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**INTERPROFESSIONAL
APPROACH TO
REFUGEE HEALTH**

**A PRACTICAL GUIDE FOR
INTERDISCIPLINARY
HEALTH AND SOCIAL
CARE TEAMS**



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8. Engagement and Disengagement: Reflecting on the Challenges for Professionals in Supporting Those Seeking Refuge

Fintan Sheerin



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Introduction

Human engagement is fundamental to the knowing of others and to providing a basis for true solidarity. Paulo Freire (1993) in his famous book, *Pedagogy of the Oppressed*, noted that such engagement supports one to enter into the reality of the other person, the revelation of which compels the two individuals to work together in social action to achieve real change.

Throughout my 40 years as a health professional, I too have come to understand human engagement as being key to the achievement of de-marginalisation and to building the important links upon which community and community action are premised. In this chapter I will explore human engagement, drawing from my own experiences of working with people across diverse settings, and reflect on what I have gleaned from the writings of others. I will consider the factors that cause distance between people and thus contribute to disengagement, particularly in the context of professional practice, and I will explore how these may contribute to the attitudinal and, ultimately, physical displacement of devalued people. Moreover, I will contextualize the relationship between disengagement and displacement as an oppressive one and propose an approach to achieving true engagement.

Background

Social interactions are, by their very essence, formative and play a significant part in how we become the people we are. This was alluded to Imogene King's General Systems Model—an early theoretical model of nursing (Aggleton & Chalmers 2000)—in which she described the importance of the interactions that take place between individuals' personal systems. Hildegard Peplau developed this further, proposing that our self-systems develop through interactions with others, and that the nature of these interactions, whether positive or negative, can significantly influence our emotional growth (ibid). Professional development is not immune to this and perhaps incorporates even more structured and formative processes, which are designed to ensure that new initiates are properly socialized and moulded into the idealized professional personage. This process involves control, training,

internalisation of social mores, transfer of the formal professional knowledge, redefinition of one's self-identity, and development of a sense of belonging (Freidson 1975: 1986). So, from a professional context, distance and displacement appear to be embedded in the modelling process that is central to professional development and identity. When considering this, I like to reflect on my own professional development.

My background has exposed me to some strongly formative processes. Having finished secondary school in 1982, I embarked on the crucial years of my young adulthood by entering a Roman Catholic seminary. I visualized myself, dressed in the uniform of the priesthood, travelling as a missionary to countries in Africa, Asia, and South America. As a novice, I had to leave my family and be 'adopted' into my new religious one. From the outset, the day was structured around religious services and prayer, with educational sessions focused on the history of the religious order and Christian spirituality. Contact with others from outside that way of life was very limited, particularly with family, and was largely by way of written letters, with no home visits permitted. It was a hugely significant time for me, an impressionable young person, yet a period that I look back on fondly. Over the 18 months or so that I spent in the seminary, I became aware of forces that were starting to mould me into a religious student and, through that, a priest. Religious orders call this process 'formation'. It is mediated through the use of controlled environments, development of a sense of belonging and uniformity, a rules-based pattern of life, and the instilling of associated mores. Bit by bit, my group of theretofore fun-loving young men started to walk, talk, and act like priests. It was fascinating! In many ways, I counted myself lucky to get out before any such changes happened to me, though, interestingly, despite this being more than 40 years ago, people still tell me that I remind them of a priest. Despite my reticence towards being formed, it is interesting that I quickly drifted into another career where I did undergo formation, this time as an intellectual disability nurse. I learned to walk, talk, and act as a nurse. I even wore the uniform!

The formation of professionals such as nurses, primary teachers and clerics is particularly stringent. It is based on the inculcation of a very particular body of knowledge which is carefully bounded such that it affirms the role, position, and activities of the professional (Illich et al.

1977). I have elsewhere referred to the function of “subjectivised” and “objectivised formation” in this regard (Sheerin 2019). Professional formation develops the initiate’s self-image as a professional in their relationship with others, through the use of associated symbols and uniforms. These, in turn, help to mould other people’s expectations and beliefs about the individual as a professional, contextualizing instances of interaction between professionals and those who are the focus of their expertise. In doing so, formation creates the development of distance between professionals and other people, particularly those who are the recipients of their service. Engagement is, therefore, limited and is for the purpose of providing a service; in this it protects the identity and privileged position of the profession. This result has a number of potential implications for how we see those whom we serve (Figure 8.1).

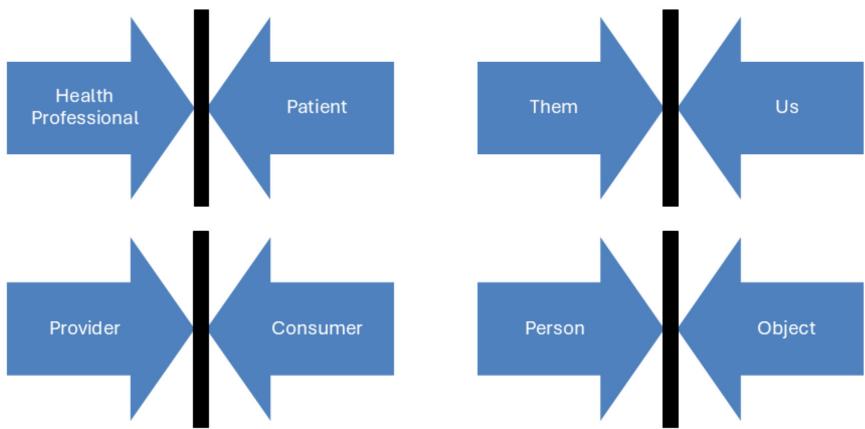


Fig. 8.1 Creating distance.

Breaking Out of the Mould

I worked in nursing clinical practice for about 20 years before I started to realize the role that formation had played in my professional and personal life. As is the case for many people, work, mortgage, and other responsibilities increase through early adulthood and into middle age. I pursued further education for many years, whilst working full-time

and seeing our family grow. It was only when I started to broaden my own understanding through exposure to critical theory that I started to understand how the above processes had potentially left me uncritical and supportive of a status quo that was inherently oppressive to those who were in receipt of my service. There have been a number of key theorists who have provided me with diverse lenses through which I have examined my role. These include Paulo Freire (1993), Albert Memmi (1990), Ivan Illich (1977), Franz Fanon (2008), Jon Sobrino (2008), Iris Young (1990), amongst others. As I read these, I wondered if I could have been one of Friere's (1993) "unwitting oppressors", Young's (1990) "well-meaning people", Memmi's (1990) "colonialists" or a provider of charity (Sobrino 2008), absolving society of its responsibilities. Moments such as these are terribly unsettling and whilst they do not present truth in its fulness, they do provide new perspectives on what may in fact be true. For me, it meant that I needed to seek further perspectives on oppression, including those from outside of my professional area. As part of this ongoing journey, I have had the opportunity to travel to parts of sub-Saharan Africa to work with people living in rural communities and have spent time assisting in refugee camps across Europe. These have afforded me insights into the realities of inequity and inequality and have particularly highlighted for me the importance of redressing the distance that typically exists between the providers and recipients of human service. They have reinforced for me a belief that dehumanisation and oppression are key mediators of disengagement in the realities of many devalued people across the world, and that these must be addressed if there is to be any hope of their material realities changing.

In the remainder of this chapter, I will focus particularly on my experiences in refugee camps and how that has informed my understanding of human engagement.

Human Displacement in Situations of Migration

For a number of years, I had been travelling to Malawi as part of a Canadian Irish initiative to work collaboratively with a rural community and to support their efforts to develop sustainable health and educational resources. While this work was happening throughout the year, I travelled for about six weeks each summer to spend time living with the

community. The poverty experienced there meant that many people had travelled to South Africa to try and find work so that they could send money back to their families. This was typical of the migration that is evident across many parts of sub-Saharan Africa. It is also typical of the realities of migration across the world, and there are many major routes along which people travel, seeking to escape from war, persecution, and poverty. These routes are not new, and others are often oblivious to this migration unless specific drivers lead to an increase in activity along these paths.

Around 2015, events along part of the Eastern Mediterranean Sea route made their way onto news channels and into the consciousness of Europeans. The news item related to the tragic drownings of people who had attempted to cross the Aegean Sea from Turkey to the Greek islands. An image was shown of the body of a three-year old child, washed up on a Turkish beach. For some reason this awoke people to the events that were happening on Europe's doorstep, whereby large numbers of people were making treacherous journeys, with many dying along the way. We also became aware of the fact that those who had safely reached Europe often ended up spending extended periods in makeshift refugee camps, on the Italian or Greek islands, along the Balkan route, or along the northern coasts of France and Belgium. In response to this, volunteer groups from across the European region became active in seeking to meet the needs of these people, needs that were not being met by governments or other agencies. This also happened in Ireland, leading to a convoy of aid and volunteers travelling to Calais to offer support. This was my first encounter with this issue, and I led the health team during their week-long action. Thereafter, I travelled to Lesbos to assist there and throughout the following year I spent a week, almost every month, in Calais working to provide human engagement and healthcare to the many people who were living there. Most recently, in 2023 and 2025, I spent some time working with a non-governmental organisation in Dunkerque, France.

In Chapter 2, we read about the effects of displacement on the health and wellbeing of those seeking refuge and asylum. During my time working in camps, I too witnessed these playing out in the lives of displaced people. This trauma is mediated via a number of oppressive processes which I first proposed in my paper, 'The Cloaked Self.

Professional De-Cloaking and its Implications for Human Engagement in Nursing' (Sheerin 2019). In these, people are: 1) cast as deviants through the use of negatively loaded and stigmatizing language or narratives; 2) forced to exist in marginalized spaces that are distant from those of valued society; 3) congregated together based on their stereotyped deviancy; 4) controlled in all areas of their lives through regulations, which are enforced by police and by the creation of perpetual jeopardy; 5) exposed to violence through the denial of citizen and human rights, dehumanisation, lack of health intervention, heavy-handed control (including physical violence), and denial of security of the person in the face of anti-immigrant aggression; 6) isolated from engagement with others who might offer support and solidarity; and 7) made passive and obedient through the denial of voice and imposed vulnerability (Wolfensberger 1972; Young 1990; Memmi 1990; Kurtz et al. 2008).

It can only be imagined how these processes play out for individuals, but I can still see the faces of particular people which give insight. During my time in Lesbos, I recall sitting with an older woman who had just been assisted from an over-filled inflatable dingy, her terrible night-time journey across the Aegean Sea over. She sat on a rock, looking back forlornly towards Turkey and beyond to her homeland. My reading of the look on her face was one of loss; her life was back there and not in the direction of Europe. This was unlike those of the younger people, who, bolstered by their success in crossing mountains and the sea, could now look forward with energy and enthusiasm to the final part of their journey, with the hope of a new life.

Unfortunately, the realities of camps such as the Calais Jungle lay ahead. The journey would also involve further exposure to individuals who would seek to make a profit from their misfortune and others who would prey on them out of racism and hatred. Practically every person I met in the camps had experienced this and some had been badly beaten by gangs, whereas others had received head injuries and broken bones at the hands of those who are supposed to protect us from harm, the police. It was clear that these people were, however, non-people, non-citizens, and not privy to the protection or services normally afforded human beings in Europe. I witnessed this in the refusal of hospitals to treat people from the camps and the lack of interest of social services in the

sexual abuse of displaced children which we reported to them. Instead, it was begrudgingly left to volunteers such as me to treat wounds using donated supplies and offer whatever humanizing engagement I could. One gentleman in the Calais camp presented himself at our caravan and asked to see me alone. He had travelled from Afghanistan and was feeble and emaciated. He spoke no English and I spoke neither Dari nor Pashto. As he removed his shirt, I noticed the stains of infected wounds on his vest. I gently removed this to reveal eight circular burn wounds on his back, systematically applied in two rows of four. As a nurse, I was able to clean and dress the wounds, but I do not have the skills needed to support someone who has experienced torture. All we could do was sit together, hold each other, and cry. There was no service for this man whose physical wounds were likely nothing compared to his emotional and psychological ones. More recently, in Dunkerque, I supported a man who clearly had mental health concerns and was expressing suicidal ideation. Both I and the volunteering doctor agreed that he desperately needed skilled support. We referred him to the local emergency department where he was prescribed paracetamol and sent back to the 'camp' located among the bushes in the industrial wasteland near the coast.

Stepping into the Breach

I could recount many more instances such as those above, but I would prefer to focus now on what I have learned about human engagement and to consider its potential as part of the response to such oppressive realities. Throughout my career as a nurse, I have been present with people during life-changing situations. During six years of work in a spinal injury unit, I sat with many (particularly young) people who were coming to terms with the fact that they had just lost significant physical function through paralysis. I have learned the importance of "being present" with people (Fahlberg & Roush 2016) and so, have often cried with my patients. This is a recognized nursing intervention but is often not given the importance it deserves. It was this that informed me in my response to the gentleman with the torture wounds. I have also been present with many people as they have approached death and have tried to support them along what, for many people, is a journey

to another reality. The death of another person is a moment of intense meaning and should, wherever possible, be marked by humanizing presence and sensitivity. While these clinical situations may seem markedly different to the realities outlined earlier in this chapter, they are all hugely significant parts of the human journey and amenable to the benefit of human engagement. It may be useful, at this point, to provide a definition of what I mean by 'human engagement'.

I understand human engagement in these contexts to refer to the coming together of two human beings such that each has the potential to know the other person, their happiness, their pain, their hopes and their fears. Willis et al. (2008) allude to this as they describe humanisation as a function of engaging in the knowing of each other's experiences. For such knowing to take place, it is necessary to recognize the things that create distance and to cast these aside. Thus, we need to understand that professional roles, power relationships, and the like, get in the way of human engagement and must be divested. Freire (1993) considers that this level of knowing is such that one becomes aware of the other person's reality and in doing so creates the potential for the two individuals to be solidary together. He continues that solidarity, if valid, must lead to the compulsion to work with the other person to see their reality change for the better. Sobrino (1988) describes this as seeing things as they really are. When I referred to my own awakening in the light of critical literature and the ensuing change, there was, as I noted, an awareness of having played a role, through passivity, in maintaining the realities of people with intellectual disabilities. Part of seeing things as they really are requires one to examine one's own role in the other person's reality. This may be particularly pertinent in respect of our action or inaction with regard to people who have been displaced. Young (1990) notes how oppression is often the result of well-intentioned, liberal people, going through their everyday existence, simply doing their jobs or living their lives, often unconscious and unquestioning, blinkered to the realities of how their indifference and choices affect the lives of others. The knowing of the other person brings with it a knowing of ourselves and should drive us to move away from the negative rhetoric about, and demonization of displaced people and instead focus on their innate humanity.

Sobrino (1988) and Freire (1993) propose that solidarity must lead to solidary or participatory action whereby people stand together and fight for justice and rights. This does not entail speaking for the other person but ensuring that their valid voice is heard and that this becomes the main factor in directing and changing the course of their lives (Figure 8.3). My experience of such participatory action is that the resultant change is usually not confined to one person but instead often leads to pervasive change in the realities of both people, something alluded to in the words of the murdered Jesuit philosopher, Ignacio Ellacuría (1989), who asserted that we can “...reverse history, subvert it, and move it in a difference direction.”

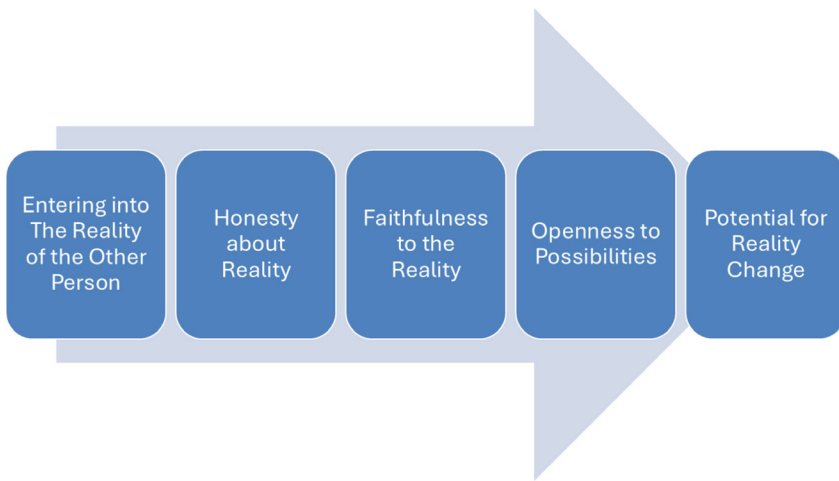


Fig. 8.2 Dialogic engagement and change.

To summarise, I argue that we need to move away from titles and constructions of power and to divest ourselves of positions that create distance between us and our fellow human beings. In situations such as those presented by the realities of human displacement, we must enter into engagement as humans, as citizens of diversity, ready to work alongside our fellow humans both within and towards the dissolution of the margin that displaced people find themselves in, but also within and towards the removal of the (particularly Global North–Global South) inequity upon which many of the reasons for human displacement are premised.

Conclusion

Oppression is highly institutionalized and embedded in the formal and informal processes and protocols that govern our interactions with other human beings, particularly those who have been pre-contextualized in terms of their perceived value and situation of powerlessness. Young (1990: 41) suggests that the pervading manifestation of oppression in recent decades has been that which has become structured in the “unconscious assumptions and reactions of well-meaning people in ordinary interactions”. This has the potential to stymie critical reflection and questioning, something that in turn maintains inequality and exclusion. Illich et al. (1977) would propose that this is inherently advantageous in the context of professional practice, in sustaining the privileged position of power held by professional people. In this chapter, I have explored these processes in the context of my own professional and human engagements with people who have found themselves displaced as they seek refuge from varying situations. It is my contention that the disengagement and distancing experienced by these people, and by other marginalized groups, can be subverted by engagement activities that are grounded in humanisation, solidarity, and inclusion.

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