

Sri Lankan Tamil asylum seekers' experiences of a community garden based trauma intervention: an interpretative phenomenological analysis

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Doctoral Research in Counselling Psychology

Sri Lankan Tamil Asylum Seekers' Experiences of a Community Garden Based Trauma Intervention: An Interpretative Phenomenological Analysis

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Research Thesis Submitted in Part Requirement for the Doctor of Counselling
Psychology

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Faculty of Social Sciences

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DECLARATION

This research or any part thereof has not previously been presented in any form to the University or to any other body whether for the purposes of assessment, publication or for any other purpose (unless otherwise indicated). With the exception of any express acknowledgments, references and/or bibliographies cited in the work, I confirm that the intellectual content of the work is the result of my own efforts and of no other person, beyond the role expected of my current research supervisor, Dr Niall Galbraith, and past supervisors Dr Lamprini Mangiorou and Dr Darren Chadwick.

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Date: *30th July 2023*

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ABSTRACT

Aims

This doctoral research examines the subjective experiences of community gardening as a trauma psychological intervention in the recovery process of male Sri Lankan Tamils asylum seekers who have been diagnosed with war-related post-traumatic stress disorder (PTSD). This research is particularly timely given the significance of social and systemic processes in asylum seekers' trauma intervention, the emergence of community horticultural therapy's efficacy in treating trauma, and a current lack of research on best ways to support Sri Lankan Tamils' trauma recovery.

Methods

The method chosen for this research is Interpretative Phenomenological Analysis (IPA), which espouses a qualitative design methodology, to explore in-depth the subjective experiences of the client group of male Sri Lankan Tamil asylum seekers. Semi-structured interviews were conducted with six participants, all male Sri Lankan Tamil asylum seekers or former asylum seekers aged 18 or above, who received a formal diagnosis of PTSD from Lewisham IPTT due to war-related trauma from the Sri Lankan Civil War (1983–2009).

Results

Three superordinate themes emerged from the interpretative analysis. The participants dwelled on the immense value of being with others, of engaging in activities at the intervention, the setting of the intervention, and commented on the intervention's acceptability and feasibility.

Conclusion

The research findings suggest the value and cultural empowerment of a psychosocial treatment approach such as that of a community-based intervention. The findings also support that there are specific therapeutic benefits associated with employing a horticultural approach in the treatment of trauma for asylum seekers. The qualitative information gained also enabled a reflection on the role of Counselling Psychologists in general, and what therapy is.

CHAPTER 1

INTRODUCTION

This chapter aims to introduce the current research topic, by placing the research in context. It provides an outline of each chapter in the research, and introduces the reader to the definitions of essential terms used in it.

1.1 An Introduction to the Research Topic

1.1.1 Current Research in Context

This doctoral research enhances current understanding and applications of Counselling Psychology by examining the subjective experiences of a London-based innovative community gardening programme as a trauma psychological intervention in the recovery process of male Sri Lankan Tamils who have been diagnosed with war-related PTSD. Counselling Psychology is a relatively new field of professional applied psychology (BPS, 2023), which has moved away from the more traditional emphasis in psychology on discovering objective facts (Van Duerzen-Smith, 1990), to exploring the subjective phenomenological experiences of humans (Woolfe, 1996). Counselling Psychology's strong humanistic roots make it interested in transcending the merely psychological diagnoses in order to delve more thoroughly into understanding clients' idiosyncratic experiences in the treatment process.

This research is conducted as a part of the Counselling Psychology practitioner doctorate portfolio. It presents a valuable opportunity for me as a Counselling Psychologist in training, to integrate and demonstrate the scientist-practitioner central value of the profession, whereby scientific psychological and psychotherapeutic theories are integrated with applied clinical practice (BPS, 2023). Counselling Psychology's interest in clients' idiosyncratic experiences also means a more considered approach to understanding how broader contexts such as clients' cultural backgrounds, and their political environment shape them as people and their distresses. Therefore, from the perspective of a future Counselling Psychologist, it is vital to design and deliver innovative treatment that takes into account clients' unique psychological needs by understanding the contexts of their distresses.

The impact of this doctoral research stems from acknowledging the significance of social and systemic processes in asylum seekers' trauma intervention, the emergence of community horticultural therapy's efficacy in treating trauma, and a current lack of research on best ways to support Sri Lankan Tamils' trauma recovery. Not only does this research carry a professional meaning, it too holds a personal meaning due to my interests in working with refugees and asylum seekers, the therapeutic effects of nature, and making a positive contribution to the field of war/political conflict-induced psychological traumas. Last but not least, this research has been conducted with the aim of dissemination.

1.2 Research Outline

Following the above introduction to the research by providing its context, the reader will now be introduced to the definitions of essential terms used in the research. The terms centre to the study are asylum seekers, community, gardening, horticultural therapy, internally displaced people, Liberation Tigers of Tamil Eelam, natural assisted therapies, Post Traumatic Stress Disorder, refugee, Sri Lanka, Sri Lanka Tamils, Sri Lankan Tamil Asylum Seekers, Therapeutic landscape, and trauma focussed therapy.

The second chapter of the research provides a review of relevant literature to contextualise the subsequent empirical work, including background information about asylum seekers world-wide, Sri Lankan asylum seekers in the UK and the Sri Lankan Civil War. The review also covers stress factors this client group face during the migratory period that contribute to particular difficulties with trauma. The reason for why Sri Lankan male asylum seekers are a particularly vulnerable client group is explored too. Current Post Traumatic Stress Disorder treatment approaches and the use of community psychology for asylum seekers are then reviewed, and a case for community psychology for male Sri Lankan asylum seekers put forward. A review of research on horticultural therapy then follows, together with the current research's rationale and aims explained, and its significance and relevance to the profession of Counselling Psychology discussed.

Chapter three opens with an explanation of the rationale for the use of qualitative research, and the specific qualitative methodology of Interpretative Phenomenological Analysis. This includes an explanation of its underpinning philosophy and epistemology as

well as its strengths and potential limitations. The details of the intervention that the research participants took part in are described, and information about the participants shared (including the sampling and recruitment process, inclusions and exclusion criteria, participant details, interpreter and interpreting details). Information is given about the interview schedule, transcription process, analysis, ethical considerations, and personal reflexivity, and examines the validity and quality of the research.

The research's fourth chapter presents the findings organised around three superordinate themes (the value of being with others, the value of activities and the setting, and the acceptability and feasibility of the intervention). The research participants' pseudonyms are also listed in this chapter. Chapter five of the research discusses the research findings in more detail, and contextualises them within both empirical papers and the literature review. Next, the chapter discusses about this research's implications for practice, their relevance to Counselling Psychology. Then, it discusses about the research's limitations and future research recommendations, followed by drawing overall conclusions from the research.

Chapter six presents a critical appraisal that further outlines the development of my personal interest on the research topic, reflect on the influences of the research process on my professional development and personal growth. This work then concludes with a comprehensive reference section and a list of appendices that have been included throughout the research.

1.3 Definition of Terms in the Research

The following definitions provide background information that are not included in the main body of this research:

Asylum Seekers

“Asylum is the protection that a country grants to a non-citizen in its territory. Article 14 of the Universal Declaration of Human Rights (UDHR) states that everyone has the right to seek and enjoy asylum from persecution. An asylum-seeker is an individual who has left their country of origin in order to seek asylum in another country.” (UNHCR, 2023, p. 1)

Community

A community is a group of people sharing similar interests and values, usually implying certain types of positive associations

Gardening

The term refers to the activity of tending to a garden

Horticultural Therapy (HT)

There is a wide spectrum of different definitions of what horticultural therapy comprises. However, for the purpose of this research, the charity called Thrive's definitions of HT is used due to its pertinence to the therapy used in the service evaluated and its inclusive nature:

"HT is the use of plants by a trained professional as a medium through which certain clinically defined goals may be met."

"HT is a process through which plants, gardening activities, and the innate closeness we all feel toward nature are used as vehicles in professionally conducted programs of therapy and rehabilitation." (Growth Point, 1999)

Internally Displaced People

"Persons or groups of persons who have been forced or obliged to flee or to leave their homes or places of habitual residence, in particular as a result of or in order to avoid the effects of armed conflict, situations of generalized violence, violations of human rights or natural or human-made disasters, and who have not crossed an internationally recognized state border." (UNHCR, 2025)

Liberation Tigers of Tamil Eelam (LTTE)

LTTE is the acronym for the Liberation Tigers of Tamil Eelam, who are also known as the Tamil Tigers. It was a militant and political group based in North-Eastern Sri Lanka founded in May 1976 by Velupillai Prabhakaran. Its mission was to create an autonomous Tamil state in the Eastern and Northern provinces of the country, as after Sri Lanka gaining independence from Britain, the Tamil minority has felt increasingly marginalised and politically disfranchised (Aljazeera, 2009). LTTE was in conflict with the Sri Lankan Government forces for nearly 60 years.

Nature Assisted Therapies

“An intervention with the aim to treat, hasten recovery, and/or rehabilitate patients with a disease or a condition of ill health, with the fundamental principle that the therapy involves plants, natural materials, and/or outdoor environment, without any therapeutic involvement of extra human mammals or other living creatures.” (Annerstedt & Währborg, 2011, p. 372)

Post Traumatic Stress Disorder (PTSD)

“Disorder that may result when an individual lives through or witnesses an event in which they believe that there is a threat to life or physical integrity and safety and experiences fear, terror, or helplessness. The symptoms are characterized by (a) re-experiencing the trauma in painful recollections, flashbacks, or recurrent dreams or nightmares; (b) avoidance of activities or places that recall the traumatic event, as well as diminished responsiveness (emotional anesthesia or numbing), with disinterest in significant activities and with feelings of detachment and estrangement from others; and (c) chronic physiological arousal, leading to such symptoms as an exaggerated startle response, disturbed sleep, difficulty in concentrating or remembering, and guilt about surviving the trauma when others did not (see survivor guilt). Subtypes are chronic posttraumatic stress disorder and delayed posttraumatic stress disorder. When the symptoms do not last longer than 4 weeks, a diagnosis of acute stress disorder is given instead.”

(American Psychological Association, 2023)

Refugee

A refugee is an individual who *“owing to well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable or, owing to such fear, is unwilling to avail himself of the protection of that country; or who, not having a nationality and being outside the country of his former habitual residence as a result of such events, is unable or, owing to such fear, is unwilling to return to it.”* Also, that they would have been recognised under the 1951 Convention relating to the status of refugees (UNHCR, 2019)

Sri Lanka

Sri Lanka is an island country off the southern Indian Coast in the Indian Ocean. The official name of Sri Lanka is the Democratic Socialist Republic of Sri Lanka. Its legislative capital lies in Sri Jayawardenepura Kotte and its commercial capital in Colombo

Sri Lankan Tamils

Sri Lankan Tamils, are also known as Ceylon Tamils or Eelam Tamils. They are an ethnic minority in Sri Lanka alongside with the Sinhalese majority which make up more than 99% of Sri Lanka's total population. They are long-settled descents of people who had moved there from south-eastern India. The highest concentration of Sri Lankan Tamils resides in the Jaffna peninsula and the adjacent districts of the northern lowlands. They speak the Dravidian language of Tamil, are mostly Hindu but with a significant Christian population (Encyclopedia Britannica 2025; Wikipedia, 2025)

Sri Lankan Tamil Asylum Seekers (SLTAS)

Asylum seekers who are Sri Lankan Tamils, who have applied for protection as a refugee and are awaiting the determination of their status

Therapeutic Landscape

An idea initially coined by Gesler (1992) describing physical landscapes that contain certain elements that are therapeutically beneficial

Trauma Focussed Therapy

Psychological therapies with the specific focus on treating trauma

CHAPTER 2

LITERATURE REVIEW

Following the previous chapter, this chapter aims to give further context for the subsequent empirical work – it provides background information about the situation of asylum seekers world-wide, Sri Lankan asylum seekers in the United Kingdom (UK), the Sri Lankan Civil War, and stress factors during the migratory period, particularly difficulties with trauma. The chapter then explores the reason for why Sri Lankan male asylum seekers are a particularly vulnerable client group. Next, it reviews the current Post Traumatic Stress Disorder (PTSD) treatment approaches, the use of community psychology for asylum seekers, and puts forward a case for community psychology for male Sri Lankan asylum seekers. A review of literature pertaining to horticultural therapy and its treatment of trauma, its use with asylum seekers, as well as some of its suggested causal mechanisms, and its social benefits then follows. Lastly, the chapter outlines the current research’s rationale and goals, and discuss its significance and relevance for the Counselling Psychology profession.

2.1 Asylum Seekers World-Wide and in the UK

According to United Nations High Commissioners for Refugee, that at the end of June 2024, a total of 117.3 million individuals around the world were in forced displacement due to persecution, human rights violations, conflicts and events seriously disturbing the public order (UNHCR, 2024). This included 72.1 million of internally displaced people, 43.7 million of refugees and 8 million of asylum seekers. This means that 1 in every 67 people in the world is either internally displaced, a refugee or an asylum seeker, with Germany, France, Greece, Spain, and the UK being the main industrialised Western countries receiving the highest number of asylum applications (Home Office, 2024).

The UK government’s latest statistics on refugees and asylum seekers state that a total number of 99,790 asylum applications were made in the UK in the year ending 2024 (Home Office, 2024). This number of applications is the highest in almost 20 years, highlighting a pressing need for the UK to better understand challenges that asylum seekers face – especially

related to mental health – given that many of them had undergone psychological hardships prior to their arrival in the UK.

2.1.1 Sri Lankan Asylum Seekers in the UK and Sri Lankan Civil War

One primary reason for Sri Lankans to seek asylum in the UK concerns the Sri Lankan Civil War – an ethnic-political conflict started in 1983 following Sri Lanka's independence from Britain in 1948. The war lasted nearly three decades, and was fought between the Sri Lankan Government and the Liberation Tigers of Tamil Eelam (LTTE), as the LTTE sought for an independent state for the country's Tamil minority amidst the Sinhalese majority. During the war, fighting in Northern Sri Lanka was reported to be most intense, and more intensified fighting was reported in the last years of the civil war. The war ended in May 2009, with a government victory.

During this civil war, approximately 1 million Tamils fled from the country, and around 70,000 civilians were killed (United Nations, 2007). Watchdog groups have accused both the Sri Lankan Government and the LTTE of human rights violations during the war, including abduction, extortion, arbitrary detainment, torture, sexual abuses, enforced disappearances and the use of child soldiers. Such atrocities often leave psychological scars (De Jong et al., 2002), thus pointing to a need for the UK to carefully consider how best to support psychological challenges faced by Sri Lankan Tamil Asylum Seekers (SLTAS).

2.2 Contributing Stresses to SLTAS' Psychological Health

Somasundaram, a prominent researcher, Professor and Consultant Psychiatrist in Sri Lanka, has conducted extensive research on the psychological effects of the Sri Lankan Civil War (2007). He argued that the psychological health of SLTAS is often affected by prolonged sequential stresses during periods of pre-migration during the Civil War, migration and post-migration.

Pre-migration stresses include traumas experienced by SLTAS in Sri Lanka, or whilst living as internally displaced people before their arrival in the UK. Besides stresses in the pre-migration period, the migration process itself can also be stressful for SLTAS. They may have experienced physically hazardous conditions (such as travelling often on foot or by small boats

in open waters), and were separated from their loved ones. Some were even cheated by their travel agents. Stresses may also continue after their arrival in the UK, given continued separation from family and friends, the need to adapt to an unfamiliar culture and a new language. Rebuilding their lives may have included further obstacles such as employment barriers, limited social support, and discrimination (Somasundaram, 2007).

One of the main challenges for SLTAS after arriving in the UK concerns the uncertainty of their legal residency status. While in recent years (2019-2022) there has been a substantial increase in initial decisions on asylum applications resulting in a grant for protection (Home Office, 2022), many applicants were still unsuccessful. Unsuccessful applicants have the option to appeal, yet the appeal process is often complicated and lengthy; they must wait for months or even years for their appeals to be heard and decision to be made about their claims (UK Refugee Council, 2023). This uncertainty leaves applicants feeling trapped and unable to plan for their new lives (Refugee Survival Trust, 2012). Their efforts to rebuild life are not only hampered by the uncertainty of their residency status, but also by legal constraints that prevent them from taking up employment.

2.2.1 Trauma in SLTAS

Often upon arrival in the UK, not only do many SLTAS have to contend with the above mentioned post-migratory stresses, they too, have to cope with traumatic psychological struggles resulting from trauma exposures during the Civil War. There is a reported population of around 110,000 Sri Lankan Tamils currently residing in London (the city where most UK based Sri Lankan Tamils are located), many of whom suffer from torture-related trauma from the war (Somasundaram, 2004). Besides torture, other catastrophic stressors for SLTAS include being wounded, witnessing the killing of family members by bombs, or seeing colleagues being shot (De Vries, 2001). Exposure to such stresses before migration, reinforced by post-migratory stresses of struggling to build a new life in their host country, can jointly contribute to PTSD in asylum seekers (Beiser et al., 2011).

Complex grief can be an additional factor contributing to SLTAS' PTSD (Somasundaram, 2007). Complex grief may stem from SLTAS losing their loved ones to horrifying deaths such as being mutilated or dismembered. Additionally, the inability to honour their loved ones' deaths, such as being unable to perform burial rituals according to their

traditions due to circumstances at the time, may contribute to complex grief. Another aspect of complex grief that maintains their PTSD can be related to “survivor’s guilt” (Niederland, 1968) – an emotional guilt arises from surviving, whilst others, including their loved ones, have perished or been left behind in Sri Lanka.

Besides complex grief, “collective trauma” – psychological reactions to a ‘cataclysmic event’ that affects the whole of society (Hirschberger, 2018), is also considered another factor that perpetuates the trauma experienced by SLTAS. Somasundaram (2007) observed that the Civil War had not only destabilised its citizens’ psyches, it had also torn apart the safety of the social structure in which they were embedded in by mistrust, suspicion, a “conspiracy of silence”, brutalisation, deterioration of morals and values, poor leadership, dependency, passivity and despair.

2.3 The Precarious Position of Traumatized Male SLTAS

Although both genders were exposed to brutality during the Sri Lankan Civil War, it has been argued that men were more vulnerable as they were often more targeted during the war, and faced physical dangers. Compared to women, men were at a higher risk of being killed, arrested, detained, tortured, disappeared, forced to join the military, or to migrate; it was also not uncommon for perpetrators to emasculate men during the war by rape (Somasundaram, 2007).

In addition to facing more severe physical dangers, male SLTAS are also prone to critically ruminate on their self-perceived psychological weaknesses experienced during the war. Affleck et al. (2018) found that many Sri Lankan refugee men ruminated negatively on experiences of failing to protect their loved ones from physical harm or death. Not only do many male SLTAS feel that they have failed in their self-expected role as a protector, they also feel useless from struggling to fulfil their role as a provider. This is due to facing unemployment in their new host country, thus feeling unable to uphold culturally-bound responsibilities and masculine social roles of financially providing for their families.

Pre- and post-migratory difficulties contribute to a specific challenge to male SLTAS’ perception of their own sense of masculinity. In addition to having their masculinity challenged, male SLTAS may also view themselves less favourably for being refugees. Judge

(2010) explains how powerful social ideologies of refugees are, as they often carry negative connotations of weakness, depoliticisation and dependency. These undertones may present additional challenges to Sri Lankan asylum-seeking men's already shaken self-notion of masculinity. Further, the PTSD mental health diagnosis could also stigmatise and emasculate male SLTAS, as it can indirectly suggest their failure to uphold the culturally constructed idea of being a man (Chamberlin, 2012).

Therefore, by conceptualising the above challenges faced by male SLTAS intersectionally, we can infer that when a male SLTAS is being diagnosed with PTSD, it might compound his already existing sense of failure in fulfilling his cultural and social roles as a protector and a provider, while also being a displaced person in a foreign country. This likely places male SLTAS in a particularly precarious psychological position.

2.4 Existing PTSD Treatment Approaches in the UK and Sri Lanka

There is currently no specific treatment recommendations made by the National Institute for Health and Care Excellence (NICE) for trauma-affected Sri Lankan Tamil adult asylum seekers who have arrived in the UK, and have been diagnosed with PTSD. However, more generally, NICE treatment guidelines NG116 (2018) provides evidence-based recommendations that individuals affected by PTSD should be treated with either trauma-focused Cognitive Behavioural Therapy (CBT) or Eye Movement Desensitisation and Reprocessing (EMDR) – both manual based treatments. CBT would include psychoeducation about trauma and its management; help clients to process the trauma and its associated distressing emotions; and facilitate more adaptive behaviours that can help them re-establish wellbeing (Ehlers & Clark, 2000). EMDR (Shapiro, 2001), similar to CBT, also includes psychoeducation on trauma and its management. However, it differs in its approach by aiming to resolve trauma using bi-lateral stimulation for targeted trauma memory.

NICE also recommends prolonged exposure therapy as another PTSD treatment approach, which focuses on confronting trauma triggers to unpair them from feelings of distress (Lancaster et al., 2016). Narrative exposure therapy (NET) is another NICE-recommended treatment – a manual based brief therapy typically used for individuals affected by multiple traumas due to socio-political and cultural reasons (Robjant & Fazel, 2010). However, NET is

not readily available on the NHS. CBT and EMDR remain the two most accessible PTSD treatment approaches in the UK in the NHS at the time of this writing.

Although CBT and EMDR are evidence-based treatments that have successfully helped many individuals affected by PTSD, they can be critiqued as ethnocentric approaches that operate out of a Western construct of what trauma is, what its resolution looks like, and how it should be treated. Tribe (2014) raises the issue of how two of the arguably most authoritative guides about mental health disorders – the DSM (Diagnostic and Statistical Manual of Mental Disorders) and ICD (International Classification of Diseases) are both:

“Western documents, carrying ontological notions of what constitutes a real disorder, epistemological ideas about what counts as scientific evidence, and methodological ideas as to how research should be conducted” (p. 254).

Hence, there are ethical concerns behind exporting Western models of psychological distress and treatment approaches onto clients who may not operate within a Western ontology. In the case of treating Sri Lankans affected by war trauma, it can even be argued that imposing a Western model on their treatment constitutes a form of neo-colonialism. A further critique of the PTSD diagnosis is that it reflects only a specific cultural context, and therefore, should not be exported wholesale, especially in war conditions (Summerfield, 1999). Patel (2003) also argues that social inequalities can be reinforced when mental health professionals superimpose their own theories and practices on their clients. Tribe (2007) echoes Patel’s line of thinking by promoting the adoption of health pluralism in the way that psychology professionals conceptualise psychological difficulties, including PTSD.

Indeed, the use of health pluralism based on locally identified needs is a recommended choice in helping Sri Lankan War survivors in dealing with their mental health difficulties (Samarasinghe, 2002). This is particularly relevant given the nascent psychological infrastructure in Sri Lanka, and the majority of the population still seeks help for psychological problems from Siddha, Ayurvedic, traditional healers, oracles, mediums, astrologers, or religious leaders within their own community. Beliefs about mental health are therefore not drawn from Western models but from other sources, such as religious and cultural ideas. Hence, treatment may not take the form of talking therapies but other forms of healing, for example as performing rituals (Tribe, 2007). Therefore, the above considerations call for a

more culturally considered and sensitive conceptualisation about PTSD and pluralistic treatment approach. This approach aligns well with Counselling Psychology's humanistic roots, whereby the profession promotes understanding clients' distresses through a more holistic and multidimensional lens, rather than the lens of a traditional medical model that risks misunderstanding and pathologising clients.

2.5 Community Psychology for War-affected SLTAS

Upon recognising the ethical significance of moving beyond a solely Western construct in PTSD treatment for non-Western asylum seekers, and the value of conceptualising a more pluralistic approach, the question of whether the current predominant treatment approach in the UK of offering individual psychological treatment is the most beneficial for asylum seekers is brought to the fore.

Webster and Robertson (2007) urge for the adoption of pluralistic treatment approaches and the inclusion of community psychology when working with refugees. They argue that psychological difficulties may not always be located within the individual, hence, it is vital to consider the broader context of refugees' distresses. Therefore, in the case of PTSD-affected SLTAS, the disadvantageous social context of lacking social support after moving to the UK needs to be recognised as a rightful factor contributing to their distresses.

In a Sri Lankan Trauma Group conference attended by the Primary Researcher on 12/11/2016, Somasundaram emphasised the critical role of community in trauma recovery for those affected by the Sri Lankan War, as communities were targeted in war, with support systems, networks, and traditional structures being destroyed. The destruction of communities is particularly detrimental to more collectivist societies, such as the Sri Lankan Tamils, where individuals' identities are more intertwined with one another. Consequently, relationships and a tight-knit social network are arguably even more highly valued than in more individualistic societies (Somasundaram & Sivayokan, 2013).

To further understand the differing values held by individuals in more collectivist societies like Sri Lanka, compared to more individualistic societies, Hofstede's (1980) work can be drawn upon: In an individualistic society, ties between individual members are loose, and everyone is expected to take responsibility for themselves and their immediate families

only. This contrasts to in a collectivist society, members are more integrated into strong and cohesive groups that often extend beyond their immediate families. In exchange for their loyalty, these groups would then provide protection. This model of strong and long-standing interdependence with other members of the society is found to be typical in subsistence economies and agrarian lifestyles (Hofstede, 1980). While the concepts of collectivism and individualism are useful here for understanding the meaning of community for SLTAS, it is worth considering that these categorisations of society can be overly dichotomous and simplistic.

Still, considering how Sri Lankans' identities are constructed more socially, emphasising the community and a sense of belonging to it could play a key role in their PTSD recovery and re-establishment of personal wellbeing (Gambrel & Cianci, 2003). This is especially when a feeling of belonging is found to be positively correlated with a sense of meaning in life (Lambert et al., 2013). Therefore, given the unique roles that other members of the Sri Lankan society play in SLTAS' wellbeing, it can be argued that a community-based intervention could be an even more effective PTSD treatment choice for this client group compared to an individual-based intervention.

Indeed, according to Miller & Rasmussen (2010), historically there has been a division between advocates of trauma-focused and psychosocial community approaches due to differing concepts of the key factors affecting the mental health of those affected by violence. In sum, the trauma-focused approach adopts a simple direct effects framework, explaining how war exposure directly contributes to mental health difficulties. The psychosocial approach puts forward a more complex picture, suggesting that war exposure leads to and/or exacerbates daily stressors that affect the mental health of those affected. These daily stressors include factors related to the affected person's social role, such as social isolation, marginalisation, and changes in the family structure. Therefore, it advocates that trauma treatment designs take into consideration the daily stresses faced by those affected by war traumas. For example, help can be provided for individuals to re-establish social ties to mitigate daily stresses which, in turn, can help improve their overall mental health via a strengthened coping resource.

2.5.1 Community-based Intervention and the Counselling Psychology Profession

The above mentioned psychosocial approach to treatment as a community-based

intervention speaks to the ethos of Counselling Psychology as a profession. Counselling Psychology's 'anti-medical' approach (House & Feltham, 2016), allows it to appreciate the value of communities and local resources in clients' journeys to recovery. This approach is empowering to clients, as it de-emphasises the exclusive power of 'experts' in offering healing. Besides, Counselling Psychology emphasises that clients are relational beings (Manafi, 2010) – hence the importance of conceptualising their distresses from an interpersonal viewpoint. Also, given Counselling Psychologists' commitment to meeting clients' psychological needs, it seems crucial to understand and acknowledge SLTAS' social needs and their cultural meanings in their trauma healing. Adopting a more culturally sensitive and respectful approach can hopefully lead to a more holistic repair of SLTAS' trauma by taking into consideration their social ecologies.

Globally, there have been some community psychology-informed initiatives to support war-affected Sri Lankan Tamils. For example, Médecins Sans Frontières – an international humanitarian organisation – implemented a community-based programme that focussed on the psychological consequences of violence. Increasing awareness of psychological distress, strengthening community, reinforcing coping-strategies for long term war-affected communities and counselling by trained national staff, were some of the activities offered as part of the programme (MSF, 2002).

In Northern Sri Lanka, community approaches have also been employed to empower the community to address their own difficulties (Somasundaram, 2014). Psychoeducation on psychosocial issues was provided to the public and a range of grassroots workers from the government and NGO sectors, through lectures and seminars. Psychoeducation also covered suicide prevention, and trainings were conducted for local community workers such as teachers, village headmen, primary health workers and traditional healers on psychosocial issues related to the war (Somasundaram, 2014).

Closer to home in the UK, a conference was organised in London, targeting the Tamil community and professionals involved in their care (After the Bonfire – Reconciliation post conflict, London, 2016). Again, the conference aimed to provide psychoeducation and raise awareness of war-related difficulties, include substance misuse issues and domestic violence. However, considering the large population of around 110,000 Sri Lankan Tamils currently

residing in London alone, with many affected by trauma from the Sri Lankan War (Somasundaram, 2004), the above efforts to support this vulnerable client group do not seem sufficient.

2.6 Insufficiency of Existing Research

Given the precarious position of male SLTAS (as per section 2.3), it is discouraging that, to the author's knowledge, no research has been undertaken to understand the specific needs and most suitable trauma treatment approaches for this vulnerable client group. While there have been some international and UK-based efforts to employ community psychology to support Sri Lankans who have been adversely affected by the war, interventions of this nature are scarce and not well-researched. The psychological suffering of male SLTAS also highlights how disappointing it is that, to the author's knowledge, there has been no community-based trauma intervention conducted specifically on this client group, nor research done on them. The promise of proposed research and interventions is clear in the context of Murray et al. (2010) who observed a higher efficacy of targeted (e.g. group-specific rather than generic) refugee mental health interventions in the post-resettlement phase. Overall, there is an urgent need to specifically learn about each community of refugees or asylum seekers to better meet their treatment needs.

So what is the best way to treat this male SLTAS client group? This question is of particular clinical relevance, since London psychotherapy services, such as Lewisham Integrated Psychological Therapies Team (IPTT), have struggled to identify effective PTSD treatment for them. Many clients seeking therapy at these NHS mental health services are asylum seekers with uncertain residency statuses. This poses a challenge to the NICE guidelines for the treatment of PTSD (using CBT or EMDR), which recommends individual trauma-focused therapies dependent on the client being convinced of present safety. However, the majority of Sri Lankan Tamil service users are facing uncertain immigration statuses. Therefore, they are still living in constant fear of deportation from the UK back to Sri Lanka, where they might again be exposed to actual harm. Given these circumstances, individual trauma-focused therapies such as those recommended by NICE are not appropriate.

2.6.1 A Case for Community Trauma Intervention

Upon considering how trauma-focused therapies that are dependent on the client being convinced of present safety, and having reviewed the significance of a community-based intervention over an individual-based intervention in SLTAS' PTSD treatment, this section proceeds to explore four additional reasons for why a community-based intervention is a more appropriate intervention for male SLTAS affected by PTSD:

First, the task of rebuilding a sense of community in their new environment could help asylum seekers create meaning to help them better adjust to life in the host country (Matos et al., 2018). This is hoped to lessen the post-migratory stress factor of social isolation. As social integration is believed to improve asylum seekers' wellbeing (Harris, 2018), it is crucial to help male SLTAS in carving out a social role that they can identify with, helping them actively engage in activities and social relationships. Being able to identify with meaningful social roles bears particular cultural significance for male SLTAS, given that they could already be plagued by a feeling of failure, not feeling able to fulfil their cultural and traditional masculine gender role of being a protector and a provider for their families (see section 2.3. for details).

Even if a community intervention cannot offer them the specific roles of protector or provider for their families, it can still provide opportunities for them to take on a more general role of being a provider for others in the group or the wider community (e.g. by contributing to the completion of group tasks). These opportunities can enhance male SLTAS' sense of usefulness. Indeed, Somasundaram (2007) highlights the importance of a sense of community as a vital protective factor in the recovery of this population from psychological difficulties resulting from the war. That said, awareness is needed of how uneasy dynamics can arise in a community setting, as there are chances for unpleasant experiences such as scapegoating, marginalisation and ostracism (Van de Put & Eisenbruch, 2002).

Second, having an opportunity to normalise guilt and shame – feelings that are often associated with PTSD (Wilson et al., 2006), by being with others who experience similar psychological difficulties, is a second reason in favour of a community trauma intervention for PTSD affected male SLTAS. By being with others from a similar cultural background and who are also experiencing trauma from similar pre-migratory stresses (e.g. torture) can further normalise burdensome trauma related emotions.

Third, not only that being with others can potentially help PTSD affected male SLTAS in the adaptive process of normalising, being in a collective setting can also help them make meaning of their trauma – a third reason in support of a community intervention. The power of meaning-making at a community level, of a traumatic event such as the Sri Lankan Civil War, is emphasised by Somasundaram (2007). He suggests that in a more collectivist society as Sri Lanka, where social ties are more emphasised than individual differentiation, often people join forces in the face of trauma to interpret and give meaning to it as a way of collective coping.

The final reason that supports the use of a community intervention over an individual one concerns a possible altered perception that male SLTAS may have of others after being exposed to trauma from the war. Namely, that the war may have affected their ability to trust others. Indeed, it has been noted that PTSD is more likely to result from human-designed disasters (e.g. torture or rape), compared to natural disasters, due to their destructiveness in eroding fundamental beliefs of trust in people, and in creating deep suspicions (Giel, 1998). The idea of human goodness is gravely contested, long held trust in others in the community, social structures, the law, and even that their faith will protect and not betray them, are challenged (Somasundaram, 2007). Therefore, a community intervention can provide an opportunity for male SLTAS to re-experience human goodness, and thus, gradually regain the ability to trust others again.

2.7 The History of HT and Its Effectiveness

After examining the reasons to advocate for a community-based intervention for the male SLTAS client group, the reasons for combining it with gardening is now explored, starting with a history of Horticultural Therapy (HT) and its effectiveness.

In recent years, Horticultural Therapy (HT) has been shown to be an effective form of therapy with various client groups internationally, such as with persons with dementia (Zhao, Liu & Wang., 2022), older adults (Wang et al., 2022), prison inmates (Lee et al., 2021), and individuals with a range of physical health problems, including chronic musculoskeletal pain (Verra et al., 2012) and cerebrovascular diseases (Mizuno-Matsumoto et al., 2008). Those with psychiatric illnesses (Kam & Siu, 2010), including schizophrenia (Oh et al., 2018) also seemed benefit from HT. Though research on HT has been steadily increasing over the last decade,

since HT was only conceptualised as an extension of occupational therapy, activity therapy and recreational therapy in the past, it is still a relatively young approach in the international healthcare community.

Although still a relatively young therapeutic approach, HT builds on ideas that span back many centuries, as humans have always sought and found consolation and refuge in nature (Abraham et al., 2010). According to Lewis (1976), the first historical record of horticulture being used as a form of treatment was when ancient Egyptian physicians prescribed walks in palace gardens for royals who were mentally ill. HT in mental health then began to take flight primarily in the US, in the 1700s and the early 1800s. That was when Dr. Benjamin Rush, a professor at the Institute of Medicine and Clinical Practice in Philadelphia, started to actively use horticultural treatment for those with psychological illnesses, after discovering the significant positive effects of field labouring on those who were mentally unwell.

Since then, more promising research continued to emerge from the US as well as other countries, such as from hospitals in Spain, which used horticultural and agricultural activities in programmes for the mentally unwell (Davis, 1998). Horticulture's use as treatment also started to be used in a more indirect way, with the first private US psychiatric institutions incorporating nature to induce relaxation for individuals using forest paths and open meadows (Simson & Straus, 1997). The increase in HT's research and clinical application then further validated the profession, and led to the eventual formal establishment of the American Horticultural Therapy Association in 1973. Then across the ocean in the UK, the Society of Horticultural Therapy Society (now re-named 'Thrive') was subsequently established in 1978.

To date, there have been three major reviews evaluating HT's effectiveness. The first review conducted by Sempik et al. (2003) suggested that HT is effective and can reduce clients' initial reported distressing symptoms. However, the review has methodological weaknesses, such as some studies relying solely on researchers' subjective observations for outcomes. Some years later, Annerstedt & Währborg (2011) reviewed the effectiveness of nature-assisted therapies, including HT, pointing again to its effectiveness. Still, it can be critiqued that the review struggled to conclude with more weight if nature assisted therapies or HT are indeed effective, as it included a broader range of nature assisted therapies, and participants with a variety of difficulties. A third review conducted by Clatworthy et al. (2013) also lent its support

in HT. Still, as the authors noted themselves, further refinement is needed in future studies' methodologies, such as introducing controlled trials, since this would better ascertain if HT was the variable that caused improvements in participants' wellbeing.

2.7.1 *Benefits of HT*

As noted in the above section, research to date suggest that HT can be an effective approach. A broad range of benefits have been demonstrated for HT, showing a range of social, occupational, cognitive, physical and psychological improvements for those who participated in it:

From a social standpoint, HT can help to promote a sense of belonging and enhance social inclusion for those with mental health problems (Diamant & Waterhouse, 2010). For example, aspects of belonging from the activity of weeding included social interaction, belonging to those who carry out physical work, belonging to those who garden, belonging to the park and local community, and belonging to nature and its life cycles. Occupationally, HT can also help improve clients' self-efficacy (Hoffman et al., 2004). According to the Social Cognitive theory of post-traumatic recovery, challenging tasks can help participants to re-experience self-efficacy by experiencing a feeling of power to produce their desired results (Bandura, 2001). These experiences can help individuals rekindle the belief that they can have control over events that affect their lives.

In addition to social and occupational benefits, HT can also bring about physical and cognitive benefits. Dunn & Jewell (2010) found that gardening involves physical exercise that is helpful in treating common mental health difficulties. Further, Tu & Chiu (2020)'s study found that HT can help with cognitive function, and stress reduction was observed in Han, Park & Ahn's study (2018). Although there is increasing evidence to suggest HT's effectiveness, these studies' quality is often compromised by methodological weaknesses. Also, compared to other more established subject matters in psychology, empirical evidence in the field of HT is still very scarce, making it challenging to influence current public policies.

Despite HT studies' design limitations and relative scarcity in its empirical data, it is clear that promising data is emerging, as it shows the wide range of benefits that participants experience from it – from social to cognitive benefits.

2.7.2 HT in the Treatment of Trauma

In the early 1900s, HT began to gain wider recognition, especially in the US, due to its promising results when being used as a psychological treatment and in physical rehabilitation for war veterans diagnosed with PTSD upon their return from the Second World War (Detweiler et al., 2010). This then led to HT becoming a recognised treatment tool for those with physical and psychiatric disorders by the Association of Occupational Therapists in England (Davis, 1998). More recent veteran studies, such as that of Poulsen et al. (2006) examined PTSD-diagnosed Danish veterans' experiences of a 1-week nature-based therapy engaging in a forest therapy garden, continued to provide evidence to support HT's effectiveness. However, there were often limitations to these studies; for instance, Poulsen et al.'s study (2006) was limited by a small sample size and its exclusion of more severe and complex clinical presentations, as they had excluded veterans who alongside mental health issues were also struggling with drug and alcohol issues.

Beyond Europe and the US, studies suggesting the beneficial use of HT in trauma recovery have also started to slowly emerge in other parts of the world, such as in Africa and Asia (Harris et al., 2014; Kotozaki, 2013; Millican & Adam-Bradford, 2018). For example, Kotozaki (2013)'s study on HT's effects on elderly women after the Great East Japan earthquake found improved salivary cortisol levels, indicating a reduction of PTSD. Nevertheless, these studies are also limited by their designs, such as how Kotozaki's (2013)'s intervention group was allowed to continue with HT activities in the period between finishing the HT intervention and their follow up, which means that the intervention may have had positive carry-over effects, or if the positive effects were due to participants continuing the intervention. Further, the majority of existing research on HT's effectiveness on trauma treatment is still conducted in the context of military veterans' rehabilitation (Fleming, 2015; Poulsen et al., 2018; Wise, 2018).

2.7.3 HT for Asylum Seekers and Refugees

Despite some methodological limitations, and that the vast body of research on HT's effectiveness on trauma treatment still mainly deriving from veteran research, emerging data is clearly promising. In the last 10-15 years, there is a trickling through of studies which specifically explored HT's effects on asylum seekers and refugees, and those who have

experienced the traumatising effects of war. These studies show positive outcomes and the potential of HT in supporting traumatised or war-affected asylum seekers and refugees.

For instance, HT has been suggested to have empowering effects for civil-war affected Liberians, who turned to gardening not only to rebuild hope lost in the war, but also to ensure food security (Holder, 2014). Positive correlations have also been found between gardening and wellbeing in detained and tortured Nepalese Bhutanese refugees, who engaged in community gardening (Gerber et al., 2017). The community aspect of the gardening was especially valuable due to social support being a vital contributor to wellbeing for more communal cultures. The value of the social element was again echoed by Bishop & Purcell (2013) in their study of a UK based community gardening group for refugees. Similar findings have also been found in Linden & Grut (2002)'s garden based intervention called 'Natural Growth Project', where participants valued a sense of community, and drew powerful metaphors between their own lives and the activities in the garden.

2.8 Theorising Mechanisms of HT

Given the promising emerging accounts of HT's value in trauma recovery, including trauma in asylum seekers, it is thought-provoking to consider the mechanisms behind it. In the current literature, there is a range of useful theoretical frameworks throwing light on the beneficial therapeutic effects of natural environments and specifically HT.

Three theoretical frameworks, which will be discussed in the next section, have been chosen to explain the usefulness of HT in aiding traumatic stress: Attentional Restoration Theory (ART) (Kaplan & Kaplan, 1989; Kaplan, 1995), Stress Recovery Theory (SRT) (Ulrich, 1983) and Rose's Psychoanalytically Based Theory (2012). ART and SRT are both dominant psychoevolutionary theories in the field of HT based on the Biophilia hypothesis by Wilson (1984). This hypothesis proposes that as human beings evolved from the natural environment, we have an innate urge to affiliate ourselves to it and other living organisms. Rose's Psychoanalytically Based Theory was selected as it is a relatively new line of conceptualisation that has fewer overlaps with the dominant ART and SRT theories. This, it can be argued, potentially adds more value to understanding the mechanisms of HT in trauma recovery.

2.8.1 Attentional Restoration Theory (ART)

ART is a dominant psychoevolutionary theory in the literature. It explains how HT could alleviate traumatic stress due to the benefits of the restorative natural environment for an individual's cognitive functions by changing their attentional processing (Kaplan & Kaplan, 1989; Kaplan, 1995). According to ART, there are two types of attention humans use to process information – direct mental attention and spontaneous mental attention (Kaplan, 1995). Direct mental attention is when an individual intentionally and effortfully focuses on a specific stimulus. Sustained use of this type of mental attention will lead to attention depletion and fatigue, similar to how a combatant may experience mental stress from prolonged periods of intense focus during combat. Therefore, ART proposes that by placing those under stress in *restorative environments*, such as in nature, their overstrained direct mental attention could recover by having their attention restored by responding to nature's elements consciously. Consequently, their trauma symptoms could also be resolved (Kaplan, 1995).

ART defines *restorative environments* as places whereby individuals can engage in the second type of attention – spontaneous mental attention – which is involuntary and non-effortful. When spontaneous attention is activated, it competes with its direct attention counterpart, and inhibits or reduces its use. ART states that four components contribute to a *restorative environment* – *soft fascination*, *being away*, *extent* and *compatibility*.

Soft fascination is thought of to be the central component of a *restorative environment*, with nature being an ideal setting due to its abundance of “softer” fascinations for the mind to focus on, for instance, looking at passing clouds or listening to birdsong. This provides more opportunities for reflection, which could enhance stress recovery (Kaplan, 1989). This contrasts with “harder” fascinations that often require more direct attention, for instance, shooting a rifle or driving a vehicle.

The second component – *being away* – signifies when the individuals could be physically and psychologically removed from their usual daily life. The third component – *extent* – points to the importance of the *restorative environment* being richly engaging enough to firmly capture the mental attention of individuals. The last component – *compatibility* – means that the environment needs to be fitting with the individual's purpose.

Indeed, increasing evidence supports the notion of a dual processing cognitive framework such as Kaplan's (1989, 1995) in cognitive science (Evan & Stanovich, 2013). For example, Gyurak et al. (2011) suggests how emotional regulation can take an implicit (automatic) form and not only an explicit (effortful form).

Although ART as a theory offers a fascinating view of how attentional changes to information processing in a restorative, natural environment could help resolve traumatic stress, it can be argued that the mechanisms that lead to mental stress are complex, as they may relate to biological or social factors instead of just psychological or neurological factors, such as attentional processing. For example, Chou et al. (2014) found correlations between lowered secretion of cortisol and heightened vividness of PTSD intrusions, suggesting the involvement of biological factors. Thus, whilst ART as a theory can complement neurobiological descriptions like the above, it may not comprehensively address the broader range of factors involved in the resolution of traumatic stress.

2.8.2 *Stress Recovery Theory (SRT)*

Besides ART, SRT (Stress Recovery Theory) (Ulrich, 1983) is another dominant psychoevolutionary framework in the literature that challenges ART's claim that mental restoration can only occur in the presence of conscious awareness of nature's elements. SRT argues that attention can also take place unconsciously and automatically in response to visual stimuli in the environment. After attention is triggered, it would result in multi-modal knock-on effects on conscious processing and physiological responding. Subsequently, this would lead to two main types of behaviours – avoid or approach – which are adaptive behaviours that aid individuals' wellbeing and survival (Ulrich, 1983).

ART postulates that the trigger for attention leading to restoration would always be positively captivating. SRT contests this notion, as it suggests that such triggers can be both positively and negatively captivating. Restoration in SRT usually happens after an individual's attention starts to recuperate after the resolution of a threat that had captivated their attention. For example, if they were to encounter a piece of survival-advantageous nature like a savannah or setting with water (Ulrich, 1983). This is to propose that trauma affected individuals should be able to find more restoration in nature, as humans are more suited to it compared to man-made settings for the above mentioned bioevolutionary reasons.

The theory has garnered recognition due to supporting research (Ulrich, 1991; Ulrich et al., 1993). However, these studies present certain challenges. Ulrich's (1991) findings suggested that individuals recovered from stress quicker and more completely when exposed to natural scenes compare to urban scenes. This conclusion was drawn by exposing 120 undergraduates to a stressful movie followed by the restorative condition of watching one of six colour/sound videotapes depicting different natural and urban settings. Stress responses were measured by affective self-ratings and a battery of physiological measures (including heart period, muscle tension, skin conductance and pulse transit time).

While the study seemed generally of high quality, it rested on an assumption that the stress experienced by participants was a form of emotional stress, derived from the movie's content (a film about work accidents), rather than it being perhaps a physiological type of stress stemmed from visually fixating on a man-made screen or being monitored in an experimental condition. Also, it is questionable if the study completely refutes a cognitive element as proposed by ART, given how the role of conditioning – socially and culturally, would have likely shaped participants' narratives thus reactions to natural and urban environments. For instance, participants may have attached more positive connotations to the natural vegetation and water scenes tested, while associating more negative connotations with traffic and pedestrians. Further, it would have been useful to know the study disciplines from which participants were recruited, as certain disciplines might attract individuals who have higher appreciation for nature compared to others. For example, students in environmental studies or biology might have a greater affinity for nature than those in computer sciences or business.

2.8.3 Psychoanalytically Based Theory

A third theory by Emma Rose (2012) draws from psychoanalytic thinking to further understand the therapeutic effects of being in therapeutic landscapes, by exploring the relationship between the viewer and the landscape that is being viewed. While the above outlined two psycho-evolutionary theories drew heavily on biological and evolutionary concepts, Rose's theory drew on psychoanalytic ideas. These ideas include understanding how individuals' early relationships with their care-givers create different templates of how they view themselves and others, which, in turn influence how they relate to others and process internal emotions throughout their lives.

Rose specifically draws on a key psychoanalytic concept of “mentalising” by Peter Fonagy (Allen & Fonagy, 2006) – when one holds the other person’s mind in mind as well as their own, when interacting with another in their thinking about the viewer and the landscape’s relationship. It is a skill developed from birth, starting when the care-giver of a baby empathically ‘mirrors’ its emotions back to it. This biofeedback mechanism that exists between the care-giver and the baby helps it to firstly, enhance self and other awareness, and secondly, develop empathic capacity itself.

Relating back to nature, Rose (2012) proposes how therapeutic nature landscapes, like a baby’s caregiver, can effectively ‘mirror’ a full range of an individual’s emotions (from pleasant to unpleasant ones), helping them to further make sense of self and others’ emotions. That the viewer is not simply viewing the objective physical scenes of nature, but their own internal emotional worlds. It is believed that this heightened awareness facilitates better quality of life and interpersonal functioning. It has been explained that when the viewer is in nature, nature ‘mirrors’ their internal emotions back to them, leading to better self-awareness. This process happens by the viewer imaginatively interpret feelings provoked in them by elements in nature, including visual and sensory ones. For instance, in trauma affected individuals, seeing dark clouds dissipating might be interpreted as an easing of their internal emotional storm. Whilst seeing dark clouds gathering might be interpreted as an overwhelming sense of hopelessness.

It is highlighted that an individual’s perception of elements in the therapeutic landscape is largely influenced by idiosyncratic representations already formed in their mind prior to their encounter of the therapeutic landscape. Additionally, it is explained that the above interpretative process can only occur when the individual is in a secure base. There are individual differences in what type of nature one perceives as a secure base, with some preferring bleak moorlands, and others preferring idyllic countrysides (Rose, 2012).

While this theory offers a new interesting perspective from a different school of thought, it remains hypothetical as no empirical research has been conducted to support it. Future studies can be done to show initial support for some of the relationships between constructs that are at play as proposed in this theory. For example, an investigation could examine whether individuals who are more securely attached to a natural setting develop a

greater mentalising reflexive capacity after spending time in it. In addition to the theory currently lacking empirical evidence, another critique concerns the unexamined assumption that emotions would arise when viewing elements in nature. This assumption is debatable, as for instance, individuals experiencing PTSD can experience emotional numbing as a symptom of their trauma (Armour et al., 2012; Foa & Hearst-Ikeda, 1996).

Further, nature's effectiveness as a vehicle to allow for the surfacing of emotions may depend on other varied pre-existing factors, such as the individual's specific psychological structure, or their level of prior exposure to nature. For example, using another context to illustrate this point, for certain individuals, no or little emotional states are generated when they stand in front of a piece of art work in a museum. Perhaps, that art is not a medium that they emotionally respond to, or, that they may not have exposed themselves enough to art yet to have formed an emotional connection to this medium.

Overall, despite some of their shortcomings, ART, SRT, and Psychoanalytic Theory present three plausible, and potentially powerful mechanisms through which HT may aid clients in trauma recovery.

2.9 Research Aims and Its Significance to Counselling Psychology

Given the current lack of research on trauma interventions for male SLTAS, the researcher believes that there is value in using a community psychosocial approach. Additionally, there is promising emerging evidence demonstrating HT's effectiveness in the treatment of PTSD. Therefore, the main purpose of this research is to examine the experiences of a community garden-based trauma intervention for a group of male SLTAS in London. The more specific objectives of this research are:

- 1) Further the understanding of a community garden-based intervention's impact on the recovery of Sri Lankan Tamils who have been victims of trauma;
- 2) Inform Counselling Psychologists of a more psychosocial model of working with trauma;
- 3) Investigate the use of HT in other client groups, such as in ethnic minority and asylum seekers, given that current research on HT's use on trauma treatment has

been mainly conducted in the context of military veterans' rehabilitation.

As there appears to be a knowledge gap in literature on how to best support trauma recovery for male SLTAS diagnosed with PTSD, the current research aims to fill this gap by examining the subjective experiences of community gardening as a trauma psychological intervention. To the author's knowledge, this gardening intervention is the first HT treatment intervention set up specifically for male SLTAS both in the UK and worldwide.

The current research offers three important contributions to the discipline of Counselling Psychology:

First, an alternative PTSD treatment approach such as HT can broaden and add a creative aspect to how Counselling Psychologists conceptualise and deliver therapy. Since both NICE recommended PTSD treatment approaches (2018) of CBT and EMDR are protocol-based treatment, this places Counselling Psychologists who are delivering them in an 'expert' position – one who knows what the treatment 'steps' are. Even though Counselling Psychology heavily values a collaborative working rapport with clients (British Psychological Society, 2019), to deliver CBT or EMDR, Counselling Psychologists hold heavy responsibility as the ones guiding treatment towards a fruitful outcome.

For instance, as a Trainee Counselling Psychologist who is also a qualified CBT Therapist, I can recall many instances when I needed to prepare for a trauma client's session by 'revising' the correct procedure to conduct a (trauma memory) reliving session. Whilst if using a HT approach, such as a gardening intervention, the Counselling Psychologist can have the flexibility to adopt more the role of a facilitator, who is less directive and intrusive of the therapeutic process. So instead of needing to be heavily guided by treatment protocols, they can be more guided by what unfolds organically in the moment, in the interaction of the client and the environment.

The idea of therapy being more organic and less directive may be a more therapeutically favourable approach for many clients. For example, in my experience as a Trainee Counselling Psychologist, I have come across clients who may need more time to process emotions at their own pace (e.g. clients processing grief in the aftermath of a traumatic event), or, clients who may find one-to-one conversations too intense (e.g. clients who have selective mutism). Hence,

this notion of being more receptive to and honouring clients' individual differences on their journeys towards recovery, and preference for how to interact with the therapist at a given time speaks to Counselling Psychology's vision of meeting the unique psychological needs of people (Division of Counselling Psychology, 2019).

Further, the idea of the therapist adopting more of a facilitator role, thus allowing for the horticultural environment to 'step in' and act as a 'co-therapist' for clients, could potentially redress unhelpful power dynamics between the Counselling Psychologist and the client that may negatively impact treatment. For instance, in cases where the client perceives the Counselling Psychologist as the authoritative expert who holds the power, they may have assumptions that they may hold some power over their asylum application, in determining their legal status. A Counselling Psychologist should be mindful of any existing power differential in the working relationship, especially when asylum seekers may already have experienced powerlessness due to political persecution or oppression in their countries of origin.

Second, by using a community, rather than an individual-based PTSD treatment approach, HT adopts more of a psychosocial way of understanding the nature of PTSD, one that acknowledges the social and political barriers that accompany the process of seeking asylum. As a Trainee Counselling Psychologist and a CBT and EMDR Therapist, I have worked with asylum seekers from countries such as Sri Lanka, Afghanistan and Iran, who presented with trauma. In my work with them, I have realised that as psychological difficulties do not exist in a 'vacuum'; it is essential for Counselling Psychologists to consider clients' social and political contexts when formulating and designing interventions, as a commitment to the values of equality and social justice (Division of Counselling Psychology, 2019). Adopting a psychosocial approach to treatment can help clinicians relate to clients more holistically and avoid culturally insensitive or Western-ethnocentric templates.

Third, the contribution of this research to Counselling Psychology lies also in its vast scope of applicability beyond asylum seekers affected by war trauma. Other client groups who could benefit include but not limited to those affected by trauma from domestic violence, vicarious trauma, complex grief and bereavement. Separately, compared to traditional individual-talking therapies that are the more common form of psychological treatment, HT can also be more cost-effective option, which, bodes well in the NHS's current cost-cutting

financial climate (The Guardian, 2022). There is potential to inject an entrepreneurial flair to HT interventions that might even make them financially self-sustainable. For example, after the Government injecting an initial capital, for service users to generate creative ways to financially sustain the garden by running activities such as growing and selling fruits, or producing agricultural products like homemade jams. The above scope for creative community input also resonates with the ethos of Counselling Psychology's values (Division of Counselling Psychology, 2019).

To conclude, the current research aims to fill the gap in literature on how to best support trauma recovery for male SLTAS diagnosed with PTSD. It contributes to Counselling Psychology by reshaping how therapy is conceptualised and delivered. It also introduces a community-based way of understanding and treating PTSD, which is not only applicable to asylum seekers affected by war trauma but to other client groups.

CHAPTER 3

METHODOLOGY

This chapter aims to explain the methodology used for this research; it explains the rationale for using qualitative research methodology and, more specifically, Interpretative Phenomenological Analysis (IPA). This includes an explanation of IPA's underpinning philosophy and epistemology, and its strengths and potential limitations. Next, the chapter describes the details of the intervention, including its development and nature. Then, it explains about the selection of the research participants, including the sampling and recruitment process, inclusion and exclusion criteria, participant details, and interpreter and interpreting details. Subsequently, it clarifies the interview schedule development and process, followed by an explanation of the transcription process, analysis, ethical considerations and personal reflexivity. Lastly, it examines the validity and quality of the research design.

3.1 Qualitative Methodology

Qualitative research has intellectual roots in hermeneutics, the Verstehen tradition and phenomenology (Jackson, Drummond & Camara, 2007). The aim of qualitative inquiry is to understand the meaning of human actions by describing the intrinsic characteristics of social objects or human experience. The goals of qualitative inquiry lie in being able to better understand the processes of social realities, meanings and structural features. In other words, qualitative research holds an idiographic approach to knowledge, as it looks for the specifics to understand meanings and cultural or subjective phenomena in the world. By contrast, most quantitative research holds a nomothetic approach to knowledge, as it typically generalises to derive laws that can explain objective phenomena (Denzin & Lincoln, 2000).

Therefore, in qualitative research, to better understand the processes of social realities, meanings and structural features, the researcher is to maintain a high degree of involvement and openness with their participants to delve into their subjective realities. Participants'

idiosyncratic experiences are understood from the ‘inside out’. This high degree of involvement and openness in engagement with participants in qualitative research therefore produce substantially “thick” and precise participant descriptions. Indeed, qualitative research usually relies on words instead of numerical data, such as in conversations, discourses and narratives features (Denzin & Lincoln, 2000).

Qualitative research is well-fitting with Counselling Psychology’s ethos and humanistic roots, emphasising the holistic understanding of a person’s subjective experiences, including sensitively considering their wider contexts such as cultural and social influences (Mayring, 2014). Also, qualitative research’s emphasis on the researcher’s high degree of reflexivity in the process of their involvement in the research, mirrors Counselling Psychology’s stress on being a reflexive practitioner. Not only does qualitative research echo the ethos of Counselling Psychology, it has also been chosen as the methodology for this research as it fits well with the topic of study and research questions. The current research focuses on the *subjective experiences* of Sri Lankan Tamil men affected by war trauma on the use of the community gardening intervention. Hence, it aims to collate in-depth participant accounts of experiences to shed light on the phenomena – an area that has been neglected in research to date. Whilst the research does not aim to objectively test the gardening intervention’s efficacy, part of its aim as noted in section 2.9 includes tentatively exploring its efficacy through participants’ subjective experiences of it.

3.2 Interpretative Phenomenological Analysis

3.2.1 Philosophy and Epistemology

IPA is a qualitative methodology and is rooted in three areas of philosophy of knowledge: phenomenology, hermeneutics and idiographic approach (Smith, Flowers & Larkin, 2009):

Phenomenology is a philosophical approach rooted in the early 20th century European philosophy, where “thick” participant descriptions and close analyses of participants’ lived experiences are used to understand how meaning is created through embodied perceptions (Sokolowski, 2000). Hermeneutics concerns the theory of interpretation informed by the works of Heidegger (1996), acknowledging that the process of research is dynamic, and that the researcher has an active role in it. It acknowledges that for the researcher to engage in

interpreting their participants' worlds, they will need to bring in their personal conceptions to the interpretation process. However, to get close to the authentic worlds of participants, it is necessary for the researcher to stay as grounded in the participant's phenomena and refrain from imposing personal preconceptions in a top-down manner.

IPA interpretation is seen as "double hermeneutics", as it involves two stages in the interpretation process – the participant trying to make sense of their own experiences whilst the researcher tries to make sense of how the participant is making sense of their experiences. This suggests that the researcher themselves becomes an active participant as they are a part of the above meaning making process. This is to say that "double hermeneutics" requires the researcher to be holding two positions – an "insider" or perceptual perspective by trying to understand participants' experiences as their own by using empathy, but also an "outsider" or analytical perspective as the researcher is required to take a 'helicopter' view to question participants' experiences from different perspectives (Smith et al., 2009).

These multiple levels of interpretation enable the researcher to develop a deeper exploration with the data to offer newer or hidden perspectives that were unavailable to participants. Indeed, this study's interpretation involved not only "double hermeneutics" but to a certain degree "triple hermeneutics" due to the involvement of an interpreter in the majority of the interviews. This meant that a more complex meaning making process was taking place – the participant trying to make sense of their experiences whilst the interpreter to a certain degree also trying to make sense of the participant's experiences. Then for the researcher to make sense of how the participant is making sense of their experiences through the interpreter's interpretations.

Since the above process of 'double' or 'triple hermeneutics' is set in the 'hermeneutic cycle' (Smith et al., 2009), the researcher's own life story, and the preconceptions and assumptions that have derived from it, interacts with their encounter with participants. Philosophers, therefore, urge the researcher to be aware of how their preconceptions and assumptions can colour the interpretation of participants' data. For instance, Husserl's advice is for researchers to "bracket off" their own preconceptions (Husserl, 1927), yet Gadamer (1989) argued that these preconceptions can only be known once the interpretation process begins thus cannot be bracketed off. This study takes the position of Heidegger (1996),

acknowledging that perhaps the researcher's preconceptions and assumptions cannot be entirely bracketed out but can be made aware of through a rigorous self-reflective process.

Another area of philosophy of knowledge that this study is rooted in is the idiographic approach, as it focusses on how a specific participant uniquely understands their own experiences in a particular context. This is in contrast to a nomothetic approach that aims to establish laws and generalizations across participants.

IPA is a well-suited qualitative methodology for this research because the research aims to understand how participants who took part in the Lewisham IPTT's gardening intervention (a phenomenology) made sense of it (interpretation). This a novel topic that has not been studied before and hence, it is important to collect more complex data of participants' lived experiences to inform this new area. Because a very close examination of how they made sense of their experiences of engaging in the intervention was needed, data obtained by a more curious, open and flexible inquiry rather than a rigid and closed one was a more appropriate methodology. Hence, open-ended semi-structured interviews were used for this research which allowed a good degree flexibility. The 'bottom-up' (inductive) data analysis also allowed for more in-depth and sophisticated understanding of the topic, as the data is not understood with a pre-determined (deductive) hypothesis.

3.2.2 Potential Limitations and Strengths of IPA

Reflections on the potential limitations and strengths of IPA are drawn from Smith, Flowers & Larkin, (2009):

A potential limitation of IPA is that its results cannot be generalized more broadly across populations. However, as the research's topic aims at obtaining data at a more individual level, this potential limitation of IPA does not fully apply. Another limitation of IPA specifically in this research relates to the interpreter's preconceptions and assumptions from her own life story potentially impacting the authenticity of the interview data. Still, the study tried to mitigate this by the researcher selecting a well-qualified and experienced interpreter, requesting for her to translate as closely as possible to the participants' own words. An additional more general limitation of IPA concerns the preconceptions and assumptions that the researcher may hold when interpreting participants' interviews. Still, this was moderated

by keeping a high degree of personal reflexivity throughout the research process, such as by closely examining one's motivations behind conducting this research as demonstrated in section 3.9 in this chapter.

Although IPA has potential limitations as addressed above, it has copious strengths:

First, its phenomenological approach allows the researcher to adopt a more open and flexible stance of inquiry, and harvest very rich descriptions and interpretations. Often deeper meanings were discovered when participants' descriptions were considered on an analytical level that moved beyond the perceptual level (Smith et al., 2009). IPA contrasts to other qualitative methods, such as narrative analysis, where the researcher is required to obtain detailed information about participants' chronological life events that had shaped the personal experiences that are being studied, which is often very time-consuming. Instead, IPA is able to glean information about this efficiently, often in a mere single in-depth interview.

Second, semi-structured interviews provide the researcher the flexibility to ask more open and clarifying questions tailored to the participants' responses, thus, staying closer to the participants' idiosyncratic experiences.

Third, the participant-centred approach to IPA can often feel validating to participants, as they feel heard and acknowledged. The interviewing process might even facilitate greater self-reflection and discovery for participants.

A fourth strength relates to how IPA requests for its researcher to intimately engage with their own preconceptions and assumptions, thus enabling a high degree of personal reflection lending itself to more in-depth and sophisticated data analysis.

Fifth, although IPA is conducted on a relatively small section of the population compared to nomothetic methodologies, the very detailed data obtained is often sufficient to illuminate the core themes of a phenomenon.

Sixth, due to IPA's need to only concentrate on a small section of the population, it allows easier recruitment for the 'hard to reach' populations, such as Sri Lankan Tamil men who have used the gardening intervention as there is only a limited number of them who have engaged in it to date at Lewisham IPTT.

Last, but not least, while IPA's results may not be generalised across populations (pending additional research), they can contribute invaluablely to service improvement and development. For example, it is planned that the results from this research will be fed back to Lewisham IPTT for service development.

3.3 Details of the Gardening Intervention

3.3.1 Development of the Gardening Intervention

The gardening intervention is a Sri Lankan Asylum Seekers and Refugees project treatment group that began in July 2014. It was developed by Lewisham IPTT (Integrated Psychological Therapy Team) staff Catherine Matheson (Head of Trauma Services at Lewisham IPTT and Senior Psychotherapist) and Carmaine De Rosa (Peer Support Development Co-ordinator) in partnership the Sydenham Garden project's Project Co-ordinator, David Lloyd.

Lewisham IPTT is an NHS specialist secondary care psychological therapies outpatient service that provides assessment and treatment for those over 18 year-old with severe mood, anxiety and personality disorders based in South London. Sydenham Garden is a wellbeing centre in South London, specifically in the Borough of Lewisham, that utilises its gardens, nature reserve and activities rooms to help people in their recovery from mental and physical ill-health.

The gardening intervention was developed in the context that in the last five years, 84 Sri Lankan Tamils have been referred for treatment of PTSD at Lewisham IPTT, most of whom have applied for asylum in the UK. This has presented a challenge to the NICE guidelines for the treatment of PTSD, which recommends individual trauma focussed therapies dependent on the patient being physically in a safe place (CBT and EMDR). As the majority of Sri Lankan Tamil service users were facing uncertain immigration statuses, therefore were still living in constant fear of deportation after having fled their homeland following detention and brutal treatment by the government, trauma focussed therapies were not appropriate given their circumstances. Even though some of this research's participants have successfully obtained residency statuses, still, they are non-indefinite therefore only offer immigration stability for a fixed amount of time.

Specifically, the gardening intervention was developed at the time when Lewisham IPTT was considering designing a more appropriate trauma focussed intervention for the Sri Lankan Tamil service users, and Sydenham Garden had acquired a new piece of wasteland that could be turned into a garden. Therefore, given the newly acquired wasteland, and the existing treatment provision gap for those who face uncertain immigration statuses in the UK, the current gardening intervention was developed in hope to fill this gap.

3.3.2 Nature of the Gardening Intervention

The gardening intervention was held on a weekly basis on a Thursday from 14:00 until 16:15, and consisted of two parts. The first part, from 14:00 until 15:00, was an hour-long session of group horticultural activities, including activities such as building a greenhouse, building sheds, woodworking, making a pavement, pulling down trees, weeding, seeding, and watering plants. The second part, from 15:15 until 16:15, was an hour-long PTSD psychoeducation group session, which would start with checking in how participants' week went, and then focusing on a PTSD management related topic. For example, the group covered topics such as how participants can start to reclaim their lives by engaging in meaningful activities in the week, integrate more into life in the UK, activate themselves to manage low mood, rediscover what their personal strengths were, manage anxiety and panic attacks (e.g. by learning to manage fears about other people), relax themselves (e.g. by using relaxation techniques like Progressive Muscles Relaxation and meditation), manage sleep difficulties, manage nightmares and flashbacks (e.g. by creating a 'safe space'). At the end of each weekly session, there might be an additional group activity of making pizza in an on-site clay oven, or sitting inside the greenhouse making and having tea.

At the end of the intervention, participants were discharged from Lewisham IPTT and offered to join a Lewisham IPTT-run generic weekly therapeutic gardening group called 'Growing Lives' for people with mental health difficulties. It is a group run by Carmaine De Rosa, Peer Support Development Co-ordinator from Lewisham IPTT, at a venue next to the department.

3.4 Participants

3.4.1 Sampling and Recruitment

A total of 84 participants had partaken in the gardening intervention at the time of the recruitment. Out of the 84, a total of six participants were recruited for this research study, five were recruited by the 'Gatekeeper' of the study, and one was recruited using snowball sampling.

According to the inclusion and exclusion criteria (as per section 3.4.2), and her perception of how open and willing participants would be to share about their experiences of the gardening project, the 'Gatekeeper' selected and contacted twelve prospective participants who had attended the gardening intervention between 2014-2017. A jointly written letter of advertisement (see Appendix 1) and the 'Participant Information Sheet' (see Appendix 2; Appendix 2.1), which included relevant details about the study were sent to the prospective participants' registered addresses and/or emails. A follow-up telephone call was made to the prospective participants by the 'Gatekeeper' after 10 days from when the letter/email was sent out if they had not replied. Once a participant has agreed to take part in the study, his contact details were then passed onto the Principal Researcher, who then contacted him to enquire if he had questions about the study, and to arrange a mutually convenient date, time and location for an interview. A letter confirming the interview details and another copy of the 'Participant Information Sheet' were subsequently sent out to participants who agreed to take part in the study. A total of five participants were recruited using this method.

The remaining participant was recruited using snowball sampling; one of the five participants initially recruited contacted his friend who had also attended the gardening intervention and was interested in taking part in the study. The Principal Researcher then contacted the 'Gatekeeper', who went through the necessary inclusion and exclusion criteria for this one participant before admitting him to the study. Snowball sampling, or chain referral sampling, is used widely in qualitative sociological research (Goodman, 1961). It has the investigator make use of a small number of participants who use their own networking to contact potential participants who possess some characteristics who are of research interest. This method is particularly applicable when the focus of the study is on a sensitive and private issue (Biernacki & Waldorf, 1981), such as that in this study.

Both gatekeeper-selected sampling and snowball sampling can present potential drawbacks. For gatekeeper-selected sampling, if the ‘Gatekeeper’ has a vested interest in the gardening intervention working therefore wanted to present it in the best light, they might have selected participants who had clearly reaped benefits from the intervention rather than those whom had not. This might have introduced bias in the sampling process. However, from the Principal Researcher’s knowledge, the ‘Gatekeeper’s current interest seems to lie in continuing to refine intervention designs for this patient group, as conventional talking therapies has not proved effective for them. Therefore, it is likely to be the ‘Gatekeeper’s prioritised interest to learn of the participants’ honest feedback of the intervention, as they will help inform future interventions designs. As for snowball sampling, it can present two potential drawbacks: a difficulty in verifying the eligibility of a participant, and the issue of engaging research participant as research assistant. To manage the first potential drawback, the participant recruited onto the study using snowball sampling was only formally accepted onto the study upon the ‘Gatekeeper’s confirmation of their eligibility. The second potential drawback was not of concern in this study, as a study participant helped with the study’s recruitment voluntarily upon finding out that the study was still recruiting, rather than being directly approached by the Principal Researcher to help with recruitment.

3.4.2 Inclusion / Exclusion Criteria

Participants who had satisfied the following criteria were deemed eligible and were invited for the study:

Inclusion Criteria:

- i. Male Sri Lankan Tamil asylum seekers or former asylum seekers aged ≥ 18 years old – only male participants were included due to this research’s particular interest in this vulnerable client group (refer to section 2.3). The age of participants was set at 18 as this is the age of majority in the UK, and persons at that age are treated as adults by the law (Office for National Statistics, 2019). Therefore, assuming that the participants were able to fully understand the details of the research and give full consent of their participation in it
- ii. Primary diagnosis of PTSD due to war-related trauma from the Sri Lankan Civil

War (especially torture); diagnosis of PTSD was carried out by Lewisham IPTT

- iii. Participants who have fully completed the gardening intervention
- iv. Participants had to have no professional or personal affiliation with the researcher

Exclusion Criteria:

- i. Participants who expressed any significant and immediate risk of harm to self and/or others

Inclusion criteria i) and ii) were set out to ensure that a fairly homogenous participant sample is recruited - a recommendation for IPA studies (Smith, Jarman & Osbourne, 1999).

3.4.3 Participant Details

All six participants who responded to an invitation to join the research study met the inclusion and exclusion criteria, and remained interested in taking part after reading the 'Participant Information Sheet' (see Appendix 2; Appendix 2.1). A formal face-to-face interview was scheduled for each participant. Participants were given two interview venues to choose from – the Ladywell Unit at Lewisham Hospital (where Lewisham IPTT is located) or Sydenham Gardens on De Frene Road (where they attended the gardening intervention); all participants chose the former venue.

A total of six participants took part in this study. All participants were male Sri Lankan Tamil asylum seekers or former asylum seekers aged 18 or above, been given a formal diagnosis of PTSD by Lewisham IPTT due to war-related trauma from the Sri Lankan Civil War (especially torture). All of them had attended between 7 to 21 sessions of the gardening intervention. A list of participants' background characteristics at the time of their interview is detailed in Table 2 below. None of the participants have any professional or personal affiliation with the researcher. At the time of the study, participants were also not expressing any significant and immediate risk of harm to self and/or to others.

Table 2, Part 1: *Participant Characteristics at the Time of Interview:*

Pseudonym	Initial presenting problems	Age	Place of origin in Sri Lanka	Education level	Employment status	Year of arrival in the UK	Living situation in the UK	Year attended the intervention	Number of intervention sessions offered and attended
Janith	Insomnia, nightmares, intrusive thoughts about torture and intense anxiety about the possibility of his family being tortured	35	Kandy	Part way through A-levels	Unemployed	2012	Living with relatives	2014	21/26
Supun	Flashbacks from torture and nightmares. Feeling very scared when reporting to the Home Office. Spent most day lying on the bed and appeared detached to others	38	Akkaraipattu	Primary school	Unemployed	2010	Living with relatives	2014	15/18

Table 2, Part 2: *Participant Characteristics at the Time of Interview:*

Tharindu	PTSD symptoms including insomnia, flashbacks and nightmares. Worrying about the welfare of his parents who are living back in Sri Lanka	26	Kilinochchi	First year of A-levels	Unemployed	2010	Living with relatives	2015	16/22
Rehan	PTSD symptoms such as flashbacks, intrusive thoughts, nightmares and intense anxiety. Sleep difficulties and worrying about the future	31	Colombo	A-levels	Unemployed	2010	Living with relatives	2015	20/20
Gayan	Nightmares, flashbacks, mood fluctuations, sleep difficulties and depressive mood	43	Jaffna & Trincomalee	A-levels	Unemployed	2008	Living with his brother	2014	7/16
Lahiru	Nightmares, flashbacks and recurrent depression	27	Jaffna	A-levels	Unemployed	2014	Living with his wife	2016	8/16

3.4.4 Interpreter and Interpreting Details

Participants were asked if they would like an interpreter to be present at their interview, and all opted in favour. The interpreter's first language was Tamil and her second language was English. She had received training in community interpretation, and had been interpreting in different settings and for different client groups in the community for the past seven years. She also had extensive experiences in interpreting in the mental health setting. She was instructed to translate in verbatim.

The interpreter's employment in this study was recommended by the study's 'Gatekeeper': The interpreter had worked as a freelancer on the gardening intervention project with Lewisham IPTT since its inception in 2014, interpreting for the 'talking part' of the gardening group; therefore, already had an existing professional relationship with the study's participants. One potential drawback for using an interpreter who already had existing professional relationships with participants was the introduction of possible biases that the interpreter had due to already formed impressions of the participants and of the gardening project, which, could have affected the quality of the interpretation. Though, given the personal trauma history of the participants, it seemed more likely that they would disclose more openly in interviews if they could work with an existing interpreter with whom they felt they could trust more. Hence, participants were asked prior their interviews whether they were in agreement for the above-mentioned interpreter to interpret for them, or that they would prefer for a new interpreter; all participants chose the former option.

The interpreter was booked and used for all participants except for Participant 4, when the interpreter forgot to show up. The Principal Researcher apologised to Participant 4, and asked if he would prefer to reschedule his interview for another day with the interpreter present. He opted to go ahead with the interview. It could be speculated that the interview's quality might have been compromised due to the absence of an interpreter yet its quality surprisingly seemed to have been enhanced – although the participant suggested that he trusted the interpreter, he felt more able to speak openly to the researcher about his experiences in her absence.

The interpreter was present at the other five interviews. She interpreted all of the spoken content in its entirety for Participant 2, as he felt least comfortable interviewing in English. In the other interviews, for the first few minutes the participants would usually depend entirely

on the interpreter to interpret for them. Though as the interview progressed, they would start to want to answer the questions directly to the researcher themselves in English. Overall, it is estimated that the interpreter only needed to help them out with certain words and expressions, amounting to around 10-20% of the interview.

3.5 Interview Development and Procedures

3.5.1 Interview Schedule Development

A detailed review of existing literature informed the interview topics, such as, literature on the effects of gardening on war veterans, and the psychological impact of war trauma on individuals. Interview questions were also based on accounts from the work of Harris et al. (2014), as the researchers' use of short and easy to understand interview questions aimed to maximise accessibility for participants to share their experiences openly. New questions were also designed to encourage participants to explore topics that had not been investigated.

The interview schedule (see Appendix 3) comprised of several opening questions aimed at gathering participants' demographic information and to build rapport with participants. Then, it proceeded onto four main interview topics:

- i. Prior understanding of the gardening trauma intervention – aimed at understanding participants' first impressions of how gardening could help with their psychological difficulties;
- ii. Personal experiences and meanings of attending the gardening trauma intervention – aimed at gaining insight into perceptions about both the talking and the gardening part of the gardening project;
- iii. Perceptions about the self and their future – aimed at reflecting on any involvement in how participants experience themselves and their futures through the gardening project; and
- iv. Perceptions about others and the world – aimed at reflecting on any involvement in how participants experience other human beings and the world at large through the gardening project.

The four topics above have been developed independently by the Principal Researcher without influence or guidance from the IPTT team that developed the intervention.

3.5.2 Interview Procedure

Following favourable ethical review (see section 3.8), participants were recruited as outlined in section 3.4.2 in line with the inclusion and exclusion criteria. Participants who agreed to the research were sent details of the time and place of the interview that they have chosen.

Once participants arrived at their chosen venue the Ladywell Unit at Lewisham Hospital, they waited at the reception. They were then greeted by the Principal Researcher, who then invited them into an interview room, introduced her role to them then offered them a choice of beverage (tea, coffee, fruit juice or a glass of water). The Principal Researcher also introduced participants to the interpreter; with the exception of participant 4 for whom the interpreter did not attend, but who nevertheless wished to go ahead with the interview. After offering participants a drink and introducing them to the interpreter, the Principal Researcher again explained the interview procedure to the participants, giving them another 'Participant Information Sheet' (see Appendix 2 and Appendix 2.1) to recap information about the study and information regarding informed consent. Confidentiality and anonymity were highlighted.

After, the Principal Researcher asked if participants and the interpreter had any questions about the study and the interview process, and answered any questions that either party had. Once the questions were answered to the participants' and/or the interpreter's satisfaction, consent forms in both English and Tamil (see Appendix 4 and Appendix 4.1) were then given to participants to sign. An interpreter consent form in English (see Appendix 5) was also given to the interpreter to sign. These completed consent forms were stored by the Principal Researcher. The interview then commenced. During the interview, if the participant showed emotional distress during the interview, the Researcher asked if they needed a break and if they would like to continue with the interview. About half-way through the interview, the Principal Researcher enquired whether participants would like to take a break.

At the break, participants were offered refreshments (tea, coffee, fruit juice, water and a variety of biscuits). The Principal Researcher would then re-start the interviews once participants had finished taking their breaks. Once the interviews ended, participants were thanked, debriefed, and were given the study debriefing sheet (see Appendix 9 and Appendix

9.1). Participants were asked if they had any questions, concerns or comments about the interview they just had. Any questions, concerns and comments were then addressed by the Principal Researcher. Then, participants were thanked once more and escorted to the front door of the Ladywell Unit. The Principal Researcher then returned to the interview room to debrief the interpreter, including providing her with a debriefing sheet (see Appendix 10), and asked if she had any questions, concerns or comments about the interview. Any questions, concerns and comments were then addressed by the Principal Researcher. Then, the interpreter was thanked for her participation, then escorted to the front door of the Ladywell Unit. The shortest participant interview was for 1 hour 10 minutes, and the longest interview was for 1 hour 35 minutes.

3.6 Transcription

A transcription foot pedal was used for transcribing participants' interviews. Naturalism instead of denaturalism was favoured in the transcriptions, such as participants' characteristic features in their speeches; this includes stutters, pauses, involuntary vocalisations, speech patterns and non-verbal actions, which have all been transcribed (Oliver et al., 2005). The reason for incorporating speech elements is that they are a part of the participants' language, therefore, requiring equal attention as they are helpful to the researcher to interpret and make meaning of their lived experiences. Schegloff (1997) suggested that by keeping participants' speeches in its most natural form, researchers can give most voice to the participants and avoid a priori assumptions. The use of a naturalistic transcription approach means that an idiographic research method such as IPA will be most suited to it.

Further, in the transcription process, the participants' own words and the interpreter's own words were separated out. This was to aid the subsequent analysis process so the researcher could use the interpreter's words to facilitate understanding of the participants' speech but to primarily focus on the participants' own words. The transcriptions were done solely in English, and dual transcriptions of both English and Tamil were not opted for as the researcher does not speak Tamil. Therefore, except for one transcript which was in English as one participant interviewed in English in the accidental absence of the interpreter. The rest of the transcriptions relied on the interpreter's English interpretation of the participants' interview contents, which, she was instructed to interpret verbatim.

3.7 Analysis

Data analyses on participants' interviews were conducted according to the different stages of IPA analysis suggested by Smith et al. (2009). An idiographical approach was used to analyse participant's interviews to give voice to their idiosyncratic experiences of the gardening intervention. For the first stage of analysis, after the transcription of interviews, the researcher became familiarised with the data by listening to the taped interviews whilst reading the transcripts. She then read and re-read the transcripts to further immerse herself in the data. Whilst listening to the taped interviews and entering the cycles of re-reading of transcripts, she was mindful to 'bracket off' any assumptions and ideas she had about the data by writing them down in her research journal.

The second stage of analysis involved making comments and notes using three different types of comments – descriptive, linguistic and conceptual. Descriptive comments refer to what the participants were describing, paying attention to words and phrases used. Linguistic comments delve deeper than descriptive comments and would refer to how participants described their experiences. Conceptual comments allowed the researcher to introduce their interpretations of how the participants made sense of their worlds. The above process making comments and notes, aided the researcher to identify commonalities and connections in the data, thus developing emerging themes.

To ensure that the emerging themes adequately captured participants' unique experiences, they were read and re-read together with the original participant transcripts. Emerging themes for all participants were printed out, and post-it notes with different "superordinate" themes were used to group together these emerging themes. This grouping of emerging themes was done initially for each participant individually, then for across all participants. During the above process, different "superordinate" themes were established by identifying common links between participants' emerging themes. Then the final "superordinate" themes were established by selecting the best fitting themes that reflect these common links between participants.

To establish the above mentioned final themes by identifying common links between them, concepts of abstraction (grouping similar themes together), subsumption (when emerging themes join together to become "superordinate" themes), numeration (the more frequent a theme is supported by participants' accounts, the more important it is) and function

(reflecting what function it serves) were used.

The researcher's data analyses and interpretations were cross-checked on several occasions by her supervisory team to ensure that they were conducted with rigor, are representative and traceable of the original data.

3.8 Ethical Considerations

Ethical approval for this study was granted by the University of Wolverhampton's Behavioural Sciences Ethics Committee (see Appendix 6), NHS Health Research Authority (HRA)/Integrated Research Application System (IRAS) (see Appendix 7), and NHS Local Research and Development Office (R&D) (see Appendix 8). The study was also conducted in accordance with the BPS Code of Ethics and Conduct (2009) and Code of Human Research Ethics (2010), in addition to the Health and Care Professions Council (HCPC) Standards of Conduct, Performance and Ethics (2012).

Participants were provided with both written and verbal information about the purpose and process of the study, in both Tamil and English. Opportunities were actively provided to participants at the participant recruitment stage and prior their actual interviews to ask any questions they had about the study. It was also clearly made known to participants that they can withdraw their participation from the study without an explanation up until commencement of data analysis. Participants were also provided with both the Principal Researcher's and her supervisors' contact details in the event they wanted to raise any questions or concerns.

To minimise any risk of potential harm or unintended consequences for participants, all participants' personal data collected during the study were only strictly used for the purpose of contacting them about the study. Any participant personal data was carefully kept in a safely locked place. The study also took extensive measures to ensure that participants' anonymity within data analysis and dissemination was maintained, such as replacing participants' real names with pseudonyms, and editing out other identifying information such as geographical locations in the final transcripts to ensure that readers cannot identify participants' real identities. Participants were assured of their anonymity and confidentiality in the study in the 'Participant Information Sheet' (see Appendix 2 and Appendix 2.1). Still, it was made transparent to participants, and consent also sought from them before their interviews, of when

confidentiality needed to be broken, such as if safeguarding or risk issues to themselves or to others were raised during interviews.

Mindful consideration was also given by the Principal Researcher as the interviews can touch on sensitive and emotive topics for participants; the purpose of the research was focussed on the intervention, thus, asking participants specific questions for example about their war experiences were not included within the interview scheduled. Still, it was likely that they would bring up this information. Indeed, some participants did become emotional during their interviews when they were remembering about the war, or talking about their previous lives in Sri Lanka and their families. Participants' emotions during the interviews were empathised and contained within the frame of the interview, drawing on the Principal Researcher's existing clinical competency.

The Principal Researcher's clinical competency comprise of clinical skills and psychological knowledge learnt during the Counselling Psychology Practitioner Doctorate, as well as their many years of direct patient work as an accredited psychotherapist. The years of clinical work included delivering trauma interventions to refugees and asylum seekers from war zones. Examples of specific skills which were drawn on by the Principal Researcher included the use of Rogerian's "active listening" by reflecting on the participant's feelings to show understanding for how they felt, and the skill of accurately summarising what the participant said (Rogers & Farson, 1957). None of the participants experienced significant distress and all externally appeared to leave their interview in an emotionally grounded place similar to how they were when they started their interview.

At the end of the interviews, participants were also given an opportunity to raise any concerns. It was also mentioned to participants in person then, and in their debriefing sheet (see Appendix 9 and Appendix 9.1) that they can contact the 'Gatekeeper' of the study at any point if they feel troubled by the interview process and would like support.

To minimise risk of potential harm or unintended consequences for the Principal Researcher, conducting participants' interviews in a public setting was deemed appropriate. Also, that the Principal Researcher took time post interviews to process their own emotions that arose during the interview process, for example by going for long walks or meditating.

3.9 Personal Reflexivity

There are two main personal reasons that have fueled my interest in this study – interest in researching useful PTSD psychological treatments for refugees and asylum seekers who are suffering from war related trauma, and interest in the therapeutic effects of nature.

First, my interest in examining useful PTSD psychological treatments for refugees and asylum seekers partially originates from my own personal experiences of moving countries as a BAME individual. My experiences of internally processing the ‘loss’ of my original home, rebuilding a new home, and acculturating into my host country sparked my interest in researching into culturally sensitive and appropriate treatment for BAMEs, refugees and asylum seekers. Many years of working as a qualified CBT and EMDR Therapist in multicultural London has continued to fuel my interest in exploring culturally sensitive treatment for those experiencing psychological distress.

My past educational experience in my formative years of attending a United World College as a scholar – a network of international schools then vice-presidented by the late Nelson Mandela, with a specific mission to promote cultural understanding, provided me with a rare chance to befriend on a personal level international friends from war and post-war zones. My friendships with them taught me much about the suffering of war related trauma, which, kindled my interest in psychologically helping those experiencing war related trauma.

Second, spending time in nature, such as swimming in the ocean, doing weeding in the garden, or merely sitting by a river had been immensely therapeutic for me in the past whilst going through personal hardships; I became curious about the therapeutic benefits of nature and horticultural activities as psychological treatments for others.

Being aware of my own personal history and enthusiasm about nature assisted treatment, as well as keenness to support those experiencing war related trauma is helpful. As it is important to consider how my enthusiasm and preconceived ideas about horticultural therapy could have colored the lens that I was wearing when engaging with participants during interviews and data analysis. Hence, I made a conscious effort to put aside my own preconceived ideas and feelings about the gardening intervention to allow as much impartiality as possible during data collection and analysis. This was achieved by keeping research notes on any expectations that I had about how the participants might have responded to the intervention. I also closely monitored my own experiences of participants’ interviews by journaling my own thoughts post interviews.

3.10 Validity and Quality

Various guidelines exist in the literature to assess a scientific method's validity and quality, plus the authenticity and consistency of interpretations in the research data. Yardley (2008) stipulates four criteria to assess a piece of qualitative research's validity and quality – these were chosen for this study due to their conciseness. These criteria are listed below and are used to assess the current IPA study's validity and quality.

3.10.1 Sensitivity to Context

This study's previous 'literature review' chapter (chapter 2) provided comprehensive context for the research topic. The Principal Researcher being informed about the historical-political context of the Sri Lankan civil war also helped to cultivate sensitive understanding of participants' emotional reactions during the interviews. Participant interviews were also designed in a way that were participant-focussed, as the semi-structured format gave ample room for participants to freely express their views on the gardening intervention.

The Principal Researcher's continuous personal reflexivity on the study, as noted in the section above, has been helpful in becoming more aware of preconceived ideas on the topic due to personal experiences with it. By being more aware of personal preconceived ideas, the Principal Researcher was more able to engage with the research data from a more 'neutrally sensitive' position, giving back more authentic voices to participants (Yardley, 2008). Sensitivity to the participants' data analysis was further heightened by working closely with the researchers' supervisors to ensure that the researcher's data interpretation was derived from a logical place, with clear evidence in the data to support interpretations made.

Besides being sensitive to data, sensitivity to the study's context was also demonstrated in other areas. This was for example by choosing appropriate interview venues for participants to select from, which they would feel comfortable in and are easily accessible to them, or, by being flexible with interview dates and times that suited participants' personal schedules.

3.10.2 Rigor and Commitment

The research design for this study – including sample size and selection – followed the recommendation of Smith, Flowers & Larkin's (2009) authoritative book on IPA. Also, the study's rigor has been demonstrated by the study's comprehensive literature review, accurate transcriptions of participants' audio-recorded interviews and the in-depth analysis of data. The

data write-up included many relevant excerpts from participants' interviews to enable readers to discern for themselves the themes that have been identified in the study. Rigor of the study has also been shown by the Principal Researcher working closely with supervisors, adhering carefully to the study's methodology and having had its analyses cross-checked for accuracy and depth. There is a clear and transparent audit trail.

The researcher also demonstrated her commitment to the research by attending various workshops and seminars on conducting qualitative research, which has resulted in the development of good research knowledge and skills appropriate to this study.

3.10.3 Transparency and Coherence

Close interactions between the researcher and her supervisors have facilitated clarity on the study's design and enhanced the logic of researcher's arguments and presentation of themes in the write-up in line with IPA principles.

This study has provided as much information as possible about the various research stages including research methodology, data collection and data discussion to aid transparency. There is clear, traceable documentation at each stage of the research. Those involved in the research including research participants and interpreter were also fully informed and briefed about the research and their involvement. The researcher has also considered her influences on the research, as detailed section 3.9 above.

3.10.4 Impact and Importance

A gap in the current literature has been highlighted in the 'introduction' and 'literature review' chapters (chapters 1 and 2), and the current study aims to generate insights into how Sri Lankan Tamil men who have been affected by war-related trauma experienced a gardening intervention. Discussions from the study are anticipated to be taken up by Lewisham IPTT for service development, and the study is also expected to be published as a journal article and hopes to add to the current knowledge in the fields of horticultural therapy, treatment of PTSD and treatment for asylum seekers and refugees.

CHAPTER 4

FINDINGS

This chapter presents the research findings, which are organised into three superordinate themes – ‘*The Value of Being with Others*’, ‘*The Value of Activities and the Setting*’, and ‘*Acceptability and Feasibility of the Intervention*’. Each of these superordinate themes contains a number of subordinate themes, which are supported by illustrative quotes extracted from the research participants’ interviews. These superordinate themes and subordinate themes are presented in order according to the structure set out below in Table 1. The research participants’ pseudonyms are listed below. Also, please refer to Appendix 11’s ‘Transcription Key’ when reading participants’ interview quotes in this chapter.

Table 1. The Superordinate Themes and Subordinate Themes

Theme 1: The Value of Being with Others

- 4.1. Meeting Others Who are Similar to Them
- 4.2. Being in a Team
- 4.3. Support from Staff

Theme 2: The Value of Activities and the Setting

- 4.4. Mindful States during Activities
- 4.5. New Experiences of Oneself
- 4.6. A Renewed Sense of Mastery
 - 4.6.1. Being an Agent to Nurture Growth and Transformation
- 4.7. The Setting of the Intervention
- 4.8. Improvement in Sleep after Activating the Physical Body

Theme 3: Acceptability and Feasibility of the Intervention

- 4.9. Guardedness About Others
- 4.10. Difficulty Maintaining Gains after Intervention
- 4.11. Time Limitations of the Intervention

Participant Pseudonyms:

- Participant 1 – Janith
- Participant 2 – Supun
- Participant 3 – Tharindu
- Participant 4 – Rehan
- Participant 5 – Gayan
- Participant 6 – Lahiru

Theme 1: The Value of Being with Others

This first superordinate theme describes how participants valued spending time with other group members and staff at the gardening intervention. Participants commented that the intervention provided them with a rare opportunity to meet others from a similar cultural background, who were also experiencing similar psychological difficulties. These similarities made it easier for participants to relate to one another, and thus feel less alone in their struggles.

Participants also commented that they enjoyed completing tasks at the intervention collaboratively with other group members and established friendships with them. This community was supportive and helped the participants through crisis points. Besides valuing being with peers, they also appreciated support received from staff.

4.1 Meeting Others Who are Similar to Them

This subordinate theme describes how participants felt alone in their struggles prior to attending the gardening intervention. Participants felt alone because they did not have the opportunities to meet others from their cultural group who were experiencing similar psychological difficulties since leaving Sri Lanka to seek asylum in the UK. It was only when they attended the gardening intervention, that they met others for the first time who were also experiencing similar struggles and felt less alone.

All interview participants ubiquitously commented on a sense of isolation that came with feeling alone in the difficulties they were struggling with:

“... I thought I was the only one who was having this problem. But now, after hearing others telling about their problems, I found out they’re also in the same boat as me.” (Lahiru, line 209)

After leaving Sri Lanka to seek asylum in the UK, participants all lived socially isolated lives, at least initially, as they were unable to meet others due to a lack of socialising opportunities, financial means or language barriers. As a result, prior to the gardening intervention, all participants had not met other people who were experiencing similar psychological difficulties, thus, forming the belief that they were alone in their struggles.

The belief of aloneness in their psychological struggles had led participants into a

process of self-stigmatisation, as they believed that they were the only ones who were affected by war related trauma:

“So after going to the garden and seeing other people and talking to them and getting to know their problems... I felt it was not only me, others were also having the same problem, then I started to feel better than before. Because before I thought it was only me who was having this problem.” (Tharindu, line 34)

When participants were presented with the opportunity to meet similar people at the gardening intervention, they experienced a feeling of “*relief*” (Rehan, line 1022) knowing that the others were “*in the same boat*” (Lahiru, line 210), feeling that “*They can understand*” (Lahiru, lines 1007-1008).

Upon discovering that they were not alone in their struggles, participants regained a sense of normalcy as they have found a group which they fitted within:

“So when I’m at home, I’m at home, and I was thinking I’m the only one who is having this trouble, but when I joined the other people, when I joined them I also found out that they were also having the same problem and I’m not alone now I’m with others.” (Supun, line 103)

The opportunity to meet and talk to others at the intervention enabled participants to discover similarities across multiple domains that they shared with other participants. Sharing basic similarities such as language, elevated participants’ comfort levels with taking part in the intervention. This is illustrated by a participant’s reflection on how uncomfortable he felt in a previous gardening intervention, when he was put in a group with others who did not speak his language:

“I felt something like uncomfortable at that place because I didn’t see any Tamils Sri Lankan. All different people and they don’t speak, and I don’t understand sometimes they speak, and sometimes they don’t understand me.” (Rehan, line 8)

Similarities in other areas, such as personal stories and psychological experiences, facilitated good understanding between participants, as illustrated by Rehan:

“The garden is the only place I go and see people, because those people are same as me, my condition, my status. Same treatment, some status, same things, so, they know it our feelings. That’s why we speak to them.” (Rehan, line 469)

The welcoming feeling of being understood facilitated warm interpersonal relating, which, might have encouraged participants to share more openly with others. The above positive cycle of finding similarities with others, feeling understood, then wanting to share more with others, appeared to be key ingredients to forming positive attachments to other participants and the gardening intervention.

4.2 Being in a Team

In this subordinate theme, participants remarked on how they had found enjoyment from completing tasks with others, and forging friendships by spending time with each other at the intervention. Other group members were also seen by participants as a useful resource, where they can gain practical advice and ideas. Other group members were seen as pillars of strength for participants – they gave inspiration for participants to keep persevering despite difficulties, and served as protective factors that stopped some participants from taking their own lives when feeling very down.

Tharindu commented favourably on the benefits of working in a team with others, and reported it increased his psychological wellbeing:

“So after going there, and working together with the other people to complete the tasks, I find it was good for me.” (Tharindu, lines 26-27)

The above evaluation of how working in a team had facilitated wellbeing was also shared by other participants. This was especially evident when the team that the participant was a part of achieved a noteworthy task, such as building the first greenhouse on the site of the intervention:

“So we did a group work, and finally it ended up a big thing. It was a greenhouse, a big project, then they say the first guys they made the greenhouse, then that’s happy because I’m a part of this team.” (Janith, line 893-894)

Although some gardening tasks were hard participants found them to be “so much fun”

because they were working together (Rehan, *line 395*)., Participants reported that they approached these hard tasks with happiness, because they had missed doing activities in a team back in Sri Lanka:

“Even though it was tough, we were all doing it with happy. You know, helping each other. After a long time I did something with my friends, and in a team.”
(Lahiru, lines 169-170)

Not only did participants enjoy completing active tasks with others, such as building a greenhouse or “*cutting down a big tree*” (Lahiru, *line 154*), they equally derived pleasure in less laborious activities, such as making their own pizzas, sitting and eating together:

“So when we sit together and eat, that also gives a nice feeling to my mind.” (Gayan, *line 169*)

Participants’ relationships with one another gradually developed and matured from merely being participants of the same group to a team of real friends, due to having regular opportunities to talk and listen to each other:

“... I made friends there, and talking to them, spending time with them chatting to them, listening to them.” (Gayan, lines 274-275)

Rehan felt that the similarities which he shared with other participants enabled them to have more empathic understanding of him, and therefore establish friendships:

“Same treatment, some status, same things, so, they know it our feelings. That’s why we speak to them. So we can’t speak to everyone about our thoughts. Other people they don’t understand this. So that’s good advantage. New friends, making friends.” (Rehan, lines 470-472)

The comfort that he felt being with other participants at the garden is reflected in a quote below, where he drew a parallel between the ease he felt at the garden to being back in his home country:

“That totally felt like me in my country, with my friends. And you know, it felt me I was with my friends. I felt like that. My place. It was like some places when we

go, we don't feel comfortable. But the garden we all felt comfortable. We all felt a home.” (Rehan, lines 591-594)

The transition of a group to a team of friends, and the enthusiasm of being with friends were illustrated in an example given by Rehan. The example shows how participants were taking ownership of the relationships they were building, by communicating outside of the scheduled intervention. This communication happened via photos that were taken at the garden being shared in a WhatsApp group which participants had taken the initiative to create themselves:

“...our group was started taking pictures when doing gardening, and we opened a group in Whatsapp. We opened the group. And we added all the people whoever comes to the garden. And we started sharing pictures. Whenever we go garden we take pictures and we put in the group.” (Rehan, lines 496-499)

The genuineness of friendships between participants was again illustrated in a quote below, when a participant recalled how other group participants were proactive in reaching out to him when he was going through a difficult time:

“Because I made friends there... they'll call me, I gave my phone number and they start calling me and talking to me.” (Gayan, lines 274-276)

Not only did participants benefit from establishing friendships by working and spending time in a team format, being in a team helped provide them with useful practical information for their day to day lives. For instance, Janith remembered how others in the group helped to dispel the grave worry that he would be deported straight away if his asylum case was rejected, as they explained to him that he can still appeal against the decision even if this was the case:

“Cos they at least know what's the next stage, what's going to happen next. Some people they always think, when the first XXX is finished, that's done. They're going to send you back straight. It's not that. Then they'll explain you, you got a fresh claim, you got judiciary...” (Janith, lines 677-679)

The intervention also facilitated participants in making their own plans beyond the intervention. Useful ideas were gained by participants discussing with the team what projects

they could take up after the gardening intervention. Lahiru commented that he was able to glean ideas from the team and started doing “*different things*” (line 282) after leaving the intervention, such as passing his driving test.

Besides profiting from other team members’ practical knowledge, advice and ideas, participants also benefited from using others as motivators:

“So when I did work together with others, even when I didn’t feel like doing it, when I saw others doing work, I will feel it’s good to work...” (Tharindu, lines 290-292)

Rehan also acknowledged the usefulness of learning that there were others worse off than him. He felt that new reference points, such as these, enabled him to grow more “*thankful*” (lines 94) for what he still had in comparison to others.

The benefits of being in a team even extended to how others became a protective factor for participants who were close to committing suicide:

“So many times, I had thought about committing suicide, so while talking to them, I changed that mind...” (Tharindu, lines 290-292)

Participants’ suicidal intentions were not only changed by talking to others, they were also changed by finding inspiration to live through the examples of others:

“Some people have same problem as me, so they’re also upset and sad. But they’re still alive and doing OK. So when I see them, I also feel sometimes that I must live.” (Tharindu, lines 273-274)

In some instances, participants’ near suicide attempts were actively stopped by other participants:

“... so might you get the same into your mind, to do suicidal things, you want to cut your hand or something... if you have the people with you, then they will at least try to stop you.” (Janith, line 244-246)

4.3 Support from Staff

This subordinate theme describes the value that participants placed on being supported by staff members at the intervention. Participants reported that the psychotherapeutic techniques taught at the intervention were useful, and they valued staff members' supportive attitude and attentive involvement.

Participants commented that it was “good” (Lahiru, line 477) being able to tell their problems to staff at the intervention. They also looked to staff to help them learn how to better manage their problems:

“So when we tell them, (names of staff) our problems, then they will teach us how to handle it, and to find solution.” (Supun, line 45-46)

Learning “to do things in a different way” (Tharindu, line 307) in relation to their presenting problems was seen to be helpful for participants. In particular, the different psychotherapeutic techniques taught to participants during the talking part of the gardening intervention were evaluated by them to be useful:

“The techniques we were taught was helpful. Every week they were teaching us different techniques and exercises to help our minds.” (Supun, lines 375-376)

A number of participants commented on how the idea of putting up photos of London on their bedroom walls helped them when they experienced traumatic nightmares:

“... she gave different pictures to everyone. Then, she said, put this in your room in the wall, so when you wake up you'll see it, so you'll realise that you're in London... so it really helped me.” (Rehan, lines 943-944)

Psychotherapeutic techniques that were noted to be helpful in participants' interviews were mainly PTSD management techniques, such as “sleeping and flashbacks” and “safe place exercise” (Tharindu, line 493). Participants also showed good adherence to the suggested weekly homework tasks:

“... she gave me some photos to put on the wall and look at it when I get the thoughts of bad memories about the past. So that's what I did...” (Lahiru, line 364)

Even after the intervention had ended, some participants still remembered the psychotherapeutic ideas they learnt at the intervention, and continued to utilise them:

*“Whatever (name of staff) said in the gardening. Still I follow so many things.”
(Rehan, line 435-436)*

Moreover, sometimes the above-said psychotherapeutic techniques were used in-vivo during the intervention, instead of just being given as in-between sessions homework tasks. For example, a participant recalled that a staff member “*made a big change*” in him by helping him see the positives in his life during intervention sessions; she reminded him of the “*good things*” he had done amidst all the “*bad things*” he had gone through (*Tharindu, lines 98-102*).

Participants positively commented on staff members attentive involvement with them during the intervention. For example, one participant described how a staff member was sensitive to his behaviours and mood states:

“... when we were a bit isolated or you know, calm or quiet, (name of staff) didn’t allow us to be isolated, he tried to make jokes and made us laugh, and enjoy the work.” (Tharindu, lines 44-45)

Besides being behaviourally and emotionally attuned to participants, staff were also proactive in giving immediate help when they noticed participants slipping into negative mood states. For example, when a participant recalled how a staff member would “*tell*” or “*advise*” him how to “*handle*” his worries (*Supun, line 428*).

The belief was shared amongst participants that staff at the intervention were supportive of them:

“... they were supportive. They were telling any problem, discuss with us, or tell us we’ll try to help you.” (Gayan, line 452-453)

Besides feeling they were able to discuss their problems with staff, participants also felt that they were able to request practical help from them, such as a “*letter, or any support document*” (*Gayan, line 485-486*) for their asylum seeking process.

Theme 2: The Value of Activities and the Setting

This second superordinate theme describes how activities offered at the intervention were supportive to participants in a variety of ways. Participants commented on an increase in their psychological wellness when they engaged in activities mindfully. Also, the wide range of new activities offered at the intervention helped participants to reconnect with forgotten aspects of themselves. Subsequently they were able to start viewing themselves through a more holistic lens rather than a ‘mental illness’ lens. A wide spectrum of new and challenging activities was provided at the intervention for participants to overcome. Activities helped participants to contribute and to facilitate positive transformation of their surroundings. Activities also helped them to begin rebuilding a more positive self-image. Furthermore, the nature setting that the above activities took place in was perceived by participants as constructive, as it felt relaxing, beautiful and safe.

4.4 Mindful States during Activities

This subordinate theme illustrates how participants engaged in states of mindfulness whilst being at the garden. Participants reported a high degree of focus and observation of their immediate surroundings as well as activities that they were doing at hand. Participants commented on the relaxing and calming effects of doing so, an increase in their attachment to nature and greater clarity in their minds.

Participants commented on the beneficial effects of their minds’ focused state whilst they were at the gardening intervention. For example, one participant described the relaxing effects of focusing his mind on looking at a bird:

“It feel relaxed, and mind focused on that bird. And I was sitting there, watching that bird.” (Janith, line 986-987)

Janith’s ‘mind focused’ state description can be interpreted as mindfulness – a manner of “paying attention in a particular way: on purpose, in the present moment, and non-judgementally” (Kabat-Zinn, 1994). The same participant interestingly commented on how he had developed more of an attachment to nature and his surroundings, which, can be interpreted as mindful observation:

“(I am) More attached to nature now, surroundings or nature... that means like I’m observing stuff - trees, anything, airplanes, anything! Me I’m just watching that.” (Janith, line 1002-1003)

Being able to engage mindfully in an activity and the surrounding environment, also helped participants to cultivate clearer mind states, as their minds were engaged in observing, instead of thinking, as expressed by Rehan:

“My mind was thinking nothing. It was clear when I was in the garden. I didn’t think about anything, I didn’t think anything else. Even my brother, country, nothing. We just enjoyed the garden.” (Rehan, lines 986-988)

Rehan’s absence of thoughts can be interpreted as negative avoidance in thinking about his difficulties. However, the absence of thoughts in the context that participants described suggested that a more positively oriented process of mindfulness was taking place; not that participants were deliberately engaging in the process of suppression to avoid thinking about their difficulties.

The positive effects of mindfulness were short lived for some participants, as they found it difficult transferring mindfulness skills to contexts outside of the garden. One participant explained that when he finished at the garden, his *“mind goes bad”* (Rehan, line 446). Still, whilst participants were at the garden, due to being *“relieved from thoughts about the past”*, they felt calmer (Tharindu, line 129). The same participant further explained the stark contrast between his mind state at the garden versus his mind state at home:

“So at home I’ll be always... thinking, getting worried, and thinking about my past. But when I was in the garden with others, doing something all the time, so that wouldn’t allow me to think about my past, or worry too much in that particular moment.” (Tharindu, lines 481-483)

Supun further echoed the idea in line 383 about the beneficial effects of being kept busy at the garden, thus not having *“the time to think about anything else”*. As by doing so, he was able to keep his mind *“fully concentrating”* on these activities and forget about all his problems whilst he was at the garden. Participants commented that the above activities included *“talking to each other”* (Gayan, line 384-385) as well.

4.5 New Experiences of Oneself

This subordinate theme describes how the intervention provided participants with a multitude of new experiences to re-discover aspects of themselves forgotten due to war trauma. The re-experiencing of themselves as people who are free, playful, fun loving, active and can find joy in learning helped them to transcend their illness identities.

The garden provided some participants with a renewed sense of themselves as a free agent, by being given freedom by staff in what they chose to do at the garden, without being subjected to fearful instructions or intimidation:

“Whatever we want, we do. Whatever we like to do, we do. That’s it. So it was like home... there no one tell. No one shout to do.” (Rehan, line 599-600)

For example, even if staff had planned for the participants to carry out a certain task on the day of the intervention, they were able to object to the suggestion and engage in activities that they preferred:

“Even sometimes (name of staff) come tell us, we have to work, we have to do this task today. So even we tell, oh today, we don’t feel work we feel talking, so we have to talk.” (Rehan, lines 544-546)

Participants did not only experience the feeling of freedom by being given the power to influence their choice of activities at the garden, they also experienced it by being given the freedom of physical movement:

“5.5 years I was inside (the prison)... not moving or anything - difficult time. So now, when I was working in the garden, I felt that I was freed... Even when I was in the prison, I did work, but that’s different to what I did here. There, there were some restrictions, but here, I have the freedom to do.” (Lahiru, lines 179-182)

Besides the freedom of physical movement, the same participant further expanded that his sense of freedom at the garden had also derived from the freedom of speech:

“Because I made friends and talk to them, now I feel I got the freedom, feeling free to speak to everyone.” (Lahiru, lines 191-192)

Further to a renewed sense of freedom, participants felt that the garden had provided them with opportunities to laugh, play and have fun, by either being an active participant of the fun or by being an observer of the fun. An example of this was when Janith described in good spirits how he and other participants devised a competition to see whose plant was growing fastest:

“Cos you got your name on that (the plant), you look at other people to see which one is growing (heavy laughter).” (Janith, 471-472)

Another imaginative game that was devised at the garden was to search for an insect whilst clearing the pond:

“Because they’re talking about that insect. Then I need to find another one. (Laughed) I’m searching them whilst I was cleaning.” (Janith, lines 522-523)

Not only did participants have fun by taking part in imaginative play, fun and humour were also had by being an observer of an amusing happening:

“I remember, one time, one man, one boy sits next to me, he slept, and fell down (heavy laughter).” (Rehan, lines 284-285)

As participants started to re-experience feelings of freedom and fun they also began to re-experience feelings of interested curiosity as they looked forward to taking part in further new experiences at the garden:

“... you’re not anything new at home, at all. So when you go out, and when you’re going to garden, you will definitely have more experiences. It’s new!” (Janith, lines 1104-1106)

Janith in lines 1054-1055 reflected on how he felt *“always stuck”* in the house, and felt that it was good for him to get out and do something, with new experiences acting as positive stimulation to expand his thoughts beyond that of his trauma:

“... we can think about more stuff now, cos you need to think about garden, and the food, and the apple trees, and when they going to grow again, and if you plant any lettuce or anything, when the lettuce is going to grow up more, and the experience... otherwise you stick to one place, thinking about past experience every single time.” (Janith, lines 1110-1113)

Another participant also commented that having opportunities to be exposed to new experiences meant that he could “*learn new skills*”, which helped him to keep his mind away from “*bad thoughts*” related to his trauma (Tharindu, lines 218-219). In general, participants found it very “*interesting*” (Supun, line 189) to be engaging in the many different “*new things*” that they “*haven’t seen*” (Rehan, lines 582).

Besides enjoying the many new experiences at the garden, participants also reflected on being able to transcend their PTSD illness identity when they were at the garden:

“... my mind and my body when doing something (.) we didn’t feel like we have ill, or something like that; when we are in the garden, we were just having fun. So that all made me good feelings, doing something or getting new ideas, talking to others. It’s a good feeling.” (Rehan, lines 534-537)

4.6 A Renewed Sense of Mastery

This subordinate theme describes how participants were presented with challenging gardening tasks by staff to work on and overcome. In the process of doing so, participants began to re-experience themselves as people who are capable of tackling problems and have agency. Other tasks at the intervention also rekindled feelings of usefulness in participants. The gardening tasks were helpful to give participants opportunities to gradually rebuild self-confidence and positive belief that were lost due to war trauma.

Participants expressed strong feelings of self-doubt and lack of confidence in their abilities when they first arrived at the gardening intervention:

“Before that (attending the intervention) I didn’t have anything. I didn’t know what to do and how to do it. And also thinking whether I could do anything - that kind of feeling.” (Lahiru, lines 343-344)

When presented with a gardening task, participants doubted if they would be able to overcome obstacles to achieve the task. An example of this is, when asked about his most memorable memory from the intervention, a participant commented on his group being given the task of clearing a path in the over-grown garden:

“It looked like forest. Then if they say we need to put a big path there, then I was thinking that’s quite a massive path. Then finally we chopped all the weeds and everything.” (Janith, lines 365-366)

He further explained how at the time of mastering the task, he had gained confidence by thinking that he *“can do this... cut this wood, and... can fix that”*. (Janith, line 411). The above feeling of confidence had especially arisen in the context of participants feeling able to overcome difficulties, and negative feelings such as frustration which came with them:

“... (beginning was) frustration and stuff... But then you made something new, then when you look at it, it’s nice and tidy, then ah ok, we did it. It’s nice.” (Janith, lines 389-391)

A feeling of mastery was not only gained from the successes of overcoming challenges, but also from feeling useful and knowing that others benefited from their work:

“I did feel I have achieved something; after planting something, I have got something out of it. Like from that plant, someone will gain something... they were selling these organic items at a market... by doing some work for others, someone is gaining something. That the gardening project is going to be successful, or it’s going to develop.” (Supun, lines 407-417)

Seeing their hard work produce useful products also gave participants a sense of purpose. This is illustrated by the following participant quote, when he recalled his happiest and most memorable moment at the intervention of plucking agricultural produce from the trees:

“Because we planted that tree, and after few weeks, from the tree we were getting benefits, so that made me understand you know, because before then, I was

thinking I was useless, at least I was eating that fruit, I made something that's useful." (Tharindu, lines 166-168)

Indeed, when asked why a particular gardening activity was the most pleasant for a participant, he explained:

"Like I've done something, that kind of feeling." (Lahiru, line 328)

The renewal of a feeling of usefulness was particularly valued by participants, especially given how some participants were deprived of opportunities to succeed or contribute to others due to traumatic war experiences back in Sri Lanka:

"I was once detained, then for the last 8 years, I'm living in one small room, doing nothing, and no future. I couldn't do anything at all." (Tharindu, lines 467-469)

Even after they arrived in the UK, for many years they were not exposed to opportunities that would help them to rebuild a feeling of capability:

"For the past 10 years, I didn't do anything, I was just sitting at home doing nothing, so that was the only thing that I can think about. I have no other thing to think that I was useful." (Tharindu, lines 185-186)

Once participants began to experience themselves as people who can be useful, many were able to extend this positivity into their personal lives and introduce a more hopeful outlook when thinking about their current struggles:

"It's given me a bit of positive - ok, at least you can do this, ok, you can stay positive... You trying to... I trying to force myself, ok, it will not take so long to solve this problem out" (Janith, lines 417-419)

"I felt if I do this, then I can do anything I want to do." (Lahiru, line 338)

4.6.1 Being an Agent to Nurture Growth and Transformation

This subordinate theme describes a specific aspect of how participants experienced a renewed sense of mastery. Through activities at the garden, such as caring for or watering

seeds and plants, participants were able to experience themselves as active facilitators of growth and positive transformation to their surrounding environments.

As described in the previous section, work at the garden had often provided participants with opportunities to experience a sense of achievement. It also provided ample opportunities for participants to be agents in facilitating growth and transformation through their work, which, felt emotionally fulfilling for them. For example, a participant recalled his favourite memory of planting seeds and witnessing them grow:

“I was going there only once a week, after planting it, I didn’t see it for one week, so after one week when I went there, it had grown to some height. So that made me happy.” (Supun, lines 160-161)

Another participant also described, with much fondness and excitement, witnessing the seeds which his group had planted grow and healthily transform:

“When we put the seeds, after one week, we came and saw two leaves there. So the following week it was like a big plant, with leaves and... another week you know, after, we saw the flowers coming, then the chillies coming out, getting bigger and bigger; that was making me happy” (Gayan, lines 136-138)

The same participant spoke of the dedication and commitment that his group had towards caring for the plants:

“Every week when we went there, we watered them, and saw them growing bigger and bigger. So once they start giving fruits, I felt really good.” (Gayan, lines 60-61)

The emotional investment and well-wishes that participants had towards their work was again apparent in a participant’s quote below, where he communicated a high degree of enthusiasm witnessing the transformational flourishing of small seeds and plants that he had planted:

“Cos it’s growing, the tiny little seeds and plants are growing big!” (Janith, line 466)

The joy that participants expressed for seeing the seeds and plants they had planted

grow healthily, was partially linked to some of their past agricultural experiences. Agricultural work appears to be an activity which participants valued, perhaps because historically, growing food was valued by their culture and families. This was evidenced by Gayan's reference to his mother when explaining about paddy fields which his family had back in Sri Lanka:

Gayan explained that they grew "*chillies, okras – lady fingers, aubergines*" (Gayan, line 74). He also explained how he felt "*relaxed*" whilst growing vegetables at the intervention, as it reminded him of his "*younger days*" (Gayan, lines 85-87). He recalled how his mother had advised for him to attentively watch the plants grow, as it would help him feel "*more relaxed*," as well as it being good for his mind (Gayan, lines 92-94).

Not only did participants derive fulfilment from witnessing the optimistic transformation of seeds and plants, participants also sought pleasure from being able to facilitate positive transformations of their external and internal environment through another activity:

"(Whilst recalling another favourite memory of cleaning a messy pond) "Because the pond was full of mess, like my mind!... It's not in order. So trying to clean it. Then it's like it's nice." (Janith, lines 490-495)

4.7 The Setting of the Intervention

This subordinate theme describes the impressions that participants had about the intervention's garden environment, and how they found enjoyment, rejuvenation, calmness, beauty and safety spending time in this setting.

Participants noted how it was a "*completely different atmosphere*" at the garden, compared to the living environment that they usually resided in - it was "*all greenish... and lots of trees and lots of fruits*" (Janith, lines 622-623). Participants expressed enjoyment spending time in this different atmosphere, where they were surrounded by bountiful greenery:

"It was nice to see the atmosphere because there's one apple tree, because if you're going past that, then you got pear trees, then plums (1), (2), it's really nice." (Janith, lines 452-453)

Another participant expressed approval of the intervention's environment, and likened it to the countryside due to its greenery and spaciousness:

“That’s a good site. Because it feels like countryside. Like full of trees. It’s quite big place.” (Rehan, lines 564-565)

One participant highlighted how he enjoyed being in nature much more than being in a confined environment. He made reference to the room he was being interviewed in for this research in comparison to being in the garden, reflecting on how he was better able to notice and connect with his surroundings when he is outside:

(Interpreter) “He’s saying, now here, we can’t see the birds, even if the birds are flying over our heads, we wouldn’t notice it. But there, he was watching everything it seems, because it was so natural, all green and there were birds. He enjoyed it.” (Janith, lines 980-982)

The natural elements that participants were exposed to often helped them feel positively different:

“So always green, you get good breeze there. It makes me feel different.” (Janith, lines 968-969)

The rejuvenating properties of the natural environment were highlighted in the quote below from a participant, when he described a naturally grown fruit's superior effect, compared to the artificially manufactured antidepressant he had been prescribed:

“... I take 45mg of Mirtazapine, so after taking that, my energy will be very low. So when I come here and eat apple, that gave me some energy.” (Gayan, lines 315-316)

Besides nature's rejuvenating properties, participants also commented on its ability to inspire relaxation and calmness in them. For example, a participant commented on how he felt at the garden:

“I felt relaxed a bit because there are loads of green trees, and breeze...” (Tharindu, line 93)

Another participant commented further on the inviting feeling that the greenery had on him and his group:

“Relaxing, and we just go and sit in the grass.” (Rehan, line 611)

Nature's quiet also served to create calmness for participants:

“Because it was quiet there. Normally there are trees, and when I sat under a tree, I felt good... it was calm. I felt I was free from all the problems, compared to when I was outside.” (Tharindu, lines 323-338)

Besides a sense of serenity, the natural environment of the garden seemed to have also evoked a feeling of beauty in participants. A participant commented on the beauty that he felt when witnessing flowers and fruits grow at the garden:

“You know normally when we keep a tree in our garden and see it growing, then seeing the flowers and the fruits on it, it's beautiful to watch it growing. And that's the feeling I had.” (Lahiru, lines 429-430)

Another participant echoed the above sentiment. He commented that *“it was beautiful”* when asked about seeing flowers and tomatoes in the garden (*Supun, line 203*). The feeling of beauty found in nature felt helpful to participants in their struggles:

“... the nature was helping me, because it was all green and beautiful there...”
(*Gayana, line 53*)

Besides feelings of enjoyment, rejuvenation, calmness and beauty, participants also spoke of feeling safe in the garden's environment. A participant commented on the garden's peaceful atmosphere being the reason that his mind had made it *“a safe place”* (*Janith, line 643*):

“Yea, it is completely different atmosphere that... buildings and buses. You can't have any noise at all. It's so calm and peaceful. So that makes me more safe place... so I think actually I'm living in London, so I'm not getting any hmm... with Sri Lankan government or anything.” (Janith, lines 622-625)

Feeling safe at the garden was important for participants, especially given their traumatic backstories, which had led them to attending the gardening intervention:

“...we were always in fear, over time the Sri Lankan soldier will come to our area, and we will find it difficult to live in a place, or have our food, or cook our food and eat.” (Gayan, lines 431-432)

However, a sense of safety was instilled in participants' minds not only because of the garden's serene atmosphere but also because of staff and other group participants' friendliness. A participant explained how his perception of relatively equal power dynamics, instead of authoritarian dynamics, between participants and staff had allowed him to "*make joke about (name of staff)*" (Rehan, line 191). This suggests how he saw the garden environment as a relaxed one.

Other group participants' friendliness also contributed to the gardening environment being a relaxed and safe one, as one participant likened attending the gardening group to the leisure pass-time of camping:

“*Gardening group was like going trip to somewhere camping, like people go trip one day go and stay, like that. We felt we go and we just talk and we relax.*” (Rehan, lines 327-330)

4.8 Improvement in Sleep after Activating the Physical Body

In this subordinate theme, participants felt that their sleep had improved after engaging in physical activities at the garden.

Participants univocally complained of sleep difficulties, often as a symptom of their PTSD. They found that a lot of activities at the garden were physically demanding, which would make them tired, thus induce better sleep:

“*When I do physical work, that was helpful. It was like a physical exercise.. I had sleeping problem, so after coming and working in the garden, I felt tired and felt able to go to sleep.*” (Supun, lines 120-121 & 144-145)

“*Sometimes we do heavy work, and sometime it feel tired. But it's ok. Because we do and we make ourselves tired. So when we get tired, when we go home we sleep nicely you know.*” (Rehan, lines 417-418)

Activities that were physically demanding included cutting down trees and putting paths in the garden:

“... so after doing the gardening, doing the hard work in the garden, for example cutting down trees or putting paths in the garden, that day I would go home and sleep, I can get good sleep on that day. So it helps.” (Tharindu, lines 113-115)

Theme 3: Acceptability and Feasibility of the Intervention

This third superordinate theme describes that although the gardening intervention benefited participants in various ways that have been explored in the above themes, there were aspects that limited the acceptability and feasibility of this intervention for the participants.

Three main areas of limitations have been extracted from participants' interviews: the first area being a sense of defence-based guardedness that participants had when relating to others at the intervention, which, affected how openly they could talk to others. The second area being how participants found it difficult to maintain gains from the intervention after it had ended. The third area concerns the intervention's time limitations, as participants perceived each intervention session's duration, and the intervention's length to be too brief.

4.9 Guardedness About Others

This subordinate theme describes how participants retained a certain degree of guardedness in their behaviours at the intervention. This was due to them finding it hard to trust, as they feared that others were dangerous and could inflict harm on them. This paradigm of perceiving the sinister potential of other human beings was primarily borne out of having lived through war trauma in Sri Lanka, where participants were subjected to aggression and atrocities by other humans, such as torture.

Participants' guardedness is illustrated in the quote below, as he admitted to being very suspicious of other participants' real identities. He remembered being apprehensive of whether other participants could be from Sri Lankan authorities and therefore could harm him:

“It’s not fully trustable... the gardening group actually the people who come... maybe they’re from Sri Lankan authorities I don’t know...” (Janith, lines 723-742)

Participants’ guardedness can be understood by how feelings of danger and fear had led them to seeking asylum in the UK, thus the strongly felt need to protect themselves from further danger:

“The intention to come here because of the problem - to protect myself.” (Janith, line 815)

The above sense of guardedness, often stemming from the internal motivation of self-preservation, can account for some participants’ more reserved relational behaviours with others:

“... because I didn’t know about their problem, that’s why I couldn’t trust to tell my problems to them. After talking, after each one started telling their problems, I was able to open and talk to them. (Lahiru, lines 219-221)

Another participant reflected on how his nature had perhaps changed to being more distrustful of others due to war trauma:

“Before that (the war) I speak to everyone yeah. In my school days I speak to everyone, I tell everyone, I trust everyone. I like to move with everyone. But this is made me changed. Still I’m changed. I don’t meet with people, or I don’t get together with people. And I have trust issues as well. I don’t trust people.” (Rehan, lines 1072-1075)

Consequently, he preferred to be quiet at times, to not reveal information that might put him in danger:

“... sometimes when (name of staff) asked about what’s happening, and what’s happening about my asylum case, I sometimes be quiet because I don’t trust. You never know... maybe it’s my nature. After that torture maybe.” (Rehan, lines 1068-1072)

Therefore, participants sometimes felt that spending more private time with staff was

needed at the intervention, as they would have felt more able to open up and share personal information in this setting:

“The privacy we needed. Little privacy we had. Because of that sometimes I don’t tell sometimes what happened.” (Rehan, lines 101-102)

4.10 Difficulty Maintaining Gains after Intervention

In this subordinate theme, participants suggested that the psychological ideas and techniques which they learnt at the intervention were effective in helping them manage their psychological difficulties. However, they found it hard to continue utilising them post intervention, due to a relapse in their mental health conditions.

For instance, a participant explained that due to his current depressed mood, he struggled to conjure up enough motivation to utilise psychological techniques learnt at the intervention:

“No I gave up doing the techniques because at the moment my mood is very low, I’m depressed, I don’t have any interest in doing anything.” (Supun, lines 51-52)

The same participant further explained his current psychological mind state, noting that his mind was easily susceptible to negativity and that overall he had not been experiencing good psychological health after the intervention ended:

“I can’t say that I’m 100% ok. And when I have that depressed thoughts, I still have some effects, because if I see some (.) any bad thing on TV, any bad news, that will really quickly make me stressed. If I see anything sad things, it will make me very sad.” (Rehan, lines 963-966)

Another participant acknowledged that he had experienced an improvement in his mood after attending the intervention, however, the problems that led him to attend the intervention restarted in recent months:

“Now again after the problem started in august, I’ve been finding difficult to get sleep.” (Gayan, lines 260-261)

Similar psychological issues that led them to attending the intervention lingered for participants, with one participant expressing frustration due to currently not receiving any psychological support:

*“I still having the same issue and don’t get any counselling services or anything.”
(Janith, lines 79)*

4.11 Time Limitations of the Intervention

In this subordinate theme, participants commented on the brevity of the gardening intervention – both the weekly session times and the duration of the intervention. They explained how longer session times, as well as a longer duration of intervention would have been more supportive to them. The reasons given were – firstly, to have more time to learn useful psychological techniques to manage their difficulties; and secondly, to experience the benefits of feeling productive working at the garden instead of merely sitting idly at home.

Participants not only found it hard to maintain gains after the intervention had ended, they too expressed regret about the time limited nature of the intervention. Participants also commented on feeling left unsupported in their difficulties in the time between each weekly intervention session:

“So once you’ve finished, that’s it. One hour, you’re done, you can only come back next Thursday, after one week. And in that gap you experience the same issue again.” (Janith, lines 855-857)

Longer weekly session times were considered by participants to be more helpful, as they would have had more contact time with staff to better learn how to manage their own difficulties:

“I was thinking that one hour was not enough for them to explain everything. The time is not enough for learn.” (Rehan, lines 1095-1097)

When asked at the interview what could have been different with the intervention, Lahiru voiced his opinion, in lines 468-469, that he wished he could have spent more time there. The reason given was that:

“Because it (the weekly session) was a short time, once the time finished I didn’t like it because I had to go. Sometimes I go early and sit there (1), (2).” (Lahiru, lines 372-373)

Indeed, frequently participants would opt for going to the garden earlier before their session’s start time to do some work, such as *“watering the plants”* (Lahiru, line 383), prompted by the idea that it is more beneficial to spend time at the garden rather than at home:

“Rather than sitting at home doing nothing, I felt it’s good to go and sit in the garden.” (Lahiru, lines 377)

The intervention’s ending carried heavy emotional weight for participants, with some feeling anxious about relapsing due to no longer having regular supportive contact with staff and other group participants:

“I was a bit upset and worried because after I started going to this garden, I was learning how to get over from my problems, and also meeting others. And when it came to an end, I felt I was going to get back to situation before I started going there.” (Supun, lines 211-213)

After the intervention ended, many participants expressed having lost something valuable to them, which they had gained at the intervention, and that they were still experiencing grief about it:

“I was sad. Even now I feel sad, that I’m missing it. I lost strength now, compared to then.” (Tharindu, lines 300-301)

Regrets about the intervention’s time limited nature, as well as an attachment that participants had formed to the intervention, are illustrated in a quote below, when a participant expressed his desire to continue attending the intervention even when it was no longer possible to do so:

“I told (names of staff) I won’t go, I’ll be coming here.” (Gayan, line 337)

CHAPTER 5

DISCUSSION

This chapter discusses the research findings presented in the last chapter, organised under the three superordinate themes of ‘*The Value of Being with Others*’, ‘*The Value of Activities and the Setting*’, and ‘*Acceptability and Feasibility of the Intervention*’. The findings include how participants valued meeting and being with others at the gardening intervention, and how they served as each other’s protective factor, source of inspiration and resource. However, despite friendly interactions, they still had a remaining sense of suspicion towards each other. During the intervention, they experienced changing narratives about themselves, as they experienced themselves as a more capable and freer person. Afterwards, the chapter explores the setting of the gardening intervention, followed by a discussion about the effectiveness of the intervention. It then discusses the research’s implications for practice and its relevance to Counselling Psychology. Lastly, it explores the research’s limitations and makes future research recommendations. Finally, it draws conclusions from the research.

5.1 An Overview of the Key Findings

Qualitative accounts found that male SLTAS valued spending time with other group members and staff at the community-based garden intervention. They felt that the intervention had provided them with a precious opportunity to meet others from a similar cultural background who were also experiencing similar psychological difficulties; such close overlapping of cultural background and psychological struggles made it easier for participants to relate to one another, therefore they felt less alone in their struggles.

Participants had also commented on how they enjoyed completing tasks at the intervention collaboratively with other group members, and establishing friendship with them. They felt that these friendships were supportive and had helped them through crisis points. Besides valuing being with their peers, participants valued receiving support from staff at the intervention too. Participants commented positively about the activities that they had taken part in at the intervention. They reported an increase in psychological wellness when they engaged in activities mindfully.

Also, the wide range of new activities offered at the intervention had helped them to reconnect with forgotten aspects of themselves; subsequently they were more able to start viewing themselves through a more holistic lens rather than a ‘mental illness’ lens. Besides a wide variety, challenging activities were also given for participants to overcome. Activities that helped participants to contribute and to facilitate positive transformation of their surroundings were also provided, which, helped them to begin rebuilding a more positive self-image. Further, the setting that the above activities took place in was one that was perceived by participants as constructive, as it felt relaxing, beautiful and safe.

Although the intervention had benefited participants in various ways, as noted above, there were still limitations inherent within the intervention: First, participants still held a sense of defence-based guardedness towards others, which, affected how openly they could talk to others at the intervention. Second, participants found it hard to maintain gains from the intervention after it had ended. Third, participants perceived the duration of both the individual intervention sessions and the overall length of the intervention to be too brief.

5.1.1 Meeting and Being with Others at the Intervention

Many participants commented on how they felt alone prior to attending the community garden based trauma intervention, as they thought that they were the only ones struggling with their mental health difficulties. Feeling alone in one’s struggles might have led to them perceiving themselves as outcasts, failures or weak, which could be stigmatising. Not only did participants feel relief upon meeting others who are in the same boat as them, they also felt understood being amongst other participants who overlapping characteristics. Such characteristics included that others in the group also spoke Tamil, had the same residency status, shared similar post-migratory struggles in the UK. The shared similarities seemed to have facilitated friendly interpersonal connection, as they felt more able to be open in conversations.

Participants’ positive feelings of meeting and being with others whom they perceived as similar to them support findings in the literature – that being with similar others can help normalise guilty and shameful feelings that PTSD sufferers often experience (Wilson et al., 2006). A PTSD mental health diagnosis can indirectly suggest participants’ failings in upholding the culturally constructed idea of being a man (Chamberlin, 2012) that can be stigmatising and emasculating for male SLTAS.

Not only did participants report feeling positively relieved upon meeting others who were in similarly difficult circumstances, they also communicated an active sense of joy and happiness in taking part in activities with others at the intervention. This is especially when they had been lacking socialising opportunities after arriving in the UK. The participants expressed much enjoyment from the camaraderie with the other participants, as it reminded them of friendships back in Sri Lanka. The significance of social support found in this research has been echoed in other studies of refugees and asylum seekers, such as Bishop & Purcell's (2013) study of a UK based community gardening group for refugees, Linden & Grut's (2002) garden based intervention, and Gerber et al. (2017)'s study on Nepalese Bhutanese refugees.

Meeting others at the intervention not only provided participants with a socialising opportunity, but also an opportunity to integrate more meaningfully by finding their roles in a team through working towards projects, such as building a greenhouse. This finding is in alignment with existing literature which proposes the significance of social integration in improving asylum seekers' wellbeing. Asylum seekers can create a social role that they can identify with through engagement in activities and social relationships (Fair, Harris & Smith, 2018). Also, HT can provide the avenue to help individuals cultivate a sense of belonging, which can enhance their wellbeing (Diamant & Waterhouse, 2010).

Some also commented favourably about being able to joke with staff freely or to have the power to decide which activities they would like to engage in at the intervention on the day. This implicitly inferred equal relational power dynamics shared between participants and staff. The ability for staff at the intervention to perceive and relate to participants from a non-authoritarian position seemed well-received. Staff's ability to relate to participants as equals could even promote a sense of dignity, safety, and healing from the political oppression that participants had experienced in their home country, that had led to them to seeking asylum in the UK. These favourable outcomes are in alignment with the idea that mental health staff should be mindful of how their own practices can reinforce social inequalities in relation to their clients (Patel, 2003).

5.1.2 Others as Protective Factors, Sources of Inspiration and Resources

In addition to generally positive personal experiences of meeting and being with other group members at the intervention, some participants also divulged on how others in the group acted as protective factors for them. For example, others successfully deterred them from

committing suicide in moments of despair, or inspired them to rekindle hopes to keep on living. Similar experiences have been noted in previous literature, such as by Somasundaram (2007) who commented on community being a vital protective factor for those recovering from psychological difficulties from the Sri Lankan War.

Others in the group also became sources of inspiration for many participants by encouraging them to engage in activities outside of the intervention. A number of participants spoke about how spending time together with others at the intervention gave rise to topics such as what activities they could occupy themselves with now that they were in the UK. Participants took forward inspiration and ideas gained from these discussions, which helped them to propel forward in life and feel more hopeful about their future. For instance, one participant was inspired by another participant's idea that he could learn to drive. Therefore, he took driving lessons and passed the test; this was the stepping stone for him to start leading a more autonomous, active and engaged life.

Participants' ability to use each other as springboards to generate ideas for meaningful activities to do outside of the intervention instilled them with more hope for their future. This is especially important when the future often felt bleak to them, given the grave personal losses that many had experienced and the uncertain future they faced, especially given their indeterminate residency statuses. Participants' dimmed hopes for the future, and hence the importance to reawaken them can also be understood by the nature of trauma, neatly illustrated by Brison's (1999) quote below, with which the findings of this study resonate:

'Trauma undoes the self by breaking ongoing narrative, severing the connections amongst remembered past, lived present, and anticipated future.' (p. 41)

The above quote highlights how the participants' life stories might have been disrupted by trauma, making it difficult for them to reconnect with their internal life 'compass' to recall their vision of the future. Hence, by entering dialogues with other participants about future activities or projects that they could engage in, participants unknowingly invoke the process of mental reconstruction – of a more positive narrative about their future by focusing more on life's uplifting possibilities, rather negative associations from the war.

Not only did many participants perceived others in the group as protective factors and sources of inspiration for them, many also viewed staff at the intervention as an esteemed

resource to them. Many valued staff's teaching of PTSD management techniques.

5.1.3 Remaining Suspiciousness towards Others

Even though all participants had offered positive narrations about the social element of the intervention, some of them still harboured suspicions about other participants beneath the external friendly interactions. Participants revealed how the Sri Lankan War had introduced a strong sense of mistrust in them. Hence, despite budding friendships with other participants, they still felt unable to fully let their guard down; this is likely due to participants experiencing a strong sense of fragility and a need to self-protect, due to having been directly harmed by others (e.g. tortured) and still feeling that they were being prosecuted (e.g. by the Sri Lankan authorities). Consequently, some participants would behave in a more reserved relational manner; for instance, instead of taking the risk to be the first to open up, they would wait until the other had revealed more about himself.

Participants' reported guardedness towards others in the group is a response observed in previous studies. Giel (1998) proposed how very deep mistrust would be a likely outcome from human design disasters, such as torture, when compared to natural disasters, due to eroded fundamental beliefs of trust between people. More specifically, the Sri Lankan War had caused mistrust and suspicion in its people, and torn apart the safety in its social structure (Somasundaram, 2007).

Participants' remaining feelings of suspiciousness about the real identities and intent of other participants may have made it harder for them to open up, to more fully discuss their experiences of the war. On the one hand, participants felt able to talk about their post-migratory experiences, such as immigration status, housing circumstances, their PTSD symptoms and even their suicidality. On the other hand, there seemed to have been limited detailed discussions about certain aspects of their experiences of the war. For instance, it was unclear to what extent they had shared with other participants their political leanings, or the extent of involvement in the war.

Participants' remaining feeling of mistrust towards others and fear of being harmed again could shed light on the weak links in their budding social ties with other participants. This might account for why participants might not have been able to fully join forces with other participants, to collectively interpret and give meaning to the war. Hence, this study has not found clear data that points to the power of meaning-making of the Sri Lankan War as an aid

to cope with trauma, as suggested by Somasundaram (2007).

5.1.4 A Changing Narrative about Themselves – Self as Capable

After a major life-threatening traumatic event such as being tortured and persecuted during the Sri Lankan War, participants within this study spoke about starting to view themselves as being useless and helpless. Being tortured can be a particularly power-stripping experience for participants, as they were unable to either fend off the danger or flee from it. This was indeed the case for the participants in this study, as they communicated how, before such distressing war-related experiences, there was a feeling of self-belief within, believing that they can be of use to others and in the world.

However, after the war they were experiencing strong self-doubts about whether they were able to achieve much at all. Their self-doubts about their usefulness as people were not only the result of war trauma but also due to a serious lack of opportunities to engage in activities and to achieve things, after their arrival in the UK. Most days, participants reported sitting at home and doing nothing. Participants' inactivity was also partially due to their psychological difficulties, a lack of finance, and employment legal restrictions from being an asylum seeker.

Therefore, the intervention was a rare opportunity that provided participants with a range of activities to engage in. The challenging gardening tasks offered by staff, such as building a greenhouse and clearing a messy pond, gave participants precious opportunities to overcome what might have seemed difficult or impossible to complete at the start. Being able to work hard, persevere and not lose sight of the goals helped participants to re-experience themselves as people who are capable. This feeling of mastery was not only gained from the successes of being able to overcome difficult challenges, it has also been derived from feeling useful, that their work at the garden was beneficial to others. Such findings align with those of Hoffman et al. (2004), who found that HT can help improve clients' self-efficacy. These findings also align with Bandura's Social Cognitive theory of post-traumatic recovery (Bandura, 2001); Bandura argued that challenging tasks can help participants re-experience self-efficacy, by experiencing a feeling of power to produce their desired results.

The current research argues that the knowledge of having done a useful deed for another, could have given participants, who embrace more collectivist-oriented values, an even stronger felt sense of mastery. This is because relationships, interdependency and cooperation

are more highly emphasised in collectivist societies (Hofstede, 1980; Somasundaram & Sivayokan, 2013). This speaks to the immense value and relevance of offering a community-based therapy to asylum seekers and refugees from a collectivist society. It could also be speculated that the thought of being able to help others may have given participants a socially-oriented achievement motivation, as their achievement would not only benefit themselves but the whole group.

This idea of gaining a sense of mastery through the altruistic facilitation of positive growth of another was also apparent in how participants derived a sense of mastery through being the agents to nurture plants' growth. For example, they took great pride in caring for the plants' wellbeing by watering them diligently. Being able to witness plants flourish healthily under their care brought them feelings of fulfilment and mastery. Also, that the restoration of compassionate thoughts and emotions for another (in this case the plants), can be understood as a crucial part in participants' healing process, given these aspects of one's personality were likely to have been subdued in a hostile and aggressive war environment. Hence, HT is a particularly valuable intervention platform in which participants could let down their guard when they care for plants, and feel safe enough in that 'relationship' to allow their natural sense of compassion to arise. This contrasts to if they were to care for other humans, where their natural compassion may be interfered by trauma-induced suspicions.

Besides deriving mastery through being the active agents to plants' flourishing, at the intervention, participants were able to start re-writing their personal narratives and gradually reconnect to their masculine selves, by witnessing their own capabilities when they overcame difficult challenges, achieved goals, and were of use to others. As noted in Affleck et al.'s study (2018), many Sri Lankan refugee men ruminated negatively on a perceived feeling of failure due to an inability to fulfill their masculine social roles and culturally-bound responsibilities. They felt that they have failed in protecting their families and in providing for them. Therefore, even though the gardening intervention was unable to offer them a chance to fulfill their roles as a protector for their families, it offered an opportunity for them to carve out a more general role of being a provider for others in the group and the wider community. For instance, they each took ownership of specific roles in the task of cutting down a tree.

Having roles that are either carved out by themselves or were assigned by others carry profound meaning for participants. This is due to how much of their identities seemed to have been embedded in their social roles within their communities. For example, one participant

held multiple roles in his community when he was in Sri Lanka. He was a LTTE member, a husband, a son, and a friend to others. Since arriving in the UK, he has been uprooted from his familiar social environment, and, as a consequence, experienced multiple losses of roles, as well as his *raison d'être* in a foreign environment. Being a part of a team at the intervention gave him a new role, which gave him a meaningful purpose, at least for the duration of the intervention. Hence, having new found roles and purposes was valuable for participants to forge more positive narratives about themselves being capable beings.

Thus, by re-writing a forgotten sense of self efficacy by witnessing themselves overcome demanding challenges, be useful and providing to others at the intervention, some were able to translate such newly felt positivity about themselves into their personal lives. As a result they were more able to cultivate a more hopeful outlook when they think about their current struggles about their residency statuses in the UK. This also echoes the findings of Bandura (2001) and his Social Cognitive Theory. That is, discovering how at the foundation of human agency, there is a sense of personal belief in one's efficacy to exercise control over events that affect one's lives.

5.1.5 A Changing Narrative about Themselves – Self as a Free Agent

In addition to a feeling of self-efficacy being rekindled, participants also described a re-experiencing of freedom at the intervention. To the researcher's knowledge, when participants attended their assessment with Lewisham IPTT, all of them reported having been subjected to human rights violations, and having been prosecuted by the Sri Lankan Government during the Sri Lankan Civil War as they were imprisoned against their will and tortured. Participants' experiences during the war were likely to have left them with the feeling of having their freedom stripped away in feeling that their sense of freedom had been stripped away.

Since participants were imprisoned against their will during the war, with their physical movements severely restricted inside prisons, they seem to value the freedom to move around the site that the intervention provided. Further, during the war, not only had participants reported having been imprisoned, they reported having had their freedom taken away due to speech restrictions. An example of this is when a participant explained that whilst being imprisoned, he was prohibited from speaking to others by prison guards. Hence, the participant found joyful freedom in being able to speak to anyone he would like to at the intervention,

without any interference. It is presumed that outside of the intervention, in their daily lives in the UK, participants would also be having freedom of movement and speech. Though perhaps various limitations of their UK life (e.g. financial constraints, limited employment due to their immigration statuses) could diminish their freedoms, and the intervention temporarily lifted them out of these limitations.

Besides having had their physical movement and speech restricted during the war, participants also alluded to their personal ideologies and beliefs attacked by a perceived more powerful force. For example, from the participants' assessment with Lewisham IPTT, the researcher understands that several participants had direct involvement with LTTE as freedom fighters. They joined the LTTE to fight for a separate Tamil state for the Tamil people, as they felt marginalised being the minorities in a country with a politically more powerful Sinhalese majority. To these participants, they likely experienced their cultural identities and practices neglected and overridden by the Sinhalese. Whilst being at the garden, instead of reliving the above oppressive experience, they felt that power was handed back to them when staff were listening to, and respecting their preferences and opinions. For example, a participant explained how he and his fellow group members were given the freedom to say "no" to the week's proposed activities at the garden, and to suggest alternative activities which they preferred instead.

The experiences of being able to express oneself without retribution, being respectfully listened to and having their opinions honored by staff (who, one could argue, were in a position of greater power compared to the participants, as they were the ones leading the weekly intervention sessions) provided participants with new experiences about themselves. Since they were given opportunities to re-experience themselves as free agents to freely let their voices be known to others, they were likely to have reclaimed some personal power in the process (Bandura, 1997).

5.1.6 The Setting of the Intervention – Nature as Peaceful Refuge

Besides experiencing themselves once again as free agents, participants too, reported feeling relaxed and calm at Sydenham Gardens – the intervention's setting. They commented that the quiet, noise-free, peaceful atmosphere of the setting helped them to feel safe. Also, they remarked on the rejuvenating properties and enjoyment of being surrounded by nature and its greenery, in elements such as – the breeze, the act of sitting underneath a tree, or eating an

apple from a tree – helped a few participants to feel positively different. Other elements in nature, such as flowers and plants, also often evoked a sense of beauty within participants.

The beneficial effects, that participants had spoken about, from being in a natural environment lend mixed support to the three theoretical frameworks of – Attentional Restoration Theory (ART) (Kaplan & Kaplan, 1989; Kaplan, 1995); Stress Recovery Theory (SRT) (Ulrich, 1983); and Rose’s Psychoanalytically Based Theory (2012) (Refer to Chapter 2). To briefly recap, ART is a psycho-evolutionary theory which explains how HT could alleviate traumatic stress due to the benefits of the restorative natural environment on an individual’s cognitive functions by changing their attentional processing (Kaplan & Kaplan, 1989; Kaplan, 1995). SRT is another dominant psycho-evolutionary framework in literature, but it argues against ART’s claim that mental restoration could only take place in the presence of conscious awareness of nature’s elements (Ulrich, 1983). Psychoanalytically based theory (Rose, 2012), instead of drawing on biological and evolutionary concepts, draws more on psychoanalytic thinking to further understand the therapeutic effects of being in therapeutic landscapes.

It can be hypothesised that the garden comprised of the four proposed components by the ART theory that qualified it to be a *restorative environment* (Kaplan & Kaplan, 1989; Kaplan, 1995). First, it offered ‘*soft fascinations*’ that would have required more spontaneous mental attention, for instance trees, flowers or plants for participants to look at non-forcefully. Second, the garden provided the chance for the participants to be physically and psychologically removed from their usual daily life. Third, it offered a richly engaging environment to successfully capture participants’ mental attention. Lastly, it was a compatible enough environment that was fitting with participants’ purpose, such as how it offered a space for them to meet and socialise with others, which they found meaningful as it satisfied well their social needs.

Also, from the participants’ accounts, it can be hypothesised that they have been affected by a mental overstrain due to the prolonged use of direct attention. For example, intense mental focus on any news about their migration status or the safety of family and friends back in Sri Lanka. The aforementioned mental overstrains could have led to feelings of mental depletion and fatigue (Thorsteinsson, Brown & Owens, 2019). Therefore, placing these mentally overstrained participants in a *restorative environment*, such as in Sydenham Gardens, may have benefited them; in this restorative garden, the participants’ second type of attention

– *spontaneous attention* – may have been activated, which, then would have competed with its counterpart – *direct attention* – and inhibited, or reduced, its use, which in turn may result in a less overstrained and more restored mental attention is achieved.

While some findings from this research partially lend support to ART (Kaplan & Kaplan, 1989; Kaplan, 1995), other findings differed from the theory. ART proposed that the submergence of individuals in a *restorative environment* would lead to the resolution of their stress and trauma symptoms. However, as it will be expanded on in the next section 5.1.7, despite having been immersed in a *restorative environment*, participants' trauma symptoms reportedly remained, with reports of a re-experiencing of trauma symptoms in the gap between intervention sessions and post-intervention.

The above findings from this research therefore suggests that the submergence of individuals in a restorative environment alone does not necessary lead to the resolution of their stress and trauma symptoms. Although individuals clearly experienced a reduction and even a temporary resolution of stress and trauma symptoms when in a restorable environment like the setting's intervention, being in such an environment alone is not a sufficient in fully resolving their psychological difficulties. For that, this research points to how a restorative environment is undoubtedly one condition that can support the reduction of trauma related symptom, still, it is not a sufficient condition in and of itself, and that other conditions also need to be present.

The second theoretical framework – SRT theoretical framework (Ulrich, 1983) challenges the ART theory, as it suggests that it is possible for mental attention restoration to take place not just consciously but unconsciously, by visual stimuli in the environment. There is not enough data generated in the current research to offer support or contradiction to its claim. Also, even if enough data was generated, it would prove difficult for a qualitative piece of research to provide robust enough empirical evidence to support or contradict psychological constructs that are unconscious. A quantitative experimental-based research would likely be more suited to throw more light on this specific claim in SRT.

Nonetheless, another aspect of SRT's claim is that individuals are more able to find restoration in nature, as humans are more suited to it than to man-made settings. This research supports this aspect of its claim, given participant reports of finding more peace and relaxation at the garden when surrounded by greenery, compared with other more obviously man-made urban city environments such as in London. SRT also argues that once a participant's attention

is triggered, it would result in multi-modal knock-on effects on conscious processing and physiological responding. This research adds to this theory by providing useful qualitative data on how participant experience the conscious processing and physiological responding:

For example with conscious processing, one participant commented on the positive interaction between the external natural environment and their internal environment – that how by cleaning a messy pond, it has helped his mind to also feel cleaner and be put back into more order. Moving onto physiological responding, participants have suggested how nature’s quiet facilitated tranquility for them; for example, they noted how sitting under a tree felt calming and freeing, and that nature’s quietude made them feel safe.

Further, current research findings mirror Rose’s (2012) Psychoanalytically Based Theory – the third theoretical framework, which postulated how therapeutic nature landscapes, similar to a baby’s caregiver, can effectively ‘mirror’ a full range of an individual’s emotions to better help him further make sense of self and others’ emotions; that the viewer is not viewing the objective physical scenes of nature but their own internal emotional worlds. For instance, using the same participant example as mentioned in the above, how he likened a messy pond to his mind, and the act of cleaning and putting it in better order led to a more pleasant state of mind.

Current research also contributes to the theory by suggesting not only that an individual’s perception of elements in the therapeutic landscape is largely influenced by idiosyncratic representations already formed in their mind prior to their encounter of the therapeutic landscape, but their perception is also influenced by representations that are actively being formed in their mind during their encounter of the therapeutic landscape. For example, a participant’s positive experiences of camping in nature with friends in his life before moving to the UK might have contributed to forming positive representations of a certain therapeutic landscape. However, his positive experiences of the gardening intervention’s setting – such as, the peace and freedom he felt when sitting under a tree, or the beauty he found when looking at the garden’s greenery, could have equally contributed to forming positive representations of the garden’s setting.

5.1.7 The Effectiveness of the Intervention

Despite unequivocally commenting on the intervention's usefulness when they were there, most participants expressed disappointment with the brevity of each intervention session, and the duration of the intervention itself. Some even explained that they will go to the site of the intervention earlier before their session, just to sit there, or to find some gardening tasks that they can help out with. Some participants also noticed how they would feel better whilst they were at the intervention, with their trauma symptoms abated. However, they would start to re-experience their difficulties in the time gap between sessions, as well as after treatment had ended. Therefore, it seems that for the majority of participants, although the intervention was effective and helpful to their psychological difficulties whilst they were actively engaging with it, its effectiveness appeared short-lived, as this ceased once the participants disengaged from it. The partially effective findings from the current research does not agree with Sempik et al. (2003) and Annerstedt & Währborg (2011)'s reviews, which supported HT's effectiveness. However, these studies reviewed research which had methodological weaknesses, hence, their scientific rigor and the reviews' overall conclusion might be questionable.

Also, prior to leaving the intervention, some participants recalled feeling very anxious as they worried about their mental health returning to the low point when they began the intervention. At the time of their interview, some participants commented on struggling still with trauma symptoms, feeling frustrated about the lack of support for their struggles. Though, their on-going difficulties could also be understood in the context of a very uncertain future ahead of them – they were still unsure of their asylum applications' outcome, and if they will face deportation and possible persecution back in Sri Lanka if they were deported. Therefore, it is understandable if the resolution of their trauma symptoms is made more difficult, as they continue to face perceived actual threat to their lives.

5.2 Implications for Practice and their Relevance to Counselling Psychology

Having discussed the research's findings, this section proceeds to explore the findings' implications for practice, and its relevance to the Counselling Psychology profession.

This research's findings suggest that a more psychosocial treatment approach, such as

a community-based intervention, can be of value for multiple reasons: First, in a community-based intervention, participants have the opportunity to meet similar others, which can help them to feel more understood; second, in the context of trauma work, being able to meet others who are also going through similar psychological struggles can help normalise feelings of guilt and shame; third, other participants at a community intervention can be useful resources, by being protective factors, sources of inspiration and highlighting ideas for each other. Therefore, in my work as a Counselling Psychologist, it is important to challenge the assumption shared by many colleagues in the mental health field, that individual treatment is often 'better' than community or group based treatment.

In the current research, the use of a community-based intervention has been shown to be culturally empowering. By being with similar others, male SLTAS found a sense of heart-warming camaraderie that reminded them of life back in Sri Lanka, since having a sense of belonging to a community, and being able to forge close-knit bonds, are a particularly valued way of life, especially for those who come from more collectivist societies. This might be an area that is over-looked in Western-trained Counselling Psychologists, thus there is a need to mindfully incorporate this knowledge into their work. For example, at the assessment phase, Counselling Psychologists can emphasise more on enquiring about clients' social contacts to understand the meaning of these relationships. Subsequently, during the treatment phase, Counselling Psychologists can support clients to better keep in touch with their existing social contacts or build new contacts.

However, often in the work with asylum seekers and refugees, barriers can arise when Counselling Psychologists encourage clients to better keep in contact with their family and friends who are back in their home countries. Reasons include being some asylum seekers and refugees are still being politically persecuted in their countries of origin, hence, reaching out to their families and friends might consequentially put them in danger. This points to the need for Counselling Psychologists to be as politically informed as possible about clients' backgrounds, as well as to maintain a sense of humility and collaboration when working with clients, as it could prevent them from making assumptions about what would be good for their clients and from suggesting treatment that might be unhelpful and even detrimental.

Given the aforementioned constraints of reconnecting with participants' families and friends back in their home countries, Counselling Psychologists may need to think of alternative ways for clients to reconstruct their social networks in the UK, such as actively

supporting clients to connect with community groups or religious organisations. The important caveat here is for Counselling Psychologists to be mindful that, since asylum seekers are a non-homogeneous group, not all of them might welcome the idea of connecting with similar others, for reasons such as connecting feels too painful as it may raise reminders of prior personal losses or mistrust.

Still, that said, there is a need for more innovative ideas to be generated that can help asylum seekers to not only meet their social needs but occupational ones. Specifically, in the case of male SLTAS, it is important to create occupations where they can experience themselves protecting or providing for others, or more generally just being of good use to others. This is as they might have been extracted from their cultural and gender related roles back in Sri Lanka, and struggle to find themselves back into these roles in the UK. Thus, creative ideas, such as the 'Good gym' (Good Gym, 2019), which combines exercising with community work, could be an interesting protocol for further initiatives to be generated for asylum seekers, such as male SLTAS, assisting with tasks like gardening or housework within the Tamil community. This could not only help them to gradually build up their social structure, but also to fulfil the part of them that takes joy in being able to provide and help others.

Further, although the findings of the current research point to a remaining sense of mistrust between participants due to their traumas, there seems to be a unique role in community-based treatment for those affected by trauma, given how the reinstilling of trust for others is a central tenet in treatment when trauma shatters one's sense of safety. This includes the safety that one experiences in relationships. Indeed, Counselling Psychology as a profession often emphasises the aspect of clients being relational beings, and that their wellbeing is intricately tied to the quality of their relationships (Mearns & Cooper, 2005). Given this, it will be beneficial for the profession to incorporate more the use of a community in the design of trauma treatment, either as a stand-alone treatment or a treatment which clients could progress onto once a piece of individual based work such as CBT or EMDR has been completed.

Also, the findings of this research suggest it is likely to be a long road for clients to rebuild trust shattered by trauma. Therefore, it is recommended that Counselling Psychologists attempt to acquire funding that could provide longer term community-based trauma interventions. Though, in the current context of financial constraints faced by the NHS in the UK, this might pose a challenge; perhaps less expert-intensive community-based trauma interventions, such as ones that are run by peer-supporters or even participants themselves

could be alternatives. Besides longer-term interventions, even more active trust building exercises could be deliberately weaved into the interventions to set more grounds for participants to re-experience positive reasons and meaning to open up to trust each other more again.

Following on from the above, the participants' psychological wellbeing is directly affected by factors such as a lack of social support after moving to the UK, and prolonged uncertainty with their immigration statuses. This conceptualisation offers a more holistic understanding of how psychological difficulties are often not merely situated within the individual. Therefore, it is vital to consider the wider context of clients' distresses. This is especially so when working with asylum seekers and refugees, as their wellbeing is often intricately tied in with a complex web of political, economic and social factors.

Therefore, it is imperative for Counselling Psychologists to employ a systemic approach to consider rightful factors that are contributing to asylum seeker and refugee clients' distress, by taking time to carefully understand their psychological ecologies. The use of multidisciplinary teams (MDTs) (Health Foundation, 2023) – a group of professionals from multiple disciplines (including health and social care disciplines) that are relevant to a client's needs, can be an especially valuable way to work with asylum seekers and refugees. This is because it brings together a relevant team of professionals to discuss and design a holistic treatment plan for a client. Counselling Psychologists can take the lead to bring together professionals whom they deem relevant to a client's needs, to ensure the successful implementation of this treatment plan, and its regular review.

Further, it seems important for Counselling Psychologists to readily check in with how they feel themselves when working with this clientele, as feelings of being stuck and helplessness might arise from external constraints. These despairing feelings, if not brought to the conscious mind, can hinder Counselling Psychologists' abilities to fully engage in the work. Hence, to help Counselling Psychologists to stay acutely aware of the impact of working with this clientele, the use of self-reflection, personal therapy and supervision are useful professional processes to engage in.

Furthermore, this study's findings suggest that there are specific therapeutic benefits associated with employing a horticultural approach in the treatment of trauma for asylum seekers. HT comprises a value occupational element, when applied in a culturally sensitive

way it can greatly enhance wellbeing for this clientele. Its nature element also possesses unrivalled benefits. The intervention's highly appreciated and rejuvenating aspects include the garden's peaceful atmosphere and beautiful greenery, which, helped clients feel safe. Considering how asylum seekers can often still feel physically unsafe when they are in limbo waiting for the outcome of their applications, helping them discover a physical environment that can temporarily provide them with a feeling of safety appears important. For that, Counselling Psychologists can contemplate how this therapeutic concept can be transferred over to be used for other clienteles who are in a similar predicament. Examples of this include women or men who experienced domestic violence, and are in temporarily accommodations, waiting to be rehoused.

Findings from this research also raised questions for Counselling Psychologists to examine what our roles are, and what therapy is. Due to the profession's humanistic ethos, Counselling Psychologists heavily emphasise collaborative working with clients, without a 'top-down' expert-to-clients dynamic. This is often in contrast to the hierarchical approach colleagues in more medically-orientated professions. However, the upholding of such values is often compromised when Counselling Psychologists need to operate from more trauma protocol-based treatment such as CBT or EMDR; since a more deliberate therapist behaviour of directing treatment in a structured way can place them in an expert position.

Therefore, it invites the question of whether the Counselling Psychology profession is open and ready for a therapeutic paradigm shift, to welcome another agent to become our 'co-therapist'. Counselling Psychologists can be professionals who deliver therapy but also do therapy alongside our clients, allowing nature to take the role of his/her 'co-therapist'. The relinquishment of professional powers would also require a re-examination of what our key therapeutic conditions are in facilitating positive change in clients. Historically, such therapeutic conditions have been seen as human-related constructs. For instance, for the therapist to offer qualities of empathy, unconditional positive regard and congruence to clients (Rogers, 1957). However, whilst some therapeutic conditions could be human-related constructs, others could be nature-related ones that are equally valuable for clients.

5.3 Research Limitations and Future Research Recommendations

Having explored the research findings' implications for practice and their relevant to Counselling Psychology, this section examines the research's limitations, and recommends for

future research:

The current research only examined male, not female, SLTAS' experiences of a community garden based trauma intervention, as it can be argued that they are a particularly vulnerable client group (refer to 'Chapter 2'). Nevertheless, the exclusion of females might have omitted a fuller picture of SLTAS' experiences of the intervention. Thus, it might be worthwhile for future research to also examine female SLTAS in a female-only community garden based trauma intervention, or, both male and female SLTAS in a mixed-group community garden based trauma intervention. Since this would help to further understand the nuances in the experiences of a community garden based trauma intervention for SLTAS in different gender settings.

The current research also only recruited participants who have completed the gardening intervention to ensure that they have had sufficient personal experiences of the intervention to comment on it. Still, future research can benefit from looking into the experiences of those who had dropped out of the intervention to examine potential reasons for this and to explore why the intervention did not meet their needs; this line of enquiry can be useful too in acquiring even more knowledge about this subject area.

Plus, the current research has recruited participants who have been preliminarily pre-selected by the 'Gatekeeper' of the study, only according to the research's inclusion and exclusion criteria, but also according to how open and willing she perceived that they would be to share their experiences of the intervention. In future research, it can be worthwhile to either conduct a 'mini-interview' with the 'Gatekeeper', or to request that they keep a diary to gain more information on the reasons that would lead them to consider certain participants as more suitable for the research study over other potential candidates.

Another potential limitation of the current research relates to the unclear motivation behind why participants took part in the research, which, might have influenced the degree of openness with which they had approached the research interviews, and introduced reactivity bias. For instance, some participants might have felt grateful and indebted to the support they had received from Lewisham IPTT, which, could have shaped some of their interview content. For example, they could have mentioned about how supportive the intervention's staff were, due to gratitude felt for the intervention. They could also have mentioned about it, or even, have volunteered to take part in the research due to an on-going need for supporting documents

from Lewisham IPTT for their asylum seeking applications, as they might wish to remain positively affiliated with the service. Whilst there might be an element of bias present in their interview content, it is unlikely that the participants departed far from their 'truth' in their answers. This is given how openly they felt able to speak about the intervention's temporary effectiveness, and frustrations regarding the lack of further support for them.

Also, it is not part of the aim of this study to generate transferrable data, as its aim is to tap into idiosyncratic experiences of its participants. Nonetheless, future research can further enrich this subject area to employ larger or non-homogenous samples, to investigate the efficacy of a community garden based trauma intervention. Since most studies currently in the literature on the efficacy of HT are cross-sectional in nature, it can be useful for more longitudinal studies to be conducted. For example, research could be done examining the efficacy of a community garden-based trauma intervention across the span of two to five years, to understand the possible length of its therapeutic effects on clients. Besides studying the intervention's overall durability, research could further investigate into which aspects of the intervention were more or less durable (e.g. new friendships, new attitude towards oneself, sleep improvement).

Further, whilst the use of an interpreter was necessary in this research especially for participants who did not have a strong command of English, still, using an interpreter presented certain limitations: firstly, although the interpreter who was chosen to interpret was well qualified and experienced, still, the accuracy of the interview data to some degree may have been slightly compromised due to an element of subjectivity in the interpreter's interpretations. Secondly, even though all participants had opted for using the above interpreter whom they already knew instead of a new interpreter, it was surprisingly revealed by Participant 4, during his interview, when the interpreter did not turn up, that he had a degree of reservation about the interpreter due to difficulties in trusting others after the war. Also, that he felt more able to speak more freely without the presence of the interpreter.

Taking into account the aforementioned two limitations concerning the use of an interpreter, future research could consider the use of more than one interpreter to 'cross-check' interpretations to produce interpretations that can be as close as possible to participants' own words. Also, given how trauma related trust issues might prohibit some participants from expressing themselves more openly at interviews, it might be worthwhile for future research to first arrange to meet participants more informally to assess and discuss collaboratively how

able and willing they are to conduct their interviews just in English before agreeing on whether an interpreter needs to be used. The two above noted possible adjustments can hopefully further manage limitations that can come with the use of an interpreter, to mitigate issues of clients feeling voiceless again, and in this case due to a language barrier.

Additionally, as mentioned in section 5.1.6 that despite having been immersed in a restorative environment, participants' trauma symptoms remained, since they reported a re-experiencing of trauma symptoms in the gap between intervention sessions and post-intervention. The different findings generate a multitude of questions that would be helpful for future research to address, such as, whether certain pre-intervention conditions need to be in place for trauma affected individuals to fully benefit from restorative environments (e.g. that they already have a secure residency status so a fundamental feeling of physical and psychological safety), whether the severity and/or duration of their trauma might have a bearing on restorative environments' effectiveness on recovery, or if trauma affected individuals would require to receive a certain minimum 'dose' of restorative environment perhaps dependent on the severity of their trauma. For instance, that participants would need to attend thrice a week instead of only once a week.

5.4 Final Conclusions

After discussing about the research's findings, their practice implications, their relevance to Counselling Psychology, and the research's limitations and future research recommendations, this section draws final conclusions from the research.

To sum, the current research found that the research participants valued meeting and being with others at the gardening intervention. They also served as each other's protective factor, sources of inspiration and resources. Still, despite them sharing friendly interactions, they remained suspicious of each other. The participants also experienced themselves as more capable and free whilst they were at the intervention due to changing narratives they weaved about themselves. Further, participants found the nature based garden setting to be safe and rejuvenating. Even though the overall experience for participants was a very positive one, the intervention's effectiveness was limited for the majority; their psychological distresses temporarily abated when they were actively engaging with intervention but were re-experienced once they disengaged from it – in between sessions and after the intervention ended.

The findings of this research suggest that a more psychosocial treatment approach such as a community-based intervention can be of value for reasons that include: having the opportunity to meet others who are experiencing similar psychological struggles help to normalise shame and guilt – common emotional features in those with trauma, meeting others who share a similar cultural background fosters a sense of belonging, and having other participants being useful resources for them by being their protective factors, sources of inspiration and ideas.

This research informs the field of Counselling Psychology in many ways. It invites Counselling Psychologists to challenge the often-held assumption that individual psychological treatment is superior to community – or group-based treatment. The research also invites Counselling Psychologists to consider the use of a community-based intervention as not only being culturally empowering, but clinically relevant in trauma treatment, by helping participants to rebuild a shattered sense of safety. Additionally, it acknowledges Counselling Psychologist's role in working to acquire funding for longer term community-based trauma interventions as helping this research study's clientele to rebuild broken trust by trauma is likely a long road. This research, too, urges Counselling Psychologists to conceptualise clients' distresses more holistically by being better informed about their clients' political backgrounds, and to better understanding the complex web of contributing factors to their distresses. The research also encourages considered examination on the roles of a Counselling Psychologist and of therapy.

Moving on, refinement to the current research include using more than one interpreter, for the researcher to meet participants informally first before deciding on the use of an interpreter. Future research directions include investigating whether certain pre-intervention conditions need to be in place for trauma affected individuals to fully benefit from restorative environments, whether the severity and/or duration of their trauma might have a bearing on restorative environments' effectiveness on recovery, or if trauma affected individuals would require receiving a certain minimum 'dose' of restorative environment perhaps dependent on the severity of their trauma.

CHAPTER 6

CRITICAL APPRAISAL

This final chapter further outlines the development of my personal interest on the research topic. It also reflects on the research process's influences on my professional development and on my personal growth.

6.1 The Development of My Personal Interest on the Research Topic

As mentioned in section 3.9, there are two main personal reasons that have fueled my interest in this study – interests in researching useful PTSD psychological treatments for refugees and asylum seekers who are suffering from war related trauma, and interests in the therapeutic effects of nature.

As noted, my interests in examining useful PTSD psychological treatments for refugees and asylum seekers partially originate from my own personal experiences of moving countries as a BAME individual since a child. First-hand personal experiences of upheavals – some voluntary, and some due to circumstances at the time, have naturally deepened my ability to empathise with the plight of refugees and asylum seekers, as they have to navigate the many unknowns to resettle into a new country and lifestyle as a foreigner. Whilst doing so, having too to navigate the many internal forever changing emotional landscapes such as the processing of losses, fears and doubts. The empathy and sympathy which I have for this group, stemming from being able to personally relate to their plight of resettlement, fueled my personal interest on this research topic.

Further, having made friends in my formative years who were from both war and post-war zones, remembering stories they had shared with me about some of their war related traumas, made this topic of war trauma even more personal to me. Previous travels as a teenager visiting friends in war afflicted cities/countries, such as in Mostar in Bosnia and Herzegovina, seeing holes that were left behind from rains of bullets on walls of buildings, are scenes hard to erase from memory. Such scenes have bored their marks onto my psyche, leading to a strong interest in working with traumatised war affected asylum seekers. Recent years' sociopolitical oppression, turmoil and deterioration in my place of origin – Hong Kong, further fueled my

passion in wanting to make a contribution in the field of trauma due to wars and political conflicts.

Besides my interests in refugees and asylum seekers, and in making a positive contribution to the field of war/political conflict induced psychological traumas, my interest in the therapeutic effects of nature is also another personal reason that has fueled my interest in this study. Expanding on what I had mentioned in section 3.9, whilst going through personal struggles, time spent in nature has felt therapeutic for me in the past. For example, doing weeding in the garden had helped to re-instill feelings of tidiness, personal control and satisfaction – all welcomed feeling states to access at a time when my personal life went through a period of sudden and tumultuousness change.

I have also always had an affinity with the sea, especially having spent some formative years growing up next to it. Therefore, my personal knowledge of how the sea and its activities such as swimming and scuba-diving had facilitated my emotional journeys and recoveries adds yet another layer of interest to this research topic.

6.2 The Research Process's Influences on My Professional Development

Conducting this research has enabled me to develop a multitude of both hard and soft skills, as well as to refine the ways in which I will work professionally.

Hard skills which I have developed include reading, writing and data analysis skills. Reading research journals and analysing their content critically are skills that will be beneficial to me professionally in coming years. This is as I continue to regularly keep up to date with scientific developments in the Counselling Psychology and broader applied Psychology fields to inform my clinical practise. Cycles of writing and re-writing this thesis had also harnessed my writing skills, lending themselves to better reports and letters writing to clients, their referrers and other professionals involved in their care. The analytical and observational skills that were enhanced in data analyses in the research are valuable skills to have in the work of a Counselling Psychologist, where I will be analysing and working with complex psychological data from clients.

Soft skills acquired through the research process also include project management, people, and communication skills. In the current research, I have had to develop abilities to manage the research timeline, submit proposals and applications on time, and coordinate with

different parties involved (supervisors, participants, the ‘Gatekeeper’ or staff at Sydenham Gardens). As the work of a Counselling Psychologist might involve further academic research or in-service development research, being able to manage the many parts of a project efficiently and effectively are valuable skills to have.

Another soft skill which became further developed were my people skills, especially the skills to navigate complex interpersonal dynamics and politics. Having been in the workforce for many years, I am no stranger to witnessing and traversing forever changing and complex relational dynamics. However, in retrospect, I reflected on how I embarked on my doctorate, especially its research component with too much naivety and trust in others, and not enough insights and caution about the inherent hierarchical nature and power structures in academia. This naïve and overly trusting approach had set me up for plenty of disappointment and disillusionment, which included an eventual decision to request for a change of supervisory team for a new start.

Although I would rather be able to omit this challenging part of my doctorate, I am very grateful for the learning it has provided me with to take forward into my next professional chapter. Namely, I have learnt that whilst there are benefits to continue nurture the belief that other professionals are helpful, responsible and can be trusted. Nevertheless, people and systems are often imperfect as they are frequently motivated by self-gains and self-preservation. Hence, there is also the need for me to be more prepared for difficult situations that can arise by holding more realistic views of other professionals and the work environment that I operate in.

Moving on from people skills, I also furthered my communication skills (another soft skill) in the research process. Communicating with various parties required different communication styles, matching the specific audience, context, agenda, mood and time. For instance, the clear-cut and direct written communication about the research to participants was starkly different to the more nuanced and subtle verbal communication at their research interviews. Being able to vary my professional communication styles to better suit an audience and a situation will make more productive and efficient in my professional life.

Besides having enhanced the hard and soft skills I commented on above, the research process has too refined the ways in which I will work professionally: In line with Counselling Psychology’s ethos of de-pathologising mental health difficulties by veering away from

employing a medical model to view human distress, this research has reminded me again the value of adopting a more culturally sensitive, less Western-ethnocentric psychosocial lens to understand and treat PTSD. For example, with the use of the healing nature of a community based intervention for certain client groups rather than a one-on-one intervention.

Although I have not commenced work as a Counselling Psychologist, due to this research, I have already started to make beneficial adjustments in my trauma work as a psychotherapist; I now consider much more thoroughly clients' cultural, social, historical and political contexts in their case formulations as well as in their treatment designs. For example, I supported a client in further processing their trauma by posing a well researched and culturally relevant question in a "cognitive interweave" (Shapiro, 2002) – a therapeutic technique used in EMDR (Eye Movement Desensitisation and Reprocessing) trauma work.

6.3 The Research Process's Influences on My Personal Growth

The research process has facilitated my personal growth, having taught me lessons on life's changing seasons, the art of perseverance, assuming responsibility and gratitude:

Witnessing the start to the finish of my research – from the patient wait for ethical approval, to the careful preparation phase, to the more active interviewing phase, to the more contemplative analysing and writing up phases; I realise the many changing 'seasons' of a research project. This led me to contemplating more widely on how my personal life also mirrors this model of changing seasons – bursts of goal-oriented activities and intense engagements with personal interests, which are then followed by a slowing down period for reflection of the above and recuperation.

Modern day living with its heavy dose of capitalistic influence, inherently carries the warped and often unexamined concept that periods of busy production – of 'doing' – inherently carries more value than periods of slower existence – of merely 'being', when there might be little to no tangible production. For that, witnessing the significance of the different research seasons acted as a useful reminder in my personal life to consciously give equal room for myself to just 'be', rather than to be swept up in the social pressures of achieving the next life goal.

Besides having learnt to give myself more permission to slow down the tempo of my life, the research process has also trained me in cultivating perseverance. There were multiple times throughout the research process when the wind blew against my sail, nearly capsizing me and my enthusiasm for the research. Still, in those moments, I learnt to reconnect with the

reasons to keep going. I remember having had to dig deep and create meaningful personal narratives of why I will carry on despite the challenges – big and small. The process of repeatedly touching base with myself, generating powerful enough reasons to overcome difficulties was empowering and confidence boosting. It is indeed going to be a very useful life skill to have learnt ways to be my own staunch cheerleader in a life that will continue to be full of trials and tribulations.

One of the most significant challenges that I was met with during the research process, as I have mentioned above, was difficulties I had experienced with my first supervisory team. Looking back, I reflected on how I have matured from the challenge, was able to let go of feelings of disappointment and betrayal by choosing to take responsibility by seeing my part in it and learning from it. I reflected on how I cannot make others take responsibility for their part but I can take responsibility for mine. Again, this skill developed feels empowering to me, as it helps me to develop more graceful peace to navigate similar situations in the future.

Last but not least, the research process has taught me the art of gratitude, especially the gratitude towards supportive others in my life, and the gratitude for living a very privileged life. Linking back to the theme of overcoming challenges in my research, I am incredibly indebted to family and friends for their unwavering support of my research venture – in spirit and in practice. Receiving a handmade box of uplifting motivational quotes at a particularly low moment, and being cooked for by close friends in the lead up to my thesis deadline were particularly fondly memorable.

Not only am I thankful for the warm supportive circle around me, I am also grateful for the privileged life which I live, that enables me to pursue my studies, expand on my knowledge field and skillsets, and build on my helping career. This gratitude is particularly deeply felt at the time of writing, with news around the world of worsening discrimination against Iranian women under the new political regime (United Nations Human Rights, 2021), and civilians' daily lives continually being affected by the on-going Russia-Ukraine war (Yang, M., 2022).

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Appendices

Appendix 1 Letter of Advertisement



South London and Maudsley



NHS Foundation Trust

Integrated Psychological Therapies Team - Lewisham

The Ladywell Unit, 4th floor
University Hospital Lewisham
Lewisham High Street
London SE13 6LW

Telephone: 020 3228 0267

Fax: 020 3228 6057

SLAM Switchboard: 020 3228 6000

Email: Info.IPTTLewisham@slam.nhs.uk

RESEARCH PROJECT

Dear (Name of Prospective Participant),

Greetings to you from our team; I hope you are well.

I am writing to ask if you would be able to take part in research about the Sydenham Garden project which you attended.

We are currently supporting a researcher called Serenia Yip to do some interviews with Sri Lankan Tamils who have attended the Sydenham Gardens Project which you have attended. The research is part of Serenia's studies.

If you agree, you would be invited to come to Sydenham Garden (De Frene Road) or the Ladywell Unit to talk to Serenia for about 1 ½ hours at a time agreed with you. Anything you say would be anonymous and confidential.

Please e-mail me at the address below or call 020 3228 0267 to let me know if you would like to participate or not.

Thank you.

Hiu Lam (Serenia) Yip
Doctoral Research in Counselling Psychology

Yours sincerely

Catherine Matheson
Senior Psychotherapist

e-mail: [redacted]

Appendix 2 **Participant Information Sheet (English)**



Participant Information Sheet

Title of study: Sri Lankan Tamil asylum seekers' experiences of a community garden based trauma intervention: An interpretative Phenomenological Analysis

We would like to invite you to take part in a research study. Before you decide whether you would like to take part it is important that you understand why the research is being done and what it would involve for you. Please take time to read the following information carefully and ask us if there is anything that is not clear or if you would like more information.

What is the purpose of the study?

The Principal Researcher is very interested in understanding how you feel coming to the gardening programme at Sydenham Gardens because at the moment, therapists and researchers have do not know a lot about gardening's usefulness in helping people with trauma.

This study will last for around one year from April 2017, and is run by Principal Researcher, Serenia Yip [e-mail address redacted], 3rd year student training as a Counselling Psychologist at the University of Wolverhampton. The study will be supervised by two supervisors from the University of Wolverhampton – Dr Lamprini Mangiorou [e-mail address redacted], & Dr Darren Chadwick [e-mail address redacted].

Why have I been invited?

You have been invited because you are over 18 year-old, and have been coming to the gardening programme at Sydenham Gardens to help with your trauma. Besides yourself, another five people who have also been coming to this gardening programme will be invited also to take part in this study.

Do I have to take part?

You do not have to take part in the study if you do not want to, and you will only take part in it if you want to. If you decided to take part in it, you will be asked to sign a consent form. Also, you can say 'no' to answering some interview questions at your interview in this study, and you can also leave the study at any point if you want to. If you leave the study, you will

not be disadvantaged in any way and will not even need to give a reason of why you want to leave the study.

What will happen if I take part?

You will be asked to come for a one-off individual interview that will last for between 1.5-2.0 hours. Your interview will be recorded with your permission, then typed up by the Principal Researcher. You are welcome to take a comfort break during the interview if you want. Teas, coffees, fruits and biscuits will be provided for you. Also, any information that can make you identifiable to someone will be carefully removed by the Principal Researcher

A qualitative research method called IPA (Interpretative phenomenological analysis) will be used in the study to look at your personal experiences of taking part in the gardening programme

You can ask the Principal Researcher to look through the interview questions before your interview to decide if you are happy to do the interview

The research will be at Sydenham Gardens and you will arrange how to get there by yourself

What do I have to do?

You will arrive at Sydenham Gardens on an agreed date and time that is convenient for both you and the Principal Researcher. When you meet with the Principal Researcher, you can ask her any questions that you have about the study. After this, you will be asked to give your consent to take part in the study by signing a consent form before your interview.

What are the possible disadvantages and risks of taking part?

There is little to no disadvantage or risk that the Principal Researcher knows of about taking part in this study. However, a possible disadvantage is that some interview questions might bring up sensitive and uncomfortable personal topics for you. For example, the interview will ask you about how the Sri Lankan war might have changed you as a person, and that question might be upsetting for you. However, you can decide to end your interview at anytime if you want without needing to give any reasons.

Also, at the end of the study, if you feel upset from some of the interview questions and would like to speak to someone about it, the Principal Researcher can refer you to professionals at the Lewisham Integrative Psychological Therapies Team or Sydenham Gardens who can talk through how you feel with you.

What are the possible benefits of taking part?

Firstly, you will have an opportunity to think about how you might have changed as a person through participating in the gardening programme. Secondly, your interview will help therapists and researchers understand more about using gardening to treat trauma. This knowledge in the future will be very helpful for other people like yourself who have been suffering from trauma, especially from the war.

What will happen when the research study stops?

All of your personal data will be stored in a safe place and they will be destroyed after the study has been published - this will be done according to the policy of the University of Wolverhampton.

Will my information be kept confidential?

The Principal Researcher, her Research Supervisors and Catherine Matheson (Senior Psychotherapist at Lewisham Integrative Psychological Therapies Team) will have access to your personal information and interview data. The Principal Researcher will make sure that Catherine Matheson will only have access to your interview data in a way that she cannot identify that it is from you so you can comment more freely on your experiences of the gardening programme

As your interview will be recorded, this recording will be stored on a password-protected computer that belongs only to the research team. Your consent form will be stored in a locked filing cabinet, and will be kept at the University of Wolverhampton for 5 years after we have published our findings. Five years after publication, your consent form will be shredded and your recording destroyed. We might also use quotes from your interview as part of a scientific paper, or conference presentation, but you will not be identifiable; your name will be changed and all information that someone could potentially identify you with will be carefully removed

The only situation that the Principal Researcher would have to break confidentiality is if during the study, you disclose of any violence, abuse or harm to yourself or to other people (including criminal activities such as terrorism). For example, if you tell the Principal Researcher that you are being abused by someone, then the Principal Researcher will need to report this information to the appropriate authority as she has a legal responsibility to protect you and other people from harm. In the very unlikely situation that the Principal Researcher will need to report any information that you have told her to an authority, she will discuss this with you first

What will happen to the results of the research study?

The study's results are likely to be published in a scientific journal, a scientific magazine and/or at a national/international conference by the Principal Researcher and the supervisory team. Please note that your identity will always be kept anonymised. If you would like to receive a copy of the publications/summary of the study or be notified of where and when the study have been published, please let the Principal Researcher know before the end of the study.

What will happen if I don't want to carry on with the study?

You are free to leave the study without an explanation up until when the Principal Research starts to analyse your interview data.

What if there is a problem?

If you are concerned about how this project has been run or how you have been treated, please speak with the Principal Researcher in the first instance. If you are still dissatisfied with your experience, please contact the supervisory team - Dr Lamprini Mangiorou [e-mail address redacted] & Dr Darren Chadwick [e-mail address redacted]. If you are still dissatisfied after speaking to the supervisory team, you can also contact PALS (Patient Advice Liaison Service) - an independent complaints service on 0800 731 2864. They are based at Lewisham Hospital's Ladywell Unit at the University Hospital Lewisham (Lewisham High Street, London, SE13 6LH).

Who has reviewed the study?

This study has been approved by Wolverhampton University's Research Ethics Committee, and the NHS national and regional ethics committees, IRAS approval number 210111.

Thank you for taking the time to read this information sheet. If you are interested in taking part in this study, please contact me on [e-mail address redacted] to express your interest. Alternatively, please let Catherine Matheson or David Lloyd know of your interest at your next gardening group. Please could you also let us know if you would like a Tamil interpreter to be present at your interview.

Appendix 2.1
Participant Information Sheet (Tamil)



ஆய்வு பற்றிய விபரங்கள் அடங்கிய தாள்

ஆய்வின் தலைப்பு: புகலிடம் தேடும் இலங்கைத்தமிழர் சமுதாயத்தின் அனுபவங்களால் உண்டான மன உளச்சல்களுக்கான உதவி: ஒரு பொருள் விளக்கும் நிகழ்வுகளின் ஆய்வு

மேலே குறிப்பிட்ட ஆய்வில், நீங்கள் பங்கு பெற வேண்டும் என்பதில் எங்களுக்கு விருப்பம் உள்ளது. இதில் பங்கு பெற தீர்மானித்தால், முதலில் இந்த ஆய்வைப் பற்றி முழுவதுமாக விளங்குவது மிகவும் முக்கியமானது. தயவு செய்து, கீழே தரப்பட்ட விபரங்களை உங்களது நேரத்தை செலவழித்து, கவனமாக வாசிக்கவும். அதற்கு மேலும், ஏதும் தெளிவு இல்லாவிடில் அல்லது விபரங்கள் தேவைப்படின் எங்களிடம் கேட்கவும்.

ஆய்வின் நோக்கம் என்ன?

பிரதான ஆய்வாளர் நீங்கள் Sydenham Gardens நிகழ்ச்சிக்கு வருகை தருவதில் உங்கள் உணர்வுகளை அறிய மிக ஆவலாக உள்ளார். ஏனெனில் மருத்துவர்களும், ஆய்வாளர்களும் நிகழ்வின் பயன்கள் குறித்து எவ்வாறு இது வேதனையில் துன்பப்படுபவர்களுக்கு உதவி புரியும் என்று அதிகம் விளங்காத நிலையில் உள்ளார்கள்.

இந்த ஆய்வு, April 2017 இருந்து ஏறக்குறைய ஒரு வருட காலம் எடுக்கும். இது பிரதான ஆய்வாளர் Serenia Yip [e-mail address redacted], University of Wolverhampton யில் உளனியல் ஆலோசகராக பயிற்சி பெறும் 3ம் ஆண்டு மாணவர்கள் சேர்ந்து நடத்துவார்கள். University of Wolverhampton யின் 2 மேற்பார்வையாளர்கள் Dr Lampirini Mangiorou [e-mail address redacted] & Dr Darren Chadwick [e-mail address redacted] இந்த ஆய்வை மேற்பார்வை செய்வார்கள்.

நான் ஏன் அழைக்கப்பட்டிருக்கின்றேன்?

ஏனெனில் நீங்கள் 18 வயதுக்கு மேற்பட்டவராக இருப்பதாலும், Sydenham Gardens யில் மேற்குறித்த நிகழ்வுகளுக்கு சமூகமளித்து உங்களுடைய மன உளச்சலுக்கான உதவி கிடைத்து இருப்பதாலும் நீங்கள் அழைக்கப்பட்டிருக்கிறீர்கள். அத்துடன், உங்களோடு, இந்த நிகழ்ச்சிக்கு வருகை தந்த இன்னும் 5 பேர்கள் இந்த ஆய்வு நிகழ்ச்சியில் கலந்து கொள்வார்கள்.

நான் இந்த நிகழ்வில் கலந்து கொள்ள வேண்டுமா?

இந்த ஆய்வில் கலந்து கொள்ள விருப்பம் இல்லாவிட்டால் இதை தவிர்த்து விடலாம். விருப்பம் இருந்தால் மட்டுமே கலந்து கொள்ளுங்கள். ஆனால் திரும்பவும் சேர நீங்கள் முடிவு செய்தால், உங்களின் சம்மதத்துடன் படிவத்தில் கையெழுத்திட வேண்டும். அத்துடன் நேர்முகக்காணலின் போது கேட்கப்படும் சில கேள்விகளுக்கு "இல்லை" எனவும் நீங்கள் கூறலாம். நீங்கள் விரும்பும்போது இந்த ஆய்விலிருந்து வெளியேறலாம். இத்தகைய நடவடிக்கையால் உங்களுக்கு ஒருவிதமான பாதிப்பும் ஏற்படாது. மேலும் விலகுவதற்கான காரணங்களும் கேட்கப்படமாட்டாது.

நான் பங்கு பற்றினால் என்ன நிகழும்?

I) 1 1/2 - 2 மணித்தியாலம் வரை நீடிக்கப்படும் இந்த நேர்காணலுக்கு நீங்கள் தனிப்பட்ட முறையில் அழைக்கப்படுவீர்கள். உங்களது சம்மதத்துடன் பதிவு செய்யப்பட்டு பிரதம ஆய்வாளரால் அச்சடிக்கப்படும். உங்களுக்கு தேவைப்படின் சிறிய இடைவெளி தரப்படும். தேநீர், சிற்றுண்டி வகைகள் உங்களுக்கு வழங்கப்படும். உங்களைப்பற்றிய தனிப்பட்ட விபரங்கள், யாருக்காவது இனம் கண்டறிய முடிந்தால், அவற்றை பிரதான ஆய்வாளரால் விலக்கப்படும்.

II) தகமை தொடர்பான ஆராய்ச்சி முறையை IPA (Interpretative Phenomenological Analysis) இந்த ஆய்வுக்காக இந்த நிகழ்வில் பயன்படுத்தி உங்களது தனிப்பட்ட அனுபவங்கள் கருத்திற் கொள்ளப்படும்.

III) நீங்கள் இந்த நேர்காணலில் பங்கு பெற விரும்பினால், தொடங்க முதலே பிரதான ஆய்வாளரை உங்களிடம் கேட்கப்படும் கேள்விகளை ஆராயும்படி நீங்கள் கேட்டுக் கொள்ளலாம்.

IV) Sydenham Gardens என்ற இடத்தில் இருக்கும் இந்த ஆய்வுக்கு வருவதற்கு நீங்களே ஒழுங்குகள் செய்ய வேண்டும்.

நான் பங்கு பற்றுவதால் சாத்தியமான குறைபாடுகள் என்ன?

இந்த ஆய்வில் நீங்கள் பங்கு பற்றுவது சிறிய அளவில் பயன் அற்றதாக இருக்கலாம். ஏனெனில் சில வினாக்கள் உங்களுக்கு தனிப்பட்ட முறையில் உணர்ச்சிமிக்கதாகவும், சங்கடமானதாகவும் இருப்பதற்கு சந்தர்ப்பம் உண்டாகலாம். உதாரணமாக, இலங்கையில் நடைபெற்ற யுத்தத்தினால் உங்களில் ஏற்பட்ட மாற்றத்தை பற்றி கேள்விகள் கேட்பதற்கான வாய்ப்புக்கள் இந்த நேர்காணலில் ஏற்படலாம். அதனால், இந்த நேர்காணலிருந்து எந்தவிதமான விளக்கங்கள் தராமலே நீங்கள் விலகிக் கொள்ளலாம்.

ஆய்வின் முடிவில் ஒரு சில வினாக்களால் நீங்கள் மனச்சஞ்சலம் அடைந்தால், உங்களுக்கு ஆலோசனை தேவைப்பட்டின், பிரதான ஆய்வாளர் உங்களை தொழில்முறையாளர்களுக்கு (Lewisham IPT Team) அல்லது Sydenham Gardens மூலம் பரிந்துரைக்கப்படும்.

நான் மேற்குறித்த ஆய்வில் பங்கு கொள்வதால் ஏற்படும் அனுகூலங்கள் என்ன?

முதலாவதாக, நீங்கள் இந்த நிகழ்ச்சியில் பங்கு பற்றியதால் எப்படி மாறியிருக்கிறீர்கள் என்று உணர ஒரு சந்தர்ப்பம் கிடைத்தது. இரண்டாவதாக, உங்களுடன் நிகழ்ந்த நேர்காணலினால் மருத்துவர்களும், ஆய்வாளர்களும் இதன் மூலம் உளவேதனையை எவ்வாறு குணப்படுத்தலாம் என தெரிந்து கொள்ள முடியும். அத்துடன் இது எதிர்காலத்தில் உங்களைப் போன்று போரினால் பாதிக்கப்பட்ட நிலையில் உள்ளவர்களுக்கும் உதவியாக இருக்கும்.

இந்த ஆய்வு நிறுத்தப்பட்டால் என்னாகும்?

உங்களது தனிப்பட்ட ஆவணங்கள் பாதுகாப்பான இடத்தில் வைக்கப்பட்டு, ஆய்வு விபரங்கள் பிரசுரிக்கப்பட்ட பின்னர், University of Wolverhampton விதிகட்கு அமைய, அழிக்கப்படும்.

என்னுடைய விபரங்கள் இரகசியமாக வைக்கப்படுமா?

பிரதான ஆய்வாளர், அவரது ஆய்வு மேற்பார்வையாளர்கள், Catherine Matheson (மூத்த மனநல மருத்துவர் - Lewisham IPT Team) கூட்டாக இணைந்து உங்களது தனிப்பட்ட விபரங்களை பார்வையிடுவார்கள். பிரதான ஆய்வாளர், உங்களது நேர்முக ஆவணங்களை அவர்கள் அடையாளம் காணமுடியாதபடி கவனித்துக் கொள்வார். உங்களது நேர்காணல் பதிவு செய்யப்பட்டு ஆய்வுக்குழுவுக்குரிய கணனியில் சேகரிக்கப்படும். உங்களது சம்மதப் படிவமும் பூட்டப்பட்ட பெட்டியில் பல்கலைக்கழகத்தில் 5 வருடங்கள் செல்லும் வரை வைக்கப்பட்டிருக்கும். 5 வருடங்கள் கழித்து அறிக்கை பிரசுரிக்கப்பட்டு, அதன் பின்னரே அழிக்கப்படும்.

ஒரே ஒரு சந்தர்ப்பத்தில் மட்டும் பிரதம ஆய்வாளர், உங்களது இரகசியங்களை உடைத்தெறிய முயலக்கூடும். அதாவது, நீங்கள் உங்களுக்கோ, மற்றவர்களுக்கோ வன்முறை பிரயோகிக்கப்பட்டிருப்பதை, தவறாக நடத்தைப்பட்டதை, தீங்கு இழைக்கப்பட்டதை (பயங்கரவாதம் ஆகிய குற்ற நடவடிக்கை) வெளியிட்டிருந்தால் மட்டுமே! உதாரணமாக, உங்களிடம் யாராவது தவறாக நடந்து, அதை நீங்கள் பிரதம ஆய்வாளருக்கு கூறியிருந்தால், அவர் உங்களுடன் கலந்து ஆலோசித்த பின்பே அதிகாரப்பூர்வமாக தனக்கு மேலேயுள்ள அதிகாரிக்குத் தெரிவிப்பார். சட்டரீதியாக உங்களை பாதுகாப்பது அவரது முக்கிய கடமையாகும்.

இந்த ஆய்வின் பெறுபேறுகளுக்கு என்ன நடக்கும்?

இந்த ஆய்வின் பெறுபேறுகள், பிரதான ஆய்வாளராலும், அவரது மேற்பார்வைக் குழுவாலும் ஒரு விஞ்ஞான பத்திரிகையிலோ, விஞ்ஞான சஞ்சிகையிலோ, இந்நாட்டில் அல்லது சர்வதேச மகாநாட்டில் பிரசுரிக்கப்படும். உங்களுடைய பெயர், அடையாளம் எப்போதுமே பாதுகாக்கப்படும். பதிப்பகத்தின் ஒரு பிரதியை அல்லது இந்த ஆய்வின் சுருக்கத்தை, நீங்கள் பெற விரும்பினாலோ அல்லது எங்கே,

எப்போது பிரசுரிக்கப்படும் என்பன போன்ற விபரங்களை அறிய வேண்டுமானால் பிரதம ஆய்வாளருக்கு இந்த ஆய்வு முடிய முன் தெரியப்படுத்தவும்.

இந்த ஆய்வில் நான் தொடர விரும்பாவிடில் என்ன நடக்கும்?

உங்களின் நேர்காணலின் விபரங்களை பிரதான ஆய்வாளர் ஆராய முதல், நீங்கள் ஒரு விளக்கமும் கொடுக்காமலே இந்த ஆய்விலிருந்து விலகலாம்.

எதாவது ஒரு பிரச்சனை ஏற்பட்டால்?

இந்த திட்டம் கொண்டு செல்லப்பட்ட விதத்தில் அல்லது நீங்கள் நடத்தப்பட்ட முறையில் உங்களுக்கு எதாவது சங்கடங்கள் ஏற்பட்டால் நீங்கள் உடனடியாக பிரதான ஆய்வாளருடன் தொடர்பு கொண்டு பேசவும்.

அதற்கு மேலும் உங்களுக்கு ஏற்பட்ட அனுபவங்களால் அதிருப்தி இருந்தால் மேற்பார்வை குழுவுடன் தொடர்பு கொள்ளவும் - Dr Lampirini Mangiorou [e-mail address redacted] & Dr Darren Chadwick [e-mail address redacted].

மேற்பார்வை குழுவை தொடர்பு கொண்ட பிற்பாடும் உங்களுக்கு திருப்தி இல்லாவிடில், நீங்கள், நோயாளி ஆலோசனை தொடர்பு அலுவலரை PALS (Patient Advice Liaison Service) - தனித்தியங்கும் புகார் சேவையில் (an independent complaints service on 0800 731 2864) தொடர்பு கொள்ளலாம். Lewisham Hospital's Ladywell Unit, University Hospital Lewisham (Lewisham High Street, London, SW13 6LH).

இந்த ஆய்வை யார் ஆராய்வது?

இந்த ஆய்வு Wolverhampton University's Research Ethics Committee யாலும் NHS National and Regional Ethics Committee யாலும் அங்கீகரிக்கப்படும். அங்கீகார இலக்கம் (IRAS 210111) (இங்கே இலக்கத்தை சேர்க்கவும்)

உங்கள் நேரத்தை செலவழித்து இதில் கொடுக்கப்பட்ட தாள்களை வாசித்தற்கு நன்றி. உங்களுக்கு இதில் பங்கு பெற ஆர்வம் இருந்தால் என்னை தொடர்பு கொள்ளவும் [e-mail address redacted]
அடுத்த நிகழ்ச்சி குழுவில் பங்கு பெற, Catherine Matheson அல்லது David Lloyd யை தொடர்பு கொண்டு உங்கள் ஆர்வத்தை தெரியப்படுத்தவும். நேர்காணலின் போது, உங்களுக்கு தமிழ் மொழிப்பாளர் தேவைப்பட்டின் எங்களுக்கு தெரியப்படுத்தவும்.

Appendix 3 **Interview Schedule**

Opening Questions (Participants' demographics information):

- Age:
- Which year/month did you attend the gardening group:
- When did you come to the UK:
- Education level:
- Occupation (now & then):
- Asylum status:
- Which part of Sri Lanka did you originally come from:

<i>Interview topic</i>	<i>Example of questions</i>
(i) Prior understanding of the gardening trauma intervention	- Can you tell me briefly about the problems you had that brought you to therapy? (Prompts: How did you initially think that the group can help you with your problems? Did your impression change?)

<p>(ii) Personal experiences and meanings of attending the gardening trauma intervention</p>	<ul style="list-style-type: none"> - How did you find the talking part of the group? (Prompt: Now about the gardening part of the group) - Have you done gardening before you joined the group? - How did you feel being at the site? Being in nature? - How did you feel when you were gardening – in your body & in your mind; what made you feel that way? - Most pleasant experience for you when you were gardening? What did this experience mean to you? - Most unpleasant experience for you when you were gardening? What did this experience mean to you? - Pick one thing that was most memorable from the gardening, what would it be? And why? - If you were doing this gardening intervention on your own instead of with the other people, how different do you think your experiences would have been? - Do you remember how did you feel on your last day of the group?
<p>(iii) Perceptions about the self and their future</p>	<ul style="list-style-type: none"> - Has the war affected you with how you feel about yourself? If so, how? - Has the gardening part of the group changed the way you feel about yourself? - Has the war affected you with how you see your future? If so, how? - Has the gardening part of the group changed the way you feel about your future?

<p>(iv) Perceptions about others and the world</p>	<ul style="list-style-type: none">- Has the war affected you with how you see others human beings? If so, how? - Has the gardening part of the group changed the way you feel about other people? - Has the war affected you with how you see the world around you? - Has the gardening part of the group changed the way that you look at the world?
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Appendix 4
Participant Consent Form (English)



CONSENT FORM (PARTICIPANT)

Title of Project: Sri Lankan Tamil asylum seekers' experiences of a community garden based trauma intervention: An interpretative Phenomenological Analysis

Name of Researcher:

1. I confirm that I am 18 year old or above
2. I confirm that I have read and understand the information sheet dated for the above study and have had the opportunity to ask questions.
3. I understand that my participation is voluntary and that I am free to withdraw at any time/up until commencement of data analysis, without giving any reason.
4. I understand that my data will be stored securely and confidentially and that I will not be identifiable in any report or publication
5. I understand that if safeguarding issues are raised, confidentiality may be broken and information shared with relevant organisation
6. I understand that the researcher and Catherine Matheson from Lewisham Integrated Psychological Therapies Team may wish to publish this study and any results found, for which I give my permission
7. I understand that my interview content will be shared with the Principal Researcher & her supervisors, and, Catherine Matheson
8. I agree for my interview to be tape recorded and for the data to be used for the purpose of this study.
9. I agree to take part in the above study.

Name	Date	Signature
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Name of person taking consent (if different from researcher)	Date	Signature
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Researcher	Date	Signature
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Appendix 4.1
Participant Consent Form (Tamil)



பங்கு பற்றுவோருக்கான ஒப்புதல் படிவம்

செயற்திட்டத்தின் தலைப்பு: புகலிடம் தேடும் இலங்கைத்தமிழர் சமுதாயத்தின் அனுபவங்களால் உண்டான மன உளச்சல்களுக்கான உதவி: ஒரு பொருள் விளக்கும் நிகழ்வுகளின் ஆய்வு

ஆய்வாளரின் பெயர்:

1. நான் 18 வயது அல்லது அதற்கு மேற்பட்டவர் என்பதை உறுதிபடுத்துகிறேன்
2. திகதியில் எனக்கு தரப்பட்ட தகவல் தாளை வாசித்து விளங்கியதுடன், கேள்விகள் கேட்க சந்தர்ப்பம் அளிக்கப்பட்டதென்பதையும் உறுதிபடுத்துகிறேன்
3. நான் இந்த ஆய்வில் தன்னிச்சையாக பங்கேற்றதுடன், தடையின்றி எந்த நேரத்திலும் விலக எனக்கு உரிமை அளிக்கப்பட்டது. அடுத்த தரவு பகுப்பாய்வு தொடங்கும் வரை காரணம் காட்டத் தேவையில்லை என்பதையும் உறுதிப்படுத்துகின்றேன்.
4. எனது தரவுக்குரிய ஆவணங்கள் பாதுகாப்பாகவும் நம்பகமான முறையில் வைத்துக் கொள்ளப்படும் என்றும் எதாவது அறிக்கை அல்லது பிரசுரித்தல் மூலமாக என்னை வெளிக்காட்டிக் கொள்ளாமல் இருக்கும் என்று விளங்கிக் கொள்கிறேன்
5. மேற்கூறப்பட்ட விடயங்கள் குறித்து பாதுகாப்பது பற்றி பிரச்சனைகள் எழுமாயின், மேற்கூறிய அமைப்புடன் பகிரந்து கொள்ளப்பட்ட தகவல்களும் நம்பகமான தன்மையும் பாதிக்கப்படலாம் என்பதை அறிகின்றேன்
6. இது சம்பந்தமான ஆய்வாளரும், Catherine Matheson (Lewisham) - ஒருங்கிணைந்த உளரீதியான மருத்துவ குழுவும் பிரசுரிக்க விரும்பினால் நான் எனது சம்மதத்தைக் கொடுக்கிறேன்
7. என்னுடன் நடாத்தப்பட்ட நேர்முகக்காணல் விபரங்கள் பிரதான ஆய்வாளர், மேற்பார்வையாளர்கள் மற்றும் Catherine Matheson ஆகியோருக்கு பகிரப்படும் என அறிகின்றேன்
8. எனது நேர்முகக்காணல் ஒலி நாடாவில் பதிவு செய்யப்பட்டு பயன் படுத்தப்படுவதற்கு சம்மதம் அளிக்கின்றேன்

9. மேற்குறித்த ஆய்வில் பங்கு கொள்ள சம்மதிக்கிறேன்

பங்கேற்பாளரின் பெயர் திகதி கையொப்பம்

ஒப்புதல் பெறுபவரின் பெயர் திகதி கையொப்பம்

ஆய்வாளரின் பெயர் திகதி கையொப்பம்

Appendix 5
Interpreter's Consent Form



Interpreter's Consent Form

CONSENT FORM (INTERPRETER)

Title of Project: Sri Lankan Tamil asylum seekers' experiences of a community garden based trauma intervention: An interpretative Phenomenological Analysis

Name of Researcher:

1. I confirm that I am 18 year old or above

2. I confirm that I have had the opportunity to ask questions about the above study

3. I understand that any information that I have obtained through my role as an interpreter on this assignment will be kept confidential at all times

Name of interpreter

Name of company

Interpreter's signature

Date

Researcher's signature

Date

Appendix 6
Ethics Approval – University of Wolverhampton’s Behavioural Sciences Ethics Committee



Date 6th May 2016

Serenia Yip^[1]_[SEP] University of Wolverhampton FEHW

Dear Serenia (Darren Chadwick)

Re: Sri Lankan Tamil asylum seekers’ experiences of a community garden based trauma intervention: An interpretative Phenomenological Analysis submitted to The Faculty of Education, Health and Wellbeing Ethics Panel (Health Professions, Psychology, Social Work & Social Care)

The Faculty Ethics Panel (Health Professions, Psychology, Social Work & Social Care) has considered and reviewed your submission.

On review your Research Proposal was passed and the Panel believes that the ethical issues inherent in your study have been adequately considered and addressed. Therefore the Panel is giving you full ethical approval for your study (**Code 1 - Approved**). We would like to wish you every success with the project.

Yours sincerely

H Paniagua

Dr. H. Paniagua PhD, MSc, BSc (Hons) Cert. Ed. RN RM Chair – Ethics Panel

Richard Darby

Dr Richard Darby PhD, BSc Chair – Ethics Panel

Appendix 7
**Ethics Approval – NHS Health Research Authority (HRA)/Integrated Research
Application System (IRAS)**



Ms Serenia Yip

Email:
hra.approval@nhs.net

Trainee Counselling Psychologist
University of Wolverhampton

Faulty of Health, Education &
Wellbeing Institute of Psychology

Wolverhampton WV1 1LY

15 May 2017

Dear Ms Yip

Letter of HRA Approval

Study title:	Sri Lankan Tamil asylum seekers' experiences of a community garden based trauma intervention: An interpretative Phenomenological Analysis
IRAS project ID:	210111 REC reference: 17/WM/0081
Sponsor:	University of Wolverhampton

I am pleased to confirm that **HRA Approval** has been given for the above referenced study, on the basis described in the application form, protocol, supporting documentation and any clarifications noted in this letter.

Participation of NHS Organisations in England

The sponsor should now provide a copy of this letter to all participating NHS organisations in England.

Appendix B provides important information for sponsors and participating NHS organisations in England for arranging and confirming capacity and capability. **Please read *Appendix B* carefully**, in particular the following sections:

- *Participating NHS organisations in England* – this clarifies the types of participating organisations in the study and whether or not all organisations will be undertaking the same activities
- *Confirmation of capacity and capability* - this confirms whether or not each type of participating NHS organisation in England is expected to give formal confirmation of capacity and capability. Where formal confirmation is not expected, the section also provides details on the time limit given to participating organisations to opt out of the study, or request additional time, before their participation is assumed.
- *Allocation of responsibilities and rights are agreed and documented (4.1 of HRA assessment criteria)* - this provides detail on the form of agreement to be used in the study to confirm capacity and capability, where applicable.

Further information on funding, HR processes, and compliance with HRA criteria and standards is also provided.

It is critical that you involve both the research management function (e.g. R&D office) supporting each organisation and the local research team (where there is one) in setting up your study. Contact details and further information about working with the research management function for each organisation can be accessed from www.hra.nhs.uk/hra-approval.

Appendices

The HRA Approval letter contains the following appendices:

- A – List of documents reviewed during HRA assessment
- B – Summary of HRA assessment

After HRA Approval

The document “*After Ethical Review – guidance for sponsors and investigators*”, issued with your REC favourable opinion, gives detailed guidance on reporting expectations for studies, including:

- Registration of research
- Notifying amendments
- Notifying the end of the study

The HRA website also provides guidance on these topics, and is updated in the light of changes in reporting expectations or procedures.

In addition to the guidance in the above, please note the following:

- HRA Approval applies for the duration of your REC favourable opinion, unless otherwise notified in writing by the HRA.
- Substantial amendments should be submitted directly to the Research Ethics Committee, as detailed in the *After Ethical Review* document. Non-substantial amendments should be submitted for review by the HRA using the form provided on the [HRA website](http://www.hra.nhs.uk), and emailed to hra.amendments@nhs.net.
- The HRA will categorise amendments (substantial and non-substantial) and issue confirmation of continued HRA Approval. Further details can be found on the [HRA](http://www.hra.nhs.uk)

[website](#).

Scope

HRA Approval provides an approval for research involving patients or staff in NHS organisations in England.

If your study involves NHS organisations in other countries in the UK, please contact the relevant national coordinating functions for support and advice. Further information can be found at <http://www.hra.nhs.uk/resources/applying-for-reviews/nhs-hsc-rd-review/>.

If there are participating non-NHS organisations, local agreement should be obtained in accordance with the procedures of the local participating non-NHS organisation.

User Feedback

The Health Research Authority is continually striving to provide a high quality service to all applicants and sponsors. You are invited to give your view of the service you have received and the application

Serenia Hiu Lam YIP
Doctorate Research in Counselling Psychology

procedure. If you wish to make your views known please use the feedback form available on the HRA website: <http://www.hra.nhs.uk/about-the-hra/governance/quality-assurance/>.

HRA Training

We are pleased to welcome researchers and research management staff at our training days – see details at <http://www.hra.nhs.uk/hra-training/>

Your IRAS project ID is **210111**. Please quote this on all correspondence. Yours sincerely

Michael Higgs Assessor

Email: hra.approval@nhs.net

*Copy to: Dr Darren Chadwick, University of Wolverhampton
Ms Adriana Fanigliulo, Joint R&D Office of South London and Maudsley
NHS Foundation Trust and Institute of Psychiatry, Psychology &
Neuroscience (IoPPN)*

Appendix A - List of Documents

The final document set assessed and approved by HRA Approval is listed below.

<i>Document</i>	<i>Version</i>	<i>Date</i>
Covering letter on headed paper [Cover Letter for Dr Brittain]	1	29 March 2017
Evidence of Sponsor insurance or indemnity (non NHS Sponsors only) [University Indemnity Insurance]	1	29 March 2017
Interview schedules or topic guides for participants [Interview Schedules/Topic Guides for Participants v.1]	2	29 March 2017
IRAS Application Form [IRAS_Form_08022017]		08 February 2017
Letter from sponsor	1	
Other [Interpreter Consent Form v.2]	2	11 May 2017
Other [Participant Debriefing Information Sheet v.2]	2	11 May 2017
Other [Interpreter Debriefing Information Sheet v.2]	2	11 May 2017
Other [University of Wolverhampton Ethics Clearance v.1]	1	06 May 2016
Other [University of Wolverhampton Professional Indemnity v.1]	1	10 August 2015
Other [Letter of Support from Lewisham IPTT v.1]	1	04 February 2016
Other [Statement of Activities]	1	12 April 2017
Other [Schedule of Events]	1	12 April 2017
Participant consent form [Participant consent form]	2	11 May 2017
Participant information sheet (PIS) [Participant Information Sheet]	3	11 May 2017
Research protocol or project proposal [Research Protocol v.1]	1	02 February 2017
Summary CV for Chief Investigator (CI) [Summary CV for Chief Investigator v.1]	1	02 February 2017
Summary CV for student [Summary CV for Student v.1]	1	02 February 2017
Summary CV for supervisor (student research) [Summary CV for First Supervisor v.1]	1	02 February 2017
Summary CV for supervisor (student research) [Summary CV for Second Supervisor v.1]	1	02 February 2017

Appendix B - Summary of HRA Assessment

This appendix provides assurance to you, the sponsor and the NHS in England that the study, as reviewed for HRA Approval, is compliant with relevant standards. It also provides information and clarification, where appropriate, to participating NHS organisations in England to assist in assessing and arranging capacity and capability.

For information on how the sponsor should be working with participating NHS organisations in England, please refer to the, *participating NHS organisations, capacity and capability and Allocation of responsibilities and rights are agreed and documented (4.1 of HRA assessment criteria)* sections in this appendix.

The following person is the sponsor contact for the purpose of addressing participating organisation questions relating to the study:

Name: Ms Serenia Yip

Email: [e-mail address redacted]

HRA assessment criteria

Section	HRA Assessment Criteria	Compliant with Standards	Comments
1.1	IRAS application completed correctly	Yes	No comments
2.1	Participant information/consent documents and consent process	Yes	No comments

3.1	Protocol assessment	Yes	No comments
4.1	Allocation of responsibilities and rights are agreed and documented	Yes	A Statement of Activities and Schedule of Events have been provided for use with participating NHS organisations in England.
4.2	Insurance/indemnity arrangements assessed	Yes	Insurance for the management and design of the study is provided by the Sponsor, and indemnity for the conduct by the NHS. Where applicable, independent contractors (e.g. General Practitioners) should ensure that the professional indemnity provided by their medical

Section	HRA Assessment Criteria	Compliant with Standards	Comments
			defence organisation covers the activities expected of them for this research study
4.3	Financial arrangements assessed	Yes	No application for external funding has been made.
5.1	Compliance with the Data Protection Act and data security issues assessed	Yes	No comments
5.2	CTIMPS – Arrangements for compliance with the Clinical Trials Regulations assessed	Not Applicable	No comments
5.3	Compliance with any applicable laws or regulations	Yes	No comments
6.1	NHS Research Ethics Committee favourable opinion received for applicable studies	Yes	The study has a favourable ethical opinion from the West Midlands - Coventry & Warwickshire Research Ethics Committee
6.2	CTIMPS – Clinical Trials Authorisation (CTA) letter received	Not Applicable	No comments
6.3	Devices – MHRA notice of no objection received	Not Applicable	No comments
6.4	Other regulatory approvals and authorisations received	Not Applicable	No comments

Participating NHS Organisations in England

This provides detail on the types of participating NHS organisations in the study and a statement as to whether the activities at all organisations are the same or different.

There is a single type of participating NHS organisation, i.e. all sites are full research sites, at which research activities as described in the protocol and IRAS form will be conducted.

The Chief Investigator or sponsor should share relevant study documents with participating NHS organisations in England in order to put arrangements in place to deliver the study. The documents should be sent to both the local study team, where applicable, and the office providing the research management function at the participating organisation. For NIHR CRN Portfolio studies, the Local LCRN contact should also be copied into this correspondence. For further guidance on working with

participating NHS organisations please see the HRA website.

If chief investigators, sponsors or principal investigators are asked to complete site level forms for participating NHS organisations in England which are not provided in IRAS or on the HRA website, the chief investigator, sponsor or principal investigator should notify the HRA immediately at hra.approval@nhs.net. The HRA will work with these organisations to achieve a consistent approach to information provision.

Confirmation of Capacity and Capability

This describes whether formal confirmation of capacity and capability is expected from participating NHS organisations in England.

Participating NHS organisations in England **will be expected to formally confirm their capacity and capability to host this research.**

- Following issue of this letter, participating NHS organisations in England may now confirm to the sponsor their capacity and capability to host this research, when ready to do so. How capacity and capability will be confirmed is detailed in the *Allocation of responsibilities and rights are agreed and documented (4.1 of HRA assessment criteria)* section of this appendix.
- The [Assessing, Arranging, and Confirming](#) document on the HRA website provides further information for the sponsor and NHS organisations on assessing, arranging and confirming capacity and capability.

Principal Investigator Suitability

This confirms whether the sponsor position on whether a PI, LC or neither should be in place is correct for each type of participating NHS organisation in England and the minimum expectations for education, training and experience that PIs should meet (where applicable).

A principal investigator should be in place at participating NHS organisations, and a suitable individual has been identified for the sole participating site. Study specific training is not expected.

GCP training is not a generic training expectation, in line with the [HRA statement on training expectations](#).

HR Good Practice Resource Pack Expectations

This confirms the HR Good Practice Resource Pack expectations for the study and the pre-engagement checks that should and should not be undertaken

Where arrangements are not already in place, university researchers undertaking any of the research activities listed in A18 would be expected to obtain a Letter of Access based on standard DBS checks and occupational health clearance from participating NHS organisations.

Other Information to Aid Study Set-up

This details any other information that may be helpful to sponsors and participating NHS organisations in England to aid study set-up.

The applicant has indicated that they do not intend to apply for inclusion on the NIHR CRN Portfolio.

Appendix 8

Local Research and Development Office (R&D)

Dear Serenia,

IRAS ID: 210111

Study Title: Sri Lankan Tamil asylum seekers' experiences of a community garden based trauma intervention: An interpretative Phenomenological Analysis

Sponsor: University of Wolverhampton

Trust R&D Ref: R&D2017/047

Please take this e-mail as confirmation that South London and Maudsley NHS Foundation Trust (SLaM) has the capacity and capability to host this research study. This study can therefore now commence at SLaM. Your Trust reference number has been quoted above and should be used at all times when contacting this office about this study. Please read the conditions outlined below and keep a copy of this email for future reference.

The confirmation of capacity and capability to host this research study relates to work in the Psychological Medicine and Integrated Care CAG and to the specific protocol and informed consent procedures described in approved by the REC and the HRA. Any deviation from this will be deemed to invalidate this confirmation.

You have committed to recruit 6 patients between 09/06/2017 and 20/02/2018.

Honorary contracts: Members of the research team must have appropriate substantive or honorary contracts or letters of access (as appropriate) with the Trust prior to conducting any research on Trust premises. Any additional researchers who join the study at a later stage must also hold a suitable contract or must contact the R&D department to arrange an honorary contract/letter of access. For any researchers requiring an honorary contract or letter of access via their research passport, please contact the R&D office to organise this for you.

Protocol Amendments: Please alert the R&D Department if there is an amendment to the study. An amendment may include changes to study documentation, a decision to use advertising, changes to staff or revisions to study timelines. Trust confirmation of capacity and capability must be issued prior to the implementation of any amendment.

Study status, annual progress reports and end of study declaration reports: Under the Research Governance Framework, SLaM maintains responsibility for keeping an accurate record of study status for all research on Trust premises. Please notify the R&D department if your study ends before the end date declared on your original application.

Annual Progress Reports: <http://www.hra.nhs.uk/resources/during-and-after-your-study/nhs-rec-annual-progress-report-forms/> The Chief Investigator must submit an annual progress report to the Health Research Authority, sending a copy to the R&D department at each participating site. These reports must be sent each year on or before the anniversary of the Health Research Authority Ethics approval.

End of study declaration forms: <http://www.hra.nhs.uk/research-community/end-of-study-and-beyond/notifying-the-end-of-study/> The Chief Investigator of a study must notify the Health Research Authority, within 90 days of the end of a study, sending a copy to the R&D department at each participating site.

Within SLaM, please also send a copy of any reports or publications which result from this study to the Trust Departments involved in the study if requested.

Compliance with Trust policies and procedures: All policies and procedures of the Trust which relate to research must be complied with: <http://www.slam.nhs.uk/about-us/policy-and-publications/policies-and-procedures>

Serenia Hiu Lam YIP
Doctorate Research in Counselling Psychology

SLaM Consent for Contact (C4C): If your study is planning to recruit Trust patients via the SLaM C4C initiative, please now complete and submit the online application here: <http://www.slam.nhs.uk/research/cris/cris-project-application> which includes sections for C4C. The application will be reviewed by the CRIS oversight committee and once approved you will be provided with instructions on how to access CRIS to identify Trust patients who have consented to be contacted for research. Please be aware this is the correct Trust route for identifying patients who have consented to be contacted for research and searches on epjs should not be conducted outside of this process.

Adverse events / complaints: Please inform the Trust's Health and Safety Coordinators and/or the Complaints Department or of any adverse events or complaints, from participants recruited from within this Trust, which occurs in relation to this study in line with Trust policies. Contact details are available from the R&D Office if required.

Audit and Inspection: The Chief Investigator must notify the R&D department as soon as they receive notification of an inspection by an external body. Your study may be inspected by the Trust internally at any point.

Kind regards

Adriana

Ms Adriana Fanigliulo
Research Governance Facilitator
Joint R&D Office of South London and Maudsley NHS Foundation Trust
and Institute of Psychiatry, Psychology & Neuroscience (IoPPN)
Box P005, Institute of Psychiatry, Psychology & Neuroscience (IoPPN)
De Crespigny Park
London SE5 8AF
(Room W1.08, Main IoPPN building)
Tel: [redacted]
[\[e-mail address redacted\]](#)

Read SLaM's R&D Operational Capability Statement at R and D SLaM Operational Capability Statement 2013-2014 Visit the R&D Office web pages at Research and Development Office

Appendix 9
Participant Debriefing Information Sheet (English)



Debriefing information sheet for participants post interview

Title of project: Sri Lankan Tamil asylum seekers' experiences of a community garden based trauma intervention: An interpretative Phenomenological Analysis

This is to say a personal thank you for sharing your experiences and giving your time so generously to take part in our research. Your contribution has helped to understand more about people's experiences of working through their trauma through a community garden based intervention. If you would like any more information about the research and you would like to be kept updated, let me know and I will keep in touch.

Being a part of this research might have involved reflecting on and talking about traumatic events you have experienced. Therefore, if you would like support regarding any difficult topics discussed in your interview, please contact either Catherine Matheson (020 3228 0267) at first instance.

Further, if you have any concerns, questions, and comments or wish to withdraw from the study, please contact myself or my supervisors, Dr Lamprini Mangiorou &/Dr Darren Chadwick on [e-mail address redacted] or [e-mail address redacted].

Thank you again for your participation and may I wish you all the best for the future.

Yours truly,

Serenia Yip
Principal Researcher
(Email: [redacted])

Appendix 9.1
Participant Debriefing Information Sheet (Tamil)



நேர்காணலில் பங்கேற்றவர்களுக்கான தகவல்

செயற்திட்டத்தின் தலைப்பு: புகலிடம் தேடும் இலங்கைத்தமிழர் சமுதாயத்தின் அனுபவங்களால் உண்டான மன உளச்சல்களுக்கான உதவி: ஒரு பொருள் விளக்கும் நிகழ்வுகளின் ஆய்வு

நீங்கள், உங்கள் அனுபவங்களை எங்களுடன் பகிர்ந்து, உங்கள் நேரத்தையும் செலவழித்து, எங்கள் ஆராய்ச்சிக்கு உதவியதற்கு நான் தனிப்பட்ட முறையில் நன்றி கூறுகின்றேன். உங்களுடைய மன உளைச்சல்கள் சார்ந்த அனுபவங்களை எங்களுடன் பகிர்ந்ததின் மூலம் எங்களுக்கு சமுதாய மக்களின் மனோநிலையை புரிந்து, அதற்குரிய உதவியை வழங்க கூடிய ஒரு புரிந்துணர்வை ஏற்படுத்தியுள்ளது. மேற்கொண்டு எங்கள் ஆராய்ச்சி பற்றி அறிய விரும்பினால் என்னுடன் தொடர்பு கொள்ளுங்கள்.

இந்த ஆய்வுக்காக உங்களது நேர்காணலில் கலந்துரையாடப்பட்ட விடயங்கள் உங்களுக்கு மன உளைச்சல்களை அதிகப்படுத்தியிருக்குமாயின், அது சம்பந்தமாக, தயவு செய்து Catherine Matheson ஐ முதற்கண் (020 3228 0267) தொடர்பு கொள்ளுங்கள்.

மேலும், ஏதாவது சந்தேகங்கள், வினாக்கள், கருத்துக்கள் தெரிவிக்க அல்லது இந்த ஆய்விலிருந்து விலக விரும்பினால் தயவு செய்து என்னுடன் அல்லது என் மேற்பார்வையாளர்கள் Dr Lampirini Mangiorou அல்லது Dr Darren Chadwick ஐ தொடர்பு கொள்ளலாம். [e-mail address redacted] அல்லது [e-mail address redacted].

உங்களின் எதிர்காலத்திற்கு என்னுடைய நல்வாழ்த்துக்கள்! நீங்கள் பங்கேற்றுக் கொண்டதற்கு மீண்டும் நன்றி கூறுகின்றேன்.

தங்கள் உண்மையுள்ள,

Serenia Yip
பிரதான ஆய்வாளர்
(Email: [redacted])

Appendix 10
Interpreter's Debriefing Information Sheet



**Debriefing information sheet for interpreter
post interview**

Title of project: Sri Lankan Tamil asylum seekers' experiences of a community garden based trauma intervention: An interpretative Phenomenological Analysis

This is to say a personal thank you for helping with the interpretation of interviews for the above study today. Your contribution has helped to understand more about people's experiences of working through their trauma through a community garden based intervention.

If you would like support regarding any difficult topics raised for you today during the interpretation of interviews, here below is a list of organisations that you can get in touch with:

1) *Mind Info Line*

Tel: 0300 123 3393

www.mind.org.uk

15-19 Broadway, Stratford, London, SE15 4BQ

Provides information on a range of topics including the types of mental distress, where to get help, drug and alternative treatments and advocacy. Also provides details of help and support for people in their own area.

Help available Mon – Fri, 9am-6pm.

2) *Mental Health Matters*

Tel: 0191 516 3500

www.mentalhealthmatters.com

Avalon House, St Catherines Court, Sunderland Enterprise Park, Suntherland, SR5 3XJ

A national organisation which provides support and information on employment, housing, community support and psychological services.

3) *Rethink*

Serenia Hiu Lam YIP
Doctorate Research in Counselling Psychology

Helpline: 0300 500 0927

www.rethink.org

89 Albert Embankment. London, SE1 7TP

Provides information and a helpline for anyone affected by mental health problems.

4) *Samaritans*

Tel: 08457 90 90 90

www.samaritans.org

Freepost: RSRB-KKBY-CY JK, Chris, PO Box 9090, Stirling, FK8 2SA

Provides confidential support for anyone in a crisis.

5) *SANE Line*

Tel: 0845 767 8000

www.sane.org.uk

1st Floor Cityside House, 40 Adler Street, London, E1 1EE

Offers practical information, crisis care and emotional support. Helpline available 6pm-11pm (local rate).

Thank you again for your participation and please do not hesitate to contact me for any queries.

Serenia Yip
Principal Researcher
(Email: [redacted])

Appendix 11
Transcription Key

Symbol	Meaning
Serenia	Principal Researcher
Interpreter	Interpreter
Participant	Participant
(.)	Brief Pause
(2), (3), (4), etc	Pause in Seconds
(Heavy laughter)	Heavy laughter
(Lighter laughter)	Light laughter
(Crying)	Crying
<u>Underline</u>	Emphasis
XXX	Indistinct Utterance
(Location, Name, Detail)	Removed identifying details during the transcription process

Appendix 12
Example of Participant Interview Transcript and its Analysis
 (All Transcripts and Analyses Available Upon Request)

Interview content	Descriptive Comments	Interpretative Comments
<p>Serenia: Do you want to tell me a little bit about what kind of problems were you having that brought you to the gardening project?</p> <p>Participant: I was not sleeping well, and couldn't concentrate and do anything, and my memory was very low. When I travel, I'll be thinking about everything and crying all the time. So someone gave me the ICIC - that's the international red cross. I couldn't speak to them (.) I called them and told them everything, and I was told to see my GP, so I went and saw my GP. So my GP referred me to the Lee mental health centre, so I went there. They referred me to this Sydenham Garden.</p> <p>Serenia: Hmm. So how did you think at the time that the Sydenham Gardens could help you?</p> <p>Participant: At the time, I couldn't decide immediately</p>	<p>Problems that have brought participant to the intervention – not sleeping well, no concentration, low memory, overthinking and crying. He then contacted the International Red Cross, who then advised him to speak to his GP, who then referred him to the Lee mental health centre, then a referral to Sydenham Gardens.</p> <p>Participant was unsure before he started the intervention how it could</p>	<p>Referral into the gardening project was not straight forward for participant. The project did not seem to be well known, and that participant only became involved with it by chance, only after having been involved with three different professionals.</p> <p>Participant described a process of venturing into the unknown, as he did not have</p>

<p>what's right or what's going to happen there. After I start going there regularly, my mood was getting better, like I was able to relax there. So when I saw the garden, all green, and fruits, flowers (.) that gave me more relaxation.</p> <p>Serenia: But before you went, what did you think of the idea of going to do gardening? Do you think that it would help? Do you think that it was a bit strange, or (.)?</p> <p>Participant: When I first started going there, my mood was really bad, I was thinking of committing suicide or hurting myself. So after I started going there regularly, I felt more relaxed. That's how I started going there regularly often.</p>	<p>help, or what he would be doing there. Though, he found the gardening venue (the greenery, fruits & flowers) relaxing, thus, felt that it had helped his mood to improve.</p> <p>Participant's mood was very low when he started attending the intervention, an even thought about committing suicide/self-harm. Though, he started feeling more relaxed when he started attending regularly, and that prompted him to continue attending the group.</p>	<p>much knowledge about the intervention before he attended. He also suggested that the garden was perhaps one of the only places for him in which he felt able to relax in at the time. He further suggested that the greenery provided relaxation for him in his mind. He also suggested that the more he was able to relax, the better his mood became. The process of feeling more relaxed and better in mood did not happen immediately, as he described only started to feel this way after attending the intervention regularly.</p> <p>It seemed that participant did not give it much thought as to whether the intervention would help before attending, as he had already hit 'rock bottom' at the time of attending, crippled with several depression and suicidality. Therefore, it seemed like a sense of desperation that drove him to attending in the first place. Subsequently, a sense of satisfaction (feeling more relaxed after attending)</p>
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<p>Serenia: I see. So what do you think made you feel more relaxed?</p> <p>Participant: Doing the exercise they taught me; they taught me some exercises. So when my mood gets, you know (.) not controlled (.) bad (.) get worse (.) how to control my mood by the exercise. And also I was told to go out regularly, and also do exercises they showed me.</p> <p>Serenia: And do you remember how did you hmm (.) feel being at that site? How did you feel being in the garden?</p> <p>Participant: So when I went there, Carmaine was there, sometimes I'll be getting thoughts about the past and I'll start crying. Then Carmaine would come and say 'why are you crying? Don't cry. Everything will get better for you, don't worry, we're here to help</p>	<p>What made participant relax was exercises which he was taught at the intervention to help control his bad mood (?referring to his depressed mood here), as well as being advised to go out regularly.</p> <p>Whilst at the site, he recalled sometimes thinking about the past and feeling tearful about it, and staff (Carmaine) would come and support him – by providing him with comfort and reassurance that things will improve for him. Also, that staff were there to support him.</p>	<p>became the motivator for him to keep attending.</p> <p>Participant felt that not only had he derived a feeling of relaxation from the greenery at the garden, he had also derived some relaxation from following the exercises he was advised to do (e.g. going out regularly – what sounded like activities scheduling/behavioural activation). It appeared that when he referred to feeling more relaxed, perhaps he was referring to feeling brighter in his mood. He also alluded to a sense of anxiety/fear when he was unable to control his mood, perhaps that had made him feel out of control as a person in his environment.</p>
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<p>you', you know, that kind of support he was giving.</p> <p>Serenia: Yeah, yeah, yeah (.) and did you find that helpful?</p> <p>Participant: At the beginning ah, it wasn't, but later on I got (.) I thought it was helpful.</p> <p>Serenia: What made you think later on that it was helpful?</p> <p>Participant: Because when I first went there for some time, my mood was very not stable, and I was upset and worried and stressed. So when they told me I couldn't take it I think, that's why it didn't help me. Later on slowly, my stress was getting better, and I was getting relaxed.</p> <p>Serenia: Aha. Cos at the garden you said there are trees, do you know how did you feel when you were there with the trees and in nature?</p>	<p>He reported that the intervention was not helpful at the beginning but began to be helpful later on.</p> <p>He explained that intervention was not helpful at the beginning, as he was unable to take in what was suggested to him due to his bad mood (upset, worried & stressed). However, gradually, his mood improved (stressed reduce and feeling more relaxed).</p>	<p>It appears that from participant's narrative about the reasons for why he did not find the intervention to be helpful initially, he showed an ability to self-reflect, and to take responsibility for why the intervention was not working for him at the start. He also showed an ability to take personal responsibility by having contacted the ICIC at the start of his help seeking process. Has his ability to take responsibility for himself facilitate him on his psychological recovery?</p> <p>Regarding the process of making improvements in his mood, it was clear that it was a slow one and did not happen rapidly. It also seemed that once he was able to start taking in advice given at the intervention, then his</p>
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<p>Participant: So yeah the nature was helping me, because it was all green and beautiful there, and also we were plucking fruits from the trees and eating whilst we were there. And also chatting to some people there - that help me.</p> <p>Serenia: Aha. What helped you about seeing the green, for example?</p> <p>Participant: Because we planted some ah (1), (2), (3) they put some seeds, and planted some trees and plants, so after (.) every week when we went there, we watered them, and saw them growing bigger and bigger. So once they start giving fruits, I felt really good.</p>	<p>He commented that nature was helpful due to its greenery and beauty. He also commented that plucking & eating fruits there, and chatting to people were helpful.</p> <p>He commented on having enjoyed planting seeds, watering them, and seeing them grow. He especially commented on feeling really good when he saw the plants/trees bear fruits from his work.</p>	<p>mood took a turn for the better. However, what were some mechanisms that enabled him to start being able to shift his bad moods to start feeling able to take in others' advice?</p> <p>He eluded to perhaps one helpful mechanism (that might have enabled him to start shifting his bad moods) was being in nature. He especially commented on the sensory aesthetics of nature being helpful – the green, the beauty, plucking & eating fruits. These pleasurable sensory experiences which he felt whilst being in connection to nature seemed to have evoked a great sense of pleasure in him. Besides finding it helpful being in connection to nature, he seemed to find helpful being in connection to people also.</p> <p>He found that the garden helped, as it gave him a sense of achievement based satisfaction when the seeds he had planted flourished under his hardwork and care. The process of witnessing the seeds grow gradually, and being able to nurture them patiently also made him feel good.</p>
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<p>Serenia: Hmm hmm. Ok. Do you remember what made you feel really good?</p> <p>Participant: Chillies and tomatoes I planted and watched it growing.</p> <p>Serenia: So you liked to watch the tomatoes and the chillies grow?</p> <p>Participant: Yeah, cos back home, we used to do farming, agriculture, so (1), (2), (3).</p> <p>Serenia: Ah, I see! So you've had experience of gardening before in Sri Lanka? Tell me what gardening experiences you had when you were in Sri Lanka?</p> <p>Participant: We had paddy field, and also growing chillies, okras - lady fingers, aubergine, and also we had cows at home. We used the cows fat for the farming</p>	<p>He commented on planting and watching chillies and tomatoes grow making him feel very good.</p> <p>Watching chillies and tomatoes grow was enjoyable to him as he used to also farm them back in Sri Lanka.</p> <p>Participant explained that he had farming (e.g. growing organic chillies, okras, lady fingers & aubergines where chemicals are not used) & agricultural experiences</p>	<p>He commented on feeling particularly good at the garden when he could nurture and witness the growth of chillies and tomatoes. The word 'I' he used here suggested a strong sense of agency and pride in his hardwork.</p> <p>Participant described growing tomatoes/chillies as farming instead of gardening. This reflects that the activity of growing vegetables took place in an agricultural setting instead of in a recreational setting (as gardening), which, perhaps emphasizes more on productivity. Hence, the type of enjoyment which participant derived here might be productivity based, as well as familiarity based (that he did so back in Sri Lanka).</p> <p>Participant's delightful emphasis on multiple occasions about the use of natural products/ingredients/fertilizer at the garden clearly</p>
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<p>agriculture as fertiliser. Not immediately but we'll dry that and when it gets old, a bit soft, we used that. So when we used that, we can see the taste it's very nice (1), (2), (3) the vegetables we grow were nice because they're natural and not chemicals.</p> <p>Serenia: Ok. Aha. So when you were at Sydenham Gardens, planting the seeds, watching the chilies and tomatoes grow, it reminded you of (.)?</p> <p>Participant: Yeah when I see them, it reminds me of my younger days growing these vegetables.</p> <p>Serenia: And when that reminded you of your younger days, how did you feel?</p> <p>Participant: Felt relaxed.</p> <p>Serenia: Felt relaxed, aha. So when you were seeing the seeds grow, the tomatoes and the chilies grow, how did you feel about yourself?</p> <p>Participant: So my mother used to tell us when we were young, you must</p>	<p>back in Sri Lanka (e.g. using cow dune as fertilizer).</p> <p>Growing vegetables at Sydenham gardens reminded him of growing vegetables in his youth, which, evoked a feeling of relaxation for him.</p> <p>Participant was reminded of his mother's advice to him when he was young – that</p>	<p>communicated his approval in the garden's use of organic products.</p> <p>It is interesting to see that growing vegetables at the garden seemed to have</p>
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<p>watch the plants growing, because when you watch, that will give you (.) you will feel more relaxed, also good for your mind, and also, it's also good for the plant when you go and watch it growing!</p> <p>Serenia: Say a bit more?</p> <p>Participant: And also the plants need light, we were told to keep the lights on for the plants (.)</p> <p>Serenia: In Sri Lanka or here?</p> <p>Participant: In Sri Lanka.</p> <p>Serenia: Can you say again what your mother said?</p>	<p>watching plants grow will relax him & benefit his mind, and that it is also good for the plant.</p>	<p>reminded him of his youth and his mother – perhaps an era where he felt more care-free and looked after, compared to his current emotional state of feeling burdened by his past and isolated?</p> <p>It is also interesting when participant pointed out the symbiotic emotional states between him and the plants – that they can both emotionally benefit from each other. It seems that participant anthropomorphise the plants which he was growing and gave them human qualities; perhaps that had enabled him to develop a more personal relationship with the plants, thus, was able to experience more of a sense of achievement when they grew.</p>
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<p>Participant: To leave the lights on until twelve o'clock midnight, because the plants need light. It's good for the plants. Because the plants could feel the human being movements, and they will start growing it seems.</p> <p>Serenia: Ah! Say a bit more, cos it's very interesting your mum said that when you, when you watch the plants, it's good for you?</p> <p>Participant: Like you know in the mornings they grow, and water the plants, and watch them, the plants will feel more happy and will grow. And that's also for you also because you will see the difference everyday of this plant.</p> <p>Serenia: Aha. Was this what made you feel happy when you saw the plants grow?</p>	<p>Participant explained that his mother advised him to leave lights on for the plants until midnight, and for them to feel his movement so they will grow.</p> <p>Participant further explained what his mother's advice was – to water and watch the plants so they will feel happier and will grow. Not only will the plant feel happier and grow, that he will also feel happier from seeing the plant grow every day.</p>	<p>Again, participant communicated an intriguing idea that he had learnt from his mother – that plants will grow when they feel movements from a human being – the 'romantic' notion that a plant needs to sense a human's presence to develop might further explain the special bond that participant had developed with his plants.</p> <p>Participant further explained the his mother's narrative on how to facilitate plants' growth – that they need to feel happy to grow; and to feel happy, they need the caring attention of humans. Participant's mother's narrative about plant care might have shaped his ideas about his role as the plant's care-taker – that not only must he be physically involved (watering it) but psychologically involved (attending emotionally to it).</p> <p>It also seemed that partially what had given participant the satisfaction in gardening – seeing plants grow, fits with his mother's narrative that he will himself feel happier too when he can see the difference in his plant everyday.</p>
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<p>Participant: So it seems hmm back home, in their land, there was a snake hole (.) where the snake live, don't know if you've seen it, but you'll see those sand, they build it out of sand then make it like a house (.)</p> <p>Serenia: Like a sand dune?</p> <p>Participant: Yeah. So it seems once he's levelled that, and put some chilli seeds and they gave a lot of chilli for them.</p> <p>Serenia: Ah! So when you were seeing the chillies grow at Sydenham Gardens, did it make you feel good about yourself, or how did it make you feel?</p> <p>Participant: Yeah I felt happy and more relaxed.</p> <p>Serenia: Hmm. Can you say a bit more about the happiness and the feeling of more relaxed. How did you feel in your body or in your mind?</p> <p>Participant: When we put the seeds, after one week, we came and saw two leafs there. So the following week it was like a big plant, with leafs and (.) another</p>	<p>He also talked about an agricultural trick used in Sri Lanka, where they grow chilli on snake dunes, which, would produce a good crop.</p> <p>He stated feeling happy and relaxed when he saw chillies grow at the garden.</p> <p>He further explained that he felt happy witnessing the process of the chillies growing bigger and bigger.</p>	<p>Participant did not seem to understand the question asked to him, but gave another example of how Sri Lankans use organic products from their surrounding environment (snake holes) for agricultural purposes instead of using artificial chemicals such as pesticides.</p> <p>Similar to what he had articulated in the above, he took much joy in closely observing plants and seeing them grow gradually. It seemed that he found the</p>
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<p>week you know, after, we saw the flowers coming, then the chillies coming out, getting bigger and bigger; that was making me happy.</p> <p>Serenia: Aha. Can you describe the feeling happy feeling? Did you feel it in your body, did you feel lighter, less tensed? Do you remember how did you feel it in your body, or even your mind?</p> <p>Participant: Feel a bit calm, and you know, relaxed, to see that. Sometimes I feel like spending more time there but we had to go after a certain time, and I feel a bit (1), (2), (3) and again, when I go out of that garden, back home, I start to get all these normal thoughts and worries again.</p>	<p>He described feeling calmer and more relaxed when he felt happier, and again commented that he wished how he could have stayed longer at the garden to stop negative thoughts from re-entering his mind.</p>	<p>transformation of the plants intriguing, 'held' the plants in mind even after he had left the garden and eagerly returned the next week with an anticipation that the plant would have transformed again. It seemed that in a way, the gardening experience at Sydenham Gardens still stayed in the participant's mind after he left the venue.</p> <p>Staying at the garden appeared to temporarily have provided a respite for participant from negative mind states from thinking about the past. Though, its positive effects appeared short-lived, as participant reported of re-experiencing such negative mind states again when he left the garden and returned home. However, he appeared to still significantly value the temporary respite that the garden gave him, and had a desire to stay longer at the garden instead of returning home.</p>
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<p>Serenia: So when you were at the garden, were you thinking about things (.) what was in your mind?</p> <p>Participant: Yeah, while in the garden, because there are other people, we'll be talking to each other, so most of the time, my thoughts will be gone about my past, I'll be busy, keeping my mind with them. But hmm sometimes, when something reminds me, I'll start to think about the past and my problems.</p> <p>Serenia: Aha. So you said that most of the time your mind at the garden was kept busy doing things and being with people, is that right?</p> <p>Participant: Yeah, that one, whatever you just mentioned. And also we used those vegetables to make food there for all of us.</p> <p>Serenia: Yeah.</p> <p>Participant: And that also gave some happiness.</p>	<p>He again explained that negative thoughts related to the past were parked aside when he kept himself busy talking to others at the garden. Still, these above negative thoughts could be triggered at times in the garden (similar to what he had mentioned already in the above section).</p> <p>Making food from vegetables that they have grown also gave him happiness.</p>	<p>He specified that the activity of speaking to people at the garden was what attracted his attention, and consequentially helped him suspend thinking about the past. This suggests that perhaps socialising with others was powerfully interesting and fulfilling enough to steer him away from powerful negative thoughts about the past. Though, participant still acknowledged the negative power of his past and commented that it can be re-triggered readily.</p> <p>Being able to consume food that was self-grown gave him much satisfaction, perhaps due to a more meaningful and intimate relationship that he had developed with the food through the process of growing them himself, and, a</p>
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<p>Serenia: Ah! Can you tell me about what made you happy about that?</p> <p>Participant: When David cooks, we'll go there and chop vegetables and give it to him to help him. And we also watch him doing everything. After he prepares the meal, he'll serve it and the food will be very hot and nice. So when we sit together and eat, that also gives a nice feeling to my mind.</p> <p>Serenia: What feeling did it give to your mind, when you were sat there and ate together?</p> <p>Participant: Because we grew that vegetables and now cook whatever we were eating, so that happy feeling.</p> <p>Serenia: Ok. If I ask you to choose your most enjoyable memory of being at Sydenham Gardens, what would that memory be?</p> <p>Participant: Learning how to make pizza! So we made</p>	<p>Similar to what he had noted in the above, he commented on experiencing a nice feeling in his mind sitting together with others sharing a meal that was cooked by staff. He also described how they were involved in making the meal with staff.</p> <p>He further explained that happy feeling of eating vegetables that they have planted together.</p> <p>Learning how to make pizza was his most enjoyable</p>	<p>sense of satisfaction that he had derived from it.</p> <p>Participant seemed to have felt the happiness experientially rather than conceptually. I was also struck by the immense joy that he experienced from engaging in what seemed mundane activities of preparing and sharing a meal with others, as such activities might seem non-noteworthy to others. However, participant's heightened sense of pleasure from such activities could be understood when considering the collectivist culture that he was a part of when he was back in Sri Lanka, where forming strong and long-standing relationships with others is an important value and past-time for its people. Further, the intensity of enjoyment that participant felt when being with people can perhaps also be understood from the angle of the gardening intervention being the first significant social opportunity for him to reconnect with other Sri Lankan Tamils after a period of separation from them.</p>
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<p>our own pizza and baked it in the oven and ate it. We all shared it.</p> <p>Serenia: Why was it your favourite?</p> <p>Participant: In the pizza shop, we don't see how they make it. So here we ourselves made the pizza, the pizza dough, and all the vegetables and (.) whatever we liked, we put in there. If we wanted hot pizzas, we put chillies. Some people liked tuna, they used tuna, and chicken to make the pizza. Using our own hands to make it then we ate it.</p> <p>Serenia: Yeah. So you really liked it, it was your favourite because you got to make it yourself?</p> <p>Participant: Yes.</p> <p>Serenia: How did it feeling making your own pizza?</p> <p>Participant: Happy. Because we were shown how to make it then put it in the oven. Then went to take it out, then eat it. I felt happy.</p>	<p>memory of being at the garden.</p> <p>Making pizza was his favourite memory as they were able to make the pizza themselves from start to finish, using their own hands and picking the ingredients that they liked.</p> <p>Making their own pizza made him happy also because him & other participants did not know how to make it before but now they were shown how to.</p>	<p>Similar to what he reported to have enjoyed about gardening in the above section, here similarly he reported of enjoying making pizza when he became deeply involved in the step-by-step process. He seemed to highly value and derive joy from being able to be involved in a task physically, using his bodily senses (e.g. using his hands to make pizza / eyes to observe how plants have grown). Besides deriving enjoyment from active physical involvement in the task of making pizza, he also had derived enjoyment from the creativity of making food that they liked.</p> <p>Being exposed to novelty and acquiring the skills to do something new made him feel happy.</p>
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<p>Serenia: What kind of happiness was it - was it like 'I made this thing', 'I've achieved something' that kind of happiness? Or happiness because you were, you know, with other people around? Yeah, say a bit more.</p> <p>Participant: Yeah watching it baking in the oven. It's like open clay, all natural you know. It's organic you know. In Sri Lanka, we made bread like that. So when I saw that, and also sharing with others, also sitting together and eating, that happiness.</p> <p>Serenia: Ah. So reminds you of back in Sri Lanka, the life there?</p> <p>Participant: Yeah, making bread like that.</p> <p>Serenia: What type of bread did you make in Sri Lanka?</p> <p>Participant: Normal bread. It's crusty, we usually eat crusty bread.</p> <p>Serenia: Yeah, yeah. So how did it feel to you having reminders of Sri Lanka?</p>	<p>Participant further explained that the naturalness of the ingredients & cooking method (open clay fire), and sharing the experience of enjoying food with others made him happy.</p> <p>The experience reminded him of making crusty bread back in Sri Lanka.</p>	<p>Participant had emphasised on many occasions how he had delighted from the garden's choice for natural ingredients and methods, as his home country also use such similar methods to produce food.</p> <p>Also, he again emphasised finding happiness from being together with other participants.</p>
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<p>Participant: Happy and also sometimes I feel homesick. Sometimes I cannot control when I get upset.</p> <p>Serenia: And you know when you said when you were making pizza, you were sat there eating with other people; how did you find being in a group?</p> <p>Participant: To some extent I was ok, but when I got homesick, then that's really terrible to bear.</p> <p>Serenia: Can you say that again? Did you not like being in a group when you felt homesick, or (.)?</p> <p>Participant: Because if I get homesick whilst I was there, then that's really upsetting for me, I'll start crying. Something triggers it.</p> <p>Serenia: Did the people trigger your homesick, or was it something else you think?</p>	<p>As he was reminded of the experience of making bread back in Sri Lanka, he reported of feeling a mixture of happy and homesick.</p> <p>He found it ok to be in a group except that it made him homesick which was hard to bear.</p> <p>Something at the gardening would trigger his homesickness and would make him cry.</p>	<p>Participant noted on different occasions that he found reminders of his home country at the garden, which, seemed to have triggered ambivalent bitter-sweet feelings for him. It is clear that even when he was at the garden in the UK, his mind/heart was still closely connected to his homeland, and that he missed it despite of the negative experiences which he had experienced there.</p> <p>He found it very hard to bear the feeling of homesickness at the garden when it became triggered. Perhaps this feeling was made hard to bear being in a foreign environment, and not knowing when or if he would ever be able to return due to problems with his immigration status.</p>
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<p>Participant: Like the oven. When I see that clay oven, I'll get homesick sometimes, then I'll start thinking about my mother.</p> <p>Interpreter: Only his mother it seems, his father was murdered by the Sri Lankan army.</p> <p>Serenia: Hmm hmm (.) If you had done the Sydenham Gardens project yourself instead of with people, do you think that the experience would have been different?</p> <p>Participant: Yeah. If I am alone there, then yeah, it would have been different - I'll be thinking about something else.</p> <p>Serenia: What things do you think that you'll be thinking, if you were by yourself?</p> <p>Participant: Because I'm alone here, I don't have anyone here, I have no help. Also I get thoughts about dying, committing suicide. Like why am I living this life, what is this, what's the purpose of this? That was why I was having counselling in two places - one here and one</p>	<p>Physical reminders of home at the garden (e.g. the clay oven) will trigger homesickness and him thinking about his mother.</p> <p>He commented that his experience of the gardening will be different if he had done it by himself instead of with people; being by himself would have triggered a feeling of isolation, helplessness and suicidality.</p>	<p>He explained that a physical reminder at the garden will trigger him thinking about his family.</p> <p>He again highlighted how the social element in the intervention was very important to him, and noted that the protective factor of having people around protecting him from his suicidality, which, perhaps was triggered by feelings of helplessness and isolation? Perhaps that having others around him helped him feel</p>
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<p>somewhere with a Tamil lady.</p> <p>Serenia: And you know when you were planting the seeds, and watching the seeds grow, doing the gardening work, were you thinking about suicide?</p> <p>Participant: Not always. Sometimes. Later on after I started attending regularly, those thoughts were slowly disappearing. And it was getting better but last year, after I got a bad reply, now it's getting worse.</p> <p>Serenia: Ok, aha. So before last year, you said that the thoughts were getting better with the gardening, is that right?</p> <p>Participant: At the beginning going to the garden I was crying there at least three times a day but later on it slowly stopped. Now again after the problem started in august, I've been finding difficult to get sleep. Sometimes I sleep two o'clock in the morning.</p> <p>Serenia: Hmm hmm. You said that when you started going to the gardening, you were crying a lot, then with</p>	<p>Participant explained that sometimes he thought about suicide whilst gardening, however, those thoughts slowly disappeared after he started to attend regularly. Still, the thoughts increased again last year after he received a bad reply (from immigration).</p> <p>He further explained that he was feeling very depressed & suicidal, and was crying often when he started the gardening. However, his mood improved but then deteriorated again last year (with negative immigration news).</p>	<p>less isolated, as well as less helpless by providing him with support and alternative perspectives on his situation.</p> <p>Participant's reported suicidal thoughts gradually disappeared after regularly attending the intervention, perhaps, due to the above noted protective factor of having people around him. Still, his sense of wellness and non-suicidality did not seem long lasting given the on-going challenges of applying for immigration.</p> <p>He again noted that he was psychologically very unwell when he started attending the intervention, however, improved significantly after he started attending it. Still, the feeling of wellness was not sustained given his on-going immigration challenges.</p>
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<p>time, you started crying less?</p> <p>Participant: Yes.</p> <p>Serenia: Do you think the gardening helped with that, or (.)?</p> <p>Participant: Yes, it was helpful.</p> <p>Serenia: How do you think it helped you to cry less?</p> <p>Participant: Because I made friends there, and talking to them, spending time with them chatting to them, listening to them. They'll call me, I gave my phone number and they start calling me and talking to me. So sometimes in the night I won't get sleep until 2 o'clock in the morning. The emergency number or crisis or something, and after talking to them at 4 o'clock I'll get sleep.</p> <p>Serenia: So you were talking to the helpline or (.)?</p> <p>Participant: Yeah, crisis. Yeah, was crying a lot and getting thoughts about committing suicide, and</p>	<p>He felt that the gardening helped him feel less. He mainly attributed the positive change he felt to having made friends with other participants; he explained that spending time talking to them was very helpful. He reported that he was also using the crisis line when he was feeling very suicidal.</p>	<p>He again highlighted for him the power of socialising and making friends in his psychological recovery during his time at the intervention. It appeared that having had the basic human need met of bonding with other humans by having had opportunities to talk to them was most significant in his journey of recovery.</p> <p>Besides talking to others, he also seemed to have played the role of being the listener and helper for other participants; although he had not explicitly mentioned that this was helpful for him, still, perhaps being able to experience his own ability to help others was also helpful in his journey of recovery?</p>
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<p>really worried about things (1), (2).</p> <p>Serenia: Aha. Do you remember at Sydenham Gardens, did you have one most unpleasant experience? One experience, memory that you really didn't like?</p> <p>Participant: I don't think so. That kind of experience is less for me I don't think I have anything.</p> <p>Serenia: I know earlier on I asked you about your most enjoyable memory, but how about your most memorable one - so the one you can remember most?</p> <p>Participant: Plucking apples from the trees and eating. And taking it home. (Heavy laughter).</p> <p>(Laughter)</p> <p>Serenia: Tell me why it's your most memorable memory?</p>	<p>Participant cannot recall having experienced an unpleasant experience at Sydenham Gardens.</p> <p>He noted that his most memorable memory from the gardens was plucking apples from the trees, eating them and taking them home.</p>	<p>It is intriguing to consider if participant's absence of unpleasant experiences at the intervention was due to him truly not having experienced any, or, other reasons such as him feeling grateful for the intervention being offered to him in his moment of despair? Or, perhaps an absence of unpleasant experiences can be due to a reluctance to offend by offering any negative feedback.</p> <p>I was struck by the simplicity of what participant commented as being helpful for his recovery – being able to converse with others; or, his most memorable experience being plucking/eating/taking away apples. His heavy laughter whilst recalling the above most memorable experience at the garden communicated the gleefulness that he felt from such a seemingly simple activity.</p>
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<p>Participant: Because the trees are full of apples, and it tastes sweet.</p> <p>Serenia: Aha. How did you feel when you were plucking the apples, and tasting the sweetness? Can you describe how did you feel in your mind? How did you feel in your body?</p> <p>Participant: Happy and cool, and (1), (2), (3) because sometimes I went there without having my breakfast, so after eating that I felt good (lighter laughter).</p> <p>(Lighter laughter together)</p> <p>Serenia: Good? And in your body, do you remember if you were feeling tensed, or maybe relaxed, or (.)?</p> <p>Participant: Like getting some energy.</p> <p>Serenia: Ah. From what?</p>	<p>The above memory was memorable as the tree was full of apples and that the apples tasted sweet.</p> <p>He recalled feeling good when plucking the apples from the trees, and felt happy and cool in his body, especially when he went to the gardens without having had breakfast.</p>	<p>There was almost a childlike innocence in his awe and excitement in seeing a tree full of apples and tasting their sweetness. For him there seemed to be something very pleasing about a simple way of living.</p> <p>It was interesting that for participant, he synonymised feeling cool to feeling happy whilst he was plucking the apples from trees. Also, the thought of plucking apples provoked a humorous comment from him. As one usually finds it easier to find humour whilst feeling relaxed, it can be assumed that participant was feeling a mixture of happiness and relaxation whilst engaging in the above activities.</p>
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<p>Participant: Yeah, because I take 45mg of Mirtazapine, so after taking that, my energy will be very low. So when I come here and eat apple, that gave me some energy.</p> <p>Serenia: The eating apples gave you energy? Or other things at the garden?</p> <p>Participant: Sometimes I'll pluck tomatoes and eat, so whatever I find, I'll pluck them and eat.</p> <p>Serenia: So you said eating the foods made you feel that you have more energy?</p> <p>Participant: Yeah.</p> <p>Serenia: Hmm (.) where did you feel the energy?</p> <p>Participant: My mind. Because it will lessen my hunger, so for my mind.</p> <p>Serenia: Ah ok. Do you remember your last day at the group?</p>	<p>He further explained that when he felt good from plucking/eating the apples, he experienced himself getting some energy, due to low energy from the Mirtazapine that he was taking.</p> <p>He noted that not only eating apples gave him energy, other foods from the garden such as tomatoes also gave him energy.</p> <p>He commented on the foods that he had plucked at the garden quenching his hunger, thus, gave his mind energy.</p>	<p>Instead of being helpful, an antidepressant that he was taking at the time ironically depleted his energy instead of added to it. It transpired that a natural food such as an apple or a tomato was what gave him energy.</p> <p>Participant made a mind-body connection here in himself, explained that his mind had more energy when his hunger was quenched after eating at the garden. It seemed that he associated his bodily wellness with his psychological wellness at the gardens.</p>
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<p>Participant: Yes. The last day there were plenty of tomatoes, so I ate a lot of tomatoes. The red ones. The ripe ones.</p>	<p>Last day – he recalled eating a lot of red and ripe tomatoes.</p>	<p>Participant described his experiences at the garden with rich sensory details e.g. describing the tomatoes that he ate on his last day were red and ripe. It seems like even though that the intervention had ended for him long ago, he could still recall some scenes vividly, with a lot of sensory details.</p> <p>Also, on his last day at the garden, he recalled having eaten a lot of red and ripe tomatoes; from what he had commented on in the above section, if eating fresh products from the garden injected him with energy and goodness, then, it can be interpreted that he spent his last day at the garden trying to take in/store up as much energy/goodness as possible.</p>
<p>Serenia: How did you feel on your last day?</p> <p>Participant: I told David and Carmaine I won't go, I'll be coming here. So they told me don't worry, we're not stopping you from coming. You can still come to the church garden - that will give you some relaxation. First, I didn't like going there. Later on, I started going there after a few weeks I got used to that place, and now I like it.</p>	<p>Last day at the gardens – he recalled feeling reluctant to stop attending the gardening group and told the staff about his feelings. Staff offered for him to attend a new initiative (a church gardening), which after some time of getting used to it, he began to like it.</p>	<p>It was clear that the participant felt a strong sense of reluctance and sadness having to stop attending the intervention. His relationship with staff was also trusting enough for him to disclose his feelings honestly to them about this reluctance.</p>

<p>Serenia: Ah.</p> <p>Participant: In there, they cleared the land and planted the same (.) chillies, apples, tomatoes and (.).</p> <p>Serenia: You know you also said that you liked it when you were with other people and friends, did you say that?</p> <p>Participant: Yeah, some Tamil boys come there.</p> <p>Serenia: At Sydenham Gardens, yeah?</p> <p>Participant: Yeah.</p> <p>Serenia: What did you guys talk about? How was it like with the other Tamil boys?</p> <p>Participant: Like we'll enquire each other how we're being, or feeling. And how do you manage food, and how is the place where you're living. Like the problems happening in Sri Lanka, and how it's affecting us from going there. We'll feel upset because the torture we had been through are <u>still</u> going on there, hasn't stopped, so</p>	<p>Topics of conversation with fellow participants would include checking in with one another on wellbeing, management of food & living situation, news in Sri Lanka and future prospects, atrocities that were still on-going in Sri Lanka.</p>	<p>Conversation topics with fellow participants revealed what was on participant's mind at the time of attending the intervention – psychological wellbeing, practical living situations, politics & on-going atrocities in their home country, future prospects of returning there. It seems to cover a broad range of topics – from intimate to more global;</p>
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<p>we all get worried and upset about it. And also we know that to the outside world, they're just covering up, and say 'everything is fine now'. But inside, still the same thing is happening. We have witnessed so many things, like treating the women very badly, without clothes, kicking their bodies, dead bodies, just throwing away in trucks, you know those things (crying).</p> <p>Serenia: It's upsetting talking about it (1), (2), (3), (4). Must be upsetting thinking about it (1), (2), (3), (4), (5), (6).</p> <p>Participant: Those women who were killed were tortured severely. One of my friends living with me at the moment told me that he had witnessed in the prison - you know in a plastic tube, they will fill it with water and freeze it, and insert in women's private part, and hitting them (1), (2), (3), (4) and after they'll rape them (1), (2), (3), (4), (5) and some women died of that torture (1), (2), (3), (4).</p> <p>Serenia: Hmmm (1), (2), you ok to go on a little bit longer, or you want a break, take a walk or (.)?</p>	<p>Participant continued to share further details about how the Sri Lankan Army tortured civilians.</p>	<p>practical to more psychological.</p>
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<p>Participant: I'd like to have some water.</p> <p>(A 10-minute Break)</p> <p>Participant: After 14, I stopped going to school because of all the political problems in Sri Lanka, and we moved to (location in Sri Lanka), where one lady (.) my cousin who was 14 at that time, she was going to school, and unfortunately that day when she was going to school, there was some conflict going on between the Sri Lankan army and the Tamil Tigers, and she was caught up in the middle of the shootings and she died. Two soldiers go injured. After they arrested some people. So people went and hid themselves in a house. And my cousin was also in that house hiding for safety. So the Sri Lanka army walked in, and took all the people, and my cousin was raped and killed.</p> <p>Serenia: Hmm. So at that time, before you came to the UK, were you working, or (.)?</p> <p>Participant: We were displaced. We were try to move to different places for</p>	<p>Participant continued to share further personal details about how the Sri Lankan Army tortured civilians.</p> <p>The civil war interrupted his daily living (studies/work etc), as he had to move around in search for safety.</p>	<p>He felt the losses of his vocation and future prospects with the disruption of the civil war.</p>
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<p>safety and I couldn't do my studies or work or anything.</p> <p>Serenia: What did you want to do before, what were your plans?</p> <p>Participant: I wanted to be a teacher. Or a farmer.</p> <p>Serenia: So it sounds like it was all happening, then you got caught up and got tortured yourself?</p> <p>Participant: So till (date) I was with my family. Then in (date), the Tamil Tigers needed people to join, so I joined them. So at that time, my uncle and his friend were shot whilst they were sleeping they were shot. One of our neighbour was pregnant, 6 months pregnant at the time. She was raped and killed. And throw her body in a running river. So one of the lady's sister saw a dead body floating in a river. So when she saw it was her sister, she was shocked it seemed because her body was burnt with cigarettes and naked.</p> <p>Serenia: Hmm. I wanted to know what made you come to the UK; was it because you were tortured and then you escaped?</p>	<p>He explained that he wanted to either be a teacher or a farmer before.</p> <p>He gave more of his autobiography (e.g. about joining the Tamil Tigers), and information about atrocities that the government had committed.</p>	<p>It seemed that he was interested in the vocations of teaching/farming – could his interest in farming have fueled his enthusiasm for planting/harvesting foods at the gardening intervention?</p>
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<p>Participant: I was arrested and tortured, beaten. I was tied upside down and beaten. They wanted me to join them - the Sri Lanka wanted me to join them and spy for them on the Tamil Tigers. And they kept on saying that I'm still an LTT member, and I got weapons. They wanted me to give the weapons, so I told them that I left LTT long ago, because my (relative) was mentally upset after my (relative) was shot and killed.</p> <p>Serenia: Hmm. You know before all of this happened, what kind of person were you; so if I had met you before you were tortured, what kind of personality did you have?</p> <p>Participant: I was a student, attending school. My school was burnt down. I was working hard and doing well. I was happy because my parents were doing well. I didn't have any kind of problems (1), (2), (3). I had everything which I wanted. We had cows at home, I'll go and milk the cows.</p> <p>Serenia: So with the war that has gone on, and the torture, do you think that it has changed you as a person? Your personality?</p>	<p>What led him to escape to the UK – he was arrested, tortured and beaten, and asked by the Army to spy on the Tamil Tigers.</p> <p>Before the civil war, he was a student, working hard and doing well. His parents were also doing well, and they were problem-free and happy. He also described life at the time involved milking the cows at home.</p>	<p>He described having lived a somewhat care-free and well-provided for lifestyle back in Sri Lanka; this sheds light on how hard displacement/resettlement must have been for him moving away from such an idyllic setting. Also, this sheds light on how physical reminders at the garden, like he had commented in the above, would remind him of this idyllic life-style which he was previously living.</p> <p>Further, him describing milking cows at home gave an idea of how he might have</p>
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<p>Participant: Yes.</p> <p>Serenia: Can you tell me how it changed your personality?</p> <p>Participant: Yeah, we were always in fear, overtime the Sri Lankan soldier will come to our area, and we will find it difficult to live in a place, or have our food, or cook our food and eat. When people go on the bus, they would burn down the bus. But it didn't happen to me.</p> <p>Serenia: So it sounds like it's made you feel fear?</p> <p>Participant: Yeah.</p> <p>Serenia: Do you think that the gardening helped you with feeling more safe, or helped you with this fear?</p> <p>Participant: The fear and also the shivering. Shaking. Sometimes I'm unable to do anything.</p> <p>Serenia: When you were at the garden, or (.)?</p>	<p>He expanded on his experience on persecution by the Army which led to displacement. One example he gave that illustrated the instability of living during persecution was not being able to cook their food and eat.</p>	<p>been used to a more country-style living before, and was in close contact with animals and nature.</p> <p>I wonder if this further explains why participant found the gardening experience of plucking and eating apples from trees an immensely joyful one; as in the context of having had a period when he was not even able to eat peacefully, being able to enjoy an apple undisturbed must have provided a feeling of joy, peace and stability from being free from fear.</p>
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<p>Participant: Yeah. Before coming to the garden and when I started coming to the garden, it was there. Then slowly it stopped that.</p> <p>Serenia: Why do you think that it stopped that? What do you think that it slowly stopped the fear and the shaking?</p> <p>Participant: I think because they were supportive. They were telling any problem, discuss with us, or tell us we'll try to help you. That kind of supportive-ness. And telling us how to handle about the past experience. They'll tell us how to forget about the past and restart a new life.</p> <p>Serenia: Aha. You know with the war and the torture, did it change how you feel about other people? So maybe some people they used to think that people are good, and after the war they</p>	<p>He described that prior to attending the intervention, he was fear ridden, and experienced bodily fear responses such as shivering and shaking. He also described sometimes being frozen by fear that he was unable to doing anything.</p> <p>He reflected upon what calmed his fears was the staff's supportiveness of him – he specifically referred to staff's encouragement for him to disclose about his problems for them to help him, and giving him advice on how to manage negative past experiences to restart a new life.</p>	<p>It appeared that his fight/flight/freeze responses were very heightened when he first started to attend the garden but then they stopped, presumably due to certain calming experiences that he had experienced at the garden that had helped to soothe his body and mind.</p>
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<p>started thinking that people are bad?</p> <p>Participant: I have a slight feeling that whoever did this torture to me or to others, they are inhuman, and you know, that kind of feeling.</p> <p>Serenia: Can you say a little bit more?</p> <p>Participant: Because people kill people - it's difficult to understand.</p> <p>Serenia: Hmm. How did it make you feel seeing people kill people?</p> <p>Participant: It's very difficult to understand (crying).</p> <p>Serenia: It seems really hard to understand (1), (2), (3), (4).</p> <p>Participant: Because there're people who have been tortured and killed have been shown on telly and in social media and everything. And their family had seen what the member of their family has been through. And no action has</p>	<p>It seemed that after being tortured, he started seeing how people can be inhumane.</p> <p>He expanded that he started seeing how people can be inhumane when they saw people killing others, which, is difficult for him to comprehend.</p> <p>(Participant starting sobbing hard when thinking about how people can kill others).</p> <p>He especially empathised on how hard it must be for the families of those whom have been killed to see that no action has been taken against the perpetrators.</p>	<p>The torture altered his perception of human beings, as he began to see the inhumane sides of them, as he could not comprehend how people can kill. Perhaps, since the torture, he has been seeing others with a more cynical lens, and might have found it harder to readily have trust in the goodness of other human beings.</p> <p>He clearly expressed here a sense of injustice that he feels about the lack of justice that has been done regarding the atrocities in Sri Lanka.</p>
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<p>been taken against those people who did that. So the feeling inside those family will be really bad.</p> <p>Serenia: Hmm. You know with the gardening that you went to - did it help you feel more positive about people, or not really, or (.)?</p> <p>Participant: Yes, yes. Until today, it gives me positive thoughts about them.</p> <p>Serenia: What kind of positive thoughts do you think you've got?</p> <p>Participant: Like when we needed help (.) like whenever I asked for letter, or any supportive document, they were really helpful, always gave me. So that makes me more happy.</p> <p>Serenia: Hmm. Just last one or two questions yeah? So with the war, did it change how you look at life?</p> <p>Participant: Yeah. Like life is short and we must live a good life, and also do good</p>	<p>He explained that the intervention gave him more positive thoughts about people – that they can be helpful and made him feel happy. For example, that staff would always provide him with supportive letters or documents when he asked them to.</p> <p>The war in Sri Lanka made him realise that life is short so must be lived well. Also,</p>	<p>It seemed that the torture led him to developing more negative thoughts about humans – that they can be incomprehensibly cruel to each other. Still, the support that participant felt from staff was a consistently positive source that gave counter evidence to suggest that humans can also be supportive of each other. Perhaps, the support that was felt by participant at the garden acted as a buffer against a complete disintegration of his positive views about other human beings.</p> <p>It seems that despite his trauma, participant still held on to a hopeful and upbeat</p>
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<p>for others. And don't do anything bad to others (1), (2), (3). I'm unable to forget all about what had happened in the last war. People were captured and (showed us a printed photo) - so these two people (1), (2), (3) and this child was only 16 year old. They were beaten and shot (1), (2). that man had lost both arms (1), (2), (3), so they killed those people. So if they see people like me I don't know what they would do. Because I heard that they will go and (.) you know what they're doing here ISIS.</p> <p>Serenia: Yeah.</p> <p>Participant: I think that they'll take a vehicle and go and hit the people, and murder like that, they're doing there as well to the Tamils.</p> <p>Serenia: Hmm. Did it change (.) did the war change how you look at your future?</p> <p>Participant: Yes, I can see it's different now.</p> <p>Serenia: Can you say how it's changed?</p>	<p>to do good for others and refrain from harming others. He commented on being unable to forget about what had happened in the last war in Sri Lanka.</p> <p>He thinks that the war has changed how he looks at his future.</p>	<p>way of life, and promotes living well and doing good for others.</p>
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<p>Participant: Because my family is over there and I'm here on my own. My wife and three children are there. My brother was also arrested and tortured. My brother, he was terribly tortured, and because of that, his brain is damaged, he cannot do anything on his own. I've got to do everything for him, and I'm looking after him. He's here now. That's why we left the country and came over here.</p> <p>Serenia: Hmm, hmm, hmm.</p> <p>Participant: My (relative) is having mental illness, and she's on and off the hospital (crying).</p> <p>Serenia: Hmm it's hard to think about this (1), (2), (3), (4) do you want a tissue?</p>	<p>He explained about his current circumstances of being in the UK looking after his brain-damaged brother due to being tortured by the Army. He is here in the UK on his own with his brother, and most of his family are still over in Sri Lanka.</p>	
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Appendix 13 **Journal Article**

This journal article below is prepared for the International Journal of Qualitative Studies on Health and Well-being – a Taylor & Francis published journal. The article follows the journal's recommended structure, and is below the 10,000 word-limit:

Sri Lankan Tamil Asylum Seekers' Experiences of a Community Garden Based Trauma Intervention: An Interpretative Phenomenological Analysis

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ABSTRACT

Given the significance of social and systemic processes in asylum seekers' trauma intervention, the emergence of community horticultural therapy's efficacy in treating trauma, and a current lack of research on best ways to support Sri Lankan Tamils' trauma recovery, this research will examine the subjective experiences of community gardening as a trauma psychological intervention in the recovery process for male Sri Lankan Tamils who have been diagnosed with war-related PTSD. Semi-structured interviews were conducted with six participants, all male Sri Lankan Tamil asylum seekers or former asylum seekers aged 18 or above, given a formal dia. Using Interpretative Phenomenological Analysis (IPA), interview recordings were transcribed, coded and analysed. The three superordinate themes emerged in the findings are the value of being with others, the value of activities that they engaged in at the intervention, and the intervention's acceptability and feasibility. The research's limitations are highlighted and future research recommendations are made.

Keywords: Sri Lankan Tamils, community gardening, asylum seekers, trauma, horticultural therapy, counselling psychology.

INTRODUCTION

According to United Nations High Commissioners for Refugees in 2021, 1 in every 88 people in the world is either internally displaced, a refugee or an asylum seeker. The UK government's latest statistics on refugees and asylum seekers states that a total number of 63,089 asylum applications have been made in the UK in the year ending 2022 (Home Office, 2022) – the highest number for almost 20 years. This urges even more of a pressing

need for the UK to better understand health-related challenges that asylum seekers face, especially given how many asylum seekers have undergone psychological hardships prior to arriving in the UK.

One primary reason for Sri Lankans to seek asylum in the UK concerns the Sri Lankan Civil War – an ethnic-political conflict started in 1983 following Sri Lanka's independence from Britain in 1948. During these years of civil war, almost 1 million Tamils had fled from the country, and it was estimated by the United Nations that around 70,000 civilians were killed (United Nations, 2007). During the war, watchdog groups have accused both the Sri Lankan Government and the LTTE of human rights violations, including abduction, extortion, arbitrary detainment, torture, sexual abuses, enforced disappearances and the use of child soldiers. This points to the need for the UK to consider how to best support psychological challenges that Sri Lankan Tamil Asylum Seekers (SLTAS) face, as a result of the atrocities that took place during the Sri Lankan Civil War.

Trauma in SLTAS and the Precarious Position of Traumatized Male SLTAS

Many SLTAS have to cope with psychological struggles from trauma exposures during the war. Indeed, there is a reported population of around 110,000 Sri Lankan Tamils currently residing in London (the city where most UK based Sri Lankan Tamils are based), many of whom suffer from torture-related trauma from the war (Somasundaram, 2004). Although both genders were exposed to brutality during the Sri Lankan Civil War, it could be argued that men were made even more vulnerable as they were often more targeted during the war, being at a higher risk of being killed, detained and tortured. Male SLTAS are also prone to critically ruminate on self-perceived psychological weaknesses during the war (Affleck et al, 2018).

Both pre-migratory and post-migratory difficulties adjoin to present a specific type of challenge to male SLTAS' experiences of their own sense of masculinity. Besides having their masculinity challenged, male SLTAS might also view themselves less favourably for being refugees. Judge (2010) explained how powerful social ideologies of what it means to be a refugee can be, given they could often carry negative connotations of one who is weak, depoliticised and dependent. These undertones might present additional challenges to Sri Lankan asylum seeking men's already shaken self-notion of masculinity.

Community Psychology for War-affected SLTAS

Upon understanding the ethical significance of thinking beyond a merely western construct in PTSD treatment for non-Western asylum seekers, and the value of conceptualising a more pluralistic approach, the question of whether the current predominant treatment approach in the UK of offering individual treatment is the most beneficial for asylum seekers is brought to the fore.

Webster and Robertson (2007) urged for the adoption of such pluralistic treatment approaches as they advocated for the inclusion of community psychology in working with refugees. The reasons put forth include how psychological difficulties are not always seen as located within the individual, thus, it is vital to consider the wider contexts of refugees' distresses.

Indeed, Somasundaram (2016) emphasised the critical role of community in trauma recovery for those affected by the Sri Lankan War, as communities were targeted in war, with support systems, networks and traditional structures being destroyed. The destruction of communities is particularly detrimental to more collectivist societies (such as the Sri Lankan Tamils) because individuals' identities are more intertwined with one another. Thus, relationships and a tighter-knitted social network are arguably valued even more highly than in more individualistic societies (Somasundaram & Sivayokan, 2013).

Hofstede's work (1980) further helps to understand the varying values that individuals in more collectivist societies such as Sri Lanka hold – in an individualistic society, ties between individual members are loose, and everyone is expected to take responsibility for themselves and their immediate families only. Whilst in a collectivist society, members are more integrated into strong and cohesive groups that often extend beyond their immediate families. These groups then would protect them in exchange for their loyalty.

Still, considering how Sri Lankans' identities are constructed more socially instead of in separation from others, it is to say that the community, and a sense of belonging in it, could play an essential role in their recovery of PTSD and re-establishment of personal wellbeing (Gambrel & Cianci, 2003).

Community-based Intervention and Counselling Psychology

The use of a more psychosocial approach to treatment as a community-based intervention is an approach that speaks to the ethos of Counselling Psychology as a profession due to its 'anti-medical' approach, which leads it to recognise more the value of communities and local resources in clients' journeys to recovery. This de-emphasis of solely handing over power to 'experts' for healing, aims to better empower clients. Besides, Counselling Psychology's emphasis is on not losing sight of how clients are relational beings, thus, the importance of conceptualising their distresses from an interpersonal viewpoint. Also, as Counselling Psychologists are committed to meeting clients' psychological needs, it is therefore crucial to understand and acknowledge the social needs and their cultural meanings in trauma healing for SLTAS. The adaptation of a more culturally sensitive and respectful approach could hopefully lead to a more holistic repair of SLTAS' trauma taking into consideration their social ecologies.

HT for Asylum Seekers and Refugees

Emerging data is throwing promising light in the direction of using an alternative treatment approach such as HT to support individuals experiencing trauma to recover from their struggles. In the last 10-15 years, studies which specifically explored HT's effects on asylum seekers and refugees, and those who have experienced the traumatising effects of war are trickling through. These studies have promising outcomes and show the potential of HT on traumatised or war-affected asylum seekers and refugees. For instance, the value of community was found in Bishop & Purcell (2013)'s study of a UK based community gardening group for refugees. Similar findings have also been found in Linden & Grut (2002)'s 'Natural Growth Project' garden based intervention, where a sense of community was valued by participants and powerful metaphors were drawn between participants' own lives and the happenings at the

garden.

Research Aims

The specific objectives of this research are:

- 1) Further the understanding of a community garden based intervention's impact on the recovery of Sri Lankan Tamils who have been victims of trauma
- 2) Inform Counselling Psychologists of a more psychosocial model of working with trauma
- 3) Investigate the use of HT in other client groups, such as in ethnic minority and asylum seekers, given that current research on HT's use on trauma treatment have been mainly conducted in the context of military veterans' rehabilitation

As there appears to be a gap in knowledge in literature in how to best support trauma recovery for male SLTAS who have been diagnosed with PTSD, the current research aims to fill this gap by examining the subjective experiences of community gardening as a trauma psychological intervention. To the author's knowledge, this gardening intervention is the first HT treatment intervention that has been set up specifically for male SLTAS both in the UK and worldwide.

METHODOLOGY

Interpretative Phenomenological Analysis

IPA is a qualitative methodology and is rooted in three areas of philosophy of knowledge: phenomenology, hermeneutics and idiographic (Smith, Flowers & Larkin, 2009). It is a well-suited methodology for this study because the research aims to understand how participants who took part in the Lewisham IPTT's gardening intervention (a phenomenology) made sense of it (interpretation), which, is a novel topic that has not been studied before. Hence, it is important to derive more complex data of participants' lived experiences to inform this new area of study.

Details of the Gardening Intervention

Development of the Gardening Intervention

The gardening intervention is a Sri Lankan Refugee project treatment group that began in July 2014, as was developed by Lewisham IPTT (Integrated Psychological Therapy team) – an NHS specialist secondary care psychological therapies outpatient service in partnership with the Sydenham Garden project. Lewisham IPTT is a NHS specialist secondary care psychological therapies outpatient service that provides assessment and treatment for those over 18 year-old with severe mood, anxiety and personality disorders based in South London.

Sydenham Garden is a wellbeing centre in South London that utilizes its gardens to help people in their recovery from mental and physical ill-health in the borough of Lewisham.

Nature of the Gardening Intervention

The gardening intervention was held on a weekly basis and consisted of two parts. The first part was an hour-long of group horticultural activities (building a greenhouse, building sheds, woodworking, making a pavement, pulling down trees, weeding, seeding, and watering plants). The second part was an hour-long PTSD psychoeducation group that had a PTSD management related topic each week (reclaim lives by engaging in meaningful activities in the week, integrate more into life in the UK, activate themselves to manage low mood, rediscover what their personal strengths are, manage anxiety and panic attacks (e.g. by learning to manage fears about other people), relax themselves (e.g. by using relaxation techniques, for example, progressive muscles relaxation and meditation), manage sleep difficulties, manage nightmares and flashbacks (e.g. by creating a 'safe space'). At the end of each weekly session, there might be an additional group activity of making pizza in an on-site clay oven, or drinking tea sitting inside the greenhouse.

Participants

Sampling and Recruitment

84 participants had partaken in the gardening intervention at the time of the recruitment. Out of the total six participants recruited for this study, five were recruited by the 'Gatekeeper' of the study and one was recruited using snowball sampling.

Inclusion / Exclusion Criteria

Participants who had satisfied the following criteria were deemed eligible and were invited for the study:

Inclusion criteria:

- i. Male Sri Lankan Tamil asylum seekers or former asylum seekers aged ≥ 18 years old – only male participants were included due to this research's particular interest in this vulnerable client group. The age of participants was set at 18 as this is the age of majority in the UK, and persons at that age are treated as adults by the law (Office for National Statistics, 2019). Therefore, assuming that the participants were able to fully understand the details of the research and give full consent of their participation in it
- ii. Primary diagnosis of PTSD due to war-related trauma from the Sri Lankan Civil War (especially torture); diagnosis of PTSD was carried out by Lewisham IPTT
- iii. Participants who have fully completed the gardening intervention
- iv. Participants had to have no professional or personal affiliation with the researcher

Exclusion criteria:

- i. Participants who expressed any significant and immediate risk of harm to self and/or others

Participant Details

A total of six participants took part in this study. All participants were male Sri Lankan Tamil asylum seekers or former asylum seekers aged 18 or above, given a formal diagnosis of PTSD by Lewisham IPTT due to war-related trauma from the Sri Lankan Civil War (especially torture). All of them had attended between 7 to 21 sessions of the gardening intervention. A list of participants' background characteristics at the time of their interviews is detailed in Table 2 below. None of the participants have any professional or personal affiliation with the researcher. At the time of the study, participants were also not expressing any significant and immediate risk of harm to self and/or to others.

Table 1, Part 1: *Participants' Characteristics at the Time of Interview:*

Pseudonym	Initial presenting problems	Age	Place of origin in Sri Lanka	Education level	Employment status	Year of arrival in the UK	Living situation in the UK	Year attended the intervention	Number of intervention sessions offered and attended
Janith	Insomnia, nightmares, intrusive thoughts about torture and intense anxiety about the possibility of his family being tortured	35	Kandy	Part way through A-levels	Unemployed	2012	Living with relatives	2014	21/26
Supun	Flashbacks from torture and nightmares. Feeling very scared when reporting to the Home Office. Spent most day lying on the bed and appeared detached to others	38	Akkaraipattu	Primary school	Unemployed	2010	Living with relatives	2014	15/18

Table 1, Part 2: *Participants' Characteristics at the Time of Interview:*

Tharindu	PTSD symptoms including insomnia, flashbacks and nightmares. Worrying about the welfare of his parents who are living back in Sri Lanka	26	Kilinochchi	First year of A-levels	Unemployed	2010	Living with relatives	2015	16/22
Rehan	PTSD symptoms such as flashbacks, intrusive thoughts, nightmares and intense anxiety. Sleep difficulties and worrying about the future	31	Colombo	A-levels	Unemployed	2010	Living with relatives	2015	20/20
Gayan	Nightmares, flashbacks, mood fluctuations, sleep difficulties and depressive mood	43	Jaffna & Trincomalee	A-levels	Unemployed	2008	Living with his brother	2014	7/16
Lahiru	Nightmares, flashbacks and recurrent depression	27	Jaffna	A-levels	Self employed in building works	2014	Living with his wife	2016	8/16

Interpreter and Interpreting Details

Participants were asked if they would like an interpreter to be present at their interview and all opted in favour. The interpreter's first language is Tamil and second language is English. She has received training in community interpretation, and has been interpreting in different settings and for different client groups in the community in the last seven years. She also has had extensive experiences in interpreting in the mental health setting. She has been instructed to translate in verbatim.

The interpreter was booked and used for all participants except for participant 4, when the interpreter forgot to show up. Participant 4 was apologised to and asked if he would prefer to reschedule his interview for another day with the interpreter present. He preferred to go ahead with the interview.

The interpreter was present at the other five interviews. She interpreted all of the spoken content in its entirety for Participant 2, as he felt least comfortable interviewing in English. In the other interviews, for the first few minutes the participants would usually depend entirely on the interpreter to translate for them. Though when the interview progressed, they would start to want to answer the questions directly to me in English. Overall, it is estimated that the only needed to help them out with certain words and expressions, amounting to around 10-20% of the interview.

Interview Development and Procedures

Interview Schedule Development

The interview schedule (Appendix 3) comprised of several opening questions aimed at gathering participants' demographic information and to build rapport with participants. Then proceeded onto four main interview topics: (i) Prior understanding of the gardening trauma intervention - aimed at understanding participants' first impressions of how gardening could help with their psychological difficulties; (ii) Personal experiences and meanings of attending the gardening trauma intervention - aimed at gaining insight into perceptions about both the talking and the gardening part of the gardening project; (iii) Perceptions about the self and future - aimed at reflecting on any involvement in how participants experience themselves and their futures through the gardening project; and (iv) Perceptions about others and the world - aimed at reflecting on any involvement in how participants experience other human beings and the world at large through the gardening project. The four topics have been developed independently by the Principal Researcher without influence or guidance from the team that developed the intervention.

Interview Procedure

Following favorable ethical review, participants were recruited in line with the inclusion and exclusion criteria. Participants who agreed to the research were sent details of the time and place of the interview.

Once participants arrived at their chosen venue of Lewisham IPTT, they waited at the reception. They were then greeted by the Principal Researcher, who then invited them into an

interview room, introduced her role to them then offered them a beverage (tea, coffee, fruit juice or a glass of water). The Principal Researcher also introduced participants to the interpreter; with the exception of participant 4 for whom the interpreter did not attend, but who nevertheless wished to go ahead with the interview. After offering participants a drink and introducing them to the interpreter, the Principal Researcher again explained the interview procedure to the participants, giving them another PIS (Appendix 2; Appendix 2.1) to recap information about the study and information regarding informed consent. Confidentiality and anonymity were highlighted.

After, the Principal Researcher would ask if participants and the interpreter if they had any questions about the study and the interview process, and answer any questions that either parties had. Once the questions were answered to participants or the interpreter's satisfaction, consent forms (Appendix 4; Appendix 1.2; Appendix 5) then were given to participants and the interpreter to sign. These forms were then stored by the Principal Researcher. The interview would then commence. During the interview, if the participant showed emotional distress during the interview, the Researcher asked if they needed a break and if they would like to continue with the interview. Around half-way through the interview, the Principal Researcher would enquire if participants would like to take a break.

Transcription

A transcription foot pedal was used for transcribing participants' interviews. Naturalism instead of denaturalism was favoured in the transcriptions, such as participants' characteristic features in their speeches such as stutters, pauses, involuntary vocalisations, speech patterns, non-verbal actions) have all been transcribed (Oliver et al., 2005).

Analysis

Data analyses on participants' interviews were conducted according to the different stages of IPA analysis suggested by Smith et al. (2009). For the first stage of analysis, after the transcription of interviews, the researcher became familiarised with the data by listening to the taped interviews whilst reading the transcripts. She then read and re-read the transcripts to further immerse herself in the data. The second stage of analysis involved coding of the data, making comments and notes using three different types of comments – descriptive, linguistic and conceptual. The above process making comments and notes aided the researcher to identify commonalities and connections in the data, thus developing emerging themes. 'Superordinate' themes were established after from the above emerging themes.

Ethical Considerations

Ethical approval for this study was granted by the University of Wolverhampton's Behavioural Sciences Ethics Committee (Appendix 6), NHS Health Research Authority (HRA)/Integrated Research Application System (IRAS) (Appendix 7), and NHS Local Research and Development Office (R&D) (Appendix 8). The study was also conducted in accordance with the BPS Code of Ethics and Conduct (2009) and Code of Human Research Ethics (2010), in addition to the Health and Care Professions Council (HCPC) Standards of Conduct, Performance and Ethics (2012).

Participants were provided with both written and verbal information about the purpose and process of the study. Opportunities were actively provided to participants at the participant recruitment stage and prior their actual interviews to ask any questions they had about the study. It was also clearly made known to participants that they could withdraw their participation at any stage of the study.

FINDINGS

The research findings are organised into three superordinate themes, each of which contains a number of subordinate themes. These are presented in order, according to the structure set out below in Table 2. The research participants' pseudonyms are also listed below.

Table 2. The Superordinate Themes and Subordinate Themes

Theme 1: The Value of Being With Others

- 4.1. Meeting Others Who are Similar to Them
- 4.2. Being in a Team
- 4.3. Support from Staff

Theme 2: The Value of Activities and the Setting

- 4.4. Mindful States during Activities
- 4.5. New Experiences of Oneself
- 4.6. A Renewed Sense of Mastery
 - 4.6.1. Being an Agent to Nurture Growth and Transformation
- 4.7. The Setting of the Intervention
- 4.8. Improvement in Sleep after Activating the Physical Body

Theme 3: Acceptability and Feasibility of the Intervention

- 4.9. Guardedness About Others
- 4.10. Difficulty Maintaining Gains after Intervention
- 4.11. Time Limitations of the Intervention

Participant Pseudonyms:

- Participant 1 – Janith
- Participant 2 – Supun
- Participant 3 – Tharindu
- Participant 4 – Rehan
- Participant 5 – Gayan
- Participant 6 – Lahiru

Theme 1: The Value of Being With Others

4.1. Meeting Others Similar To Them

Participants felt alone in their struggles prior to attending the gardening intervention. The reason for this is because they did not have the opportunities to meet others from their cultural group who were experiencing similar psychological difficulties since leaving Sri Lanka to seek asylum in the UK. It was only when they attended the gardening intervention, that they met others for the first time who were also experiencing similar struggles. This encounter of meeting others who were similar, and understanding of their struggle, helped participants feel less alone.

All interview participants ubiquitously commented on a sense of isolation that came with feeling alone in the difficulties they were struggling with:

“... I thought I was the only one who was having this problem. But now, after hearing others telling about their problems, I found out they’re also in the same boat as me.” (Lahiru, line 209)

After leaving Sri Lanka to seek asylum in the UK, participants all lived a socially isolated life, at least initially, as they were unable to meet others due to a lack of socialising opportunities, financial means or language barrier. As a result, prior to the gardening intervention, all participants had not met any others who were also experiencing similar psychological difficulties, thus, forming the belief that they were alone in their struggles.

The belief of aloneness in their psychological struggles had led participants into a process of self stigmatisation, as they believed that they were the only ones who were affected by war related trauma:

“So after going to the garden and seeing other people and talking to them and getting to know their problems... I felt it was not only me, others were also having the same problem, then I started to feel better than before. Because before I thought it was only me who was having this problem.” (Tharindu, line 34)

4.2. Being in a Team

Participants remarked on how they had found enjoyment from completing tasks with others, and forging friendships from spending time with each other at the intervention. Also, other group members were seen by participants as a useful resource, where they could gain practical advice and ideas. Other group members were also pillars of strength for participants – they gave inspiration for participants to keep persevering despite difficulties, and served as protective factors that stopped some participants from taking their own lives when feeling very down.

Tharindu commented favourably on the benefits of working in a team with others, as it had increased his psychological wellbeing:

“So after going there, and working together with the other people to complete the tasks, I find it was good for me.” (Tharindu, lines 26-27)

The above evaluation of how working in a team had facilitated wellbeing was also shared by other participants. This was especially evident when the team that the participant was a part of achieved a noteworthy task, such as building the first greenhouse on the site of the intervention:

“So we did a group work, and finally it ended up a big thing. It was a greenhouse, a big project, then they say the first guys they made the greenhouse, then that’s happy because I’m a part of this team.” (Janith, line 893-894)

4.3. Support from Staff

Participants commented that it was “good” (Lahiru, line 477) being able to tell their problems to staff at the intervention. They also looked to staff to help them learn to better manage their problems:

“So when we tell them, (names of staff) our problems, then they will teach us how to handle it, and to find solution.” (Supun, line 45-46)

Learning “to do things in a different way” (Tharindu, line 307) in relation to their presenting problems was seen to be helpful for participants. In particular, the different psychotherapeutic techniques taught to participants in the talking part of the gardening intervention were evaluated by them to be useful:

“The techniques we were taught was helpful. Every week they were teaching us different techniques and exercises to help our minds.” (Supun, lines 375-376)

Theme 2: The Value of Activities and the Setting

4.4. Mindful States during Activities

Participants commented on the beneficial effects of their minds’ focused state whilst they were at the gardening intervention. For example, one participant described the relaxing effects of focusing his mind on looking at a bird

“It feel relaxed, and mind focused on that bird. And I was sitting there, watching that bird.” (Janith, line 986-987)

Janith’s ‘mind focused’ state description could be interpreted as mindfulness – a manner of “paying attention in a particular way: on purpose, in the present moment, and non-judgementally” (Kabat-Zinn, 1994). The same participant interestingly commented on how he had developed more of an attachment to nature and his surroundings, which, can be interpreted as mindful observation:

“(I am) More attached to nature now, surroundings or nature... that means like I’m observing stuff - trees, anything, airplanes, anything! Me I’m just watching that.” (Janith, line 1002-1003)

Being able to engage mindfully in an activity and the surrounding environment, also had helped participants to cultivate clearer mind states, as their minds were engaged in observing, instead of thinking, as expressed by Rehan:

“My mind was thinking nothing. It was clear when I was in the garden. I didn’t think about anything, I didn’t think anything else. Even my brother, country, nothing. We just enjoyed the garden.” (Rehan, lines 986-988)

Nevertheless, Rehan’s absence of thoughts can alternatively be interpreted as negative avoidance in thinking about his difficulties. Still, the absence of thoughts in the contexts that participants had described suggested that a more positively oriented process of mindfulness was taking place; that participants were not deliberately engaging in the process of suppression to avoid thinking about their difficulties.

4.5. New Experiences of Oneself

The garden provided some participants with a renewed sense of themselves as a free agent, by being given freedom by staff in what they chose to do at the garden, without being subjected to fearful instructions or intimidation:

“Whatever we want, we do. Whatever we like to do, we do. That’s it. So it was like home... there no one tell. No one shout to do.” (Rehan, line 599-600)

For example, even if staff had planned for the participants to carry out a certain task on the day of the intervention, they were able to object to the suggestion and engage in activities that they preferred:

“Even sometimes (name of staff) come tell us, we have to work, we have to do this task today. So even we tell, oh today, we don’t feel work we feel talking, so we have to talk.” (Rehan, lines 544-546)

Participants did not only experience the feeling of freedom by being given the power to influence their choice of activities at the garden, they also experienced it by being given the freedom of physical movement:

“5.5 years I was inside (the prison)... not moving or anything - difficult time. So now, when I was working in the garden, I felt that I was freed... Even when I was in the prison, I did work, but that’s different to what I did here. There, there were some restrictions, but here, I have the freedom to do.” (Lahiru, lines 179-182)

4.6. A Renewed Sense of Mastery

Participants expressed strong feelings of self doubt and lack of confidence in their abilities when they first arrived at the gardening intervention:

“Before that (attending the intervention) I didn’t have anything. I didn’t know what to do and how to do it. And also thinking whether I could do anything - that kind of feeling.” (Lahiru, lines 343-344)

When presented with a gardening task, participants doubted if they were able to overcome obstacles to achieve the task. An example of this is, when asked about his most memorable memory from the intervention, a participant commented on his group being given the task of clearing a path in the over-grown garden:

“It looked like forest. Then if they say we need to put a big path there, then I was thinking that’s quite a massive path. Then finally we chopped all the weeds and everything.” (Janith, lines 365-366)

He further explained how at the time of mastering the task, he had gained confidence by thinking that he *“can do this... cut this wood, and... can fix that”*. (Janith, line 411). The above feeling of confidence had especially arisen in the context of participants feeling able to overcome difficulties, and negative feelings such as frustration which came with them:

“... (beginning was) frustration and stuff... But then you made something new, then when you look at it, it’s nice and tidy, then ah ok, we did it. It’s nice.” (Janith, lines 389-391)

4.6.1. Being an Agent to Nurture Growth and Transformation

As described in the previous section, work at the garden had often provided participants with opportunities to experience a sense of achievement. It also provided ample opportunities for participants to be agents to facilitate growth and transformation through their work, which, felt emotionally fulfilling for them. For example, a participant recalled his favourite memory of planting seeds and witnessing them grow:

“I was going there only once a week, after planting it, I didn’t see it for one week, so after one week when I went there, it had grown to some height. So that made me happy.” (Supun, lines 160-161)

Another participant also commented with much fondness and excitement the process of witnessing the growing and healthy transformation of seeds which his group had planted:

“When we put the seeds, after one week, we came and saw two leafs there. So the following week it was like a big plant, with leafs and... another week you know, after, we saw the flowers coming, then the chillies coming out, getting bigger and bigger; that was making me happy” (Gayan, lines 136-138)

The same participant spoke of the dedication and commitment that his group had towards caring for the plants:

“Every week when we went there, we watered them, and saw them growing bigger and bigger. So once they start giving fruits, I felt really good.” (Gayan, lines 60-61)

4.7. The Setting of the Intervention

This subordinate theme describes the impressions that participants had about the intervention’s garden environment, and how they found enjoyment, rejuvenation, calmness, beauty and safety spending time in this setting.

Participants noted how it was a *"completely different atmosphere"* at the garden, compared to the living environment that they usually resided in - it was *"all greenish... and lots of trees and lots of fruits"* (Janith, lines 622-623). Participants expressed enjoyment spending time in this different atmosphere, where they were surrounded by bountiful greenery:

“It was nice to see the atmosphere because there’s one apple tree, because if you’re going past that, then you got pear trees, then plums (1), (2), it’s really nice.” (Janith, lines 452-453)

Another participant expressed approval of the intervention’s environment, and likened it to the countryside due to its greenery and spaciousness:

“That’s a good site. Because it feels like countryside. Like full of trees. It’s quite big place.” (Rehan, lines 564-565)

4.8. Improvement in Sleep After Activating the Physical Body

Participants univocally complained of sleep difficulties, often as a symptom of their PTSD. They found that a lot of activities at the garden were physically demanding, which would make them tired, thus induce better sleep:

“When I do physical work, that was helpful. It was like a physical exercise.. I had sleeping problem, so after coming and working in the garden, I felt tired and felt able to go to sleep.” (Supun, lines 120-121 & 144-145)

“Sometimes we do heavy work, and sometime it feel tired. But it’s ok. Because we do and we make ourselves tired. So when we get tired, when we go home we sleep nicely you know.” (Rehan, lines 417-418)

Activities that were physically demanding included cutting down trees and putting paths in the garden:

“... so after doing the gardening, doing the hard work in the garden, for example cutting down trees or putting paths in the garden, that day I would go home and sleep, I can get good sleep on that day. So it helps.” (Tharindu, lines 113-115)

Theme 3: Acceptability and Feasibility of the Intervention

4.9. Guardedness About Others

This subordinate theme describes how participants retained a certain degree of guardedness in the ways that they behaved at the intervention:

Participants' guarded carefulness is illustrated in a quote below, as a participant admitted to being very suspicious of other participants' real identities. He remembered being apprehensive of whether other participants could be from Sri Lankan authorities and therefore could cause him harm:

“It’s not fully trustable... the gardening group actually the people who come... maybe they’re from Sri Lankan authorities I don’t know...” (Janith, lines 723-742)

Participants' guardedness could be understood by how feelings of danger and fear had led them to seeking asylum in the UK, thus the strongly felt need to protect themselves from further danger:

“The intention to come here because of the problem - to protect myself.” (Janith, line 815)

The above sense of guardedness, oftentimes stemming from the internal motivation of self preservation, could account for some participants' more reserved relational behaviors with others:

“... because I didn’t know about their problem, that’s why I couldn’t trust to tell my problems to them. After talking, after each one started telling their problems, I was able to open and talk to them. (Lahiru, lines 219-221)

4.10. Difficulty Maintaining Gains After Intervention

Participants suggested that the psychological ideas and techniques learnt at the intervention were effective in helping them manage their psychological difficulties but found it hard to continue utilising them post intervention due to a relapse in their mental health conditions.

For instance, a participant explained that due to his current depressed mood, he struggled to conjure up enough motivation to utilise psychological techniques learnt at the intervention:

“No I gave up doing the techniques because at the moment my mood is very low, I’m depressed, I don’t have any interest in doing anything.” (Supun, lines 51-52)

The same participant further explained his current psychological mind state, noting that his mind was easily susceptible to negativity and that overall he had not been experiencing good psychological health after the intervention ended:

“I can’t say that I’m 100% ok. And when I have that depressed thoughts, I still have some effects, because if I see some (.) any bad thing on TV, any bad news, that will really quickly make me stressed. If I see anything sad things, it will make me very sad.” (Rehan, lines 963-966)

Another participant acknowledged that he had experienced an improvement in his mood after attending the intervention, however, problems that he was having that had led him to attend the intervention restarted in recent months:

“Now again after the problem started in august, I’ve been finding difficult to get sleep.” (Gayan, lines 260-261)

4.11. Time Limitations of the Intervention

Participants not only found it hard to maintain gains after the intervention had ended, they also commented on regret about the time limited nature of the intervention.

Participants commented on feeling left unsupported in their difficulties in the time between each weekly intervention session:

“So once you’ve finished, that’s it. One hour, you’re done, you can only come back next Thursday, after one week. And in that gap you experience the same issue again.” (Janith, lines 855-857)

Longer weekly session times were considered by participants to be more helpful, as they would have had more contact time with staff, so that they could have learnt more from staff on how to manage their own difficulties:

“I was thinking that one hour was not enough for them to explain everything. The time is not enough for learn.” (Rehan, lines 1095-1097)

When asked at the interview what could have been different with the intervention, Lahiru voiced his opinion, in lines 468-469, that he wished he could have spent more time there. The reason given was that:

“Because it (the weekly session) was a short time, once the time finished I didn’t like it because I had to go. Sometimes I go early and sit there (1), (2).” (Lahiru, lines 372-373)

DISCUSSION

An Overview of the Key Findings

Male SLTAS valued spending time with other group members and staff at the community based garden intervention. They felt that the intervention had provided them with a precious opportunity to meet others from a similar cultural background who were also experiencing similar psychological difficulties. Such close overlapping of cultural background and psychological struggles made it easier for participants to relate to one another, therefore they felt less alone in their struggles.

Participants enjoyed completing tasks at the intervention collaboratively with other group members, and establishing friendships with them. They felt that these friendships were supportive and had helped them through crisis points. Besides valuing being with peers, participants too, valued having received support from staff at the intervention. Participants commented positively about the activities that they had taken part in at the intervention. They reported an increase in psychological wellness when they engaged in activities mindfully.

Also, the wide range of new activities offered at the intervention had helped them to reconnect with forgotten aspects of themselves; subsequently they were more able to start viewing themselves through a more holistic lens rather than a 'mental illness' lens. The activities helped participants to begin rebuild a more positive self-image. The setting that the activities took place felt constructive.

Despite the intervention's benefits, participants still felt guarded towards each other which affected the level of openness in their interactions. They also found it hard to maintain gains from the intervention after it ended. Further, they perceived the duration of both the intervention sessions and the overall length of the intervention to be too brief.

Implications for Practice

The research findings suggest that a more psychosocial treatment approach, such as a community-based intervention could be of value as participants have opportunities to meet similar others which could help them to feel more understood and normalise feelings of guilt and shame. Others can also act as protective factors and sources of inspiration for participants, and experience a feeling of camaraderie and belonging – a particularly valued way of life especially for those coming from more collectivist societies.

Further, although the findings of the current research points to a remaining sense of mistrust between participants due to their trauma. Nevertheless, there seems to be a unique role in community-based treatment for those affected by trauma, given how the reinstalling of trust for others is a central tenet in treatment when trauma shatters one's sense of safety. This includes the safety that one experiences in relationships. Counselling Psychology's conceptualization is that clients are relational beings, and that their wellbeing is intricately tied with the quality of their relationships. Given this, it will be beneficial for the profession to incorporate more the use of a community in trauma treatment design, either as a stand-alone treatment or a treatment which clients could progress onto once some individual based work such as CBT or EMDR has been completed.

Moreover, the findings from this study suggest that there are specific therapeutic benefits associated with employing a horticultural approach in the treatment of trauma for asylum seekers. HT comprises a value occupational element, when applied in a culturally

sensitive way it could be greatly enhance wellbeing for this clientele. Its nature element also possesses unrivalled benefits. Highly appreciated and rejuvenating as aspects of the intervention include the garden's peaceful atmosphere and beautiful greenery, which, helped clients feel safe. Considering how asylum seekers could not often secure a sense of physical safety when they are still in limbo waiting for the outcome of their applications, helping them discover a physical environment that is able to temporarily provide them a feeling of safety appears important.

Findings from this research, too, raised questions for Counselling Psychologists to examine what our roles are and what therapy is. Due to the profession's humanistic ethos, Counselling Psychologists strongly emphasise collaborative working with clients, without a 'top-down' expert-to-clients dynamic which can often be present in medically-orientated professions. However, upholding more humanistic values can often be compromised when Counselling Psychologists operate from more protocol based trauma treatment such as CBT or EMDR; since a more deliberate therapist behaviour of directing treatment in a structured way can place them in an expert position.

Therefore, it invites the question of whether the profession of Counselling Psychology is open and ready for a therapeutic paradigm shift, to welcome another agent to become our 'co-therapist'. Counselling Psychologists can be professionals who deliver therapy but also do therapy alongside our clients, allowing nature to take the role of his/her 'co-therapist'. The relinquishment of professional powers would also require a re-examination of what our key therapeutic conditions are in facilitating positive change in clients. Historically, such therapeutic conditions have been seen as human related constructs. For instance, for the therapist to offer qualities of empathy, unconditional positive regard and congruence to clients (Rogers, 1957). However, whilst some therapeutic conditions could be human related constructs, some could be nature related ones that are equally valuable for clients.

Research Limitations and Future Research Recommendations

The current research only examined male not female SLTAS' experiences of a community garden based trauma intervention as it can be argued that they are a particularly vulnerable client group. Nevertheless, the exclusion of females might have omitted a fuller picture of SLTAS' experiences of the intervention. Thus, it might be worthwhile for future research to also examine female SLTAS in a female-only community garden based trauma intervention, or, both male and female SLTAS in a mixed-group community garden based trauma intervention. The current research also only recruited participants who have completed the gardening intervention to ensure that they have had sufficient personal experiences of the intervention to comment on it. Still, future research could benefit from looking into the experiences of those who had dropped out of the intervention to examine potential reasons for this and to explore how the intervention did not meet their needs.

Additionally, as it has been mentioned in the section of 'The setting of the intervention' that despite having been immersed in a restorative environment, participants' trauma symptoms remained. Since they reported of a re-experiencing of trauma symptoms in the gap between intervention sessions and post-intervention. The different findings generate a multitude of questions that would be helpful for future research to address. For example, whether certain pre-intervention conditions need to be in place for trauma affected individuals to fully benefit from restorative environments (e.g. that they already have a secure residency status so a

fundamental feeling of physical and psychological safety), whether the severity and/or duration of their trauma might have a bearing on restorative environments' effectiveness on recovery, or if trauma affected individuals would require to receive a certain minimum 'dose' of restorative environment perhaps dependent on the severity of their trauma. For instance, that participants would need to attend thrice a week instead of only once a week.