Enhancing agency and empowerment in refugee camps as total institutions – real or illusory?

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"In the heim, there are people that are dirty, they are staying with you in the same room. there are people that doesn't want to talk; they stay with you the same room. there are people that, even before you look for a trouble, he just want to look for a trouble. //mhm// they stay with you in the same room. maybe you want to sleep. they disturbs you. what you have to do? you just have to run away. but if you want to run away, the money they give to you to pay for your house, it will not be enough. even though you want to [...] i just endure. every time."[1]

Introduction

The above quotation reflects a feeling of having no choice, the necessity of enduring aversive living conditions and being accommodated with strangers, to follow the house rules every day, month after month, year after year. For refugees with an insecure permit status – not only in Austria – the restrictions to personal agency are huge: limited access to education or to working permits, limited freedom of movement or of choosing one's place of residence, to name just a few. As international research on post-migration stressors has shown for many years, serious risk factors for mental health disorders include long periods of insecurity, accommodation in collective reception centres or refugee camps, limited economic opportunities due to unemployment or low-paid jobs, fear of deportation, loss of socio-economic and/or socio-cultural status, lack of social support, insufficient knowledge of the host country's language, insufficient medical and/or psychological care, as well

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[1] Interviewee quoted in Maximiliane Brandmaier, Angepasstes und widerständiges Handeln in der Lebensführung geflüchteter Menschen. Handlungsfähigkeit im Verhältnis zu Anerkennung und (psycho-)sozialer Unterstützung in österreichischen Sammelunterkünften (Weinheim: Beltz Juventa, 2019), 265.

as racism and other forms of discrimination.[2] In everyday life, the prospect of an uncertain future and the sense of "doing nothing" every day contribute to the development and maintenance of anxiety, depression, psychosomatic disorders and/or post-traumatic stress disorder.

Refugees and asylum-seekers have endured restrictions on their agency for decades, especially since the tightening of European migration and asylum laws and policies in the 1990s. For many years, psychological and sociological research in German-speaking countries focused almost exclusively on the limited (or even non-existent) agency of asylum-seekers due to the fierce restrictions they face in their everyday lives. More recently, though, several social scientists, perhaps inspired by a rise in the number of refugee protests since 2012, have turned their attention to the possibility of maintaining or even expanding agency. Self-determination and agency are important factors for mental health and as such play a significant role in helping refugees to cope with post-migration stressors.

This article is based on sections of a social-psychological study that analysed the roles of agency,[3] recognition[4] and social support in the everyday lives of asylum-seekers and refugees who were housed in reception centres in three of Austria's federal states: Vienna, Carinthia and Tyrol. The research comprised qualitative interviews with the refugees and asylum-seekers themselves as well as their counsellors, psychotherapists, volunteers and social/care workers. The article will first outline the specific characteristics and dynamics of communal reception centres, which can be understood as "total institutions" in the sense of Erving Goffman's sociological

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2   For example, see Matthew Porter and Nick Haslam, "Predisplacement and Postdisplacement Factors Associated with Mental Health of Refugees and Internally Displaced Persons – A Meta-analysis," JAMA: Journal of the American Medical Association 294 (2005) 5: 602–12; Howard Johnson and Andrew Thompson, "The Development and Maintenance of Post-Traumatic Stress Disorder (PTSD) in Civilian Adult Survivors of War Trauma and Torture: A Review," Clinical Psychology Review 28 (2008) 1: 36–47.

3   The question of human agency has been discussed for more than four decades now, and in sociology as well as psychology various theories have been developed. In the present study, sociological approaches (Mustafa Emirbayer's and Ann Mische's relational approach, and Anthony Giddens's and Pierre Bourdieu's structural approaches) and psychological theories of learned helplessness (Martin Seligman and colleagues), internal and external control (Julian B. Rotter and colleagues), agency (Albert Bandura) and the Berlin school of critical psychology's concept of agency (Klaus Holzkamp and colleagues) have been taken into account. See Brandmaier, Angepasstes und widerständiges Handeln, 91–106 for further details.

4   In this article, the understanding of recognition is based on: Axel Honneth, Kampf um Anerkennung. Zur moralischen Grammatik sozialer Konflikte, 7th ed. (Frankfurt am Main: Suhrkamp, 2012); Klaus Ottomeyer, Ökonomische Zwänge und menschliche Beziehungen. Soziales Verhalten und Identität im Kapitalismus und Neoliberalismus, 2nd ed. (Berlin – Münster: Lit, 2014).

concept.[5] Next, it will explore the various forms of agency that were analysed in the study. Finally, it will consider whether increasing social support might help refugees and asylum-seekers to achieve greater empowerment and agency.

The structures and dynamics of total institutions in communal centres for refugees

Refugee's placement on the borders of Europe (for example, in Greece) clearly merit the term "camps", sometimes even "internment". However, if and when those refugees reach the wealthier countries of Central Europe, such as Austria or Germany, such a description may – from the outside – seem inappropriate for the places where they are housed. For example, this study focuses on Austrian communal centres that range in size from small former guesthouses in rural areas, each of which can house no more than thirty residents, to former military barracks on the outskirts of large cities that can accommodate up to 250 inhabitants.

Irrespective of the size of the facility, though, recent research into refugee camps in Austria and Germany has demonstrated that they function as total institutions because they are embedded in an excluding architectural structure and perpetuate a system of exclusion and organised disintegration.[6] Although the term is often applied only to *closed* environments, such as prisons, all of Austria's communal centres for refugees display at least some of the characteristics of total institutions. Thus, the dynamics and hierarchies of total institutions were found in every research location.

First, all of the central aspects of life, including sleeping, (care) work and leisure time, occur in a single place. Many individuals in similar or identical circumstances are housed together and segregated from the rest of the society to live separate, formally regulated lives. They have no say in where they are accommodated, and their length of stay is usually unknown. Social contact with the outside world is regulated to varying degrees but always very limited. There are symbolic and sometimes even physical barriers to entry and exit: for example, both visitors and residents may have to pass a control post at the entrance and show their identity cards; and those who wish to visit may have to apply for permission from the local authorities or the management, as was the case in Carinthia during the research for this study. Control,

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5   Erving Goffman, Asylums: Essays on the Social Situation of Mental Patients and Other Inmates (New York: Doubleday, 1961).

6   Tobias Pieper, Die Gegenwart der Lager. Zur Mikrophysik der Herrschaft in der deutschen Flüchtlingspolitik (Münster: Westfälisches Dampfboot, 2008); Vicki Täubig, Totale Institution Asyl. Empirische Befunde zu alltäglichen Lebensführungen in der organisierten Desintegration (Weinheim: Juventa, 2009).

discipline and sanctions are enforced by strict adherence to a lengthy list of house rules that regulate every aspect of communal life.[7] For instance, if a resident was absent from the centre for more than three nights per month, they risk losing their monthly benefits; "pocket money" may be withheld if residents fail to fulfil their cleaning duties; and the inhabitants of some Carinthian camps were not even allowed to prepare their own meals.

Goffman postulated that the declared aims of total institutions are contradictory to what these organisations actually do. In case social workers' ultimate aim is to enable their clients to live independent lives in exile – a task that is usually framed as a combination of welfare and empowerment – they inadvertently help to perpetuate an image of clients who are not *yet* able to care for themselves in the host country. The official goal of empowerment and supporting integration is contradictory to the actual "organised disintegration"[8] of asylum-seekers, the ongoing erosion of their agency and the demoralisation that is generated by multiple legal restrictions and the (communal) character of placement itself. There are parallels here with Goffman's notion of "disculturation", in which inhabitants lose societal habits and capacities in total institutions.

One unofficial but undeniable function of the communal centres is the administration and control of asylum-seekers, which reflects the conflict between help and control within social workers' "dual mandate"[9] to serve both the (welfare) state and the recipients of its support simultaneously. Indeed, one of the main tasks of care workers in the centres – besides providing help and social support – is to control the inhabitants.[10] This is apparent in obligatory controlling visits to the residents' rooms, the presence of security services, the enforcement of the house rules and the implementation of sanctions. Care workers have the power and authority to discipline and sanction any irregular activities, but control is also exercised, for example, by the way in which medical appointments are organised. Moreover, supposedly educational interventions, such as advice about how to raise children and lessons on the host country's cultural norms and values, may influence the conduct of everyday life and reinforce adaptation.

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7   Birgit Behrensen and Verena Groß, Auf dem Weg in ein "normales Leben"? Eine Analyse der gesundheitlichen Situation von Asylsuchenden in der Region Osnabrück. Forschungsergebnisse des Teilprojekts "Regionalanalyse" im Rahmen der EQUAL-Entwicklungspartnerschaft (Osnabrück: Universität Osnabrück, 2004).

8   Täubig, Totale Institution Asyl.

9   Peter Erath, Sozialarbeitswissenschaft. Eine Einführung (Stuttgart: Kohlhammer, 2006); Gisela Hauss and Dagmar Schulte (eds), Amid Social Contradictions: Towards a History of Social Work in Europe (Opladen – Farmington Hills, MI: Barbara Budrich Publishers, 2009).

10   Maximiliane Brandmaier and Lisa Friedmann, Menschenrechtsbasierte Soziale Arbeit in Sammelunterkünften. Widersprüche – Handlungsgrenzen – Handlungsmöglichkeiten (Göttingen: Vandenhoeck & Ruprecht, 2019), 57–62.

Members of staff, as well as external social and care workers, can't help but act as part of these total institutions. Even if they are motivated to be supportive and try to stand in solidarity with the residents, the distance between the two groups is maintained by the asymmetrical dynamics of power and the fact that one group is free while the other is dependent.[11] Almost all of the decision-making power and most of the access to information remain with members of staff. They are free to leave the institution as soon as the working day is over, whereas the refugees and asylum-seekers have to remain. Therefore, two discrete "worlds," each with its own stereo-typical views and prejudices, start to develop in every centre. Social distance is maintained by a variety of mechanisms, including the sanctions and privileges that Goff-man described. Social and care workers act within this system and also take advantage of the "underlife," as Goffman termed it. As the research for this project demon-strated, residents with some knowledge of the host country's language and/or good networking capabilities tend to gain access to the management team, secure jobs or some sort of special status within the centre and receive rewards such as useful information or other privileges. For example, one manager admitted that only a few privileged residents knew that he was willing to overlook infringements of the three nights away from the centre per month rule.

While Goffman suggested that desirable behaviour is reinforced in total insti-tutions by the aforementioned system of privileges and sanctions, the research for this study revealed that establishing trustful relationships between care workers and clients can be equally effective. Members of staff can foster considerable gratitude and loyalty among the residents, as well as greater adherence to the house rules, sim-ply by adopting a more respectful and appreciative approach. Such an approach is illustrated in the following case-study.

Case-study of a communal centre in Tyrol

The centre was located in a tourist region of the Alps. It was a former guest house with a few separate units for families and couples, some with cooking facilities, and a couple of shared rooms for single men and women. All of the residents emphasised that they were satisfied with the living conditions within the centre, especially the quiet surroundings, the cleanliness and the support they received from members of staff. The management had attempted to create a friendly atmosphere of mutual support and solidarity among the inhabitants, which included allocating space for festivities and meetings. Residents who were housed in the family units could invite their neighbours to visit, but this was not so easy for those in the shared rooms,

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11   Goffman, Asylums.

unless they got along very well with their roommates. Thus, it was clear that even a small private space helped to facilitate closer social relationships.

The care workers were perceived as very committed, and the manager was described as cordial and helpful: for example, she arranged the return of a pregnant resident from hospital in the middle of the night. The care workers provided practical support – such as scheduling appointments with physicians, lawyers or the authorities, establishing German language courses, finding places for children and youths in the education system and organising community service or work placements – that served to boost the residents' agency. They achieved this by taking full advantage of Tyrolean state regulations that helped the residents to play more active roles in local society, especially compared to their counterparts in Carinthia. For example, the care workers distributed free tickets for public transport that gave the residents much better access to social and cultural events and encouraged them to work in so-called "charitable" ventures, with rewards provided in the form of vouchers. As a result, many of the disadvantages of the centre's remote location were mitigated by the care workers' commitment to finding practical solutions. It should be pointed out that a number of residents appeared to depend on the care workers' assistance and felt that they could achieve nothing without it, which could diminish their self-efficacy. Nevertheless, overall, the needs-oriented practical and psychosocial support of the staff permitted all residents some freedom to organise their everyday lives and tasks.

With respect to the second component of the double mandate – control – the Tyrolean centre demonstrated that the cultivation of strong personal relationships and loyalty can be just as important as house rules and the consistent implementation of privileges and sanctions. The manager emphasised that the centre's small size not only helped them to spot any non-residents in the compound but also allowed them to create a familial atmosphere. This was reinforced by the manager's obvious commitment to the residents, which ensured that they felt appreciated and were confident that their basic needs would be met. Nevertheless, the residents still felt that they had been placed in the centre under duress and struggled with being obliged to live with strangers in the same room and in a sparsely populated rural area with limited employment and educational opportunities. Therefore, it is perhaps unsurprising that the manager framed interventions also as strategies to prevent arguments and violence. Indeed, the social workers seemed to view prevention as one of their core tasks.

Refugees' and asylum-seekers' forms of agency in everyday life

Multiple legal restrictions on agency, as well as disrespect and a lack of recognition, can be detrimental to refugees' and asylum-seekers' self-image and often leave them

feeling imprisoned and powerless. Moreover, such responses are reinforced by a lack of information on how applications for asylum are processed, limited access to society, work and education, and the enforcement of strict house rules in reception centres. All of these factors can have a detrimental effect on agency, self-determination and mental health, especially when the application process is protracted.[12]

The research for this study showed that the length of time spent in a reception centre influences agency and autonomy among the residents. Although this may be attributed to care workers assuming much of the responsibility for the fulfilment of everyday tasks, a similar pattern was evident even when the residents were left to their own devices because there were no social workers in the centres. Therefore, it seems that restricted spheres of action and limited self-efficacy[13] may be sufficient, in themselves, to cause a decline in personal agency.

A theoretical understanding of agency is essential if we are to address this problem. Based on concepts of agency and the conduct of everyday life developed in critical psychology,[14] it is possible to identify three forms of agency in the everyday lives of refugees and asylum-seekers in Austria:

- **Adaptation** encompasses coping strategies such as religious activities, positive thinking and pastimes that help to fill days that would otherwise be characterised by inactivity and boredom. Adaptation does not increase the residents' scope of action, but it can help them to regain strength and accept situations that cannot be changed.
- **Meaningful action** includes creating "highlights" or setting and achieving goals each day, adhering to a daily routine, such as attending a language class, performing tasks within the centre, volunteer work and so on. Like adaptation, it helps residents to cope with the monotony and mental strain of institutional life because it gives some meaning to their everyday activities and may even allow them to enjoy a few hours of freedom outside the centre.

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12 Brandmaier, Angepasstes und widerständiges Handeln, 419–20; Susanne Johansson, Was wir über Flüchtlinge (nicht) wissen. Der wissenschaftliche Erkenntnisstand zur Lebenssituation von Flüchtlingen in Deutschland. Eine Expertise im Auftrag der Robert Bosch Stiftung und des SVR-Forschungsbereichs (Berlin: Robert Bosch Stiftung, 2016).

13 Albert Bandura, "Self-efficacy Mechanism in Human Agency," American Psychologist 37 (1982) 2: 122–47; Albert Bandura, "Social Cognitive Theory: An Agentic Perspective," Annual Review of Psychology 52 (2001) 1: 1–26.

14 Klaus Holzkamp, "Alltägliche Lebensführung als subjektwissenschaftliches Grundkonzept," Das Argument 212 (1995): 817–46; Josef Held et al., Was bewegt junge Menschen? Lebensführung und solidarisches Handeln junger Beschäftigter im Dienstleistungsbereich (Wiesbaden: VS Verlag für Sozialwissenschaften, 2011); Ernst Schraube and Charlotte Højholt (eds), Psychology and the Conduct of Everyday Life (Hove – New York: Routledge, 2015).

- **Transgressions and acts of resistance**, such as protests against degrading living conditions and discrimination. These acts are often triggered by an imagination of having more agency in the future, including maintaining hopes and dreams, and they can help to alleviate a sense of futility. They form part of everyday life for almost all asylum-seekers, not just political activists, as they struggle to obtain residence permits and better access to education and whenever they raise complaints and suggestions with members of staff.

The meaningful action of learning German seemed to be a particularly effective means of increasing personal agency. Similarly, the few residents who managed to secure paid employment were able to send financial support to their families in their countries of origin, others who fulfilled tasks within the centres were rewarded with extra privileges, and those who participated in charitable work expanded their social networks, all of which may be considered as boosts to agency. Given the difficulty of acquiring a work permit as asylum-seeker, it may be assumed that other residents were working in the irregular sector (another form of agency), but there was an understandable reluctance to acknowledge this.

Collective forms of agency that are based on solidarity, such as campaigns for greater recognition, may be classified as resistant action, but there was little evidence of this in the sample centres due to the residents' fear of the consequences of transgressing rules. Indeed, none of the interviewed residents had participated in any sort of organised migrant or refugee movement. On the other hand, solidarity – such as showing respect and understanding for fellow-residents, being considerate, taking care of each other and passing on important information, such as how to enrol in free German language courses – was a key form of agency in every communal centre.

Helping while controlling? The possibilities and limitations of social support and increasing agency

A number of researchers have investigated whether social support enhances agency.[15] For example, Edge *et al*. found that the provision of social support (especially by peers) played a role in boosting their agency, self-determination and empowerment.[16] Similarly, the research for the present study showed that social support for refugees helped expanding their personal agency although there was a risk of creating new dependencies and reduced self-efficacy. In addition, family

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15   Brandmaier, Angepasstes und widerständiges Handeln, 108–16.

16   Sara Edge et al., "Exploring Socio-cultural Factors that Mediate, Facilitate, & Constrain the Health and Empowerment of Refugee Youth," Social Science & Medicine 117 (2014): 34–41.

members or co-residents frequently demonstrated solidarity by providing practical support in the organisation of everyday life. Social support networks consisting of peers and family members were often reciprocal, which enabled the recipients of help to assuage feelings of inferiority and dependency because they were assisting others, too. Recalling Pierre Bourdieu's concept of social, cultural and economic capital,[17] the supporting person's resources were crucial to the efficacy of social support and any consequent increases in agency. Unsurprisingly, friends and relatives provided emotional support, but it has to be considered that familial relationships can be broken or impacted by trauma, guilt or grief. Moreover, many of the refugees were alone in the centres, with no relatives or close friends, and mistrust, which is a natural reaction to prolonged exposure to danger, persecution and trauma, can complicate the process of forging new relationships and maintaining existing ones.

Two-thirds of the refugees who were interviewed for this study expressed appreciation for the practical support they received (e.g. childcare, help in times of illness and translation services). However, in general, they characterised their social relationships as ambivalent, superficial and uncommitted. There was not a widespread sense of solidarity, notwithstanding some individual displays of solidarity. Indeed, most of the interviewees admitted suffering from loneliness and complained about a lack of social support. Sometimes volunteers or social workers in the centres, or from NGOs, attempted to provide alternative social networks for the residents. And the residents routinely turned to social workers if they needed practical support with work-permit or job applications, access to education, or legal advice. Unfortunately, though, the social workers' efforts to boost the residents' agency were constrained by a lack of funding and the narrow legal framework in which they had to operate. They could empower the refugees by facilitating participation, for example by organising German language classes, social contacts with the local population and access to community services; and they could use their own proxy agency[18] to improve the refugees' access to education, ease communication with the authorities and gather information. However, they sometimes expressed ambivalent mindsets because of a sense of disappointment in their clients and frustration over their lack of initiative. The paradox is that the most caring and committed care workers can have a detrimental effect on their clients' agency if they see themselves as the latter's saviours.

Moreover, there is always the risk of care workers abusing their power, especially if they have insufficient understanding of the dual mandate and the dynamics of power within total institutions, and/or inadequate strategies to cope with conflict and stress. Interviews with both refugees and members of staff in the Austrian communal centres revealed a tendency among some care workers to belittle their clients'

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17   Pierre Bourdieu, "Ökonomisches Kapital, kulturelles Kapital, soziales Kapital," in Soziale Ungleichheiten, edited by Reinhard Kreckel (Göttingen: Schwartz, 1983), 183–98.

18   Bandura, "Social Cognitive Theory," 13.

concerns and either infantilise or culturalise non-desirable behaviour. These were interpreted as subconscious coping mechanism to establish and maintain distance between themselves and the residents and thereby protect themselves against over-burdening. Structural factors, such as remote locations that make it difficult for in-dependent organisations and regulatory bodies to conduct regular inspections, also increase the likelihood of power abuse by both care workers and security staff (al-though the latter were not included in this study). Residents' dependency on mem-bers of staff – and consequently the latter's power – was greatest in remote locations. Perhaps unsurprisingly, communal centres in these areas also displayed the most disregard for their residents' well-being, as manifested in living conditions that were hazardous to health and the provision of low quality of food in a number of small, remote Carinthian facilities where the owners (entrepreneurs or former landlords with no background in social work) functioned as the residents' primary contact. Of course, such disrespect exacerbated the residents' pre-existing sense of futility and powerlessness.

The dual mandate of help and control also narrows care workers' scope of ac-tion as they are unlikely to support any enhancement of agency that might lead to transgression or resistance, not least because they are bound to the terms of their employers' contracts with the federal state. While many social work studies have discussed the inherent contradictions of the dual mandate, care workers themselves should reflect on the complex interplay of power, privilege and dependency as well as their clients' experiences of non-recognition and disrespect as part of their everyday practice. Developing an appreciation of the residents' lack of agency will help to avert individualising or pathologising reactions to discrimination, inequality and contra-dictions. Moreover, only care workers with a deep understanding of the characteris-tics of total institutions, the dynamics of relationships between staff and residents and the different forms of agency will have any chance of empowering their clients. It creates a completely different attitude towards residents who ask for daily updates on their asylum applications or criticise conditions within the reception centre for they will not be perceived as troublesome, as motivated individuals with a justifiable determination to increase their agency. In summary, critical self-reflection, trans-parency during counselling, avoiding culturalisation and infantilisation, and pro-moting autonomy are key factors in boosting agency and contribute to recognition.

Many of the Austrian care workers expressed their aim to empower the residents step-by-step and enable them to take care of their own affairs. However, particularly vulnerable people, such as single parents or the survivors of extreme violence with complex trauma-reactive symptoms, need ongoing practical and emotional support over a long period of time.[19] Unfortunately, there has been a distinct lack of psy-chological support and specialist trauma-sensitive psychotherapy for refugees and

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19   Brandmaier, Angepasstes und widerständiges Handeln, 455–9.

asylum-seekers in Austria and Germany for many years.[20] For instance, of all the Austrian centres analysed in this study, only one in Vienna – designated a specialist integration house – offered psychological support from staff who were trained to work with clients with severe mental health issues. Although the authorities in Tyrol claimed that their centres were equipped to provide psycho-social support and had systems to identify residents with mental health problems, they had been unable to perform either of these functions for some time due to a shortage of staff.

Residents' attitude towards the social support they received depended on if they perceived an authentic interest in their well-being or their plans for the future, and reliable advocacy for their concern, if they felt recognized as a person and being treated as respected members of society with the same human rights as everyone else. It also encompasses being recognized and supported even in situations of mental crisis and breakdowns. This sort of intersubjective recognition was a positive counter-experience to everyday racism, discrimination and non-recognition. As a result, it reinforced their sense of self-worth, which was crucial as the self is under constant attack in the total institutions of societies that mainly disapprove of asylum-seekers and refugees.[21]

Conclusion

Despite long-term demands and campaigns for abolishment of communal placement or internment of refugees, most states, including Austria, have persisted with – or even expanded – the communal centre model. These centres' social and care workers often share a sense of helplessness with their clients as they struggle to cope with the inherent contradictions of organised disintegration and the dual mandate of help and control. While the research for this study found that many of these care workers had a strong personal commitment to and sense of solidarity with their clients that enabled them to forge trustful relationships and work in a needs- and resource-oriented way, their counterparts in independent NGOs that were not bound to the state's control mandate had much more scope to confront the authorities and help their clients to assert their rights. That said, every social worker who works with asylum-seekers or refugees, be they employed by an NGO, a welfare organisation or the state, is bound by a core feature of all humanitarian

20   An overview of specialist psycho-social treatment centres for traumatised refugees and asylum-seekers can be found on the websites of umbrella organisations: for Germany, BAfF (Bundesweite Arbeitsgemeinschaft der psychosozialen Zentren für Flüchtlinge und Folteropfer; https://www.baff-zentren.org); and for Austria, NIPE (Netzwerk für Interkulturelle Psychotherapie nach Extremtraumatisierung; https://www.nipe.or.at).
21   Brandmaier, Angepasstes und widerständiges Handeln, 468–74.

interventions – the dual mandate. In addition, any intervention that aims to expand social networks and increase social support should not focus solely on the individual but should also address societal structures that perpetuate marginalisation and exclusion. Finally, considering social work as a human rights profession, social workers should be sensitive to the experiences of trauma and racism that many of their clients suffer, and they should embrace critical self-reflection, as this will help them to cope with the contradictory dual mandate of help and control.

Many of the structural issues that are risk factors for impaired mental health demand political- and societal-level intervention. For example, refugees' and asylum-seekers' self-determination and agency – at least on a very basic level in the conduct of everyday lives – could be improved by offering them forms of housing that are better suited to their individual needs, such as private rented flats, rooms in shared houses or apartments in integration facilities with psycho-social support, along with various forms of mobile support from social and care workers. Many of the problems in the current communal centre system are caused by the system itself, resulting in a vicious circle for residents and staff alike. By prioritising control, discipline and exclusion, this system not only reduces the residents' personal agency but also forces the care workers to enforce restrictions on the very people they are trying to help, which leads to stress on both sides.[22]

Most of the interviewed refugees and care workers expressed a strong preference for private rather than communal living. This is hardly surprising, as refugees could experience their agentic selves at least on the basic level of private life. They would have to be provided with support structures oriented towards their individual needs, including low-threshold counselling services and, ideally, regular (psycho-)social and mental health counselling services. But such a system would be far preferable to the current reception centre model, which creates structural dependencies that reinforce the residents' sense of helplessness.

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22   Ibid., 485–8.