

Psychopolitical Validation of Health Promotion Research for Migrant Populations: Conceptualising Well-being among Andalusian Moroccan Immigrants

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Abstract

This study will show how social investigation requires psychopolitical validity in order to guarantee the efficiency of scientific practices, achieving symmetrical relationships between populations and researchers. We describe a guideline to develop a range of concepts ready to be used in health practices with minorities, according to their culture and needs. We illustrate this framework through a conceptualisation of well-being for Andalusian Moroccans. Moroccan well-being is a function of positive valuation of their migratory transition and a pool of positive emotions. The achievement of expectations is related to building up networks, progress in the quality of life and social acknowledgement, and fulfilled efforts are related to the acquisition of competences, progress and the investment required. The main indicators of positive emotion are happiness, consistency and social contribution.

Key words

health promotion; Moroccan immigrants; psychopolitical validity; well-being

Introduction

This paper presents a guideline for the development of scientific concepts with psychopolitical validity in research and social intervention for minority health promotion. It recognises the importance of involving and giving voice to the minority community for identification and resolution of problems that affect them directly. In this way we ensure the cultural sensitivity of concepts developed because of the incorporation of the knowledge, beliefs and values of groups that have a key role in the processes of change.

The proposal arises in the context of European cultural diversity, where the percentage of immigrants ranges from 2-13%. These citizens frequently receive less satisfaction with health care than the native population and, at the same time, health professionals experience frustration (Ingleby & Schoorel, 2007), because adaptation of health practices to the needs of immigrants is still in its infancy (Ingleby *et al.*, 2005). In Spain, García-Ramírez and colleagues (2005) observed high levels of depression, low professional self-esteem and difficulties

in social interaction in Moroccan immigrants. This situation is linked to the fact that immigrants are facing serious difficulties in accessing community services. Fear of reprisal and lack of confidence in services and providers, as well as the absence of information about them, inaccessibility and lack of adaptation to their needs explain why this group makes insufficient use of these resources (Hernández-Plaza *et al.*, 2004).

Because of the increase in migrant populations, a major goal of European health policy is to implement adjustments in health practices, professionals and the populations served. This is a common challenge in health promotion research, and Green (2001) has pointed out that it is necessary to deal with the gaps between the efficacy of best practices when implemented to reach under-served populations, the role of university-centred, investigator-controlled research, and the role that local practitioners, community groups and governments play in ensuring relevant findings. This paper offers a way to contribute to the psychopolitical validation of research in health promotion among immigrants,

understood as an empowering process of giving people and populations greater control over the determination of their health. In this attempt, one of the main purposes is to conceptualise according to the culture, experience and sensitivity of the migrant population. The first part examines why current social investigation and intervention require psychopolitical validity to guarantee fairness and efficiency of scientific practices. Later, a guideline for the development of culturally sensitive community concepts is presented.

Psychopolitical validation of health promotion research

Health promotion means enabling people to control their health, so health promotion research should lead to the development of best practices focused on enabling people to command their own uniquely tailored interventions, to fit their own perceptions of need in their circumstances and to develop their own capabilities.

With this purpose regarding migrant populations, health promotion research should address the following guidelines:

- offer alternatives to strict evidence-based interpretations, encouraging development of a consensus that combines the experiences of researchers and community stakeholders
- maximise the relevance of results from other settings and diverse populations, ensuring their applicability to local situations
- account for and adapt to the historical, legal, political and cultural aspects of community and migrant populations
- promise to produce a **generalisable process** for planning, not a **generalisable plan**, emphasising control by community stakeholders (Green, 2001).

All these imply the **psychopolitical validity** of best practices, which means giving voice to silenced groups, enhancing the strengths of the oppressed population and reaching a balance of power between

all parties involved (Prilleltensky, 2008). It also requires guaranteeing that all the stakeholders – not just the ‘experts’ – can participate in the design, implementation and evaluation of scientific processes. The concept has both an epistemological and a transformative aspect. Epistemological validity would imply taking into account the role of power in political as well as in psychological dynamics related to access to and use of health services by immigrants. In this sense, Williams and Lindley (1996) argued that:

the failure of mental health services to acknowledge the significance of social inequalities is associated with the provision of help that is irrelevant, risky and stigmatising (p5)

and that:

many of the people who use mental health services are well able to identify the effects of power and powerlessness on their lives, their mental health, and their treatment and care (p7).

Transformative validity refers to the potential of our research activities to reduce inequalities of power, increase political activity, and foster participation and commitment (Prilleltensky, 2004). It obliges us to consider creating interventions which promote social change, turning immigrants into social agents able to reach the same level of power as the native population. Power in this case means access to material and psychosocial resources, and the opportunity and the capacity to gain well-being (Nelson & Prilleltensky, 2002). Epistemological and transformative psychopolitical validity offer, respectively, criteria for a more critical investigation of the status quo and intervention that facilitates social change (Davidson *et al*, 2006).

In working with an immigrant population and ethnic minority, we should carry out scientific processes with psychopolitical validity, which means developing studies and interventions based on cultural sensitivity. This concept is understood as a collection of attitudes and abilities associated with acceptance of the cultural diversity of a given environment (Ingleby, 2006).

It is evident that if the interventions are designed specifically by a particular cultural group, not only are they accepted with more ease by the members of that group, but also there is an increase in efficiency (Marín, 1993). Such taking into account of ethnic specificity in the influence on health is reflected in the model of Stronks *et al* (1999). This model measures the relationship between ethnic origin and health problems by genetic characteristics, the history of migration, cultural characteristics, ethnic identity and the position the person occupies in the receiving society (Ingleby *et al*, 2005).

Social practices were traditionally based on concepts conceived by investigators, experts and native auditors, leaving the voice of the recipients of the health services, the families and community members unheard (Hardiman *et al*, 2005). The psychology of specific populations (Watts, 1994) maintains that the worldview of that population must be included in the research and knowledge base, and Watters (2002) maintains that active engagement of minority ethnic groups and refugees as participants in research projects is essential in order to improve health and social care services.

This approach ensures cultural equity and avoids ethnocentric biases towards participants, guaranteeing that its application will be to their benefit. Practices carried out in European health care designated for immigrant populations have been based largely on Western approaches. In any case, current practices do not respond to existing challenges as understanding of psychopolitical validity requires. Indeed, the context of diversity requires acknowledgement of diversity as a resource, and just allocation of burden and benefits, celebration of singularity, favouring affirmation of identity, and promotion of equal participation in decision making (Prilleltensky & Gonick, 1994).

In summary, the psychopolitical validation of health research related to immigrants implies incorporation of the above elements in analysis of their worldview, including power relations between researchers and populations, facilitating the raising of critical awareness in these relations, and provoking insights for both researchers and populations about possible resulting actions. This article proposes a guideline capable of

incorporating the perspectives of oppressed groups in order to elaborate culturally sensitive concepts, using the example of well-being for Moroccans in Spain.

Conceptualising well-being for Moroccan immigrants

Our proposal is based on an existing complementary relationship between scientific knowledge and that of minorities, and is based on our experience with the immigrant population in the South of Spain (García-Ramírez & Camacho, 2005; García-Ramírez *et al*, 2009). This process of giving voice to the voiceless is carried out in the setting of a larger research project which has the following goals:

- analysing the determining factors of Moroccan integration in the neighbourhoods of Southern Spain
- promoting strategies of community action to strengthen social cohesion.

An initial phase of this study involved getting to know in depth the community integration dimensions from a stakeholder perspective. One of those dimensions is well-being, identified as the core of integration and defined as the simultaneous and balanced satisfaction of personal, relational and community needs (Prilleltensky, 2004). It is on this first phase of research that our proposal focuses, considering four key stages:

- acknowledgement of our own vision as university researchers
- mutual respect between university researchers and populations
- giving voice to the unheard populations
- validation of developed knowledge.

We illustrate this process with profiles of the development of well-being for Andalusian Moroccans. Our objective is not to create a new theory of well-being or to promote confrontation with existing ones, but to validate psychopolitically existing approaches. This will make it possible to fit existing theories into the particular needs of a specific under-served population.

Acknowledgement of our own vision as university researchers

The first step in order to work effectively in a context of diversity is to identify and to understand the world vision and values – as university researchers – on which our practices are based, and their differences from the values and knowledge of the population involved in the study. It is necessary to be critically conscientious about the limits of the knowledge developed by university researchers, and to recognise the need to hear the true voices of participants, confirming that the knowledge gained from that population is authentic and essential.

Mutual respect between university researchers and populations

This familiarisation process has to be mutual, giving an involved population the opportunity to know our interests, purposes and methods. At the same time, we have to know their group rules, customs and values. Development of a strong and truly collaborative relationship requires the effort and the commitment of all stakeholders to establish non-hierarchical interactions, which means reciprocal and mutually beneficial relations and outcomes (Suárez-Balcázar *et al*, 2005). The building up of coalitions is an efficient strategy to achieve this goal, by facilitating collaboration between university researchers and the population involved. In our experience with immigrants, a coalition was formed by investigators and key informants from the Moroccan community.

Giving voice to the unheard populations

Psychopolitical validity implies giving voice to a silenced minority, enhancing their strength as a specific cultural group. This process has a profound effect on the empowerment of an immigrant population and their inclusion in the health system. The immigrants express impressions of their own reality, reflecting on both their individual and collective situation. When these ideas are expressed within the group, members of the community can exchange their personal views, and through that process explain the reality they face. In-depth interviews and focus groups are useful tools to facilitate this process.

Fifteen interviews were carried out in this study, profiling gender, area of residence (urban or rural), valid documentation for the host country (yes or no)

and labour situation (employed or not). Two focus groups were established by key informants from the Moroccan population. All participants were users of the public health care system in Spain, which is open to all inhabitants regardless of their citizenship. The selection of individuals was performed using a sampling of features from the generation of orthogonal combinations of categories based on variables mentioned above, which permitted us to access diversity within the Andalusian Moroccan community and provided a range of narratives which reflect different positions and experiences. Grounded theory was applied to analyse data and to develop a substantive theory in an inductive way (Glaser & Strauss, 1967; Strauss & Corbin, 1998).

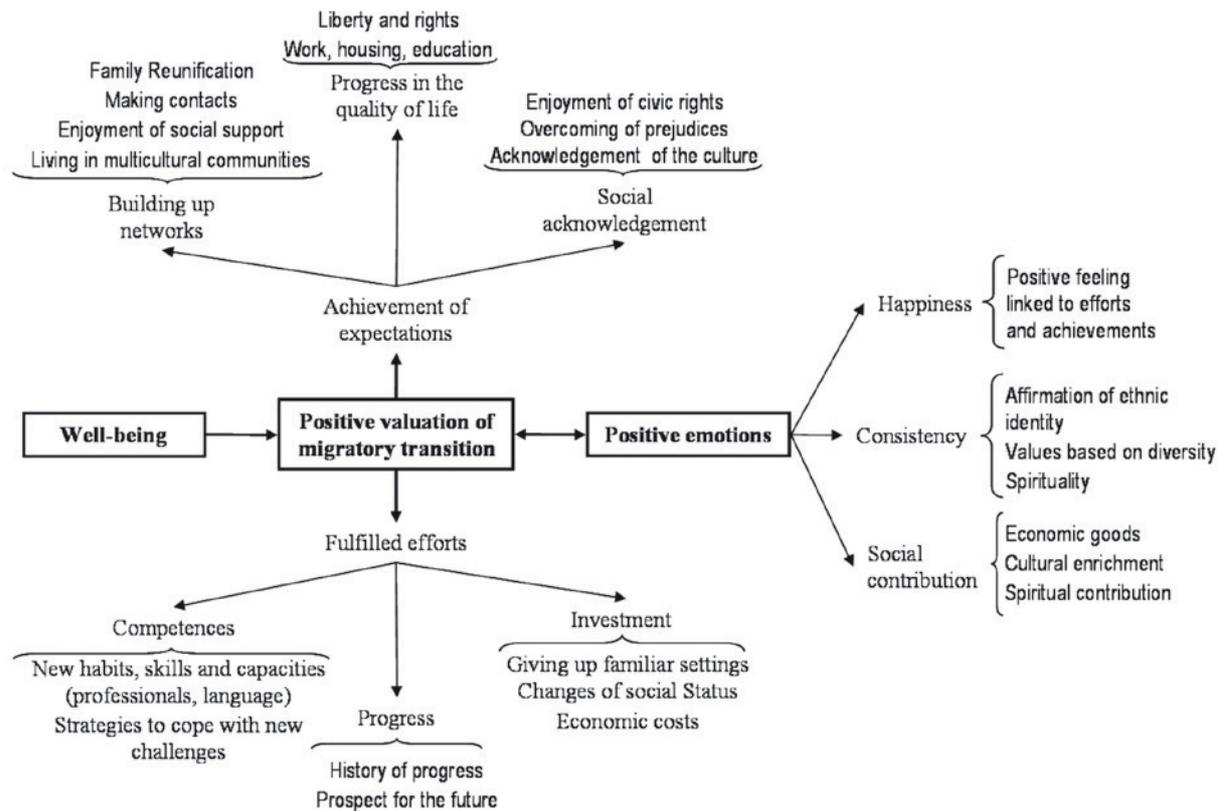
Validation of developed knowledge

To validate the assumptions researchers harvest from their interview material, feedback from interviewees and focus group participants is necessary, without using academic jargon. It is expected that participants will express their agreement, having had an opportunity to modify previous assumptions. This activity consolidates incorporation of minority-based knowledge in the academic base in order to develop culturally sensitive material, ready to be used in practices and interventions.

In our analysis of narratives from Moroccan immigrants, well-being has been valued by standards related to achievement of expectations and fulfilled efforts, involving positive emotions. In *Figure 1*, below, these three core categories are represented with their properties. Excerpts for each core category from the narratives are presented in *Table 1*, below.

Regarding achievement of expectations, progress in quality of life, building up networks, and social acknowledgement emerge from the narratives. Progress in quality of life is related to the decision to migrate, taken by people seeking to improve their standard of living. There is a broad consensus among interviewed immigrants that work and housing are the essential motives. More intangible priorities are also central to the decision to migrate, such as personal and cultural values, children's education and the enjoyment of liberty and rights of autonomy. Immigrants also have the expectation of building a social network, including family regrouping, maintaining pre-existing relationships and creating

Figure 1
Conceptualising well-being for Moroccan immigrants in the south of Spain



new ones, with several purposes (emotional, social participation, guidance, material assistance). In a new setting, conservation and protection of cultural identity are desired, but at the same time one does not want to feel like an alien, different and isolated. Hence there is a need to be acknowledged as an ethnic minority with one's own cultural identity as well as to have institutional recognition of cultural diversity.

'Fulfilled efforts' refers to investment in the project of a new life, new competences and opportunities for progress. The investment in going to another country is valued, because it implies abandonment of both family and the security of a well-known environment and the loss of certain privileges, in addition to the economic effort necessary to migrate. Becoming fully aware of the magnitude of change, it is likely that the decision to come to Spain is considered the correct one, although

not all expectations may have been fulfilled. For this reason, what might have been viewed as a cost can now be understood as an investment. Seeking a better life implies acquisition and development of competences and attitudes which lead to achievement of desired goals. The power and strength of the Moroccan immigrant lie in developing several new abilities, for example training to get a better job, learning a new language, getting to know new customs and fulfilment of duties and legal responsibilities. Immigration is a history of progress, and the hope that pursued goals will some day be achieved is the motivation to continue struggling.

Positive emotion is reflected in happiness, consistency between beliefs and values, and social contribution. The most immediate indicator of happiness is satisfactory accomplishment of desires and goals. Rather than a state of permanent or absolute happiness, immigrants prefer

Table 1
Verbal expressions of well-being

Properties	Verbal expressions
Progress in the quality of life	Achievement of expectations <i>'When one leaves the home country, one wants to find new opportunities'</i> (Interview with a man in a urban area) <i>'The search for a better future, a better life and this could be a final goal'</i> (Member of focus group)
Building up networks	<i>'If you had no relationships , well no – you would feel very sad, I think, sitting at home totally depressed '</i> (Interview with a woman living in a rural area)
Social acknowledgement	<i>'People with "papers", yes, they are happy. If you don't have papers, you are always missing something'</i> (Interview with man living in rural area) <i>'We should have the same rights to live with our differences, even if we are just a minority, and to protect them from the point of view of the majority. Minorities should have the right to practise their differences, or at least cohabit without interference'</i> (Member of focus group)
	Fulfilled efforts
Investment	<i>'Of course, if you plant you can harvest; and those who don't plant can't harvest. If you study, if you make efforts, and if you do everything, you can achieve things'</i> (Interview with woman living in an urban area)
Competences	<i>'We have to work to learn, you know... Learning to understand the new culture, new rules and new people'</i> (Interview with a woman living in an urban area)
Opportunities for progress	<i>'I have struggled a lot. And when you think about the past, you feel good because your efforts have been rewarded'</i> (Interview with a woman living in an urban area)
	Positive emotions
Happiness	<i>'I didn't have such a lot of dreams too... Well, OK. I'm all right, I'm not bad if I work a lot. I 'm exhausted; I don't see my kids much – but I'm all right'</i> (Interview with a woman living in an urban area) <i>'If I can succeed in something I can feel happy'</i> (Member of focus group)
Consistency	<i>'Well, here you have to get used to the people, you have to live. I am Moroccan, I am Moorish. I am Moorish all over'</i> (Interview with a woman living in an urban area) <i>'The truth is that I've got two home countries, as I often say. I am Spanish and I am Moroccan, and I am proud of having two home countries'</i> (Interview with a woman living in an urban area)
Social contribution	<i>'Honestly, in my opinion, without immigrants, the quality of life for Spaniards would be lower. We are an essential manpower resource!'</i> (Interview with a man living in a rural area)

to speak of happiness in relation to specific things or concrete outcomes, such as attaining a desired job, education of their children, health, independence, being with loved ones or feeling esteemed by community members. Consistency is the merging of one's own culture with a new cultural imperative. Positive emotions are linked to opportunities to maintain cultural identity (such as religion) and to express pride in one's own culture without discrimination or rejection by other groups. This recognition increases the perception of independence and facilitates abilities to cope with hard times.

But Moroccan immigrant well-being also involves acquisition of cultural values from the new context. Positive feelings are evident in those who consider that acquisition of a new culturally expanded identity is an enrichment of the original. Well-being implies recognition as a group that is contributing to the welfare of the larger society. This aspect is particularly evident in the Moroccan immigrant group when they confront situations of inequality and thereby gain a critical capacity to understand their real social contribution to economic development and enrichment of cultural and spiritual values.

Conclusions

This article emphasises the significance of involving research populations in development of best practices for immigrant health promotion investigation. The starting point is that active participation of immigrants in health promotion practices is not a product of their involvement in processes which have been previously designed by researchers. We advocate the psychopolitical validation of health promotion research, which essentially means incorporation of minorities in creating the knowledge which will determine conceptualisation of issues such as health, well-being, illness, prevention and treatment.

This process does not deny conceptual models in the existing literature, but it emphasises the development of practices focused on removing health care disparities and adopting a culturally sensitive perspective required with multi-cultural settings and diverse populations. To exemplify this process we have presented the perspective that Moroccans have on well-being at a time when they have settled in another country with the idea of forming

a new life project. In this context, we have noted the significance of a positive valuation of transition, expectations, efforts and outcomes. Positive emotions associated with well-being are linked to happiness, a sense of personal consistency and social contribution. This process of involvement permitted access to a denominated structure of well-being based on reflection about their situation, giving form to their feelings and ideas. This structure merged existing theories of well-being with the dimensions grounded in the Andalusian Moroccan experiences.

The concept of well-being that emerged from the groups involved allows development of interventions tailored to the expressed needs of this population. The proposals highlighted in this work include:

- workshops on skills development (language, social skills, knowledge of the new cultural context, etc)
- meetings between the immigrants themselves to share experiences and express emotions
- encounters between native and immigrant populations to strengthen ties of friendship between them and help reduce prejudice
- promoting the freedom and equal rights of this population in relation to the native, through both scientific and popular pressure and through the community activism of the people involved, encouraging acquisition of power and social change
- public recognition of the social contribution that these collectives make to the development of the country
- maintenance of cultural identity through Arabic classes, building mosques, the opening of various establishments and so on.

Indeed, our challenge for the future is how to incorporate the perspectives of groups involved in health research in order to make the research culturally relevant. In this pursuit, use of diversity-sensitive processes has to be promoted. This means assuming that all groups involved, suppliers of services and minorities, should

demonstrate cultural competence and health literacy and consider that the practices of health care must be based on a broad spectrum of dimensions, including religion, gender, socioeconomic level and migratory status. According to the Alma-Ata Declaration, Health for All in 2000, research should comply with all the dimensions related to disparities of disadvantaged minorities. For this to happen we need more studies which allow us to examine and reflect the experiences of migrant groups more deeply and act by and with the minorities in order to achieve the changes necessary.

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