Refugee Mothers' experiences of Forced Migration and its impact upon Family Life

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April 2015

Acknowledgements

CONTENTS

1. ABSTRACT

In line with dominant Western discourses regarding mental health, research concerning the wellbeing of forced migrants has tended to take an individualistic, symptom-focused approach. Although not without value and utility, it is argued that this narrow focus has the potential to obscure other important experiences, processes and perspectives relating to forced migration, such as considering how refugees make sense of and respond to their experiences at individual and familial levels.

For example, there is no known qualitative research within the UK – and little internationally – which explores how the experience of forced migration impacts upon individual and family wellbeing, from the perspective of parents.

Hence the aim of this study was to widen the narrow focus regarding refugee wellbeing. A qualitative approach was adopted, with semi-structured interviews exploring the experience of fleeing home and its impact upon family life in the UK for six refugee mothers.

Interpretative Phenomenological Analysis (IPA) was selected as a suitable approach to data analysis. Three master themes emerged across participant data, namely: *Loss as a constant companion to parenting; A shifting view of the self as a mother,* and *Taking the good with the bad in family life*. A rich account of these master themes and corresponding subthemes is provided.

Findings are discussed in relation to existing literature, alongside implications for clinical psychological research and practice, methodological considerations and suggestions for future research.

2. INTRODUCTION

2.1. Overview

This research is concerned with mothers' experiences of forced migration and resettlement in the UK, with a focus on how these experiences have impacted upon family life. An overview of forced migration is provided, including relevant terminology, followed by exploration of my own[1] epistemology and self-reflexivity. Subsequently, a critical review of existing literature of individual and family approaches to refugee mental health and wellbeing is provided, leading to a summary of the rationale for undertaking the current research and concordant aims.

2.1.1. Forced Migration

> *"Migration is an existential shift which affects every part of human life"* (Castles, 2003, p.22).

As this extract suggests, migration is a significant and life-changing process, experienced at every level by the people it affects.

Terminology

The term ***forced migration*** describes migratory movements by people being compelled or coerced to leave their homes for a range of reasons, including war, persecution, human trafficking, poverty, and environmental displacement due to 'natural disaster' or development for profit (Castles, 2003), and has increasingly-become one of the most significant global challenges of our time (Ingleby, 2005)

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[1] Reflecting the qualitative method used for this research, alongside my epistemological position, I made the decision to write this thesis using first-person narrative. However, the strength of academic convention in psychology is such that, in practice I use the first- and third -person interchangeably. The first-person is used when I feel it is important to state my own position or perspective.

Occurring within the context of political unrest, war, extreme repression and persecution, it follows then that forced migration brings about a seismic, unanticipated and usually unwelcome 'existential shift', given the lack of preparedness, choice, and willingness to flee that is entailed (Tribe, 2002).

A **refugee** is legally-defined by the 1951 Geneva Convention as a person who is, "owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, outside the country of his nationality and is unable or, owing to such fear, unwilling to avail himself of the protection of that country" (UNHCR, 2007).

An asylum-seeker is a person who, has fled their country of origin and is awaiting a decision following application to a country signed to the Geneva Convention (such as the UK). However, this has become a somewhat pejorative term due to media, political and social representations of this category of people (Lynn & Lea, 2003).

Accordingly, throughout this thesis I will refer to those who have been or are going through the experience of seeking asylum as *refugees*, unless explicit differentiation is deemed necessary.

Forced Migration – Global and Local Contexts

Ellis, Murray and Barrett (2014) cite that there are 42.5 million refugees worldwide, with 800,000 having fled their home countries in 2011 alone. This figure is likely to increase in the face of ongoing global instability and conflict; for example, with the current conflicts in Afghanistan, Iraq, Syria, Congo, Sudan, as well as the ongoing Israeli-Palestine conflict and recent tensions in Ukraine[2].

Between 1998 and 2007, more than 57,000 people were granted asylum in the UK, with many more awaiting decisions on asylum applications, appealing or awaiting removal following refusal (Home Office, 2007). At the beginning of 2012, there were approximately 149,765 refugees, 18,916 pending asylum cases and 205 known stateless people in the UK, making up 0.27% of the UK population in total (UNHCR, 2012)[3]. In the context of a progressive regulation of migration to the UK, the redirection of racism in Britain towards refugees and asylum-seekers has been charted (Fernando, 2002).

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[2] Although detailed exploration is beyond the scope of this thesis, it is important to mention the complex and often-overlooked relationships between the legacy of Western colonialism, imperialism and forced migration as a global phenomenon (Marfleet, 2006). Hence the UK is arguably not simply a benign recipient of refugees but historically has ruled over many of the nations or regions from which refugees originate today, such as in Eastern and Southern Africa, the Middle East and South-East Asia. All participants in this study fled from countries and regions which had been ruled by or at war with the UK at some point in the recent past.

[3] In order to contextualise these figures regarding the experiences of refugees who manage to reach the UK, it is important to note that the overwhelming majority of forced migrants are **internally-displaced** within the borders of their home nation, and as such often experience ongoing threats to safety (Ingleby, 2005). Consequently, those who have sought protection internationally will typically have family members who remain without protection.

2.2. Self-Reflexivity and Epistemology

2.2.1. Setting the scene

The process of undertaking qualitative research necessitates a self-reflexive approach from the researcher (Watt, 2007). Owning one's position enables the reader to consider the many (known and unknown) ways this may influence the outcome (Elliott, Fischer & Rennie, 1999; Morrow, 2005)[4].

2.2.2. Situating the researcher

Family Life

My own interest and motivation in undertaking this research came from postgraduate study in the field of *Refugee Studies* alongside voluntary therapeutic and mentoring work with refugee people. However, my connection and curiosity can be traced further back to my own family of origin.

I was born and raised in a working-class neighbourhood in Birmingham, the eldest child of my parents, who had migrated to the UK from Ireland for economic reasons. Their relationship to migration was complex and mixed, with an appreciation of the opportunities it provided – including work, relative social freedom and exposure to new people and cultures – alongside experiences of loss, isolation, discrimination[5], and adjustment to a new culture and urban environment.

These migratory experiences shaped the context in which my sister and I were raised, which included emphasis on academic achievement as well as responsibilities in respecting and advocating for the rights of those marginalised and disempowered within society.

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[4] Appendix 2 provides examples of working through this reflexive process
[5] This was in the context of the Irish 'Troubles', particularly around the time of their migration, which coincided with the aftermath of the devastating 1974 IRA pub bombings in Birmingham.

Whilst often painfully aware of my parents' homesickness, I benefited from gaining a 'home-from-home' with my family in Ireland, whilst also struggling with the influences of both Irish and English cultures as well as uncertain social class on my identity. This has fostered an ongoing fascination with the subjective experience of 'belonging' and how this can affect wellbeing, and has undoubtedly influenced my wish to work with migrants, in research and clinical contexts.

As well as considering my personal relationship to family migration, I have also undoubtedly been influenced in both my career choices and wish to undertake this research through growing up with a parent struggling with significant emotional distress and variation in mood. For me this influenced individual and collective wellbeing in everyday family life, which fluctuated between being relatively 'settled' to acutely uncertain and challenging as a result of the circumstances. My own family role and identity have been greatly shaped by these experiences, which have been influential in my curiosity regarding familial responses to challenging circumstances and life events.

Researcher Positioning

Through these reflections I have been afforded the opportunity to consider my relationship to the research. Initially I considered myself an 'outsider-researcher' (Corbin Dwyer & Buckle, 2009), given the fact that I am neither a refugee nor a parent. However, whilst not being an 'insider', I am from an immigrant family whose European country of origin has a complex colonial and imperial history with the UK which has resulted in violence and loss of life over the centuries. I was raised in a family facing challenges and adversity related to mental health difficulties. These experiences have all shaped my relationship to clinical psychology and this research. I do not wish to claim parity of experience, but to point out how committing to researcher self-reflexivity can enable a 'both/and' rather than an entirely 'either/or' (Andersen, 1987) approach to one's positioning within the research, and draw out hidden stories of meaning and identity (White, 2007).

My intention in including such reflections is to give the reader the possibility of understanding my personal relationship with, and commitment to, researching migration, forced migration, and how families manage adverse circumstances. Furthermore it grounds my expression of my own values, beliefs and worldview in terms of how they have influenced my choice of work as well as the approach I take, both clinically and in the current study.

Epistemological Approach

Although not concerned with labelling myself, influenced by my upbringing, I acknowledge that feminist, antiracist and socialist values have been influential in my choice of career and approaches to clinical psychology. Whilst pluralistic in my approach to clinical practice, my guiding epistemology is closely aligned with social constructionism (Burr, 2003)[6], which makes problematic taken-for-granted ways of viewing *knowledge, language* and *reality*, and highlights the central role of *power* in the construction of the language of 'truth' within psychology and beyond (*ibid*; Rose, 1998).

I also hold paramount the significance of individual embodied, lived experience (Cromby, 2004; Smail, 2005). For example, Cromby (2004) describes a 'critical realist social constructionist' account of 'depression', which acknowledges the centrality of relative powerlessness, social experiences and inequalities in contributing to distress, which does not exist in isolation but is *felt* by the individual in an embodied manner (Smail, 2005). Hence I am curious about how individuals experience the synergy between social context and their own unique '*reality'*. This is inevitably shaped by my own worldview, as a person from a Western society where individual experience is privileged (Fernando, 2002).

I also believe it essential to consider the wider context in which clinical psychology and associated mental health disciplines[7] exist, and to question their role in

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[6] A detailed account of social constructionist epistemology cannot be provided here, and it is perhaps more helpful to conceptualise this as a 'broad church' which encompasses many epistemologies, which share the overarching common principles, as outlined here (Burr, 2003), and for me include constructivist approaches also.

[7] For brevity and simplicity, throughout this thesis I will now use 'clinical psychology' to refer to 'clinical psychology and other related mental health disciplines', such as psychiatry, mental health

facilitating or constraining improved wellbeing, empowerment, and liberation (Afuape, 2011; Moane, 2003, 2011; Patel, 2003; Prilleltensky, 1997; Rose, 1998).

In summary, shaped by my own context, my epistemological approach to understanding distress and wellbeing incorporates issues of social experience, culture, language, and power, as well as the centrality of human relationships in the wellbeing of individuals, and the significance of individually-embodied experience within a wider context. It is from this position that I embarked upon this research with refugee mothers, and I fully acknowledge, and indeed celebrate, the uniquely subjective and reciprocal influence that my relationship with the research topic engenders.

3. LITERATURE REVIEW

A critical review of the mainstream research literature pertaining to refugee wellbeing and mental health[8] is now provided, including some of the conceptual, methodological and ethical issues which have been raised. Subsequently, alternative approaches to conceptualising familial experiences of forced migration and the rationale and aims of the current study are presented.

3.1. Wellbeing in a Global Context

"Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (World Health Organisation, 2013).

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nursing, psychotherapy, counselling psychology and systemic family therapy. This is not to privilege clinical psychology, but to acknowledge that whilst this thesis requires a focus on clinical psychology in particular, the issues raised are pertinent to all mental health disciplines.

[8] A summary of my strategy for literature review is provided in *Appendix 8.1.*

This WHO definition of 'health' highlights an increasing recognition of the importance of quality of life when considering wellbeing, which includes – but importantly is not limited to – psychological wellbeing.

This broad, globally-applied definition provides a framework from which to consider emotional wellbeing in the context of this research, and avoids imposing predetermined categories upon participants' lived experiences. Furthermore, it calls for a holistic and contextualised approach to understanding distress and wellbeing, and moves away from a reliance upon Western models of psychopathology, where 'wellbeing' is often equated with being 'symptom-free' (Walsh, 2011).

This is particularly important given that most (although not all) refugees come from the non-Western 'Global South' (Zetter, 2007), where understandings of wellbeing, emotional distress and mental health are likely to differ greatly from Western assumptions, whilst also influenced by such assumptions to some extent, as illustrated by Fernando (2010):

> *"Although we still talk of western psychology or western medicine, including psychiatry, it is important to bear in mind that these subjects are now essentially universal but firmly geared in practice to the paradigms and ways of thinking that derive from western culture. The situation vis-à-vis mental health could have been very different if European nations had not subjugated other people and undermined and part-destroyed their cultures, including medical systems or religions"* (p.46).

3.2. Individual approaches to Refugee wellbeing

> *"The process of forced migration is generally considered to be a pervasive and adverse long-term experience. The long-lasting process of cumulating losses and transitions creates a context of chronic stress that can seriously challenge the mental health of refugees"* (De Haene, Grietens & Verschueren, 2007, p.233).

3.2.1. Forced migration trauma, and psychopathology

Situated within the wider context of an 'explosive growth' in the study of psychological trauma (Ingleby, 2005), mental health research with refugees has increased considerably over recent decades (Yakushko & Morgan Consoli, 2014). This predominantly focuses on identifying and categorising *rates* and *levels* of individual refugee distress in line with Western psychiatric diagnoses, rather than the personal and social meaning which is ascribed to distressing experiences (Miller, Kulkarni & Kushner, 2006; Summerfield, 2000).

Pre-flight and Flight experiences

In characterising the psychological experiences of forced migration, three phases of *pre*-fl*ight*, *flight and resettlement* (De Haene et al., 2007; Fazel & Stein, 2002)[9] have been suggested. However, research considering the mental health consequences have primarily focused on 'symptoms' associated with *pre-flight* experiences which have compelled individuals, families and communities to flee, such as war, persecution, violence, sexual violation, along with similarly-harrowing experiences during *flight* (De Haene et al., 2007)*.*

Linked with exposure to such traumatic events, elevated levels of mental health problems - particularly posttraumatic stress disorder (PTSD)[10] and depression - have been reported for refugees resettled in Western countries (Silove, 2004), along with difficulties with substance misuse, and other 'comorbidity' (e.g. Johnson & Thompson, 2008; Momartin et al., 2004). An Australian study of Sudanese refugees

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[9] Although discussion is beyond the scope of this thesis, Renos Papadopoulos (2001) proposes an alternative four-phase model of refugee experiences of trauma. Here the phases are conceptualised as *anticipation*, *devastating events*, *survival*, and *adjustment* and although less widely-used, this perhaps helps to elucidate the corresponding psychological processes required by these different phases of experience.

[10] For a diagnosis of PTSD to be made, an individual must have experienced or witnessed an *event* which they experienced as traumatic and threatening to the life or wellbeing of the self or another. This is, by definition, frequently the case with people who are compelled to flee their homeland due to persecution. Furthermore, they then must exhibit *symptoms* associated with the *avoidance* and *re-experiencing* intense and intrusive memories of the original event, usually in the form of *flashbacks* and *nightmares* (Brewin, Dalgleish & Joseph, 1996; Yehuda, 2002). Clinically, a cognitive approach to conceptualising and treating PTSD is most frequently recommended (Ehlers & Clark, 2000).

reported that experience of pre-migration trauma (including separation from family, murder of somebody close, lack of basic necessities, torture and sexual violence) positively-correlated with scores on the Harvard Trauma Questionnaire, with 13% of participants indicating 'caseness' for PTSD (Schweitzer et al., 2006). Several studies have suggested that there is a 'dose-effect' relationship between levels of exposure to traumatic events and corresponding mental health difficulties, particularly depression and PTSD (e.g. Mollica, McInnes, Pham, et al., 1998).

Reported rates of psychopathology in both clinical and non-clinical refugee samples vary widely. Hollifield et al. (2002) reported PTSD prevalence rates of between 4 and 86% in refugee samples, attributing this variability to divergence in assessment methods. Attesting to some of the challenges of researching 'refugee trauma' and other mental health problems, Silove's (2004) review of existing data suggests a more narrow range of between 15 and 47% of refugees meeting a diagnostic threshold for PTSD, as well as even higher rates of depression than PTSD in refugee populations compared with population-wide levels.

Resettlement experiences

More recently, attempts have been made to move beyond the exclusive consideration of how experiences during *pre-flight* and *flight* phases can impact upon mental health, with research supporting the argument that *resettlement* experiences can have at least as much of a detrimental impact upon wellbeing.

For refugees, the experience of seeking asylum can itself be viewed as acutely traumatic, and research suggests that the ongoing stress associated with uncertainty, as well as financial and social stressors and hostile reception from the host community can have as much, if not more of an influence upon the mental health (Porter & Haslam, 2005). Meta-analytic findings indicate that institutional accommodation, lack of employment opportunities, being older, highly-educated, female, and of previously higher socioeconomic status are some of the factors associated with poorer mental health outcomes for forced migrants (*ibid*).

In Schweitzer et al.'s aforementioned study, post-migratory stressors such as concerns regarding family back home, lack of employment and acculturative stress

(Berry, 2006) were associated with increased rates of anxiety, depression, and 'somatisation' in Sudanese refugees.

In their correlational study looking at the effects of a treatment programme for refugee victims of torture in the USA, Raghavan et al. (2012), found that although treatment was associated with 'symptom-reduction', gaining secure immigration status was the single variable most strongly associated with clinical improvement in their sample. Similarly, Chu et al. (2012) found that post-migration factors, such as immigration status and financial insecurity, explained more variance in PTSD symptoms than pre-migration experiences alone.

Moreover, several researchers and organisations (e.g. Institute of Race Relations, 2006; Robjant, Hassan & Katona, 2009; Silove, Austin & Steel, 2007) have demonstrated the devastating impact which detention, aimed at deterring would-be asylum-seekers, regularly has on wellbeing, including acute exacerbation of distress and a number of suicides within Immigration Removal Centres. Hence the policies and practices of deterrence can serve to exacerbate emotional distress and shatter an already precarious sense of safety following arrival in the country of resettlement (Silove, Steel & Watters, 2000).

Importance of social support

As well as considering the impact of traumatic events, and structural post-migration variables, the role of social support is instrumental in supporting refugee mental health (Gorst-Unsworth and Goldberg, 1998). These researchers highlighted the ameliorative impact of 'affective', or relational social support on levels of both PTSD and depression in exile, for Iraqi survivors of torture.

Conversely, lack of social support predicted the presence of depression in particular, which parallels Schweitzer et al.'s (2006) aforementioned research. This found that the nature and levels of social support were some of the strongest determinants of wellbeing for participating Sudanese refugees in Australia, with the presence of

extended family and fellow community members significantly positively correlating with wellbeing (*ibid*).

Cultural Adjustment

Although there is not scope to discuss ideas around acculturation (Berry, 2003) and acculturative stress (Berry, 2006) in full[11], it is important to highlight that for refugees, the process of adjusting to an unfamiliar (and often unwelcoming) culture is potentially rendered more complex and challenging owing to the lack of real choice involved in becoming exiled, and the intrinsic losses bound up with this experience. Acknowledging the added complexitiies of acculturation, Allen et al. (2006) note that "most refugees simultaneously cope with the consequences of traumatic experience as they undergo contact and learn a second culture" (p.203). Hence the multiple demands placed upon refugees in terms of adjustment, and limited or reduced coping resources may present a threat to wellbeing (Berry, 2006).

Hence research suggests that the experience of forced migration often has a significant impact upon psychological wellbeing, with the combination of pre and post-migration factors influencing outcomes for refugee mental health.

Clinical Applications

Although there is a lack of research into their application with refugee populations (Crumlish & O'Rourke, 2010), trauma-focused cognitive-behavioural therapy (TF-

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[11] According to Sam and Berry (2006), acculturation refers to 'the meeting of cultures and the resulting changes' (p.1) for individuals and the cultural groups to which they belong. For migrants, this may entail adopting one or a number of four 'acculturation strategies', namely *assimilation*, *identification*, *separation* and *marginalisation* (Berry, 2003), which may be variously utilised at differing times depending on the context. *Acculturative stress* refers to the adverse consequences which can occur for migrants, and refugees in particular, within the context of adjusting to the resettlement culture and society; in particular anxiety, depression, isolation, and identity confusion (Wiliams & Berry, 1991).

CBT, Ehlers & Clark, 2000) and Eye Movement Desensitisation and Reprocessing (EMDR, see Shapiro, 1999) are reported to have the strongest evidence-base for treating PTSD (Bisson et al., 2007). Crumlin and O'Rourke (2010) cite meta-analytic data for TF-CBT and Narrative Exposure Therapy (NET, see Schauer et al. 2005) in the psychological treatment of refugees diagnosed with PTSD.

In the UK and elsewhere there are now specialist 'trauma clinics' providing refugees diagnosed with PTSD with specialist treatment using the aforementioned modalities (d'Ardenne et al., 2005; Rees et al., 2007; Regel & Berliner, 2007). Alongside psychotherapeutic approaches, in some cases the National Institute for Health and Clinical Excellence[12] (NICE, 2005) recommends the usage of psychotropic medication to tackle symptoms associated with PTSD, such as sleep disturbance and 'comorbid' depression.

3.2.2. Forced migration trauma, and psychopathology: A Critique

Strengths of current approaches

The cited research attests to the importance of considering the significant influence of *pre-flight*, *flight* experiences and the *resettlement* environment on refugee wellbeing. The predominant approach to understanding the distressing and often overwhelming impact of refugees' traumatic experiences has provided mental health professionals with a framework from which to make sense of experiences of refugee people who access their services.

The introduction of the diagnostic category PTSD has enabled the identification and recognition of a significant problem which was previously ignored (Papadopoulos, 2002), and subsequent research has facilitated an increased awareness of the common mental health needs of refugee people, thus promoting access to specialist psychological intervention (Bala, 2005).

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[12] The body associated for researching and publishing evidence-based guidelines for healthcare in England and Wales, in order to promote best practice and consistency across geographical areas.

An example of the application of such research is the guidance from NICE (2005), which recommends the specialist screening of 'programme refugees' for PTSD; citing the high risk for this population, given their almost-certain exposure to violent and catastrophic events, often in the context of war, conflict, and the use of various methods of torture aimed at terrorising and oppressing ordinary people (Mollica, Wyshak & Lavelle, 1987; Montgomery, 2004).

Hence from a social constructionist perspective, the language of psychopathology has proved a powerful 'currency' in enabling professionals to advocate for the rights and recognition of their clients' experiences, and in so doing has arguably permitted 'social actions' of access to services, emotional, social and legal support (Young, 1997; Sumemrfield, 2001) in asylum applications.

Limitations of current approaches

Critiques of the application of Western psychiatric diagnostic labels to non-Western refugee people have come from within and outside the mental health disciplines (for example, Bracken, 1998, 2002; Kirmayer, 2002, 2006; Martin, 1994; Miller, 1999; Miller, Kulkarni & Kushner, 2006; Patel, 2003; Patel & Mahtani, 2007; Summerfield, 2000, 2001, 2012) and question whether this is conceptually and ethically valid, for reasons outlined below.

Diagnostic labels originating in Western contexts are often unquestioningly applied to refugees who are largely from non-Western socio-cultural contexts where understanding and expression of mental health, distress and wellbeing are usually based on very different worldviews. It has been argued that this 'global exportation' of Western psychiatry bears resemblance to past imperialism in developing countries, (Summerfield, 2012). Given the link between past colonialism, independence, ethnic tensions, struggles for power and ongoing conflict, often resulting in forced migration to the West (Fernando, 2010; Malkki, 1995), this presents ethical issues for clinicians and researchers.

Given that the origins of forced migration are socio-political in nature (Papadopoulous, 2002), and not experienced in isolation (Ager, 1999), the almost-sole focus on individual experience may be misguided. Importantly, refugee people usually come from ethno-cultural contexts where life is much more 'collectivist' and interconnected within family, kinship, social, community contexts (Bhugra, 2004).

The current focus can lead to pathologising individual 'weakness' and 'vulnerability' rather than looking at the pathology of unequal societies which produce forced migration and result in poor health outcomes for all (Marmot, 2004; Pickett & Wilkinson, 2010; Wilkinson & Pickett, 2010), and arguably leads to a 'them' and 'us' dichotomy (Grove & Zwi, 2006; Lynn & Lea, 2003) which can be conceptualised as a professional coping strategy (Chang, Lee, Connor, et al., 2003).

Additionally, Western psychology and psychiatry's role in the oppression and gross violation of the human rights of individuals deemed disordered or deviant in some way, on account of certain undesirably-constructed characteristics such as gender, race, religion or culture have been well-documented but not readily-acknowledged (Amering, 2014; Fernando, 2002, 2010), requiring a cautious and reflexive approach to the concern with labelling and 'treating' refugees. The preoccupation with psychopathology shifts the focus away from an approach to drawing out and building upon the strengths and lived expertise of refugee people, in order to bring about improvement in individual, familial and collective wellbeing and ameliorative socio-political change (van der Velde, Williamson & Ogilvie 2009).

Furthermore, dominant treatment models of PTSD do not account for prolonged contexts of fear, instability and political terror. In areas where conflict has been longstanding and continuous (for example in Afghanistan or Palestine), forced migrants may never have experienced a sustained peace or stability (Aroche & Coello, 2004) and so the mechanisms by which they respond to the pre- and post-migration stressors they experience may be very different.

Despite experiencing significant challenges, most refugees in Western resettlement contexts do not come into contact with mental health services (Papadopoulos, 2002). This may be as a result of a lack of need, may reflect a poor 'fit' between

service provision and the needs of refugees, or it may be that those not seeking help experience similar levels of distress, based on symptom measures, but have enhanced quality of life, meaning-making abilities and social support (Weine, Razzano, Brkic, et. al., 2000). Thus, it is important not to make assumptions regarding refugee wellbeing based on the received knowledge regarding the minority of refugees who do come into contact with mental health services.

Capturing many of the above concerns, Bala (2005) warns that in solely focusing on psychopathology offers only a 'narrow lens approach' to refugee wellbeing, including a disproportionate focus on individuals rather than families.

By implication, there is potentially a much wider 'picture' which is being obscured from view as a result of this narrow approach (Marlow, 2009). As author Chimamanda Ngozi Adichie (2009, no page) eloquently puts this:

> *"The single story creates stereotypes. And the problem with stereotypes is not that they are untrue, but that they are incomplete. They make one story become the only story".*

Similarly, Ryan et al. (2008) point out that, as with any other population, empirical research into psychological wellbeing of refugees is a necessarily selective process, as the totality and complexity of human experiences cannot adequately be captured by a single approach. They argue that "the actual human stories and voices of the refugees themselves are curiously absent in much of literature in psychiatry and psychology" (p.16).

3.3. Family approaches to Refugee wellbeing

Following on from the consideration of dominant approaches to refugee distress and wellbeing, I now provide a review of the limited literature pertaining to refugee families and their wellbeing in the context of forced migration.

3.3.1. Family trauma and psychopathology

"Migration is fundamentally a family affair" (Suárez-Orozco & Carhill, 2008, p.88).

As the above quotation suggests, forced migration is not an individual endeavour, but occurs within the context of the family and community, and thus is experienced at multiple levels. Despite this, research concerning the familial impact of forced migration has been limited (Suárez-Orozco & Carhill, 2008).

In recent years, however, there has been an increase in such literature, such as the study of emotional difficulties in refugee children (Bernardon & Pernice-Duca, 2010; Fazel & Stein, 2002, 2003), which have been found to mirror adult presentations (De Haene et al., 2007). For example, research examining rates of emotional 'disturbance' in refugee children attending UK schools found that 27% of the refugee sample exhibited clinically-significant 'symptoms' based on teacher-reported measures on the Strengths and Difficulties Questionnaire (Fazel & Stein, 2003), a figure that was higher than matched ethnic minority (9%) and white-British majority (15%) controls. Based on these findings, the authors conclude "refugee children have large unmet health needs that need to be tackled" (p.134).

Research has also considered how PTSD, trauma and other mental health problems are 'transmitted' within families from a refugee background. For example, Yehuda, Halligan and Bierer (2001) found that children without direct exposure to violence, war or persecution exhibited symptoms consistent with PTSD, and parental experience of extreme persecution (in this case surviving the Holocaust) was

predictive of lifetime 'depressive disorders' in children. Similarly, Daud, Klinteberg and Rydelius (2008) found that refugee children of 'clinically-determined' traumatised parents exhibited more cognitive and behavioural impairment, which were conceptualised as symptoms of PTSD.

Differences between mothers' and fathers' responses to traumatic events have been investigated, with one study of displaced families in Turkey reporting that mothers were more likely to exhibit internalised symptoms of PTSD (such as screaming and crying at night), and fathers more externalised symptoms of detachment and irritability (Kiliç, Özgüven, & Sayil, 2003). A positive correlation between child PTSD symptoms and fathers' levels of depression and PTSD was found, and this was stronger than associations with child symptoms and the manifestation of mothers' distress, suggesting the importance of family role within the wider socio-cultural context when considering family trauma and distress.

Schweitzer and Steel (2008) report findings highlighting the devastating familial impact of the mandatory detention of all 'paperless' forced migrants entering Australia, with family relationships breaking down, and parents feeling guilty for seeking sanctuary and thus exposing their children to this detrimental environment (Silove, Austen & Steel, 2007; Steel et al., 2004). Again, significant trauma-related 'symptomatology' was identified in *all* detained family members (adults and children) studied, and maternal depression, self-harm, suicide attempts and disrupted attachments were noted in parents, who were often detained indefinitely. Children were often exposed to such attempts of their parents and other detainees to harm themselves or end their lives, creating further trauma and distress in the process of seeking sanctuary.

Based in Chicago, USA, the work of Stevan Weine and colleagues (e.g. Weine, Muzurovic, Kulauzovic, et al., 2004) has been a notable exception to the lack of research regarding the psychological impact of war and forced migration upon families. For example, providing psycho-educational groups to families where one family member was considered to be suffering from a 'severe mental illness' in post-war Kosovo was found to be a valuable resource for families involved and was

associated with increased adherence to psychotropic medication, reduced hospital admissions, and increased family usage of the specialist family mental health service (Weine, Ukshini, Griffith et al., 2005), although without a control group it is not possible to make firm attributions of causality.

Whilst bringing to the fore many of the relational and familial dimensions of distress arising within the context of war and forced migration, the above family-focused research regarding refugee mental health does not move away from a psychopathological framework for conceptualising distress, which perhaps reflects a need to stay in line with dominant discourses.

3.3.2. Refugee Family wellbeing: Wider approaches

Although considering familial roles and relationships to some extent, mainstream research regarding refugee family wellbeing has also been criticised for limitations described above, and remains preoccupied with Western conceptualisations of psychopathology (De Haene et al., 2007). The need to consider the socio-political experience of war and human rights abuses (Patel, 2003) for families has been highlighted, including how these experiences are made sense of and coped within challenging resettlement environments. There is a small but notable body of literature which addresses these issues, examples of which are provided below.

There have been a small number of studies exploring the forced migratory experiences of refugee children, young people (e.g. Bek-Pedersen & Montgomery, 2006; Derluyn, Mels & Broekaert 2009; Kaliniecka, 2012; McMichael et al., 2011; Montgomery, 2010), and young adults (Whittaker et al., 2005).

In their qualitative study of young refugees who had migrated with their families to Denmark from the Middle East, Bek-Pedersen and Montgomery (2006) explored the creation of home through narrative analysis of their twelve participants' storying of forced migratory experiences, and the resultant impact upon identity construction.

This research was part of a wider epidemiological study carried out in Denmark with asylum seeking children who arrived with their parent(s) from the Middle East in the early 1990s (Montgomery, 1998). Whilst intending to take a 'life story' approach, Bek-Pedersen and Montgomery (2006) found that the young participants (between 16 and 18 years old) were not accustomed to giving an uninterrupted account of their life stories, and so the research interviews became more dialogical than anticipated. Taking a comprehensive approach, the participant interview findings were triangulated by conversations with family, friends and other key informants, observations of participants, as well as - for nine participants - a second interview, and for five, a further group interview, within the five month duration of this qualitative study.

In this study, participants gave voice to experiences of violence at different levels, from persecution at a structural level to intergenerational familial violence, all within the context of forced migration. Examples of two participants' divergent means of coping with earlier experiences of violence in the context of war are provided, with one participant (Salwa) experiencing a painful past filled with sorrow as inhibiting the possibility of a happy and fulfilled present and future. In contrast, another participant (Aram) appears to employ a more politically conscious framework for organising his family's past experiences of violence and persecution, and makes sense of such difficult experiences as a drive to succeed and build an alternative future. Connections to 'home' were linked to a sense (or absence) of belonging and security within the family.

Bek-Pedersen and Montgomery's (2006) findings attested to "the profound influence of family relationships for the adolescent's creation of home in exile" (p.99). They concluded that the experience of being a refugee was greatly influenced by the relationships and communication within their families. For example, even without direct exposure to violence, stories told by parents relating to traumatic experiences such as violent persecution, shaped how adolescents storied their experiences of being refugees in the present day.

Bek-Pedersen and Montgomery (2006) acknowledge that their narrative study is based upon participants' own accounts of experience, and so is partial. They contend that to obtain a more complete picture of how adolescent refugees' histories impact upon the present self, there needs to be a move beyond informal conversations and observations, towards interviews with parents, other family members and friends, given that parents' accounts in informal conversation diverged sometimes markedly from those of their children. However this stated limitation of their research does not appear to take the performative aspect of narrative into account, as evidenced by the lack of critical analysis into possible functions of diverging stories between generations, as well as the lack of consideration of the influence of the researcher on data gathered in these reciprocal interactions.

Such qualitative research attests to the importance of understanding the experience of forced migration within the ecological context in which it is situated (Miller, 1999; Miller & Rasco, 2004).

Taking a psychosocial, contextualised approach to familial wellbeing, Walter and Bala (2004) have reported detrimental effects of traumatic experiences, uprooting, and marginalisation on identities, as well as abilities to be flexible and adaptable to challenging situations. Based on clinical experiences with refugee families in the Netherlands, they propose an alternative to the chronological, phasic approaches to understanding refugee experiences and wellbeing, acknowledging the interaction of pre- and post-migratory experiences as well as differential relationships and responses within the family, in accordance with a multitude of factors, such as age, role and stage of development in the family life cycle (*ibid*; Bala, 2005). These clinicians point out that refugee families, like all families, carry their own particular sets of problems and histories. This is likely to influence how war, persecution and forced migration are experienced and interpreted both individually and collectively for family members, important context which is often overlooked in research concerning refugee wellbeing (Bala, 2005).

Refugee parenting

Added to commonplace challenges of family life, such as mental and physical health problems, poverty, social isolation, and children's behavioural difficulties, Lewig, Arney and Salveron (2010) state that "parents who are refugees face significant additional challenges" (p.324) due to the complexities that forced migration brings about for families, including consequences of torture and trauma, changes to family roles, separation or death of family members, language difficulties and differential cultural expectations about behaviour in resettlement contexts (*ibid*).

Furthermore, the uncertainty of asylum applications, language barriers – including differential rates of resettlement language-acquisition – inability to work and subsequent experience of dependency on the welfare state, acculturation challenges, and lack of knowledge around dealing with the authorities can all contribute to additional difficulties for refugee parents in their child-raising endeavours (Whittaker et al., 2005).

These studies go some way to contextualising how forced migration can affect refugee families, as well as considering the influence of, and impact upon established roles within the family, including parenting roles. However, my review of the existing literature suggests that parents have been presented primarily as moderating factors in the wellbeing of children and young people (e.g., De Haene et al., 2007; Elliott, 2007; Lewig et al., 2010; Punamäki et al., 1997; Rousseau, 1995), rather than being of primary interest and concern.

As such, there is little understanding as to how refugee parents themselves make sense of their experience of forced migration and its impact upon family life. Parents and families are actively 'responding to their changing world' during the process of forced migration and resettlement (Williams, 2010), but little is known of how they make sense of this.

More recently however, there have been a small but growing number of qualitative studies which have sought to explore the experiences of refugee mothers. For example, in her research with Sudanese mothers resettled in Australia, Levi (2014) focused on the experience of mothering teenagers, and of the tensions or conflicts

arising from the resettlement context, including adjustment to new familial and societal roles. Using semi-structured interviews with seventeen mothers and two key informants from within the Sudanese community, Levi's thematic analysis generated four main themes. The first, transitioning from 'parenting together to parenting alone', captured the loss of the interdependent Sudanese family culture in relation to mothering, and in some cases the loss of a spouse resulting in the experience of parenting alone in a highly independent culture. Levi's (2014) second theme centred around mothers' narratives of fear regarding the risk of losing their children either literally to the Australian child protection system (perhaps due to prohibition of 'traditional' child-rearing practices such as physical chastisement), or symbolically to the dominant Australian culture, with mothers fearing the influence of 'the wrong crowd' and harmful substances such as illicit drugs. Relatedly, Levi's third theme related to loss of parental authority through loss of traditional means of enforcing power, resulting in children becoming more powerful in the Australian context. The final theme captured mothers' attempts to find new ways of parenting within this new resettlement context. This included mothers adapting through the use of various strategies, such as talking to their children more frequently, drawing upon new social networks for support and embracing the changed structure within the family to relate to children in a less hierarchical manner. Based on the findings of this research, Levi (2014) suggests that further consideration be given to how the resettlement environment can respond to and support mothers with challenges they face in adjusting child-rearing practices in response to the new culture. Furthermore, she contends that parenting programmes should be targeted at the community rather than individual level. Addressing the limitations of this study, the majority of participating mothers were able to communicate in English, which Levi suggests may limit generalisability to mothers potentially more marginalised and socially-isolated through lack of English and associated connections. Nonetheless, this research attests to the importance of considering the potential complexity inherent in refugee family life in resettlement contexts.

3.3.3. Gaps in the research: Parenting and refugee family wellbeing

Although the aforementioned research begins to capture some of the many potential complexities associated with refugee family life, it is in its infancy and is limited in scope, as pointed out by Suárez-Orozco and Carhill (2008):

> *"Researchers have often struggled to conceptualize immigrant children, adolescents, and their families, all too often giving way to pathologizing them, ignoring generational and ethnic distinctions among immigrant groups, stereotyping immigrants as "problem" or (conversely) "model" minorities, and overlooking the complexity of race, gender, documentation, and language in their lives"* (p.87).

As well as presenting a conceptual gap in received academic knowledge regarding forced migration, this lack of understanding is likely to present practical implications for services endeavouring to provide support to refugee parents and families, including mental health services, where clinical psychologists are most likely to encounter refugees in a professional context. Indeed, clinical researchers have raised concerns regarding services being applicable to the needs of 'mainstream' families, as opposed to the development of specialist service provision tailored to the needs of refugee families (Weine et al., 2004). In service of creating more refugee family-focused mental health services, these researchers highlight the importance of undertaking further qualitative research with this population, looking at their experiences through a family rather than individual lens, and enabling marginalized voices to be heard. Similarly, Macdermid Wadsworth (2010) calls for new knowledge around the interactions between family dynamics and individual psychological health amongst refugees, and how the experience of forced migration impacts upon family functioning.

Weine (2011) advocates for the development of a public health approach to *preventing* the development of mental health problems in refugee families, through ongoing research around improving familial and community resources.

3.3.4. Gaps in the research: 'Mainstream' parents and family wellbeing

Family is described as "a transactional system that functions in relation to its broader sociocultural context" (Walsh, 2011, p.29). In the clinical psychological and related literature there is an extensive body of research on parenting relating to 'mainstream individuals and families' (Weine et al., 2004). It is beyond the scope of the current study to review this body in its entirety. However, it is pertinent to briefly reflect upon representations of parents within other clinical psychological research.

The focus of research concerned with parenting in clinical psychology and related disciplines has mainly centred around the impact of mental health problems on a parent's capacity to fulfil their role and duties in relation to their offspring (Falcov, 1998; Tunnard, 2004).

Froma Walsh (2011) and others (e.g. Gladstone, Boydell & McKeever, 2006; van Parys & Rober, 2012) have advocated for a shift in approach from a deficit or pathology-based conceptualisation of families to one that acknowledges the struggles that all families experience, whilst recognising and supporting the building of strength and resilience in family relationships:

> *"The field of mental health has long neglected the study and promotion of health. In the concentration on mental illness, family normality became equated with the absence of symptoms, a situation rarely, if ever, seen in the clinical setting…Scant attention was given to the stressful challenges and strengths of ordinary families in the community or their larger social context"* (Walsh, 2011, p.28).

3.4. Rationale for Current Research

There is a need for research to address the imbalanced approach to the experience of forced migration, by centralising the significance of refugees' own attempts to make sense of oppression and marginalisation as a valid and useful area of study.

Furthermore, it is my contention that, given the established relationship between post-migration environment, social support and the psychological wellbeing of resettled refugees (Porter & Haslam, 2005; Schweitzer et al., 2006), there is a need to increase understanding of how family processes are shaped by the experiences surrounding forced migration. This is particularly the case for refugee parents, who have been neglected thus far in the literature (e.g. Lewig et al., 2010).

This gap requires addressing, if the clinical psychology profession is to achieve its goal of gaining a greater understanding of the role of social and cultural factors in contributing to and shaping psychological distress and barriers to wellbeing (Division of Clinical Psychology, 2011).

Miller and McClelland (2006), in advocating for a *social inequalities* approach to psychological formulation – and clinical psychology more generally – argue that the experiences of socially-oppressed groups are managed within the field through omission, in part as a result of professional self-interest and in an attempt to explain away the lack of explanatory power in discourse of psychopathology:

> *"Banished from the mainstream discourse, representations of experiences become problematic, pathologised or silent"* (p.131).

Perhaps in response, qualitative research in clinical psychology has widened in scope in recent years, expanding to social issues likely to impact upon mental health, but may not be concerned explicitly with therapeutic models or practice, or even people who identify as having mental health problems (Burman, 2004). Therefore, the researching of refugee family life, in service of gaining a greater understanding of experiences affecting wellbeing is a valid endeavour within clinical psychology.

In the UK, there is no known qualitative research from a psychological perspective which explores the experience of forced migration from the perspective of refugee parents.

3.5. Research Aims and Question

In view of the paucity of existing literature, the aim of this project is to further our understanding of the lived experiences of refugee mothers, particularly regarding how they make sense of how forced migration has impacted upon their family life and wellbeing, as well as their role as a parent.

To reflect the need for a wide, exploratory approach, the research aimed to answer the following question:

How do refugee parents living in the UK make sense of their experiences of forced migration and its impact upon parenting and family life?[13]

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[13] As discussed later, it is important to note that the research was initially designed to be undertaken with refugee parents, although due to recruitment issues it transpired that all six participants were mothers

4. METHODOLOGY

In this chapter I lay out my rationale for undertaking qualitative research. I also provide an overview of Interpretative Phenomenological Analysis (IPA; Smith & Osborn, 2003; Smith, Flowers & Larkin, 2009), the method selected as most appropriate in meeting the aims of this study in line with my own epistemological stance. I finish with a detailed description of procedure, namely the generation of ideas, gaining ethical approval, recruitment of participants, data collection through semi-structured interviewing, and finally the analytic process itself.

4.1. Research in Clinical Psychology

The *Scientist-Practitioner* model of knowledge production and practice has, and continues to, dominate the clinical psychology profession in the UK and beyond, and has traditionally favoured a positivist, empirical approach to scientific endeavour and its application to clinical practice (Harper, 2007; Kazdin, 2008; Westen, Novotny, & Thompson-Brenner, 2004), using quantitative methods.

Harper (2007) highlights the dilemmas which the clinical psychologist can often find herself in, as a result of the schism between psychological *theory* derived from positivist assumptions and methods, and clinical psychological *practice* undertaken with people in the context of their everyday life worlds (Dreier, 2008). Ussher (1992) contends that privileging a positivistic approach that unquestioningly-assumes neutrality and objectivity can carry significant ethical implications, in that it discourages reflexivity in research and can serve to obscure the role of power, inequality and discrimination on the lives of marginalised groups, thus contributing to further oppression. Similarly Prilleltensky (1997) has argued that in pursuance of 'legitimate' scientific status, clinical psychology's focus is diverted away from a values-based approach which seeks to address relevant social issues.

4.2. A Qualitative Approach

Qualitative research in psychology entails the power to explore human experience in great detail (Brinkmann & Kvale, 2007, p.263).

With increasing recognition that psychological 'truth' is itself socially constructed (Danziger, 1990), recent decades have seen a move towards more diverse and pluralistic research methods in clinical psychology (Barker, Pistrang and Elliott, 2002; Harper, 2007), with suggestion that qualitative research may be a way of 'bridging the gap' between 'hard' science and therapeutic and professional practice (Kazdin, 2008).

I consider this a neglected or subjugated story (White, 2007), which requires what White and Epston (1990) describe as *thickening* through a qualitative approach to the research.

In endeavouring to expand the 'narrow lens' approach to refugee research, (Bala, 2005), itself routed in empiricism and assumptions of universality (Summerfield, 2012), I wanted to move closer to the lived experiences of refugee parents, privileging 'local' knowledge and expertise (White, 2007).

Qualitative research is concerned with people's feelings, thoughts, and experiences within *their* world, as well as ways in which people construct and communicate such experiences (Barker et al., 2002). It aims to focus on the specifics of human life, particularly in relation to social experiences, and contextualises this with consideration of history, language and social context (Elliott, Fischer & Rennie, 1999). Offering an open approach, it is compatible with undertaking exploratory research in a relatively neglected area, enabling the discovery of future areas of research in more depth (Barker et al., 2002), and provides an opportunity to be critical and transparent in assumptions and process, for example relating to the role of culture (Marsella, 1998).

4.2.1. Selecting a Method

Prior to selecting IPA as a suitable method, a number of approaches were considered. For example, as an approach grounded in social constructionism, *Narrative Inquiry* is concerned with understanding the shaping of our life worlds through the 'storying' of experiences over time, (e.g. Crossley, 2003; Murray, 2003). Although this would be an interesting approach to take in future research, I was not primarily concerned with how refugee mothers story their experiences at this stage, instead wishing to focus on their own meaning-making in relation to experiences of forced migration.

I also considered undertaking *participatory action research* (PAR: van der Velde, Williamson & Ogilvie, 2009) with refugee parents. PAR is concerned with engaging what were traditionally referred to as *subjects* of the research as co-researchers, so that research becomes something which is co-created with participants, who become central in shaping every stage of the research, in order to bring about beneficial change in an identified area of need (Reason & Bradbury, 2013). Although epistemologically and ethically congruent, I decided against this approach due to time and resource constraints, meaning that I would not be able to do justice to the participants.

4.2.2. Interpretative Phenomenological Analysis

"IPA is a joint project of researcher and researched" (Smith et al., 2009, p.110).

Phenomenology refers to "the systematic study of people's experiences and ways of viewing the world" (Barker et al., 2002, p.76). Based on this, Interpretative Phenomenological Analysis (IPA; Smith & Osborn, 2003; Smith et al., 2009) is an approach to research that is concerned with how people make sense of their own lived experiences (Smith et al., 2009). Smith and colleagues developed IPA as a means of accessing individuals' cognitive and phenomenological experiences of health and illness (Smith, 1996; cited in Giles, 2002). It is now widely employed in the

field of clinical psychology, indicating its compatibility with exploring lived experience from a psychological perspective (Todorova, 2011).

Concerned with how individuals make sense of life-changing experiences (Smith et al., 2009), IPA "draws on interpretation to make manifest what is normally hidden and to look for meanings embedded in human experience" (Wagstaff et al. 2014, p.2).

IPA has two main principles. It is *phenomenological*, through its concern with understanding and describing people's experiences and worldviews, as far as is possible (Barker, Pistrang & Ellott, 2003; Larkin, Watts & Clifton, 2006). However, there is recognition that this is always partial, as another's world can never be fully entered. Hence the second principle of IPA is that it is *interpretative*; the researcher has an active role in interpreting the participant's experience from a psychological perspective (*ibid*). This is referred to as the '*double hermeneutic*' (Smith et al., 2009). Furthermore, the reader of the research is considered a vital part of the 'hermeneutic dialogue' (*ibid*), making this approach particularly dynamic.

IPA adopts an *idiographic* approach, aimed at understanding specific phenomena in particular contexts (requiring a degree of homogeneity of experience in the sample), rather than a *nomothetic* approach, where testing hypotheses or making broad generalisations based on data is the focus (Smiith et al., 2009).

In addition to offering a strong theoretical foundation grounded in phenomenology, IPA provides a procedural structure for undertaking qualitative research (Brocki & Wearden, 2006) in a rigorous and transparent manner, where quality criteria and validity of analytic claims can be assessed by the reader (Yardley, 2008). This provides a sense of clarity, which I was drawn to as a first-time user of IPA.

4.2.3. Study Design: The use of semi-structured interviews

IPA requires *rich* data, meaning that "participants should have been granted an opportunity to tell their stories, to speak freely and reflectively, and to develop their ideas and to express their concerns at some length" (Smith et al., 2009, p.56). I therefore deemed semi-structured interviews – described as 'conversations with purpose' (*ibid*, p.57) – the most appropriate method of gathering data from participants, given language considerations, and my commitment to providing the space for refugee parents to share their experiences. I felt that the *interpretative* aspect of the analysis would be further-enhanced by the 'space between' (Corbin Dwyer & Buckle, 2009) established through the direct interrelating with participants.

An interview schedule was developed accordingly, in conjunction with research supervisors (Appendix 6). In line with the exploratory nature of this research, this employed open questions aimed at eliciting in-depth data regarding the experiences of forced migration, their impact upon family life, sense of role as parents, and what had shaped the family's managing of these experiences.

4.2.4. Quality Assurance

Qualitative researchers have developed guidelines to ensure quality (e.g. Elliott, Fischer & Rennie, 1999; Morrow, 2005), and the validity of data analysis in particular. These measures include using several data analysts, providing a clear data trail that is subsequently audited by another researcher (or supervisor), consulting participants regarding accuracy of analysis, owning one's own perspective, situating the sample within context, grounding interpretation in textual examples, and achieving coherence in account and resonance with readers (Yardley, 2008). I adopted these procedures [14], and was cognisant of these quality indicators

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[14] I consulted the Director of the organisation from which recruitment took place - who acted as field supervisor for this project – as part of undertaking accuracy checks on the data. The findings of the research were discussed with one participant and an endeavor was made to present the findings to the main group from which recruitment took place. However, this was not availed of within the time of writing this thesis due to the group's own needs and priorities, but I have kept the offer of

throughout. I adopted measures such as undertaking a reflective journal, entailing considerable questioning and reflecting of my beliefs and experiences in an attempt to examine and where possible to 'bracket' my assumptions as a researcher (Appendix 2.1).

To enhance quality at each stage of the research process (Larkin et al., 2006) I attended and presented at an IPA research forum which proved invaluable in gaining exposure to a wide variety of IPA research and enabled me to triangulate my approach with feedback from other researchers[15]. I subsequently presented the research at an international conference in qualitative mental health research (Kelly, 2014). This further-enhanced the feedback loop and reflexive journey; I was able to receive feedback, question my interpretations and consider alternatives. These experiences helped to immerse myself in 'the world of IPA'. Discussion of emerging themes with supervisors was important in revisiting my ideas and ways of conceptualising data.

4.2.5. Researching from a position of power and curiosity

The epistemology of social constructionism recognises the role that history, culture and society have in shaping people's own individual and collective beliefs, and how power plays a central role in the construction of 'reality' through language and taken-for-granted knowledge (Burr, 2003).

As well as adhering to ethical standards and procedure, it is important to employ 'ethical reflexivity' (Block et al., 2012), particularly in refugee research "when

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returning to the group open and hope to undertake this important process in the near future. I also recognise that IPA as a research method acknowledges the *double hermeneutic* involved in undertaking the interpretation of meaning in qualitative data analysis, and so I am in no way claiming to represent the 'true' interpretation of participants' experiences, but am interpreting their own interpretations of experience through the lens of my own experiences, beliefs and assumptions.

[15] For example, I initially thought it might be necessary to omit the interview data of one participant from analysis, because of the divergent experience of never having lived in the UK *with* her children as a result of protracted separation. However, following discussion of this with the group and my supervisors, this was not deemed necessary or appropriate because of the novel research area and consequent exploratory approach to the research at this early stage of research concerned with the in-depth experiences of refugee parents.

researchers and research participants have disparate lifeworlds" and "the risks of asymmetries in power" (ibid, p.71) between researchers and researched are considerable.

Drawing upon the concept of researcher positioning (Corbin Dwyer & Buckle, 2009), I acknowledge that participants' experiences of me were almost certainly as an outsider researcher. As a white-British national with an English accent, my 'difference' in terms of my Irish ethnic background (in relation to the UK ethnic majority) was not visible, nor was it voiced (Burnham, 2012) in interactions with participants prior to, or during interviews. This choice in itself is reflective of my privilege as a white, educated woman (McIntosh, 1988), and is likely to mean that participants related to me in a manner that was different to if the research was undertaken by an 'insider', such as a person from a refugee background, or from the same geographical region as participants.

I am aware that my relative power as a representative of the 'host' nation, and consequent assumptions made by participants may recursively have shaped my approach to undertaking this research and their responses, and so forth. It is not possible for me to determine exactly how participants constructed and experienced me, just as this is not possible in any professional or personal context, but it is important to be aware of this presence of power (Patel & Mahtani, 2007), and other areas of 'difference' in interactions (Burnham, Alvis Palma & Whitehouse, 2008)[16], particularly in cross-cultural research with refugees, in aiming to avoid making normative assumptions (Block et al., 2012).

My concurrent clinical work within a specialist Refugee Child and Family Mental Health Team (see Hughes, 2014), situated within predominantly systemic and narrative approach to therapeutic work, enabled me to develop thinking in this area and to be aware of these ideas during the research process. Whilst limiting my ability to fully empathise with mothers' experiences, my lack of first-hand experience as

[16] Burnham's acronym of 'Social GRRAACCEESS' is helpful in keeping in mind seen and unseen; known and unknown variety in experience in working and undertaking research with other people. It invites us to consider Gender, Race, Religion, Age, Ability, Class, Culture, Ethnicity, Education, Sexuality and Spirituality

either a refugee or a parent perhaps enabled me to remain curious in my attempts to understand unfamiliar experiences. Furthermore my own experiences of being parented by migrants in sometimes challenging circumstances enabled me to keep the experiences of the participants' children in mind.

4.3. PROCEDURE

4.3.1. Participant Recruitment

A purposive approach to participant recruitment was undertaken, given IPA's idiographic approach, and in line with this a need for homogeneity of experience in the sample (Smith et al., 2009).

Six mothers were interviewed for the research, which adheres to the need to keep sample sizes relatively small, enabling the researcher to maintain close to participants' lived experiences. This is in keeping with IPA's focus on the particular rather than the general (*ibid*), whilst also meeting the demands of the research within an academic context.

Making links

Initially, I contacted refugee support and community organisations (RCOs) within London, using my personal and academic network. My commitment to staying close to participants' lived experiences of forced migration, and broadening clinical psychology's approach to the wellbeing of refugees, necessitated approaching non-National Health (NHS) or statutory services. It was important to undertake the research with parents who would not necessarily have their emotional or relational experiences within their family predefined by services (for example, via mental health diagnosis).

From six organisations approached, four expressed an interest in supporting the research, but varied in their ability to commit scarce time and resources.

The director of the organisation from which I recruited, an independent charity providing support to refugees in London, expressed enthusiasm and committed recruitment support, the use of facilities, and field supervision. The organisation was appropriate, in that it holistically supports refugees (of all ages and from many regions) residing in the local area, and includes educational and social groups, legal and housing advice, individual advocacy-based casework and community networking and policy-development. Given resource limitations, recruiting from one adequately resourced organisation was preferable to recruiting from multiple sites.

Inviting Participation

Following ethical approval, I attended multiple meetings with two volunteer-led groups for refugee women to introduce the study and enable potential participants to consider whether they wished to partake. The first, from which two participants were recruited, was aimed specifically at mothers with young children and provided English language-learning (ESOL) alongside supervised play for children. The second was aimed at enhancing opportunities for skills-development and social interaction. Both groups were well-established, popular and open to people at all stages of the asylum-seeking process ranging from women with refugee status, to those with no further avenue for appealing negative decisions from the Home Office, meaning that they were destitute and reliant upon the benevolence of charitable and religious organisations.

As well as providing verbal and written information (Appendix 4) regarding the research, I participated in group activities and exercises, to give mothers the opportunity to ask questions and to convey my genuine commitment and interest in their lives with a view to establishing trust. This is particularly important with people from Black and Minority Ethnic (BME) groups, including refugees, given the marginalised and underrepresented position which they occupy in clinical psychological research (Farooq & Abbas, 2013) and the enacted abuses of power

upon BME people in recent history in the name of 'research' and scientific advancement (Fernando, 2002).

Interested participants were invited to approach me in the group or via contact details provided. In practice, after attending both groups twice, eight women expressed an interest in participating and consented to being contacted to arrange an interview time. Six interviews were arranged, two of which were with the support of a volunteer interpreter due to lack of shared language. It was not possible to get hold of one mother who had expressed an interest, which I followed up with the group facilitator who informed me that the mother was no longer in a position to partake. Unfortunately, I was unable to include one mother in the study due to language barriers and my lack of access to interpreting support for the language in question.

4.3.2. Participation criteria: An inclusive approach

In order to give voice to a wide range of parents' experiences and given the lack of pre-existing qualitative research in this area, I wanted to ensure an open and inclusive approach to recruiting. This was reflected in the inclusion criteria.

Parents

Despite my intention to recruit both mothers and fathers for this study, I was unable to gain access to the latter, owing to reasons beyond my control. Although I may have been able to recruit fathers on a more ad hoc basis, I took the decision to adjust the research to focus solely on mothers so as to adhere to IPA's requirement of homogeneity of sample (Smith & Osborn, 2003), which whilst disappointing at the time, on reflection is most likely helpful at this exploratory stage of research with refugee parents in the UK.

Place of origin

Further consideration was required when deciding on variation in terms of country or region of origin. For example recruiting from the Middle-East, would have increased homogeneity in terms of issues around parenting and cultural practices, and so forth. However, at this exploratory stage research, a decision was made to not limit recruitment to a particular region of origin, with a view to future research doing this as a follow-up.

Legal status

Another issue was asylum status. Initially I considered it preferable to only recruit those who were classified as 'refugees' as opposed to also 'asylum seekers'. My ethical position was to protect vulnerable individuals from feeling compelled to participate because of their marginalised and precarious status in society (De Haene, Grietens, & Verschueren, 2010). However, a number of prospective participants who had self-identified as refugees during recruitment, explained that they were in the midst of seeking asylum during their research interview. Consequently, I decided to apply for an amendment to my ethical approval, requesting that this be extended to permit the inclusion of *asylum-seekers* , as excluding those who had self-identified as refugees would be unethical through subjugating mothers' own constructions of experience. This application for amendment was granted (Appendix 8.3.2), and consequently three of the final participants were still seeking asylum.

Capacity to Consent

Given the potentially distressing nature of experiences shared, individuals' capacity to consent was discussed with the organisation's staff and volunteers, to minimise the risks associated with participation, such as an exacerbation of existing distress or trauma, or lack of social support, which may preclude participation. In practice, this was less of an issue due to the support already being provided by the organisation, and my continued emphasis on its importance.

Language and the use of an interpreter

A final important consideration was the possibility of opening up the research to participants who were not able to participate via the English language. Reticence around cross-language qualitative research in clinical psychology is well-documented (Harper, 2007; Rugkåsa & Canvin, 2011).

Initially, I also felt reticent, given my monolingualism and a lack of financial resources to employ professional interpreters. However, a generous offer of support from an unqualified but experienced volunteer interpreter at the organisation meant that I was able to include two mothers from the ESOL group who would otherwise have been excluded. The interpreter signed a confidentiality agreement (Appendix 8). The remaining four participants were interviewed in English, which was their preference. As stated, one potential participant was not included because of a lack of access to a same-language interpreter.

It is not possible to fully do justice to an exploration of the complexities associated with undertaking cross-language qualitative research, which has been discussed elsewhere. For example whilst recognising resource constraints, Edwards (1998) advocates for working *with* as opposed to *using* interpreters throughout each stage, rather than attempting to obscure the complexity of the interpretation process. She also highlights the need to consider issues of power at all stages. Similarly, rather than merely describing, Larkin, Dierckx de Casterié and Schotsmans (2007) highlight that languages "construct different ways of seeing social life, which poses methodological and epistemological challenges for the researcher" (p.468). This created dilemmas for me throughout the course of this research process and necessitated continual reflexivity. The use of an interpreter in IPA research poses methodological constraints, in terms of how valid interpretations made by the researcher are based not only on the participants' own interpretations of their experiences, but the interpreter's interpretations as an additional layer, which could be argued to employ a 'triple hermeneutic' principle.

Furthermore, although recommended (Temple & Young, 2004), I did not have access to the resources to undertake linguistic validity checks on the 'accuracy' of

translations into English of interview data, other than through making additional time to meet with the interpreter before and after the interview in order to clarify my expectations and to explore any issues with translation throughout the course of both interviews (Tribe, 2007).

I also applied Reynolds' (2010a) suggestion of relating to interpreters as cultural consultants in clinical practice with refugees to the current research, through drawing upon the knowledge and lived experience of the volunteer interpreter in as much as she offered this. Therefore a holistic, 'weaving' (Larkin et al., 2007) approach to interpretation was adopted, as opposed to purporting to capture the literal speech of the two participants interviewed via interpretation.

4.4 Ethics Of The Research

I will now outline the process of attending to the manifold potential ethical issues necessitating consideration, which included, but was not limited to (Block et al., 2012), the undertaking of the research ethics application in order to gain ethical approval from the University (Appendix 8.3).

The methodological and ethical complexities associated with conducting research with refugees has been noted by other researchers (e.g., Block et al., 2012; De Haene et al., 2010; Schweitzer & Steel, 2008). I certainly deemed it of paramount importance to avoid conducting myself or this process in a manner which could be experienced as unethical or harmful by participants and those associated with them, as well as those who may identify with the experiences of the participants through reading the research. Furthermore, I was grateful for, and mindful of, the trust which was being placed in me by the recruiting organisation, and was careful to consider and actively avoid any risk of compromising the integrity of the organisation in the views of its service users.

4.4.1. Informed Consent

Farooq and Abbas (2013) have highlighted the importance of giving careful consideration to how informed consent is gained from people from ethnic minority backgrounds, particularly "high-risk minority groups" (p.661), such as refugees. In addition to the aforementioned written information provided, I discussed each aspect of the research process and consequences of consenting with participants prior to commencing the interviews. I confirmed understanding of each aspect, rather than just obtaining overall consent (Appendix 8.5), and revisited consent at the end of each interview as part of the debriefing process, reminding participants of their ongoing right of withdrawal.

4.4.2. Confidentiality and Anonymity

As part of gaining fully-informed consent, participants were informed verbally and in writing (Appendix 8.4) that:

1. Their interview and minimal demographic data would be securely-stored and password-protected, and would only be shared with research supervisors for the purposes of analysis.

2. In line with the department's policy, data would be destroyed on conferment of the degree award sought.

3. Any potentially identifiable information would be removed from interview transcripts and textual accounts included in the current paper and future publications. Participants were consulted in this process.

4. I would ascribe pseudonyms in the write-up of the research, and collaborated with participants regarding preferable pseudonyms where possible in order to enhance ownership of this.

5. Confidentiality agreements had been signed with the voluntary interpreter, and professional transcription service.

6. I would have a duty to break confidentiality and refer to the relevant agency if I felt significantly concerned regarding the safety or welfare of the participant or others associated with them.

In line with protecting participants' identities, particularly given that the majority had experienced some form of persecution in their home countries and belonged to relatively small diaspora in London, I provide a collective summary, rather than individual detailing of demographic information below (Thompson & Chambers, 2012).

Furthermore, I have elected to omit a fully-analysed transcript from the online version of this thesis, as I feel that doing so poses a real risk of compromising anonymity, which would constitute a breach of trust and ethical responsibilities to my participants.

In order to adhere to aforementioned rigour and quality assurance procedures, a fully-analysed transcript was provided for the purposes of examination only. I have erred on the side of caution throughout because upholding my duties to safeguard participants' right to confidentiality and anonymity is of upmost personal and professional importance (BPS, 2010).

4.4.3. Managing potential distress

Participants

Owing to potential experiences of trauma and violation, careful consideration was necessary regarding the potential to exacerbate distress through the research process (De Haene, Grietens & Verschueren, 2010b). Obtaining fully-informed consent necessitated discussing with participants the potential for distress in the research interview, and their right to refrain from answering any questions that they did not feel comfortable with for any reason, which they were under no obligation to share. I informed participants of my experience in working clinically with people in thinking about distressing events. Furthermore, many report finding research participation of this manner as helpful or even therapeutic (Birch & Miller, 2000). The debriefing process (Appendix 8.7) was vital in exploring the impact of the interview on participants and facilitating access to further sources of support if

required, such as referring one participant to the Housing Adviser after her research interview.

Interpreter

Interestingly, the voluntary interpreter became visibly upset on one occasion, as a participant spoke of her experience of homesickness and ongoing separation from family. This resulted in me pausing the interview for a time. This highlighted the importance of an empathic and sensitive approach to undertaking in-depth research interviews, as well as the importance of holding the emotional needs and experiences of interpreters in mind, particularly those from similar backgrounds to refugee participants (Green, Sperlinger & Carswell, 2012; Shakespeare, 2012). This necessitated mindful debriefing and obtaining feedback from the interpreter regarding anything that could have been set up or handled differently to manage distress.

At a methodological level, this also required consideration of how this event may have impacted upon the subsequent conversation once the interview had resumed, for example considering whether the participant in question felt the need to 'tone down' or censor her responses in an attempt to protect the interpreter from further distress, as well as my own potential reluctance to return to the exact topic in question. Although unfortunate, this was implicitly ethically-driven, and did not constitute a significant enough aspect of the data to request a follow-up interview.

Remuneration

Alongside reimbursing travel expenses, I used my research budget to give participants a £10 'high-street' voucher as a token of my appreciation for their efforts. I intended not to disclose this in advance to avoid overly-incentivising participation in the absence of feeling willing or able (BPS, 2010). However, I learned this had been discussed in a women's group, which compelled me to share this information prior to interviews occurring so that potential participants were in

receipt of the same information. I also gave the volunteer interpreter a voucher in appreciation of her time and efforts in supporting this research.

4.5. Data Collection

4.5.1. Participant demographics

Participants (Charity, Bernadette, Bahara, Grace, Lee and Mina[17]) were six adult mothers from a number of Sub-Saharan African countries, and the Middle East[18]. All had lived in the UK for between 6 and 12 years and came at different stages of their family lifecycle. All had started families prior to flight, and two mothers had proceeded to have more children after reaching the UK, with the number of children ranging from 1 to 8 (with a mean of 4.5). Two participants had experienced the death of an adult child or children through serious health conditions (both physical and psychological), and one participant had experienced the death of three children in their adult years. Two had travelled with their husbands to the UK. The remainder of participants were widowed, and all but one had become so as a result of violent political repression. *Table 1* presents an overview of this demographic information.

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[17] Pseudonyms

[18] As stated, in order to safeguard anonymity, I have not provided individual biographies, but instead will give a collective overview of the participants' demographics and contexts.

4.5.2. Table showing participants' collective demographic information

DEMOGRAPHICS	NUMBER OF PARTICIPANTS
Region of Origin	
Middle East (Afghanistan or Iraq)	2
Central/Southern Africa (Angola or Congo or Zambia or Zimbabwe)	4
Age range	
30s	2
40s	1
50s	3
Length of time in UK	
6 – 10 years	3
11 -15 years	3
Number of children	
0-2	1 (19 yrs)[19]
3-5	3 (3 between 0 and 5yrs) (4 between 6 and 17yrs) (4 between 18 and 21yrs)
6-8	2 (7 between 16 and 30yrs) (8 over 18)
Living Status	
Living alone	2
Living with children	1
Living with children and husband	2
Living with a friend (Destitution)	1
Religion/Spirituality	
Christianity	4
Islam	2

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[19] *Parenthesis (_) indicate number and age range of each participant's children*

4.5.3. Interviews

Participants were given the choice regarding interview location, in order to improve accessibility and minimise inconvenience. Four participants were interviewed at the organisation's premises, one in a local library and one at home.

Four participants were interviewed in English, which was their preference. Two were interviewed in their first language with the involvement of a volunteer interpreter. Interviews took between 45 and 90 minutes, with the majority lasting one hour.

Participants were asked at the beginning and end of the interview whether they remained happy to participate. They were provided with my contact details in case they wished to withdraw at a later point. With consent, interviews were audio-recorded to aid an in-depth analysis of the data.

A pilot interview was conducted, in order to obtain feedback on the interview schedule and process. Following some minor amendments to the wording of the interview schedule[20] in response to feedback provided by the first participant and interpreter, the interview data from the pilot interview was included in the analysis.

A copy of the interview schedule is provided in Appendix 8.6.

4.6. Data Analysis

The step-by-step procedure provided by Smith et al.'s (2009) approach to IPA was adopted throughout the analytic process, as summarised below.

4.6.1. Transcription

I immersed myself in the interview data through transcription, reading and re-reading of interviews, and concurrent re-listening, enabling engagement with the data at a deeper level (Smith et al., 2009). I kept a reflective journal (see Appendix

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[20] For example, 'manage' was re-worded to 'deal with' or 'cope' to provide more clarity.

8.2.4. for exemplar extracts) throughout the process of data transcription and analysis, which was helpful methodologically and in processing difficult material.

A professional transcription service was used to transcribe two of the interviews. To ensure confidentiality and protection of participant information, the transcriber signed a confidentiality statement (Appendix 8.9).

4.6.2. Idiographic Analysis

I adhered to an idiographic, case-by-case approach to data analysis. This entailed reading and re-reading transcripts, noting initial reflections and then reviewing these in conjunction with the textual data in order to produce *emergent themes* (Smith et al., 2009).

Reflecting IPA's *double hermeneutic* paradigm, these emergent themes were then clustered together in a variety of constellations, in order to develop *superordinate themes* for each participant. This aimed at capturing the process of how participants made sense of their experiences of family life in the context of forced migration, with an acknowledgement of these experiences being viewed and interpreted through my own *lens* of experience and sense-making. These superordinate themes were named in accordance with this process of interpretation. An example of initial clustering and the development of superordinate themes is provided in Appendix 8.10.

This process was then repeated for each further participant. In order to adhere to the idiographic, inductive approach necessary for good-quality IPA, it was important to attempt to 'treat each case on its own terms' (Smith et al., 2009, p.100) through 'bracketing' of earlier emergent themes as far as possible. The process of critically re-reading and listening to interview recordings, as well as 'line-by-line' analysis was essential for me in undertaking to treat each participant's data as unique. However, I recognise that it is not possible to have completely 'bracketed' my assumptions and hypotheses.

4.6.3. Analysis across cases

Following completion of individual transcript analysis, superordinate themes for each participant were reviewed in order to find patterns across all cases (Smith et al., 2009). Themes interpreted as 'fitting' conceptually and experientially, were clustered together in order to develop master themes and subthemes for participants as a collective. Finally, individual transcripts were revisited in order to determine whether my interpretations and grouping of themes 'made sense' in terms of how participants had given voice to their lived experiences, and were revised accordingly. A table summarising this process is provided in Appendix (8.10).

4.6.4. A circular and reflexive process

Although following a helpful structure (*ibid*), it is important to state that this process of analysis was non-linear. At each stage, previous steps were revisited and alterations made, meaning that data analysis and development of a final 'account' of the findings was a constantly-evolving process. This is important in ensuring that the research is both *phenomenological* and *interpretative*; maintaining a closeness to the accounts of participants whilst adding an interpretation from a psychological perspective (*ibid*).

5. RESULTS

"It is the best thing in my life to have a good husband and good children. It's the best thing that I have" (Mina, p.18).

5.1. Overview

This chapter presents an account of the findings, as developed through the analytic process described in the previous chapter. This constitutes my interpretation of the participants' own accounts of experience relating to forced migration, parenting and family life, co-created within the unique context of this research process. Hence, the uniqueness of my interpretation means that it is "socially-constructed, partial and incomplete" (Nel, 2006, p.310). The reader forms another 'layer' to the hermeneutic process in IPA by interpreting my account through the prism of their experiences (Smith et al., 2009).

Using Interpretative Phenomenological Analysis (IPA, Smith et al., 2009), three master themes were generated through the analytic process. These were *Loss as a constant companion to parenting*, *A shifting view of the self as a mother*, and *Taking the good with the bad in family life.* These master themes and their subthemes are presented in Table 2. A narrative account of the results, incorporating textual examples[21] is provided. All names and person-identifiable information have been changed.

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[21] The presentation of verbatim textual extracts has been adapted slightly for ease of reading and comprehension. Whilst undertaking the process of removing hesitations or unnecessary text, I have elected to preserve some hesitations such as 'erm', or repetition of words, where I interpreted this as being reflective of the underlying emotional response, or where a difficulty in giving voice to an experience added to the analysis of the data. Any missing or condensed material is indicated with '…', and clarifying or explanatory material has been added with the use of square brackets '[]'. Emboldened text is used to draw the reader to particular aspects of participants' direct textual examples.

5.2. Table showing master themes and subthemes

MASTER THEMES	SUBTHEMES
Loss as a constant companion to parenting	Living with the spectre of incomprehensible loss
	Managing 'everyday' losses in limbo
	Feeling torn in two
	Family life uprooted: The loss of a 'good life'
A shifting view of the self as a mother	It hasn't been enough…but I'm doing my best
	Reciprocal protection
	"Remembering my children kept me moving"
Taking the good with the bad in family life	Living with the dark side of humanity
	Counting one's blessings
	'It could be worse'
	God as the firm ground

5.3. Loss as a constant companion to parenting

The master theme *Loss as a constant companion to parenting* speaks to the omnipresence of loss within the context of resettlement for participating mothers. All voiced the magnitude of various losses, including the death of loved ones through violent and unanticipated circumstances, unanticipated and protracted separation from one's children, experiencing the death of children whilst apart from them in exile, and making sense of the loss of home, livelihood and belonging.

The naming of the theme *Loss as a constant companion to parenting* aims to capture the presence of these profound losses in the everyday lives of the participating mothers. For the most part, and for a range of reasons – including ongoing immigration issues, environmental stressors such as poor housing, ongoing health conditions, and concerns about family back home – mothers did not appear to feel they had the time nor psychological space to make sense of such losses and to grieve. This master theme thus aims to give voice to the magnitude of ongoing experiences of loss in the everyday lives of mothers. Furthermore, it aims to capture the sense of mutual influence of both the losses and the circumstances of daily life on the mothers' experiences and related sense-making. The presence of losses influenced how the present day was lived and experienced for the mothers, whilst conversely the circumstances of daily life influenced how the losses of the past were experienced.

Four subthemes were identified as part of this master theme: *Living with the spectre of incomprehensible loss, Managing 'everyday' losses in limbo, Feeling torn in two* and *Family life uprooted: The loss of a 'good life'.* These subthemes will now be outlined below.

5.3.1. Living with the spectre of incomprehensible loss

With one exception (Bahara), all participants recounted experiencing familial bereavements within the context of forced migration. Some mothers had

experienced multiple deaths of family members, which inevitably had a significant impact upon family life. For some, these bereavements directly preceded making the decision to flee, and had a considerable impact upon their own sense of functioning in the role of mother.

Four participants undertook the journey of forced migration as widows, with three having experienced the violent murder or disappearance of their husbands owing to political repression.

Grace describes witnessing the brutal murder of her husband by paramilitary forces:

> *"They beat him 'til I notice he's gone, for me, I notice that 'yeah he's gone'. So, and they pull him out of the house, they took him with them"* (Grace, p.2)

Grace's language attests to her experience as a powerless observer to the murder of her husband, with nothing to do but to 'notice' when she can no longer see signs of life, and to watch the men taking him away from the family, both physically and emotionally. Her use of the present tense to describe this event suggests the reliving of this past experience in the present, whilst her repetition of '*he's gone*' perhaps indicates her ongoing struggle to make sense of what has happened, as if she has to convince herself of its veracity.

After beginning to come to terms with learning of her husband's concealed illness, Lee conveys the significant renegotiation of family life that she was again compelled to undergo, when he was subsequently violently and senselessly attacked, resulting in his untimely death:

> *"When they are ill, men in Africa they don't tell the wife... but because he died from being beaten by some notorious thieves...they attacked him wanting money, not knowing that...he had no money. So they beat him and cut him with [weapon]...he died a very painful death...but at the end he died after a year or so"* (Lee, p.3).

Charity recounts her husband's persecution on the grounds of his political opposition to the ruling party:

"So then they beat him when he was arguing with them, then at night they came and took him. So now when they took him they went and then returned him…after three days the police car…dropped him in front of our house…So…my husband said 'I am not going to sleep here because if I sleep here they might come and kidnap me or even burn us in the house'…so he left. So I don't know if they caught him or what, because today I don't know where he is…" (Charity, p.3).

Charity thus shares a similar experience of the violent loss of her husband, but whilst believing it is likely he has died, has never received confirmation of her husband's death, meaning that the family must live with the ongoing uncertainty regarding his whereabouts. Charity's detailed narrative captures her attempts at processing and making sense of what has happened, without being able to 'tell the end of the story'. This is captured by her reference to 'today', indicating how this incomprehensible loss is ever-present in her mind.

These violent and unanticipated losses of the participants' husbands and co-parents had a significant impact upon family life at many levels; for instance, as a precipitator to separation from one's children, wider family and community in the face of ongoing intimidation, as well as the families' attempts to make sense of these catastrophic experiences whilst preoccupied with the significant everyday challenges posed by forced migration.

5.3.2. Managing 'everyday' losses in limbo

Participants described the experience of non-violent 'everyday' bereavement as additionally challenging and distressing due to its occurrence in the context of forced migration.

Loss through bereavement was a significant aspect of family life for Bernadette. As well as experiencing the death of her husband through illness, she had experienced multiple losses of siblings, and the deaths of three of her young-adult children, which she attributes as the cause of her depression and reason for fleeing her home country:

"I come from a family of five. In fact, it was a family of eight. I lost a sister and they took...I lost...a daughter, and two sons, now I'm remaining with...five, plus my two sons and three daughters...I'm a widow" (Bernadette, p.1).

"Erm, after losing my children, one after the other, I had gone into depression" (p.4).

Here, the losses she has experienced appears to have become part of her identity, thus having become a heavy presence in everyday life which appears to be punctuated by these devastating bereavements that she struggles to cope with. Bernadette is taking significant steps to protect herself from reminders of associated painful memories, including avoidance of home itself:

"It [the death of her children and husband] *has influenced me to stay on with* [daughter]*, because I'm still mourning, which...I don't want anything to remind me of them anymore, and when I go home, I'll see the same thing, yeah. So I want to stay away for some time"* (Bernadette, p.7).

Bernadette thus experiences the UK as an ongoing sanctuary from her own pain and suffering, rather than the external forces typically associated with forced migration, which she does not refer to during her interview. Her stated avoidance of memory triggers as a means of coping with her grief and depression felt at odds with the palpable presence of pain in Bernadette's voicing of these experiences, perhaps suggesting a partially effective strategy at best. Indeed this encounter left me feeling highly moved and saddened by the powerful presence of such losses, and I sensed it had become difficult for Bernadette to experience any distance from her bereavements, despite – and perhaps owing to – her preoccupation with creating such distance above all else.

Lee voices the devastating significance of the exact moment she learned of her adult son's death back home:

"This is where you find people committing suicide or dying from shock, you know. Even me, I nearly died here [London]*. I nearly died because I was on the bus when someone called from home to say 'your son has passed away', and what happened*

was, I was on the seat and I jumped and hit my head and nearly went with him" (Lee, p.22).

Here the everyday mundaneness of travelling on the bus is juxtaposed with receiving such devastating news. Lee's experience of shock, and 'nearly going with' her son, are indicative of the added distress she feels following a protracted period of separation from him due to forced migration. Her comment regarding 'people committing suicide' in these situations felt at odds with her upbeat and positive interpersonal style. Her use of hypothetical situations, alongside the term 'even me' can be seen as distancing from what are perhaps personally and spiritually unacceptable feelings, given her Christian faith and her sense of identity as a mother and a survivor.

In contrast to Bernadette's avoidance of home, Lee's ongoing distress around this recent death of her child is exacerbated by having been prevented from returning home to bury him, owing to travel restrictions associated with her immigration status. Being unable to fulfil her duties as the only surviving parent and witness her son's burial, poses significant challenges for mourning, and perhaps limits Lee's opportunity to come to terms with her son's death:

> *"It is tough now. I am just hoping that…when I apply for my Indefinite Leave to Remain I can get it. Then I can see where he is buried and see the girlfriend and those who helped bury my son, because he was buried and **I wasn't there**. I haven't seen where he was buried but they send me a* tape. *The funeral process, it was wonderful"* (Lee, p.25).

Hence rather than leading the celebrations of her son's life and mourning his passing away together with the support of immediate and extended family, Lee was compelled to be somewhat isolated in her grief as a result of forced migration. The video tape provided some respite from this isolation, enabling her to feel connected to this important collective ritual in her grief.

However Lee explains the importance of being able to visit and see her son's grave, to commemorate his death in person, a manner befitting her role as a mother. She

links this to her own parents, conveying the need for intergenerational continuity of familial tradition:

> *"It's just a tradition…if your relative passes away…You just want to see where they are. Where they have been put to rest. Because I have got to put a tombstone in memory to show other people that here is where my son is. Just like my mum and dad when they passed away. We have got a place where we put out family…It is just you know, memories. Because it is part of you taking off, but it is taking off but never forgotten"* (Lee. p.21)*.*

Hence Lee's role as a mother extends beyond her son's death; requiring ritualistically commemorating his being and passing so that she, alongside wider family and community, can remain connected to memories of him, thus promoting continuity of cultural and familial traditions around death and mourning. Forced migration is experienced as hindering this process, meaning that she is living with her son's loss in the present.

This subtheme demonstrates ways in which 'everyday' bereavement were exacerbated and rendered extraordinary by the daily experience of forced migration and its impact upon family life.

5.3.3. Feeling torn in two

This subtheme conveys experiences of separation from family arising from forced migration, which all mothers experienced. Its title reflects not feeling whole as a result of these ongoing separations, which for four of the mothers included the separation from one's own children. For some this was still ongoing.

Charity voices the overwhelming difficulty of making the decision to flee without her daughter:

> *"My daughter was really young by then, she was about [early adolescence] I think…It was very difficult. It was very difficult…because…I couldn't stay any longer, as I was going to be killed".* (Charity, p.2).

She thus exemplifies the experience of feeling 'torn' at the prospect of leaving her only daughter, whilst making sense of this as a life-or-death decision that she had little choice or control over.

Grace experiences feeling torn away from her children (who remain in Africa) due to the process of asylum-seeking – particularly the protracted nature of the appeal process – and voices the impact evocatively through metaphor:

> *"Even though, my…heart inside…my heart is still bleeding man! My heart is still bleeding…because never see them!"* (Grace, p.16).

The continuity of her bleeding heart reflects the ongoing painfulness of the situation due to their protracted situation, and Grace gives voice to the depth of her usually private and limitless pain of family life apart from her children:

> *"…fortunately when I cry I'm always like, I don't cry for the world to see me crying; I'm not crying for anyone to see me, I'm in tears. I'm always…I'm crying for you Lord…But I can't stop crying! I can't stop crying. If I can start crying now, I will be crying until 6 o'clock".* (Grace, p.25).

Here Grace conveys a sense of needing to remain strong and 'keep it together' in the presence of others, due to the sense that such emotions would overwhelm her if released. She nevertheless recognises and shares their enormity.

Lee also shares the impact of having being separated from her youngest children upon her wellbeing:

> *"The time when my kids were not here I couldn't even eat. You know at times I could cook, then I think if they have eaten, and I take my phone and call; 'What are you doing? Have you eaten? No! Why?' 'Today we didn't get any meat, there was no milk, or there were no vegetables'. I would say 'Ah, ok, I will see what I can do'. I put the phone, I will have cooked but I can't eat"* (Lee, p.29).

Lee's narrative moves from past to present, interpreted as intimating the enduring sense of abandoning her children, that it was not the way it should be; the mother with food, whilst her children were going hungry back home.

Mina conveys the impact of homesickness and separation from her family of origin, and voices feeling 'torn in two' due to family members' needs back home:

> *"…Because my sister is not well and that's why…I have to call to my mom every, several times a week…twice, three times a week…"* (Mina, p.7)

> *"Yeah it's very difficult"* (*ibid*).

Thus despite living in a relatively 'intact' family with her husband and children in the UK, Mina experiences an ongoing sense of feeling torn between home and resettlement.

For Charity, separation from her daughter which was intended to be temporary has become protracted, despite both being in the UK. Charity voices struggling to provide for her daughter, who consequently resides elsewhere, impacting upon their experience of family life:

> *"I see her occasionally yes"* (p.5)*.*

In recognising the dilemmas associated with all separations, participants also alluded to enduring regret or questioning of decisions made. Reflecting upon her distress, Grace alludes to having made the 'wrong' decision knowing what she knows now:

"Being a parent in my situation…is very hard…being a parent is not…easy and then to leave them, to leave your children behind you, it's worse. There's nothing…It's better where…you suffer, suffer with your children, I think that is much, much better…for us who left them behind it's very hard, and I don't know even what can I say, I don't know really" (Grace, pp.26-27).

Thus Grace voices an inevitability of suffering, given the family's harrowing experiences, but reflects back upon choices made and views collective suffering as an infinitely more bearable option to the fragmented suffering they endure in their ongoing separation.

Similarly, when asked what advice she would give to other families in her situation, Mina alludes to a sense of regret at having been compelled to experience this fragmentation of family life and sense of being 'alone':

"If the situation is ok, I'd prefer to…advise them to stay in country, not coming here. Because...you can see your family and you can spend the time with your family - not be alone" (Mina, p.27)*.*

Thus, for Mina, forced migration is perhaps a 'necessary evil' in keeping her family safe, whilst also tinged with loss and isolation.

This sense of aloneness is also conveyed by Bernadette, who expresses the ongoing struggle she faces in adjusting to being away from her extended family:

"Leaving my family has been…something that…I'm finding very difficult to go through, because I was used to my family and in Africa as usual, even your extended family is counted as your family, as I'm saying my nieces, even when I was back in Africa, I used to look after them. They would come and stay with me and later on they would go to their parents…" (Bernadette, p.4)*.*

She makes sense of the difficulty of being away from her extended family and community through highlighting the incompatibility of such social isolation with her identity as an African woman, with implied collectivist values, stating:

"… So staying alone is not usual for an African like me" (*ibid*).

Hence the experience of feeling 'torn in two' captures the sense of being almost ripped away from one's family and wider community network, as embedded within the wider culture.

This subtheme captures the experience of feeling psychologically 'torn in two' due to ongoing separation from children and family in the context of forced migration. Mothers used powerful language to voice the strength of this distress and voiced its presence at multiple levels from individual relationships to wider culture.

5.3.4. Family life uprooted: The loss of a 'good life'.

This subtheme relates to the loss of the lives participants knew before forced migration, encapsulating loss of home, status, livelihood, role, and associated impact upon identity for mothers.

Having grown up and started her own family in the context of war and oppression, Bahara described life back home as entailing widespread poverty and a lack of facilities, including "*no toilet*", "*having to cook...to bake the bread*" without "*any oven or gas facility*" (p.12). She also described the impact of the ruling regime, stating:

> "*We…are not allowed to go outside the house without men. We have to go every day with all men. And they hit us with a stick, and we are not allowed to go alone anywhere*" (Bahara, p.12).

Despite living under this constant threat and intimidation, Bahara described family life back home as "*good house, big house, and we have a lovely...life*" (p.11). When asked what it was like to leave home, her response was "*too difficult*" (p.13), for family, and one which is painful to discuss; "*yes…it's difficult to talk* about" (p.14). Thus, in spite of voicing the levels of fear and intimidation which the family were

living with back home, making the decision to leave their homeland, family of origin and to undertake an arduous journey with young children was experienced as being a 'last resort' for Bahara, the impact of which is difficult to give voice to.

Grace similarly communicates the loss of a relatively comfortable family life on the night that her husband was murdered:

> "B*efore, before they beat him…because…we're owning the, the* [business] *so we had money really, we have something to live in the country*" (Grace, p.1).

This experience also punctuates the loss of home and safety on the night that 'everything changed', irreparably damaging family life. Grace's usage of "before" (thus implicating the 'after') indicates the magnitude of the loss. The mundane regularity of comfortable family life, where they had "something to live", is juxtaposed with the manner in which this was brutally taken away.

Furthermore, this experience of the 'loss of a good life' is also used by Grace to signify all she has lost and how this has irrevocably affected her identity, rendering her almost unrecognisable to others, and perhaps also to herself:

> "*I changed a lot. I'm not that person I used to be, driving my big car! With the huge house, swimming pool, stuff like that! Amazing woman really. With a lovely body! Look at [indicating to own body]...Since I come this country I put on a lot of weight! People they don't recognise me*" (Grace, p.14).

Alongside the loss of livelihood in home countries, the lack of opportunity to provide for oneself and one's family since resettlement was often experienced as detrimental to one's wellbeing.

For Lee, not being able to work whilst seeking asylum is at odds with her cultural values, and limits opportunities for distraction and ability to contribute to society, thus representing a threat to identity and wellbeing:

"It is very difficult for Africans….because we are used to eat from our sweat… If the rule could change…It would be very wonderful…[Work] *makes you not to worry much, keep your mind on your immigration issue alone…sitting in the house will make people think of evil things...Doing wrong things* (Lee, pp.25-26)*.*

Similarly, Grace describes being prevented from working as "*horrible, it's really…horrible*" (p.21), and likens her suffering to the experience of being imprisoned multiple times:

"Because you are suffering…it's like you are in prison. And yet you are run away from the prison in your country. You think…where you are going you are going to be saved. Only to find out that you are in another prison…(Grace, p.21)

Grace gives voice to the nightmarish quality of this experience; travelling to escape imprisonment and expecting sanctuary but finding that one form of imprisonment has been replaced with another, meaning that one is unable to find meaningful occupation or to provide for one's children. She proceeds to voice the futility of this situation and her struggles to comprehend this system:

"*…what's the point of give me place to live and you feed me, yet I can give myself place to live and feed myself. Give me something to do so that…I can help myself, than to help me! So, it's hard, and…some of us we are qualified to do something but because of the law you cannot do it to...to help yourself out, to help your family back home, you can't*" (*ibid*)*.*

Hence, the experience of seeking-asylum means a removal of the opportunity to provide for one's family, which is counter to the role of the mother as a provider. The experience of forced migration magnifies the loss of a 'good life', given the loss of livelihood and prevention of mothers being able to work to provide for their families.

Loss of a 'good life' also refers to a lasting loss of belonging. Bernadette conveys the complexity of displacement; life in a state of 'limbo' is an enduring aspect of her forced migratory experience:

> "I've not travelled back to [home] *because...of immigration problems. I haven't secured my stay yet. And if it happens that I want to go back home, I will now miss this one* [place] *here as well, where I'm a bit used to already. Then I will come and start the life again, as if it's another new life. **So, I am not happy to go.** Once ...I've secured my stay here with this leave to remain, I will go home, just to visit"* (Bernadette, p.9).

Hence, she thus appears to have become attached to 'this' home in the UK, whilst continuing to struggle with missing home. She anticipates missing the UK should she return home for good. Bernadette's insecure immigration status in the UK appears to exacerbate her sense of displacement, as she is unable to return home to visit, which is perhaps important for her in relation to making sense around home and belonging.

In this master theme, *Loss as a constant companion to parenting,* the many layers of loss for participating mothers were highlighted. These experiences of loss are significant and also intimately related to how participants viewed themselves as mothers, which will now be discussed.

5.4. A shifting view of the self as a mother

The master theme *A shifting view of the self as a mother* captures the dynamic relationships conveyed regarding participants' identities as mothers and refugees, in relation to their family and children in particular.

The conceptualising of mothers' identities as shifting aims to capture what felt like constant renegotiation of how participants viewed themselves in response to factors such as the ongoing sense of powerlessness imposed through immigration restrictions, environmental stressors, and other external or relational constraints. This theme also captures mothers' sense-making regarding the shifting roles within the family in response to forced migration, for example the recognition that care and protection had become more reciprocal in exile. Mothers all conveyed their considerable efforts to conceal information which they felt would cause further distress to their children if shared or revealed, whilst viewing their children as active agents in supporting refugee family life.

Making sense of these changes in relation to participants' roles as mothers in some cases brought significant emotional distress, whilst also enabling participants to reflect upon ways in which they had fought and done their best within extremely challenging circumstances. Furthermore, mothers were often able to hold onto their children as their *raison d'être,* recognising that their existence had served as a reason to keep living and fighting, when the odds were stacked against survival, or when life circumstances would otherwise feel too difficult to keep going.

These experiences are captured via three subthemes; *It hasn't been enough…but I'm doing my best*, *Reciprocal Protection* and *Remembering my children kept me moving*. These subthemes will now be elucidated below.

5.4.1. It hasn't been enough…but I'm doing my best

Often the experience of parenting, as lived through the lens of forced migration, was incompatible with participants' values around being a 'good enough' mother. This related to a sense of powerlessness in parenting that often ran counter to wellbeing.

Conversely, mothers were aware of doing their best in challenging circumstances and were often able to voice the positive impact of such endeavours on their children, thus experiencing positive aspects of refugee motherhood. The co-existence of not being able to do 'enough' alongside mothers' sense of doing everything possible within their often limited power is captured in this subtheme.

It hasn't been enough…

This first part of this subtheme conveys mothers' experiences of powerlessness in parenting as refugees, and the distress arising from this sense of not doing a 'good enough' job.

Mothers voiced experiences of feeling unable to protect their children and families or to meet their needs as a result of forced migration.

For some, separation from one's children brought feelings of powerlessness and guilt in parenting. Here, Grace and Charity voice the impact of separation from their children upon ability to parent, and they allude to feelings of guilt at having left their children without parents:

> "…*Because she's* [daughter] *disabled she need consent* [to travel]. *So they need parent to sign the passport. Which is…erm…**where is the parents?** I am here, my husband is dead*" (Grace, p.16).

> "*I can't explain it, it was really hard…it was, I didn't know where my husband was and **my daughter was all alone** and she was a child not with her father or her mother so it wasn't easy at all**. It was beyond my control** and I couldn't do anything to go to her, or for her to come to me…*" (Charity, p.8).

Lee more explicitly voices her children's responses to being 'left behind' at home whilst she sought asylum:

> "*They really were giving me a hard time 'Mummy you have rejected us'. That was their way of dealing, 'you have rejected us really. So England it is better than your children?'*" (Lee, p.24).

Through providing this account, Lee also conveys a sense of guilt at her children experiencing rejection from their mother. However, she makes sense of such responses as 'their way of dealing' with the situation, perhaps enabling preservation of identity as a good mother.

Referring to short-term separation, when asked how she feels regarding her children missing her when she is away visiting *her* mother, in declining health in another European country, Bahara becomes tearful in voicing her experience of having to leave her children to visit her sick mother – also in exile elsewhere – and witnessing her children in this difficult situation, whilst feeling powerless to help them:

> Interpreter: *"Ah she said 'just because **I'm seeing them right now in this situation** it makes me more sad'.* [Interpreter becomes tearful]. *Sorry!* [Laughs]. *I'm a very sensitive person!"* (Bahara, p.28)*.*

When reunited or not separated from their children, mothers continued to feel powerless in protecting their children. This was often apparent in relation to the resettlement environment. For example, Bahara describes how her family's substandard housing thwarts her best efforts at providing a safe environment for her children:

> *"When, I...go home I'm trying to...prepare everything for my children...but my children all the time complain about the weed, because...after they* [neighbours] *smoked weed my daughter takes a headache, and all the time complain because she has to prepare herself for A Level and she has to study more and she cannot concentrate unfortunately"* (Bahara, p.14).

Mothers poignantly voiced the impact of such experiences of powerless in parenting. Mina shares her experiences of worry, distress and inadequacy following her children suffering multiple injuries in an unsuitable living environment:

> Interpreter: *"And all the time worried about something happen to them, broken their arms or their legs or something happen to them...because* [describes injuries]*...she said 'all the time I said to myself you are not a good mum because you didn't take care of your child'"* (Mina, p.16).

Describing how her perceived shortcomings as a mother were reinforced by a medical professional, Mina states, "yeah…the doctor said 'you're not a good mum'" (Mina, p.17).

For Charity:

> *"It is very difficult to be a refugee especially if you have got children…if you have got a child that wake up in the morning and you don't know what you are going to feed your child or children, it is a very gruesome experience"* (Charity, p.42)*.*

Charity had witnessed and directly experienced brutal violence prior to fleeing home, but her choice of the word 'gruesome', with its connotations of frightening images, allows her to express the horrific impact of the daily uncertainty of whether one will be able to feed their own child. She also describes the impact of being able to protect her daughter from experiencing racism:

> *"I feel very bad. I feel it is hurting because I have got nothing to do. I can't help the situation at all. Rescue my daughter"* (Charity, p.9).

The realisation that her children are repeatedly suffering but that there is little that she can do to alleviate the harm befalling them, causes considerable distress to Mina:

> *Interpreter: She said…'I was crying more than my child when I called to hospital, ambulance came to pick them up'…Ah, when she saw her child was crying, it makes her to cry...She said because she felt pain, that's why she* crying (Mina, p.20).

It hasn't been enough… captures the sense of powerlessness and frustration that mothers experience when situations highlight the incongruence between one's maternal values and expectations of self-as-mother, and ability to put these into practice owing to factors associated with parenting as refugees. This often results in feelings of guilt and distress for 'failings', which are beyond one's control.

The latter half of this subtheme relates to mothers' recognition of doing their best in highly-challenging circumstances. This is interpreted as a balancing position to aforementioned feelings of powerlessness and inadequacy and resultant threats to identity for participants.

For Bahara, despite describing her feelings of despair at not being able to fully-protect her children, she is able to recognise that she is, at the same time, doing her best:

> *"I try my best…for them, and I am…trying to push them to study their lesson…I am feeding them all the times and I am trying to prepare the food for them and I don't want to make stress in the house, and I am trying to make the house calm and…make them relax…"* (Bahara, p.49).

Mina voices how she has made sense of criticism received from a hospital doctor regarding her parenting abilities. Despite being extremely upset as described, Mina holds onto realistic confidence in her doing her best within her circumstances:

> *Interpreter: She said…"He didn't see what happened because they're children, they're running immediately and I can't take care of them all the time"* (Mina, p.20).

Despite feeling judged by this doctor, Mina normalises that children are difficult to continually supervise. She thus alludes to a sense of doing her best, even if this does not suffice as 'good enough' to others.

Mina also conveys her hope that in the future, her young children will be aware that she has done her best to be a good mother:

> *"I love that my children knows I was the best mom and…I am, I am trying my best to them, to improve them, to find a good…future, and…then when I will be old,they help me* [Shared laughter]*…for my future…Yeah and don't put me in the, another house!* (Mina, pp.23-24).

As well as perhaps indicating a fear of the influence of UK culture, Mina's joke that her children don't put her in 'another house' when she is older reflects a wish for acknowledgement of her hard work in the face of the challenges faced as a refugee

mother. Her children looking after her in her elderly years will evince that her struggles have paid off.

Lee, at a later stage of the child-rearing process, with all but one of her children having reached adulthood, reflects upon what enabled her children to support her in coming to terms with her HIV diagnosis and related refugee status. When asked what motivates her children to try and "*preserve*" her as a parent, she movingly responds:

> "**It is the love I gave them when I was with them**. *They know that their Dad was always out. I was the one looking after them…Yes they picked up on that love which I gave them so they are trying to help me through and they don't want to see me down, you see"* (Lee, p.11).

Despite enforced separation from her children, and feelings of guilt at having "*rejected*" them, Lee is able to recognise the significance of her nurturance, and the enduring influences that this has had upon their motivation to care for their mother. Her identity as a 'good mother' appears to be preserved despite threats to this owing to becoming a refugee, and the support received from her children has enabled her to incorporate her illness and status as a refugee into her identity as a mother.

Describing her daughter's robustness and resilience, Charity recognises her own use of previous experiences of adversity in the UK to support adjustment to the challenges of life in the UK:

> "*She is a very tough girl. She wants to be a lawyer. I think she manages well"* (Charity, p.20).

> "*…and I was telling her that there is nothing you can do; you, we have to live with it* [racism] *and put up with it, and then we will be strong …it is their own problem, so it is not your problem. So that alone I think made her to be strong."* (Charity, p.21).

Thus, recognising her own contribution to her daughter's strengths enables Charity to hold onto a sense of agency as a mother, despite her multiple experiences of disempowerment, arising from forced migration.

Hence mothers were able to, in the face of significant feelings of guilt and powerlessness, hold onto their supportive intentions and achievements as parents, within the context of forced migration.

The subtheme *It hasn't been enough…but I'm doing my best* consists of divergent experiences of having a sense of inadequacy as a mother whilst holding onto the belief that one is doing one's best. This captures the experience of holding what could be construed as conflicting beliefs or states of mind at the same time, and this struggle was interpreted as being potentially protective, in that it enables mothers to continue to parent in quite desperate or overwhelming situations.

5.4.2. Reciprocal protection

This subtheme conveys participants' experiences of attempting to protect their families from the painful truths associated with forced migration, whilst simultaneously recognising their children's endeavours to comfort mothers in their own distress. Protection was therefore interpreted as a reciprocal process - almost like a 'dance' within families - as a way of managing distressing experiences of the past and present, and at times responding to such events through the renegotiation of familial roles.

"I'm keeping all this to myself"

The first half of this subtheme represents mothers' attempts to protect their children from painful truths associated with forced migration, through withholding information deemed to be distressing or anxiety-provoking for their children.

Mothers expressed a need to withhold information regarding the realities of persecution and forced migration. For example, Mina expresses reticence around sharing upsetting experiences of persecution back home:

> *Interpreter: "She is scared; she is not talking with her children about that. She said 'I prefer to talk about the good things from* [home country]'*….Ah, she said 'I don't want to talk about the bad things to my children and make them upset about...and make them upset...yeah'"* (Mina, p.9).

For Mina, protecting her children from upset means omitting "the bad things" about their homeland, and focusing on the positive. This appears to be an active choice and through emphasising her own fear, Mina alludes to protecting herself as a mother from the distress of seeing her children upset.

Grace is prevented from voicing the reality of life alone in the UK to her children, from whom she remains separated:

> *"**I cannot tell them**…No, no because…I think it's a very bad situation, they will be feeling low. They will end up depressed like me, understand?"* (Grace, p.22).

Hence, like Mina, in her omission of information, Grace endeavours to protect her children from further distress. Reality is experienced as depressing and thus has to be managed through withholding information.

Mothers also endeavoured to protect children from distress through withholding information regarding their own poor health. For example, Charity's non-disclosure of her HIV status is greatly influenced by the anticipated impact upon her daughter:

> "…again *because of stigma I couldn't disclose, so like now, even my daughter doesn't know because I don't want to worry her more"* (Charity, p.24).

Hence, Charity's lack of disclosure appears to arise through feeling unsafe regarding the anticipated experience of stigma and the impact upon her daughter regarding this and a fear of becoming parentless:

> *"She was going to think that I was going to die, and she doesn't know where her father is. So **I am keeping all this to myself, no one knows**"* (Charity, pp.24-25).

Here , endeavouring to protect her daughter, Charity conveys a sense of carrying a heavy load in the form of the burden of this secret.

Lee also takes steps to protect her children from the impact of her status as a forced migrant with a serious illness:

> *"I love children. Up to today I love children. Even up to now there are some orphans[22] back home, who are just crying 'Mum, why did you desert us?' **They don't know I am ill and they don't know I am a refugee**. '"* (Lee, p.10).

Hence, Lee feels a great duty to protect those with whom she has a motherly relationship, from the painful reality of her situation. Without being there to comfort them on disclosure of her diagnosis, she makes the decision to withhold this information, despite the impact on their view of her 'deserting' them.

Here, participants' attempts at protecting children from further distress, through keeping information perceived to be painful, are illuminated.

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[22] Here Lee refers to her own children as well as members of her community back home who have lost their own parents and regard Lee as a mother figure.

Receiving protection from one's children

In addition, mothers recognised and gave voice to shifting roles in mother-child relationships, through acknowledging children's' attempts to offer protection, in the form of comfort, support and reassurance.

Bernadette describes how her daughter's concern regarding her mother's mental health led to her coming to the UK:

> *Erm, after losing my children, one after the other, I had gone into depression, then my daughter who was here, she was a bit concerned and invited me to come and stay with her, during that process* (Bernadette, p.4)*.*

Lee makes sense of her son's concern and care regarding her health condition as a means of prolonging her life:

> *"It touched him; up to today I can see he is not quite…he doesn't believe* [that she is ok] *because he has seen a lot of people die back home. So he is so careful each morning: 'Mum, morning, where are you going? What is it? Are you going to the hospital? Can I accompany you?' I tell him: 'Don't even worry'…I help in the house with some chores if I can you know, but they are so keen to help me because they want to preserve me as their one parent"* (Lee, p.11).

Hence we see that, in the context of forced migration and the loss of a co-parent and father, Lee and her children are responding relationally to their circumstances by taking steps to mutually protect and care for each other.

Describing how the family's living circumstances affect her wellbeing, Bahara shares her children's attempts at providing reassurance in response:

> *Interpreter: She said "I'm fed up, I am starting to cry and my children around me say 'don't worry about that, that God will help us and they will give us a good house' and something like that…They are* **under pressure***; **the children are very under pressure*** (Bahara, p.15).

Bahara alludes to the challenge of containing her hopelessness and distress, meaning that her children feel compelled to take up this role of reassurance-givers, a role, which by implication she appears unhappy with.

Despite describing her children's care and concern as having *"really helped; I think it is a therapy for me"* (Lee, p.12), Lee experiences some aspects as a dilemma and perhaps as a threat to her identity as a good mother:

> *"It was a tough time for me to tell the truth because at one point I felt my son didn't want to marry because he thought 'mum you are telling me to marry, what if I marry a woman who reject my siblings and you? You are not well'…"* (Lee, p.11).

Hence, whilst appreciated, support was not always welcomed, with mothers expressing or alluding to potentially detrimental effects on their children's wellbeing.

Lee goes onto describe her son's wedding earlier in the year, thus giving voice to relief that her son's role as a protector does not inhibit his own chance of family life.

This subtheme of reciprocal protection is characterised by mothers' awareness of how they have endeavoured to protect their children from the impact of forced migration on family life. Furthermore, many mothers voiced an understanding of their children's attempts to provide protection and reassurance to ameliorate some of the aforementioned effects of forced migration on family life. It thus captures the offering of mutual protection from distress in refugee families, from the perspective of participating mothers.

5.4.3. Remembering my children kept me moving

This sub-theme captures the experience of motherhood as a lifesaver for participants, with their children providing motivation and fight to keep going in unimaginable circumstances where they may have otherwise given up.

Charity reflects upon her need to be present to support her daughter.

> *"The most important thing to me as a mother is to look after my daughter and protect my daughter, and be there for her"* (Charity, p.30).

This presence is particularly poignant given the disappearance of her husband and subsequent separation from her only child.

In reflecting upon her experience of fleeing home with her husband and two children, and subsequently having another two children in the UK, Bahara indicates how vital her role as a mother has been in keeping her going through difficult and challenging times. She states that she "*wants another two*!" (Bahara, p.15), which provoked a humorous encounter between Bahara, the interpreter – who was disbelieving of Bahara's wish for more children, stating "*for me one child is enough*!" – and myself. From the context of this shared humour, Bahara poignantly responded to a question about what it meant for her to have children with the following:

> *"If I had a child, little child, I...instead of thinking about, all the time thinking about the...my situation, about my house and some rat and something like that, I thinking about my child and all the time I am following her or him, and it engages my mind, and I don't need to think more than…when I am staying at home alone"* (Bahara, p.17).

So for Bahara, being a mother to young children keeps her occupied and there is a sense that this role offers meaning and a sense of focusing on something over which she is able to have some control or influence. Furthermore, her last comment regarding 'staying at home alone' attests to a sense of loneliness and social isolation, which, being a mother to young children appears to ameliorate against. Therefore, for Bahara, her role as a mother appears to be protective in distracting her from worries and loneliness.

When reflecting upon the impact of her HIV diagnosis, Charity talks of a renewed hope that she can stay strong in order to support her daughter, and to enjoy time with the grandchildren she hopes to be there for in the future:

> *"…because I will have to look after her kids for her, and help her, because at that time* [of diagnosis]*, I thought maybe I was going to die, that the children should be left alone"* (Charity, p.27).

Finally, in giving voice to an arduous journey across the jungle to flee persecution, Grace exemplifies this subtheme in accounting for her strength of survival:

> *"I was so strong! I was so strong! Very, very strong. Because I was thinking of my babies. I was like 'If I die here, what about them?' Yeah…it kept me going…it kept me moving"* (Grace, p.7).

Contextualising her strength against the odds, she describes a young man who was unable to go any further:

> *"…in the jungle without food. Another boy, he was a very young boy, I think he was only in his twenties. I think that boy was twenty-four…twenty-five years. He came like 'I can't do it'. I'm a woman. I was forty-five years then… I'm a woman! I was like 'Let's go'"* (p.6)

Grace explains by the time the group she fled with were rescued, "*…out of, eighteen we are four*"(p.7), attesting to her unlikely survival against all odds, which she to remembering her children.

Mothers' experiences suggest that at different points during their experience of forced migration, their children provided a reason to keep living and fighting in the face of adversity. This ranged from giving life meaning on a day-to-day basis, to battling against serious health conditions so as to be there in the future, and from fighting to survive against all odds in order to be there for one's children in the future. Hence this subtheme links to the previous, in that the mother-child relationship provided protection from otherwise giving up.

The master theme *A shifting view of the self as a mother* aims to capture the complexity around participants' sense of self as mothers affected by forced

migration. Here the interpretation of the data, and organisation of some of the subthemes along contrasting dimensions, represents my attempt to hold onto the complexity inherent in the ways in which mothers made sense of these experiences.

5.5. Taking the good with the bad in family life

This final master theme *Taking the good with the bad in family life* represents how mothers made sense of experiences affecting family life through the lens of relational contexts. Owing to experiences which may typically be conceptualised as acutely traumatic for forced migrants, participants were compelled to incorporate experiences of extreme betrayal and violation into their narratives of family life. Participants' accounts were interpreted as often speaking to the enforced renegotiation of one's perspective of humanity and its propensity for inflicting such devastating suffering. At the same time, and whilst having this sense of humanity's potential for destruction, participants were somehow able to recognise and receive the 'goodness' in the intentions and actions of supportive others, as well as holding onto one's blessings through 'perspective-taking', and reflecting upon the awareness that things could usually somehow be worse. This appeared in some cases to mitigate against further distress. Participants' capacity to hold onto these multiple perspectives appeared, to varying extents, to be strengthened and organised by religious faith, which was interpreted as being the 'firm ground' from which mothers could make sense of their myriad experiences.

These experiences have been organised via four subthemes entitled *Living with the dark side of humanity*, *Counting one's blessings*, *It could be worse*, and *God as the Firm Ground.* Accounts of the subthemes for this final master theme are provided below.

5.5.1. Living with the dark side of humanity[23]

This subtheme captures how mothers made sense of actions of others which posed a threat to individual and family wellbeing, both in pre-flight and resettlement contexts. Participants voiced how motherhood and family life had been shaped by

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[23] Some of the experiences given voice to in this section are distressing to read, but I feel it important to bear witness to these experiences and respect the fact that participants have chosen to share such experiences in the pursuit of enhancing the widespread understanding of what refugee mothers have experienced.

experiences of extreme betrayal of trust, and in some cases, a shattering of their embodied sense of safety in the world.

Half of participants referred to surviving rape prior to fleeing home. For Grace, this was experienced alongside her children, who were also sexually-violated, torturous acts which were witnessed by her husband before they, in turn, were forced to witness his murder:

> *"So after that they beat my husband, they rape me in front of my husband.* [Pauses] *I don't want to be upset anymore, I don't want to...So they raped my children in front of my husband, they forced my husband to look*...[clears   throat, cries   a little]*...sorry...*[Laughs sadly]*...So erm, they raped us. After that they beat my husband to death"* (Grace, p.1)*.*

In giving voice to such devastating collective experiences of brutality, Grace implores herself not 'to be upset anymore', suggesting a wish to be able to heal and move on from the experience. This reflects the devastation inflicted upon her family. Grace's allusion that she should be able to 'get over' such an experience perhaps serves to deny its magnitude, instead locating the problem within her coping abilities as opposed to viewing her distress as proportionate.

The rawness of Grace's distress is interpreted as arising from being unable to protect her children, an experience which was exacerbated through further betrayal of trust: following attempts to seek help for her family in the wake of such trauma:

> *"...I went to police station to try to report but erm...***those cruel people*** they were   laughing at me...They were laughing saying 'oh you are lying, I sick and tired of this lying, you are lying'. Not knowing that some of them they were involved"* (Grace, p.2).

For Grace, this help-seeking was met with contempt, when the family needed it most. Interestingly, Grace does not ascribe any negative attributes to her husband's

murderers, but explicitly describes the police as 'those cruel people', giving a sense of her horror at such an act of betrayal from those trusted to uphold justice and safety. Her family's experience of forced migration has involved enforced learning about the dehumanising capabilities of others.

In recounting the impact of persecution and state repression on family life prior to her family's fleeing, Mina gives voice to a sense of extreme fear and intimidation:

> "It was very difficult for ladies if you go without hijab and outside, they put…something acidic on your face and your body and they put something and make you unconscious and because, they are very secret, and you didn't know them, who are doing this that, and you have to be very careful to wear the hijab and scarf and something like that" (Mina, p.9).

Similarly the unjust actions of others compelled Bahara and her family to flee to the UK:

> Interpreter: "Her husband is a doctor, and she [Bahara] said because…he was educational people...all the time they send a letter, or they sent somebody...'we will kill you'...to her husband, and that's why they get a decision to come to England" (Bahara, p.13).

Although voicing distressing experiences of family life within the context of war and oppression, in providing these accounts, participants were able to make sense of decisions to flee to the UK in pursuit of a safer family life.

Lee also makes sense of forced migration's impact upon family life in relation to her not being able to return home as a result of how corruption would affect her health and wellbeing:

> "If I go home I am just going to die because I won't have any medication even if I have a bit of food but there is no medication because the medication which goes to Africa mostly leaders, give it to the top officials rather than giving to the poor people" (Lee, p.2).

Hence the anticipated actions of others back home pose a threat to wellbeing which would make it impossible to be there for her family in the way that – although limited – being exiled in the UK enables:

Making sense of the threatening or detrimental actions of others also extended to resettlement experiences. For example, Bernadette voices being compelled to 'get used to' antithetical experiences of racial discrimination and exclusion by members of her Church in the UK:

> *"I'm getting a bit used to it now for these years I've been here…but…it hasn't been easy…even at Church I can see some discriminations among Church members, that* **they don't all do the same as the Church says…if we do have visitors, that we should be welcoming to them**…*they stick together like that. And…what I've observed in my Church, even my colour, I think also matters…sometimes they won't even use themselves to greet you,* **they just look at you and off they go***. But if it's their fellow whites, I do see some difference"* (Bernadette, p.10)*.*

Whilst conveying a sense of resignation, Bernadette goes on to cite Biblical verse assisting her in making sense of such difficult experiences.

In their expression of such experiences, mothers also gave voice to the resultant impact upon their wellbeing. Alluding to how her experiences of betrayal have made her fearful of opening up to others, Charity describes not trusting others enough to disclose her HIV diagnosis:

> *"People would shun me or something because I am not even myself. I am not…I am not feeling right about that. It is not easy at the moment"* (Charity, p.36)*.*

In anticipating rejection by others, Charity alludes to this decision increasing her sense of aloneness in dealing with her situation.

Grace makes sense of her experiences of voice-hearing as being a consequence of all she has endured in refugee motherhood., I wondered if Grace had perhaps internalised representations of violating others, in an attempt to make sense of such incomprehensible experiences. Here, she recounts the experience of hearing a young female voice whispering 'Grace' repeatedly and telling her to end her life a number of years ago:

> "*She was like 'It's about! Why don't you jump on the platform? What's the point of living? What's the point...Go! Go!' "* (Grace, p.23).

This is interpreted as representing Grace's struggle to live with the experiences inflicted upon her and her family by the 'dark side' of humanity, along with resultant loss and separation from her children, family and home. Having compelled her to end her life, but then instructed her to live at the last minute, this perhaps alludes to an internalised struggle between succumbing to the weight of harrowing experiences and a wish to go on living and fighting.

Grace attests to the voices – which she continues to hear – having a persecutory quality which results in her feeling like a 'mad woman':

> "*It affects me; it affects me a lot because by then I was like...I was like mad woman. I was like 'I'm...I'm...I'm...I'm mad' because these voices they never let ...let me go, even in the house*" (Grace, p.24).

Thus for Grace, the sanctuary of her home is not sufficient from the internal persecution which she experiences as a result of the experiences of torture, violation and loss within her family. She self-identifies as being "a crier", stating "*I can cry from two 'til ten*" (p.25), perhaps indicating her experiences of loss, torture and trauma in the present.

These examples reflect the ways in which mothers were compelled to live with an enforced awareness of the darkness, or potential for inhumanity, in fellow humans.

The extent to which they explicitly related this back to the impact upon family life and their role as mother varied, but their giving voice to such experiences within the context of this research was interpreted as attesting to the challenges which participant mothers are carrying in their pursuit of family life. All of these experiences were 'traumatic' but what was striking for me was the relational nature of all of the 'traumas', which had been experienced, particularly through gross betrayal, intentional violation and discrimination.

5.5.2. Counting one's blessings

"You'll not come back again. You have to have a lovely time" (Mina, p.28)*.*

Participants expressed an awareness of their 'blessings' through being supported to survive and pursue family life as refugee mothers. The concept of a 'blessing' is used to capture the religious associations with being thankful, which will be discussed later. 'Blessings' took many forms, including recognition of support from wider family through forced migratory journeys, alongside feeling supported in exile through the kindness of previously-unknown others. The notion of keeping count of such blessings is used to reflect the mothers' active attempts at holding onto the goodness in family lives, which I interpreted as counterbalancing feeling betrayed by 'dark side' of humanity as described previously.

Despite frequently occurring in the context of geographical distance, wider family support was experienced as a blessing during challenging times. For Lee, the acceptance which has come from her family regarding her HIV status, and her subsequent role as an advice-giver to family and friends, has made her feel very thankful and 'lucky':

> *"It's really a therapy because you know with HIV, some families rejected their family members, but **I am very lucky that nobody has ever rejected me**...I am like a role model of teaching my family and relatives about it, and my friends…So it is like I am their tutor"* (Lee, p.12).

For Mina, the support of close family – particularly that of her own mother – is experienced as instrumental in parenting within the context of forced migration:

> *Interpreter: "Ah* [affectionately]*, she ask her mum all the time when she has a problem and she tries to solve it with her mum and ask her about her experience…And she is very happy because she's a good...Even her husband ask every question from her mum!"* (Mina, p.12-13).

In addition to familial support, a sense of belonging was engendered for participants through participation in new communities in resettlement, which were experienced as blessings in the face of challenging family experiences as refugee mothers.

For Bernadette, interacting with fellow compatriots engenders a mutual sense of belonging and community, helping to ameliorate the impact of loss of home and family:

> *"As long as I had known – even if he's not my relative – as long as I've known him back home, they will all welcome me, and I will welcome them"* *(Bernadette, p.11).*

Participants also expressed how support and opportunities in resettlement environments enabled them to survive in the face of overwhelming experiences such as separation and loss of wellbeing, alongside building a better family life for the future.

Lee attests to what her experiences of support from many people in the UK mean to her, in the context of separation from family and loss of health:

> *"It was up to now I…in fact my stay in this country has taught me that I should pray for **everyone who helped me to be blessed** because I can't thank them myself. I can't   manage thanking them. I am a blessed soul because each thing I tried to look upon to, I always find an answer, a solution to it. So I feel though I am no more 100%, at least I have loving people, caring people around me"* *(Lee, p.16).*

Lee's sense of being blessed is present despite all of the struggles she has endured. She is able to receive the goodness and kindness of others, and hold onto this as a means of managing challenging experiences as a refugee mother.

Despite voicing experiences of distress in parenting due to aspects of the resettlement environment, mothers expressed a sense of gratitude for aspects of refugee family life, such as opportunities for accessing education:

> "*Here they can…education is better than* [home country] *and we are, **we are feeling much better**…here the education help the people a lot…In* [*ibid*] *they...they have a short time for study, and they don't give them any food to [eat] there [at school]; but here they feed them*" (Bahara, p.18).

Also focusing on education, in contrast to the implied daily terror, which is widespread for parents back home, Mina describes a sense of safety as a refugee mother in the UK:

> "*…I am so happy, so happy to stay here because here…the schools are safe; very safe, and when they are at school I am not worried about anything, but in* [home country] *all the time the parents should be worried about what will happen in at the school, and what will happen next and **all the time when you put them to school you are worried**"* (Mina, p.32).

Bahara also reiterates Mina's sense of life in the UK, despite its challenges and difficulties, as a sanctuary from the dangers and threats to wellbeing incumbent in the living of a family life in the context of an oppressive regime:

> "*And...we are safe here, and, that's it"* (Bahara, p.18).

The experience of being helped by supportive professionals in the UK at a time of particular need and vulnerability made a great difference to Charity's physical and emotional wellbeing:

"I became very sick…very sick and ill…Then I went to a group…There was a doctor…[name] *said 'come to my surgery'…gave me medication, then I went to the surgery and then I told her that I was raped back home and all of my story. Then I was took for a HIV test, Then it came out as positive. **So she started supporting me**. That is when I started seeing a difference now…**That doctor really supported me**. She used to call me and give me food and feed me and she now is still in touch with me"* (Charity, p.24).

It is poignant that, whilst describing the discovery of contracting HIV as a result of being raped prior to her fleeing persecution, Charity is able to voice how this experience was made more bearable via a positive, supportive relationship in which she felt cared for.

Lee also reflects upon how she feels blessed for the treatment, care and support she has received following her HIV diagnosis in the UK:

*"It was like my whole senses were crushed…but I had very good consultants who helped me through; and my sisters, and my brothers, and my son. They used to come to my ward and give me all the support **which made me recover** "* (Lee, p.3).

"…in Africa if you are Positive it is a death sentence. There is no treatment. So you die. There is no treatment. So you die. But when I discovered that here, I get the education of how to look after myself, how to maintain my health better, going to groups, organisations for HIV and then having that chance of learning more about my health (Lee, p.5)*.*

Recounting her experience of actively contemplating suicide in response to hearing voices, Grace describes the life-saving concern of passers-by as enabling her to seek support for her experiences of emotional distress:

"When I scream, everyone was like, 'What's happening? What's happening' When I screamed I just, I fell over with my bag. I don't…after that I don't know what

*happened, because **everyone was with me**. They were like 'Are you alright? Are you alright? Are you alright? Do you need an ambulance? Do you need...?' (Grace, p.23)*

However, Grace also describes the experience of this help as being a 'mixed blessing' due to the influence of mental health services upon her identity:

"...they used to come to the house to check on me all the time, like I'm...I'm...I'm mad, like I'm...I'm losing it" (ibid).

Organisations and support groups were often viewed as blessings in mothers' pursuance of a more intact family life. For example, both Lee and Charity describe how charities for refugees and people with HIV provided practical assistance which resulted in significant changes such as reunification with children:

"...The charities that I went to contributed a lot for my daughter to be brought to this country" (Charity, p.4).

"[They]...gave me hope that I will still be around for my daughter to grow up...and...I will see my grandchildren" (Charity p.27).

"It was a hard time but with the groups where we go - the HIV groups – they called the people from immigration and other sources to teach us about how you go about any problems you have. They are so helpful, the HIV groups..." (Lee, p.20).

Hence for both Lee and Charity, these organisations were experienced as instrumental in helping them to resume family life through supporting ongoing contact and reunification with their children in the UK.

Bernadette emphasises the importance of support organisations in providing a sanctuary from distress associated with difficulties associated with family life within the context of forced migration:

"I'm not so much emotional when I'm here, as long as I socialise in places like where I have come [group] *and other places where I meet friends, I forget about it. So there's nothing to remind me that I'm going through this thing. So it's better this way"* (Bernadette, p.7).

Hence Bernadette experiences the space as a sanctuary that can help her to forget the pain of her circumstances and find relief in social relationships.

Reflecting upon the legacy of such blessings, Charity describes how being helped at times of great difficulty for her family enabled her to shift her perceptions of others following experiences of gross betrayal and loss:

"That was when I saw that people are different. They are not all the same" (p.24).

5.5.3. 'It could be worse'

This subtheme conveys the role of relativity in managing the experiences associated with forced migration and family life. Mothers appeared able to hold in mind how their situations 'could be worse' for their families, which was interpreted as potentially important as a way of managing distress and coping in extremely challenging circumstances as mothers.

For Bernadette, despite experiencing the loss her three children by bereavement, and being separated from her adult children living back home as a result of forced migration and her ongoing asylum claim, she counts herself as relatively fortuitous for not having been separated from her children before they reached adulthood:

*"I became a refugee at a better time, when all my children were already grown   up, so I don't know, those who leave young ones behind because I think they suffer more, and the kids suffer more...**Me, I've no problem because all my kids are grown up.** I can even get help from my own kids back to support me here"* (Bernadette, p.26).

Here Bernadette shows an awareness and interpretation of the situation refugees who may have been separated from their children during their earlier years, and the potential adverse consequences that this can have upon families. It is interesting that Bernadette organises her experiences in this way, despite giving a rich account of the ways in which she has suffered, with multiple bereavements and other losses, as described. This highlights that seemingly 'inconsistent' or 'contradictory' beliefs or ways of making sense of difficult experiences can co-occur in a fluid and flexible manner.

For Charity, an awareness of how much harder it might have been with more than one child enables her to see that it could have been even worse than it was as a mother, although at the same time this is hard to envisage:

> "*It has affected me a lot. It is good that I had one child. If I had two, three children I don't know how I was going to cope because even one child some people said you are better with one child but don't know what I have gone through life, they don't even know*" (Charity, p.40).

> "*…Again I was lucky my daughter was a bit older and she wasn't that young but it was still difficult*" (*ibid*).

Lee also sees herself as 'one of the lucky ones' as she was granted asylum after an appeal. Despite finding this process very difficult, she is able to be thankful.

> "*…so I can say I was lucky to be in this country and then after my refusal I appealed. My appeal was accepted…* " (Lee, p.2).

She describes a sense of being blessed through her survival, stating that *"of course yes I am surviving. I am one of the chosen few"* (Lee, p.5).

Hence, Lee is able to use perspective-taking in making sense of difficult experiences, recognising that no matter how difficult her experiences have been, they could have been worse if she had been diagnosed with HIV whilst still at home.

Mothers thus appeared to make sense of difficult familial experiences by envisaging how things could have been worse. Hence for some, relativity played a role in protecting against overwhelming experiences of distress given the magnitude of difficulties experienced as a result of forced migration.

5.5.4. God as the Firm Ground

This final subtheme is interpreted as underpinning previous subthemes regarding how mothers were able to 'take the good with the bad' and incorporate these experiences into their narratives of family life, owing to an underlying belief in God as a higher power.

Most participants expressed the derivation of comfort and support from Faith in God. This relationship with God aided making sense of, and living with, the 'darkness' of humanity, whilst simultaneously being able to hold onto and be thankful for the often live-saving difference made by the kindness, support and love of others.

Christianity's promotion of forgiveness helped Lee to make sense of her husband's infidelity and her consequent illness, rather than holding onto feelings of anger following his death:

> *"First, when I really came to add one plus one and really thought of it to say the way I loved my husband, the way I loved my family, it hurt me. It really hurt me…but as a Christian we learn about forgiveness and thinking he is normal. Who am I being angry for? It is just killing myself to think of better things of the dead. It is better just to forget and look after myself"* (Lee, p.5)*.*

For Grace, God is her 'only hope' as she does not feel able to put her Faith in anyone or anything else. This gives her great comfort, as illuminated in the following passage:

> *"Early in the morning when I get up, I was like 'You've done it again my Lord, I managed to get up; here I am'. Before I go to bed 'Ah, I'm going to bed now, here I am'. When I, I ring my...my kids back...back home, 'Are you ok guys?' They are like 'Oh Mummy we are marvellous. Oh Mum you are ok'. I was like 'Oh God you've done it again, thank You Father'. Erm, a part of that I don't whether other people, erm, I don't know other people but...but for me it's only my hope, and my hope it works for me* (Grace, p.23).

Hence for Grace, Faith in God keeps her going and gives her strength to survive in circumstances, which for her as a mother separated from her children would otherwise be hopeless.

When describing her hopes for the future, Charity expressed a wish to study Theology in order to spread the Word of God:

> *"...because I have been a Christian since I was born so I wanted to start theology and get more knowledge of the Bible, and teach other people, and to make them have Faith. What I have gone through, especially...to counsel them through the Bible, since I am a Christian and I have gone through tough times in life"* (Charity, p.28).

Hence, thanks to her strong identity as a Christian, Charity voices her motivation to move beyond merely living with such "tough times", through using her own experiences to help others through the Word of God.

Lee describes the importance of her Faith, passed down by her parents, in helping her to cope with the unanticipated loss of her young adult son, experienced in the context of their protracted separation arising from forced migration:

> *"Yes. So it really haunted me for some time but I thank my mum and dad who taught me to be a Christian because some of these things, if you read the paper and you get someone who is to come and teach you about death and all that and also with the HIV organisations' counselling, talking about it and telling me that everybody has got its own way of being called by the Lord. So I just take it that is what the Lord had planned for him"* (Lee, p.18).

For Lee, her faith in God also helped her to take action in responding to her gratitude for the care that she received following her diagnosis of HIV:

> *"At that moment I didn't understand because I was ill, but when I look now I just feel, I can't thank them enough. I just say; 'Lord help these people'. I just ask God to help them, because they blessed me with life, otherwise my kids would be orphans by now…"* (Lee, p.4).

Here she highlights how through time she has been able to reflect on the magnitude of the care she received in terms of how it impacted upon, and perhaps even salvaged, her family life in the context of her illness and forced migration.

Reflecting upon a wish to further-extend her family of four, Bahara responds to light-hearted incredulity from the interpreter about her capacity and motivation to manage with a confident sense of assuredness in support from God, with the interpreter translating in the third-person that;

> "*her husband is help her* [laughs]. *And God help her as well*" (Bahara, p.17).

Bahara communicates feeling able to engage in something akin to 'positive risk-taking' in an endeavour to enhance her experience of family life as a result of assistance from her husband and Faith in God providing the necessary support.

When asked if her children recognise her aforementioned efforts in parenting, Mina communicates that this is the case if God is willing:

"Interpreter: Er, Inshallah, yeah she tries her best" (Mina, p.11).

Hence, deference to God perhaps helps to manage uncertainty and hope regarding whether one's efforts and sacrifices in motherhood have paid off.

Here a belief in God enabled mothers to find or organise meaning in circumstances, which might otherwise be harder to make sense of or cope with without Faith as an explanatory framework and relationship with God as a comfort.

As illustrated, this final master theme encapsulates participants' experiences of influential others within the context of forced migration, and relates to their enforced awareness of the extremities of human propensity for cruelty and betrayal, juxtaposed by experience of goodness and compassion at times of individual and familial distress, need and vulnerability. Ways of managing such experiences are depicted through the use of perspective-taking, which was achieved through mothers' acknowledgement of how familial experiences of forced migration 'could have been worse', in order to make sense of challenging experiences and to hold onto what is good. Furthermore putting one's Faith in the higher power of God appeared to give mothers a sense of grounding and stability in the face of significant uncertainty and transience.

6. DISCUSSION

6.1. Overview

Based on the data gathered from six refugee mothers via in-depth, semi-structured interviews, the process of undertaking Interpretative Phenomenological Analysis (IPA) generated three master themes, which were detailed in the previous chapter. Beginning with a summary of the main findings of each, the three main themes: *Loss as a constant companion to parenting*, *A shifting view of the self as a mother*, and *Taking the good with the bad in family life* are now discussed in relation to the wider research and clinical literature. Within this discussion, particular attention is paid to ideas around grief and loss, renegotiating identity around motherhood and family life, and framing 'trauma' and 'resilience' as relational[24]. In so doing, it is my wish to situate these findings regarding refugee mothers' experiences of forced migration within their wider context [25].

It is my hope that this current work will thus make a contribution to the field of clinical psychology and beyond, in the domains of both research and clinical practice. As such, implications for clinical practice are discussed, followed by potential areas to follow up via future research endeavours. The most important methodological issues are explored, followed by some final reflections upon the process of undertaking this study from my position as the researcher.

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[24] Although discussed within separate sections, it is important to attest to the interconnectedness of all themes, in terms of the impact upon the whole person and the consequential impact for clinical practice and research. For example, the experience of loss of occupation and role invariably influences the identity of the mothers.

[25] Returning to the principles of IPA, it is important to again point out that the forthcoming discussion is based upon my systematic, yet subjective interpretation of participants' data. Previously described *double-hermeneutic* principles are also applicable to the interpretation of the findings in relation to the wider literature. What follows, therefore is one possible version for situating this research within its academic and clinical contexts. As the reader, you are invited to view this with a critical eye, thus enhancing the hermeneutic process.

6.2. Living with Losses

The master theme, *Loss as a constant companion to parenting* represents the pervasive and relentless quality of the experiences of manifold and varied losses in the daily lives of the participating mothers. These findings are now explored with reference to the wider research literature, particularly concerning the experience of spousal and child bereavement, structural and symbolic barriers to culturally-appropriate mourning for forced migrants, and their psychological consequences. Alongside experiences of loss through death, the literature regarding refugee family separation – particularly from one's own children – and the process of reunification is consulted. Furthermore the literature concerning loss of home and belonging for refugees is discussed in relation to the current findings.

6.2.1. Pervasiveness of losses

For participating mothers, losses were conceptualised as being like a *constant companion* in the negotiation of family life following forced migration. Losses took many forms, and were often intimately bound up with experiences – frequently violent and violating – precipitating forced migration. As well as loss of loved ones, including one's own children, through death and separation, participants also experienced loss of home. Furthermore this was associated with the loss of livelihood, community, stability and certainty, which were experienced as additional challenges to make sense of as part of the forced-migratory process. This was interpreted as an ongoing sense of being uprooted.

The findings of the current study support clinical literature highlighting the pervasiveness of loss in the lives of refugees. Patel (2003) voices that for refugees, "loss of home, of homeland; the loss of health, of role, language and culture; the loss and separation from family, friends, compatriots; the loss of identity, dignity, purpose and opportunity in life" (p.18) are common experiences which are often "compounded by the experiences of further inequalities and subjugation" (*ibid*) in

resettlement contexts. This is supported by the findings of the current study, which highlight the interaction between experiences of loss and bereavement with the ongoing stressors of life in exile.

Resonating with the master theme *Loss as a constant companion to parenting,* Punamaki (2002) similarly describes the presence of war and its aftermath, including violence, trauma and manifold losses, as the "uninvited guest in the family" (p.181) for forced migrants. The current findings are also supported by those of Schweitzer et al.'s (2006) study of Sudanese refugees resettled in Australia, which found that separation from family members, loss of loved ones (often through murder) and loss of social networks were common forced-migratory experiences which had a profound effect on wellbeing.

Hence, although it is not possible to generalise the experiences of participants to those faced by all refugee mothers, the findings of this study do further support the need to consider loss as a more central aspect of forced migration for families fleeing persecution. I will now go on to discuss different aspects of losses faced by mothers with reference to the wider literature.

6.2.2. Bereavement

Bereavement through loss of family members, including spouses, children and parents featured heavily in participants' accounts. The nature of these losses ranged from violent, unanticipated murders directly resulting from war and political persecution, to 'ordinary' losses due to illness, which were made 'extra-ordinary' by the context within which they were experienced.

Spousal Bereavement

The experience of spousal loss through the perpetration of violence was common for participants, with half of the sample widowed via these devastating means. This had significant impact upon the experience of parenting and family life. Two participants witnessed the murder and removal of their husbands by government forces, and were themselves subjected to the violence of rape during these experiences. For one

of these mothers, the added distress of witnessing the violation of her young daughters prior to her husband's murder exacerbated the sense of powerlessness regarding these unanticipated deaths.

Although referred to anecdotally in the literature concerning refugee wellbeing, the unfortunately frequent experiencing of violent losses has been neglected in the research literature as a valid focus of study (cf. Lenette, 2014). However, this has been explored more generally. The link between violent and sudden loss and depressive and traumatic-stress reactions was explored in a sample of spousally bereaved participants (Kaltman & Bonanno, 2003). These researchers found that violent death of a spouse predicted symptoms of PTSD and enduring depression for surviving spouses. Suddenness of death was not associated with increased risk of PTSD and depression in a comparison group of widowed survivors whose spouses were bereaved by natural causes. This research does not apply directly to refugee experiences and does not differentiate between levels of violence associated with death; suicide, accidental death and homicide are all included in the experimental group. Nevertheless, this research is important in highlighting the need for further exploration of this neglected area within the context of refugee parenthood.

Recently, there have been a small number of qualitative studies regarding the experiences of refugee mothers in exile. Echoing the findings of the current study, Lenette (2014) highlights that losing a husband and becoming a widow "represents a specific set of challenges" (p.1) for refugee mothers, including wider sociocultural implications highlighted in related research, such as experiencing mistrust from compatriots based on one's imposed single marital status (Lenette, 2015), a finding which was not generated in the current study. Like mothers in the current study, Lenette's (2014) two participants voiced the pain at the loss of their husbands and the additional challenges associated with parenting in exile in Australia as widows, including the impact of enforced parental role negotiation upon identity. Motherhood also provided the chance to focus upon creating a better life for one's children, which in itself presented participants with additional challenges given their status as lone parents with the absence of community support (*ibid*).

Death of a child

Parental loss and bereavement in any circumstances can seem 'senseless' (Lichtenthal et al., 2013) and necessitates the renegotiation of identity of parenthood (Wheeler, 2001). For the two participating mothers who had outlived lost children, this experience was bound up with experiences of forced migration, protracted separation from children and ongoing uncertainty regarding the future, particularly relating to immigration status[26] and associated ability to mourn such losses appropriately.

Barriers to mourning

The participants of this research voiced significant obstacles to personally, socially and culturally congruent mourning in the face of such significant bereavements. For example, for some participating mothers, imposed travel restrictions had often meant a period of prolonged separation prior to death, and subsequently meant that necessary religious, cultural, familial and personal rituals could not be enacted, thus potentially inhibiting the process of grief.

Dubrow and Nader (1999) highlight relationships between culture, grief and trauma amongst communities affected by war, stating that in "the midst of all the chaos, it is impossible to perform, for example, traditional burial rites and ceremonies" (p.15). This can cause great distress amongst families, who may still go to great lengths in attempting to adhere to culturally appropriate mourning and burial rituals.

In his anthropological study of Mozambican refugees in Malawi, Englund (1998) found that those displaced often went to great lengths to honour and bury their dead in keeping with cultural and spiritual beliefs and practices, despite this at times

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[26] It is important to note that no mothers had experienced the loss of a child under 18 years old, as most of the literature around parental bereavement and loss focuses on the loss of offspring in childhood. However, this literature is deemed to be pertinent, particularly when considering the cultural, relational/familial and individual effects of losing a child, particularly as all mothers came from typically more 'collectivist' societies. This raises wider issues around the social construction of 'childhood' and 'adulthood', dependence, independence and autonomy - particularly due to the implications for refugee families if a parent reaches the UK and wishes their adult child to join them.

being seemingly at odds with the wellbeing of the living[27]. Here he describes the mental health consequences of refugees' inability to bury their dead in the home village graveyard of their deceased:

"*Traumas often arose from the impossibility to observe, under the conditions of both war and exile, the full range of procedures that enables people to regain their wellbeing after the loss*" (p.1168).

Similarly to Englund's findings, participating mothers in this study were interpreted as experiencing additional distress because of these structural barriers inhibiting their sense-making around significant losses in the face of forced migration.

Culture, forced migration and mourning

It is important to note that, as in any circumstances, for participating mothers, losses were experienced through the lens of culture, which sometimes provoked a further sense of loss and isolation due to influences of the resettlement culture, which provided a sense of contrast to how things would be different 'back home'. Although of course present across all cultures, it is also important to bear in mind that loss and grief, as both an individually-embodied and collective experiences are socially-constructed (Fowlkes, 1990). This highlights the need to recognise that meaning-making and associated rituals and symbols are socially constructed (Neimeyer et al., 2014) and may vary between the family's culture and that of the UK or other Western societies.

DeLoach and Swaroop (2014) advocate the importance of learning from non-Western approaches to mental health treatment, using examples of Brazil, Zambia and Pakistan, in considering forced migratory experiences. This current research suggests that learning from non-Western approaches to death, loss, bereavement and mourning is important when considering wellbeing more widely.

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[27] For example, aid staff working in the camps noted that a significant number of blankets were unaccounted for, and it transpired that inhabitants were sacrificing their own blankets and warmth in order to bury deceased loved ones in as appropriate a manner as possible. This presented a challenge to the staff, who were providing scarce resources.

Ambiguous loss

As well as structural and environmentally attributed reasons, barriers to mourning included active avoidance of returning home due to a fear of confronting grief. For one participant, being 'stuck' away from her homeland in a very socially-isolated position contributed to the experience of distress and low mood, whilst her ongoing need to distance herself from the full force of the multiple bereavements experienced perhaps meant that she was unable to process these losses and move towards recovery of wellbeing. For another participant, the experience of losing her husband was unconfirmed; he was missing in the wake of violence and presumed dead but not being able to see his body or know for sure meant that the loss was again experienced in the present.

Exploring Pauline Boss' (1999) concept of *ambiguous loss*, which acknowledges how contextual and relational factors may inhibit or delay the experiencing of the loss[28], is pertinent in relation to the experiences of these participating mothers. A loved one may be psychologically present but physically lost (for example missing following disappearance or in the aftermath of war), or conversely may be physically present but psychologically absent due to experiences of illness, distress or intense preoccupation. This can usefully be applied to the experiences of the mothers participating in this study, with a myriad of ongoing stressors, challenges, structural barriers, and perhaps psychological self-defence inhibiting mothers' ability to go through the processes which they felt would alleviate their distress, such as returning home to play an important role in family funerals, or visiting the grave of one's own child for the first time.

Hence, for refugee parents and families, ambiguous loss may be a concept which is usefully applied to the difficulties in coming to terms with the enormity of such

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[28] Boss (2009) gives the example of a family whose loved one has been missing for several years and is physically absent but psychologically still present in their minds, creating a dilemma in letting go or holding onto the hope that he or she is alive. A contrasting example is when a loved one is physically present but psychologically 'lost' to some extent, for example in the advanced stages of dementia.

losses, as a result of both environmental and psychological factors. This may helpfully be explored in more depth in future research around how refugees experience and make sense of loss.

Separation and reunification

The current research points to the complexity associated with participants' separation from children and other family members, and subsequent attempts (successful and unsuccessful) at reunification. I was struck by the myriad of complexity which often prevented the 'picking up the pieces' of family life and often regret was expressed in relation to the decision to separate from children, even when there had been a serious threat to life, or reunification occurred subsequently. Suarez-Orozco, Todorova and Louie (2002) highlight the lack of research concerning the experience of separation from, and reunification with, family members in the context of immigration, with their own research suggesting that children's opportunity to create meaning around separation from parents facilitated a smoother transition within reunification.

Rousseau et al (2004) undertook longitudinal research with Congolese refugee families in Canada around the reunification process and reported the benefits of providing consistent yet flexible psychosocial services in order to enhance trust and engagement during such challenging times.

There is largely a lack of research regarding the impact of separation on experiences of motherhood for refugees. This current study attests to experiences of guilt, powerlessness and inadequacies in motherhood, which link closely to participants' experiences of identity reconstruction.

Loss of home, belonging and livelihood

For all participants, loss of home and wider networks necessitated living family life within the absence of belonging and community, as captured in the subtheme *Family life uprooted…the loss of a good life.* This is supported by Rousseau et al.'s (2004) research, where many family members expressed the adverse psychological and social impact of the extended family and community's absence in family life.

This finding is supported by the wider literature, which highlights that alongside experiencing the loss of home, refugee mothers living in the UK must also adjust to living in an unfamiliar, and often unwelcoming Western, industrialised environment (Forbes Martin, 2004). There is little existing research regarding the impact of loss of home and bereavement on the wellbeing of refugees. A well-known exception is Eisenbruch's (1991) theory of *cultural bereavement,* which attempts to reframe PTSD as this manifestation of loss[29]. Although helpful to expand from an almost exclusively trauma-focused approach to incorporating individual and collective experiences of loss and grief of homeland, Eisenbruch's (1991) concept is intended to demarcate 'normal' from 'abnormal' responses to such losses, and as such could be viewed to be further pathologising profound cultural and interpersonal experiences which cause great distress due to the impact on the sufferer's life and wellbeing.

Rosbrook and Schweitzer (2010) have also explored the impact of loss of home on forced migrants, in an earlier study using IPA with refugee groups from Burma. This suggested that home was experienced as a 'psychological place of safety' (p.168),

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[29] Although there is not scope to discuss the theory of cultural bereavement here, it may offer a helpful way of centralising the experience of loss of home and culture for refugees living in Western societies. Eisenbruch (1991) defines *cultural bereavement* as "the experience of the uprooted person - or group - resulting from loss of social structures, cultural values and self-identity: the person - or group - continues to live in the past, is visited by supernatural forces from the past while asleep or awake, suffers feelings of guilt over abandoning culture and homeland, feels pain if memories of the past begin to fade, but finds constant images of the past (including traumatic images) intruding into daily life, yearns to complete obligations to the dead, and feels stricken by anxieties, morbid thoughts, and anger that mar the ability to get on with daily life".

which enabled participants to retreat and feel 'like themselves'. This is supported by the current study, which detailed how mothers were forced to cope with often extreme losses and protracted separation from home and family, and additionally in some cases became almost unrecognisable to themselves due to the loss of home, community and livelihood. Of particular relevance to the current study is Rosbrook and Schweitzer's (2010) interpretation of home as a "socio-emotional space in which people live in relation to family" (p.168). Importantly, the process of separation from children and other family members in the context of forced migration did not diminish this space, provided that contact was maintained in order to maintain and build upon a sense of connectedness. Therefore, it is important to honour the complexity of current participants' networks and mechanisms for recreating 'home' in very difficult circumstances, and to support the facilitation of maintaining of connections across family diasporas in order to ameliorate the impact of loss of family and 'home' on wellbeing. Drawing further on the WHO (2013) definition of *health,* this would necessitate a holistic approach to the role of the psychologist in enhancing social as well as emotional and physical wellbeing for refugee mothers, and may entail supporting access to mediums of communicative technology such as Skype or email, as well as providing access to necessary training in order to enable mothers to feel skilled and confident in their usage.

Patel (2003) also points out that a large part of the experience of loss is around loss of belonging, with the refugee experience necessitating becoming 'the other'. Loss of home is intrinsically linked to loss of belonging, which cannot necessarily be recovered, given the destructive impact of war, violence and political oppression on communities and whole societies. As such, loss of home is a complex issue which does not necessarily resolve on return, as Newman (2003) points out in research regarding the repatriation and return of Sri Lankan women. Loss of home can therefore be experienced internally as well as externally.

For many of the mothers participating in this study, loss of role and ability to work was also great source of distress. `There is evidence which points towards the link between meaningful occupation such as education, and the ability to cope with

forced migration, trauma, and posttraumatic responses, as well as providing a sense of greater community involvement (Stermac, Brazeau & Martin, 2008). Indeed, as Loizos (2002) points out, despite dominant media discourses warning against creating 'dependence' by being too lenient and accommodating in terms of the welfare benefits which are provided to forced migrants living in the UK, "most people in most societies wish to make their own way economically, and self-respect involves being active, earning and doing" (pp.52-53). This highlights the need that we all have as human beings to be useful and contribute to society, albeit in manifold ways. The findings of this research may point towards this being particularly pertinent for refugee mothers, in the context of the loss of an active role as a mother and family member, particularly for those widowed by the atrocities of war and persecution. Good-quality and personally meaningful employment can also foster a sense of social inclusion and integration, thus promoting enhanced wellbeing (Evans & Repper, 2000; Morgan, Burns, Fitzpatrick, et al., 2007, Repper & Perkins, 2003).

For many of the participating mothers, the loss of home was intimately bound up with contrasting environment which the families were compelled to live in, either together or apart. This reflects research undertaken with Bosnian refugees living in Chicago, which highlighted that lack of adequate income and associated poor housing were the most common reason for the experience of distress in exile (Miller et al., (2002). Furthermore, as was found in this current study, this poverty and lack of material resources was "experienced against a backdrop of better days in the recent past" (p.350), which in itself can be conceptualised as a further loss.

The enforced loss of one's homeland and community and resultant sense of belonging, has been noted to have a profound impact on identity for refugees living in exile (Kibreab, 1999). The theme of identity will now be discussed in relation to motherhood and other roles within the family.

6.3. Renegotiating familial roles and identity in refugee motherhood

The second master theme, *A shifting view of the self as a mother* captures participating mothers' sense-making around their own identities as mothers and refugees, with the latter category of 'refugeehood' often impeding on one's sense of self-efficacy and resulting in feelings of powerlessness as parents, nonetheless doing their best in very challenging circumstances. Furthermore, participants were compelled to make sense of the ways in which familial roles – particularly parent-child relationships – had altered in the wake of forced migration, with the recognition of mutual protection as important in family relationships, including the acknowledgment of children's endeavours to comfort and reassure their mothers in times of distress arising from the experience of forced migration. Furthermore, one's children were experienced as integral to the emotional – and indeed in some cases physical – survival of the participating mothers, and such experiences were often movingly given voice to by the mothers in their accounts.

In the light of these findings, I will now review the literature relating to the renegotiation of roles and identity within the context of forced migration.

In addition to being compelled to make sense of multiple family losses arising as part of the forced migratory experience, the challenges of life in exile also necessitated the renegotiation of roles for participant mothers and their families. For forced migrants, there is an accepted inevitability associated with the re-negotiation of one's social identity in order to find some sense of belonging within the 'host' society (Colic-Peisker & Walker, 2003). Less attention, however, is paid to the renegotiation of roles within families experiencing forced migration.

The results of this research attest to the profound impact that the experience of forced migration had on the mothers' sense of selves in relation to their children and family members. For participants, becoming a refugee was often motivated by a wish to protect or safeguard one's children but at the same time this meant that

they were unable to do a 'good enough' job despite doing their best within the context of forced migration.

Vervliet et al's (2014) research used an intersectional lens to look at identity constructions of unaccompanied refugee mothers in Belgium. This research highlighted the disparity between how these women are conceptualised or categorised by governments, policy-makers and services, and how they categorise themselves, namely as 'mother' first; 'refugee' second. Hence, further consideration of where the power to label and categorise lies in relation to refugee mothers is important, especially given that in the current study mothers experiences as refugees often seemed to hinder their sense of self as mothers within the challenging circumstances of exile. This is supported by Vervliet et al.'s (2014) findings.

This research supports the fact that forced migration poses significant challenges for families in terms of adjustment and the renegotiation of roles. Forbes Martin (2004), in her text on refugee women, writes that "refugee women often find themselves heads of households, with no husbands or older children to help in the support of the families" (p.15). This was often the case for mothers in the current study, with two-thirds of the sample being widowed and half through violent means directly associated with conflict necessitating familial forced migration. Within such circumstances, mothers made sense of their experiences of doing their upmost to protect their children, whilst having to create meaning around the inability to do a 'good enough' job through the holding of multiple perspectives. Threats to mothers' identities as 'good mothers' appeared to lead to feelings of being out of control and powerless, but also illuminated mothers' strategies for attempting to protect their children in the face of multiple barriers. This shifting and seemingly contradictory sense of self as a mother is perhaps at odds with the dominant Western constructions of identity as stable and calls into question the appropriateness and validity of endeavours such as discovering and describing personal attributes (Baker & Newnes, 2005).

It is pertinent to revisit Levi's (2014) study of the experiences of Sudanese mothers resettled in Australia, and the main themes which emerged in her thematic analysis; namely negotiating change in parenting contexts (from wider network to alone or with a single other [spouse]); experiences of losing teenage offspring both symbolically or literally; challenges to parenting roles as a result of influence of resettlement country on child's behaviour and attitude; and challenges associated with adapting parenting styles in accordance with resettlement context. Although mothers in the current study were less explicit about the direct influence of resettlement culture on their children, this certainly was present in the data. Levi's (2014) research backs up the current study in its highlighting of the need for identity and role negotiation in resettlement contexts. It also supports the current study's findings regarding the 'spectre of loss' in relation to refugee parenting. Levi (2014) suggests that support for refugee mothers could helpfully be targeted at the community level in order to support the strengthening of social networks in parenting, and to help address difficult issues around conceptions of local services, such as the role of child protection services. Although less explicit in the current study, mothers' experiences regarding powerlessness in parenting suggest that engaging within the local community, including services, may help to in some way ameliorate the sense of marginalisation and powerlessness often conveyed.

It is also important to highlight that, in the current study, mothers' aforementioned experiences of powerlessness may be helpfully conceptualised as a form of adaptive acceptance to their lived experience. For example, as part of his seminal work regarding internal versus external locus of control regarding the attributions made by individuals based on levels of self-efficacy, Rotter (1975) postulated that it might at times be *adaptive* to recognise one's lack of control or mastery over certain aspects of the environment.

Protecting children from painful truths

In the current study, all participating mothers expressed a strong wish to protect their children from 'the painful truth' of either past or current experiences of forced

migration. This meant the withholding of information or accounts of experience which were viewed to be a potential source of worry or concern for their children. The need to protect one's children from painful truths is understandable given previous 'failures' in protection as a result of widespread political and gender-based violence and oppression in many instances. As stated, much has been written about the intergenerational transmission of trauma amongst families, particularly for those who survived the Holocaust (e.g. Yehuda et al., 2001) and other experiences of extreme torture (Montgomery, 2004).

Although it is not possible to generalise findings from this idiographic approach to understanding familial experiences, this current research does provide some insight into some of the communicative processes which may be involved in the 'transmission of trauma' or distress within families affected by forced migration and persecution (Yehuda et al., 2001). For example, many of the mothers consciously withheld information from their children with the intention of protecting them from further distress, points to alternative ways of conceptualising the 'transmission of trauma', in as much as parents actively attempting to ameliorate distress may be both protective and also distressing for children.

Of relevance to this research, Weingarten (2004), using a systemic family therapy approach, has also explored the mechanisms through which experiences of trauma can be transmitted intergenerationally in families who have experienced political and structural violence. She highlights the implicit communication which occurs within families, even when words are unspoken regarding devastating experiences and their psychological, social and relational legacies. Similarly, Montgomery (2004) used Coordinated Management of Meaning (CMM) to explore the impact of parental torture upon families, and again highlighted the potential disparity between what is spoken of and what is enacted within families through communication. For instance, not giving voice to distressing details of torture or not providing an explanation for children and future generations can create a sense of 'lived' anxiety and distress which is in a sense an unidentified 'nameless dread' (Bion, 1959).

Returning to Boss' (1999; 2007) concept of *ambiguous loss,* for mothers participating in the current study, experiences of 'keeping it all inside' in an attempt to protect their children and families from painful truths may represent an inability to let go of lost opportunities for a preferred family life not ruptured by forced migration. These communication processes within refugee families require further exploration.

Reciprocal roles

In the present study, mothers also gave voice to the experience of their offspring (both adult and child) attempting to reassure and support their parenting endeavours. This ranged from adult children offering de-facto parenting support and financial assistance, to school-aged children offering comfort when observing distress as a result of homesickness or poor housing.

Supporting these current findings, De Haene, Grietens and Verschueren (2007) highlight a tendency for 'parentification' of refugee children to occur, which entails being compelled to undertake tasks which would otherwise be in advance of their developmental stage due to parental vulnerability or context. Moreover, these clinicians conceptualise parental disempowerment as at times resulting in 'infantalisation', where the parents are unable to comfort their children due to experiences of helplessness within the resettlement context, and children having to learn new skills accordingly. This highlights the complexity for refugee mothers in making sense of their changed role and the differential and additional responsibilities which may be placed upon their children as a consequence of forced migration, alongside reciprocity in familial relationships for forced migrants. Although it is not possible to make assumptions about children's experiences based on those of their mothers, for me there was a sense of children being active contributors to family life, rather than passive recipients of care.

6.4. Importance of relationships and hope in healing

The final master theme, *Taking the good with the bad in family life,* frames participants' attempts to integrate very diverse – and in many cases extreme – relational encounters in their forced migratory experiences, particularly in relation to the devastation reeked upon family life for some mothers. However, mothers also held onto, and were able to convey very strikingly, how the support of others had sustained them at times of despair and desperation, giving them reason to hold onto some hope in humanity, particularly in relation to this influencing their own family lives. This appreciation of support, alongside frequent perspective-taking on one's own experiences in relation to 'less fortunate' others, was interpreted as providing sustenance and in some cases an ability to keep going in the wake of extreme suffering and uncertainty for the future. Mothers all appeared, to varying degrees, to be able to 'take the good with the bad' through their religious beliefs and Faith in God, which appeared to provide a solid foundation for sense-making when life experiences may otherwise have proved too overwhelming to make any sense at all.

This study has given voice to the mothers' experiences of relational trauma; witnessing murder of loved ones, being raped, violated, disbelieved, marginalised, shunned are all 'traumatic' but are importantly events which occur at the hands of fellow human beings, hence the emphasis that is placed here on 'relational trauma' as opposed to simply conflating all experiences of risk to life as provoking the same 'symptoms' or responses, as is the case with the idea of PTSD. The findings in the current study attest to the importance of supportive relationships as a resource to healing and improved wellbeing in the face of such trauma. The mothers described the importance of their familial relationships, particularly those maintained with their children across challenging contexts and circumstances. Those with husbands still alive spoke of their gratitude for their support and there was a sense of the family as a unit as being like a sanctuary in itself, or a 'secure base' (Ainsworth, 1991), particularly given that these mothers often experienced their external environments as lacking in comfort and security. Furthermore, the importance of

relationships *outside* the mothers' communities of origin was highlighted as being a resource to wellbeing. This supports previous research findings which highlight the importance of good-quality social relationships following resettlement, with a strong 'affective' component (Gorst-Unsworth and Goldberg, 1998).

Hope and resilience

Dominant literature has tended to portray a negative view of the experiences of refugees in relation to capacity for hopefulness. For example, Patel (2003) states that the loss of hope is a recurrent theme in her work with refugee survivors of torture and other human rights violations. Other authors have described how family relationships are:

> "*often impaired, leaving family members feeling isolated, depressed and incompetent to manage the many adversities facing them*" (Gewirtz, Forgatch & Wieling, 2008, p.177).

This captures many of the experiences voiced by mothers in this research, who were also able to hold onto a sense of hope and agency in their experiences of family life within the context of forced migration.

Working from a systemic family therapy context, Weingarten's (2010) concept of *reasonable hope* may be a helpful conceptual framework from which to develop meaningful support for this client group in the face of ongoing uncertainty, given that it is relational and oriented to practice rather than an intrinsic state *within* an individual:

> "*Reasonable hope's objective is the process of making sense of what exists now in the belief that this prepares us to meet what lies ahead. With reasonable hope, the present is filled with working not waiting; we scaffold ourselves to prepare for the future*" (Weingarten, 2010, p.7).

For the mothers who participated in this study, this provides good experiential and conceptual 'fit' in capturing their experience of living in a context of uncertainty, which is experienced as distressing and frustrating, with these feelings indicating some ability to hold onto a preferred imagined future (*ibid*) and some cautious *'reasonable hope'* that their pursuit of a better family life would pay off in some way:

> *"Reasonable hope does not struggle against an uncertain, unknowable future, but rather embraces it as its best bet. In dire circumstances, for example, amidst violence, poverty, or fatal illness, it is precisely because we cannot know what the future may bring that using reasonable hope, with its limited horizon of expectations, helps us work toward something better than what we are living now"* (Weingarten, 2010, p.8-9)*.*

Wade (1997) has conceptualised therapy clients' responses to oppression as 'small acts of living' and 'everyday resistance', in the face of extreme abuse and violence, indicating the presence of hope and survival.

Furthermore, research suggests that therapist as well as client hope is essential for any therapeutic intervention to be successful (Flaskas, 2007). In working with refugee parents, and families, it is arguably essential to be able to draw out stories of hope and resistance (Afuape, 2011; Weingarten, 2010) in order to enable both client and therapist to envisage some 'reasonable hope' in the face of often overwhelming experiences.

Mothers displayed incredible strength to survive in the face of overwhelming adversity. This was interpreted as being motivated by wanting to be there for one's children. Hence, whilst displaying resilience, this occurred as a result of important relationships.

Walsh (2003) referred to the "relational context of individual resilience"(p.1), highlighting that although the notion of *resilience*[30] has been conceptualised as an individual trait or capability, the "family, peer group, community resources, school or work settings, and other social systems can be seen as nested contexts for nurturing and reinforcing resilience" (p.3).

The concept of relational resilience is helpful in considering the importance of relationships, therapeutic, social and personal, in healing. It also provides a balancing discourse to individualised, intrapsychic approaches to refugee mental health. In considering how families respond to trauma and adversity, Walsh's (2007) conceptualisation of this term may be helpful in reflecting and building on the findings of this research:

> *"As studies of resilience amply document, in struggling to make meaning, in reaching out to others, and in active coping efforts, people tap resources that they may not have drawn on otherwise, and gain new abilities and perspective on life."* (Walsh, 2007, p.218).

Applied to refugee families, "relational resilience refers to processes involving adaptive accommodation and transformation to loss, dislocation and radically changed circumstances" (Turner & Simmons, 2006, p.7).

However, it is important to be mindful of focusing on resilience and the actions or inactions that could arise from this focus on inner or interpersonal strength; that is, whilst the importance of giving voice to stories of strength, resistance to oppression, and survival is vitally-important (Afuape, 2011) in providing a balance to symptom and deficit-based accounts of experience (White, 2007), there is a danger that labelling people with the quality or characteristic of resilience (White, 2001) in reaction to oppression serves to obscure the social inequalities (Miller & McClelland,

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[30] Although there is not scope to discuss *resilience* in great depth, it is a metaphor borrowed from the physical sciences and engineering, pertaining to the ability to stay intact and 'bounce back' when under stress (Walsh, 2003)

2006) and human rights violations (Patel, 2003), which create the context whereby people are compelled to have the limits of their ability to 'bounce back' tested.

Notwithstanding potential criticisms, the importance of considering resilience as a social process rather than an individual, intra-psychic state or trait, is supported (Lenette, Brough & Cox, 2012).

Spirituality and parenting

Alongside sustaining interpersonal relationships, participants voiced the significance of God and religious faith as underpinning their ability to cope through challenging family circumstances. The importance of promoting religious or spiritual faith as a significant contributor to psychosocial recovery has been identified (Lindridge, 2007). Religious faith, when used as part of a wider repertoire of coping strategies, has been found to provide an important support to recovery from distress and traumatic experiences (Calhoun, Cann, Tedeschi, & McMillan, 2000).

Supporting the current findings, Rousseau et al. (2004) also highlight the significance of religous faith for their Congolese participants living in Canada and suggest that belief in God provided an anchor between past and present in families experiencing reunification.

Furthermore, in their research with unaccompanied asylum-seeking young people living in Ireland, Ní Raghallaigh and Gilligan (2010) found that spirituality and religious faith provided participants with a sense of continuity with past experiences and identity.

Similarly, in her study examining the significance of religion and spirituality for refugees resettled in Australia, Ennis (2011) found that spirituality provided a lens through which forced migratory experiences could be viewed and understood. Religion was experienced as a great help in coping with adversity associated with forced migration for all of Ennis' 19 participants.

Hence the findings are supported by the wider literature, and attest to the importance of supporting religious faith as a form of relational resilience.

6.5. Clinical Implications

As highlighted throughout this discussion, the current research attests to the need to consider experiences of loss and bereavement as central to the experiences of refugee mothers, parents and families. Furthermore, as a result of the focus on trauma and the construction of refugees in the media and other domains of mainstream society, these losses may have been overlooked, questioned, or minimised, potentially resulting in further distress (Doka, 2002).

Addressing the clinical implications of their aforementioned study, Kaltman and Bonanno (2003) suggest that informing clients that their reactions to loss via violent means may include post-traumatic stress symptoms and more enduring depressive responses than would be otherwise anticipated with in bereavement due to 'natural' means, may help to support clients' acceptance and understanding of their reactions and associated distress. Hence for clinical psychologists engaging in work with refugee parents, an awareness and sensitivity to differential experiences of death, mourning and ongoing bereavement as a result of forced migration is important. Conceptualising, hypothesising or formulating around loss as more central is important when working with refugees who have experienced such profound losses which may be bound up with trauma responses and experienced in the context of ongoing uncertainty around immigration status and future safety.

In supporting the addressing of manifold losses, such as those experienced by participants in this study, it may be that clinical psychologists and other mental health professionals can support 'substitute' symbolic rituals around mourning. For example, Neimeyer et al. (2010) attest to the importance of facilitating continuity of relationships with the deceased so as to support the 'continuity of identity' for the

survivor. For refugee mothers, such as some of the participants of the current study, this may include the experience of losing multiple children which can result in disruption to the 'natural order of things' and disrupt family lifecycles (Walsh & McGoldrick, 1988). Neimeyer (1999) highlights narrative approaches to undertaking therapeutic work with those impacted by grief. He states that part of the task is to support the bereaved client(s) in integrating the detailed and intimate stories of losses experienced into the wider narrative of their lives. Accordingly, Neimeyer conceptualises that *meaning-reconstruction* is the fundamental process which occurs in the experience of grieving, which is socially constructed (Neimeyer, 1998). This may be relevant for clinicians to consider with mothers such as those participating in this study. Drawing on this bereavement literature, integrating narratives of extreme experiences of losses as well as other profound life events such as those typically experienced by forced migrants may help to provide coherence and continuity between past, present and furture.

Therapeutic endeavours with refugee parents, therefore, may focus on "the struggle to meaningfully integrate the loss into the survivor's life narrative, in a way that establishes a thread of consistency and significance in the midst of a turbulent transition" (Niemeyer et al, 2010, p.82). One such narrative approach that has been applied to loss and bereavement comes in the form of 'Re-membering practices (Hedtke, 2003; White, 1989), which rather than attempting to 'let go' of the dead, attempt to provide continuity of 'membership' in the lives of the bereaved, thus conceptualising grief as a relational, rather than individual experience, and supporting continuity of identity following traumatic loss.

Furthermore considering how 'small acts of living' (Wade, 1997) and resistance (Afuape, 2011) may help mothers to cope with and make sense of the experience of violent and traumatic loss warrants further exploration, both clinically and academically.

The wider parenting literature attests to the ameliorative impact of social support in parenting (for example, Waterston, Alperstein & Brown, 2004), so clinicians may have a role to play in supporting widowed or separated mothers in accessing

substitute support networks in the resettlement society. For example, referring to local parenting or social groups, such as the organisation from which I recruited, may be helpful in reducing isolation, supporting acculturation and cultural 'brokering'**.**

Therapist position and wider context

This research highlights the importance of healing relational experiences in the face of violation and losses, and the direct experience of other human rights abuses at individual, familial and societal levels. For clinical psychologists and other therapeutic practitioners working with refugees, an empathic and validating stance can serve to provide containment and perhaps some semblance of a 'secure base' at a time when loss, anxiety and uncertainty can evoke earlier attachment experiences for parents (De Haene, Grietens & Verschueren, 2010a).

As mental health researchers and clinicians, we are in a prime position to speak out against the practices of our governments which create distress in the lives of people with whom we work, particularly when this so rarely occurs from other areas in society (Patel, 2003). The work of Vikki Reynolds (2010; 2011) considers how we as clinicians and researchers can position ourselves as useful allies to the clients we serve, and has proved influential in my thinking about this issue in response to the findings of the current research. Advocating for the rights of refugee parents and families may have the secondary benefit of enabling them to feel understood and supported to some extent, which is an experience that mothers in this study valued in the face of multiple abuses, persecution, and discrimination.

Participants in this study expressed sense-making around their experiences of powerlessness in parenting within the context of forced migration. In her aforementioned work on ambiguous loss, Boss (1999) takes a normalising stance on the experience of being in a protracted out of control context, stating that:

> *"Few people, professionals or family members, can tolerate for long being in a situation that is out of their control. The stress is too much"* (Boss, 1999, p.50).

Thus, drawing of parallels between family members and professionals, Boss takes a position of privileging the context and external access to power and resources, rather than theories and approaches which attribute powerlessness, disempowerment, or being out of control primarily to some internal state, trait or characteristics. This is perhaps a helpful way in which to position oneself as a clinician, in order to avoid further unintentional 'othering' or pathologising of refugee parents, such as the mothers who participated in this current study. Responding to feelings of powerlessness in parenting, as experienced by mothers in the current study, it may be helpful to further explore the structural barriers which can inhibit refugee mothers' sense of self-efficacy (Bandura, 1999; Jones & Prinz, 2005).

Honouring the complexity of experiences voiced by participating mothers, taking a cross-disciplinary approach to refugee wellbeing is considered helpful for clinicians, particularly around understanding political context and cultural beliefs and practices which affect and enhance wellbeing. Supporting this perspective, Bala and Kramer (2010) suggest that mental health professionals need to be curious about how "political violence, forced migration, cultural transition, and the asylum policies in the country of arrival" (p.154) have impacted upon the family, both collectively and as individual family members. This research supports this assertion.

Spirituality

This study interpreted religious faith as being a supportive and grounding presence in the lives of the participating mothers, and appeared to be a helpful mechanism via which they were able to make sense of often-unimaginable experiences. Spirituality as a protective factor needs to be further explored and supported by clinicians working with refugee families, who could potentially play a role in collaborating with religious institutions in order to provide information and develop helpful spaces for healing, which may be considered less threatening and more culturally-congruent than traditional psychological services. This could help to upskill the profession to the benefit of clients, particularly refugees and people from BME backgrounds, and

more generally for people to whom faith is important. This may be particularly timely given the stigma and negative connotations associated with religiosity, particularly in the context of strong discourses regarding terrorism, radicalisation and Islam, the religion of many refugees in the UK, at present (Jasperse et al., 2012).

Sharing traumatic experiences

This study found that mothers often consciously withheld or omitted information which they felt may cause further distress to their children within the context of forced migration. This ranged from information regarding past traumatic experiences in countries of origin to the current living circumstances such as experiences of poverty in relation to separation from children whilst living in exile. This supports other studies highlighting the complexity of dilemmas around sharing versus withholding information regarding traumatic or distressing experiences within families (e.g. Montgomery, 2004).

In a very recent systematic review of the literature regarding parental disclosure or silencing of traumatic experiences in forced migration, Thorup Dalgaard & Montgomery (2015) reported that caution needs to be taken to avoid inappropriately promoting a Western cultural assumption that 'it's good to talk' (Summerfield, 2000) and found that "a modulated approach to disclosure of traumatic experiences from the past is associated with psychological adjustment in children of traumatized refugee parents…" and "is characterized by an emphasis on the timing and manner in which traumatic material is disclosed, rather than either disclosure or silencing per se" (p.11). These authors suggest that clinicians "should explore how modulated disclosure can be facilitated in family therapy with traumatized refugee families" (ibid). Hence, it is important for clinicians to honour families' natural mechanisms of communication and mutual protections whilst remaining curious to the potential consequences of disclosure versus non-disclosure of significant aspects of the family history relating to forced migration.

6.6. Methodological Issues

6.6.1. IPA

A considerable strength of this research is its contribution to the literature regarding our understanding of forced migration and wellbeing from perspective of refugee mothers, who, up until now, have largely been neglected within mainstream clinical psychology literature, particularly in the UK.

Furthermore, selecting IPA (Smith et al., 2009) as a methodological framework has enabled a broadening of focus regarding refugee wellbeing, thus giving voice to subjugated experiences of refugee mothers and capturing the complexity inherent in attempting to make sense of forced migratory experiences pertaining to family life.

In honouring the in-depth, complex nature of individual experience, adherence to IPA's idiographic epistemology means that this study offers little generalisability regarding the experiences of *all* refugee mothers. This is important to be aware of but is viewed as complimenting existing research regarding refugee wellbeing, which has largely been nomothetic in approach.

Following a rigorous methodological process has enabled adherence to quality assurance standards, and has provided containment for me as an IPA novice. The *double hermeneutic* approach makes explicit, and indeed utilises the role of subjectivity in, and interpretation of, human experience, which is a departure from larger-scale quantitative research around refugee mental health.

The use of IPA, whilst enabling mothers to voice sense-making regarding relational aspects of forced migration and family life, may have further-supported individualised accounts of experience and precluded in-depth analysis of power relations and performative aspects of speech; for example as may have been more possible through discourse analytic or narrative methodologies. However, I consider IPA to have afforded an opportunity to give voice to the experiences of individuals belonging to a marginalised group, and as a sound basis from which to follow-up with further research in such areas, as discussed below.

6.6.2. Sample

Participants were recruited through purposive sampling from one refugee support charity in London. Whilst maintaining the rationale for doing so, this further-limits generalisabilty of findings, given that the experiences of refugee mothers engaged in an organisation providing tailored social and practical support is likely to greatly-differ from those who are completely socially-isolated and not able or willing to access any formal support. Conversely, the current participants may experience additional needs and complexity which has compelled them to successfully seek out help and support which is greatly-needed.

Whilst homogenous in the sense of being mothers and self-identifying as refugees, given the necessarily broad nature of this nascent area of research, participants also experienced divergence in circumstances and experiences. For example, there was heterogeneity in country and region of origin, religious affiliation, mother-tongue, presence or absence of a co-parent, and stage of child-rearing, with only half still rearing any children under 18. Thus future research will helpfully narrow this broad scope and evolve to further-increase homogeneity in sampling.

6.6.3. Language

Cross-Language research

The experience of undertaking qualitative research with participants who speak a different mother-tongue to the researcher adds methodological complexity. A balancing of ethics and commitment to giving voice to the marginalised, with ensuring quality and ability to rigorously interpret data was required for the current study. Two participants were interviewed with the assistance of a volunteer interpreter who was not, to my knowledge, formally-trained to fulfil this role. Hence she may have experienced this as a considerable responsibility to, in a sense, act as a 'mouthpiece' for participants giving voice to their experiences. This provided an additional layer of the hermeneutic process, and I noticed that often questions posed would seem to be elaborated upon by the interpreter, and occasionally it

appeared that some guidance was being offered if participants were not clear regarding the nature of the question. Overall this seemed to be helpful, with the interpreter in a sense acting as a cultural or linguistic 'broker' in the research process, but I cannot know the extent to which this influenced the data and subsequent analysis. In addition although not from the same country as the participants she interpreted for, as a migrant mother she explicitly identified with experiences voiced by participants on at least two occasions, with one resulting in her becoming tearful, leading me to briefly pause the interview. Again this may have influenced the participant's propensity for openly-voicing experiences, as she may have attempted to prevent further-deterioration of the interpreter's distress through omission of emotionally-painful information. However, these interactions were also offset by the facilitation of a rapport which would have been unlikely to develop otherwise, without the help of a familiar other.

Issues associated with undertaking cross-language qualitative research through interpreters have been discussed elsewhere (Edwards, 1998; Green, Sperlinger & Carswell, 2012; Murray & Wynne, 2001; Shakespeare, 2012;), including the potential linguistic, ethical and therapeutic aspects and propensity for interpreter distress.

For example, Murray and Wynne (2001) discuss some of the tensions associated with undertaking qualitative research with people who do not share the same first language of the researcher, and highlight the balance between giving voice to and empowering those who are usually hidden from research, whilst also upholding methodological rigour. Interestingly, they suggest interviewing interpreters as part of the research process, in order to get a sense of how their values may underpin their work. Although interpreter briefing and debriefing were used during the current study, including a follow-up phone call, this may have provided an increased awareness of the interpreter's own context and worldview. However for a volunteer, it may also have proved too time-consuming and extensive to be possible.

Along with interpreters, Edwards (1998) states "researchers should acknowledge that they are part of the social world they study and part of its production through

research accounts" (p.202). This reiterates the importance of being explicit and transparent in such research.

Language of wellbeing

In undertaking this research, moving away from the language of psychopathology and mental ill-health enabled a more nuanced understanding of many of the struggles and triumphs faced by the participants in pursuit of wellbeing. This is considered a strength, because it provides an opportunity for inductive knowledge to emerge, which has the possibility of enabling alternative social actions (Burr, 2003), or the living of preferred stories (White, 2001) in the pursuit of healing and wellbeing. Those with direct experience of forced migration are most likely to have the most complete and comprehensive insight into the daily realities of their own lived experiences on individual, family and community wellbeing, as well as identifying areas where change may be helpful and necessary. However I am aware that the influence of mainstream discourses is powerful, and I continued to view experiences through lenses of trauma or psychopathology at times. This attests to the power of language in shaping meaning-making.

6.6.4. Positioning, power and ethics

A challenge of this research was to inhabit the role of interviewer and researcher in a context with which I drew parallels to my clinical role. . Consequently, on a couple of occasions my empathy got in the way of deeper exploration and so at times the opportunity to 'go deeper' for richer data was missed. Wagstaff et al. (2014) describe the "temptation to revert to a clinician/therapist stance during the interview process" (p.5), and the potential ethical and methodological dilemmas that this may bring.

In undertaking this research, I have reflected upon my relative power as a qualitative researcher in making decisions around how best to 'give voice to' (Harper, 2007) refugee mothers' experiences of forced migration. After deciding to give participants

a £10 voucher to express gratitude for their generosity in participating, I reflected that, if still seeking-asylum, refugees are recipients of food tokens, which can be a vehicle for discrimination from the general public, and can stigmatise and humiliate. Whilst painful to realise that the most benevolent of intentions could very realistically be experienced as shaming or disempowering, this is an important example of how lack of awareness and reflection on power imbalances and unwitting links to oppressive social structures can be present in therapeutic and research encounters with marginalised people (Block et al., 2012).

6.6.5. Intersectionality

A potential limitation of this research is the lack of in-depth analysis of experiences through an *intersectional* lens, meaning that one aspect of perceived difference from the assumed 'norm' is considered (in this case refugeehood) rather than considering how, for example, gender and race or ethnicity intersect to compound marginalisation, for women who are *minoritized* (Burman, 2004; Goodkind & Deacon, 2004), like those participating in this study.

6.7. Future Research

Due to the current dearth of family-focused research with refugees, as well as the wide-ranging areas for exploration arising from the findings of the current study, there are multiple possibilities for future research.

Future research would helpfully follow up particular aspects of mothers' experiences in more depth, such as how mothers make sense of the experience of the loss of a co-parent and its impact upon their family life; or how mothers respond to the experience of being separated from their children for protracted periods as a result of forced migration. Further research may also focus specifically on the experiences of fathers, given that some research suggests differential expressions of distress and coping among mothers and fathers (Kilic et al., 2003).

It may be that utilising the current findings around loss of home, separation from children, traumatic bereavement, significant helpful and unhelpful relationships, self-esteem and efficacy, and managing uncertainty, all in the wider context of oppression and human rights violations, may provide a helpful starting point. Exploring the significance of meaningful interconnection for socially-isolated groups such as refugee mothers is important, particularly in this age of austerity, and diminishment of social and community resources.

Considering the findings regarding the experience of loss and its impact upon family life, future research could focus more closely on the experiences of loss for refugee mothers, parents and families. Rousseau and colleagues (2004) suggest further research is required, in order to explore how familial experiences of separation and loss occurring within the context of forced migration may impact upon future separations or losses encountered as part of the family lifecycle, and potentially increase threats to wellbeing. Hence, research might be extended to focus on the whole family and consider a particular aspect of the family life-cycle, in order to explore the impact of loss, such as parents' experiences of their teenage children leaving home, or transitions to secondary school and so forth.

Future endeavours could helpfully take a more intersectional approach to research in order to consider the influence of intersecting structural inequalities on wellbeing for mothers. In an attempt to further-reduce power imbalances and to help mothers decide how best to 'give voice' to their *own* experiences, participatory methods could be employed, where refugee mothers are supported to become participant researchers, with involvement at each stage of the process. For example, committing to undertaking more socially-just research with refugees, Yakushko and Morgan Consoli (2014) suggest that psychologists may helpfully consider alternative research methodologies to the mainstream, such as participatory and social action research (Brydon-Miller, 1997; Holland, 1992; Reason & Bradbury, 2013), in order to begin to redress power imbalances between researcher and researched (Fillmore, Dell & Kilty, 2014) and to create a more democratic and collaborative approach to the generation of research (Yakushko & Morgan Consoli, 2014).

This research may be suitable for refugee parents, who may be silenced as a result of language barriers and the predominance of psychologised Western constructs of experience. For example, depending on what mothers felt was pertinent to them, a method such as Photovoice (Wang & Burris, 1997) could be used to explore their experience of family life in the UK. This method was adopted by researchers in Australia, who, in working with single refugee women and mothers, used visual ethnography to enable "a collaborative and authentic sharing of life narratives" (Lenette & Boddy, 2013, p.84)

6.8. Personal Reflections

This research highlights the depth of suffering, strength and survival which can, and does occur for millions of mothers, parents and other people around the world including many living in the UK. Those vicariously-exposed to the impact of war, torture and political repression, through research and clinical work, cannot operate from positions of neutrality (Engstrom, Hernandez & Gangsei, 2008; Reynolds, 2010a). An important point to reflect upon is the impact of bearing witness to such stories of human experience, whether in a research or clinical setting.

Throughout the process of undertaking this research, I became increasingly-aware of how the testimonies of suffering were impacting upon my own emotional wellbeing. For example, during the period of interview transcription, I had several distressing dreams, which related to some of the traumatic experiences shared with me by participating mothers [31]. When removed from the context of interviewing, repeatedly listening to the data became at times an almost torturous experience in itself. Rewinding and replaying voiced accounts of such painful experiences felt variously frustrating, disturbing, and never-ending. Writing in a reflective journal and discussing the emotional impact with research supervisors was helpful in making sense of my own experiences, which then fed into the analytic process. Furthermore, the connections made with participating mothers gave me a deep sense of inspiration and warmth. For example, one mother phoned me sometime after we had met in order to excitedly-share with me some welcome family news. I cannot put into words how much this meant to me, other than to say I was deeply moved.

My clinical work with refugee families helped me to hold 'the other side' of the darkness of human experience in mind, through witnessing, and to some extent being a part of, the strength, humour, warmth and enduring relationships within families, despite, or perhaps in part because of, the immeasurable magnitude of

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[31] Similar experiences are described in therapeutic contexts. For example, Astin (1997) describes how she is impacted by her therapeutic work with female survivors of sexual violence.

forced migration and its legacy on family life in the UK. Concurrent unanticipated events in my own family life posed additional challenges in my capacity to juggle multiple demands. At the same time, moving house brought great joy and excitement whilst also using up scarce emotional and physical energy. I am providing this account in order to make explicit how, from my experience, the process of qualitative research (particularly IPA in requiring the interpretative efforts of the researcher) influences, and is influenced by the experiences of the researcher and their wider context. Mirroring the findings of this research, this acknowledgement requires honouring the complexity of human experience. Furthermore, it is important to acknowledge that I cannot 'know' how the interaction between my concurrent personal and professional experiences with this research process may have altered its outcome. Had I not been undertaking clinical work in a specialist mental health team for refugee children and families, or if that team favoured a more diagnostic approach to its work, I may have been influenced differently in my interpretation of the data, for example by 'looking' more closely for symptoms of posttraumatic stress disorder or depression and privileging these accounts of experience. Had I not been experiencing distress in relation to concerns within my own family, I may have been less likely to connect with or privilege the pain which I interpreted in participants' accounts. These hypotheses attest to the importance of a reflexive approach to qualitative research, and highlight the co-construction that is inherent between researcher and participant.

6.9. Conclusions

Focusing on the perspectives of six refugee mothers, this research explored experiences of family life within the context of forced migration to the UK. Utilising the qualitative, idiographic method of IPA afforded an enriched understanding of participants' experiences and sense-making which moved beyond the dominant, narrow constructions of refugee mental health (and in particular the predominance of PTSD research) to broader conceptualisations of distress and wellbeing as experienced within families and other relational contexts.

My in-depth analysis of interview data generated three master themes; *Loss as a constant companion to parenting*, which represents the pervasiveness of wide-ranging losses in family life; *A shifting view of the self as a mother*, which captures mothers' endeavours to make sense of, and renegotiate their role and identity in the wake of forced migration; and finally *Taking the good with the bad in family life*, which represents attempts to integrate very divergent relational experiences into narratives regarding mothers' family lives. I have discussed these themes in relation to existing literature relevant to clinical psychology and other mental health disciplines. In line with this discussion, there is a need for further consideration, both clinically and through future research, of how best to support refugee mothers and families in their experiences of profound losses. This research supports the importance of moving beyond culturally-limiting, individualised constructions of distress, towards a focus on conceptualising refugee family trauma as relational and drawing out unique exceptions of hope, resistance and relational resilience (including religious Faith) in support of family wellbeing. Research capturing the experiences of refugee parents is in its infancy. Given, therefore, the necessarily broad, exploratory nature of this study, future research is required to follow up on a number of areas, such as considering parenting and family wellbeing from the perspectives of fathers and children, or from a regional perspective in order to increase homogeneity of constructions of parenting and family life, and associated practices. This research supports the need to honour the complexity of experiences for refugee mothers, and in so doing to remain critical, holistic and curious in therapeutic endeavours within resettlement contexts.

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8. APPENDICES

8.1. Literature Search Strategy

In undertaking the literature review, I followed a systematic method over a period of over two years, which aimed to be as comprehensive and current as possible in reviewing relevant or pertinent research literature.

During the initial stages of the process of designing the research project, searching consisted of the consulting of publications of which I was familiar from previous academic study and clinical practice, particularly a number of edited books concerned with forced migration. This enabled me to develop my initial research ideas and I progressed to using search engines and databases such as *Google Scholar, PsychInfo, Web of Science, Medline, Scopus* to systematically obtain a comprehensive landscape of the relevant literature. I created alerts where possible which meant I was notified by email when a new publication fitting my criteria was released.

Key search terms included; *refugee, asylum seeker, forced migration, parent, mother, family, wellbeing, trauma, posttraumatic stress, growth, healing, mental health, distress, adjustment, adaptation, coping, identity.*

I used Boolean operators (AND, OR, NOT) in order to broaden my search to include variations of key terms (for example; *refugee* OR/AND *asylum seeker*; *parent OR parenting OR mother*).

As a result of limited research in this area, I spent considerable time following up articles cited in relevant literature, in order to ensure important studies, theories or concepts were not unintentionally omitted.

Literature gathered was read and considered in terms of its relevance for the current study.

I also undertook searches of relevant UK policy documentation pertaining to refugees, mental health services and family wellbeing.

Extending the scope of what is considered to be relevant background literature and information, I kept note of any non-Academic texts or other forms of creative expression which resonated with the research. Furthermore, attendance at conferences and workshops enabled exposure to literature and ideas which would not have otherwise been possible.

In providing an account of my literature search, I also acknowledge that there are many influences on the shaping of how the literature review is constructed by me as the researcher. Whilst adhering to a systematic and thorough process, IPA's centralising of the *double hermeneutic* aspect of the research means that it is important to acknowledge the role of my own interpretations and assumptions as shaping each stage of the research, including the inclusion and exclusion of literature which other researchers may have made different decisions about.

8.2. Examples Of Reflexive Processes And Researcher Positioning

8.2.1. An example of reflexive self-exploration of researcher beliefs and assumptions and epistemology

THE Relationships between different levels of Power and Influence (I am a WHITE, European woman with relative privilege + access to issues)

Hegemony of ~~THE WORLD ORDER~~ Globalisation
CAPITALISM colonialism

europe wars REGION eg. in Africa

vs. Region construction of → NATION-STATE (?) colonialism
POLITICS

Symbols
Language CULTURE (?) Practices
Religion values Beliefs

safe? Access to Education
Civic action eg voting SOCIETY Relationship to culture + State eg support?, trades?
Healthcare welfare state

Belonging? Trust? COMMUNITY action? Town Village
neighbours How is this achieved? collectivism individualism

Belonging? FAMILY construction of...
Duties? Roles? (eg western nuclear, theatre + caribbean)
such as assumptions made 'cousin' 'sister' 'mum' collective

Starting Small

Embodiment of above? INDIVIDUAL Real
- site of trauma memories Love + ATTACHMENT (universal?) SITUATED Concerned with individual's experience of being in certain role/relationship

How do all of these levels affect the individual's experience of them

What are my biases and assumptions?
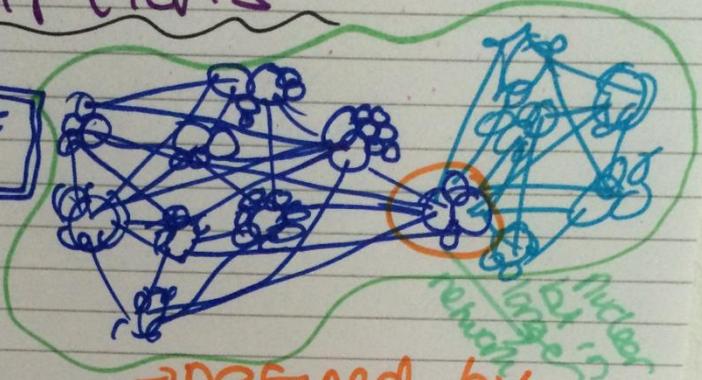
• Family =

FAR AWAY + SPREAD OUT A BIT

IMPORTANT

DUTIES

→ DEFINED BY blood - relation (distant or close)

→ DEFINED by 'technical' or agreed western labels

- Can't call your friend your cousin!
(family be oooh!)
Can't call your mum's friend your Aunty!!!
(family big enough!!)

↗ Mother
× father
× Grandparent
× Aunt / Uncle
× cousin (of varying 3)
↗ sister
↗ Brother

} should look after kids?

CHALLENGING

TRAUMA + TRAGEDY?

HUGE BOND

nuclear but larger is normal

8.2.2. A portion of reflective journal entry during recruitment process

Yesterday... 21/10/13   22/10/13

I attended the BRS mothers' and toddlers' group (vaguely) armed with my spiel about my research and why I was doing it. I entered feeling like a sore thumb as the group had begun, children were playing unaccompanied and a stern-looking woman was sitting in a chair on her own as if she were an inspector observing the group.

The facilitator, ▓▓▓▓ was sitting among the group of about 6 (or 7) women, who all had headscarves on and some were wearing very beautiful ornate clothing. I was invited to sit down and join the group after explaining (separately) to ▓▓▓▓ what I was doing. I felt privileged to be given the chance to join and participate. The group was an ESOL group for women and today they were focusing on healthy eating and an "eat well plate". I strangely quickly felt like I was learning too!, we had to ask other members of the group if they liked

8.2.3. An example of post-interview notes capturing emotional reactions

25/11/13   Interviews
                              ↳ not literal
■   interpretation
- language + communication   "what was that
- Parenting + Challenges   like?"
- Emotional   at times   How did that feel?
- mum living in ████ : cancer.
  Staying away for 20 days
- Children smelling her
  scarf and missing her
    ↙
- crying because about their
  situation and doesn't want
  to think of them while
  this... (interpreter emotional too!)

-   Wanted help with housing
    Situation

(next 2 weeks ████   ↗ (consent
            ↳ study explained)   form).

8.2.4. Extracts from reflective diary whilst analysing Grace's transcript

19/05/14

I am still feeling quite traumatised by going through and reliving Grace's story. I cannot imagine going through this and marvel at the strength she has conveyed in surviving for her children. As a non-parent I feel like an 'outsider witness' with only partial understanding. It makes me think of my own mother and how she made difficult decisions for the sake of her family

23/05/14

Grace made the decision to stop crying but as I read this I couldn't help but fill up with tears and feel devastated for her. It is hard to treat this as 'data' when remembering this interview and the impact of this upon me as a researcher, particularly at this time.

24/05/14

Throughout this interview there is a return to the idea of 'managing' – this word is used over and over again. Grace uses it about herself despite describing harrowing circumstances at various points. She also uses it about her daughters, including the eldest who 'managed' to bring the younger three to her and provide for them. What is the flip side of managing? What do parents sacrifice in order to 'manage'? What is it like for Grace realising that her children have 'managed' without her? Re-questioning role as a parent? Gratitude to God as a way of protecting self against feeling redundant as a mum?

8.3. University Of Hertfordshire: Confirmation Of Ethical Approval

8.3.1. Memorandum of ethical approval

UNIVERSITY OF HERTFORDSHIRE
Health and Human Sciences

M E M O R A N D U M
!

TO	**Aisling Kelly**
CC	**Peter Nel**
FROM	Dr Richard Southern, Health and Human Sciences ,ECDA Chairman
DATE	**24th September 2013**

Protocol number: LMS/PG/UH/00131

Title of study: Refugee parents' experiences of forced migration and its impact upon family life in the UK

Your application for ethical approval has been accepted and approved by the ECDA for your school.

This approval is valid:

From: 24th September 2013

To: 30th June 2014

Please note:

Approval applies specifically to the research study/methodology and timings as detailed in your Form EC1. Should you amend any aspect of your research, or wish to apply for an extension to your study, you will need your supervisor's approval and must complete and submit form EC2. In cases where the amendments to the original study are deemed to be substantial, a new Form EC1 may need to be completed prior to the study being undertaken.

!

8.3.2. Memorandum of acceptance of application for minor amendment

UNIVERSITY OF HERTFORDSHIRE
HEALTH & HUMAN SCIENCES

ETHICS APPROVAL NOTIFICATION

TO   Aisling Kelly

CC   Pieter W Nel

FROM   Dr R Southern, Health and Human Sciences ECDA Chairman

DATE   10 April 2014

Protocol number: **aLMS/PG/UH/00131**

Title of study: Refugee parents' experiences of forced migration and its impact upon family life in the UK

Your application to modify the existing protocol LMS/PG/UH/00131 as detailed below has been accepted and approved by the ECDA for your school.

Modification: Request for 'asylum seeking' as well as 'refugee' parents to be included in this study retrospectively (and prospectively, if a decision to recruit further participants is taken)

Originally when applying for ethical approval, I opted to exclude refugee parents still seeking asylum (including 'failed asylum seekers') from my study, due to concerns that they may not feel 'settled' enough to partake, or that they may be more vulnerable to distress due to ongoing uncertainty, or that they may have additional expectations as to the nature of the research and the influence their participation may have on the individual outcome of their case for asylum.

However, although all participants (n=6 thus far) were provided with extensive information, and fully-informed consent was obtained, it transpired that during two of the six interviews that these participants were yet to be granted refugee status in the UK. This was despite my checking their suitability for participation with the facilitator of the group from which these participants were recruited. Furthermore, I explicitly asked potential participants whether they had refugee status.

As these participants were recruited in good faith, and as they clearly self-identified as refugees, as opposed to asylum-seekers, it is my clinical and professional judgement that from an ethical perspective, these participants should remain in the study. Although I took reasonable steps to try to protect participants from harm, these parents wanted to take part, and I believe to deny their inclusion at this point would constitute discrimination and reinforce their sense of exclusion. Furthermore, this has brought to light some interesting data, which I (and more importantly these participants) feel is important to analyse and disseminate in order to improve knowledge and future clinical and social care.

This approval is valid:

From: 10 April 2014

To: 30 June 2014

8.4. Participant Information Sheet

Participant Information Sheet

Study: Refugee parents' experiences of forced migration and its impact upon family life in the UK

What is this information sheet about?

You are being invited to take part in a research project. Before you decide whether you would like to take part, it is important for you to understand why this research is being carried out and what it will involve. Please read the following information, think about it and talk about it with other people if this will help you to decide whether you want to take part.If you are not sure about something, or if anything is unclear then please ask me about it and I will be glad to discuss this with you.

Who are you and who else is involved in this research?

My name is Aisling Kelly and I am in my final year of completing a Doctorate in Clinical Psychology (*DClinPsy*) at the University of Hertfordshire. As part of this Doctorate, I need to complete what is called a *Major Research Project*. As well as doing research, I have also worked in mental health services over the last seven years, before and during my training.

My main supervisor's name is Dr Pieter W. Nel, and he is a Consultant Clinical Psychologist and Deputy Course Director of the *DClinPsy* programme at the University of Hertfordshire. He has lots of experience in working with families and in carrying out and supervising research.

My second supervisor's name is Lizette Nolte. She is also a Clinical Psychologist and an Academic Tutor at the University of Hertfordshire. She has lots of experience in working with parents in mental health settings. She also has lots of experience in conducting research. We would like to invite you to take part in this research, but this is up to you to decide.

Nazee Akbari is the Director at Barnet Refugee Service and has lots of experience working with refugees. She is also a Doctor of Psychotherapy so is also experienced in working with people who are experiencing emotional difficulties and mental health problems. She is supporting the research by kindly working with me to recruit participants who are supported by Barnet Refugee Service.

Why are you doing this research?

In doing this research, we would like to know more about what it has been like for parents who have come to the UK as refugees and have been, or are bringing up their children in the UK.

Why do you want to know about this?

We know about some of the common issues that people who have experienced forced migration can face, and there is a lot of research about the effects of traumatic events on individuals. We don't know as much about how forced migration affects families, especially from the perspective of parents. We also don't know a lot about how parents and families who have experienced forced migration feel that they can be best supported by professionals, if at

all. Finding out more about the experiences of refugee parents and families may help professionals (like clinical psychologists) to understand more about what support families may need, and how this can be achieved.

What will happen if I decide to take part in the research project?
If you agree to take part in this research, I will contact you and arrange to meet at a location which is best for you (either Barnet Refugee Service or somewhere else which is easier for you). I would need to meet with you just once for about an hour to ask you some questions about your experiences of forced migration and being a parent in the UK.

How will you gather information?
I will audio-record the interview so that I can take it away, listen to it again, and make notes. I will then transcribe (by listening again and writing down everything that we both say) the interview so that I can analyse the transcript and then relate the information to that from other participants like you. I will then look for similarities and differences and other interesting themes.

Can I take part if I don't speak English?
Unfortunately, I don't have access to an interpreter so the interview will need to be in English. If you have any concerns about this then please talk to me about it.

Will what I say in the interview be kept private?
All the information about you that you give me will be confidential (like your name, address (if applicable) date and place of birth). This means that I won't share this with anyone else. This will be kept separately from the interview audio-recording and the interview transcript, which will both be anonymised. This means that your name and other personal information will not be linked to what you say in the interview. I will take whatever steps possible to ensure that you cannot be identified in parts of the transcript which are included in the write-up of the research or any future articles which are submitted for publication (for example, by removing any place names).

Are there any exceptions?
The only reason that I would have to give anybody this information would be if, during the interview, I have serious concerns about your safety or the safety of somebody else, I will have to share this with an appropriate professional (such as a health or social care worker). If this happens I will usually try to talk to you about it first.

Do I have to answer every question that you ask me?
You can decide whether or not you wish to answer all of the questions. You do not have to talk about anything that you are not comfortable with. You can let me know if this is the case without telling me why, and we can move on to the next question.

Are there any risks that come with taking part in the research?
It is possible that you may find some aspects of the interview upsetting. Sometimes people find that talking about difficult experiences is upsetting or emotional for them. This might be relating to their family, to becoming a refugee, or to difficult or frightening experiences back in their home country. However sometimes people also find it good to talk about their experiences with somebody that they don't know and won't see again, and help to make other people more aware of some of the things that have happened to them.

If you become upset during the interview, I will ask you if you would like to take a short break, which you can do if you need to. I will check that you are ok to continue. If you still want to take part but don't feel that you can carry on with the interview at this time, we can arrange another meeting on a different day to finish the interview.

What happens at the end of the interview?
After the interview is finished, I will talk to you about how you have found the meeting, and ask you if you have any questions or concerns. We can talk in more detail about the research if you would like to. If you feel that you need to talk some more about the interview or anything that has come up, we can talk about how you could get further support. This could be from Barnet Refugee Service, or a health professional. I will give you some contact details of services that may be of help, if you would like this.

Do I have to take part in the research?
You do not have to take part in this study if you do not want to. Whatever you decide, the support you receive from Barnet Refugee Service will not be affected in any way.

What happens if I change my mind about taking part in the research?
You may withdraw from the research during the interview or afterwards, if you change your mind and no longer wish to take part. You do not have to give a reason for this. It will not be possible to remove your interview data from the research project once it is written up for the thesis or publication.

Do I get paid for taking part?
Participating in this research is completely voluntary and so you will not get paid. You will however, be given money back for all travel costs.

What will happen after the research is finished?
The write-up (thesis) will be shared with the Barnet Refugee Service and will be submitted at the University of Hertfordshire for marking. However, all information will be anonymous and workers will not be able to identify their own clients.

This research is conducted as part of the thesis requirement for a Doctorate in Clinical Psychology and may later be published in a journal (all participants' names and any identifying information will be withheld).

Will the findings of the research project be available to me?
If you would like, I would be happy to share with you a summary of our findings at the end of the study in September 2014.

This research has been reviewed and approved by University of Hertfordshire Research Ethics Committee.

If you have any questions about this study, please contact me on:

███████ (phone)   or   a.c.kelly@herts.ac.uk (email).

Thank you for taking the time to read this information.

Yours Sincerely,

Aisling Kelly
Trainee Clinical Psychologist, University of Hertfordshire

Dr Pieter W. Nel, *Consultant Clinical Psychologist and Deputy Programme Director, Doctorate in Clinical Psychology programme, University of Hertfordshire.*

(To contact, telephone 01707 284 000)

Lizette Nolte, *Clinical Psychologist and Lecturer, University of Hertfordshire*

Nazee Akbari, *Director at Barnet Refugee Service*

Informed Consent Form

Title of Project: Refugee parents' experiences of forced migration and its

impact upon family life in the UK.

Researcher: Aisling Kelly

Supervisors: Dr Pieter W. Nel, Lizette Nolte, Nazee Akbari,

Please respond to each question and sign below to say that you have read and understood the information given.

1. Aisling Kelly has explained the study and what it involves to me.   **Yes/ No**

2. I have had the chance to ask questions and discuss the study.   **Yes/ No**

3. All of my questions have been answered.   **Yes/ No**

4. I have received enough information about the study.   **Yes/ No**

**5. I understand that my involvement is voluntary - I am free to leave
   the study at any time, and I don't have to give a reason for doing so.**   **Yes/ No**

**6. I understand that deciding against taking part in this study will not
   affect my access to any services (at Barnet Refugee Service, or any
   health or legal services) or legal status.**   **Yes/ No**

7. I understand that the interviews will be audio-taped and transcribed.   **Yes/ No**

**8. I understand that the results of the study will be written up for
   Aisling Kelly's Doctoral thesis but that she will remove any information
   (e.g. my name and age) that might mean that people can identify me.**   **Yes/No**

**9. I understand that the results of the study may be published in an
   academic journal or other publication.**   **Yes/No**

10. I agree to take part in this study.   **Yes/ No**

PARTICIPANT NAME: _____

SIGNATURE: _____

DATE: _____

RESEARCHER: _____
                       AISLING KELLY (Signature and Date)

8.6. Semi-Structured Interview Schedule

<u>Semi-Structured Interview Schedule:</u>

1. **Family life in your country of origin**
   - i. Could you tell me a bit about what your family life was like in (*country of origin*)?

2. **The experience of forced migration**
   - i. Could you tell me about how you came to leave (*country of origin*)?
   - ii. How did you feel about your exile from your home country? *What was it like?*
   - iii. How did you come to settle in the UK? *What was the experience of seeking asylum like for you?*
   - iv. How did you [manage] deal with this journey?

3. **Family life in the UK**
   - i. Could you tell me about your family life here in London?
   - ii. What has it been like bringing up your children in London? *If applicable*
   - iii. How have you, as a family, coped with your experiences of forced migration and exile? *Emotional distress? Talking versus not talking? Coming together versus distancing?*
   - iv. *How did you as a family, adjust to life in the UK?*
   - v. Do you feel that your experiences of forced migration have impacted on how you are together as a family? *Parenting? How would this have been different if you were still in your country of origin?*
   - vi. Have you, as a family, or individually, had any support from people outside of the family in coping with your experiences?
     - a. *If so, community? Professional support? How did you find this?*
     - b. *If not, do you think any support or help for your family would have been useful?*

4. **Identity as a parent**
   - i. Do you think that forced migration has changed the way you view yourself? *As a parent? If so, how? What do you think other family members would say?*
   - ii. What advice, if any, would you give to people in your position, who are refugee parents or family members in London?
   - iii. Experience of interview and being asked to tell story

8.7. Debrief Information

Debriefing Checklist (for researcher)

- Exploring process of being interviewed; feeling ok to leave and go about the day?

- Ok to end?

- Anything that would help?

- Any support needed?

- Reiteration of contact details of researcher and supervisors, as well as Director of BRS as being primary contact (as a familiar professional).

- Confirming consent to participate and reiterating right of withdrawal prior to write-up.

- Any questions or comments?

- *(For interpreter) As above; difficult emotional responses? Issues in interpretation? Any concerns or comments re. participant? Reiteration of confidentiality. Thanks and contact details/future meetings.*

Relevant Services

Barnet Refugee Service (if off-site)   0208 905 9002

GP or Local A & E

Multi-Agency Safeguarding Hub (MASH)   020 8359 4066

Police   101

Samaritans – Local: 020 8368 6789

Samaritans – National: 08457 90 90 90

Domestic Violence Services – Local   020 8733 4113

8.8. Interpreter Confidentiality Agreement

Interpreter Statement of Confidentiality

Title of Project: Understanding Refugee parents' experiences of forced migration and its impact upon family life in the UK.

Researcher: Aisling Kelly

Supervisor: Dr Pieter W. Nel

Name of Interpreter: _____

I have undertaken the assignment of interpreting for Aisling Kelly and participants of this research project. I understand that all information obtained during the research sessions will be kept strictly confidential. I will not in any way divulge the contents of these sessions to any other individual or organisation. I understand that failure to maintain confidentiality will constitute a breach of my contract for this project and may result in civil and criminal liability.

I understand that the sessions will be audio recorded and these recordings will be kept securely until the research is completed. I also understand that another interpreter, bound by the same confidentiality agreement may listen to the recording for transcription purposes.

Signature: _____

Name of Interpreter: _____

Date: _____

8.9. Transcriber Confidentiality Agreement

University of Hertfordshire Doctorate in Clinical Psychology

Transcription Services: Statement of Confidentiality

Title of Project: Understanding Refugee parents' experiences of forced migration and its impact upon family life in the UK.

Researcher: Aisling Kelly

Supervisor: Dr Pieter W. Nel

Name of Transcriber: **Louise Breckney**

I have undertaken the paid assignment of transcribing interviews for Aisling Kelly, the researcher. I agree not to, under any circumstances, divulge any information to a third party. I agree that the content of the interview recordings will be kept completely confidential.

I also agree to destroy the recordings and the transcribed texts as soon as they have been provided to Aisling Kelly, the researcher.

I understand that failure to maintain confidentiality will constitute a breach of my contract for this project.

Signature:
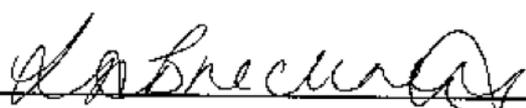
Name of Transcriber: L. A. BRECKNEY

Date: 1. 4. 14

8.10. Audit Trail

8.10.1. Initial clustering of superordinate themes across cases

Mina:

Remaining Connected to Self and Others

Comfort in attachment to family here in UK

Relating to distant others

Protecting own family values

'Going it alone': The impact of lack of support on family life

Feeling criticised by external and unfamiliar others

'Going it alone' – social isolation as enhancing family experiences

Relationship to self as a parent

Self as inadequate

'Not doing it right' - Pain at not living up to expected role and standards

Taking a risk on an uncertain future

Dealing with the ongoing losses – was it all worth it?

Managing ongoing threats to family safety and wellbeing – will it be ok?

Feeling torn

Sharing one's pain and vulnerability re. family life

Talking as good and helpful

'Keeping cheerful' - Defending against pain through laughter

Talking as reliving pain and trauma?

Bahara:

Parenting in the face of [extreme] hardship

Experience of loss and trauma in the family

Loss of home

Living daily life in limbo

A precarious family existence

The pain of 'failing' one's own children

Inability to make the best of this 'good country'

Feeling helpless as a parent

The pain of not being able to protect one's own children from harm

The painful recognition that the children are 'not happy'

Relationships with others as making all the difference

God as a helper and a provider

The pain and frustration of not feeling helped as a mother

'We're in it together so it's ok' - Finding comfort in relationship with one's co-parent

Charity:

A shattered family: Trying to make sense of violation and traumatic loss

Living with loss in the family

Pain at separation from daughter

Family's loss of values and culture through forced migration

Loss of health and preparing for the worst for family

Making painful decisions as a mother

'We lost our lives' through forced migration

'No choice' but to leave in order to save one's own life

Managing rejection and discrimination vs. 'they're not all the same'

Feeling of being 'unwelcome visitors' to UK

Powerless to protect in parenting

Having to teach daughter 'hard lessons' in reality of forced migration

Comfort in exception to the rule; recognising the impact of caring others on self and family life

Grace:

Journeying from present to past and back to the future

Attempting to make sense of incomprehensible experiences

Reliving the Trauma - The journey is ongoing

Reliving the losses

A changed view of the self as a mother: Living with the experience of total powerlessness in motherhood

'What can I do?' - Resigned acceptance of family's painful situation

Not being fit for purpose as a mum

The struggle to protect children

Sacrificing self for children and family life

Protecting children from painful truth

The burden of parenting at a distance

Giving voice to destructive forces on parenting and family

Political violence

   Structural discrimination

   Abandonment by others with ability to help

Working hard to gather strength for family (drawing on strength of others)

Remembering my children kept me moving – children as a lifesaver

Recognition of support in project of keeping going for children

Drawing on support to survive (Church, counsellor, doctor, charity)

Finding strength in the power of God

Bernadette:

Living through the loss of family

'It wasn't supposed to be this way' - Trying to live through repeated bereavements

The isolation in separation from one's own family

Loss of identity as a 'good mum' and a 'good daughter' (?The experience of having abandoned one's duties and family?)

Holding on tight to values and culture in the face of threat of contamination

Upholding expectations of children

Collective responsibility for family

Finding conviction in comparison (with UK ways of parenting)

Here vs. there: Travelling a psychological journey; living in limbo

Finding substitutes for a good family life vs recognising rejection by others

Finding family in spirituality

Relief at sharing of experience with understanding others – 'At least we get together to shake our bodies'

Recognising racism - Not 'right kind' of person – and seeking betterconnections

Lee:

Presence of loss in family life

Against the natural order of things – living with the pain of the loss of a   son estranged through forced migration?

The loss of health as both a pain and a Blessing

The complicated and traumatic loss of a betraying husband

Impact of forced migration on sense of self as a mum

Experience of guilt at 'abandoning' children

Painful awareness of children feeling rejected and unwanted in UK

Recognising one's own Strengths" Fighting to survive for children
Keeping hold of the good things in family life

Children and family as a therapy and a 'lifesaver'

Sharing the love: The comfort of receiving reciprocal love and care from one's children

Christianity and God as a constant comfort

8.10.2. Subsequent clustering of superordinate themes across cases

Master Theme – Taking the Good with the Bad: Counting one's Blessings vs. losing Faith in others

Remaining Connected to Self and Others (Mina)
'Going it alone': The impact of lack of support on family life (Mina)
Working hard to gather strength [from others] for family (Grace)
Sharing one's pain and vulnerability re. family life (Mina)
Relationships with others as making all the difference (Bahara)
Managing rejection and discrimination vs. 'they're not all the same' (Charity)
Finding substitutes for a good family life vs recognising rejection by others
(Bernadette)
Keeping hold of the good things in family life (Lee)
Giving voice to destructive forces on parenting and family (Grace)

Master Theme – Loss as a constant companion to parenting

A shattered family: Trying to make sense of violation and traumatic loss (Charity)
An ongoing journey of loss and trauma (Grace)
Living through the [repeated] loss of family (Bernadette)
Presence of loss in family life (Lee)
Feeling torn (Mina)
Loss of home (Bahara)

Master theme – A shifting view of the self as a mother

Relationship to self as a parent (Mina)
The pain of 'failing' one's own children (Bahara)
Making painful decisions as a mother (Charity)
Living with the experience of total powerlessness in motherhood (Grace)
The struggle to protect children from the painful truth [about their mother] (Grace)
Working hard to gather own strength for family (Grace)
Impact of forced migration on sense of self as a mum (Lee)

The certainty of uncertainty: Living of family life in limbo → *Subsumed into 'Loss as a constant comparison' as was viewed to fit more coherently*

Parenting in the face of [extreme] hardship (Bahara)
Taking a risk on an uncertain future (Mina)
Holding on tight to values and culture in the face of threat of contamination (Bernadette)

8.10.3. Table showing presence of themes across cases

Master Theme	Superordinate Themes	Present for Participant?					
		Mina	Bahara	Bernadette	Charity	Grace	Lee
Loss as a constant companion to parenting	*Living with the spectre of incomprehensible loss*	X	X	✓	✓	✓	✓
	Managing 'everyday' losses in limbo	✓	X	✓	X	X	✓
	Feeling torn in two	✓	✓	✓	✓	✓	✓
	Family life uprooted: The loss of a 'good life'	✓	✓	✓	✓	✓	✓
A shifting view of the self as a mother	*It hasn't been enough…but I'm doing my best*	✓	✓	X	✓	✓	✓
	Reciprocal protection	✓	✓	✓	✓	✓	✓
	"Remembering my children kept me moving"	✓	✓	X	✓	✓	✓
Taking the good with the bad in family life	*Living with the dark side of humanity*	✓	✓	✓	✓	✓	✓
	Counting one's blessings	✓	✓	✓	✓	✓	✓
	'It could be worse'	X	X	✓	✓	✓	✓
	God as the firm ground	✓	✓	✓	✓	✓	✓