migration system, including national and international migration authorities and NGOs.
1 NGOs and Their Role	Comments and experiences about NGOs and their roles in migration and health trajectories
0 GENDER AND SEXUALITY	Comments and experiences about gender and sexuality in the context of migration and health trajectories
1 Gender Roles	Comments and experiences about gender roles and gendered norms in Iran, Canada, and Turkey if applicable.
2 <i>Gender Based Violence and Abuse</i>	Experiences about gender-based violence and abuse in the context of migration and health trajectories.
2 <i>Gender Equality and Freedom in Canada</i>	Perception of gender-based and sexual equality and freedom in Canada
2 <i>Gendered Expectations</i>	Comments and experiences about individual, social, and/or institutional expectations linked to gender roles and/or gendered norms
1 Sexual Orientation	Comments and experiences related to one's sexual orientation in the context of migration and health trajectories
0 HEALTH STATUS AND BEHAVIORS	Experiences and perceptions of wellness or illness and/or behaviours affecting those
1 Diet And Self-help	Experiences, behaviors, and/or habits related to diet, food and/or eating, including intake of specific food or supplements for self-help
1 Health Literacy	Experiences and comments about ability to understand and use health-related information
1 Sleeping Issues	Experiences and comments about issues affecting sleep and decreasing its quality
0 THE HEALTHCARE SYSTEM	Experiences and comments about the healthcare system in Canada, Iran, and Turkey if applicable
1 Access To Healthcare In Canada	Individuals' experiences of access to physical and mental healthcare services in Canada
2 <i>Long Waiting Times</i>	Experiences and comments about long waiting times in the Canadian healthcare system
2 <i>Paid Ambulance</i>	Experiences and comments about ambulance fees in the Canadian healthcare system
1 Insurance And Access To Healthcare In Turkey	Experiences with having and using medical insurance and accessing physical and mental healthcare in Turkey
1 Insurance In Canada	Experiences with having and using medical insurance in Canada
1 Use of Meds In Canada	Experiences with using medicines in Canada for preventing, treating, or coping with health issues and/or their symptoms
0 LIVING CONDITIONS IN REFUGEE LIFE	Experiences about the practical living conditions shaped by the legal, economic, social and psychological implications of being a refugee, refugee claimant, or asylum seeker.
1 Sponsorship	Experiences related to government or private sponsorship of refugees in Canada

0 MENTAL HEALTH	Experiences and comments about one's mental health and wellbeing in the context of migration trajectories
1 Depression	Experiences and thoughts about depression or depressive symptoms in the context of migration and health trajectories
2 Fatigue	Experiences of fatigue, exhaustion, or tiredness in the context of migration and health trajectories.
1 Loneliness	Experiences of sadness or distress about having no company, in the context of the migration and health trajectories.
2 Homesickness	Experiences of missing and longing for one's home and familiar environment.
2 Lack of Trust Bw Refugees and Within Diaspora	Experiences and comments about mistrust within the Iranian community in Canada and in Turkey if applicable.
2 Separation From Partner	Experiences related to one's separation from their romantic partner as a part of the migration trajectory.
1 Mental Health In Canada	Experiences, narratives, and perceptions related to mental health in Canada
1 Stress	Experiences of feeling overwhelmed with pressures
2 Waiting Process	Experiences related to the waiting process in Turkey, or in Canada if applicable
1 Trauma	Deeply distressing and disturbing events experienced in the contexts of migration and health trajectories
2 Grief	One's emotional response to a significant loss
3 Cultural Grief (Azadari)	Iranian cultural understandings and/or rituals expressing grief
1 Worry	Experiences of feeling afraid, anxious and/or worried about possible future events.
0 MIGRATION TRAJECTORY	One's pathway of migration
1 Human Smugglers	Individuals and groups facilitating irregular border crossing of asylum seekers in exchange for money
1 Iran	One's experiences in Iran and/or dynamic perceptions of Iran in the context of the migration and health trajectories
0 PERCEPTION OF CANADA	One's dynamic perceptions and/or conceptualizations of Canada in the context of the migration and health trajectories
1 Canadian Dream	The idealized perception and/or representation of Canada
2 Affordability	The perception of Canada as a place where one or multiple living expenses are affordable compared to Iran
2 Canada as Home	The perception and/or conceptualization of Canada as a migrant's home
2 Critique of the Canadian Dream	Critiques towards idealization of Canada
2 Homonationalism	The perception and/or representation of Canada as a land of safety and liberty for LGBT Iranians

2 <i>Human Rights in Canada</i>	The perception and/or representation of Canada as a country where human rights are recognized and respected
2 <i>Order of Law in Canada</i>	The perception and/or representation of Canada as a country where legal justice is applied
2 <i>White Savior</i>	The perception and/or representation of Canada and/or Canadians as saviors, implying superiority
3 Help and Charity	The concepts of help and charity as bonds creating and sustaining a hierarchy between the giver and receiver of the help
1 <i>Canadian Mirage</i>	The idea or argument that the idealized representation of Canada is an illusion or mirage.
2 <i>Deceit and Violence</i>	The perception of deceit and violence in Canada in the context of migration trajectories.
2 <i>Disappointment in Canada</i>	Experiences of disappointment in Canada after migration.
2 <i>Not Belonging</i>	Experiences and perceptions of not belonging to Canada
2 <i>Return to Iran as a Solution</i>	Perception of return to Iran as a solution to negative experiences in Canada
2 <i>Working in Canada</i>	Experiences related to finding work and employment in Canada
1 <i>Comparison With Iran</i>	Comments and remarks including comparison of one's experiences in Canada with those in Iran
1 <i>Lived Space (After Migration To Canada)</i>	One's lived spatiality in Canada.
2 <i>Disappointment About Housing</i>	Experiences of disappointment regarding the quality and availability of housing in Canada
1 <i>Lived Time (Temporality)</i>	One's lived temporality in the context of migration and health trajectories, including experiences about the past and 'the future'.
1 <i>Post-migration Perception Of Canada</i>	One's conceptualization of Canada after migration.
2 <i>Lived Relations (Friendships and Relationships)</i>	One's lived relationality in the context of migration and health trajectories.
1 <i>Pre-migration Perception Of Canada</i>	One's expectations about Canada before migration.
2 <i>Information for Newcomers and Future Migrants</i>	Thoughts, comments, and experiences including information for newcomers and future migrants
3 <i>General Migration Policies</i>	Comments and experiences about general migration policies in Canada
3 <i>Health Policies</i>	Comments and experiences about the health policies in Canada
4 <i>Family Doctors</i>	Comments and experiences about the availability and quality of family doctors in Canada
3 <i>Inadmissibility</i>	Comments and experiences related to migrants' inadmissibility to Canada
3 <i>Referral to Immigration Lawyers</i>	Referral of a future or current migrant to immigration lawyers for legal assistance
3 <i>Refugee Migration Policies</i>	Experiences, comments, and remarks related to migration policies and refugee admission criteria

4 <i>Asylum as a Strategy</i>	Experiences and comments presenting applying for refuge as one of the many migration strategies available
4 <i>Bogus Refugees</i>	Experiences and comments related to those claiming refugee status while not holding the legal criteria
4 <i>Discouragement of Refugee Migration</i>	Experiences, comments, and remarks discouraging others to apply for refugee status
4 <i>Refugee Admission Categories and Criteria</i>	Comments and remarks about refugee admission categories and criteria
4 <i>Rejection of Asylum</i>	Experiences, comments, and remarks about one's rejection of asylum claim Perceptions and experiences about the racial diversity in Canada, including comments and remarks about other migrant communities
1 Racial Diversity In Canada	Comments and remarks including racial discrimination against non-Iranian migrants and people of color in Canada.
2 Racism Against Other Migrants and POC	Experiences about weather and climate in Canada.
1 Weather And Climate	Experiences and comments related to one's power and agency to make their own free choices in the context of migration and health trajectories.
0 POWER AND AGENCY	
1 Decision-making	The process of taking the decision of leaving Iran and applying for refugee status, as well as taking decisions related to the place of resettlement
2 Legitimacy of Asylum	Perceptions and comments about legitimacy of applying for asylum in a context that goes beyond legal asylum criteria
3 Prioritized Refugees	Perceptions and experiences about refugees whose cases are prioritized by Canada, especially referring to sexual minority refugees.
1 Joy And Happiness	Experiences of joy, happiness, and contentment in the context of migration and health trajectories.
1 Sense Of Lack Of Options	One's perception or experience of not having enough choices or options, thus limiting power and agency.
1 Victim Narrative	Perceptions and/or representations of refugees (or one's own) as passive victims without any power or agency.
0 SENSE OF SAFETY	Experiences, feelings, and perceptions about one's safety from physical harm and/or persecution.
1 Safety In Canada	Experiences and perceptions about being safe from harm and/or persecution in Canada.
2 Political Safety in Canada	A sense of being safe and free from political persecution in Canada.
1 Safety In Iran	A sense of (not) being safe from threats, danger, and persecution in Iran
1 Safety In Turkey	A sense of (not) being safe from threats, danger, and persecution in Turkey
0 SOCIAL AND COMMUNITY SUPPORT	Experiences and perceptions about access to support from one's social group and/or community in the context of migration and health trajectories.

1 Family/community Pressure	Experiences related to social pressures by one's family and/or community to conform with cultural norms and/or traditions
2 Anti-refugee Stigma	Experiences or perceptions related to the stigma towards refugees by other members of the Iranian diaspora.
1 Social And Community Support In Turkey	Experiences about (not) having and navigating social and community support networks in Turkey.
2 Economic Support (and Its Lack) in Turkey)	Experiences about (not) having economic support by the government, NGOs, the community or other institutions in Turkey.
1 Social Support In Canada	Experiences of having and navigating social support networks in Canada
2 Economic Support (and Its Lack) in Canada	Experiences related to economic support by the government, NGOs, and/or the community in Canada.
2 Relations With Iranian Community in Canada	Thoughts and experiences about one's connections, interactions and relationships with the Iranian community in Canada
3 Divisions and Mistrust within the Iranian Community	Experiences and comments about internal divisions and mistrust within the Iranian community in Canada.
3 Homophobia and Transphobia within the Iranian Community	Experiences of discrimination and prejudices against LGBT individuals and communities within the Iranian community in Canada.
0 WORK AND EMPLOYMENT	Experiences related to work and employment in the context of migration and health trajectories.

Appendix D

List of Online Data Sources

Blog Posts

1. Ashraf. (2015, February 4). Beheshti be name Vancouver [A paradise named Vancouver]. *Be koja chenin shetaban - khaterate mohajerat [Where are you going so fast - Migration Diary]*. <http://yasna1349.blogfa.com/post/133>
2. Ashraf. (2015, April 14). Faghad baraye to khaharam [Only for you my sister]. *Be koja chenin shetaban - khaterate mohajerat [Where are you going so fast - Migration Diary]*. <https://yasna1349.blogfa.com/post/134>
3. Ashraf. (2017, December 26). Che zud gozasht [How soon it passed]. *Be koja chenin shetaban - khaterate mohajerat [Where are you going so fast - Migration Diary]*. <https://yasna1349.blogfa.com/post/138>
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5. Bali. (2009, November 10). Yek kalam khatme kalam [A final word]. *Az Montreal ta Vancouver [From Montreal to Vancouver]*. <https://tavancouver.blogfa.com/post/62/>
6. Bali. (2010, March 9). Mikhaham gerye konam [I want to cry]. *Az Montreal ta Vancouver [From Montreal to Vancouver]*. <https://tavancouver.blogfa.com/post/67/>
7. Bali. (2010, May 9). Yek sal baad [One year later]. *Az Montreal ta Vancouver [From Montreal to Vancouver]*. <https://tavancouver.blogfa.com/post/69/>
8. Iren. (2020, April 20). Adat mikoni beheshun [You get used to it]. *Canada joon [Dear Canada]*. <https://canadajoon.blogfa.com/post/5>
9. Kamran. (2010, July 16). Bedanid va agah bashid [Know these and be aware]. *Kamran mohajeri digar [Kamran: another migrant]*. <http://kamixcanada.blogfa.com/post/39>

10. Kamran. (2010, September 7). Ta key moghayese? [Until when do we compare?]. *Kamran mohajeri digar [Kamran: another migrant]*.
<http://kamixcanada.blogfa.com/post/42>
11. Kamran. (2011, January 17). Poshte sar [Passed behind]. *Kamran mohajeri digar [Kamran: another migrant]*. <http://kamixcanada.blogfa.com/post/45>
12. Kamran. (2011, July 28). Chera in guneyim? [Why are we like this?]. *Kamran mohajeri digar [Kamran: another migrant]*. <http://kamixcanada.blogfa.com/post/47>
13. Kamran. (2011, September 9). Kanada az vagheiyat ta roya: ghesmate avval [Canada from reality to dream: first part]. *Kamran mohajeri digar [Kamran: another migrant]*. <http://kamixcanada.blogfa.com/post/48>
14. Kamran. (2012, November 19). Yek didgah: Che kesani nayayand? [An opinion: Who shouldn't come?]. *Kamran mohajeri digar [Kamran: another migrant]*.
<http://kamixcanada.blogfa.com/post/52>
15. Mohaj Canada. (2009, November). Khadamate darmani dar Kanada [Medical services in Canada]. *Az Iran ta Kanada [from Iran to Canada]*.
https://airkanata.blogspot.com/2009/11/blog-post_28.html
16. Mohaj Canada. (2010, May). Sokhani baraye taze varedhaye ayande [Notes for future newcomers]. *Az Iran ta Kanada [from Iran to Canada]*.
<https://airkanata.blogspot.com/2010/05/blog-post.html>
17. Mohaj Canada. (2010, July). Baraye kheyliha Kanada mitune jahannam beshe [Canada can be hell for many]. *Az Iran ta Kanada [from Iran to Canada]*.
https://airkanata.blogspot.com/2010/07/blog-post_08.html
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https://airkanata.blogspot.com/2010/07/blog-post_14.html
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20. Mohaj Canada. (2021, February). Kanada sarzamine forsatha [Canada: a land of opportunities]. *Az Iran ta Kanada [From Iran to Canada]*.
<https://airkanata.blogspot.com/2021/02/blog-post.html>
21. Mohajer. (2009, November 3). Ettelaate Kolli-ghesmate avval [General information - part 1]. *Mohajerane Kanada [Canada Migrants]*.
<http://www.mohagerca.blogfa.com/post/24>
22. Mohajer. (2009, November 5). Ettelaate Kolli-ghesmate dovvom [General information - part 2]. *Mohajerane Kanada [Canada Migrants]*.
<https://www.mohagerca.blogfa.com/post/25>
23. Mohajer. (2009, November 5). Shahri Aram dar Kanada [A quiet city in Canada]. *Mohajerane Kanada [Canada Migrants]*. <http://www.mohagerca.blogfa.com/post/26>
24. Negar. (2013, November 11). Lotfan mohajerat nakonid! [Please don't immigrate!]. *Royahaye yek mohajer [Dreams of a migrant]*.
<http://rahamohajer.blogfa.com/post/15/>
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<http://rahamohajer.blogfa.com/post/25>
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<https://immigrationa2z.blogfa.com/post/61/>
29. Ramin. (2010, October 16). Badihayeh Kanada [Negative Sides of Canada]. *Khaterate yek moghime Kanada [Memories of a Canadian resident]*.
<https://canada.blogsky.com/1389/07/24/post-153/>

30. Ramin. (2017, November 19). Gereftane eghamat ba vizaye turisti [Obtaining Residence through Touristic Visa]. *Khaterate yek moghime Kanada [Memories of a Canadian resident]*. <https://canada.blogsky.com/1396/08/28/post-204>
31. Reza. (2014, December 2). Khaterate Mohajerat be Kanada: Man Rezaem va In gheseye man ast [Memories of Migration to Canada: I'm Reza and this is my story]. *Anjomane Panahjuyan va Panahandegan [Association of Refugees and Asylum Seekers]*. <https://panahjooian.wordpress.com/2014/12/02/%D8%AE%D8%A7%D8%B7%D8%B1%D8%A7%D8%AA-%D9%85%D9%87%D8%A7%D8%AC%D8%B1%D8%AA-%D8%A8%D9%87-%DA%A9%D8%A7%D9%86%D8%A7%D8%AF%D8%A7-%D9%85%D9%86-%D8%B1%D8%B6%D8%A7%D9%85-%D9%88-%D8%A7%DB%8C%D9%86-%D9%82/>
32. Roshan, M. (2015, March 4). Laanat be harchi marz ast [Damn all these borders]. *Parnian: Mahnameye Amuzeshi, Farhangi va Ejtemaiye Iraniane Mohajer [Monthly Educational, Cultural, and Social Journal of Iranian Migrants]*. <http://www.parnianmagazine.com/1393/06/3113/>
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1. Ballingall, A. (2016, May 24). Once persecuted, Iranian gay rights activist thrives in Toronto. *thestar.com*. <https://www.thestar.com/news/gta/2016/05/23/once-persecuted-iranian-gay-rights-activist-thrives-in-toronto.html>
2. CBC radio. (2019, November 8). Canada 'like a dream' for refugee who spent 6 years in Australia's manus island camp. *CBC*. <https://www.cbc.ca/radio/asithappens/as-it-happens-friday-edition-1.5353214/canada-like-a-dream-for-refugee-who-spent-6-years-in-australia-s-manus-island-camp-1.5353217>
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6. Parsi, A. LGBTQ refugees face risk and isolation even after they arrive in Canada. (n.d.). *CBC.ca - watch, listen, and discover with Canada's Public Broadcaster*. <https://www.cbc.ca/cbcdospov/features/lgbtq-refugees-face-risk-and-isolation-even-after-they-arrive-in-canada>
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