# Threatened identities:
# The mothering experiences of asylum-seeking and refugee women in England

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# Abstract

This thesis reports a qualitative study undertaken to explore the mothering experiences of asylum-seeking and refugee women in England, with a specific focus on how these experiences affect their maternal identity. Maternal identity is defined here as a woman's perceived sense of competence in her role as a mother. In-depth interviews were conducted with twenty-two asylum-seeking and refugee mothers. The study fills a significant gap in the research literature. Firstly, it provides a comprehensive account of the experiences related to mothering of asylum-seeking and refugee women in England. Secondly, it relates these experiences to the women's maternal identity. Thirdly, drawing on both sociology and psychology and different approaches to analysing data, the thesis employs two theoretical frameworks, resilience theory and impression management theory, to try to understand the ways in which maternal identity can be protected.

The mothers in the sample spoke about a range of experiences that impacted on their mothering practices and abilities. Many of these experiences were spoken about as presenting challenges to mothering. These included negotiating an opaque and hostile asylum system, poverty, housing problems, separation from children, social isolation, negotiating a new culture, parenting alone and intimate partner violence (IPV).

Some of these experiences threatened the expressed maternal identity of some women. These experiences were threatening because they created a barrier between mothering expectations and actions. However, some women seemed more able to maintain a sense of competence in their mothering abilities, despite encountering multiple challenges to mothering. This is explained using resilience theory. The study adopts an alternative approach to understanding how maternal identity can be protected. It employs impression management theory to explore the way in which participants used language to negotiate their identities as 'good' mothers in the face of threats. The implications of the findings are discussed with regards to both government policy and those professionals working with asylum-seeking and refugee mothers.

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**Acronyms**

| | |
|---|---|
| CBT | Cognitive Behavioural Therapy |
| DLR | Discretionary Leave to Remain |
| EET | Education, Employment and Training |
| FGM | Female Genital Mutilation |
| ILR | Indefinite Leave to Remain |
| IPV | Intimate Partner Violence |
| IRC | Immigration Removal Centre |
| NHS | National Health Service |
| PTSD | Post Traumatic Stress Disorder |
| UKBA | United Kingdom Border Agency |
| UNHCR | United Nations High Commissioner for Refugees |

*PART ONE*

## Chapter 1: Introduction

Asylum-seeking and refugee mothers in England are a vulnerable and marginalised group of women who care for their children in challenging circumstances. This thesis explores their mothering experiences, with a focus on how these experiences impact on their maternal identity.

Existing research with asylum-seeking mothers and children migrating to a range of Western countries shows that they face common, challenging experiences. Many asylum-seeking mothers have encountered traumatic pre-migration and flight experiences, including direct and indirect experiences of violence, loss, sexual assault and rape (Ryan, Dooley, & Benson, 2008). Their children also often experience trauma (Barenbaum, Ruchkin, & Schwab-Stone, 2004). Some mothers are able to flee from their countries of origin with their children, while others leave alone. On arrival in host countries, mothers encounter substantial post-migration stressors that can further damage their physical and mental health, and that of their children (Deacon & Sullivan, 2009; Refugee Council, 2009). Mothers are required to navigate the legal process of seeking asylum, encounter language barriers and frequently live in poverty (Penrose, 2002; Rights of Women, 2012). Some struggle to negotiate the complexities of new childrearing norms as their children integrate into the host society, and some face the prospect of mothering from a distance (Dumper, 2002; Ochocka & Janzen, 2008; Suarez-Orozco, Todorova, & Louie, 2002). Many are separated from their family, friends, and in some cases, their partners (Rousseau, Rufagarib, Bagilishyaa, & Meashama, 2004).

This thesis explores the experiences of mothers in England, looking at the ways in which their experiences can have significant and negative consequences for mothering, and in turn, for their evaluation of themselves as mothers.

**Why is this research important?**

This research is important for a number of theoretical and practical reasons. Firstly, the experiences of this specific group are under-researched. The processes of mothering in the specific context of the UK asylum process have not been given adequate attention. The existing research accounts for the experiences of women, children, parents and families within a wider migratory context, and is often conducted outside the UK, particularly in the US, Canada and Australia (Bhopal, 1998; Deacon & Sullivan, 2009; Lewig, Arney, Salveron, & Barredo, 2010b; Liamputtong & Naksook, 2003; Samuel, 2009; Segal & Mayadas, 2005; Tummala-Narra, 2004).

Secondly, asylum-seeking and refugee women are some of the most vulnerable people in British society (Refugee Council, 2012). In order to better support this vulnerable group, it is first necessary to increase our understanding of their experiences. Asylum-seeking and refugee mothers do encounter many of the same experiences faced by other groups of mothers living in difficult circumstances. For example, like asylum-seeking and refugee mothers, migrant mothers may encounter language barriers and the difficulties of negotiating a new culture. Equally, some white British mothers living in poverty encounter similar difficulties in terms of providing financially for their children. However, asylum-seeking and refugee mothers' experiences are unique in that they must face these challenges at the same time as negotiating the asylum process and coping with pre-migration trauma. These experiences do not just affect the wellbeing of mothers but also the wellbeing of children. In particular, poverty, intimate partner violence (IPV), inadequate housing and poor physical health, as well as the stress and anxiety caused by pre-migration trauma and resettlement, can be detrimental to children's wellbeing (Bradley, 2007; British Medical Association, 2002; Georgsson, Almqvist, & Broberg, 2011; Harker, 2006; Penrose, 2002). Research into the lives of this marginalised population may help to improve service provision for them. In addition, the recent economic recession in the UK has caused substantial cuts to the government funding of asylum-seeking and refugee support services (Refugee Council, 2011), which play a vital role in supporting these families in the absence

of a more inclusive and accommodating asylum policy. This further increases the need for research in this area.

Thirdly, the research is significant in furthering understandings of maternal identity. Increasing understanding about identities is important for policy makers. Particularly pertinent to this research is the extent to which identities influence mental health and wellbeing, determining "to a great extent how a person understands their place in the world, and how they relate to others" (Foresight, 2013, p. 11). Maternal identity traditionally refers to "a woman's identification with the maternal role, and her perceived sense of competence in that role" (Mireault, Thomas, & Bearor, 2002, p. 294). While motherhood is not tantamount to womanhood (Arendell, 2000) and nor is mothering a natural, instinctual practice (Rubin, 1984), the mothering role is nonetheless considered by many women to be a central part of their identity and thus is an important area of study (Phoenix & Woollett, 1991a). This research provides an opportunity to understand more about how different women from different cultures understand 'good' mothering.

As well as exploring mothering expectations, the research seeks to further understandings about threats to maternal identity. The powerful nature of mothering expectations means that encountering experiences that threaten the ability to meet them can damage women's self-concept and psychological wellbeing. Existing research into experiences of mothering in adversity has provided a foundation for this research study (Bradley, 2007; Evans, Saltzman, & Cooperman, 2001; Kelly & Johnson, 2008). Research conducted in Western societies has found that encountering experiences that make the practice of mothering difficult can lead to negative maternal self-evaluations. Little is known about how this process plays out in the context of asylum-seeking and refugee mothers. Additionally, threats to maternal identity do not only affect the wellbeing of mothers. When mothers experience psychological distress, it interferes with their mothering practices and risks the wellbeing of children (Celinska & Siegel, 2010; Tsai, Chen, & Huang, 2011).

While we know that some experiences can be threatening to maternal identity, extensive research shows that some people are better able to cope with stress and

adversity than others (Masten & Coatsworth, 1998). Exploring the ways in which asylum-seeking and refugee women respond to threats to maternal identity will provide insight into how identity threats more generally are managed.

The work in this thesis therefore attempts to address these issues by offering an in-depth study of asylum-seeking and refugee mothers' experiences in England, focusing on the way in which these experiences affect maternal identity. Learning about the mothering experiences and maternal identity of asylum-seeking and refugee women will not only increase our knowledge of some of the most vulnerable women in our society and through doing so, increase the capacity of policy and professionals to improve their lives. It will also contribute to understandings more generally of the way maternal identity is constructed and maintained in the face of threats.

**The political context of seeking asylum in England**

"The UK has a proud tradition of providing a place of safety for genuine refugees. However, we are determined to refuse protection to those who do not need it, and will take steps to remove those who are found to have made false claims" (United Kingdom Border Agency, 2013c).

Those seeking asylum in England face the consequences of negotiating an asylum system embedded in a political context that considers seeking sanctuary a threat to state interests (Innes, 2010). Immigration and asylum have long been contentious topics in British politics and society, and this is reflected in both public opinion and government policy making. Recent opinion polls in the UK have indicated public hostility towards migrants (Millington, 2010; Pearce & Stockdale, 2009), and in a recent overview of surveys obtaining views on immigration in Britain, it was reported that approximately three quarters of British people are in favour of reducing immigration (Blinder, 2012). Indeed, large majorities in Britain have been opposed to immigration since the 1960s (Blinder, 2012). "Where once it was single mothers or homeless people reportedly jumping the queue, the contemporary folk devil is the new immigrants and migrant workers, people long portrayed as skilful

players of the generosity of the British welfare state whose arrival in the UK has frequently been blamed for cultural and material loss within the settled population" (Robinson, 2003, p.70). Alongside this (whether influenced by public opinion or vice versa), over the past twenty years government policy has consistently conveyed the "dominant message that migration is a bad thing" (Mulvey, 2010, p. 437).

Attitudes towards asylum-seekers in Britain echo those towards migrants more generally. Opinion polls and research have highlighted four areas of discontent in the British public in relation to asylum claims. Firstly, contemporary opposition to asylum-seekers stems from the assumption that their claims for asylum are bogus (Finney & Peach, 2004). Those seeking asylum are often suspected of being economic migrants using the asylum system to achieve economic prosperity (Crawley, 2010; Geddes, 2000). The effect this issue has on women in particular has been raised by the United Nations High Commissioner for Refugees (UNHCR) in its 2008 Handbook for the Protection of Women and Girls. It states, "Concerns that economic migrants are misusing asylum channels to gain regular admission are one factor resulting in more restrictive asylum systems. Some politicians and certain governments are also increasingly willing to make political capital out of a tough line towards foreigners, including refugees and asylum-seekers. Restrictive measures affect everyone trying to seek asylum but women and girls face additional challenges securing asylum" (United Nations High Commissioner for Refugees, 2008, p. 8).

Secondly, there is a commonly held belief that there were too many asylum-seekers and refugees in Britain (Finney & Peach, 2004). Asylum-seekers and refugees constitute a minute percent of the population; the percentage of net migration made up of asylum applications in the UK has dropped significantly during the last decade, falling from 49% in 2002 to 4% in 2010 and 7% in 2011 (Blinder, 2013). However, a poll conducted with a representative sample of 1,002 adults in Britain in 2011 found that people believed asylum claims to be the most common reasons for migration to England (Blinder, Ruhs, & Vargas-Silva, 2011). This belief may be influenced by historic numbers of asylum claims; in the late 1990s and early 2000s, asylum-seekers did contribute considerably to a rapid rise of migration to

the UK (Blinder et al., 2011). The poll also found that asylum-seekers were the least popular group of migrants. However, the findings suggested that this hostility was focused at those perceived to be illegitimate asylum-seekers, rather than those perceived to be genuine asylum-seekers.

Thirdly, government policy is seen as too lenient (Finney & Peach, 2004). Public opinion about immigration has been heavily influenced by the failure of the government to provide reassurance of their competence in managing the UK's borders. Since the 1990s, the UK government's attempts at both controlling and monitoring immigration has faced significant criticism from the media and politicians (Consterdine, 2013). The abolition of the United Kingdom Border Agency (UKBA) in 2013, and the Home Secretary's admission that the UKBA was struggling to cope with "the volume of its casework, which has led to historical backlogs running into the hundreds of thousands" (May, 2013), is the most recent example of the government's failure to allay the public's fears.

Fourthly, asylum-seekers and refugees were seen as diminishing resources for British people (Finney & Peach, 2004). The global economic recession has only served to increase this fear in the UK. With high rates of unemployment and an increase in poverty, the British public are concerned about the drag on resources newcomers will bring. The breakthrough of the British National Party (BNP) in the European Parliament elections in 2009 and the recent surge in popularity of UKIP, the United Kingdom Independence Party, reflect the electorate's dissatisfaction with immigration policies (Cutts, Ford, & Goodwin, 2011). In turn, the Conservative contingent of the coalition government has expanded its already restrictive immigration policies (Bale, 2013).

In light of this policy context, asylum-seeking and refugee families encounter policies that prioritise the protection of borders over the wellbeing of families.

**The process of seeking asylum in England**

This research was conducted with women with five types of asylum status: those with Indefinite Leave to Remain (ILR), those with leave to remain, those with Discretionary Leave to Remain (DLR), asylum-seekers, and failed asylum-seekers.

The 1951 United Nations Convention Relating to the Status of Refugees defines a refugee as someone who, "owing to well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his [or her] nationality and is unable or, owing to such fear, is unwilling to avail himself of the protection of that country" (United Nations, 1951). Women with leave to remain or ILR are often referred to as refugees, as they are those who have had their claims for asylum accepted and have successfully obtained the legal right to stay in the UK on a long term basis. Previous to 2005, those granted refugee status were automatically given indefinite leave to remain in the UK. However, current policy states that those granted refugee status are given five years limited leave to remain, which is then subject to review (United Kingdom Border Agency, 2013o). DLR is granted in unique cases, where a person is not recognised as a refugee but is still granted temporary permission to stay in the UK (for example, due to severe medical issues or victims of trafficking who are in the process of making a legitimate compensation claim against their trafficker) (United Kingdom Border Agency, 2013o). An asylum-seeker is someone who "makes a request to be recognised as a refugee" (United Kingdom Border Agency, 2013m). Failed asylum-seekers are those who have had their claims for asylum rejected and cannot or do not wish to appeal that decision (United Kingdom Border Agency, 2013t).

This thesis is set against the backdrop of the asylum process. A basic outline of the procedure is given here.

Asylum-seekers must claim asylum at the point of entry into the UK. If asylum is not claimed at this point, they are required to attend the Asylum Screening Unit in Croydon to claim asylum as soon as possible (United Kingdom Border Agency, 2013k). Those attending the Unit are searched on arrival (United Kingdom Border

Agency, 2013d). Following this, they are given an initial screening interview, which is conducted through a screen in a booth in a public area. At this point, asylum-seekers are asked to give information about why they have claimed asylum, where they have come from and how they have come to England (United Kingdom Border Agency, 2013q). Finger prints and photographs are taken. They are given a leaflet describing the asylum process, their right to request an interpreter and their right to ask for a male or female case owner. They are then assigned a case owner.

The case owner conducts the substantive asylum interview and makes the asylum decision. The purpose of the substantive asylum interview is for asylum-seekers to restate why they have sought asylum and provide both oral and physical (where possible) evidence for this claim (United Kingdom Border Agency, 2013v). Whilst the asylum decision is made, they are required to report to their case owner or at an immigration centre at specified times. Asylum-seekers are not permitted to work during this time, and receive government-provided financial and housing support (depending on income) (United Kingdom Border Agency, 2013e).

If asylum-seekers are granted asylum, they are recognised as refugees, allowed to work and are entitled to the same benefits and rights as UK citizens (United Kingdom Border Agency, 2013s). Other asylum outcomes are DLR or leave to remain on the basis of humanitarian reasons (the UK government is prevented from returning people to a country where "there is a real risk that they will be exposed to torture, or inhuman or degrading treatment or punishment") (United Kingdom Border Agency, 2013l).

Those whose claims are rejected have the right to appeal and, whilst doing so, continue to receive government financial and housing support (United Kingdom Border Agency, 2013b). The Home Office recommends that asylum-seekers obtain legal advice at this stage. Appeals can be made on the grounds of, for example, race discrimination, human rights, or if the asylum-seeker feels the decision is not in line with the law or immigration laws (United Kingdom Border Agency, 2013u). If a negative decision is not appealed, or the appeals system is exhausted, government financial and housing support is terminated and asylum-seekers are expected to return to their countries of origin. This can result in destitution.

Research has found that most destitute asylum-seekers come from countries where there are well documented human rights abuses, persecution and conflict (Reynolds, 2010). If asylum-seekers do not leave voluntarily, the Home Office has the right to detain and deport them (United Kingdom Border Agency, 2013t). Indeed, asylum-seekers can be detained in immigration removal centres (IRC) at any time during this process (Rights of Women, 2012). Around 30,000 detainees a year have entered detention since 2009 (Silverman & Hajela, 2013). Over half of these people are held for less than two months, but it is not uncommon for detention to last between two and six months, and around 10% are held for a year or more (Silverman & Hajela, 2013).

This is the context in which the mothering experiences and maternal identity of asylum-seeking and refugee women is explored in this thesis.

**Research questions**

This thesis aims to contribute to knowledge and understanding of motherhood, identity and the immigration process, with a particular focus on the nature of maternal identity and how it adapts under threat. It addresses the following research questions:

1.    What are asylum-seeking and refugee women's accounts of their experiences of being mothers in England?

2.    How do asylum-seeking and refugee women speak about these experiences in relation to their maternal identity?

3.    How do mothers discursively construct their experiences to negotiate their identity as 'good' mothers?

4.    What are the implications for our understanding of maternal identity?

These questions were addressed using a qualitative research design. Data were collected using semi-structured interviews and analysed with a constructivist approach to grounded theory.

**Thesis outline**

This thesis is in two parts. *Part One* consists of a literature review which brings together a wide body of existing research to provide a platform from which to explore the mothering experiences of asylum-seeking and refugee women, and the impact of those experiences on maternal identity.

*Chapter 2* provides an overview of existing research on the experiences that can influence asylum-seeking and refugee women's mothering practices. It gives an account of the impact of pre-migration experiences, policy and service provision, living in a new country, and poor maternal mental health on mothering, providing a foundation for exploring the experiences of the women in this research.

*Chapter 3* draws on identity theory to examine the definition, development and maintenance of maternal identity from a symbolic interactionist perspective. The chapter explains how maternal identity is determined by a woman's ability to meet socially constructed expectations associated with the mothering role, and explores the role culture plays in building these expectations.

The last chapter of Part One, *chapter 4*, explores existing research into how and why maternal identity can be threatened by experiences of mothering in adversity. The chapter then sets out two perspectives on how maternal identity is protected and negotiated in the context of threat: resilience theory and impression management theory.

*Part Two* of the thesis attends to the research itself, outlining the research design and method used, the demographics of the participants involved, the findings and a discussion of the implications of those findings.

The research design and methods are presented in *chapter 5*. This chapter explains and defends the research design used for this study and gives an account of the process of data collection and analysis. The ethical implications of the research are also considered.

*Chapter 6* introduces the participants, outlining their country of origin, religion, reported reasons for seeking asylum, asylum status, location and length of time living in England, relationship status, number of children, age of children and whether they had experienced separation from their children.

*Chapter 7* sets out the participants' accounts of mothering in England, describing a range of experiences that they spoke about as influencing their mothering practices and abilities. This includes experiences that were related to the women's status as asylum-seekers or refugees, and experiences that occurred outside this status.

*Chapters 8 and 9* explore the impact of those experiences on the expressed maternal identity of the women. On one hand, some experiences seemed to threaten the maternal identity of some women. Experiences described by some women as threatening to their maternal identity were the nature of the asylum process, poverty, separation from children, detention in an IRC, IPV, lone parenting, and maternal mental health problems. This is explained by contrasting the women's expectations of 'good' mothering against their experiences in *chapter 8.*

On the other hand, some women seemed able to maintain a sense of competence in their mothering abilities in the face of these threats. These women faced extreme and multiple challenges to mothering and still demonstrated high maternal identity. *Chapter 9,* therefore, is concerned with understanding how some women resist these threats to maternal identity. It explains this by applying resilience theory to the accounts.

The final findings chapter, *chapter 10,* looks at the way in which the women discursively constructed their experiences to negotiate their identities as 'good' mothers. This approach challenges the supposition that the interviews were straightforward accounts of the women's experiences and feelings, and highlights

some of the problems of applying a resilience framework to the interviews. It applies a radical constructionist reading of the interviews to explore the interview interaction as a platform for negotiating knowledge and identity, focusing on impression management strategies. Three impression management strategies emerged from the data: presenting oneself as a victim, emphasising one's ability to prioritise and guide children, and dismissing the impact of difficult experiences on oneself and one's children.

*Chapter 11* ends the thesis by setting out the implications of the research for understandings of maternal identity. It begins with a discussion of the findings in relation to existing literature. It then draws together the findings on resilience and impression management theory. Next, the chapter discusses the limitations of the study, offers recommendations for future research and states the study's original contribution to knowledge. The thesis ends by considering the implications of the research for policy and professionals.

## Chapter 2: Mothering in the context of the asylum process

Research that focuses specifically on asylum-seeking and refugee women's accounts of mothering is scarce. This chapter brings this research together with research on asylum-seeking, refugee and migrant women, children, parents and families (Bhopal, 1998; Deacon & Sullivan, 2009; Lewig et al., 2010b; Samuel, 2009; Segal & Mayadas, 2005; Tummala-Narra, 2004) and research on families living in and coping with adversity (Bradley, 2007; Evans et al., 2001; Kelly & Johnson, 2008). The chapter looks at experiences that affect the physical and psychological wellbeing of mothers and those that affect the physical, psychological and developmental wellbeing of their children. As will be shown in the empirical material, these are factors that impact on mothering practices.

This chapter is divided into four sections, covering the research literature on the experiences that were spoken about by the women in the present study. Firstly, the pre-migration experiences of mothers and children are set out, along with the implications of these experiences on mental health and mothering. Secondly, the implications for mothering of the legal status of being an asylum-seeker or refugee are discussed. Issues of policy, service provision and accessibility are discussed in terms of the needs of mothers and children. This section focuses specifically on the process of claiming asylum, and financial, housing, healthcare and education provision. Thirdly, experiences that occur as a result of, or are exacerbated by, mothers' status as a non-native person or 'outsider' to local norms and customs are discussed. These include issues around negotiating new cultural norms within families, the separation of families and social isolation, and IPV. The last section focuses on mental health service provision for mothers in light of the pre-migration and resettlement stressors they encounter, and the impact these have on their mothering.

**Pre-migration experiences**

Prior to arrival in England, many asylum-seeking and refugee mothers and children are exposed to traumatic events, including war, religious persecution and family-

based violence, that undermine the foundations of family life (Barenbaum et al., 2004). Common pre-flight experiences include the death of loved ones, displacement, violence and sexual violence towards oneself and others, the destruction of infrastructures, poverty, malnutrition and poor physical health (Athey & Ahearn, 1991; Barenbaum et al., 2004; Garbarino & Kostelny, 1993; Machel, 2001; Ryan et al., 2008). Women often suffer disproportionately during traumatic events, particularly during war (Lentin, 1997); as the primary caregivers for children and the elderly, they assume greater responsibilities for the welfare of others and are also at risk of sexual assault in many contexts (Miller et al., 2002; Raphael, Taylor, & McAndrew, 2008; Williams, 2009). Pre-migration experiences also frequently involve the experiences of loss of home and culture. The concept of 'home' encapsulates a foundation of language, landscape, architectural style, a sense of belonging and predictability (Papadopoulos, 2002). It is a complex loss to cope with because it is the loss of something intangible that individuals are often "not aware they had in the first place" (Douglas, 2010, p.238). During flight, families endure displacement, refugee camps, and long and difficult journeys (Pumariega, Rothe, & Pumariega, 2005). As the present study will show, these traumatic experiences can damage the psychological wellbeing of mothers and children, which directly impacts on mothering practices.

Those who have experienced pre-migration trauma can suffer from anxiety disorders such as Post Traumatic Stress Disorder (PTSD)[1]. Symptoms of PTSD include individuals re-experiencing trauma, feeling numbness in response to the event and to the real world, and experiencing variations of guilt, hyper-alertness, sleep disturbance and memory impairment (Garbarino & Kostelny, 1993). Existing research suggests that refugee women are particularly vulnerable to experiencing PTSD (Breslau et al., 1998; Stein, Walker, Hazen, & Forde, 1997). Mothers must also cope with their children's psychological responses to trauma. The effect of war on children has been well-documented since World War II (Barenbaum et al., 2004) and there is agreement within the literature that exposure to traumatic events involving threats to life, violence and helplessness have detrimental effects on child development (Bradley, 2007; Peltonen & Punamäki, 2010; Smith, Perrin, Yule, & Rabe-Hesketh, 2001). These experiences can cause high levels of emotional

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[1] For a discussion on the debate on culture and the diagnosis of PTSD, see the final section in this chapter entitled 'Managing the consequences of poor maternal mental health'

distress which threaten to cause the long-term maladaptive reorganisation of personality (Bradley, 2007). The more stressors that are placed on a child, the more resources they need to cope (Athey & Ahearn, 1991). Children frequently experience feelings of self-doubt, fear and mistrust following trauma and look to their parents for stability (Leiper de Monchy, 1991; Lustig et al., 2004).

However, a mother may be too overwhelmed by the traumatic experiences to meet the needs of the child adequately (Bradley, 2007; Bryce, Walker, Ghorayeb, & Kani, 1989; Garbarino & Kostelny, 1993; Heptinstall, Sethna, & Taylor, 2004; Smith et al., 2001). This can perpetuate a child's feeling of fear and mistrust (Lustig et al., 2004). Research into mothers and children who have lived through war and trauma highlights a correlation between maternal mental health and children's level of morbidity and depression (Bryce et al., 1989; Chemtob et al., 2010; Smith et al., 2001). Children witness fear in their parents and this can cause them to become more anxious themselves (Machel, 2001). There is concern in the literature that following traumatic events, parents may become overly protective and impede a child's social development, thus resulting in the heightening of aggression in the child (Garbarino & Kostelny, 1993).

**Policy, service provision and accessibility: meeting needs**

As the present study found, asylum policy and service provision for asylum-seeking and refugee mothers has a significant impact on both their own and their children's psychological and physical wellbeing, and in turn, on mothering practices. This section explores the process of claiming asylum and financial, housing, healthcare and education provision in this context.

*Claiming asylum*

On arrival in England, asylum-seekers must negotiate a complex asylum process. At times, they can be subjected to upsetting and emotionally destabilising practices which may contribute to mental health difficulties and affect mothering practices. The UN Convention Relating to the Status of Refugees was written at a time when

there was "complete blindness to women, gender, and issues of sexual inequality" (Edward, 2010, p. 22) and there is still very little consideration of gender in current asylum policy in the UK (Querton, 2012).

The experience of being searched and having fingers prints and photographs taken at the first point of contact with immigration officials can be humiliating. Often, the first information asylum-seekers receive is a leaflet describing the asylum process, their right to request an interpreter and their right to ask for a male or female case owner. However, because of language barriers and differing rates of literacy, this leaflet has been found to be an insufficient and inappropriate way to relay this important information to asylum-seekers (Querton, 2012).

Asylum-seekers must disclose their past experiences in order to be granted asylum. The UKBA states that the substantive interview is "your only chance to tell us why you fear return to your country […] This is your opportunity to provide evidence of what you say and any papers you have to support your application. It is vital that you give your case owner all the information you wish to be considered" (United Kingdom Border Agency, 2013v). This frequently means recounting traumatic events such as rape, sexual violence or torture. Women may find some information difficult to disclose because it means reliving the experience or because they feel ashamed (Bögner, 2010; Bögner, Herlihy, & Brewin, 2007; Rights of Women, 2012). In addition, asylum-seekers may be suspicious and fearful of officials, and the interview context can evoke feelings of powerlessness that occur in torture situations (Medical Foundation for the Care of Victims of Torture, 2002). Finally, asylum-seekers may omit some information in order to protect their loved ones (Bögner, 2010).

Officials compare the initial account given in the screening interview with what is said in the substantive interview. However, even if a woman has felt able to disclose sensitive information to officials during the substantive interview, this may have not been the case during the screening interview. The screening interviews are conducted through a screen in a booth in a public area, and women have reported that they felt unable to disclose private information or specific needs due to this lack of privacy (Querton, 2012). The burden of proof is on the asylum-seeker

however and they are expected to give coherent, full and unchanging accounts of their experiences or their credibility is questioned (Querton, 2012; Rights of Women, 2012). Late disclosures of information therefore count against asylum-seekers (Bögner, 2010).

There may also be incidents in which officials question the credibility of an account based on the assumption that it seems implausible, when in fact it is a common place occurrence in the asylum-seeker's country of origin (Rights of Women, 2012)[2]. In addition, it has been suggested that the questions asked can be complex, with multiple questions masked as one, leading to confused answers that are then taken as discrepancies in their account (Rights of Women, 2012). Following their interview, asylum-seekers can wait a long time for their asylum decision. During this time, they are also continually under the threat of removal leading to acute anxiety, which threatens their psychological health (Pitman, 2010).

Women can be detained in an IRC at any time during this process (Rights of Women, 2012). Pregnant women can also be detained. This practice puts pregnancies at risk due to the high levels of stress the women encounter, and the interruption of existing healthcare provision and subsequent poor maternity care in IRCs (Tsangarides & Grant, 2013). Research has cited incidents of stillbirths when women are forcibly removed from the country and miscarriages due to inadequate care in IRCs (Tsangarides & Grant, 2013). In addition, whilst in 2010 the government announced an end to the detention of children, the Refugee Council states that "222 children were detained at some point during 2012" (Refugee Council, 2013, p. 3). Detention has been reported to cause psychological damage and increased risk of self-harm (Schuster, 2005).

*Financial provision and right to work*

Many asylum-seeking and refugee families come to England having endured poverty, insecure infrastructures and war, and as a result have high expectations of a more stable and peaceful life that includes some level of financial security

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[2] An applicant may say that she travelled a long way by foot or that she escaped prison, because the prisons in her country of origin are less robust or well guarded than in England (Rights of Women, 2012).

(Atwell, Gifford, & McDonald-Wilmsen, 2009). However, studies conducted in the UK have found that asylum-seekers and refugees routinely experience poverty (Dwyer & Brown, 2005). This occurs as a result of unemployment and inadequate welfare support provided by the government.

Those with leave to remain are entitled to work and to the same benefits as UK citizens (United Kingdom Border Agency, 2013n). However, refugees can find it difficult to find work, particularly if they have low levels of education, have recently arrived in England, obtained qualifications outside the UK, or do not speak English fluently (Haque, 2003). Those who are employed tend to work in low-skilled jobs with low earnings (Phillimore & Goodson, 2006). Additionally, the rate of income support in the UK can be seen as insufficient for the general population and studies have found that refugees are still experiencing difficulties in buying basic essentials (Dwyer & Brown, 2005; Penrose, 2002; Sellen, Tedstone, & Frize, 2002).

Asylum-seekers are not permitted to work until they are granted leave to remain (United Kingdom Border Agency, 2013p). Asylum-seekers are entitled to receive government financial support, known as cash support, on the proviso that they are destitute ("without money to buy food") (United Kingdom Border Agency, 2013f). Rates are dependent on age and family status, and take into account asylum-seekers' access to free accommodation and utilities. Current rates are £72.52 for a couple, £43.94 for a lone parent and £52.96 for children under the age of 16 (United Kingdom Border Agency, 2013g). Women who are pregnant are eligible to receive a one-off maternity payment, but this is dependent on a mother applying for the grant up to two months before the baby is born, or within six weeks of the birth, and submitting evidence of the birth. Pregnant women, and woman with children aged up to three years old receive between £3 and £5 extra a week (United Kingdom Border Agency, 2013i).

Some research has found that asylum-seekers have enough money for food, but that the financial support they are given does not cover other essentials such as clothes, shoes, school uniform and travel costs (Dwyer & Brown, 2005). Other research reports that families are encountering food insecurity (Hek, 2005; Penrose, 2002; Sellen et al., 2002), defined as limited or uncertain availability of nutritionally

adequate and safe food (Anderson, 1990). Penrose (2002) found that "asylum-seekers have barely enough money to buy food of a quantity and quality to maintain an adequate diet, and often experience poor health and hunger," and highlighted the difficulty HIV infected mothers faced in purchasing formula milk for their babies (p. 4). She also reported that payments from the government can be late or fail to arrive. Piwowarczyk's comparison of refugees and asylum-seekers in the US found that asylum-seekers were more likely than refugees to suffer from food insecurity and hunger (Piwowarczyk, Keane, & Lincoln, 2008). Refugee women who are parenting without partners are particularly at risk of poverty as they are more likely to get jobs in low paid sectors (Snyder, May, Zulcic, & Gabbard, 2005).

Financial support for failed asylum-seekers is discontinued once their application for asylum is denied on the basis that they should return to their country of origin (United Kingdom Border Agency, 2013t). Failed asylum-seekers with dependants are eligible for continued financial support for their children. Studies with failed asylum-seekers have found that they face severe poverty in which choices must be made between buying food, clothing and travel (Dwyer & Brown, 2005; Jackson & Dube, 2006; Kofman, Lukes, D'Angelo, Montagna, & Di Florido, 2007). There is also concern amongst academics and voluntary organisations regarding the high numbers of failed asylum-seekers becoming destitute and homelessness (Jackson & Dube, 2006) and the need for the voluntary sector to provide financial support in place of the government (Dwyer & Brown, 2005). The withdrawal of parents' financial support, even when they continue to receive financial support for their children, can impede parents' ability to care for their children. Children can face destitution and homelessness (Doyle, 2009) or can be removed from their parents' care by social services (Refugee Council, 2004).

The government continues to provide minimal financial support (entitled Section 4 support) for failed asylum-seekers who are deemed unable to return immediately to their country of origin due to ill health or the absence of a safe passage of return. This support, provided by the Azure payment card, is intended to cover food and essentials. However, it is only accepted in a small number of participating retailers, significantly reducing access to food for some families (Reynolds, 2010; United

Kingdom Border Agency, 2013r). Users of the card have also reported that they are unable to buy sufficient quantities of nutritious and suitable food for their families, and that the rigidity of the card payment system restricts access to other essentials such as public transport, medication and household cleaning products (Reynolds, 2010).

Research has found that poverty can increase the likelihood of poor mental and physical health in mothers, including the likelihood of depression and feelings of being stressed, overwhelmed and unable to cope (Chung, Bemak, & Kagwa-Singer, 1998; Katz, Corlyon, La Placa, & Hunter, 2007; McLoyd, Toby Epstein, Ceballo, & Borquez, 1994; Pumariega et al., 2005). Poverty has also been found to be associated with less maternal warmth and increased punishment of children (Ghate & Hazel, 2002; Klebanov, Brooks-Gunn, & Duncan, 1994; McLoyd et al., 1994). Conversely, a more recent study comparing the parenting techniques of poor and non-poor single mothers found that poor mothers parent equally well as non-poor mothers in terms of style, quality of relationships and monitoring, suggesting that some mothers develop protective strategies to cope with poverty (Bulanda, 2008). This finding supports other work by Katz et al. (2007) that suggests that while poverty can be detrimental to parenting, there is no clear-cut causal link between the two. Rather, different individuals respond to poverty in different ways, with factors such as family structure, neighbourhood, social support and parents' temperaments and beliefs also playing a role.

*Housing provision*

Although the last decade has seen an increase in research on immigration and housing in Europe (Edgar, Doherty, & Meert, 2004), there are significant gaps in the literature, especially in terms of asylum-seekers and refugees (Dwyer & Brown, 2008). Current research in the UK tends to focus on individual ethnic groups or on localised areas of the country (Phillips, 2006). Refugees are entitled to the same housing rights as UK citizens. However, because most refugees are granted leave to remain on a conditional basis, they are prevented from acquiring a mortgage, and this therefore restricts them to living in rented accommodation (Dwyer & Brown, 2008). While some asylum-seekers are able to stay with family or friends, many

rely on the government to provide accommodation (Phillips, 2006). Due to a shortage of affordable public housing in which to house asylum-seeking families, the government is operating a dispersal programme. The aim of this scheme is to limit the pressure on the provision of accommodation for asylum-seekers in London by moving individuals and families to other areas of mainland Britain (Phillips, 2006). Therefore, in order to obtain accommodation through the government, asylum-seekers have to be willing to be relocated anywhere in the UK where there is available accommodation (United Kingdom Border Agency, 2013a). While individuals and families await asylum decisions or when accommodation is not available, they are often housed in government-provided hostels (Robinson, Reeve, & Casey, 2007).

The literature raises three areas of concern regarding the provision of housing for asylum-seeking and refugee families. Firstly, the areas of the UK in which asylum-seekers and refugees are housed, or are able to live, are predominantly the more deprived areas (Spicer, 2008). Dispersals areas for asylum-seekers tend to overlap with some of the poorest neighbourhoods in Britain. Community tension can be high as a result of overstretched resources and can lead to animosity towards the newcomers (Phillips, 2006; Robinson, 2010). Additionally, in inner-city, high risk neighbourhoods, children are exposed to high levels of traffic, damaged buildings, crime, antisocial behaviour including drug trafficking, and are vulnerable to assault (Ghate & Hazel, 2002; Jarrett & Jefferson, 2003). The area in which a family is housed affects their access to healthcare services, schools and employment (Phillips, 2006) and can reinforce social exclusion (Spicer, 2008). Secondly, the housing experience of both asylum-seekers and refugees is often one of instability (Sellen et al., 2002). Whilst traversing the asylum system, asylum-seekers may pass through numerous temporary accommodation settings in different towns, including hostels (Robinson et al., 2007). Asylum-seekers are required to leave government accommodation within 28 days of an asylum decision, even if they are granted leave to stay in the UK, and the short term nature of this notification can lead to homelessness (Robinson, 2003). For refugees, short term rental agreements and changes in circumstances with friends and relatives often result in frequent resettlement (Phillips, 2006).

The third area of concern is regarding the unsuitability and poor quality of accommodation for asylum-seekers and refugees. The scant existing research on this area uses small sample sizes, combines interviews with professionals as well as service users, and is predominantly conducted in the north of England (Robinson, 2010). The literature reports that asylum-seekers and refugees are living in overcrowded accommodation (Dwyer & Brown, 2008; Kofman et al., 2007; Phillips, 2006; Robinson et al., 2007). Overcrowding is generally associated with increased risks to safety, as well as a lack of privacy (Kofman et al., 2007). It has also been reported that in both government and private accommodation, housing is in disrepair. Structural deficits (Dwyer & Brown, 2008; Kofman et al., 2007; Phillips, 2006), damp (Briscoe & Lavender, 2009), inadequate or missing furniture (Briscoe & Lavender, 2009) and leaks (Dwyer & Brown, 2008) are common. A qualitative study by Dwyer and Brown (2008) of 23 forced migrants in Leeds found that only four were satisfied with the government housing they had been given.

Poor housing conditions have a negative impact on the physical wellbeing of inhabitants. Adults can suffer from allergies, respiratory infections and unintentional injuries (Matte & Jacobs, 2000), and there is also evidence that suggests that poor housing conditions can affect adult mental wellbeing (Duvall & Booth, 1978; Social Care Institute for Excellence, 2005). However, children are at most risk; poor housing has been reported to increase the risk of severe illness or disability in childhood by 25% and increase asthma and respiratory problems (Harker, 2006; Social Care Institute for Excellence, 2005). A large scale quantitative study of children in the US which measured structural quality, privacy, indoor climate, hazards, cleanliness/clutter and children's resources, found that children living in lower-quality housing, independent of household income, had greater symptoms of psychological distress (Evans et al., 2001).

*Healthcare needs and provision*

Asylum-seeking and refugee children can have complex physical health problems that require medical help and high levels of care from their parents. These include growth and development issues, HIV/AIDS, asthma, dental health problems and

communicable diseases which require immunisation, such as tuberculosis, hepatitis B and parasitic infections (British Medical Association, 2002; Taylor, 2009; Woodland, Burgner, Paxton, & Zwi, 2010). Experiences of poverty, poor housing and anxiety whilst living in England can also impact on children's health; in a study of refugee children in London, half reported that they felt their health had deteriorated since moving to England (Gosling, 2000).

At the same time as seeking help and providing care for their children, asylum-seeking and refugee women often suffer from similar health problems. On top of this, they may have additional healthcare needs around appropriate sexual healthcare, family planning, maternity care and in some cases, care following female genital mutilation (FGM) (Briscoe & Lavender, 2009; Jentsch, Durham, Hundley, & Hussein, 2007). Women who have undergone FGM, a practice which occurs mainly in parts of Africa and the Middle East, can encounter additional problems during childbirth (Straus, McEwen, & Mohamed-Hussein, 2009). Some methods of circumcision result in a hard scar forming, which needs to be removed either before or at child birth to avoid further pain and complication. Many midwives and doctors are not familiar with this procedure and women were found to be distressed by the experience of being cared for by uninformed healthcare professionals (Straus et al., 2009). There is an absence of UK-based research into the prevalence and experiences of postnatal depression in asylum-seeking and refugee women. The limited existing research was conducted primarily in Canada (Ahmed, Stewart, Teng, Wahoush, & Gagnon, 2008; Stewart, Gagnon, Saucier, Wahoush, & Dougherty, 2008). Research has indicated that refugee and asylum-seeking mothers are more at risk of postpartum depression than Canadian women (Stewart et al., 2008).

Pain and ill health can affect the mothering capabilities of mothers especially if help is not accessible. Women may withdraw from or reduce their parenting activities when they are in pain (Evans, Shipton, & Keenan, 2006; White, Mendoza, White, & Bond, 2009). Chronic illness such as HIV/AIDS can also be a drain on a mother's resources, resulting in a lack of focus on the child (Antle, Wells, Goldie, DeMatteo, & King, 2001).

In the UK, asylum-seekers and refugees have the right to free healthcare from the National Health Service (NHS) (United Kingdom Border Agency, 2013p). Healthcare provision is more complex for failed asylum-seekers; in an effort to reduce 'health tourism', restrictions have been put in place to prevent free access in many situations (Kelley & Stevenson, 2006). However, some services are free to all, regardless of their legal status (British Medical Association, 2012). These include accident and emergency services, family planning services, the treatment of certain communicable diseases and sexually transmitted diseases and treatment required under mental health legislation. Those who received Section 4 support are also eligible for free healthcare. Finally, when a condition is believed to be life-threatening or treatment is deemed to be immediately necessary, a failed asylum-seeker may receive free care, and this includes all maternity treatment.

During the past two decades, access to healthcare services for asylum-seekers and refugees internationally has been well documented, with the majority of research being conducted in the US, Australia and the UK (Deacon & Sullivan, 2009; Feldman, 2006; Finney-Lamb & Smith, 2002; Hek, 2005; Lewig, Arney, & Salveron, 2010a; Taylor, 2009). The literature highlights a range of factors that have been found to create barriers to accessing healthcare and maternity care. The primary practical barrier to access is a lack of proficiency in the English language. Asylum-seeking and refugee women are particularly disadvantaged because they often have less formal education and weaker foreign language skills than men (Dona & Berry, 1999). Insufficient translation services, coupled with the illiteracy of some asylum-seeking and refugee women, have led to a lack of knowledge about available services. It has also led to difficulties in registering and making appointments at GP surgeries, which has, in some cases, acted as a deterrent for women seeking help (Bhatia & Wallace, 2007; British Medical Association, 2002; Gaudion & Allotey, 2008; McLeish, 2005). Existing research has reported varying levels of access to interpreters in consultations. Whilst some studies found that service users were happy with the provision of interpreters during GP appointments (Bhatia & Wallace, 2007; O'Donnell, Higgins, Chauhan, & Mullen, 2007), others reported that the lack of access to interpreters was considered by service users as a primary barrier to accessing healthcare (Gosling, 2000). Research on maternity services has shown that some healthcare professionals rely on gesticulation to communicate with women, rather than employing expensive interpreting services,

resulting in misunderstandings (Briscoe & Lavender, 2009; Gaudion & Allotey, 2008).

Some asylum-seekers were found to be wary of professionals, a mistrust stemming from experiences of human rights abuses by government authorities, particularly when healthcare professionals have participated in torture (Finney-Lamb & Smith, 2002). Additionally, some asylum-seekers and refugees reported feeling like an unwanted burden on the healthcare system, which made them reluctant to use it (Bhatia & Wallace, 2007). In other cases, surgeries have turned asylum-seekers and refugees away, for fear of being overwhelmed by their need, or have asked to see their passports or immigration papers before agreeing to treat them (Kmietowicz, 2001).

Additionally, cultural norms can also prevent asylum-seekers and refugees from using the services. Issues of gender and religion impact on the ease with which refugees, particularly women, use the UK healthcare system (Szczepura, 2005). Shyness in divulging personal information may result in late presentation, and cultural differences in the presentation of symptoms may also result in misdiagnosis (Szczepura, 2005).

*Education provision*

Asylum-seeking and refugee children have a right to go to school in the UK and the government has stated that it is the duty of the parents, with the support of governmental services, to ensure this occurs (United Kingdom Border Agency, 2013h). Studies have reported that many children are facing delays in accessing education (Candappa, 2000; Dennis, 2002; Hek, 2005). A key barrier to accessing education for children was the failure of services to provide asylum-seeking and refugee parents with accessible and multi-lingual information about the education system in the UK (Kao, 2004). It is also reported that children are being sent to schools that cannot meet their specific educational requirements and where there were no free places (Arnot & Pinson, 2005; Sales, 2002). However, Dumper (2002) found that the majority of women in a study of 149 asylum-seeking and refugee women in England were happy with their children's schooling in the UK.

**Living in a new country**

Family units and behaviours can be shaped by migration. Mothers and children encounter new cultural expectations of behaviour. Some families are separated and must function across borders. In addition, the upheaval and stress caused by migration, coupled in some cases with cultural norms that more readily accept violence towards women, has resulted in a high rate of IPV in migrant families.

*Managing new cultural norms in the context of mothering*

Existing research has flagged up instances in which culture causes tension in migrating families. For some asylum-seeking and refugee mothers, the physical punishment of children is considered to be an acceptable method of discipline (Renzaho & Vignjevic, 2011). However, cultural constructions around appropriate disciplining techniques are ingrained in English society at a policy level, and whilst the physical punishment of children by their parents is not prohibited, the government states that punishment must be classed as 'reasonable' to be legal (Department for Education, 2012), and the practice faces opposition in many parts of society. Studies with asylum-seeking, refugee and migrant parents in Canada, Australia and the US have reported opposition to laws against corporal punishment, with parents arguing that the mild physical punishment of children is a measured and considered method of discipline (Earner, 2007; Lewig et al., 2010a; Lewig et al., 2010b; Ochocka & Janzen, 2008; Quinones-Mayo & Dempsey, 2005). The continuation of physical punishment practices by parents whilst in their host countries can result in the involvement of child protection services (Lewig et al., 2010a). The confusion felt by some parents at the condemnation of this act has led to feelings of mistrust and suspicion about the motives of child protection workers (Earner, 2007; Quinones-Mayo & Dempsey, 2005).

Asylum-seeking and refugee mothers are also vulnerable to charges of neglect as a result of differing childrearing norms. The practice of 'multiple mothering' is common in some cultures, in which children are cared for by the wider community and extended family (Madhavan, 2001; Renzaho & Vignjevic, 2011). This can mean that siblings are left to care for younger children (Ambert, 1994; Weisner,

1987). This practice is condemned in the West, where it may be seen by society as negligent parenting (Hafford, 2010). The practice questions Western understandings of childhood as a state of dependency (James, 2001) and re-categorises children as "competent social actors engaged in the reproduction of sociocultural processes" (Hafford, 2010, p.294). Other practices of leaving children unattended in cars or seating babies on laps when in a car are also likely to lead to social service intervention (Hancock, 2005).

There are also tensions at the family-level centred on the differing rate at which parents and children integrate into the host culture. The process of learning to adapt to a new culture is termed acculturation (Berry, 2005). It is a commonly held belief that the ideal outcome for asylum-seekers and refugees is biculturalism (or integration), a state in which immigrants retain their identity from their country of origin but are also able to accept, value and participate in new cultural practices (Pumariega & Rothe, 2010). However, research with migrants has found that this process can be particularly complex for adults, who already have a well-established sense of social, cultural and ethnic identity, and may want to transmit this to their children (Pumariega & Rothe, 2010; Tummala-Narra, 2004). Cultural understandings of childrearing are often deeply entrenched and predominantly subconscious, meaning that some parents continue to strive for this ideal to be met, even following migration when it is not necessarily adaptive to the new culture (Rosenthal & Roer-Strier, 2001). The research indicates that normal generational differences are magnified by differences in rates of acculturation (Hwang & Wood, 2009). Children not only have greater exposure to the mainstream culture of a country through school and social networks, but are also more cognitively flexible than their parents and are easily influenced developmentally by their peers, teachers, social workers and healthcare professionals (Hwang & Wood, 2009; Pumariega et al., 2005; Rosenthal & Roer-Strier, 2001). Parents reported feeling concerned about a lack of respect in Western children (Lewig et al., 2010a; Ochocka & Janzen, 2008).

The small amount of research into asylum-seeking and refugee parents' experiences of encountering a new culture echo much of the research on migrants more generally. Pumariega, Roth and Pumariega (2005) studied the mental health

needs of refugee children and described how, while some adults may reject the cultural norms of the host culture and continue to parent in a manner appropriate to their country of origin, children are more likely to integrate into the host culture, predominantly because they have no other option (Pumariega et al., 2005).

*Family units: separated families and IPV*

Research has emphasised the important role that social networks play in providing both practical and emotional support during integration (Beirens, Hughes, Hek, & Spicer, 2007; Kagitçibasi, 2003). Mothering in a new culture "requires the mother to rely on an interdependent system of support, which may include spouses/partners, parents, relatives [and] friends" (Tummala-Narra, 2004, p. 180). However, asylum-seeking and refugee families are frequently separated from their social support networks of extended family and friends, both as a result of migration, and as a result of the dispersal policy in the UK. When asylum-seekers flee their home countries, it is often done hastily, and loved ones, including husbands and partners, are left behind with the hope of reunification at a later date (Rousseau et al., 2004). Once entering the UK, asylum-seekers may search for family or friends who are already living in there. However, the dispersal policy can force families to choose between living in the same area as family members and friends or accepting government support and being housed elsewhere (Boswell, 2001; Burnett & Peel, 2001). Dispersal can also lead to the separation of families from well-established community support groups, the majority of which are based in London (Griffiths, Sigona, & Zetter, 2005; Sales, 2002). In instances where mothers do enter into or develop a community support network, other factors can prevent them from seeking or accepting social support. Mothers may worry about burdening others with their problems, seeming as though they are unable to cope or may fear unwanted interference from others (Ghate & Hazel, 2002).

Existing literature on the social isolation of asylum-seekers and refugees in the UK is scarce, particularly as a subject matter in its own right, rather than as part of discussions on welfare access, childcare access and integration more generally. However, social networks are important sources of support for refugee parenting. "In a culture where the emotional support from one's extended family, especially in

times of stress, is the essential ingredient of any coping strategy, the fact of migration and dislocation deprives many ethnic minority families of that healing support" (Dwivedi, 2002, p. 22). Research has shown that this loss of "healing support" impacts on refugee mothers' experiences of parenting because social networks are recognised as playing a key supporting role. They promote access to healthcare services and accommodation through help with translation and interpreting, provide financial support (Beirens et al., 2007; Boswell, 2001; Pierson, 2009; Spicer, 2008; Zetter & Pearl, 2000), as well as improving a family's adaptability to the new cultural context (Kagitçibasi, 2003). Isolation is also a result of, and can lead to, unemployment (Pierson, 2009; Sales, 2002). In many cultures, childcare is informally provided by extended family (Tyler, 2010; Walker, 2006). Having sole responsibility for childcare can also prevent attendance at important meetings, such as job interviews and doctors' appointments (Tyler, 2010; Walker, 2006).

In psychological terms, social isolation can cause mental ill health (Pierson, 2009). Support networks are recognised as providing mothers with emotional support, helping to reduce isolation and depression and improve self-esteem (Boswell, 2001; Liamputtong & Naksook, 2003; Spicer, 2008). Asylum-seeking and refugee mothers suffering from postnatal depression have reported feeling that the absence of female family and friends following the birth of a child has contributed to their emotional distress and feelings of loneliness (McLeish, 2005). Additionally, it has been suggested that the culture of some asylum-seeking and refugee women dictates that it is preferable for them to receive emotional support from family and friends following trauma and distress, rather than from mental healthcare professionals (Hek, 2005).

Sometimes, asylum-seeking, refugee and migrant mothers leave their children in the care of extended family in their country of origin when they come to England (Suarez-Orozco et al., 2002). Asylum-seeking families are not permitted to include children on their asylum application who have not travelled to England with them and family reunion is only permitted once leave to remain or humanitarian protection is granted (United Kingdom Border Agency, 2013j). Research on family separation tends to be conducted outside the UK, and to focus on unaccompanied

asylum-seeking children (Kohli & Mather, 2003; Wernesjö, 2011), family reunification (Rousseau et al., 2004; Suarez-Orozco et al., 2002) and maintaining contact and care in transnational migrant families (Parrenas, 2005). The aim of that research tends to be the study of the impact of separation on children, while the mother's perspective tends to be unvoiced. One study carried out in England showed that it is common for mothers to be separated from one or more children after migration to England, and suggested that this separation can cause mothers significant emotional distress (Dumper, 2002).

Additionally, in some cases, mothers are separated from their husbands or partners. This may be due to bereavement or being forced to leave their partners behind in their countries of origin due to the hectic nature of their flight (Rousseau et al., 2004). A Canadian study of Central American and African refugees found that the average time of separation among spouses is over three years, and that it is even longer for parents and children (Rousseau et al., 2004). In a survey of 149 refugee and asylum-seeking women in England found that while around two-thirds described themselves as married, only a third (32%) were living with their husbands at time of the study (Dumper, 2002). Asylum-seeking and refugee mothers who have been separated from their partners are more likely to encounter challenges in establishing their gender role in a host country (Deacon & Sullivan, 2009). They are more likely to seek employment whilst in England which means that women who have not worked outside the home before have to learn to combine and balance employment and domestic responsibilities (Deacon & Sullivan, 2009). The separation of spouses may create feelings of guilt and powerless for the partner living abroad, and feelings of anger and abandonment for those left behind (Rousseau et al., 2004). During the period of separation, family members take on new roles. One parent may have to take on the role of two, and temporary surrogates may be used (Rousseau et al., 2004). When they are reunited, they face the difficult task of rebuilding their family life in the light on these transformations. Equally, children may have to take on more adult roles in the absence of their father (Lewig et al., 2010b).

While IPV affects a wide range of people, migrant women in Western countries are particularly vulnerable to experiencing it due to cultural attitudes towards women

in their countries of origin and resettlement stressors (Bhuyan, Mell, Senturia, Sullivan, & Shiu-Thornton, 2005; Wong et al., 2011). For some individuals in some cultures, violence against women is seen as justified, often as a response to women violating cultural rules (James, 2010). This can be a viewpoint that remains after families move to Western countries, despite laws against IPV (James, 2010). Occurrences of IPV can be exacerbated by the stressors of migration including challenges to men's self-esteem from unemployment, and the stigma of being an asylum-seeker or refugee, pre-migration trauma and coping with the loss of a previous way of life (James, 2010). Additionally, research has shown that women with greater proficiency in speaking English are more likely to experience both psychological abuse and physical aggression from their partners, suggesting that some men may struggle to accept women's new found independence in the host country (Nilsson, Brown, Russell, & Khamphakdy-Brown, 2008).

Children living in homes where IPV is occurring are at risk of suffering physical and emotional harm from both the partner committing the violence and their mother (Georgsson et al., 2011; Kelly, 2009). Previous research has indicated that women who are abused by their partner are more likely to abuse their children, while other studies show that mothers put in place strategies to compensate for the abusive environment in which their children live (Irwin, Thorne, & Varcoe, 2002). In Western societies, mothers are held responsible for protecting their children at all costs and are blamed when they are unable to achieve this (Irwin et al., 2002). Therefore, IPV results in increased psychological distress for the mother and this, combined with physical harm, can make it harder to care for children.

**Managing the consequences of poor maternal mental health**

Women as a group show a greater prevalence of depressive disorders than men, particularly during the childbearing years (Burke, 2003). As described throughout this chapter, asylum-seeking and refugee mothers experience mental health difficulties as a result of both pre-migration and resettlement experiences. The psychological difficulties asylum-seeking and refugee mothers and children experience as a result of trauma in their countries of origin are often reactivated

and intensified by the process of migration and integration (Athey & Ahearn, 1991).

As will be shown in the empirical material, poor maternal mental health can impact on mothering and children. Studies have long reported an association between maternal depression and adverse outcomes for a child, including low birth weight, behavioural difficulties, learning difficulties, poor growth, and an increased number of accidents (Zuckerman & Beardslee, 1987). Studies have found that maternal depression is also associated with less positive parenting behaviours such as consistent discipline, and less confidence in parenting skills (Kavanaugh et al., 2006). When maternal depression is combined with poverty, as is the case for some asylum-seeking and refugee mothers, the ability to nurture can be diminished by both a lack of emotional and economic resources (Kiernan & Huerta, 2008). Maternal anxiety and stress is also associated with parenting skills, including less engagement with children, poorer communication and less consistent discipline (Murphy, Marelich, Armistead, Herbeck, & Payne, 2010). Children in immigrant families are often considered at increased risk of maltreatment due to these acculturation stressors (Dettlaff, de Haymes, Velazquez, Mindell, & Bruce, 2009; Lau, Takeuchi, & Alegri´a, 2006).

Asylum-seekers and refugees have the right to have access to free mental health care from the NHS (United Kingdom Border Agency, 2013p). Research indicates that asylum-seekers and refugees encounter two barriers to accessing support for mental health difficulties in England. Firstly, they are not able to access services because of the language barrier. There is insufficient provision of translation and interpretation services, meaning that information about services is inaccessible and that consultations cannot be carried out (British Medical Association, 2002; Feldman, 2006; Gosling, 2000; O'Donnell et al., 2007).

Secondly, research indicates that asylum-seekers and refugees are choosing not to use mental health services because Western models of treatment are seen as inappropriate or unhelpful. Some mental health services in England are ill-equipped to provide culturally sensitive and appropriate treatment for refugees because they are restricted to Western models of treatment (Bhugra & Bhui, 1998).

Responses to life events differ according to culture, as does the way in which distress is experienced, displayed and managed (Bhugra & Bhui, 1998; Taylor, 2009). It is a readily made assumption in the UK that asylum-seekers and refugees who have experienced violence or torture will be traumatised in some way (Summerfield, 2001). However, asylum-seekers and refugees may not view their experiences in this way and may find this diagnosis to be inappropriate (Summerfield, 2001). Labelling asylum-seekers and refugees as traumatised implies that they are victims and therefore affects the way in which professionals view them and the services they receive (Papadopoulos, 2001).

Particularly debated is the diagnosis of PTSD, which has been criticised as "applying Western psychiatric classifications to diverse refugee populations" (Crowley, 2009, p. 324). It is argued that labelling people from diverse cultures with these classifications results in normal responses to trauma being identified as abnormal (Ehntholt & Yule, 2006; Eisenbruch, 1991; Hek, 2005; Summerfield, 2001). However, others argue that diagnosing refugees with PTSD provides a way of treating an at risk population as swiftly and effectively as possible within a new environment (Ehntholt & Yule, 2006), particular as it is the expression of symptoms that may alter in different cultural groups, rather than the presence of the symptoms (Elbert & Schauer, 2002).

Additionally, the concept of talk therapy is a treatment devised in the West and some academics argue it does not necessarily extend across cultures (Hek, 2005). Interviews with professionals working with refugees in the US highlighted the stigma some attached to mental health problems (Morris, Popper, Rodwell, Brodine, & Brouwer, 2009). The study reported that some refugees associated mental health problems with severe disability. In a small qualitative study in the UK, it was also found that refugees felt it was inappropriate to discuss mental health issues with their GP (O'Donnell et al., 2007).

Research has called for adequate and appropriate responses to the mental health needs of asylum-seekers and refugees (Bhugra & Bhui, 1998; Feldman, 2006; Summerfield, 2001). This is a complex task, and would require mental healthcare professionals to be willing to train in and provide culturally sensitive practice

(Bhugra & Bhui, 1998). It is suggested that focusing on more practical advice, grounded in knowledge of a individuals' background and experiences may be more psychologically supportive than existing methods (Summerfield, 2001). Additionally, focusing on cultural methods of relieving distress, for example through family and support networks, physical activities and spirituality, might be more appropriate (Bernardes et al., 2010).

**Summary**

This chapter has provided an overview of existing research on mothering in the context of the asylum process, giving a background to issues that emerged in the empirical data. It gave an account of the impact of pre-migration experiences, policy and service provision, living in a new country, and poor maternal mental health on mothering. The review of the literature and research raises a number of key questions for the current study:

- What are the participants' accounts of their experiences of being a mother in England? How do they compare to the existing research?

## Chapter 3: Exploring maternal identity

Maternal identity refers to a woman's perception of herself as a mother. Drawing on identity theory, this chapter provides a comprehensive definition of maternal identity and an overview of its development and maintenance from a symbolic interactionist perspective. The chapter explains how maternal identity is determined by a woman's ability to meet socially constructed expectations associated with the mothering role, those which define a 'good' mother. It goes on to consider the role of culture in shaping those expectations and the implications this has for the asylum-seeking and refugee women in this research. It concludes that mothering expectations are fluid, person-specific and context-specific.

The concept of maternal identity was introduced within nursing literature in the 1960s (Rubin, 1967) and is based on the premise that mothering is not a practice that is instinctual to women but one that is learnt through social interaction and which varies according to the child's age, condition and situation (Rubin, 1984). Maternal identity is traditionally defined as "a woman's identification with the maternal role, and her perceived sense of competence in that role" (Mireault et al., 2002, p. 294). Within this definition, maternal identity is considered to be attainable; it is achieved at the point at which women feel secure and happy in their role as mothers (Rubin, 1984). The process of attaining maternal identity begins in pregnancy and is thought to end in early motherhood (Badr, 2005; Rubin, 1984; Walker, Crain, & Thompson, 1986). However, the current research builds on and adapts this conventional understanding of maternal identity, expanding its scope beyond that of assimilation, to consider how maternal identity develops over time, and in particular, in the face of threat.

Here, maternal identity is not considered as static or attainable; rather, like all identities, it is considered as fluid and context-specific, being continuously redefined and re-evaluated during social interaction and in response to life experiences (Deegan, 1987; Luckmann, 1983; Mruk, 1999; Phoenix & Rattansi, 2005; Strauss, 1962, 2005; Vryan, Adler, & Adler, 2003). Changes to identity can occur on a short term basis as a response to a significant event or can lead to a more permanent change following chronic exposure to positive or negative

influences on self-esteem (Mruk, 1999). This research therefore explores the fluid nature of maternal identity, examining how it may be affected by the complex and challenging life experience of being an asylum-seeking or refugee mother. Drawing from Rubin (1984), Mercer (2004) and Mireault et al's (2002) work, maternal identity is therefore defined as:

> A mother's perceived sense of competence in her mothering role, developing during pregnancy and continuing across the life span.

Whilst competence itself refers to a person's capacity to interact effectively with her environment, a perceived sense of competence is subjective; it reflects the feelings an individual has about her abilities and her confidence in her ability to cope (Branden, 2006; Wagner & Morse, 1975; White, 1963). These feeling are important psychological rewards that then encourage people to behave competently (Sheldon, Ryan, & Reis, 1996; Wagner & Morse, 1975). High maternal identity is therefore characterised by a mother's self-confidence, contentment and comfort in the mothering role. Conversely, low maternal identity is characterised by fewer feelings of confidence, contentment and comfort (Mercer, 2004; Mireault et al., 2002). As explored later in the chapter, positive or negative maternal self-evaluations are made in relation to socially constructed role expectations; maternal identity is threatened when a woman cannot or does not credit herself with the characteristics she perceives to be important to the role of a mother and therefore her perceived sense of competence in that role is diminished. Simply put, threats to maternal identity lead mothers to question their status as 'good' mothers.

**Identity development**

To gain a better understanding of women as mothers, it is helpful to examine the social processes through which identity more broadly is constructed (McMahon, 1995). Identity is a widely used concept across a range of academic disciplines (Foresight, 2013). However, identity tends to be conceptualised within sociology as relational and socially-formed; it is the product of a continuous process of self-definition and definition from others, created, maintained and shaped through social interaction (Burke & Tully, 1977; Jenkins, 1996; King, Ross, Bruno, &

Erikson, 2009; Phoenix & Rattansi, 2005). It is a set of meanings applied to the self in a social role or situation defining what it means to be who one is (Burke & Tully, 1977). At its most basic level, identity is our understanding of who we are and who other people are, and other people's understandings of who they are and who we are (Jenkins, 1996). Thus, human conduct cannot be understood in isolation from the context in which it occurs (Hewitt, 1984). Individuals are in a continuous process of trying to understand social situations and to use this understanding to behave in an appropriate manner (Potter & Wetherell, 1987). Giddens expressed this interplay between the individual (the agent) and the social structure in his structuration theory (Giddens, 1984). He argued that agency (the actions of individuals) and structure (the rules for social interaction that guide human behaviour) are symbiotic (Busco, 2009). While individuals operate within an established social structure, they at the same time create the structure with their individual behaviour. Structures "comprise the situated activities of human agents, reproduced across time and space'' (Giddens, 1984, p.25).

Three forms of identities are commonly discussed in the literature, all of which are formed by social interaction (Vryan et al., 2003). Personal identities are parts of the self that differentiate individuals from one another. These elements include personal histories and life experiences (Giddens, 2009; King et al., 2009). Particular combinations of characteristics are what make individuals unique (Vryan et al., 2003). Personal identities are intrinsically social because they depend on mutual recognition from ourselves and others, and are dependent on available social roles (Burke & Reitzes, 1991; Goffman, 1959; Jenkins, 1996; Vryan et al., 2003). The second type of identity, social identities, exhibit similarities with others (Giddens, 2009). Social identities identify individuals within social groups and categories, and position them within the wider social structure (King et al., 2009). Thus, they are also dependent on recognition from others.

Before focusing on the third form of identities, situational identities, it is helpful to briefly raise the concept of intersectionality. Coined by Crenshaw (1989), intersectionality refers to the interactions of multiple systems of discrimination and forms of social division (Yuval-Davis, 2006). At its simplest, it is concerned with those who are "multiply-burdened" by prejudice (Crenshaw, 1989, p.

140). Brah and Phoenix (2004) defined intersectionality as "when multiple axis of differentiation – economic, political, cultural, psychic, subjective and experiential – intersect in historically specific contexts" (p. 76). The "multiple axis of differentiation" faced by asylum-seeking and refugee mothers in England include their identities as mothers, as asylum-seekers and refugees, and as 'foreigners' or 'outsiders'. These positions are relational and should be considered in conjunction with a focus on these women's lives as mothers.

Much of the work around identity by symbolic interactionists focuses on the third form of identity, situational identities (Vryan et al., 2003). Situational identities are more fluid and changeable than personal and social identities because they are constructed within specific interactional contexts. In an interaction, individuals are said to "define the situation" (give meaning to it). Part of this process is acknowledging our own and others' identities in that context. Once these identities been established, they dictate our behaviour.

Symbolic interactionist approaches to identity are determined by three key concepts, which are summarised here and explained in further detail below (Vryan et al., 2003). Firstly, symbolic interactionists state that individuals live in a symbolic environment. Social action is motivated by these symbols (Arena & Arrigo, 2005; Rose, 1962). Secondly, they believe these symbols create roles for individuals in society, which determine expectations of behaviour (Arena & Arrigo, 2005; McCall & Simmons, 1982). Thirdly, symbolic interactionists argue that individuals are continuously involved in self-appraisal of their behaviour (Strauss, 2005).

A symbol is a "stimulus that has a learned meaning and value for people" (Rose, 1962, p.5), and which therefore conveys social information (Goffman, 1963). Symbols are ubiquitous. Explicit symbols include wearing a wedding ring, speaking a certain language, ritual practices and social networks, and more subtle symbols include tones of voice and specific types of behaviour (Arena & Arrigo, 2005; Goffman, 1963; Swidler, 1986). These stimuli communicate information to others. The values attached to these symbols are learnt through social interaction, and in particular through language, and are the product of a shared understanding

(Hewitt, 1984; Rose, 1962; Strauss, 2005). Human beings interpret or define each other's actions rather than just reacting to them and therefore an individual's response to an action is determined by the meaning they attribute to that action, and not the action itself (Blumer, 1962).

Some symbols represent clusters of stimuli, or categories, which simplifies interaction with others (Sheldon, 1959). Through these categories, individuals are able to 'define' the situation (Stone & Farberman, 1981). By giving meaning to a situation, individuals build expectations of behaviour of self and others. These expectations give individuals a situational identity, which is based on knowledge about their own and the others identity (Luckmann, 1983; Strauss, 2005; Vryan et al., 2003). Situational identities are in constant flux according to the environment in which interaction occurs (Vryan et al., 2003).

The categorisation of individuals according to the symbols they represent form 'positions': teacher, sergeant, intellectual, and relevant for this research, mother (Sheldon, 1959). Attached to these positions are expectations of behaviour, commonly known as roles (Hewitt, 1984; McCall & Simmons, 1978; Vryan et al., 2003). In order to obtain a sense of security, individuals are devoted to maintaining consistent views of themselves in relation to those parts of the self that are most valued. While individuals embody multiple roles, the roles that take prominence are those that they have invested in more heavily and which they will gain most from (McCall & Simmons, 1978). It is common for mothers to give this role prominence, in light of the cultural and societal emphasis placed on successful mothering (Collett, 2005; Vallido, Wilkes, Carter, & Jackson, 2010; Wilson, 2007).

Roles are grounded in general expectations of any individual in that role and are guided by culture (McCall & Simmons, 1978). Individuals apply these categories to themselves and take on the associated role expectations through 'role-identity' (Sheldon, 1959). 'Role-identity' is an imagined, idealised image of oneself in a social role: the unique way an individual would like to think of themselves (McCall & Simmons, 1978). This image is unlikely to be attained, but far from being a daydream or something perceived as unachievable by the individual, the drive to

attain this idealised role is constant and influential in everyday life and is the source of action.

Rubin considered this idea in her work on maternal identity, exploring the concept of the ideal self and the actual self in terms of maternal identity acquisition (Rubin, 1984). The ideal self is comprised of an individual's aspirations for how they would like to be. These aspirations derive from outside the self and are in constant flux as aspirations become part of the actual self. During pregnancy and immediately after giving birth, women build an idealised image of themselves as a mother (Mercer, 2004). Pregnant women and new mothers copy the attitudes and behaviours towards motherhood of valued others and these values tend to be shaped by dominant theories of motherhood (Rubin, 1984). Considering this concept over the mothering lifespan, it raises questions whether mothers adapt their mothering behaviour in relation to mothering norms in new social and cultural settings, and if so, how?

Individuals engage in a continuous process of self-appraisal. Symbolic interactionism proposes that individuals have some control over the way they present themselves to others because they are able to give meaning to themselves as well as others (Vryan et al., 2003). In simpler terms, this means that human beings are able to distinguish between two parts of the self - 'me' and 'I'. Through this differentiation, individuals are able to self-evaluate and moderate their behaviour to meet expectations.

For James (1984), the self as 'me' is the personal existence of which one is aware. The 'I' is the part of the self that is aware of the 'me'. The self is therefore partly known and partly knower. While James defined 'me' as all aspects making up the identity of which 'I' is aware, Mead defined 'me' as the perspectives of oneself learnt from others (Mead, 1964). The 'me' is the part of the self that adopts roles in keeping with cultural expectations and is the reason why individuals appraise their own behaviour (Rose, 1962). The ability to self-appraise enables mothers to assess their "perceived sense of competence" in the role (Mireault et al., 2002, p. 294).

Individuals require 'role-support' from those to whom they are performing (McCall & Simmons, 1978). Role-support is not just the acceptance by others of an individual's claim to a role. Rather, it is a set of reactions and performances by others that confirm an individual's idea of themselves which is often expressed implicitly. This role-support is subject to interpretation by the individual. "In performing a role, the individual must see to it that the impressions of him that are conveyed in the situation are compatible with role-appropriate personal qualities effectively imputed to him" (Goffman, 1997, p.35). The impact of the role-support on an individual's sense of identity is influenced by how much the individual rates the other. Individuals respond more to the reactions of those who they value.

In line with this concept, Rubin argued that maternal identity develops not just through replication but in response to the reactions of others. She stated that the actual self evaluates current behaviour against the idealised self, using recognition by others as a way of measuring success. Individuals' imaginings are influenced, and in fact, dependent on how others react to their behaviour. Because it is difficult to achieve the idealised version of oneself, individuals work hard to maintain their role-identity through role-performances. In individuals' capacity as performers, they "will be concerned with maintaining the impression that they are living up to the many standards by which they and their products are judged" (Goffman, 1959, p.250).

The first section of this chapter has argued that identities are socially constructed. People hold multiple positions in their lifetimes and some of these are given prominence, such as the position of being a mother. Attached to the position of mother are role expectations, created through social interaction, which determine what behaviour is appropriate and desirable in that role. Mothers self-evaluate their behaviour in light of these expectations. In order for mothers to have high maternal identity, they must meet their expectations of themselves as mothers. The present study is concerned with the way in which asylum-seeking and refugee mothers in England both conceptualise their identities as mothers and evaluate their mothering in the context of the asylum process.

**Understanding mothering expectations**

If the ability to meet socially constructed expectations of mothering determines women's maternal identity, what are the role expectations associated with mothering? What attributes make a 'good' mother? This section looks at the role of culture and society in determining mothering expectations, with the goal of gaining a better understanding of how asylum-seeking and refugee mothers may understand the mothering role.

Mothering in all cultures carries expectations, but determining those expectations is complex. Seminal works on the practices of parenting across cultures provide insight into common parenting goals. LeVine (1980) identified these as to ensure the physical survival and wellbeing of a child, to ensure the child is able to achieve economic self-maintenance in maturity, and to develop the child's behaviour in order that he or she thrives within the cultural values of society. Fantini and Russo (1980) saw universal parenting goals from a development perspective, arguing that parents are responsible for ensuring the physical, intellectual and emotional development of child into adult life through protection, nurture and education. However, parenting is also considered as a set of social practices and expectations that, beyond the basic and skeletal premise that parents promote children's wellbeing and development, are historically, culturally and economically determined (LeVine, 1980; Sclater, Bainham, & Richards, 1999).

How do these relate to mothering goals specifically? What is noticeable in the literature on parenting across cultures is that while much of it identifies itself as being concerned with parenting, a closer examination usually uncovers a mother-focus (Harkness & Super, 1997; Keller et al., 2004; Whiting & Whiting, 1975). This means that these parenting goals may be indicators of mothering goals more specifically. The focus placed on mothering also points to the extent to which, in most cultures, childcare is the domain of women. Mothers rather than fathers, and importantly women rather than men, are held accountable for the care and emotional development of their children (Arendell, 2000).

Theorists have suggested that motherhood, like parenthood, has "broadly shared attributes and functions", namely to promote the well-being and development of children (Barlow & Chapin, 2010, p. 326). However, like parenthood, these practices also show complexity and diversity beyond these basic tasks (Bhopal, 1998; Korbin, 1981; LeVine, 1980; Phoenix & Woollett, 1991b; Sclater et al., 1999). Bhopal argues that "many of the studies which exist on motherhood have been ethnocentric and falsely universalistic" (Bhopal, 1998, p. 485). For example, mothering is often portrayed as a process through which children's needs are met. These needs are assumed to originate from a fundamental nature in children. However, 'needs' are derived from social contexts and can vary in relation to the cultural belief systems of a country (Lawler, 1999; Woodhead, 1990). Terms such as age-appropriate and discipline are culturally specific and mean different things in different cultures. Considering mothering as partly a fluid and context-specific practice suggests that asylum-seeking and refugee mothers may have different expectations of themselves as mothers than women in England. Threats to maternal identity can only be explored when cross-cultural understandings of the mothering role have been considered.

Commonly, research exploring the effect of culture on childrearing practices, values and norms takes a broad, societal level approach. Parenting is embedded in the wider structure of society as a whole, and involves all of society because it is a reflection of society's concern for its own wellbeing (Fantini & Russo, 1980). It is argued that the socio-economic and cultural context of a society determines what behavioural characteristics are valued in its people (Greenfield, Keller, Fuligni, & Maynard, 2003; Triandis & Suh, 2002). These valued behavioural characteristics form the basis of what is termed an 'adaptive adult'; one who thrives in a particular society. A society's image of an 'adaptive adult' determines childrearing practices and values that are implemented by parents (Rosenthal & Roer-Strier, 2001).

A common approach to exploring the effect of culture on parenting strategies is the categorisation of cultures as collectivist and individualist (Ayçiçegi-Dinn & Caldwell-Harris, 2011; Greenfield et al., 2003; Triandis & Suh, 2002; Whiting & Edwards, 1988; Whiting & Whiting, 1975). The categorisation is highly correlated with per capita income and economic development: where most collectivist

societies are those considered to be 'developing', individualist societies are found in the 'developed' West (Greif, 1994). This dichotomy is thought to represent the principle that there are two basic ways of understanding the relationship between the person and the group: prioritising the individual or prioritising the group (Greenfield, 2000). While the dichotomy between collectivist and individualistic cultures is useful in highlighting generalised differences in parenting techniques, it has substantial weaknesses, as will be explained.

Individualist societies, it is claimed, are characterised by their focus on the self, praising self-determination and self-achievement (Triandis & Suh, 2002; Whiting & Whiting, 1975). These factors lead to parenting behaviours that aim to develop independent, achievement-oriented, self-sufficient children (Keller et al., 2004; LeVine, 1980; Whiting & Whiting, 1975). Children are likely to be seen as an economic cost without expectations of repayment, with parents seeking "emotional comfort or moral satisfaction" in return for their childrearing (LeVine, 1980, p.21). In individualist societies, it is argued, parents adopt an authoritative approach to parenting (Baumrind, 1966). This is defined as combining control over the child with a reasoned approach to discipline, and space for the child to act as an individual in an attempt to promote independence and self-reliance (Yaman, Mesman, van Ijzendoorn, Bakermans-Kranenburg, & Linting, 2010).

In collectivist societies, it is argued, there is a greater sense of community and reliance on others, and individuals prioritise the common good over individual needs (Greenfield et al., 2003; Triandis & Suh, 2002). In countries in which infant mortality rates are high and economic sustenance is dependent on agriculture, parenting strategies are aimed firstly on the child's survival and then on training children to contribute to the family's income (LeVine, 1980). These factors lead to mothering goals that are concerned with developing interdependent, co-operative, obedient and responsible children (Keller et al., 2004; LeVine, 1980; Whiting & Whiting, 1975). It has been suggested that because of these desired behavioural characteristics in children in collectivist cultures, these parents tend to adopt an authoritarian style of parenting, attempting to strictly control their child's behaviour and expecting more obedience (Baumrind, 1966; Renzaho & Vignjevic, 2011; Yaman et al., 2010).

These idealised versions of children create expectations of parents and mothers. "How motherhood is understood and hence how women view themselves as mothers is very much part of the historical period and ideological circumstances in which ideas develop" (Phoenix & Woollett, 1991a, p. 6). Western mothering is encapsulated by the practice of 'intensive mothering', in which the care mothers provide is emotionally, physically and financially intensive (Arendell, 2000; Hays, 1996; O'Brien Hallstein, 2006; Pedersen, 2012). There are expectations that there should be a powerful emotional bond between mother and child (Ambert, 1994). This expectation has roots in attachment theory, which asserts that in order to be mentally healthy, a baby needs an intimate and continuous relationship with her principal care-giver, who is often the mother (Bowlby, 1965). Mothers are expected to prioritise their children's needs over their own at all times and are judged if they appear to have failed to do so (Arendell, 2000). At the heart of this construction is the positioning of the child as "sacred" (Johnston & Swanson, 2006, p. 510). Women are also positioned as natural mothers who instinctively love their children (Guendouzi, 2005).

Theorists have argued that patriarchy plays a central role in determining conceptualisations of motherhood and expectations of mothers in Western societies (Rich, 1976). Like all identities, gender is a construct of social, historical, structural and interpersonal interactions, and it is a construct that "create[s] distinction, and perpetuate[s] power relations between men and women" (Thompson & Walker, 1995, p. 848). The placement of women as primarily responsible for their children's wellbeing means that motherhood is "one of the major institutions that oppress women and prevent them from taking more active control over their own lives" (Woollett & Phoenix, 1991, p. 222). In this context, women subjected to notions of intensive mothering are constantly striving to meet unrealistic expectations as mothers (Guendouzi, 2005).

The literature states that notions of intensive mothering do not extend beyond Western countries (Ambert, 1994). For example, literature has suggested that in some societies, mothers do not initiate many nurturing acts (Whiting & Edwards, 1988). Physical punishment is more commonly used as an acceptable way of

disciplining children (Fontes, 2002; Renzaho & Vignjevic, 2011). In non-Western cultures, the practice of 'multiple mothering' is also common, in which the burden of care for children is shouldered by the wider community and extended family, including siblings (Seymour, 2004). Sibling caregiving is considered to be an important social responsibility, aimed in part at developing the older child's sense of community and interdependence (Greenfield, Flores, Davis, & Salimkhan, 2008). Notably though, even when mothering occurs communally, it is women who share the burden of child care (Madhavan, 2001). While some evidence suggests that intensive mothering may be specific to Western societies, the task of caring for children in many parts of the world predominantly falls to women (Inglehart & Norris, 2003).

In summary, this research body suggests that people within cultures share mothering expectations as a result of sharing an economic development status and belief about the nature of the relationship between the person and the group. And yet, this approach, in particular the dichotomy between collectivist and individualistic cultures, has substantial weaknesses. Traditional conceptualisations of culture as homogenous and static have been criticised for failing to take into account individual diversity and change that means that culture can no longer be assumed to stand for the shared heritage of a people (Keesing, 1974; Smith, 2010). "Essentialism is the failure to allow for variation. Where nothing is allowed to vary, nothing can be explained" (Fuchs, 2001, p.15). Culture is fluid and people within cultures act in different ways (Street, 1993). Killen and Wainryb advocated an individual-oriented approach based on the belief that both collectivistic and individualistic orientations coexist in individuals (Akande, 2009; Killen & Wainryb, 2000).

Individuals encounter a diverse range of social interactions and their understanding of, and reactions to, these interactions are unique; in considering mothering practices and expectations in this way, it is possible to go some way to avoiding generalising or stereotyping participants. Women come to motherhood from a variety of backgrounds and life experiences even if they share a similar culture, and factors such as age, having a first or subsequent child, experience of becoming pregnant, social support and social positions in a society will affect women's

expectations of themselves as mothers (Phoenix & Woollett, 1991b). Additionally, parenting practices do not remain stagnant but evolve and change over time (Ochocka & Janzen, 2008).

Therefore, attempts to understand mothering expectations based solely on information about the dominant cultural, social and economic make up of a mother's country of origin are problematic. The task becomes more complex in the case of asylum-seeking and refugee women who have migrated from their country of origin to another. Examining examples of mothering in the countries from which the participants originate will not provide an exhaustive account of their mothering practices. Pre-migration trauma may well alter women's expectations of themselves as mothers. For example, living through long running civil wars or in refugee camps, facing widespread violence and the death of loved ones, or being subjected to familial abuse, are all experiences that are likely to reshape women's self-concepts and affect their ideas about mothering. In addition, different levels of affluence and education are likely to impact on women's concepts of mothering, as are different personalities and experiences of being mothered. Finally, the extent to which migrant women may adopt British mothering norms must not be underestimated; some parenting practices have been found to be consistent across migrant and native parents (Ochocka & Janzen, 2008).

Research with refugee and migrant parents which examines parenting expectations is sparse, but it does give some indication as to how these issues play out in the context of migration. Ochocka and Janzen (2008) carried out research in Canada with 317 recent immigrants from twelve diverse language groups, with the aim of further understanding immigrant parenting. They held 50 focus groups, half with mothers and half with fathers. The participants across the focus groups identified respect, family and religion as the values and beliefs that guided them as parents. They were identified as using authoritarian and authoritative styles of parenting. They identified their key roles as being providers and protectors, as well as providing unconditional love and guiding moral development. In a study with South Asian migrant mothers in Canada, Maiter and Usha (2003) noted similar findings. The personal qualities that the mothers desired in their children were "respect for elders, modesty, humility, hard work, persistence, perseverance, and

having a disciplined life, which, from their perspective, was most likely to be attained through adherence to religion" (p. 420). A study on the childrearing goals of immigrant mothers from the former Soviet Union and native mothers in Israel, both similarities and differences were found between the groups (Rosenthal & Roer-Strier, 2001). Where mothers in both groups valued education, prestigious occupations and generosity, they differed in their beliefs about the relationship between the individual and the society, and the importance of self-development.

**Summary**

Most mothers across cultures encounter expectations that they should ensure their children's physical, intellectual and emotional development through such practices as protection, nurture and education. The way in which these goals are interpreted and achieved, however, are dependent on both culture and individual experiences. The dichotomy between individualistic and collectivist cultures provides a useful framework from which to begin unpicking the cultural differences in childrearing practices and mothering expectations. However, it is by looking beyond these simplistic categories to individual variations and the fluidity of childrearing practices and attitudes that maternal identity can really be understood. Existing work on the mothering expectations of asylum-seeking and refugee women is sparse. The literature raises key questions for the present study:

- How did the participants describe and conceptualise 'good' mothering?
- How did these expectations play out in the context of stressful settings such as the asylum process and negotiating a new culture?

## Chapter 4: Experiencing and managing threats to maternal identity

Identity threats occur when the meaning or value of an identity is challenged, and can cause a person significant emotional stress and turmoil (Ethier & Deaux, 1994). In terms of maternal identity, threats are experiences which challenge the value a woman ascribes to her mothering and to herself as a mother. The chapter firstly provides an overview of existing research into how and why maternal identity can be threatened. It then considers the ways in which women respond to these threats, setting out two perspectives on how maternal identity can be protected and negotiated in the context of threat. On one hand, the chapter looks to psychology and resilience theory to explain why some people are able to respond to stressors and threats more adaptively than others. On the other, it takes a sociological approach, using impression management theory to explore how threats to identity are managed and negotiated through narrative construction. These two approaches emerged during the analysis of the data, and therefore are concentrated on here.

### Threats to maternal identity

Broadly speaking, the successful promotion of the well-being and development of children form the basis of expectations around the mothering role. Women internalise idealised expectations of motherhood and appraise their mothering according to that standard (Irwin et al., 2002). Some experiences and contexts present barriers to meeting these expectations (Ethier & Deaux, 1994) and it is within this context that threats to maternal identity occur, because the idealised image mothers seek to sustain is rendered unfeasible (Vallido et al., 2010).

Existing research with asylum-seeking and refugee mothers has indicated that they encounter stressful experiences in their host countries that affect their role as mothers, making it difficult to provide and care for their children. However, these experiences have not been considered within the context of maternal identity and their impact on women's self-concept. This thesis proposes that these experiences

create barriers to women being able to meet their expectations of 'good' mothering, and thus, are contexts in which maternal identity may be threatened.

The existing literature concerned with the act of mothering in unfavourable circumstances highlights a range of experiences that threaten maternal identity, and many of those are experiences which are likely to be encountered by the asylum-seeking and refugee mothers. These include physical and mental maternal illness, IPV, separation from children, negotiating a new culture and poverty. The existing research highlights the detrimental impact of threats to maternal identity on women's psychological wellbeing, and serves to provide insight into how these experiences might affect the maternal identity of asylum-seeking and refugee women.

The concept of identity disruption is commonly used to explain how illness affects an individual's sense of identity (Carricaburu & Pierret, 1995; Wilson, 2007). Biographical disruption occurs in instances when individuals' assumptions about everyday life are challenged and individuals are forced to renegotiate their self-concept (Bury, 1982; Carricaburu & Pierret, 1995). Developing from the concept of biographical disruption, disrupted mothering is described as occurring when a woman perceives that "her maternal life has become disordered […] Women experience guilt and distress when their mothering is disrupted, and this disruption may have serious and long-term repercussions" (Vallido et al., 2010, p. 1436).

A literature review of qualitative empirical research investigating women's experiences of mothering through illness found that it damaged women's feelings of competence in their mothering abilities and incited feelings of guilt and failure (Vallido et al., 2010). For example, David and Allen (2007) reported that the identity of being a mentally ill person was perceived to be incompatible with mothers' ideas of being a 'good' mother. A study with mothers suffering from cancer reported that the women felt powerless and ashamed at not being able to provide children with the care and emotional availability they felt they needed during their illness (Elmberger, Bolund, & Lützén, 2005). Experiencing guilt was particularly damaging for women with mental health problems, for whom this extra

burden of guilt could exacerbate their already fragile mental wellbeing (Davies & Allen, 2007).

Other studies found that maternal illness can result in role-reversal (a process in which children take on the role of carers) and this was found to be deeply distressing for some mothers (Wilson, 2007). Role reversal has also been reported to occur in other incidents of diminished caring ability such as drug or alcohol addiction (Boudin, 1998). In addition, mothering in the context of child illness can also be threatening to maternal identity. Research with mothers whose children had cancer found that mothers struggled with their inability to exert influence or control in their children's lives. They perceived themselves to be failing as both their "advocates and protectors" (Young, Dixon-Woods, Findlay, & Heney, 2002, p. 1843).

The literature also suggests that encountering IPV can threaten maternal identity (Crawford, Liebling-Kalifani, & Hill, 2009). Because mothers (broadly speaking) are charged with ensuring the protection of their children, those who live with abusive partners often face judgement by society for failing to protect their children from indirect or direct violence (Irwin et al., 2002). A research study with mothers living with IPV reported that they felt they had lost control of their mothering, with their practice being determined in part by their abusive partner (Lapierre, 2010). The study also reported that they felt that the abuse had affected their physical and mental health, and therefore their ability to mother and meet their children's needs. Likewise, a child's suicide can be devastating for maternal identity. "Parents whose child decides that life is not worth living may well feel that they stand accused of not doing enough to ensure the child's happiness and protect against the loss of hope" (Owens, Lambert, Lloyd, & Donovan, 2008, p. 239).

The separation of children from their mothers is relatively uncommon in Western societies, and tends to occur as a result of a mother's imprisonment, child protection laws or relationship breakdown. Research in these areas highlights the negative effect of these experiences of separation on maternal identity. Boudin argued that imprisoned mothers are "torn by guilt, anxiety and a sense of failure" (Boudin, 1998, p. 104). Research with mothers separated from their children as a

result of child protection measures also gives an insight into the effect of separation on maternal identity; Schofield et. al's (2010) work on the experiences of parents whose children are in foster care highlighted parents' feelings of loss, grief and anger. Kielty (2008) described women's guilt and anxiety at being non-resident mothers following divorce or separation, highlighting the prevalence and power of a discourse on motherhood that positions non-residency as failure.

However, whilst the separation of mothers from children is unusual in Western societies, it does occur more commonly elsewhere. In an increasingly globalised world, it is more common for parents living in poor countries to emigrate outside their countries of origin to gain employment and to send remittances home to their children (Crawford, 2003; Parrenas, 2005). In these instances, children are cared for by the remaining parent or by their extended family (Castañeda & Buck, 2011). Does the increased prevalence of separated mothers and children in their countries of origin diminish the threat to maternal identity that asylum-seeking and refugee mothers may experience? The existing research conducted with migrant mothers experiencing separation from their children suggests that the more commonplace nature of separation does not necessarily help to negate the negative impact of the experience on mothers. Research has found that migrant mothers who are separated from their children may be at increased risk of depression and that separation results in significant emotional anguish (Dumper, 2002; Miranda, Siddique, Der-Martirosian, & Belin, 2005). Mothers have reported being worried about the care their children are receiving in their countries of origin, struggling to maintain connections with their children, and explaining to their children why they are experiencing the separation (Schmalzbauer, 2009).

The literature indicates that the process of negotiating a new culture as a mother may also threaten maternal identity. This can occur when mothers encounter condemnation of their childrearing practices that are deemed by British law and society to be detrimental to children's wellbeing. Research indicates that the condemnation of practices of physical discipline and multiple mothering can leave parents feeling judged, undermined and powerless in the parenting of their children (Earner, 2007; Lewig et al., 2010b; Renzaho, McCabe, & Sainsbury, 2011).

In addition, differing rates of acculturation can threaten maternal identity. As children and adolescents gain a greater understanding of the language of the host country, its slang and culturally-specific jokes than their parents, they may use their native language less (Samuel, 2009). The loss of a common method of communication between children and their parents increases the opportunity for misunderstandings and misapprehension, and can "decrease family solidarity, cohesion and bonding" (Samuel, 2009, p.22). Samuel (2009) found that both parents and children experiencing intergenerational conflict developed feelings of inferiority and hopelessness, with parents also reporting feeling that they could not adequately meet the emotional and physical needs of their children. Parents sometimes view children and adolescents' attempts to integrate as defiant, negative, and dysfunctional (Quinones-Mayo & Dempsey, 2005). In an Australian study, refugee parents spoke about feeling disempowered by the growing independence and disobedience of their older children. They attributed this to the independence given to the children by financial state support and encouragement to question authority at school (Lewig et al., 2010a). In contrast to these findings, a study of migrant mothers found that while mothers wanted to preserve their culture's traditional mother-child relationships, they accepted that their children would adapt their behaviour in light of their new cultural environment (Liamputtong & Naksook, 2003). This meant that they found the process of acculturation less threatening.

Children and adolescents' increased rate of acculturation frequently can lead them to become advocates or cultural liaisons for their families (Crowley, 2009; Fazel & Stein, 2002; Lewig et al., 2010b). This means that children adopt a more adult role within the family as communicator with the host country. In some research samples, this was experienced as a loss of authority and power for parents (Dubus, 2010), whilst in others parents reported feeling that this was a way children could positively contribute to the wellbeing of the family (Hancock, 2005).

Research with both parents has found that poverty can have a negative impact on the way parents perceive their competence as parents. Because poverty can make it difficult for parents to purchase adequate food and clothing for their children, transportation, leisure activities and child care, and to provide adequate housing

(Katz et al., 2007; Russell, Harris, & Gockel, 2008) it can evoke feelings of inadequacy and failure (Orthner, Jones-Sanpei, & Williamson, 2004; Whitham, 2012). Additionally, McCormack (2005) has highlighted the threat to maternal identity caused by society's condemnation of the 'welfare mother', arguing that mothers who receive financial state benefits are cast as lazy and immoral.

This body of literature provides some insight into the possible ways in which the maternal identity of asylum-seeking and refugee mothers may be affected by their experiences in England.

**Managing threats to maternal identity**

The research therefore indicates that threats to maternal identity occur and can have a detrimental impact on women's perceptions of themselves as mothers. However, people respond to and cope with threats in different ways. The next section explores what factors can support women in managing threats to maternal identity. Whilst there are many approaches to understanding methods of coping with stressful and difficult experiences (Aldwin & Yancura, 2004), the present research focuses on two that came through clearly in the data: resilience theory and impression management theory. Other approaches include the psychoanalytic focus on defensive mechanisms (Cramer, 2000) and approaches that distinguish between emotion-focused coping, problem-focused forms of coping and coping resources (Lazarus & Folkman, 1984).

In the following section, a psychological account of responses to threats is firstly given, using a resilience framework to explore the internal and external factors that support people in overcoming stress in an adaptive manner. In the context of this research, resilience theory helps to explain why some women might be better able to manage contexts in which their maternal identity is threatened, resulting in feelings of competence around mothering. Secondly, responses to stress are explored through the more sociological impression management literature. This approach dissects individuals' language to explore how people use narrative strategies to protect their maternal identity.

**Resilience theory**

Through observation of daily life and extensive research, we know that some people are better able to cope with stress and adversity than others (Masten & Coatsworth, 1998). This indicates that some women may be able to respond in a more adaptive way to threats to maternal identity than others. Resilience theory provides a solid theoretical framework to explain this occurrence. Resilience is characterised by "relatively stable, healthy levels of psychological and physical functioning" in the face of adversity and difficult life experiences (Bonanno, 2004, p. 20). In the context of this research, the adversity and difficult life experiences encountered are those experiences that threaten women's statuses as 'good' mothers. Resilience theory is a useful framework within which to consider how women manage threats to their maternal identity because it is policy-oriented; it gives a sense of psychological and environmental factors that can be promoted to help women.

Resilience is best understood not as an outcome such as robustness or social functioning, but as "a dynamic process involving an interaction between both risk and protective processes" (Olsson, Bond, Burns, Vella-Brodrick, & Sawyer, 2003, p. 2). Defining resilience as a process encourages a more fluid understanding, allowing for the recognition that resilient characteristics can co-occur with emotional turmoil (Lau & van Niekerk, 2011; Masten & Powell, 2003). Whilst research on resilience has primarily focused on children (Rutter, 1985; Sroufe, 1997), it has more recently been expanded to explore resilience processes that occur in adulthood (Brodsky et al., 2012). This research builds on this new body of work, examining the relationship between resilience and maternal identity in asylum-seeking and refugee women.

The resilience of an individual is influenced by both protective and risk processes. Protective processes "modify, ameliorate, or alter a person's response to some environmental hazard that predisposes to a maladaptive outcome" (Rutter, 1985, p. 600). Whilst risk processes are often the opposite of protective processes, the influence that a process has is specific to each context and person (Schofield & Beek, 2005). Indeed, some traumatic or stressful events can have a steeling

effect on people. In some instances, "unpleasant and potentially hazardous events may toughen an individual" and decrease their vulnerability to stressors at a later date (Rutter, 1985, p. 600). Protective and risk processes occur both internally and externally, involving interplay between psychological functioning, family and societal processes (Friborg, Hjemdal, Rosenvinge, & Martinussen, 2003; Schoon, 2006).

*Internal processes*

The capacity to cope with adversity, and in this context threats to identity, is determined by a person's cognitive appraisal and cognitive set (Rutter, 1985). Cognitive appraisal is the process through which a person assesses and defines an event or situation. A primary appraisal and secondary appraisal is conducted (Lazarus & Folkman, 1984). When an individual initially appraises an event or encounter, he or she may judge it to be threatening or benign. If an event is considered to be threatening, individuals then evaluate what might be done to counter this threat, and act this out in the form of coping strategies. More resilient individuals are able to use coping strategies flexibly, adapting their use of certain strategies in relation to the context in which the threat occurs (Lazarus & Folkman, 1984). This is referred to as the goodness-of-fit theory (Lam & McBride-Chang, 2007; Lazarus & Folkman, 1984). A cognitive set refers to an individual's tendency to interpret information in a particular way. High self-efficacy and self-esteem, and the ability to process experiences in a positive way, are factors that are considered to be protective against threat and boost resilience (Fonagy, Steele, Steele, Higgitt, & Target, 1994; Friborg et al., 2003; Rutter, 1985; Schofield & Beek, 2005; Taylor, Kemeny, Reed, Bower, & Gruenewald, 2000). They are discussed in detail below.

Self-esteem, self-efficacy and hope are closely linked attributes, particularly in the context of managing threats to maternal identity. Self-esteem is the extent to which individuals hold "attitudes of acceptance or rejection" toward themselves (Rosenberg, 1962, p. 135). Self-esteem gives individuals a sense of worth that enables them to aim for, achieve and enjoy success but also to negotiate disappointments or failures (Schofield et al., 2012). Worthiness, a component of

self-esteem, is about applying positive or negative attitudes to an object, in this case the self, and questioning whether one is good enough (Rosenberg, 1962). For Tafarodi, these positive and negative attitudes culminate in a view of oneself as acceptable or unacceptable, and strong or weak (Tafarodi & Milne, 2002; Tafarodi & Swann, 1995). Self-esteem is lowered when perceptions of one's own accomplishments do not meet expectations of competence (Hart, Atkins, & Tursi, 2006). Self-esteem leads to positive mental health and wellbeing, whilst the absence of self-esteem can lead to psychological difficulties such as depression, feelings of inadequacy and suicidal thoughts (Mruk, 1999). Recent research has also highlighted how fluctuations in levels of self-esteem can be a predictor of depression (Franck & De Raedt, 2007; Greenberg, 2008; Michalak, Teismann, Heidenreich, Ströhle, & Vocks, 2011).

Resilience is also promoted when individuals have a personal sense of control (Turner, Goodin, & Lokey, 2012). Self-efficacy, also termed internal locus of control, is the belief that one can influence outcomes with one's own behaviour (Rotter, 1990). Individuals demonstrating self-efficacy are able to recognise their share of accountability for their successes and failures (Kaniel & Siman-Tov, 2011). This can result in an active, problem-solving approach to difficult situations, which can in turn help individuals manage stressors more effectively (Penley, Tomaka, & Wiebe, 2002). Self-efficacy encourages individuals not only to initiate coping strategies, but to persist in those strategies (Bandura, 1977). The concept of hope is also closely linked to the notions of self-esteem and self-efficacy. Hope is comprised of two components: thoughts about one's ability to meet goals in the present and future, and the belief that one is capable of planning ways to meet these goals (Snyder et al., 1991; Synder, 2000).

The literature distinguishes between two types of thinking about oneself. Whilst both involve processes of reflecting on, evaluating and understanding thoughts, feeling and behaviours, they result in different outcomes. Brooding or self-rumination is a process in which the individual makes a "passive comparison" of their current situation with some unachievable standard (Treynor, Gonzalez, & Nolen-Hoeksema, 2003, p. 256). It is associated with neuroticism, anxiety, depression, hostility, vulnerability and thus, personal distress (Grant, Franklin, &

Langford, 2002; Joireman, Iii, & Hammersla, 2002). On the other hand, self-reflection is more geared towards productive problem-solving, and is associated with perspective-taking and empathy (Grant et al., 2002). Self-reflection is linked to self-efficacy and helps individuals to change their behaviour for the better (Grant et al., 2002; Joireman et al., 2002).

Other favourable and interlinked dispositional attitudes and behaviours for resilience are empathy, pro-social behaviour, a desire to better oneself, a higher sense of worth and a positive outlook on life (Friborg et al., 2003; Schoon, 2006). Additionally, biological factors are also thought to impact on resilience, such as IQ, temperament, health and brain development (Fonagy et al., 1994; Rutter & Sroufe, 2000).

*External processes*

External processes that support resilience occur both within the family and at a wider social level. At a family level, protective processes include a stable and supportive family during childhood, such as a close relationship with a principal caregiver, and support from a partner in adulthood (Schoon, 2006). Within a wider social context, protective processes include feeling part of a community and social cohesion, being involved in education, employment or training (EET) and involvement with religious activities (Fonagy et al., 1994; Schoon, 2006). These are discussed in further detail below.

Social support has been widely recognised as a key factor in promoting resilience in children (Masten & Powell, 2003; Rutter, 1987; Werner, 1990) and adults (Bonanno, 2004; Lazarus & Folkman, 1984; Walsh, 2003). "Large social networks provide persons with regular positive experiences and a set of stable, socially rewarded roles in the community" (Cohen & Wills, 1985, p. 311). Research with women mothering in adversity (for example, caring for chronically ill children or managing adolescent delinquency) has found that both the women's satisfaction with and perception of the availability of social support helped reduce maternal distress and encouraged more adaptive and healthy responses to stress (Ghazarian & Roche, 2010; Horton & Wallander, 2001). Social support can be protective

against stress in a variety of ways. It can provide individuals with esteem support, giving them the sense that they are valued and worthy of attention (Cohen & Wills, 1985; McLoyd et al., 1994). Social support also provides individuals with companionship, creating a sense of basic connectedness with the local community which helps promote resilience through diversionary activities and instilling positive moods (Cohen & Wills, 1985; Walsh, 2003). Finally, social support can provide instrumental support, by being a source of financial security and practical assistance in times of crisis (Cohen & Wills, 1985; Walsh, 2003). Support networks can reduce stress and promote resilience even before an event has occurred; the expectation of an individual that he or she will be supported in a stressful event may prevent an event from being appraised as stressful (Cohen & Wills, 1985).

Individuals also benefit from intimate supportive relationships with spouses or partners (Fonagy et al., 1994). When a relationship is supportive, it can provide emotional support, encouragement and confidence, as well as practical and financial help (Stokes-Gottlieb, 1997; Walsh, 2003; Werner, 1990). Research with single mothers has found that they are more likely to encounter negative life events and report higher levels of depression and stress than mothers with partners, suggesting that supportive partners can have a protective influence (Cairney, Boyle, Offord, & Racine, 2003). However, when relationships break down, or partners are unsupportive or abusive during stressful events, partners become a risk factor for resilience (Kelly & Johnson, 2008; Manne & Badr, 2010).

Employment has long been understood to benefit mental health (Zabkiewicz, 2010). Not only has employment been found to reduce depression, but it has also been linked to increased self-esteem and life satisfaction (Aneshensel, Frerichs, & Clark, 1981; Lewis, Kagan, Heaton, & Cranshaw, 1999; Paul & Moser, 2009) particularly when the job is perceived as satisfying (Lewis et al., 1999). Education is an important part of building resilience in children, less due to the content of teaching, and more because education can build self-esteem and encourage the ability to problem-solve (Rutter, 1985). This is likely to be the case with adults who engage in education or training during periods of stress. Engaging in EET is also a way of meeting others and building a social network (Evans & Repper, 2000; Repetti, Matthews, & Waldron, 1989).

Religious belief as a protective factor has been less well researched. Some research with people living with illness has indicated that religious belief can provide relief from stress and give people a sense of control and hope (Koenig, Larson, & Larson, 2001). Research conducted with high risk adolescents has echoed this, finding that religious services and religious or spiritual beliefs may support resilience in some young people at risk of developing depression (Kasen, Wickramaratne, Gameroff, & Weissma, 2012). Research with unaccompanied asylum-seeking children found that religious belief played an important role in their coping strategies too (Ní Raghallaigh & Gilligan, 2010). The participants in Ní Raghallaigh and Gilligan's study (2010) spoke of their religion as providing hope, a way of maintaining a connection with their home culture, diversionary activities that prevented them from dwelling on the stress in their lives, and giving them the sense that they were coping independently (through their faith) and had no need to depend on others.

Entwined with religious belief is the impact of the social events connected with that belief. For example, Kasen et al. (2012) found that attendance at services was more protective against having a major depressive disorder (MDD) than religious belief. This indicated that the increased opportunity for social support afforded by religious services is particularly influential. Howsepian and Merluzzi's research with cancer patients also found that individuals benefit from an enhanced sense of social support that occurs (Howsepian & Merluzzi, 2009). Whilst religious belief can be a protective process for many individuals, it can also diminish individual's feelings of self-efficacy, causing "individuals to feel that they do not have much control over their own lives" (Carone Jr & Barone, 2001, p. 1000).

External support and internal processes interact with one another. For example, being hopeful and having high self-esteem helps individuals to seek and gain employment and make individuals more attractive to others, therefore helping to foster supportive relationships (Friborg et al., 2003). On the other hand, cognitive sets are also supported by external factors. For example, having a supportive relationship with another can improve self-esteem (Friborg et al., 2003; Rutter, 1985). Resilience is therefore not only about psychological functioning and

external supports, but also about the individual's ability to use these supports to help them manage stress.

In addition to these factors, early life experiences are thought to impact on the individual's capacity to show resilience in the face of adversity. These experiences include an individual's relationships with and attachment to caregivers, the competence of the parenting they received, the socioeconomic environment in which they were raised, and their educational experiences (Fonagy et al., 1994; Svanberg, 1998). All of these factors will affect a mother's ability to identify and use social support.

Resilience theory provides a solid contextual framework within which to consider what factors help people respond adaptively to stress and adversity. In the context of this research, it provides a framework for understanding the different responses to threats to maternal identity. Key processes emerged from the interview data that supported the women's ability to evaluate their mothering positively. In terms of internal processes, these were self-esteem, self-efficacy, hopefulness and the ability to think about and reflect on thoughts, feelings and behaviours. Influential external processes were support from partners, EET, social networks and religion beliefs and communities.

**Countering threats to identity through impression management**

An alternative way of looking at ways in which maternal identity can be protected in the face of threats is to employ the more sociological approach of examining the use of language and narrative constructions in negotiating a 'good' mother identity. This focus on "verbal construction and assertion of personal identities" is just one type of identity work employed by individuals to reinforce or protect their identity (Snow & Leon, 1987, p. 1348). This approach "serves to remind us that, far from being straightforward" accounts, narratives are "highly sophisticated and selective reconstructions that are designed to serve the needs of the narrator as much as those of the researcher" (Owens et al., 2008, p. 251).

Individuals engage in impression management strategies (also known as self-presentation strategies) in an attempt to control the impression they give of themselves to another, with the aim of meeting the expectations associated with a given situation (Goffman, 1959). Impression management is particularly prevalent when individuals are committed to roles and when they feel that the role is being threatened. Individuals attempt "to portray the image that is most in line with what they would like others to think of them" (Schrick, Sharp, Zvonkovic, & Reifman, 2012, p. 592). Leary and Allen (2011) suggested that the process and type of impression management employed is influenced by factors such as the individual's self-concept (for example, what aspects of themselves they value and therefore wish to protect), the impression they desire to portray, the threats they face to their valued identity, the target audience and the individual's perceptions of how he or she is regarded currently.

There have been some attempts to produce typologies of impression management strategies. These occur from a body of literature looking at the role of impression management in the work place. For example, Jones and Pitman (1982) suggested there are five key impression management strategies, namely ingratiation (seeking to be viewed as likeable through flattery), self-promotion (seeking to be viewed as competent through showcasing abilities), exemplification (seeking to be viewed as dedicated by exceeding expectations), supplication (seeking to be viewed as vulnerable by showcasing weaknesses and limitations) and intimidation. This typology is useful in giving examples of the types of strategies that exist and, whilst these strategies were identified in the context of a work setting, they may also be employed in the context of negotiating a 'good' mother identity.

There is some debate regarding the audience of impression management strategies. Some theorists speak about the audience as solely the 'other', an outer audience of other persons (Baumeister, 1982; Goffman, 1959). However, Greenwald and Breckler (1985) challenged this assumption, arguing instead that "the self is presented to multiple audiences" (p. 141), one of whom is one's inner audience – one's self. They found that the ideal self presented in impression management strategies is often believed by individuals and that these descriptions have a bolstering or enhancing effect on individuals' self-concept. This argument is

supported by the basic premises on which identity is understood to be formed within sociology. Because identity construction is a circular process, consisting of a continuous process of self-definition and definition from others, created, maintained and shaped through social interaction, impression management strategies also serve to influence and benefit one's own self-image (Burke & Tully, 1977; Jenkins, 1996; King et al., 2009).

Impression management strategies can be enacted both consciously and with little attention to what is being done. At times, individuals are acutely aware of their social environment and the impact of their behaviour and words on the impression they are giving others, and of the impression they would like to give. This is especially the case when they feel under particular scrutiny (for example, when in a research interview) (Leary & Allen, 2011). Goffman's distinction between front stage and back stage behaviours suggests that there is an area of the self, the backstage, in which impressions are created, therefore implying a conscious element to impression management (Goffman, 1959). The conscious employment of strategies is dependent in part on the individual's skills at recognising and adapting to situations (Silvester, Anderson-Gough, Anderson, & Mohamed, 2002).

Yet, these strategies of impression management are not always enacted consciously; rather, many strategies are habitual or learned and are carried out instinctually (Leary & Allen, 2011). Individuals may be aware of their desire to be seen as a 'good' mother, but will not consciously choose specific narrative strategies in response to that threat. Rather, they enact instinctual defences against these threats. Whether conscious or unconscious, impression management in the context of threat is not manipulative in a negative sense; rather, it symbolises people's attachment to certain roles, their understanding of themselves and the version of themselves they would like to be (Collett, 2005). These strategies act as "survival tools, enabling [people] not only to make sense of the past but also to face their own future" (Owens et al., 2008, p. 237).

A small body of literature indicates that individuals can fluctuate between a range of impression management strategies during one interaction, and at times, these can appear to conflict with one another (Hydén, 2005; Owens et al., 2008). Narratives

are not accurate, literal accounts of events and inconsistencies reflect the way in which narratives are constructions (Potter & Mulkay, 1985). People, particularly those facing stress or threat to identity, may present contradictory impressions of themselves, not only suggesting the absence of a consistent self-view (Schofield et al., 2010), but also highlighting the context-specific and fluid nature of impression management strategies.

Whilst research with asylum-seeking and refugee mothers regarding impression management has not been conducted, some research has been conducted over the past two decades exploring the ways in which mothers (and, in the case of some research described below, parents) who feel threatened in their role negotiate their identity as 'good' mothers. This research centres on the concepts behind impression management, but the term is used infrequently. This body of research reflects concern that the "social construction of motherhood imposes on women unrealistic standards of ideal motherhood" (Bell, 2003, p. 135). It indicates that women who enact the role of mothers in challenging or adverse situations in which they are unable to meet these standards manage this by reframing and renegotiating the construct of a 'good' mother. Mothers use countless other impression management tactics to claim their identities (Collett, 2005). Below is a discussion of three impression management strategies, some of which have already been found to be used by mothers experiencing threat to their maternal identity.

One strategy of constructing a 'good' mother identity that emerged from the literature was that of presenting oneself as meeting key mothering expectations, also known as enhancement or self-promotion (Jones & Pittman, 1982; Weiss & Feldman, 2006). For example, Celinska and Siegel's research (2010) with 37 imprisoned mothers reported that all the mothers presented themselves as good and capable in the face of separation from their children. To do this, the women focused on their successes in mothering before they were imprisoned, emphasising practices such as spending time together, conveying a sense of devotion to their children and eating together; these were practices they knew would be construed as 'good' mothering. They spoke about how they had protected their children from being affected by their criminal behaviour in the past and how they had ensured they had met their mothering duties (such as cleaning and providing food)

throughout drug dependency. The women expressed anxiety about how their children were currently being cared for, seeking to meet expectations of the 'concerned' mother. Other key strategies used included stating their worry about their children following in their footsteps and disassociating themselves from the prisoner identity.

A study with parents of children in foster care reported similar findings (Schofield et al., 2010). Some attempts to construct a 'good' parent identity were focused around parenting prior to the removal of the child. Parents stressed their unconditional love for their child throughout the substantial difficulties they had faced as individuals. Some attempted to establish a 'good' parent identity by contrasting their parenting with what they classed as the poor parenting skills of others. Other strategies were centred on the parents' thoughts and actions since the removal of the child. Parents established themselves as 'good' by emphasising their agreement with the decision to place their child with a foster carer, portraying themselves as prioritising the child's needs over their own. In contrast, others felt a more successful tactic of negotiating their identity as 'good' parents was to state their intent to fight for the return of their child to their care.

In a study with women mothering in the context of IPV, Lapierre (2010) reported how the women in the sample focused on presenting themselves as putting the needs of their children before their own. They stated that their first priority was to protect the children from harm, and emphasised their practice of ensuring their children's basic needs were met and their houses were tidy. In one striking case, a mother attempted to negotiate her position as a 'good' mother by stating that she was in tune with her children's needs for food, water and the toilet to the extent that they didn't need to ask for these things. This highlights the importance this woman associated with being perceived as a 'good' mother, and her use of any symbol of 'good' mothering available to her to assert that identity. Bell's research (2003) with mothers whose partners had sexually abused their children found that these mothers similarly sought to portray themselves as selfless and as protectors in an effort to manage threats to their identity. "Through idealising their selflessness the interviewees expressed their commitment to their children" (Bell, 2003, p. 133).

Experiencing physical and mental illness also resulted in women going to great lengths to convey themselves as 'good' mothers (Vallido et al., 2010). A study with HIV positive mothers described a number of strategies through which mothers negotiated their status as 'good'. The women spoke about protecting their children from experiencing distress or taking on a caring role for them by accepting help from others and emphasising their use of respite care. They also spoke about the sacrifices they made for their children's future; some women described forgoing a sexual relationship with their (uninfected) partner, thereby protecting their health, to ensure that their children were cared for in the future.

Collett (2005) uses the concept of indirect self-presentation, the act of using one's associates as mechanisms for impression management (Cialdini, Finch, & De Nicholas, 1990), to explore mothers' accounts of their children's role in their impression management strategies. Focusing on the way mothers dress their children as an act of impression management, she argued that mothers use well-dressed and well-groomed children to negotiate their identities as 'good' mothers.

Another impression management strategy is to present oneself as a victim. This has links with Jones and Pitman's description of supplication, defined as seeking to be viewed as vulnerable by showcasing weaknesses and limitations (Jones & Pittman, 1982). However, unlike strategies of putting forth a positive view of oneself, there is little research that explicitly links victim-playing with managing threats to maternal identity. Indeed, the link between victim-playing and impression management is under-researched, although it has been made (see Schmidt Neven, 2008, for an example of how professionals use the victim discourse to excuse poor service provision). Much of the literature on victim statuses is centred on IPV and rape (Dunn, 2005; Hayes & Jeffries, 2013). This approach offers an alternative way of managing threats to maternal identity, placing the emphasis not on promoting socially valued aspects of one's mothering, but on justifying and explaining perceived inadequacies.

Considered within impression management, the victim identity or status becomes a way of seeking recognition and acceptance (Meredith, 2009). The social status of a victim can be hugely beneficial because it can evoke sympathy and can also be an

effective way of accessing both practical and psychological help for difficult situations (Hayes & Jeffries, 2013; Leisenring, 2006; Zverina, Stam, & Babins-Wagner, 2011). Not all people experiencing harm are classed as victims, however; victims are perceived as such only when they are believed to be deserving of sympathy (Loseke, 2003). Those worthy of sympathy must be perceived as not responsible for their difficulties, morally sound, and in significant difficulty. Therefore, in seeking to manage impressions using the victim strategy, individuals must meet these criteria. Mothers defending their maternal identity through victim-playing must ensure that they convey to their audience both the extent of the stressors they are facing and their lack of culpability for those stressors, whilst at the same time, ensuring that they are seen as likeable and decent. In terms of asylum-seeking and refugee women, this also occurs within a context where they have already been positioned as victims of persecution (for example, see Drozðek & Wilson, 2004).

When they are successful in this approach, individuals are able to absolve themselves of responsibility for their difficulties, and deflect any potential criticisms of their actions. "In claiming the status of a victim, and assigning all the blame to others, a person can achieve all moral superiority while simultaneously disowning any responsibility for his or her behaviour and its outcome" (Zur, 2005, p. 49). As Zur points out, presenting oneself as a victim necessarily entails positioning someone or something up as the aggressor and blaming them for the harm. For example, some parents with children growing up in foster care have been found to shift the blame from themselves to others such as child welfare services or their partner (Schofield et al., 2010). Likewise, research with parents of sons who have committed suicide outlined strategies in which parents shape their narratives to reflect blame away from themselves to others. These strategies included positioning the child as the victim of a malicious partner or inadequate, formal support systems, or as at fault for their own actions through making bad choices or being a perfectionist (Owens et al., 2008).

Yet, playing the victim is also a risky strategy in the longer term for an individual's position and value in society, their own psychological wellbeing, and the interplay between the two. In assuming a victim status, individuals also adopt characteristics

that are less valued by others, such as weakness, powerlessness and helplessness, and societal tolerance for victims can quickly diminish (Leisenring, 2006; Wood & Rennie, 1994; Zverina et al., 2011). Not only can this diminish self-esteem, but so too can the act of portraying oneself as a victim. Impression management strategies not only influence others' perceptions, they influence one's own perceptions of oneself, and therefore, there is a risk of the victim status being integrated into the individual's self concept. The vulnerability associated with the position means that accounts of strength and resistance can be omitted, and individuals may end up perceiving themselves to be incapable of improving their own lives (Dunn, 2005; Hydén, 2005). In addition, because impression management strategies can influence self-concept, adopting a strategy that blames others can lead to emotional distress and sustained feelings of anger (Martin & Dahlen, 2005; Schofield et al., 2010).

Dismissal as an impression management strategy refers here to managing impressions by dismissing the significance of an event and the impact it has on both one's self-concept and others, presenting instead a positive, unscathed impression. In the context of managing threats to maternal identity, this means that potential criticisms of a woman's mothering can be deflected by them by shaping seemingly damaging events as benign. Discussions around this style of impression management tend only to appear in the literature in conjunction with debates about its relationship to the more psychological concepts of denial and repressive coping, and whether it is possible to distinguish between the two (Strong, Greene, Hoppe, Johnston, & Olesen, 1999). In this literature, considering dismissal as impression management assumes that an individual's dismissal of the impact of an event is conscious and stems from the individual's purposeful attempt to appear in a socially desirable way. Alternatively, considering this behaviour as denial or repressive coping means instead that an individual genuinely deceives themselves about how they feel in order to defend highly valued self-concepts (Strong et al., 1999; Weinberger & Davidson, 1994). Existing quantitative studies examining the differences between the two states suggest that those who are repressing emotions can be distinguished from those who are employing impression management by examining physiologically responses to stressors in relation to participants' reports of distress (Strong et al., 1999; Weinberger & Davidson, 1994). However, as

discussed earlier, other theorists have argued that impression management strategies can be enacted unconsciously, which further complicates the debate. Whilst determining the extent to which a response is conscious or unconscious is beyond the scope of this qualitative research, the concept of dismissing or denying a threat in order to construct the identity of a 'good' mother is worthy of exploration.

Whilst there seems to be little or no research with mothers that explores dismissal in terms of impact on the self, Celinska and Siegel (2010) explore the practice of mothers dismissing the impact events had on their children, termed as role redefinition. This means that they attribute their children with exaggerated maturity, thus minimising the harm that might have been done to children and, in turn, reducing their own feelings of guilt.

Denial is considered as both adaptive and maladaptive, depending on the individual and the context. Circumstances in which denial can act as an effective self-protective mechanism include when it is used on a temporary basis and if it is used in association with a positive mindset. It can, however, be maladaptive if it prevents positive action to improve a situation, or is employed when in the context of a long term or repeatedly encountered stressor (Goldbeck, 1997; Vos & de Haes, 2007).

Mothers, and people more generally, use countless self-presentation tactics to claim their identities (Collett, 2005). The employment of certain types of impression management strategies seems to be determined by a range of factors, including the context in which the interaction occurs, the goals of the individual and the audience (Goffman, 1959; Tetlock & Manstead, 1985). In addition, the literature suggests there is some link to psychological functioning more generally. For example, Baumeister argued that high self-esteem is associated with impression management strategies that aim to enhance the individual and focus on their good qualities whereas low self-esteem is associated with more self-protective strategies such as victim-playing and dismissal (Baumeister, Tice, & Hutton, 1989). In keeping with this theory, victim-playing can be understood within the context of learned helplessness (Hayes & Jeffries, 2013). The theory of learned helplessness is one

explanation for depression, and rests on the premise that when people encounter regular experiences of being unable to affect outcomes with their behaviour (being helpless), they come to expect that they will be unsuccessful and are therefore less likely to try. Depression stems from learning that outcomes are uncontrollable (Abramson, Seligman, & Teasdale, 1978). However, the theory of learned helplessness has been heavily criticised for oversimplifying the connection between experiences of helplessness and depression, failing to account for instances in which experiences of helplessness do not lead to depression, and those who do not experience helplessness can indeed be depressed (Lazarus & Folkman, 1984). Yet, this offers an important insight and suggests further exploration is needed regarding the relationship between impression management strategies and self-esteem, depression and psychological wellbeing more generally.

**Summary**

This chapter has explored the negative effects of certain experiences such as illness, IPV, separation and poverty on maternal identity. It then set out two perspectives on how maternal identity can be protected and negotiated in the context of threat, the frameworks of resilience theory and impression management. Key questions that arise for the present study are:

• Do the asylum-seeking and refugee mothers in the sample experience threats to maternal identity, and if so, what experiences are described as threatening?

• Are there processes and characteristics that support them in managing threats to maternal identity?

• Do they use impression management to negotiate their identities as 'good' mothers, and if so, what strategies do they use?

This literature review as a whole has provided a platform from which to explore how the experiences of asylum-seeking and refugee mothers may impact upon their maternal identity, and has highlighted a number of issues and questions that are addressed in the following findings and discussion chapters.

*PART TWO*

# Chapter 5: Research design and process

This chapter explains and defends the research design used for this study and gives an account of the process of data collection and analysis. This is a qualitative study, based on a constructionist ontology and interpretivist epistemology. The data was collected using semi-structured interviews and analysed using a constructivist approach to grounded theory. The ethical implications of the research are also considered.

**Choosing qualitative research methods: theoretical implications**

Two philosophical traditions dominate research, those of positivism and constructionism[3]. These approaches represent different ways of understanding both the nature of the social world, and the ways in which we can gain knowledge about that world. Positivism is an approach to research adopted from the natural sciences which has dominated the social sciences for most of the past century (Moses & Knutsen, 2007). In its purest form, positivism is the belief that reality is an objective and fixed entity that is independent of human subjectivities or perceptions (Sarantakos, 2005). Data should be unambiguous, quantifiable and reproducible (Kvale, 1996). In the context of conducting research, the belief that reality is an objective and fixed entity means that researchers assume the world and its workings can be understood through observation and 'sensory' knowledge, or knowledge that has been seen or experienced to be true (Moses & Knutsen, 2007). Therefore, knowledge is 'found' by the researcher and brought to light (Sarantakos, 2005). In light of this, research with a positivist foundation uses experimental methods to test hypothetical generalisations, with a particular emphasis on casual relationships (Golafshani, 2003).

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[3] Constructionism and constructivism are terms closely linked, and frequently used interchangeably in the literature. Some distinguish between the terms by assigning constructivism to the process of individual meaning-making, and whilst constructionism is used to address issues of wider, societal meaning-making (see Crotty, 1998). Both terms and definitions are relevant here.

Conversely, constructionism, which forms the theoretical underpinnings for this research, is the belief that reality is constructed by people. This is not to deny that some things are concrete or real, but to argue that objects and events only acquire meaning through social interaction (Strauss & Corbin, 2008). These meanings are not fixed but change and evolve through social interaction with others (Sarantakos, 2005). Therefore, the world is complex and made up of multiple perspectives, which are historically, socially and culturally situated (Strauss & Corbin, 2008). Knowledge, like reality, is considered to be created through action and interaction, and therefore research data is a joint construction built by both the researcher and the participant (Denzin & Lincoln, 2011). A key aspect of the construction of reality and knowledge is communication; what is communicated, the way it is communicated and the way it is understood all influence knowledge (Sarantakos, 2005). "Ideas are not statements of what is or what has been but of acts to be performed" (Dewey, 1930, p.138). At the root of this interpretivist understanding is the concept of verstehen. Verstehen is the "process of subjective understanding or interpretation" (Truzzi, 1974, p. 9) and stems from the belief that humans have a unique consciousness that allows them to empathise with others (Patton, 2002). This enables them to understand the way in which others make sense of their world and the nature of social phenomena (Flick, 2006).

From these two philosophical traditions grew two approaches to conducting research: quantitative and qualitative. Traditionally, quantitative research originated from positivism, whilst qualitative research has its roots in constructionism. However, while this association is helpful in considering the basic premises about what constitutes valid research, it is important to recognise that this division is far from absolute and approaches can be combined (Mason, 1996). Qualitative research may or may not be interpretive, depending upon the underlying philosophical assumptions of the researcher. For example, Glaser's approach to grounded theory accepts that there is an external world that can be described, analysed and predicted (Bernard & Ryan, 2010). Likewise, Miles and Huberman (1994) describe an empiricist approach to qualitative research, in which social relationships can be discovered through observation. Madill et al. (2000) argue that the goals of positivist research – objectivity and reliability – can be

translated into qualitative research when the researcher believes that the world is largely knowable and can be accessed through systematic enquiry.

Whilst the term qualitative research encapsulates a wide range of theoretical approaches and subsequent methodologies, and is used by a range of disciplines including sociology, education, psychology and anthropology (Marshall & Rossman, 2006), in sociology it is commonly associated with the tradition of symbolic interactionism (Bryman, 1984; Flick, 2006; Mason, 1996; Sarantakos, 2005; Strauss & Corbin, 2008). Symbolic interactionism informs the ideas around the construction of the mothering identity used in this research. Symbolic interactionism assumes that human action depends on the meaning individuals give to social life (Sarantakos, 2005). These meanings are developed through social interactions and fuelled by language (Blumer, 1986). The symbols created from this interaction influence the behaviour and actions of individuals (Arena & Arrigo, 2005; Rose, 1962; Strauss & Corbin, 2008). For example, the symbol of a 'mother' is socially created and holds expectations of behaviour.

This research combines different theoretical approaches to interpreting qualitative data across the findings chapters. Chapter 7 gives shape to and explores commonalities in the accounts of the women about their lives as mothers in England. Chapter 8 focuses on how some of these experiences were experienced as threatening to maternal identity, explaining this perspective by situating the mothers' experiences against a backdrop of their expectations of themselves as mothers.

Chapter 9 considers the women's account within a theoretical framework, explaining their experiences in terms of resilience. Throughout my analysis thus far, I approach the data from a straightforward constructionist perspective. That is, rather than present the findings as facts, the 'knowledge' is considered to be subjective and to be a product of the interaction constructed within the context of the interview.

Finally, in the fourth findings chapter, chapter 10, the constructionist approach is extended, borrowing from concepts of radical constructionism (Madill et al., 2000),

discourse constructionism (Denzin & Lincoln, 2011; Henwood & Pidgeon, 1994) and discursive psychology (Potter & Hepburn, 2008; Potter & Mulkay, 1985) to considered the women's accounts as narrative constructions. This approach considers how language shapes social and psychological realities, seeing interviews as "constructed versions of the world that are organised for particular purposes" (Denzin & Lincoln, 2011, p. 352). These different ways of considering the data helped to give a broader understanding of the women's responses to threats to maternal identity.

**Choosing qualitative research methods: practical implications**

In addition to the compatibility between my theoretical viewpoints and those underpinning qualitative research, a qualitative research design was also more suited to practicalities of researching the experiences of asylum-seeking and refugee mothers.

The focus of the research on 'experience' is compatible with a qualitative approach as qualitative research is interested in "people's lives, lived experiences, behaviours, emotions, and feelings as well as about organisational functioning [and] social movements" (Strauss & Corbin, 1990, p.11). This research is concerned with the meaning the participants give their experiences (Mason, 1996). Therefore, the way in which quantitative research "attempts to fragment and delimit phenomena into measurable or common categories that can be applied to all of the subjects or wider and similar situations" (Golafshani, 2003, p. 598) is unsuitable for this research.

Additionally, the inductive, rather than deductive, approach of qualitative research is more appropriate to this research. Quantitative research uses a hypothetico-deductive approach to research in which researchers develop a hypothesis or theory, and then test it (Langdridge & Hagger-Johnson, 2009). The data either supports this theory or challenges it, resulting in the abandonment or amendment of the hypothesis. Qualitative research, however, is considered to be "inherently exploratory" (Bryman, 1984, p.84). Researchers rely on observations and intuition

to define their research topic, and the fluid nature of qualitative research is more likely to prevent the data from being constrained by pre-existing theories and categories, which is essential in under-researched topic areas such as the experiences of asylum-seeking and refugee mothers (Sarantakos, 2005). However, one must bear in mind that it is impossible for any research to be truly inductive because some theoretical backdrop to a subject is always present (Langridge & Hagger-Johnson, 2009).

Quantitative research employs standardised measures in surveys and questionnaires to collect data (Golafshani, 2003), whereas qualitative research more commonly adopts semi-structured or unstructured interviews and case studies to gain data (Roulston, 2010). Maternal identity has been explored quantitatively using the maternal confidence questionnaire which measures maternal identity and confidence using fourteen items on a five point scale. Examples of the items include "I have all the skills needed to be a good parent" and "I am satisfied with my role as a parent" (Parker & Zahr, 1985, cited in Badr, 2005). However, the format of this questionnaire, and questionnaires in general, is too prescriptive and does not allow for the subtleties, complexities and in-depth understanding that qualitative research aims for (Mason, 1996). Understandings of maternal identity in this research are based on the impression women gave of their competence as mothers.

Qualitative research methods have been criticised for not adhering to the traditional positivist principles behind quantitative research such as objectivity, reliability (when a measurement remains the same over time and produces consistent results), generalisability (the extent to which it can tell us about people, places or events that have not been studied) and validity (research measures what we think it measures) (Chambliss & Schutt, 2010; Sarantakos, 2005). Yet, these criteria are founded in positivist beliefs which are at odds with those of qualitative research. The assertion that qualitative research is lessened by its subjective approach is, of course, easily dismissible by researchers openly adhering to interpretivism (Flick, 2006). The goal of achieving generalisability can be considered undesirable in qualitative research, as data is recognised as time and context-specific, and valued for its ability to represent individual human experience (Charmaz, 2009; Denzin, 1983).

Equally, attempts to ascertain whether an "overall account is realistic and accurate" through participant debriefing (Creswell & Miller, 2000, p. 127) is at odds with the theoretical framework that questions the existence of a 'real' account.

However, qualitative research must demonstrate its ability to produce trustworthy, reliable and valid research outside these strict parameters set out by positivism. Qualitative researchers can challenge criticisms of bias in their work by including extensive descriptions of their data collection and analysis, and show evidence of having read the literature on reducing bias, as demonstrated in this chapter. Equally, involving other academics in research can reduce the likelihood of criticisms of subjectivity and the absence of validity (Marshall & Rossman, 2006). In terms of this research, this was achieved through discussions with my thesis supervisors and through discussion with other colleagues.

**Reflecting on my position**

Essential in improving the reliability and soundness of qualitative research is reflexivity. The researcher must indicate awareness of their assumptions and biases through providing a detailed account of their position within the participant-research relationship (O'Neil-Green, Creswell, Shope, & Plano-Clake, 2007). The need to critically analyse the role of the researcher in the interviewing process is central to constructivism and was a key concern in this research. Reflexivity is concerned with establishing the awareness in the researcher that no interaction is objective or unbiased (Mason, 1996). "Reflexivity requires critical self-reflection of the ways in which researchers' social background, assumptions, positioning and behaviour impact on the research process" (Finlay & Gough, 2003, p. ix). Oakley (1981) argued that researchers commonly fail to report on factors that influence the data, such as the interviewer's and interviewees' feelings about the interview, the interviewer-interviewee interaction and relationship and hospitality offered by the interviewee. In light of this, some examples are provided in Appendix G of reflections following the interviews.

Finlay (2002) offers a detailed account of reflexivity, identifying different approaches and motivations for undertaking reflexive research. Introspective reflexivity and inter-subjective reflexivity are concerned with how the personal experiences of the researcher shape both the interview process and the analysis of the data. Introspective reflexivity requires the researcher to question and acknowledge his or her motives in undertaking the research, and the emotions and personal experiences that underlie that decision. For example, Finlay emphasises how personal feelings about the interviewee or subject matter can shape structure and atmosphere of the interview, as well as dictating the content, tone and style of questions. While it is essential that qualitative researchers engage with the process of self-reflection, it is equally crucial that they avoid self-indulgence or "navel-gazing" by ensuring that the focus of the research remains on the participants and the phenomena being studied (Finlay, 2002, p. 215).

Finlay (2002) also argues that reflexivity can be sought through mutual collaboration, a process in which the participant is considered as a co-researcher with input into data collection and analysis. However, while the intent of this approach is to create a multi-voiced account of social phenomena, it also calls into question the extent to which this can be achieved in light of power imbalances between researchers and participants. Thus, reflexivity can also be used as a social critique when it purposefully highlights this imbalance. Also relevant to this research is the use of reflexivity to call attention to possible miscommunications during interviews, arising due to the ambiguity and multi-layered meanings present in language.

A range of researcher characteristics can influence data collection and analysis, including "age, culture, religion, ethnicity, appearance, gender/sex […] and real or perceived differences in power or knowledge" and these issues are particularly emphasised during the process of interviewing migrants (Merry et al., 2011, p. 976)

Research on the impact of matching researchers and participants by gender has found that women tend to prefer speaking to female researchers (Archer, 2002; DeVault & Gross, 2007). I felt that my position as a woman, and the common ground it entailed, made it easier to develop relationships with the women I

interviewed and to gain in-depth information from them. Being a woman helped me to gather information about personal aspects of the participants' lives, including their relationships with their partners, childbirth, physical illness and mental health difficulties, which may otherwise have caused embarrassment.

As found in other research, my positions of being white and English separated me from the women (Archer, 2002). My position as an English-born woman in particular may have exacerbated feelings of powerlessness in the participants that occurred from their asylum status precariousness, emphasising their contrasting positions as 'foreigners' or outsiders.

Additionally, the importance of sharing a culture is raised in the literature on interviewing across cultures (Birks, Chapman, & Francis, 2007). Madill et al. claim that the validity of interpretivist research is determined by "the extent to which researcher and participant share basic cultural assumptions" (Madill et al., 2000, p. 10), and throughout this research, there is significant emphasis placed on the importance of shared meaning and understanding in relation to concepts of maternal identity and role expectations. The absence of a shared culture and language throughout the interviewing process may be considered as a cause for concern in terms of the foundations of the research. However, it is not possible for any researcher to share a culture with every participant they interview. Indeed, the concept of 'insider research', referring to research conducted by "someone whose biography (gender, race, class, sexual orientation and so on) gives her a lived familiarity with the group being researched" (Griffith, 1998, p. 361) is widely debated. Firstly, some challenge the dichotomous nature of insider and outsider, arguing instead that a researcher can be both. Sharing a culture, gender, race or other social groupings does not necessarily mean that experiences will be shared between people, and likewise, being outside a group does not preclude having experiences in common (Levy, 2013). In addition, the debate has highlighted both benefits and difficulties with the position of being an insider. On the one hand, being an insider can mean that recruitment is easier, and more importantly, that participants are more open about their experiences (Corbin-Dwyer & Buckle, 2009). On the other hand, researchers can experience role confusion and over-identification with their participants (Burns, Fenwick, Schmied, & Sheehan, 2012).

Participants may also assume the researcher is familiar with their experience and therefore provide less detailed explanations (Corbin-Dwyer & Buckle, 2009).

It is recommended that this issue is managed in cross-cultural research by meeting "a baseline or adequate level of competence" which aids understandings of culturally determined meanings (O'Neil-Green et al., 2007, p. 482). To reach this level of competence, the researcher must seek to increase their understanding of the participants' worldviews (O'Neil-Green et al., 2007). This was achieved through extensive reading of the existing literature and volunteer work with a support group for asylum-seeking and refugee women.

My position as an educated woman is also likely to have influenced the way in which the participants viewed, and therefore, responded to me. Some women may have perceived me to be more knowledgeable than them due to my education and may have felt intimidated by the research process, which for some, was alien. On the other hand, for women who had attended university, my educational background provided a commonality that went some way to readdressing power imbalances. My educational background may have also played a part in the way women spoke about their children's education. Many women spoke about their aspirations for their children to benefit from the English school system and to ultimately attend university. In this respect, I may have seemed to be an embodiment of educational opportunities in England, which may in turn have affected the content of the interviews.

I attempted to counter this power imbalance to some degree by emphasising my relative lack of knowledge on the subjects we were discussing in the interviews. I began the interviews by positioning the participant as the expert (as indeed they were) and by asking them to teach me about their lives. I dressed casually, emphasising my appearance as a young person. I did not explicitly state my position as a child-less woman, and none of the participants enquired about this. This may have been an indication that my attempts to appear young and inexperienced during the interviewing process were successful. I also made it clear to the women that I was dependent on them in order to conduct the research, thanking them profusely for talking to me. In making this dependency clear, I hope

to shift the power imbalance further towards them. Lastly, I presented myself as sympathetic and compassionate to their plights.

In addition to exploring the possible effects my presence had on the interviewees, it is important to briefly take into account the assumptions I took into the research process with me. At the outset, I was aware of several factors that may influence my choice in research topic. By keeping these issues at the forefront of my mind, I attempted to manage the extent to which they influenced they research, at the same time acknowledging their presence. Research topics usually emerge from researchers' own interests and passions (Moustakas, 1990); I came to this research in part because of my dissatisfaction with the seemingly inhumane and exclusive nature of the UK asylum process, and my concern for the vulnerable people who are forced to encounter it. Another key influence on my interaction with the women and analysis of the data was my own experiences of being mothered. Experiencing a close but complex and at times fraught relationship with my own mother will have impacted on my understandings of mothering, and these understandings will undoubtedly be present in both the interview questions and in the analysis of the data.

Reflecting on one's own emotions as a researcher is crucial, and there is growing acknowledgement that researchers face challenges in the interviewing process around managing their own emotions (Dickson-Swift, James, Kippen, & Liamputtong, 2007). There were moments during several interviews which I found to be emotionally distressing due to the experiences the women were describing and the women's obvious emotional distress. Dickson et al. (2007) refer to the need for researchers to be human and to be responsive and caring, particularly when conducting research with vulnerable people. This changes the dimensions of the interview process, even for a short time, but is necessary in order both to ensure the participant feels heard and valued, thus allowing for a more trusting relationship and richer data to be collected, but more crucially to ensure the participants' wellbeing is paramount.

**Constructivist grounded theory**

The data was analysed using a constructivist approach to grounded theory. Grounded theory has two strands. The original form, developed in the 1960s, was influenced by positivism and aimed to provide researchers with a qualitative method that was as visible, replicable and valid as quantitative survey methods. However, an epistemological shift towards interpretivism occurred in the academic community shortly after grounded theory was developed, and consequently a constructivist approach emerged. Constructivist grounded theory consists of "flexible analytic guidelines that enable researchers to focus their data collection and build mid-range theories" (Charmaz, 2011, p. 360). It is iterative, inductive, interactive and comparative, and allows the researcher to interact with data through a process of detailed coding, comparison and conceptualisation of data (Charmaz, 2011).

This method was chosen over a variety of other qualitative methods, such as narrative analysis, discourse analysis, focus groups and thematic analysis for a number of reasons. Constructivist grounded theory was felt to be appropriate because of its focus on the meaning of experience and its associations with symbolic interactionism and together, they provide a strong theory-methods package (Bryant & Charmaz, 2007; Grbrich, 2007). This method also gives the researcher a clear analytic framework to work within, guiding the researcher to create codes from which categories are created, compared and contrasted, leading to the formulation of a theoretical framework (Strauss & Corbin, 2008).

Grounded theory is often used to explore under-researched topic areas because it is concerned with building rather than testing theory. It involves simultaneous data collection and analysis, creating theoretical space for the emergence of previously unconsidered themes (Charmaz, 2006; Strauss & Corbin, 2008). Initial data collection is used to gain insight into individuals' experiences and this knowledge is then fed back into subsequent data collection. The fluid nature of constructivist grounded theory also allowed me to both look at participants' account of phenomena and their identity performances, when it became clear during analysis that these themes were emerging.

Constructivist grounded theory sees data and analysis as the product of a shared experience between the researcher and participant, which is moulded by the effects of time, place, context and culture (Charmaz, 2003). Concepts and theories are constructed by the researcher from stories constructed by the participant (Strauss & Corbin, 2008). This approach is concerned with understanding people's interpretations, experiences and accounts of social phenomena and events, rather than the events themselves (Grbrich, 2007; Mason, 1996).

**Recruiting participants**

Initially, the sampling strategy employed in this research was restricted to the basic requirement that the women were mothers and that they had sought asylum. This was because it was anticipated that this group would be difficult to access, based on previous research conducted at MA level. The first three interviews were conducted on this basis. However, it became clear that a more specific set of criteria was required. Firstly, the sample was narrowed to women who had given birth to at least one child in their country of origin but who also cared for children in England. This meant that the mothers would have experience of mothering both in their country of origin and in England, and would facilitate comparison between the two experiences. Secondly, the children of the participant had to be under 18 years old to ensure that the mother had experience of being legally responsible for the child's welfare in England. Lastly, the participant had to have been living in England for at least three months at the time of the interview, in order that the participant had had some experience of being in the UK.

A range of organisations were contacted across England via telephone calls, emails and networking at events. In total, around one hundred organisations were contacted between May 2011 and July 2012. Twenty-two interviews were conducted. Initially, asylum-seeking and refugee support organisations with whom a relationship had been built through previous research were contacted, resulting in the recruitment of ten participants through four organisations. Subsequently, other organisations were contacted including new asylum-seeking and refugee support

organisations (with a particular focus on women's groups), IPV support groups, healthcare organisations, local authorities and councils, and solicitors working in immigration law. Two information flyers were sent to these organisations: one aimed at potential participants and one aimed at professionals or volunteers working with potential participants (see Appendices A and B). A further twelve participants were recruited through five organisations.

Participants were recruited via two pathways. In seven cases, professionals or volunteers at the organisations explained the research to women at their groups with the aid of the information flyers. They passed on the contact details of women who were interested in participating in the research, and I then called these women to arrange a mutually acceptable time and place for the interview. In the other fifteen cases, I attended the organisations and explained the research to the women myself, either in groups or individually, again using the information flyers. Interviews were then set up face-to face.

Four barriers to recruitment were encountered. Firstly, many organisations were contacted which were not able to support the research for a variety of reasons including inadequate funding or staffing, ineligible service users (for example, migrants or services that focused only supported men) or service provision (such as refugee support organisations who did not work directly with asylum-seekers or refugees), and protective gate-keeping. Workers were aware of the vulnerability of many women seeking asylum and were cautious about involving them in a potentially distressing, disruptive or intrusive experience. This led to lengthy periods of inactivity which lasted for several months at a time.

Secondly, I faced reluctance from professionals to involve their clients in the research because although the women's travel costs were reimbursed, they did not initially receive payment for the interviews. As a result of this, in January 2012, I began paying the participants £20 for each interview, which increased participation.

A third barrier to conducting interviews arose because of the complexity of the selection criteria. Workers at refugee support organisations frequently

misunderstood the criteria for participants, resulting in many interviews being set up with ineligible women, including economic migrants, women with no children, or mothers with children solely in their countries of origin. I attempted to combat this problem by repetition of the criteria in all correspondence with organisations, but the significant work loads of the workers and volunteers, understaffing and scarce resources, combined with the complexity of the criteria and the lack of information available to workers about the women, meant that mistakes were often made. In most cases, these mistakes were recognised in telephone conversations with the women themselves, and in only one case was an interview with an ineligible participant held. In this case, I conducted a shortened version of the interview, paid the participant, but did not use the data in the research.

The specificity of the selection criteria was also problematic in that it offended and upset women who had children in their countries of origin, but not in England. As described above, finding eligible women for the research meant speaking to groups of asylum-seeking and refugee women about the research, and determining whether their circumstances fitted the criteria. Many mothers who wanted to be involved in the research had to be turned away because their children were above 18 years old or because mothers were separated from all of their children. Some women who were already facing significant emotional distress over this separation found their exclusion from the research to be a dismissal of their status as mothers.

Lastly, women cancelled or did not attend previously arranged interviews. For example, an interview was set up with a woman who then did not answer her phone to confirm the appointment or give her exact address. In another case, a participant did not attend the interview, which was costly because an interpreter had been booked.

**Ethical practice**

Informed consent was obtained from the participants firstly verbally, and then via a signed consent form prior to the commencement of the interview (see Appendix D). A small number of women, due to ongoing applications for asylum or fear of

being identified by authorities in their countries of origin, were reluctant to sign the consent form, and these women initialled or put a cross. In these instances, consent was also obtained through audio recordings. My role as a researcher was explained to the participants prior to the interview, and they were informed that the data collected from their interviews would be used in academic publications and possibly presented at conferences. Participants were also informed of their right to refuse to answer questions, to end the interview at any point and to withdraw their transcript up to a month following the interview (see Appendix C for the pre-interview information sheet). The participants were not formally debriefed. This was due to the practical difficulties of contacting participants once the research was complete: one consequence of being an asylum-seeker or refugee is that residence in certain areas is often temporary. Women were however given details of how to contact me on their information sheet, should they desire any further information.

The participants were also informed that their interviews would be anonymised. The names and any details that may have identified the participants have been omitted or changed to protect their identities (including specific areas of residence, languages spoken, and descriptions of experiences or personal details that may have identified the individuals). In some cases throughout the thesis, participants' pseudonyms have been replaced with 'Anon'. This is in instances where specific events described by the participants may make it possible for others to identify them when they are considered in relation to other information given. All participants, with the exception of Mrs Hussein, gave their first names, and this is reflected in the choice of pseudonyms. The interviews were anonymised when first transcribed, and the data were stored securely.

The sensitive nature of the interview topic meant that some participants experienced some distress as a result of talking about difficult experiences such as pre-migration trauma, family conflict, and physical and mental health problems. The risk to the participants was minimised by the option to not answer any questions they found distressing, the supportive nature of the interview procedure, and an emphasis on the wellbeing of the participants over data collection. Following the interview, there was a period in which the participants were given time to digest the interview experience and were asked how they were feeling.

They were provided with an information sheet which gave them details of support groups they could contact for practical and emotional support, as well as naming and giving the contact details of a support worker known to them (see Appendix E). These tended to be workers through whom the participant had been recruited, and who had agreed to act as the first point of contact for the women following the interview.

During the interviewing process, my own safety was at risk as a result of entering the homes of participants. To manage this risk, I identified a colleague whom I contacted with the details of the timing and location of the research interview before the interview took place. I then contacted this person on leaving the interview. I also encountered some emotional distress as a result of the content of some of the interviews. I was supported through open discussion with my supervisor, colleagues and friends.

**Data collection**

This research was conducted using interviews as a data collection method because they enable researchers to study people's experiences, interpretations and understanding of life experiences. As a result of the diverse approaches to research encapsulated by the broad umbrella term of qualitative research, there are a number of different interviewing methods, including post-modern, hermeneutical, ethnographic, life history, phenomenological, feminist and grounded theory approaches. This research, in keeping with the proposed method of analysis, adopted a grounded theory approach to interviewing, which borrows from the phenomenological tradition. This approach was combined with aspects of feminist interviewing techniques.

Grounded theory interviewing aims to generate detailed and in-depth descriptions of human experience (Kvale, 1996). Grounded theory interviews are commonly semi-structured rather than unstructured. In unstructured interviews, there is no formal interview guide, and the interview is conducted more as a spontaneous conversation that allows the interviewer to be guided by the interviewee (Roulston,

2010). In semi-structured interviews, however, in which a range of discussion topics are defined prior to the interview but the questions in the interview are open-ended and are not dictated by an order or structure (Mason, 1996). Researchers rely on several broad and open questions to encourage the participant to tell unanticipated stories, and follow these with prompts (Charmaz, 2006). It is the interviewer's role "to provide a supportive, non-therapeutic environment in which the participant feels comfortable to provide in-depth descriptions of the life experiences of interest to the researcher" (Roulston, 2010, p. 18).

Research of this nature benefitted from this flexible yet structured approach. By using a semi-structured rather than unstructured interviewing technique, the interviewer is able to follow the interviewee through the issues which are pertinent to them, whilst still ensuring that topics appropriate and useful to the research are discussed (Roulston, 2010). Equally, this research topic requires an in-depth understanding of complex and ambiguous data which cannot be collected through short, yes or no answers (Mason, 1996).

Grounded theory interviewing attempts to retain the balance between the interviewer hearing what the participant has to say, and the interviewer gaining the necessary information (Charmaz, 2003). The interviewer aims to have some control over the interview by keeping the participant on topic, bringing them back to an earlier point when necessary, and by seeking clarification if a statement is unclear (Charmaz, 2006). During grounded theory interviews, it is the role of the interviewer to gain in-depth details of the participants' experience by encouraging them to elaborate on statements and to comment on thoughts and feelings (Charmaz, 2006).

Feminist interviewing methods focus on 'active listening'. Although this may seem an obvious necessity and one which is easily accomplished, DeVault and Gross (2007) argue that the art of listening is a complex process in which the interviewer must not only hear the information, but digest and engage with it. They emphasised this by citing studies conducted in the 1980s which highlighted how white antiracist women dismissed and ignored the concerns of black women. While this research is dated, it highlights the need for the researcher to be aware of ingrained

assumptions about others and about the quality of their own listening skills. DeVault and Gross also point to the need for careful listening when discussing a subject upon which the interviewer and the interviewee have differing view points. In the case of this research, this was relevant during discussions about the appropriateness of physical punishment of children. Active listening also requires the interviewer to maintain an awareness of silences and difficulties of expression - what cannot be or is not said. "This halting, tentative talk signals the realm of not-quite-articulated experience, where standard vocabulary is inadequate, and where a respondent tries to speak from experience and finds language wanting" (DeVault & Gross, 2007, p. 96).

Participants were given a choice about when and where they would like to be interviewed with the aim of making them feel most comfortable and in control of the interview process. Interviews set up by workers or volunteers at support organisations tended to be held within one to three weeks of the participant agreeing to take part in the research. Interviews that I set up myself were either held on the day of initial face-to-face contact, or within one week. The interviews were held in a variety of locations: six interviews were held in the women's homes, fourteen in offices of the organisations from where the women had been recruited, one in a different refugee support organisation close to the participant's home, and one in a private room in a library.

The interviews were recorded using a digital voice recorder. At the beginning of the interviews, I explained the research and my role as a researcher, using the information sheet as a prompt. Once the participant had agreed, the digital voice recorder was switched on. The participants were then asked to sign the consent form.

The participants were asked preliminary, demographic questions at the start of the interview, both to gain essential information about them but also to ease them into the interviewing process. Following this, they were asked an open question, "Can you tell me about when you first came to England?" The initial interview guide was revised twice. It was firstly revised following the pilot interviews. A key question aimed at ascertaining the participants' self-appraisal of their mothering

("Does being an asylum-seeker or refugee get in the way of being a mother?") was removed because it was found to be too complex. Instead, it was replaced with several more manageable questions with the same aim, "What do you like about yourself as a mother?", "Now that you're in England, have you found it hard to do these things for your children?", and "Is there anything you find difficult?" Following the seventh interview, more questions were removed and the interview guide was shortened to reduce my own dependence on it and to give participants greater freedom to speak freely and about topics of their own choice (see Appendix F for final interview guide).

The majority of interviews were conducted one-to-one in a private room. In six interviews, the participants' young children, aged between one and three years old, were present at times. The presence of these young children meant that the interviews were frequently interrupted, and although the woman seemed to feel comfortable talking openly in front of their children, this may have impacted on the content of the interview.

One interview was conducted with multiple children present, including teenagers, which is likely to have influenced the participant's account. The participant included the children in the interview at times. In another interview, a friend of the participant was present during the interview and she spoke frequently. This was a complex situation, because although the friend of the participant was also a refugee and a mother, she was separated from her children, and therefore I could not use her contribution in the research. The friend's presence seemed to help the participant relax and appeared to boost her confidence to speak. The participant seemed comfortable speaking in front of her friend, although her friend's presence altered the dynamic of the interview, as she seemed more confident than the participant and at times, spoke over her.

The majority of interviews were held in English. All participants were offered the support of an interpreter verbally and through the information flyers. It was often difficult to ascertain how fluently the participants spoke English. In cases where interviews had been arranged by them, the language ability of participants was assessed by workers at the refugee support organisations. In cases where I arranged

the interview, I made an assessment of their language ability, deciding whether to encourage women to have this support or not.

Within the sample, there were different levels of English language proficiency. Fourteen women spoke English fluently. Of the remaining eight, six women spoke adequate English. Of these, two requested the support of an interpreter. In one of these cases, the participant brought a friend to the interview (another participant in the study), who helped occasionally with translation but remained silent throughout the majority of the interview. In the second case, the participant had requested an interpreter, but the interpreter supplied was a man and spoke the wrong dialect. The participant chose to continue with the interview without support from an interpreter rather than to reschedule it, and demonstrated adequate English language proficiency. These six women were able to speak at length in English but at times struggled to convey more intricate feelings or made grammatical errors that diminished comprehension. Two women chose to communicate solely through an interpreter (one making occasional remarks in English). The interviews were mostly conducted with women who spoke English for a number of reasons. Firstly, interviewing with interpreters was found to be a costly and complex process (this is described in more detail below). Secondly, women who spoke English were easier to approach about the research because I was more readily able to interact with them. Likewise, they were more likely to understand and agree to be part of the research.

Ascertaining the participants' native language and dialect was difficult at times because of the communication barrier. On several occasions, interpreting agencies sent interpreters who did not speak the dialect of the participant. However, the two principal difficulties that arose from the two interviews conducted with translators were the impact to the structure and flow of the interview, and the impact of the interpreter's personality on the interaction.

In both cases, the interpreters did not follow the guidelines given to them to translate directly and frequently. They often let the participant speak for a long period, before asking their own questions to gain further insight, and then paraphrasing the answer to me. This created difficulties in following up on specific

statements the participants made and resulted in a partial and surface-level understanding of the participant's thoughts and feelings. This then also affected my ability to do in-depth analysis of the interview data.

In one case, the interpreter and participant had met previously at a social event. This was in part due to the small number of people from the participant's ethnic background in her area. This had implications for the interviewing process in that the participant was wary of the interpreter's evaluations of her (while this is the case with all interviews, it was enhanced by their social connections). The interpreter spoke to the participant independently of me, making statements about the participant's appearance and commenting on her answers to questions.

**Analysing the data**

Whilst I set out to conduct a study using an inductive constructivist grounded theory approach, the reality of the process was more blurred (see Appendix H). Following each interview, I wrote down my reflections on the interview, detailing the timing and place of interview, a description of the participant, my initial feelings about the success of the interview in acquiring useful information and my feelings about the participant themselves. Interviews were transcribed and open coded shortly after they occurred using Nvivo. Open coding the interviews entailed using microanalysis (also known as the line-by-line analysis) to name and categorise the data (Strauss & Corbin, 2008). This coding gave me a sense of what was really going on in the data, and possible lines of enquiry to explore (Charmaz, 2011).

Grounded theory requires that 'saturation' of the data is achieved, meaning that a sufficient number of interviews are conducted so that no new categories or themes emerge (Strauss & Corbin, 2008). I conducted twenty-two research interviews, ending data collection when similar themes began to emerge regularly. From the initial process of open coding, four broad themes were identified in the data that shaped the thesis: 'experiences of the mothers in England', 'what it means to be a 'good' mother to me', 'threats to maternal identity' and 'responses to threats'.

The next stage was to look at the correlation between these categories (Strauss & Corbin, 2008). In grounded theory, separately categorised concepts are grouped around a related theme to develop more abstract categories, which brings previously fractured data back to a whole (Moghaddam, 2006). At this stage, it became clear that the category of 'responses to threats', contained two processes. On the one hand, the women were describing what factors in their lives supported them both practically and emotionally in their role as mothers. On the other hand, I noticed the way in which the women seemed to use language and narrative constructions in attempts to portray themselves as 'good' mothers, so this was explored further. Thus, the data was recategorised to reflect these differences, and the codes 'framing stories' and 'supports against threats' were developed. Under 'framing stories', I used codes such as 'avoiding blame', 'distancing', 'presenting successes' and 'role redefinition'. Under 'supports against threats', I used codes such as 'children', 'contextualisation', 'positive outlook' and 'religion - hope on God' (see Appendix J).

Throughout this process, I relied heavily on theoretical memoing to record my thought processes about the possible connections between the codes, hypotheses, insights and possible overarching themes (Grbrich, 2007) (see Appendix I). Constructivist grounded theorists must be careful to avoid overly fragmenting the data, meaning that the overall picture is lost (Grbrich, 2007). In this research, I kept case summaries of each participant to ensure their narratives were considered as wholes. After the first five interviews, I adapted the interview guide to further explore themes arising from these initial interviews. Each included information on the participants' country of origin, arrival date in England, reason for migrating, number, age and place of birth of children, whether they had experienced separation from their children, their marital status and their asylum status. I then summarised the parts of the interview I felt to be particularly relevant to the focus of the research. In keeping with iterative nature of grounded theory, the content of these case summaries developed over time and helped to build categories and theory. I also compiled a large table which outlined for each participant their mothering experiences, their appraisal of those experiences as threatening or non-threatening, possible reasons for this interpretation and what support they received,

in order to develop an understanding of each woman's perception of themselves as mothers.

These concepts were considered within wider theoretical frameworks through an extensive re-evaluation of compatible literature. Thus, the findings were situated within resilience and impression management frameworks. Initially, I felt it would be most beneficial to present the findings by categorising the women into groups according to their described feelings of competence in their mothering. To this aim, I developed three categories, tentatively named Victors, Fighters and Victims, and presented the ideas about resilience and impression management in terms of each group. However, it became clear that these categorisations were too crude and presumptuous, and that by presenting the data in this way, the subtlety and nuances of the experiences were lost. Therefore, I have presented the data by theme, focusing on mothering experiences, threats to maternal identity, and responses to threats. This thematic approach was also appropriate for this research in light of the scant existing research literature on the topic. Presenting the data thematically provided a clearer overall picture of the lives of the women.

In the following chapters, the findings of the research are presented. The findings chapters begin with a description of the participants in chapter 6. Following this, in chapter 7 the participants' accounts of their experiences of mothering in England are set out. Chapters 8 and 9 examine the impact of those experiences on maternal identity. Chapter 8 looks at how some experiences seemed to threaten the maternal identity of some of the women in the sample. Chapter 9 explores how and why some women seemed more able to maintain a sense of competence in themselves as mothers in the face of these threats. The final findings chapter, chapter 10, looks at the way in which the women discursively constructed their experiences to negotiate their identities as 'good' mothers.

# Chapter 6: Introducing the participants

The participants were a diverse group of women in terms of their nationalities and religious beliefs, their reasons for seeking asylum in England and their asylum status, their location and length of time spent in England, and the make up of their family unit.

## Nationalities and religious beliefs

The participants came from a wide range of countries. The sample included:
- three participants from Central Africa
- one participant from East Africa
- two participants from North Africa
- two participants from Southern Africa
- four participants from West Africa
- one participant from East Asia
- four participants from South Asia
- three participants from Western Asia
- one participant from the Caribbean
- one participant from Eastern Europe

Thirteen participants described themselves as Christians, seven as Muslims and two did not identify themselves as religious.

## Reasons for seeking asylum and asylum status

Whilst pre-migration experiences were not the focus of the research, the participants were asked about their reasons for seeking asylum in England. Despite the anonymous nature of the interview, some participants were reluctant to speak about why they had come to England, whilst others spoke in depth about their experiences. The most common reasons for seeking asylum in England were:

fleeing family-based violence (including IPV, rape and other forms of abuse), fleeing political persecution, fleeing civil war and fleeing religious persecution. Some, often those fleeing political persecution, sought asylum in England as a pre-emptive way of avoiding harm to themselves or their family.

> *They threatening my husband, 'if I see you in this place, I will kill you'. And they also give a fatwa…[…] It is a death sentence written in the little papers and distributed to the people. If they can kill [my husband], they will give the [money].* Anon[4]

Participants described being raped and abused by family members. One participant was living in a country devastated by civil war, and having been forced by this conflict to move to her husband's parents' home, was then sexually abused by her father-in-law. Another was raped by her step-father and subsequently forced to leave her home by her mother. One woman described being assaulted by her husband to such a degree that she was hospitalised.

> *I was terribly sick because of domestic violence. I was beaten up when I was even overdue in my pregnancy. […] I was bleeding, I passed out. […] I was given 8 pints of blood, water, clothes, everything to get me back to life. […] So, I came back to life and I don't want to go back home because I was so scared, remembering the situation that brought me to the hospital. It was scary and I don't know what to do, I've got nowhere to go, because my dad was killed, that's what makes me go into the marriage.* Anon

Those fleeing civil war, religious persecution and family-based persecution were more likely to have experienced severe physical violence to themselves or their family. One participant was a victim of torture as a result of her political beliefs. Another participant fled her country of origin after her husband was killed and her home burnt. She was badly beaten and raped, miscarrying as a result of the assault. Her young son was also severely beaten. Another fled to England after she had acid thrown on her face and body because of her religious beliefs.

> *Yeah, they burn me, here. Acid burn. They put the acid on my full body, here to here. Whole body.* Anon

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[4] At times throughout the findings section, the participants' pseudonyms have been omitted following quotes and replaced with Anon. This is in an effort to protect their anonymity.

One participant was the victim of human trafficking. She came to England on the promise of being given work, and was then imprisoned and treated as a slave by the woman she was sold to. Another participant spoke of having come to England as an economic migrant, rather than as an asylum-seeker. At the time of the interview, she was seeking asylum on the grounds that she and her children would be at risk if returned home because they were now reliant on medical support in England.

Eleven women were seeking asylum and of these, eight were appealing the rejection of their claim, and one had exhausted her right to appeal. Three had been granted DLR. Six had leave to remain, whilst two had ILR. One participant with ILR had entered England through a UK government resettlement programme.

*Figure 5.1*

**Asylum status**
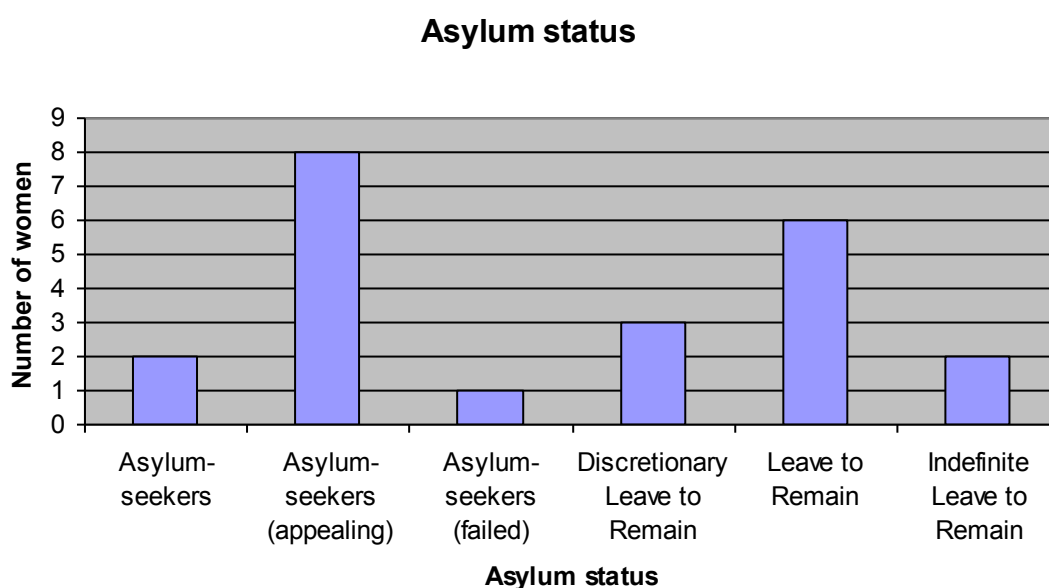


**Location and length of time spent in England**

The participants had been living in England for between one and twelve years, with the average being 6.32 years. There was no obvious pattern in relation to the length of time those seeking asylum and those with leave to remain had lived in England. Those with leave to remain had lived in England for between two and ten years, and those seeking asylum had lived in England for between one and twelve years.

The women were located in London (n=11), in the North East of England (n=4) and the East of England (n=7).

**Family unit**

Eleven participants in the sample were in relationship with a man and co-parenting at the time of interview. Eleven participants were single mothers. Around two thirds of the participants' children were born in the participants' countries of origin and one third were born in England. The participants had between two and six children. The children ranged in age from 1 to 21 years old. At the time of the interview, eight women were separated from children who remained in the family's country of origin, and a further three had been separated in the past but had been reunited. Therefore, half of the sample had experienced separation from their children at some point during their time in England.

*Figure 5.2*     **Ages of children living with mother**
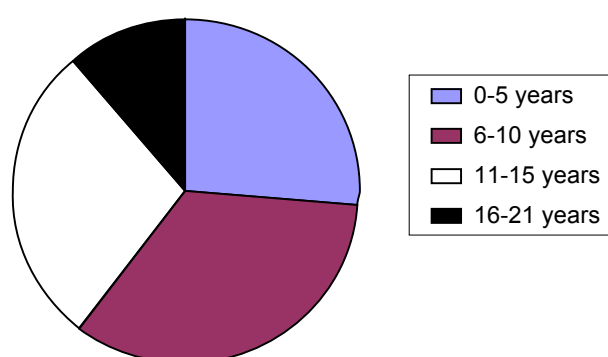


*Figure 5.3*     **Ages of separated children**
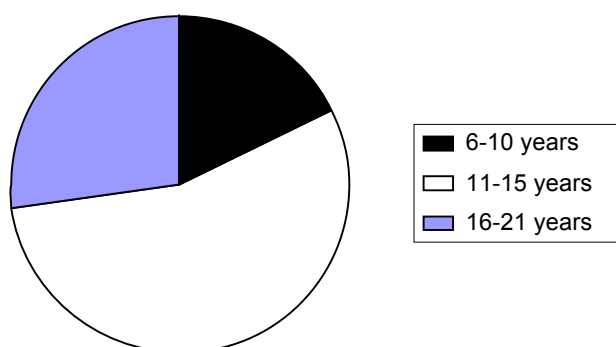


The following table shows the number of children each participant had, and the gender, age and birth place of those children. The third and fourth columns

distinguish between children who were living in England with their mothers and those who were separated from their mothers at the time of the interview. The table also illustrates where mothers and children were previously separated but had been reunited by the time of the interview.

*Table 5.1:*     Gender, age and birth place of children both living with their mothers and separated from them

| Participant | Total number of children | Gender, age and birth place of children living with mothers in England | Gender, age and birth place of children currently separated from mothers |
|---|---|---|---|
| 1 | Three | Son, 13, country of origin *(previously separated)* Son, 5, country of origin Daughter, 2, country of origin | |
| 2 | Four | Son, 14, country of origin Daughter, 11, country of origin Son, 10, country of origin Daughter, 8, country of origin | |
| 3 | Two | Son, 7, country of origin Daughter, 2, England | |
| 4 | Four | Son, 15, country of origin *(previously separated)* Son, 13, country of origin *(previously separated)* Daughter, 8, country of origin Daughter, 3, England | |
| 5 | Two | Daughter, 10, country of origin *(previously separated)* Son, 7, England | |
| 6 | Four | Daughter, 15, country of origin Daughter, 13, country of origin Son, 5, England Son, 3, England | |
| 7 | Two | Daughter, 5, country of origin Son, 2, England | |
| 8 | Four | Daughter, age unknown, country of origin Son, 13, England Son, 11, England Son, 8, England | |
| 9 | Five | Twin sons, 18, country of origin Twin sons, 11, country of origin | Son, 21, country of origin |
| 10 | Five | 9, daughter, England Son, 7, England Son, 6 England | Twins, 13, country of origin |
| 11 | Three | Daughter, 16, country of origin Son, 11, country of origin | |

| | | | |
|---|---|---|---|
| | | Daughter, 6, country of origin | |
| 12 | Three | Daughter, 14, country of origin<br>Son, 10, country of origin<br>Daughter, 3, England | |
| 13 | Two | Daughter, 2, England | Daughter, 11, country of origin |
| 14 | Two | Daughter, 1, England | Daughter, 14, country of origin |
| 15 | Three | Twin sons, 6, England | Daughter, 16, country of origin |
| 16 | One | Son, 17, country of origin | |
| 17 | Two | Daughter, 17, country of origin | Daughter, 18, country of origin |
| 18 | Two | Son, 18, country of origin<br>Daughter, 7, England | |
| 19 | Four | Daughter, 1, England | Gender unknown, 12, country of origin<br>Gender unknown, 10, country of origin<br>Gender unknown, 7, country of origin |
| 20 | Two | Daughter, 11, country of origin<br>Son, 3, England | |
| 21 | Six | Gender unknown, 16, country of origin<br>Gender unknown, 14, country of origin<br>Gender unknown, 12, country of origin<br>Gender unknown, 11, country of origin<br>Gender unknown, 9, country of origin<br>Son, 8, country of origin<br>(Two of the elder children were her children, and the remaining three were her sister's children) | |
| 22 | Three | Son, 2, England | Also responsible for niece, 10, country of origin and nephew, 6, country of origin following the death of her sister |

## Chapter 7: The participants' experiences of being mothers in England

The mothers in the sample spoke about encountering a range of experiences that influenced their mothering practices and abilities. Some were considered to be positive for mothering, such as accessible and high-quality healthcare services and education for children. However, the majority were experienced as more challenging, echoing the experiences described in the research literature. Some of these experiences were related to the women's status as asylum-seekers or refugees, such as traversing an opaque and hostile asylum system, poverty, housing problems and separation from children. Others occurred due to factors outside the asylum process, such as negotiating a new culture, parenting alone and IPV. Many of these difficult experiences contributed to maternal mental health problems, such as depression, anxiety and low self-esteem. This issue is raised throughout the chapter and summarised in the final section.

As set out in chapter 5, this thesis adopts a constructionist perspective; that is, the belief that reality and knowledge are not fixed, but constructed and given meaning through social interaction. Therefore, in order to stay true to this understanding of the social world, the data in this chapter are presented as the participants' *accounts* of events. The aim of this is not necessarily to question the truthfulness of their narratives in the most obvious sense; for example, women's statements about being detained in IRCs or being separated from their children are not being contested. Rather, this more tentative approach serves to acknowledge that narratives are subjective and that people construct their own understandings of reality. The way in which a story is told is influenced by many factors, including the setting, context and the nature of the interaction. This approach is used throughout the following three findings chapters. In the final findings chapter, this approach is extended, borrowing from the concepts of radical constructionism, as will be further explained there.

**Traversing an opaque and hostile asylum system**

> *I experienced a hard life back home, and here, it's like I have committed a crime by seeking asylum. You don't know where you are.* Daphne

The majority of participants reported experiencing the asylum system as confusing and frightening. The women spoke about living in a constant state of fear about their and their family's future, as a result of both their lack of knowledge about the system and the hostility and suspicion they reported encountering from Home Office staff.

Many participants described the asylum system as an unknown and complicated process. They frequently described how, on arrival in England, they had little or no knowledge of the process they were required to navigate. In some cases, the participants spoke of their ignorance of the right to apply for asylum. Some only applied when they were informed by others of this possibility, often after being in England for several months. They described how this initial confusion meant that they were then afraid to apply for asylum because they feared their delay in applying would mean immediate rejection. One woman who didn't know how to seek asylum went without essential medical care for fear of being detained at the hospital.

> *We didn't know about how to access help, we didn't know it first of all. It was real hard. Because we didn't know if we go [to hospital] we will be caught or what will happen to us, until people told us that, my solicitor got a letter saying go to the nearest GP and then register as an asylum-seeker.* Daphne

Inability to speak English fluently seemed to be a significant barrier for some of the participants in their early interaction with the asylum system; indeed, one participant who had friends who could speak English reported finding the process easier. The process continued to be experienced by some as complicated and alien once they had applied for asylum. The participants described the decision-making process within the UKBA as erratic and opaque, and spoke of living in constant fear of a negative decision. At the heart of this was the women's fear of being returned to situations they perceived to be life threatening.

> *If you take me back home, what am I going to do for the kids? That's why some people, they are deported, the Home Office deported…deportation the people, they kill their selves. When they show that on the news, the people kill themselves. They go back home and they kill their children and they kill themselves, that's it. So sad.* Isabelle

The participants spoke about how this fear was heightened by long waits for a decision from the UKBA and a lack of knowledge about how cases are assessed. They reported an insufficient amount of correspondence from the UKBA about their application. Their anxiety about their future was a burden that seemed to permeate all aspects of the participants' lives. The participants described the years of waiting for a decision as their lives being put on hold. They spoke about feeling unable to settle into their new lives until their future was clearer, and of how the uncertainty of the outcome had resulted in high levels of stress, in some cases leading to depression.

> *And you know what's hard, when you claim asylum, you cannot know for how long this can go. For me, it was 4 years. For others, it was 10 years. For others, 12 years. So it's just like you feel that your life, it's in a pause status. You don't know, you cannot progress anything, you can't do anything.* Fatimah

The language some participants used to describe their situation, evoking images of death and suicide, implied desperation. In the case of participants without leave to remain, being granted the right to remain in England was described as the ultimate goal and carried many expectations of a better life.

> *The only hope is our freedom [being granted leave to remain]. If nothing, it's like committing suicide. It's worse than dying, because you suffer so much.* Hannah

Within the narratives of two participants, Marisha and Zaira, who had recently been granted leave to remain, there was a sense of relief and optimism about the future. Becoming a refugee represented freedom and the end of hardship to these participants. Other participants, who had been refugees for longer, also spoke about being granted the right to remain as a relief, although their experiences of seeking

asylum, and the subsequent depression and anxiety they experienced, were still vivid in their minds. The optimism of Marisha and Zaira was not present in these women's narratives, as the women described the realities of problems that continued once they had been granted leave to remain, such as social isolation, mental health problems and poverty. Hadiya, described how she continued to feel anxious about her future and how she mourned the loss of her previous life.

> *I still have this fear that I have to do more and more to bring my life back again. If I was in my [country in Asia] [...], I don't think I'd have this feelings, but sometimes between me and myself, I still feel I am, this unstable feeling, you know what I mean? Because until now, I don't have the citizenship, let's say, the only I have is 5 years residency, and so such things, sometimes, I can't buy a house now. These things sometimes make me sad.* Hadiya

Others reported being unsure of the meaning of the outcome of their asylum decision and said they were confused about their rights.

> [Through interpreter] *[The Home Office] decided, OK, we'll give you three years here.*
> And is it going to be renewed in three years? How does it work?
> [Through interpreter] *She says she doesn't know, the papers haven't arrived. She doesn't know any details. She's not sure if in three years they will renew it, or if they will give them Indefinite Leave to Remain. She just doesn't know.* Yalda

Indeed, one participant reported not having been informed that her asylum application had been refused. She was then detained by immigration officials without warning. Only one of the participants in the sample spoke of having a positive experience of the asylum process as a whole. The positivity with which Mrs Hussein regarded the process was connected with the speed at which she was granted asylum and her awareness of the length of time it could take.

> *I think, we come March, April, May, June, July, August – 7 months. People here tell me they take many years to do. I did fast.* Mrs Hussein

In order to traverse the asylum process successfully, asylum-seekers are often dependent on readily available, comprehensive and sound advice from legal professionals. While participants were not asked directly about the legal advice they had received during their interviews, thirteen women mentioned receiving advice from a solicitor in relation to their asylum claim (although it was likely to be more, due to the intrinsically legal nature of the asylum process). These were mostly women who were seeking asylum at the time of the interview. Those that spoke about their experience of legal services in any detail said that they were unable to afford private services, but received free legal advice from refugee support organisation, the Citizen's Advice Bureau, and in some cases, from legal aid. Some participants described how their legal representative did not explain the complexities of the process to them, which they said made them feel disassociated from and disaffected with the process. In one extreme case, a participant claimed to have been defrauded by someone claiming to be a solicitor. There were also complaints that legal representation was a money-making venture, rather than a service to aid asylum-seekers.

> *I did everything, but um, you know then, most of the solicitors, they don't allow you to, they don't give you full details of what is going on, they just say, sign, sign, sign. I did and I didn't hear anything. Anyway, to cut a long story short, I just went my own, I didn't go about regularising my stay. I just move on, working illegally.* Melody

Coupled with the complexities of the asylum process itself, the participants described encountering hostility and a culture of disbelief from staff working at the UKBA. The women spoke of feeling that the process of seeking asylum was geared towards disbelief and exclusion, rather than compassion and trust. Ten of the participants in the sample had had their initial claim rejected by the UKBA. These were claims based on experiences of IPV, religious persecution, rape, trafficking and civil war. They were reportedly rejected by the UKBA because it was decided that these experiences did not pose a significant threat to the participants' lives. For example, one participant, who had fled her country of origin after being attacked with acid due to her religious beliefs, described how she was told that the economic stability and size of her country dictated that she would be safe if she returned. She rejected this, stating that knowledge of her religious beliefs would have spread

throughout the country in light of her husband's family connections and that her and her family member's lives would be in danger. She also highlighted the added difficulties of moving to a different area when you are poor.

> *We people are poor people, so we can't…where to go? Bad country, no place. Nothing to do. Home office can easily say, Oh go there, go shift there. No, this is not easy. This is not easy.* Anon

Some asylum claims were disbelieved because the family were unable to provide satisfactory proof of the danger they faced. Edith described how obtaining the necessary documents to prove her family's claim was difficult due to corruption in the political infrastructure of her country of origin.

> *There is very problem to get the, umm, medical, legal papers from [country in Asia] to here because the police is very corrupt in the [country in Asia]. They took bribe. […] Very difficulty, and very problem we get from the paper. When we got the paper, our appeal was exhaust. Because, many, they got…lengthy time…they are not send paper.* Edith

Participants also reported feeling that the asylum process had been designed to intimidate, tire and confuse asylum-seekers, particularly in relation to their experiences of the initial interviewing process. They described the interviews as lengthy and gruelling, and immigration officials as apathetic. There was a sense that the participants felt they were being set up to fail. Some said they found the experience of reliving past experiences deeply traumatic.

> *When I went for my second, for my big interview, it took three hours and my lawyer said they shouldn't have done that. I nearly fainted, it was really, really difficult. They said you like one question, six times, twisting, twisting, so that you can make it wrong, and be refused. Don't even tell you, even if you cry because at that time, I was very, very sensitive. When I cry, they said, Go outside, give you tissue, and then they call you back again.* Daphne

During her initial interview, Nicole described how she struggled to give a coherent account of her reasons for claiming asylum during her assessment interview. She was homeless at the time of the interview and suffering from poor mental health. Fatimah spoke of how her children were expected to attend the interviewing

process and endured an eleven-hour period at the screening unit.

> *They asked me a lot of question, it was a lot, a lot, a lot, a lot. This time, maybe, I couldn't answer properly, maybe because I was very tired, and then those people in the Home Office, is the queue – I was there, I went there, it was 8 o'clock and then they called me at 6, 6, 6 o'clock, I think it was. I was very tired, I didn't eat even anything.* Fatimah

Several participants spoke about their traumatic experiences of being incarcerated in an IRC. Bujare had been detained in an IRC twice and had been subjected to dawn raids without prior notification from the UKBA. She spoke of her disbelief as she saw uniformed officers at her door, who gave her twenty minutes to collect belongings for her and her two small children before being taken in a van to an IRC. She was released some days later, and she and her children were left to make their own way back to their home. She was then arrested for a second time only months later, again without warning, and held in an IRC with her children.

> *OK, and I didn't know where I'm going! They just gave me some paper work, I didn't know, you know, I couldn't understand exactly what's going on. And they took me to [airport], you know, where is the detention centre there. Oh my God, that was like prison. I've never been in places like that. I was so shock.* Bujare

Christine was detained in an IRC during a pregnancy. She described how the stress of the experience had given her high blood pressure, which had resulted in a premature birth requiring a caesarean section. She spoke of how, whilst in detention, she had experienced the distress of children who had been incarcerated with their parents, and this had left her with a deep fear of her child being detained with her in the future.

> *I have the experience for this country, because everything need to change, everything, for the children for the detention. I no like it. It's not good for the children. And the detention for the parent is not good.* Christine

Seven participants in the sample were subjected to the dispersal policy. Overall, most participants who had been dispersed from London described the move to a new city as positive. The participants spoke of how they preferred to live in a

smaller city, where it was quieter and they felt safer. However for some, dispersal meant leaving behind an established social support network and members of their own ethnic community. The prospect of moving to a new city was daunting, particularly as participants tended to be unfamiliar with the geography of England, and therefore had no reference point for their new city.

> *And then I said, Oh my God, what can I do? But I have to go, I must go, because you know, just to have a place and to have some support from, you know…and then on [date] they came with a van to bring us in [city in England]. All the way, my daughter and me were crying. That was, you know, so stressful. I was trying to calm down my daughter but I couldn't stop myself because I said, Where am I going? I don't know anything, you know?* Bujare

Melody stated that she refused to be dispersed, because she saw it as detrimental to her and her family's wellbeing. This resulted in the termination of support from the UKBA.

> *I've tried to see if they can get me accommodation, they said they will disperse me to outside London, I said I don't want to go. I'm used to London and most of the medical things, support I'm getting from the children, they are here. I don't want to go to a new environment, start again, no. I can't cope…The stress would kill me. I can't.* Melody

**Unemployment and inadequate government financial support**

> *I wish they document poor children, poor families living in the UK. I'll be glad to speak on TV. This is how we live.* Hannah

The majority of the participants in the sample described living in poverty at the time of the interview. This was the result of unemployment and inadequate or absent government financial support in the absence of the right to work. Eighteen of the participants were living in workless households, with only four women living in households in which one adult was employed. All participants who were asylum-seekers described living in conditions of extreme poverty. They spoke of

their desire to be allowed to work, or for their husbands to be allowed to work, in order to better the lives of their children. There was a palpable sense of frustration at not being given this opportunity, not only in order to ameliorate their financial circumstances but to give them a purpose and a sense of agency.

> *We don't want anything, just give us allow to work. We can settle by ourself, no?* Bhadra

Unemployment was not only experienced by asylum-seekers who were legally prohibited from working. Women who had been granted leave to remain and were allowed to work reported that they had been unable to find employment.

> *I tried to find any work. I was a teacher before. I teach geography in a secondary school. I didn't know anything, without I am a teacher.* Muna

Due to the restrictions placed on the participants' right to seek employment or their inability to find employment, they were often reliant on financial support from the government and on hand-outs from voluntary organisations. Despite their common asylum status, the asylum-seekers in the sample were receiving a varied level of financial support from the government. Out of eleven, three women were receiving financial support from the government, whilst the remaining seven asylum-seekers reported that they were not receiving any financial help. Only two spoke about the financial support they had received whilst asylum-seekers as sufficient.

Participants such as Daphne, Lucille, Edith, Melody and Hannah who were not receiving financial support from the government believed that financial support had been terminated by the UKBA because their asylum claims had been rejected. While financial support for asylum-seekers can be legally terminated by the UKBA if an appeal is not made within a certain time frame, Home Office guidelines state that support will not be terminated if "you have dependants under the age of 18" (United Kingdom Border Agency, 2013e). These women described receiving basic sustenance from refugee support organisations and their churches. The discrepancy between policy and experience suggested there is some level of misunderstanding or miscommunication between the UKBA and the participants in the study.

> *Because when our case is refused, Home Office stop the help and not give the house and not give the money.* Edith

Some women reported never having received money from the government. For Anna, this was due to her decision to work illegally rather than claim benefits. The reasons for this lack of financial support from the government were unclear in the case of Bhadra and Marisha.

> *I never got anything from this country. Never. Since I started coming here [to the refugee support organisation] a year now – food, clothes. But my church, they help me out. Because I never got anything, no.* Marisha.

Hannah spoke about relying on support from refugee support organisations, where she was given food and clothes. She described how she struggled to buy other necessities, for example, transport to appointments with her midwife.

> *Every Wednesday, we come for food [to the support group], sometimes no transport. Sometimes I walk half way, sometimes I say, Please, do you have 50p, please, so that we can come and get food, because the food is important, it will save you.* Hannah

Others in the sample described how the financial support they received from the government was inadequate to meet their children's needs. Yalda reported struggling to live on asylum support. She had recently been granted DLR but had not yet received the legal papers, and was not sure if she or her husband would be allowed to work. Her family were still living in poverty. Christine was receiving Section 4 support. She stated that the voucher system was particularly challenging because it restricted her to buying food from a large supermarket, which meant that she was unable to buy foods she would normally eat. She described how the £35 she received for her child was not enough to buy him food, clothes, shoes and nappies.

Being granted DLR, leave to remain or ILR was not indicative of financial stability. Some participants stated that receiving leave to remain had led to an increase, rather than a decrease, in the poverty they were experiencing. This occurred in families where the mother was a lone parent and was unable to find employment. Muna described how after she was granted DLR and her asylum support finished, she struggled initially to claim benefits and was unable to meet

the costs of utility services and housing. She received free food and clothing from a local refugee support organisation and her church.

> *This is all my bills. They send to me many bills – electric, gas, water. Many, many times and send it to me. If you didn't pay or water, we will cut. If you didn't pay the electric, we will cut. From housing benefit – if you didn't bring letter from house, from benefit, child benefit or child tax credit, we will cut the rent. How can I live? How can I enjoy this life?* Muna

Only four participants in the sample reported being financially stable. This was for a variety a reasons. Lily had had a successful career in her country of origin and, despite neither she nor her husband working at the time of interview, spoke of financial security. This may have been due to savings they had brought with them to England. Fatimah was working at the time of the interview and said she felt financially secure. Hadiya spoke of how her husband had trained and worked as a professional in their country of origin, and had been able to find work in England. Patricia had been brought to England under a UK government resettlement programme, and therefore received financial support directly from the UKBA for a length of time after her arrival. She described how she had then been helped by a voluntary worker associated with the programme to find a job as a carer. Despite financial security, these women spoke of struggling with other aspects of mothering.

> *Yeah, it's not the problem of having no food, nowhere to stay, it's not that problem. Here we have food, we have a place to live, but…it's not a physical problem, it's an emotional one. It's also very important for people.* Lily

**Poor housing provision**

Asylum-seekers are eligible for government-funded housing. When asylum-seekers first apply for asylum, they are often housed temporarily in hostels until a private but temporary residence has been secured. Once asylum-seekers are granted ILR, they are entitled to the same housing benefits as British citizens.

Six participants described spending time living in hostels before being given private temporary accommodation. Most described this period as a particularly difficult time in their lives, when they were anxious about their future and the wellbeing of their children. Complaints included forcing children to live with strangers which was perceived to put them at risk, and substandard living conditions such as being given too little space or rooms not appropriate to the family's needs

> *I don't know, for me, even everything was good, but I wasn't very comfortable. It was a hotel, it wasn't a five star hotel of course. But, the food was available, everything. But you know, it's the unknown, the unknown future, that was very stressful for me. And you left all your things, all your life behind. You only take your bag, your luggage with you, and that's it. It's not so easy. Even my children's toys, stories, everything. So, I can't say was it nice…was or not….I don't know, I mean. But it was a bit stressful for me.* Hadiya

Bujare described the period she spent in the hostel more positively, because she had reassurance that she would be given more permanent housing in the near future. She stayed for a shorter period than the other participants (3 weeks).

> *But I didn't mind, because when a friend of mine came there to visit me and she told others and the staff here, they said, Oh my God, I can't believe, how can she live there, because it's so hard to share their kitchen, and to live just in one room. I said, I don't mind! Because I'm just temporary here, and I'm looking forward from something permanent.* Bujare

The majority of refugee participants spoke positively about the temporary housing the government had provided for them whilst they had sought asylum. Those who had come from an affluent background conveyed that they were grateful to be provided with accommodation, but made it clear that they were used to higher quality accommodation.

> *The kitchen was really very old – the cupboards and the suite…and the living room, like you sit on the sofa and you just [mimes sinking down], you know what I mean?* Fatimah

For one participant, being granted government housing was a lifeline. She had lived for several years in destitution before realising she was eligible for an asylum claim, and as a part of her claim, was provided with housing. Yalda described how, previous to applying for asylum, she and her family, including two children, had been sharing a two bedroom flat with her extended family. Others who had come from poorer backgrounds or who had lived without housing provision for a time whilst in England, also expressed contentment with the housing provision.

> *So…thank God that it was a nice house – bathroom was there, no lights, no water, back home. So problems over there…thank God.* Mrs Hussein

Lucille, an asylum-seeker whose claim had been recently refused was not receiving support from the Home Office, but spoke of how she had been placed in a shared house by social services while her claim for more support was processed. She described how she shared a double bed with her young sons, and lamented her loss of privacy.

A substantial number of the participants in the sample said they lived without government housing provision (n=8). Most of the participants reported that they were not eligible for government housing. This meant that participants were forced to rent privately, often living in a shared house, inhabiting one room with their family due to financial restrictions. For example, Hannah spoke of how she was sleeping on a sofa in the living room of a shared house with her daughter.

> *So, it's a room, it's a….three, it's a three bedroomed house with a sitting room...So somebody rent the room, just managing with the person, a lady, in there who help us when we are homeless, because the government will not give us accommodation. So…we're sleeping on sofa. That's how we live.* Hannah

For others, this meant relying on the kindness of friends to provide accommodation, although this often ended in the participants being asked to move out after they had overstayed their welcome. Participants spoke about living without privacy or security. For example, when Daphne initially sought asylum, she and her son lived in NASS shared accommodation. However, when her claim was refused she was forced to leave, and since has been living with a variety of

friends. Daphne described how living with other people had caused arguments between her and her teenage son. At times, she has been forced to live separately from her son, who lived with the family of a school friend.

> *But what can we say? It's how we live. That's why we are, everyday through God, like, close, close, you can't be at home because it's not your home. Everyday, even if you are sick, you have to go out.* Daphne.

In extreme cases, the absence of government support left the participants and their families at risk of harm. In one case, Melody reported that her only option for housing for her children was with her abusive father-in-law. For Bhadra, the absence of government support meant that she and her children had been homeless.

> *I suffer lots. I shifted lots of house, lots of house. They're dumps inside. I live in the garden, in the winter time. Yes. Lots of problems. Some lady, she put me in the garden…the garden, you know? The garden.* Bhadra.

Following the approval of her asylum claim, Muna described her experience of being required to move out of the accommodation which was intended for those seeking asylum. She was eligible for housing benefits but an administrative error delayed the payment, and Muna was unable to pay the deposit and advanced rent required for private renting.

> *And the housing benefit refused to give me this money because, they, when I, after I show her the contract, er, it will be sometimes when I came on the system. Sometimes, when I ask her, she said, No, no, I didn't find your name, it's not come in my system. Not yet. Til then, it had passed some time, and the owner asked me about this money. And he asked me £600 – the rent, and they accept to give me £500 only.* Muna

Muna said she eventually found a poor quality house which she could afford. However, in order to pay the rent (until her housing benefit money was received), she spoke of feeling forced to ask her elder sons to look for work.

> *We tried to find any work, but we didn't find. Er, my older sons, they tried to find many, many work. Our friend advised him, you can come and help me – my uncle own a restaurant. OK. He went and worked hard, hard, hard. At the night, he returned with fried chicken.* Muna

**Physical health and accessing services**

Around a third of the women in the sample spoke about experiencing physical health problems, and these included headaches, back problems, diabetes, HIV and Aids, high blood pressure, asthma and arthritis. Reports of ill health in children were uncommon and when children were ill, the participants spoke of minor problems, such as colds or ear aches. Policy dictates that asylum-seekers and refugees are entitled to access primary healthcare services, and the majority of women in this sample spoke about accessing healthcare services easily and praised both its availability and quality. Women described visiting their GP about a range of concerns about their own and their children's health, and some were referred to hospital for further treatment. Although several women said they were anxious about seeking medical help as asylum-seekers, the majority did access services.

> *Umm, it has been good because I'm HIV positive after the rape, so I um medical-wise, I would say that with me, I'm OK because I getting treatment for that. So, if I was at home, I would be dead by now. Even though I don't have papers, but medically, I think I'm alright.* Anon

There were cases in which participants were denied access to the NHS. This occurred when the women's asylum claims had been rejected and before they had filed an appeal against this decision. Edith and her husband, both suffering from chronic illnesses, were unable to get medication, whilst Hannah reported being denied access to a midwife for the first five months of her pregnancy.

> *The visa expired. The solicitor said, you're not entitled to any NHS because your visa is expired and we don't have a GP. No GP. We cannot see doctor… And now, maybe 5 months on, but I've not see doctor or midwife. So [refugee support organisation] helped me, they said it's their charity.* Hannah

Interestingly, Hannah did not speak about this absence of maternity care as a particular hardship, juxtaposing this experience against her experiences of child birth in her country of origin. She described how there, nursing staff are not medically trained, births are carried out in the nurse's home, and it is expected that the mother will clean the nurse's bedroom floor once the baby is born.

*When the midwife say, when you have your baby, what did she weigh? I said, Weigh? I have her in the room at home, not hospital! Big man go to hospital. If you are a poor woman, you stay at home, have a baby.* Hannah

In general, there seemed to be satisfaction regarding access to and use of maternity services from those who had given birth in England. Participants tended to speak about maternity services only in passing, and no other difficult experiences were described.

*My sister came from [previous city of residence], that's good. Yes, three children but she still came. So it was better, it was good. My husband was with me and the doctors was very nice.* Zaira

**Children's educational opportunities**

As well as reporting having a positive experience of healthcare services, the participants also spoke positively about the school system. Eighteen participants had school-aged children and the majority spoke about the primary and secondary school system as accessible. The participants described how their children had settled well into their school and enjoyed attending them. At some schools, children were offered extra English language support and the women described teachers' awareness and sensitivity to the particular needs of their children.

*The school was every helpful to them. They even have language teacher especially for them, and that's why they improved very, very fast. They were very helpful for them, they really integrate them with the children and everything was very, very fine.* Hadiya

The participants often spoke excitedly about the opportunities being educated in England made available to their children. Some women from poorer countries compared access to education in England to their countries of origin, stating that the standard of education in England significantly improved their children's future prospects. Christine, from a country in Africa, described her delight at her children's aspirations.

*All my children are at school. Like my niece, like even, it's difficult for them to change, to come, they have a, they had a big gap from school, but now she has A levels, but she needs to be a lawyer. She needs to do lawyer. They need to be doctors. So, you see, even my son, I need to be a pilot! Yes, and I'm happy! I'm happy. I'm really, really happy, I'm really happy. Mmm. This life change.* Christine

Only two participants spoke of problems with accessing primary or secondary education for their children, and these tended to be around enrolment. Patricia described her difficulty enrolling her children into a school in close proximity to her house, whilst Mrs Hussein said she was unable to enrol her daughter into the secondary school of her choice. Mrs Hussein reported feeling she had not been given adequate help in negotiating the process of her daughter moving from primary to secondary school.

There was some anxiety amongst asylum-seeking women about their children's ability to access further education. Edith described how her son had been accepted by a local college, only to be rejected once they learnt of his asylum status. Daphne said she was unsure of whether her daughter would be allowed to go to university in England even if she was granted leave to remain, and she and Bhadra shared the same concern that they would not be able to afford further education.

*Now, [my daughter] worried about the college admission. She's said, We have no money, how could my education? Because University want money, college, I want to pay there, so how could I get the education. She said like this. She is worried about this thing.* Bhadra

**Separation from children**

Eleven participants in the sample had experienced separation from one or more children. Three participants had been reunited with their children, while eight were separated at the time of the interview. Some women reported that the chaotic nature of flight from persecution meant that they were forced to flee without their children, either because they were physically unable to get to their children at that

time, or because it was deemed unfeasible to try to flee with children. Others spoke of coming to England without their children to establish a better life for themselves, with the aim of bringing them at a later date. One woman had come to England to study but had been unable to return home when the political situation changed in her country of origin. Another spoke of how she had been raped by her step father, given birth to twins and had consequently been rejected by her family and told her children had died. Following her arrival in England, she was told by a friend that her children were still alive, living in her country of origin. Because she had not known about the survival of her children, she had not informed the Home Office of their existence, and was undergoing a complicated legal process in order to be allowed to bring them to the UK.

> *That's why I say, every parent, every participant, if you have children, you have to be with your children. But before, I was don't care because I was with my children. Since I know my children are still there, I think a lot of, every time I think about them…your life is changing, is changing. Yeah, my life is changing. I feel headache everyday.* Anon

Difficulty in securing leave to remain meant that many women had been separated from their children for extended periods of time. The children who remained in their countries of origin tended to be cared for by family members, predominantly grandparents. Whilst some spoke of how they felt their children were safe and well cared for, many reported concerns about their wellbeing. Others continued to be separated from their children despite being granted a more permanent legal status. Whilst the reasons for this were unclear, it seemed to be because women wanted to establish financial security for themselves and the children they were caring for in England, before bringing other children to live with them.

> *Because of these papers, that's why I can't manage to bring her. But if I was having papers…my heart wants her to come.* Lucille

As well as being affected by experiences that were related to having an insecure legal status, mothering was also affected by influences outside the asylum process. Women reported encountering social isolation and the challenges of negotiating new cultural understandings of child rearing, which occurred in part as a result of

migrating to a new country. In addition, they described facing the more common and widespread challenges of lone parenting and IPV.

**Social isolation and social support**

The participants in the sample tended to be socially isolated; it was uncommon for participants, regardless of how long they had been living in England, to speak about having close friendships with others or to talk about feeling part of the community they lived in. They attributed their isolation to a combination of having been separated from their family and friends in their countries of origin and barriers to meeting people in England, such as difficulties speaking English, not knowing where to go to meet people, and poor mental health.

Some of the participants spoke about the difficulties of being separated from their extended family, saying they missed both the practical and emotional support they had previously enjoyed. Some reported that the dispersal policy meant that although they had been reunited with family members on arrival in London, they were then separated again. Lily appeared to feel her family's absence particularly keenly because she felt unable to tell them the reason she was living in England. She feared for their safety because her family still lived in her country of origin, which she had fled due to political persecution. She spoke about feeling she was unable to adequately justify to her extended family why she and her children were living in England, which served to increase her loneliness.

> *Sometimes I cried – I couldn't control myself. I cried [because] I missed them, sometimes on the phone. Or on the phone, it's OK and then after I finish….even if I cry on the phone, then my mumma and daddy, they will know something's wrong. So after the phone, I just cried.* Lily

Many also described the difficulties they encountered in establishing social support networks in England. Language barriers, being prohibited from working, childcare responsibilities and negotiating a new culture were all factors that were identified as making socialising difficult. On top of this, many women's lives and thinking seemed to be consumed by the experience of negotiating the asylum process, and

whilst the absence of friendships was keenly felt, meeting new people and developing relationships could not be prioritised. Some women spoke of a divide between themselves and English mothers and families, which was particularly difficult for women in areas with low numbers of ethnic minority families. Some highlighted the stark differences between norms in England and norms in their countries of origin around the concept of community. For example, Patricia spoke about struggling with the private nature of people in England.

> *In Africa, I can go even in a market. There's no market here. In a market, I can see people, maybe you can get friend there. […] In Africa, everybody's outside. The children. Everything. But here, it's different.* Patricia

Social isolation had a detrimental impact on mental health for some women. Following on from the quote above, Patricia continued:

> *In this house, this field, nobody! I'm alone, like now….Nobody to talk to. Nobody to hear me! It's really, I never…and one day I would like to jump out of this window and say, Let me die.* Patricia

In the quote below, Hadiya highlighted the extent to which social isolation can magnify concerns and worries.

> *I can't talk to people, I don't have friends. I sit for days at home, doing nothing, just think about the situation and when everything will be…because even when, especially at the first months, because we didn't know what to do.* Hadiya

The social support that women did speak about came from a variety of sources including individual friendships, more casual acquaintances and religious communities. The majority of the women in the sample reported attending churches or mosques. Religious communities were identified as providing the women with practical support in times of need, and as also sources of emotional support. Refugee support organisations were also spoken about as places where women developed friendships. These tended to be at organisations where leisure activities were held, rather than those that held drop-in sessions for free clothing and food.

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A small number of women found solace in friendships with individuals. The participants could often only identify one person they felt they could talk to or go to for emotional support or company. At their simplest, these individual friendships gave the women the opportunity to spend time with someone when they would otherwise be alone. In other cases, the friendship of one person was described as dramatically improving women's lives by providing extensive support.

> *But at that time, I found one, a good lady – Christian lady. I don't know what God plan. I am crying, standing at the bus stop. She saw me, she's now also she is there, now also she is friend. She's an old lady. So, she's just talking with me….So she met me there, she talk with me, she said, Can you come pray with me?* Bhadra

Several women who had been dispersed from London to other areas in the country spoke about feeling more included in community life now than when they were living in the East or North East of England. For example, Fatimah described how she had struggled to meet people when she was living in London, but since moving away, had felt more settled because she was building a support network there. Maria, also living outside London, spoke warmly about her neighbours, describing a feeling of community that allowed her to leave her children playing outside in their care. She compared this to her life in London, of which she said "I don't think, even though, I didn't have any English friends when I was in London." This sense of community was important to Maria, who also mentioned other people in her interview whom she described as "friends".

**Negotiating a new culture**

The participants expressed strong views about the differences in mothering styles between English mothers and mothers in their countries of origin. Some women described English children as less disciplined compared to children in their countries of origin, and therefore as disrespectful and less well behaved than children in their countries of origin. These women were predominantly from African countries, suggesting that obedience and respect are considered more important attributes for children in this part of the world than in England.

Participants condemned specific behaviour they had seen enacted by English children, including swearing, smoking, refusing to go to school, having intimate relationships, staying out late, and showing disrespect to their parents and teachers.

> *You know, the other day I was inside the bus. We were coming from school, I've seen a child beating, slapping the mother inside the bus. It's true. I have seen it with my eyes. So it was not showing good picture, isn't it? How can your own child beat you? You see? So if you teach them that this is not good, this one is good, they know.* Lucille

Several participants described being surprised and shocked by what they perceived to be a power imbalance between children and their parents in England. They spoke of how the beliefs and desires of children in England were considered to be equal to those of their parents, and in some cases, more important. Lucille spoke of her opposition to the right of children to report their parents to social services in the case of alleged abuse. Patricia spoke of feeling that the relationship between mother and children had been inverted.

> *The way they treat their children – it's different for us. Because the children here can tell the parent, I need this. But for me, I can tell my children, I need this. It's opposite…. African woman, African mother, I can instruct my children. But my children can't tell me what to do.* Patricia

There was a sense that the participants' mourned the absence of like-minded approaches to expectations about children's behaviour. In the quote below, Daphne spoke of her sense of pride in her country's parenting approaches and her feelings of connectedness to this approach.

> *Because children here they are not disciplined like we do back home. When everything's alright, we discipline our children. But here, they do what they want. They go out late and come late, but back home, we're not allowed when we grow up.* Daphne

Two African participants overtly championed the benefits of physical punishment in disciplining children and spoke of being surprised that this behaviour was less culturally accepted in England. They seemed to resent the loss of societal approval for this technique, which they saw as a justified and necessary childrearing tool.

The women seemed unsure of the law regarding corporal punishment and believed it to be completely illegal. Nicole described how she was reported to social services following an incident in which she smacked her six week old baby during a baby massage class. Others talked about fearing social services involvement in their family.

> *Children need smacking for them to listen*. Melody

Lucille espoused a more nuanced view of the physical punishment of children. Whilst she attributed English children's lack of discipline to the absence of normalised physical punishment, she also reflected on the benefits of non-physical discipline.

> *Yeah, you know, back home, when you do something wrong, they will beat you straight away. [...] That's all mothers, they do. But here, I've seen, you can't just beat, beat your child. You have to talk to your child. But I've seen it's good, also, to talk to your child than to just beat, beat sometimes. Eh. If you talk to a child, they understand you. But if you just beat, beat, the child won't listen to you.* Lucille

A second complaint about English child rearing norms was that children are given too much independence in England, giving the participants the impression that children are not adequately cared for. They disagreed with the degree to which children are expected to be independent from an early age in England. These women were from a range of areas in the world, including Eastern and Northern Africa, Eastern Europe, Western and Southern Asia and the Caribbean. Therefore, in this sample, there was no link between specific cultures and the preference for a child to be raised to be interdependent. The participants described incidents they had witnessed in which they were concerned for the wellbeing of English children. They spoke of their shock at what they perceived to be negligence of their mothers, describing incidents such as friends of the participant's children visiting the participant's home until late at night without notifying their own parents, a lack of attention paid by mothers to small children walking in the street, or allowing older children to spend time playing outside the house during the evening.

> *Sometimes, [friends] visited my son and er, stay until the night, and nobody ask about them. How? If my children go outside, oh, I'm so worried about*

*them. Ask him everything, where's your mum? Where's your home? I can help you go to the home.* Muna

However, several participants espoused the view that this independence was beneficial to child development. For example, Bhadra, from Asia, outlined the extent to which life she felt experiences shape mothering approaches. She spoke of how, in her country of origin, a lack of education and opportunities, combined with deprivation and suffering, meant that mothers are less able than English mothers to promote independence in their children. She spoke of how English children were given the freedom to live without enforced financial or emotional obligations to their family, and commended this technique, saying it increased children's self-confidence and life chances.

*The Asian woman… every people thinks, every woman, every mother thinks, When you're grown up, you see me. You have to give me money…Yes, yes, look after us because we are parents! No. Don't say like this. Give to them life. This is my thinking. Don't interfere in their life. Don't pressurise!* Bhadra

Maria, a participant from Africa, agreed that English mothers seemed to be less protective of their children than elsewhere in the world. However, unlike other participants, Maria said she preferred this approach to mothering, describing how she changed from being anxious about her son's boisterous play to allowing him to engage in play she had previously viewed as dangerous.

*So that's the opposite between, the opposite, between the English and, we are too overprotective. Every minute we want to watch our children go there, go there. […] But it's sometimes fun for them.* Maria

Fatimah also praised the English norm of encouraging independence in children, but indicated that she was also anxious of the consequences of this. She described how she was impressed with her own children's desire to be financially independent, which she attributed to growing up in England. She also stated that the weight given to children's opinions and rights in England meant that relationships between children and adults were more equal. She spoke of how this had benefited her own relationship with her children because they were more open

with her about their lives, and therefore she felt more able to protect them. However, she expressed concern that this independence weakened family ties and encouraged children to revoke their responsibility to care for their family. She described feeling anxious that she would be abandoned by her children in old age or ill health.

> *I think that the bad thing, I can say that here, the family relationships are not very strong, in this country. […] Like, for example, now if someone had dementia, they just put them in a care house. In our countries, no, we don't do that. We keep them in a family house, everyone looking after them, everyone like talking to them….If I have amnesia, have anything, I will not be with then. If I will be alone, you know what I mean?* Fatimah

Some women seemed keen to express that, while they had observed cultural differences between their own and their host nations mothering styles, it was misleading to make generalisations. Five participants initially responded to the question, 'Do you think there's a difference between English mothers and mothers from your country of origin?' with the assertion that mothering styles and children's behaviour are determined by the actions of individual mothers, rather than culture. These women came from a range of areas in the world, including Eastern and Western Africa, and East and South Asia.

> *People do say that children become disrespectful when they come to UK but I always tell people, it's the way you bring your children up. It's the way you talk to your children, and it's the way yourself, the way you behave because I believe children imitate what happens within the family, not…because they see their immediate family first, before they go into the town or into the village, you know?* Anna

A small number of women championed the English approach to safeguarding children. These women came from impoverished countries in Africa where government provision was minimal or non-existent. The women praised the way their children were protected by law from potentially dangerous or abusive situations such as working and being left at home unsupervised.

*[Social services] told me all what can cause fire in the house....So when I start learning, I really, really know it's a risk, what I've put the children to pass through, a lot of risk.* Anna

The participants were divided in their approach to the integration of their children into English culture. Some spoke of ways in which they encouraged their children to adopt English culture, such as cooking them English food, allowing them to participate in English festivals and celebrations such as birthday parties or New Year's Eve celebrations or allowing them to dress in Western clothing. However, most of what the participants said about integration was focused on language.

The participants reported that the vast majority of their children spoke English fluently, regardless of their mothers' own English language ability. Some women expressed delight at their children's adoption of the English language as their primary language. They spoke of how they felt that speaking English increased the number of opportunities available to their children and assisted their educational achievements. Others were happy for their children to adopt English as their mother tongue because they saw England as their children's home, and therefore stated that it would be unreasonable to expect their children to speak in another language other than English.

*If you see him, you see he is in England many years. He's like that. His speaking, his walking, his friends, their friends. They don't look like a [country in Asia]. They look like a British…he is [inaudible] with British many times.* Edith

For some participants, the desire for their children to adopt English culture was led by the will to sever ties to culture in their countries of origin. This tended to be the viewpoint of women who had been subjected to abuse by their families or partners in countries in which women were considered inferior to men.

*My children, they don't have nothing they're going to miss if they don't go to Africa, no! Nothing. They're not going to miss anything my dear, nothing. They will not miss anything. Nah…No, nothing my dear, nothing. I won't miss anything.* Maria

Other participants spoke of how they felt it was important to ensure their children spoke both their mother tongue and English. They stated that it was important for their children to speak English because it would assist their success in the English education system, but felt equally that their children should speak their mother tongue too. This was achieved by speaking both languages at home. Mrs Hussein described her practice of teaching her children to read Arabic through the Koran at home, but was also keen to portray her desire for her children to have a multicultural education, describing how her son studies a range of subjects, including European languages. Isabelle described how she took her children both to her church, where the service was conducted in her mother tongue, and to their school's church, which was conducted in English.

> *Sometimes, they go to the Catholic church – it is a white people. It's a mixy – but they're praying in English. But me, I'm going to another church where they pray in my own language. So I take them – sometimes I go to mine, sometimes I take them to their church. Because the school, their school, they need the children to go. It's the church of the school.* Isabelle

For some of these women, promoting both languages seemed to be about recognising the challenges migration and upheaval had presented to their children. They described feeling it was important, and fair, to give their children the space and opportunity to become part of the culture into which they had been thrust, whilst their cultural heritage was still respected and honoured.

> *I just try to find something in the middle, between [our country] and here, to make them like, not to feel they're being pulled by different forces.* Fatimah

Participants reported wanting their children to continue speaking their mother tongue for a variety of reasons. For some, it seemed to be about preserving a sense of themselves and their own cultural identity. This was particularly prominent in the narratives of women who were separated from their children, and whilst the women did not attribute their desire to preserve the use of their mother tongue in their family with the absence of their children, it is perhaps suggestive of a desire to ensure interconnectedness within the family. For others, encouraging their children to speak the language of their or their mother's country of origin was

acknowledged as important because it was a way of maintaining relationships with family members who still lived in their country of origin. Children were encouraged to speak theirs or their mother's native language as well as English to ensure they could easily reintegrate into their wider families if necessary.

> *Family in [country in Asia] is very important, and relation between family members is very important. Erm, and even when I talk to my family, sometimes, they can't talk in Arabic now very good, yeah, they found it English very easily for them.* Hadiya

Only one participant in the sample demonstrated opposition to the integration of her children into English culture. Yalda, from a country in Asia, spoke about how she felt her children had been negatively affected by English cultural norms, becoming selfish and uncompassionate to others.

> [Through an interpreter] *So she says, Yep, children here, they concentrate more on themselves and less on others. She's like, Our children have changed since they've grown up here as well. They concentrate more on themselves and don't bother as much about others…even herself, she was saying, if she hears about someone, she wants to try and help other people, whereas her children, or children who have grown up here would rather just focus on themselves.* Yalda

**Present, absent and abusive paternal figures**

Of the twenty-two women in the sample, ten were parenting with a partner at the time of the interview. The majority of these women had migrated to England with their partners, whilst some had started new relationships in England. These relationships were mostly described as supportive and caring. Twelve women were lone parents. Around half of these women had migrated to England alone, and this was due to a number of reasons including fleeing IPV, bereavement and separation during migration. For example, some women reported becoming single parents in England, following relationship breakdowns. Muna described how her husband was remanded at customs when entering the country with her two years ago and how she had not heard from him since.

*In the airport, he didn't come with us. Somebody stop him in the airport. Yeah. We want to check your paper – like this, and after then, he can't follow us.* Muna

Four women reported experiencing IPV in England. For three women, Maria, Melody and Anna, this was in the form of severe physical, sexual and psychological abuse. Children witnessed these acts, and were also subjected to violence. Edith described the abuse she suffered as predominantly psychological.

**Mental health and accessing services**

All the women spoke about experiencing mental health problems at some point during their time in England. Commonly, they experienced depression, high levels of anxiety and difficulty sleeping. Key causes for this depression and anxiety identified by the women, and described in greater detail throughout the sections in this chapter, were the stress of negotiating the asylum process, social isolation, pre-migration trauma, missing family members in their countries of origin, poverty and separation from their children. Less common experiences such as bereavement and violent partners were also cited.

*I spoke to the solicitor and he's going to try and do something [about my asylum claim], and again, I was so stressed. I couldn't stop. I had headache, terrible headache, and I was just crying. I couldn't sleep.* Bujare

Eight of the twenty-two participants reported having been or being engaged with mental health services. This included women seeking asylum and those with leave to remain. Visiting a GP seemed to be a successful way to access help for mental health difficulties, for both medication and counselling services. Four participants reported being prescribed medication to manage their mental health difficulties, both in conjunction with counselling and on its own. The participants spoke about how the medication helped them manage their symptoms and to sleep. Some described their unease about using medication to ease their symptoms, and were keen to explore other ways of managing their mental health difficulties.

*GP said I can't go on all these pills because I need to be counselled and talk it. It won't go with the pills just like a painkiller.* Daphne

Six women reported having counselling, and a GP referral was the most common way for women to access this. All the women attending counselling spoke about the positive effects of having a supportive and empathetic relationship with their counsellor.

> *And when you talk out [big sigh], when the person you trust and it is confidential, even when you talk out, everything like what's bothering you, what's happening…after that, you feel nice.* Lily

Hadiya spoke of being offered counselling services by her GP and University, but said she was reluctant to go.

> *So, I went to my GP and she was very helpful actually to me. She suggested to have some counselling, but I couldn't go because…I don't know…I thought, with my English. Maybe if it was in Arabic, maybe it was very helpful, I don't know. So I didn't go, but…I think that will be helpful if I go there.* Hadiya

Whilst these eight women reported accessing mental health services, fourteen women did not. It is possible that all these women, to varying degrees, could have benefitted from some level of mental health support, considering their difficult life experiences. However, only one participant in this group, Melody, referred to this absence of support. This may indicate a lack of awareness about mental health services, because talking therapies are less common in other parts of the world.

**Summary**

This chapter has set out the experiences described by the asylum-seeking and refugee mothers in the sample. Experiences that affected the women's mothering practices stemmed from factors related to the asylum process, such as traversing an opaque and hostile asylum system, poverty, housing problems, and separation from children, and factors outside it, such as negotiating a new culture, parenting alone and IPV. Many were spoken about as challenging, whilst a few, such as good access to healthcare and education for children, were described as positive. A

theme throughout the accounts was the negative effect of the women's experiences on their mental health. The following chapters will explore how these experiences affected women's expressed maternal identity.

# Chapter 8: Exploring threatened maternal identity

*Maybe I am not good mother.* Fatimah

*[Your children] ask you, What will we do? I don't know. How? You, my mum. If you don't know, who can know? It's very, very difficult for me if I can't protect them like before. If I can't help them like before.* Muna

*I'm worried that I'm not a 100% mum that I should be.* Hannah

Maternal identity is a complex and fluid construction, and one which adapts according to specific contexts and audiences. Within the sample, there were a range of positive and negative maternal self-evaluations. Some of the women's experiences as asylum-seeking and refugee mothers seemed to have threatened their maternal identity. Threatening experiences included the nature of the asylum process, poverty, separation from children, detention in an IRC, IPV, lone parenting, and maternal mental health problems. The experiences that were identified as threatening to maternal identity did so because they infringed on the women's abilities to meet their expectations of 'good' mothering. The type and number of challenges has some influence over the extent to which maternal identity was threatened. In the case of some women, the more difficult experiences they encountered, the more negatively they evaluated their mothering. For example, being poor, having temporary and inadequate housing and having a less stable asylum status were often experiences that were linked to low maternal identity. However, some women's accounts indicated that they were able to maintain a sense of competence in their mothering abilities in the face of these threats. Some women faced extreme and multiple challenges to mothering and still demonstrated high maternal identity. This indicated that maternal identity was also exacerbated or diminished by the way women viewed, negotiated and managed the challenges they did face.

The following two chapters explore these findings in more depth. This chapter examines the women's accounts of threatened maternal identity. The following chapter is concerned with understanding how other women seemed able to resist

these threats to maternal identity. It explains this by applying resilience theory to the accounts. Women demonstrating high maternal identity tended to be women who exhibited more internal resilient characteristics, such as self-esteem, self-efficacy, hopefulness and reflective capabilities, and were better supported by external factors. The women demonstrating low maternal identity were less likely to demonstrate internal resilient characteristics and were less well support by external factors. There was a large group in the middle who demonstrated resilient characteristics at times, but not consistently, and the way they spoke about themselves as mothers reflected this.

Broadly speaking, women who stood out as demonstrating low maternal identity were Maria, Melody, Hannah, Christine, Daphne, Yalda, Lucille and Muna. The women who demonstrated high maternal identity were Lily, Souri, Bujare, Marisha, Patricia and Zaira. The others in the sample, Anna, Bhadra, Mrs Hussein, Hadiya, Fatimah, Isabelle, Edith and Nicole, expressed feelings of competence in some aspects of their mothering but spoke negatively about themselves in relation to other aspects. However, it was not just these last women whose accounts implied variations in their self-appraisals. Each woman's narrative relayed ambiguities; some women who demonstrated high maternal identity also spoke of instances when they perceived themselves to be providing inadequate mothering, and equally, women who appeared to have low maternal identity also spoke of feelings of success and competence. In recognition of the fluid and complex nature of maternal identity, this thesis does not attempt to categorise the women in relation to their maternal identity beyond the broad generalisations made above; instead, it focuses on what factors can diminish maternal identity and why. Likewise, resilience is considered as a fluid and multidimensional process. Therefore, in the following chapter, the focus is placed on the factors that seemed to promote resilience in the women, rather than categorising women as resilient or not resilient. This is again in recognition of the way in which those demonstrating resilient characteristics can also show signs of vulnerability, whilst other women who appeared to be quite fragile also showed signs of strength and resilience.

**Making sense of threatened maternal identity**

As noted, those experiences that were spoken about by some women as particularly threatening to their maternal identity were the nature of the asylum process, poverty, separation from children, detention in an IRC, IPV, lone parenting, and maternal mental health problems. This can be explained within the context of the women's own definitions of and expectations around 'good' mothering, outlined below. These experiences diminished the expressed maternal identity of some women because they were perceived as creating a barrier between mothering expectations and actions. As the women's accounts demonstrate, experiencing low maternal identity was deeply distressing for these mothers.

Across the sample, the women gave similar descriptions of what characteristics make a 'good' mother. Broadly speaking, 'good' mothering was defined as attending to three basic needs of children: their physical needs, their emotional needs, and their developmental needs. Running through these three characteristics were ideas about prioritisation and protection. There was no obvious correlation between the women's understanding of 'good' mothering and their countries of origin, culture or religion.

Meeting children's physical needs was predominantly about ensuring they were well fed, clothed, kept clean and were physically healthy. To a lesser extent, it was also about providing children with consumer items they desired. Meeting children's physical needs was also about ensuring their safety and protection from harm. This was achieved through financial provision, the prioritisation of children's needs and everyday actions of basic care.

> *[Good mothers] won't wear expensive clothes but they buy for their kids. They don't have…something they can't eat, but they buy for their kids. Some books they can't afford to buy, but they afford to buy for their kids.* Lily

The participants also identified meeting children's emotional needs as 'good' mothering. Women stated that children needed love and kindness, and that it was their role to ensure their children's happiness. Again, it was proposed that being a

'good' mother meant prioritising children's needs over one's own, in this case meeting their emotional needs before attending to one's own, and being open, loving and available.

> *Well, a good mother is supposed to be loving, number one. At least you have to show your children affection.* Maria

Finally, the participants identified 'good' mothering as meeting children's developmental needs. Children's developmental needs could be met in two ways. Firstly, participants spoke about their role in ensuring their children's access to, and participation in, education. Secondly, participants described 'good' mothering as raising children to behave in a manner they, as mothers, perceived to be desirable. As demonstrated in chapter 7, there were some variation in understandings about appropriate behaviour, particularly around issues of children's independence, but on the whole, mothers identified desirable behaviour as being respectful, kind towards others and honest. The participants felt that 'good' mothers were role models to their children, setting an example of appropriate behaviour and disciplining them where necessary. Being a role model meant teaching children to make positive and morally sound decisions (for some, assisted by religious beliefs), avoiding vices such as alcohol and smoking, and ensuring that children are given good role models in terms of positive adult relationships.

> *As a mother, you have to teach your children. You know, they say charity begins at home. You have to teach them what is good, what is not good. Like, mine, they are young, so if I tell them, Don't do this, do this, they understand.* Lucille

A small number of women spoke about the link between 'good' mothering and self-care. They described how they felt that successfully meeting their children's needs hinged on their own ability to take care of themselves.

> *But I'm really trying hard to help myself and my family. And that's the mother role, actually, in family. That's how to protect your children from everything, even small things. And keep them going by keeping myself going, actually. Because they need me, they need me.* Hadiya

The remainder of this chapter sets out the women's experiences of threatened maternal identity in the context of these mothering expectations.

**Barriers to provision for children**

Providing financially for children was spoken about by many participants as a fundamental function of mothering. The majority of those who experienced poverty spoke of their inability to provide for their children as a failure in their mothering. There was a sense that they saw it as humiliating and shameful. For example, when asked what makes a 'good' mother, Daphne responded:

> *To be able to support a child, like, material things, and to provide for a child. But if you can't provide and you are helpless, I don't think, it's not good to bring someone into the world and then you fail to provide for them.* Daphne

The women's diverse socioeconomic backgrounds seemed to influence the way in which poverty impacted on their maternal identity. The participants from more affluent backgrounds spoke of struggling with the poverty they faced in England because they had become used to easily providing for their children; their maternal identity was threatened not only by their difficulty in providing basic practical care but also with their inability to provide their children with more luxury items and maintain their more affluent way of life. The women compared the lives they were living in England to their previous lives in their countries of origin. Whilst they seemed eager to appear grateful for the financial support they had been given in England, they emphasised the dramatic change in their lifestyle.

> *We used to live very, very good life. We have our house, big house, our car, everything was very fine, jobs, and suddenly you are a refugee. Nothing. So, that's why I told you from the first, from person to person…maybe for others, it doesn't matter because they are improving their life when they came here, even when they are on Job Seeker's allowance, they are having a small house or a flat, it's much better that their old life. But for me, no, the situation is not like this.* Hadiya

Yalda, Bhadra and Mrs Hussein spoke of their worry about being able to buy food and clothes for the children. Mrs Hussein described her children as malnourished and relayed her GP's concern for their wellbeing. Muna received free clothing from a local refugee support organisation, but she spoke of how she found this humiliating. This humiliation was exacerbated by her children's refusal to wear used clothing. She spoke of trying to find the children the newest items from the donations, in an attempt to convince them the clothing had not been previously worn.

> *Like, everybody, this is the church, Methodist church, and everybody, if you want any things – clothes, shoes, anything for bed, anything for nature, anything…but it is very difficult for me, very difficult to ask anybody, Yes please, I want this, can I take this? It's very difficult. Because I help everybody, because I have many things in my country, and er, I didn't use [charity].* Muna

Others expressed concern about meeting their children's desires for 'treats'. Yalda's predominant concern was that she was unable to take her children on trips outside her local area. She stated she was eager to take the children to Scotland, or to enable them to go on school trips in Europe, and even spoke of their unmet desire to go to Disney World in America. Fatimah compared her limited wealth to the wealth of others, and spoke of how this made her feel guilty for not being able to provide her own children with presents that other mothers could. She described her children's desire for these toys as "needs", highlighting the importance she ascribed to providing these items. Other women described their distress at not being able to buy presents for their children on their birthdays or at Christmas. In particular, Edith, Hadiya and Fatimah spoke about being unable to buy cakes, toys or electronic games, gifts the children were used to receiving and their mothers used to providing.

> *We are very difficult situation. Um. And because all the Christmas, always I get new shoes for my son, new clothes for him. Every time I give pocket money my son. But in this country, [crying quite heavily] on Christmas I never give my son to new shoes, new clothes. Only old shoes to celebrate the Christmas! I was so worried, on that day I was very crying.* Edith

A key concern reported by the women was the damage poverty caused to their image as a provider in the eyes of their children. For example, Mrs Hussein stated that her inability to buy her children toys meant "they feel I am no good mother". Muna spoke of how she also found it distressing to be unable to respond to her children's demands for her to buy them things. Her repetition of the phrase 'I can't' signalled her feelings of redundancy and dejectedness.

> *How can I have four children and they ask me many things. Please mum, I want this. I can't. Please mum, I want this one. No, I can't. No, I can't. No, I can't. When I can? Many times, I can't, I can't, I can't, I can't.* Muna

Some women who had previously lived in poverty in their countries of origin also demonstrated that their confidence in themselves as mothers had been shaken by experiencing poverty in England. The damaging effect that poverty had on these women's maternal identity was in part because in seeking asylum in England, the women had implicit expectations of a more financially stable life. Seeking asylum in England was a way of protecting their children from the harsh aspects of their lives in their countries of origin such as poverty, and giving them a brighter future. They described their distress at their inability to buy toys or decent clothes for their children, and to pay for them to go to the cinema, on holiday, or participate in leisure activities.

> *So I'm thinking, what kind of life is this? I can't even give my children a better life. I can't even give them what basic things they need.* Maria

Living in England exposed the participants to the wealth of the country and they witnessed the opportunities that financial stability could grant. For example, Hannah compared the lives of her own children with the lives of the children she had been providing childcare for in England. She described how they had adequate food, went to dancing and music classes and seemed happy, juxtaposing this against the life she had given her children. She stated, "I'm worried that I'm not a 100% mum that I should be". Some of the participants spoke about how their children were, having spent their formative years in England, also exposed to the affluence and opportunities others in England enjoyed. This meant that the women were not only managing their own expectations of a better life, but those of their children.

*When we are coming on the bus, the bus goes past the cinema, Mummy, when next are we going to the cinema, they asking me. Because we don't go there. So I am looking at them, I see life is boring for them. Everything, why should they go through this? Innocent children, why should they go through this?* Maria

Some described how they believed that their financial difficulties led others to question their adequacy as mothers. Lucille and Melody spoke of feeling overwhelmed by the financial demands placed on them by their children's schools. Their accounts implied feelings of anger and shame at being asked to provide extra money they couldn't afford, in order to meet the school's expectations of adequate provision. Being a lone parent seemed to exacerbate women's worries about providing for their children. Women who were parenting alone spoke about how they felt the problems of poverty and inadequate housing they encountered as asylum-seekers and refugees were worsened by the absence of a partner with whom to share the burden and to financially contribute to the household.

*Even at school, if they say bring such such thing, it's you, the mother, who have to find that thing. Then you give to the children to take to school. Sometimes they go to trips, a lot of things they do at school, you know? To pay, pay money, a lot. But you have to, for them. It's not easy, I don't want to lie.* Lucille

Daphne, who was separated from her daughter, spoke of how she felt judged by people in her country of origin. She described how those living abroad in more affluent countries were expected to send money home to those living in poverty. However, Daphne, who was also living in poverty in England, was unable to do this, stating "I live on hand outs". Her account implied feelings of powerlessness and redundancy, exacerbated by her embarrassment that her community was aware of her inability to meet this expectation.

*I can't send anything, because it's, that country, people are starving and people here are working so, my countrymen sending money, sending things, so [my daughter] knows that, sometimes she goes to school with people, mothers or relatives, who are sending [money], and she says my mother is in England, and she's got nothing. It is really worrying.* Daphne

**Barriers to protecting children**

Some participants described feeling disempowered by their inability to reassure and protect their children from the negative consequences associated with negotiating the asylum process. They spoke about how their status as mothers, and their right to control their children's lives, was being overshadowed by the more powerful, aggressive and unpredictable influence of the UKBA. For example, Muna had positioned herself within her family as a knowledgeable and authoritative figure and she had invested a large part of herself as a mother in meeting these self-made expectations. She spoke about this role being undermined by her inability to reassure her children about their future. In addition, some women's maternal identity seemed to be threatened not only by their difficulties in securing a decent standard of living for their children in England, but also by the possibility of being returned home to potential danger. They perceived this to be in part their own failure to protect their children. Others told of feeling forced by their circumstances to divulge information to their children that they knew would be upsetting to them. For example, some women found it difficult to tell their children that the family were likely to be returned to their country of origin or details of why they had fled in the first place.

> *She said, Oh mum, that's why we came here and we are suffering. Because I have to say, that's why we are suffering, we have no place, we, we are taking the clothes or somewhere else. We have to say like this to my daughter, because she is asking me why we wear bad clothes? Why you bringing food for…why are you not going to work? So I have to answer everything, because she is grown up.* Bhadra

Separation from a child was also spoken about by the women as infringing on their ability to protect their children. The women's narratives were heavy with feelings of guilt about what they perceived to be their desertion of their children. These feelings did not seem to be relieved by their acknowledgement of their powerlessness to rectify this situation. The majority of the women expressed concern that their children were living in dangerous situations in their countries of origin. For example, Muna tearfully spoke about her fears for her eldest son's safety in her country of origin and described how he was forced to stay in hiding

due to the political situation in the country. Others spoke about fears regarding the adequacy of the care their children were receiving in their countries of origin, and their feelings of powerlessness to protect them. Maria described her misgivings at finding that her husband, who had initially stayed in their country of origin but who decided to move to England later, had left her daughter to be cared for by his parents. She expressed anger that this decision was made without her consent, and worried that her daughter was not receiving the level of care she would have provided.

> *My mind was totally there. Because even then I'm eating, I'm thinking, Is she eating proper food? Are they giving her a proper breakfast? Are they taking care of her?* Maria

Hannah expressed concern that her daughter was being forced to 'hawk[5]' in her country of origin. She spoke of how she felt she had lost control of the way in which her daughter was raised when her mother, who was previously caring for her daughter, became ill, forcing her daughter to live with Hannah's partner's mother for some time. Hannah was then indebted to this family, who were more affluent than her own, and she spoke of how she felt this debt gave them power over her and her daughter. She also described her guilt at working as a nanny for children in England. She felt she was giving these children the kind of care and love that her daughter was missing out on in her absence.

> *You take care of other people's children, and then you feel bad that you cannot be there for your own, in [country in Africa].* Hannah

Daphne spoke about being deeply concerned about the care her daughter was receiving in her country of origin. Like Hannah and Maria, her daughter was living with her partner's family. She described how it is the norm in her country of origin for families to favour the children of their daughters over their sons, and described how her daughter was being treated poorly.

> *She's like a, a slave. She does everything. Cook and does everything. And the girls' children don't do nothing.* Daphne.

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[5] Hannah described 'hawking' as walking around the streets selling food on a basket on your head. She noted that many young people get molested whilst doing this.

Like Daphne, Maria was concerned about what others in her home community would think of her as a mother. Having been told that her daughter was being poorly cared for, Maria seemed anxious that the community would see her as selfish, as someone who had prioritised her own needs over her child's.

> *They will just say, Look at her, she is in […] England, and look at her daughter. They will not know that I am stressed over here. Depressed thinking about her. They will never know that it was not easy at all.* Maria

IPV was also described as threatening to the women's maternal identity because of the impact it had on their ability to protect their children. Melody's son was aged between eight and ten years old when she was in an abusive relationship and he witnessed the violence she endured. Melody spoke about her feelings of regret that her son had been damaged by witnessing this violence, and that his reaction to it had shaped their future relationship.

> *And the one that got him upset most was when he hitted me on the face. And he wanted to call the police and my son says if he sees him, he's going to kill him. And then he was like maybe 10. And when he said that, I thought, Oh. I don't know maybe that was what happened to him that got him so withdrawn that he doesn't talk to me. He doesn't communicate with me.* Melody

Whilst speaking about the effect of this relationship on her rapport with her son, Melody described her regret at allowing herself to become involved with this man. This suggested she felt she had failed to prioritise and protect her son adequately.

> *When I look back, I made a mistake, I should have, I don't know, how can that kind of person enter into my life? I don't know. It's very painful. And I regretted it.* Melody.

Maria described how she was repeatedly assaulted by her husband in front of her children. She spoke of how the violence had affected her children, provoking them to wet the bed and become aggressive. She described her anger at her husband for traumatising their children, but throughout the narrative, there was also a sense that she was angry with herself because she was unable to protect them from this abuse, despite indicating that she felt powerless to prevent this damage being inflicted on

her children. In the quote below, she described how she prioritised the needs of her children above her own, and yet her actions were not enough to protect them.

> *I always try not for the kids not to hear what is going on, but he put everything in front of them, he didn't care. He didn't care for their feelings, he didn't care for my feelings, nobody's feelings. He only cared about his own. So I went to the bed, I was sitting on the kids' bed, then he called them. Sarah and Michael, come. Then he knelt down, started begging me, crying like a baby. And the kids were standing there. I said OK, OK, I forgive you, stand up, you go and watch tele [to the children].* Maria

Detention in an IRC was also described as threatening to maternal identity. Christine, who was pregnant when she was detained, described how the stress of detention had caused her to have high blood pressure. She stated that this had resulted in her having a premature birth via caesarean section after being released. She spoke about her distress at seeing children at the centre and her fear for her own child's safety if she were detained again. Bujare had two small children in detention and spoke about her distress at not being able to protect them from the psychological harm they suffered there.

> *I can't forget these things, and I feel so…because I'm a mother, and it's so hard, you know, when you know the child is suffering from something and you can't do anything to do…* Bujare

**Barriers to being emotionally available for children**

The asylum system also impacted on maternal identity by increasing anxiety and depression in mothers, which they then described as impacting on the way they behaved around their children. Some women spoke of feeling that their mental health difficulties made it hard for them to be emotionally available and connected with their children to the extent they needed. Some women spoke about experiencing depression-induced inertia which made them feel unable or unwilling to interact with and care for their children, whilst others found that being overwhelmed by stressors made them behave angrily and erratically towards their children. This seemed to be threatening to their maternal identity because it was

behaviour that conflicted with their expectations that 'good' mothers prioritise their children and are always happy to be with them. For example, Melody spoke of feeling unable to interact with her daughter when she was feeling depressed. She spoke of how her daughter, who was autistic, was demanding of her time and resources. Melody felt paralysed by depression and ill health, and while she was able to acknowledge how her behaviour was negatively affecting her daughter, she felt unable to act differently. She described how she and her autistic daughter lived together in a single, messy room. It seemed from her narrative that Melody felt conflicted by her situation; on the one hand, she wanted her daughter to have better living conditions, and on the other, felt too depressed and unwell to perform the task of tidying and managing the living area better.

> *To be honest, I do pity her. There's no place for her to play or anything because, at the time, because I'm tired, [...] everything will be left on the floor. Sometimes you have to sleep on those things on the floor.* Melody

Some women spoke of the guilt they felt when their children witnessed their bouts of depression. Maria described how her daughter was forced to care for her during these times, and expressed the anger and sadness she felt at this role reversal.

> *I felt more sick, because every time I saw she is the one helping me. Get more depressed, cry every, I couldn't...[angry laugh] I couldn't even hold my tears in front of them, I cried, I cried my eyes out. Every time she had to bring tissue, wipe, oh no. It was too much for them, it was too much. So much pain!* Maria

Separation was also described as impacting on the emotional bonds between mothers and child. When her son was born, Maria described how she felt unable to bond with him because of her preoccupation with the absence of her daughter. There was a sense that this normally precious time with her newborn son had been lost, or indeed taken from her. She was also ill when she was pregnant with her son, and she juxtaposed this experience against her healthy pregnancy with her daughter.

> *Even though I was pregnant with Michael [son], people were saying to me, You're having baby, but that doesn't mean a thing to me because I bond with Sarah [daughter] so much and I was so scared about her, because she*

*was my first child. So it was so scary. So even though I had a pregnancy, I was unhappy. Even though I had Michael, that happiness was not fulfilled because I wanted her to come for me to have that complete joy.* Maria

Fatimah and Maria spoke about difficulties in encouraging emotional closeness between siblings who were separated. This seemed to threaten their maternal identity because it signalled failure in creating an emotionally-bonded family. Maria described the jealously her son felt towards her daughter when they were reunited. Fatimah spoke of the relative absence of a relationship between her children in England and her child in her country of origin. She excused this by stating that the children had "hardly lived together", although they had spent their young lives together, but her narrative hinted at her feelings of sadness and loss.

*No, I can't say they miss her because they hardly lived together really, especially the little one. But they know that this is her, that they have a sister, that she is there. We speak by phone and sometimes by Skype. But I can't say they miss her.* Fatimah.

For some participants, their guilt at feeling as though they had left their children in harm's way was compounded by their children's vocal desire to join them in England. Hannah, Fatimah, Daphne and Muna, whose children were of varying ages from 11 to 21, talked about their children's desire to be with them in England. In the narratives, there was a strong sense that the participants felt their children did not believe them when they spoke of their powerlessness to bring them to England. These participants stated that they did not think their children could fully understand this reasoning, and there was a sense that the participants thought their children felt abandoned.

*She doesn't understand. She won't understand. She thinks that, why did I leave her behind? She won't understand.* Daphne

Parenting alone was also identified as a barrier to meeting children's needs for attention and stimulation. Several women described feeling doubts about their ability to parent alone successfully. Areas of doubt included their ability to raise adaptive adults, to give their children adequate attention, and to manage their behaviour through challenging times.

*You know sometimes, when you're stressed, some times you want to be on your own. Like that time, my tooth together with ear was paining so when kids, they are making noise, you know how it is. It was difficult for me. But they are my children. I can't refuse them.* Lucille

**Barriers to supporting children's development**

Having a precarious asylum status impacted on the mothers' ability to ensure their children received the best possible opportunities for education and development. This is because the children of asylum-seekers are not eligible for financial support to pay for university fees. Daphne, Edith, Melody and Christine expressed deep concern that their asylum status would mean that their children were unable to go to university. Ensuring their children received education was a boost for the women's maternal identity because they felt they were giving the children opportunities they would not otherwise have had in their countries of origin. Edith's narrative suggested that she experienced this as the greatest threat to her maternal identity. She spoke of having only one child, and therefore one chance to fulfil this obligation to ensure her child was well educated. Edith described education as the lifeblood of society. She was heavily invested in her hopes for her son's future, which she saw as hugely promising. Her account suggested that if his abilities were to be 'wasted' because of the restrictions of the asylum process, she would feel she had failed in her role.

*We are in trouble, our case is refused and then no, my child is not studying. That's why I am very worried. Because I have only one child. If I have no other child, I have only…I only hope with my one child. He's not…his future is not bright because he is not learning.* Edith

Only one woman, Yalda, spoke about English childrearing norms, and culture more generally, as threatening to maternal identity. She spoke about how, when she tried to tell her children about their country of origin or tried to encourage them to wear traditional dress or take part in festivals, they quickly dismissed her requests. Her response to this rejection was to "go quiet", indicating feelings of resignation and

powerlessness. She also stated that she felt English children are selfish and described her attempts to encourage her children to be more caring towards others:

> [Through an interpreter] *I do try to talk to them but they don't really want to listen. They said, Mum, just let it go, you don't know, you don't understand. [...] I don't feel particularly good that they don't listen to me, so it doesn't feel good when they don't listen to me.* Yalda.

It seemed that whilst Yalda was understanding and reflective about why her children may be averse to hearing about their country of origin and enacting cultural practices, her responses of resignation and the tone of sadness with which she spoke about these incidents indicated that she felt that her children were missing out on an enriching and fulfilling part of their lives. She also indicated that she felt this distanced her from her children. This was further reinforced by her inability to speak English.

> [Through an interpreter] *The children communicate in English between themselves, but [the participant] speaks in [mother tongue], because her English isn't good.* Yalda

**Summary**

This chapter has outlined the way in which some women spoke about their maternal identity as being threatened by their experiences in England. It attributed this to how the experiences created barriers that prevented the women from meeting their expectations of 'good' mothering. Experiencing low maternal identity seemed to be deeply distressing for the women. The following chapter is concerned with understanding how some women appeared to resist these threats to maternal identity and maintain feelings of competence in their roles as mothers. It explains this by applying resilience theory to their accounts.

## Chapter 9: Protecting maternal identity against threats: a resilience perspective

*I don't have to feel guilty because I know that I am doing the best I can do for the family.* Marisha

[Through an interpreter] *[People in country in Asia], we just protect our children so much. We just take it out of ourselves and just to give to our children. There's no problem at all.* Souri

[Interviewer] What do you think makes a good mother?
*Er, to have two important things. Two keys, for the children. Boundaries and love. [...] You can say lots of things, but these are two important things. Because you have to give both of them to have good result in the future, basically.*
And has that been difficult because of being, because of seeking asylum, because of being in England?
*Yeah, but still, I had the boundaries. Yeah, yeah. I give love, you know.* Bujare.

While the maternal identity of some women in the sample seemed to be threatened by the challenges to mothering they encountered, others demonstrated high maternal identity in the face of these threats. In order to explain this occurrence, this chapter applies resilience theory to the women's accounts. Resilience theory explains the capacity of some individuals to overcome adversity or difficult life experiences in a more adaptive way than others (Rutter, 1999). Resilience characteristics help individuals to maintain maternal identity by supporting them in managing and overcoming the threats they face.

Women in the sample exhibiting high maternal identity were those who spoke about feeling they had provided their children with 'good' mothering throughout the majority of their experiences of migration and resettlement. They spoke about encountering threats to maternal identity but demonstrated feelings of competence nonetheless. These women identified themselves as 'good' mothers throughout

their narratives both through direct statements of confidence and perceived competence, and more indirectly, by describing their own actions in accordance with their own concept of 'good' mothering. In keeping with the traditional theoretical foundations of resilience theory, in this chapter the women's accounts are taken to be relatively representative of their thoughts and feelings. However, in the following chapter, the data will be analysed using an alternative framework that sees the accounts as narratives with a purpose, that of negotiating the identity of a 'good' mother.

The resilience of the women was explored in relation to internal characteristics and external factors, which were found to be interlinked (Friborg et al., 2003; Masten & Powell, 2003; Schoon, 2006). As described in the literature review, an individual's cognitive set can play a substantial role in helping them to appraise events positively (Rutter, 1985), and this came through clearly in the data. Key internal characteristics that seemed to help some women manage threats to maternal identity were:

- high self-esteem, self-efficacy, hopefulness, and
- the ability to think about and reflect on thoughts, feelings and behaviour.

Likewise, existing research has pointed to the influence of external supports in promoting resilience (Schoon, 2006). Key external factors that supported the participants' maternal identity in this study were:

- support from a significant close relationship (or having made a choice to parent alone),
- social support networks,
- engagement with religion and religious communities, and
- engagement in education, employment or training (EET).

At this point, it is important to emphasise that whilst some women demonstrated fewer resilient characteristics than others, all the women demonstrated some resilience through the act of migrating to England and their survival in light of the significant stressors and challenges they faced. Additionally, it is also important to acknowledge that resilience theory presumes that the women's cognitive set was shaped by a variety of other factors that are out of the remit of this research, for

example biological factors, life histories and early life experiences. Whilst the women's narratives at times touched on their life histories, and enough information was given to be able to assess the types of socioeconomic backgrounds from which the women came, this was not the focus of the research and therefore the data collected was not detailed enough to include in the research.

**Self-esteem, self-efficacy and hopefulness**

Self-esteem and feelings of self-efficacy played an integral role in maintaining maternal identity in this sample, because these attributes helped the women to appraise events more positively. The capacity to manage threats to maternal identity was boosted by high levels of self-esteem in the women's perceptions of themselves outside their roles as mothers, as well as within them. Self-efficacy was also a protective attribute for women, because possessing belief in their ability to positively influence their environment empowered women to better manage threats to their maternal identity. Self-efficacy and self-esteem were interlinked, as women who had a positive view of themselves were more likely to believe in their ability to positively affect their environment.

> *To me, what makes a good mum is…[pause] is love. If you don't have, if you don't love yourself, you can't love your child. If you don't respect yourself, you can't teach your child how to respect herself and others, it must start with you.* Marisha

Self-esteem was demonstrated through statements and actions that indicated that women believed themselves and others to be worthy of respect, attention and resources. Having higher levels of self-esteem helped women to cope with threats to maternal identity because they were able to view their own actions and behaviour with more compassion and kindness. These women acknowledged that they were facing difficult circumstances, but separated these experiences from their evaluation of themselves as mothers, conveying the sense that they felt that they were doing their best under the circumstances. This approach helped to absolve them of potential feelings of guilt for the adversities their children faced. Women with higher maternal identity spoke about their own actions and responses to

challenges as normal and acceptable under the circumstances. For example, Bujare described being detained and crying with her daughter in the van on her way to an IRC. Unlike other women in the sample, Bujare's acceptance of the dreadfulness of the situation meant that she did not blame herself for showing distress in front of her daughter.

> *All the way, my daughter and me were crying. That was, you know, so stressful. I was trying to calm down my daughter but I couldn't stop myself because I said, Where am I going? I don't know anything, you know?* Bujare

A consequence of self-esteem was self-efficacy and hopefulness for the future. Several women spoke about the need for women negotiating the asylum process to 'work hard' to improve their own and their children's lives, as well as accepting help from others. In light of her husband's difficulty finding employment, and the emotional and financial consequences of this, Hadiya explained her decision to start studying in England as a way in which to rebuild her family's life. This internal locus of control was also present in her narrative outside her descriptions of being a mother when she described her own battle as a young woman to ensure she received a good education.

> *I decide to start studying because we need to build our family again.* Hadiya.

Hadiya and Souri both described how they took steps to improve their living conditions. Hadiya spoke of how she had decorated the temporary, government-provided accommodation she had been given to improve it, "step by step". Souri advised others to view their accommodation as "home", arguing that this mindset had helped her to feel more settled and secure.

> [Through an interpreter] *She says, I mean, obviously this house has been given to her by NASS and is very temporary house. She say, when you're living in the house, just treat it like your home, don't think you're sort of someone like a tenant for a short while. Keep it clean and make it homely. This is a problem – many of the people, they don't. Once it's your home, you feel like home.* Souri

Self-efficacy helped women to manage the threat poverty posed to maternal identity. While some women spoke about their financial circumstances as 'out of their hands' because their asylum status prohibited them from working, Anna reported how she acted proactively to improve her family's circumstances by working illegally. Whilst she still lived in relative poverty in England, she described how her decision to accept any available job, no matter how menial, meant that she was always able to provide for her children.

> *When, since I've been in England, my life has been blessed, more than ever. Because it's not easy for them, but for me it's easy, because there's no job I can't do. I can do cleaning, shop assistant, anything [...] So, there's nothing I can't do, so maybe because of that, I've never run out of money. I've been lucky financially. I've been able to buy my children whatever they need.* Anna

Some women spoke about feeling they were able to protect their children's mental wellbeing through their own positive actions. For example, both Patricia and Mrs Hussein managed their children's distress at being separated from their fathers by attempting to alter their children's mindset about the loss. Patricia described how she had told her children that God was their father, concluding, "So they are very happy".

Lily's account demonstrated that she recognised her ability to improve her children's mental wellbeing by taking them out and doing fun activities with them. This was indicative of her belief that she had some influence over her children's wellbeing. Whilst it could be argued that Lily was more able than other mothers to access leisure activities because she was financially secure, the activities she described were free and accessible to all.

> *So, in the holiday, the weekend, we try everyday to take them out. We take them to the park, the centre library [...] they love to go there and they can sit with other kids you know. We try our best to make them happy, and also learn other cultures. Not just keeping them at home.* Lily

Self-efficacy also helped women to feel that they could prevent their own mental health difficulties from affecting their children. Some women accepted that it was

difficult to maintain a happy disposition in front of their children when they were experiencing an episode of depression or stress. Nonetheless, they believed that they were able to control their emotions in order to protect their children from seeing them distressed. Experiences of maternal mental health difficulties were threatening to maternal identity when women felt that the effect of their own emotional distress on their children was uncontrollable.

> *Of course [it's hard], yeah yeah, but we have to. You know, we have to. Because children always know, they are clever because their brain, they have nothing in her, they have nothing in their brains so if they feel something, they will keep the thing. Probably bad for them. That's why we have to hide some stress from them.* Zaira

Hopefulness was also a protective factor against threats. Some women, in their accounts, demonstrated the ability to see, and focus on, the possibilities available to them, and believed them to be achievable. They spoke of self-betterment as a challenge, and were able to acknowledge the potential difficulties of pursuing their aspirations. For some, their belief in their ability to achieve desired goals in the future gave them strength to manage the stressors in their present life. For example, some women who were out of work but keen to attain employment spoke about their intention to participate in further study or training as a way to achieve this goal. Below, Lily described her hope and expectations for a better future.

> *[My husband is] encouraging me, because a few years, it was like that, then another couple of years, you know, the kids are small. Slowly, slowly, and then I can support you, then can you can study whatever you like at college. Even he is saying maybe in September, I can study. I support you. Then you can do what you want, it just takes times.* Lily

For some women, hopefulness about their children's future seemed to boost maternal identity. Women expressed their hopes that their children would get into university and become doctors and lawyers, and when mothers felt their expectations were achievable, this hopefulness bolstered their maternal identity. However, high expectations could be threatening to maternal identity when women felt their aspirations for their children were unachievable, for example in the cases of Edith and Daphne who, as asylum-seekers, were distressed at their inability to

secure leave to remain, and therefore their children's chance of studying at university.

> *Like me, my daughter sometimes, she told me, Mummy I have to be a doctor, or what what what – her dreams [laughs]! […] They make you a good mum and you are proud of them and you can stand now, and talk to the people and say, I've got children and my children are at university.* Isabelle

### The ability to think about and reflect on thoughts, feelings and behaviour

The ability to think about and understand one's own needs, feelings and behaviour also helped women manage threats to maternal identity (Fonagy et al., 1994). Some women demonstrated the ability to unpick and explain their responses to the difficult experiences they encountered in England. Through exploring their feelings, they seemed better able to manage and control their responses to the stressors, and were able to reframe them as less threatening. This was beneficial to maternal identity because it boosted mental wellbeing.

Women who seemed more resilient to threats to maternal identity were better able to identify their own needs. For example, when asked how she had managed to rebuild her life after migrating, Hadiya dissected her feelings about being labelled a 'refugee', demonstrating the ability to analyse her feelings.

> *This is a very big shock for a person, to move and to be a refugee. You know, maybe you can't imagine, the word itself sometimes hurts me […] We used to live very, very good life. We have our house, big house, our car, everything was very fine, jobs, and suddenly you are a refugee. Nothing. […] Even as I told you, the word itself, I can't imagine, I can't tell my children that we are refugee.* Hadiya

Others scrutinised the reasons behind their feelings of depression and were able to identify and understand their own individual needs. For example, some spoke about the importance of social support and meaningful diversionary activities for their

own mental wellbeing. When describing the benefits of being supported by a volunteer from her local church over UKBA staff, Patricia said:

> *They have…they don't give you money but they give you, they give you their heart. They are open to you. They give you affection.* Patricia

Others spoke about how they felt self-reflection had helped them to develop as people. Marisha and Anna's narratives were filled with descriptions of the ways in which they had analysed and learnt from past life experiences and had come to a better understanding of their own needs and behaviour.

> *This person does not care for you but you still keep managing, all your money, everything you've got – you put it towards him for love's sake. For the love to keep going, and still the love is not there. So what's the point of wasting life, wasting time and everything. […] So, I've learnt so much.* Anna

This capacity to think about and understand one's own thoughts, feelings and behaviour was linked to the ability to recognise the benefits of talking through problems for their mental wellbeing.

> [Interviewer] How does it make you feel, not working?
>
> *Like…er… like I'm useless… nobody…[pause], like useless, and no important. You have no…how to say…have no space in society. […] Just like nobody care, you're just a housewife. Yes, I feel like that. We talk a lot, I talk a lot with my husband…*Lily

Some women spoke about times when they had voiced their worries and feelings to friends, husbands or counsellors, and how this had helped them to cope with adversities in their lives. Some were receiving professional mental health support, whilst others benefited from having a close, supportive relationship with a friend. For one woman, simply being made aware of the availability of professional mental health support seemed to support her, through initiating a new understanding of mental health difficulties and the opportunities for help that were available.

> *I'm starting to have new friends, there are different friends, and I'm really trying to help myself and me to be with group, and not to be alone again,*

> *yeah. Sometimes, you need to talk about what you feel, your feelings. There is no point to suffer in silence.* Hadiya

The ability to think about one's own thoughts and feelings was linked to the capacity to contextualise difficult experiences. Women who viewed their own difficulties from a larger perspective were able to minimise the risk those difficulties posed to their maternal identity. By comparing their experiences with those less fortunate, some women were able to reframe threats to maternal identity as less harmful. These women weighed the benefits of achieving safety for their children in England against the hardships they faced. Women told of their relief at reaching a safe haven with their children and how these feelings of relief eclipsed their worries about challenges they faced as mothers. Bhadra was living in extreme poverty, was frequently homeless and was distressed throughout her interview because of her circumstances, yet she described how she felt thankful for her current situation because it meant her children were safe. Whilst others weren't living in such extreme circumstances, they too spoke of facing significant challenges in their every day lives, yet described these challenges as minor compared to the joy of being safe.

> *We are so appreciative that we are safe here, that at the end of the day, we say, oh but we are safe. Thanks God. And our kids are safe, that's the importance, so you know, some people are more miserable in life than us.* Lily

These women also compared their current situation with the poverty and lack of infrastructure in their countries of origin. They spoke about their gratitude for the free education and healthcare their children received, and for the financial support they received from the government, Isabelle stated that in her country of origin, "If you don't have money, you're going to die". Perspective-taking also helped some women, such as Marisha, to cope with and contextualise trauma they had experienced in their countries of origin.

> *I had to sit down and say, You know what? I'm not the only one who has been abused. I am not the only one who has a past. You know? And learn from it. So it's, it's your mind. You have to be willing to want a better life. And be able to forgive people. Not everybody can forgive.* Marisha

Perspective-taking was also beneficial to some women's maternal identity because it enabled them to accept the temporary nature of the difficulties they were facing. Some women spoke about the importance of patience in negotiating the asylum process. Accepting the temporary nature of stressors was linked to the women's capacity for hope and was connected to women's previous experiences of surviving challenges in their life. For example, Lily spoke about feeling lonely and redundant whilst unemployed but was bolstered by her belief that opportunities would be available to her once her children were older. Likewise, Bujare's narrative was filled with hope and a sense of perspective. In the quote below, she described her response to a friend's concern about the quality of the housing she had been placed in. Her response highlighted her ability to recognise and accept that the temporary nature of any discomfort she may have experienced.

> *When a friend of mine came there to visit me and she told others and the staff here, they said, Oh my God, I can't believe, how can she live there, because it's so hard to share their kitchen, and to live just in one room. I said, I don't mind! Because I'm just temporary here, and I'm looking forward from something permanent. I don't mind.* Bujare

Self-esteem, self-efficacy, hope, the ability to reflect on and to contextualise problems were reinforced by external support systems.

**Significant close relationships**

Maternal identity was boosted by having a close and supportive relationship with a partner. Some women with high maternal identity described the enormous emotional support they received from their husbands, speaking about how they talked openly about their worries and could rely on their husbands to give them the emotional strength to face the difficulties they encountered.

> *But because I had a man standing by me, it made things – it was hard, but he is really, he is really sweet, really kind. Always will talk to me, and ask me how I'm feeling.* Marisha

There was also a sense that these relationships made the women feel special and as though their needs were heard and prioritised, which boosted feelings of self-worth. For example, Zaira spoke of her husband's efforts to decorate their house for her, and both Lily and Souri talked about how their husbands identified their mental health difficulties and found them help to manage them. In the quote below, Lily described the care her husband gave her when she was pregnant.

> *All the cleaning, all the shopping, all the cooking and looking after me, and to clean up my vomiting. But he didn't mind and he's happy to do that. You know, he loves me and he loves the kids and he felt sorry, and he said I just couldn't help for your sickness.* Lily

The women spoke about their husbands providing practical help with childrearing. They painted a picture of shared responsibility and partnership. For example, Souri used the pronoun 'we' whilst describing her experiences of raising her children in England. Lily talked about how her husband would take care of the children in the evenings, despite having other work to do. Marisha described sharing the childcare with her partner. There was a sense of relief in the quote below at being able to trust her partner to provide care when she was busy.

> *He'll make time for the baby and he'll make time for me, so I don't feel anyhow, because she have her time, and he's home with her right now, she sleeps, she's having a good time. And I just went to drop off the stuff at home and, Bu-bye! It's her daddy, and girls love their dads.* Marisha

Partners did not necessarily have to be present to support maternal identity. Whilst Patricia was separated from her second husband, who she had been forced to flee without, she seemed to have benefitted from the support he had given her previously, in her country of origin. She spoke of him as her saviour, and as a man who had provided her with both friendship and practical support, and had helped care for her ill son. The kindness he had shown her and her children supported her in coping with the traumatic experiences she had faced, and had helped to fill the void in her and her children's lives left by the death of her first husband.

> *He helped me a lot [...] He used to pay for me, sugar for my childrens, so they can drink tea. [...] He's like a father to them but they call him uncle.* Patricia

Additionally, the extent to which lone parenting negatively affected maternal identity was determined in part by the women's feelings of agency and control in terms of the separation. Maternal identity was higher in women who described themselves as having chosen to be single parents over those who felt they had single parenthood forced on them. Making the decision to leave both abusive and non-abusive relationships seemed to have given some women feelings of empowerment and self-efficacy, which bolstered their self-concept and self-esteem. Whilst these women spoke of the stressors they faced as mothers, some did not attribute these difficulties to the absence of a partner, or even identify themselves as 'lone' mothers. Others, such as Mrs Hussein, spoke about parenting alone as difficult. However, she described how she had made the decision to leave her husband, and with this decision came feelings of empowerment and self-efficacy. Her implicit anger towards her husband and her relief at being apart from him was clear in the narrative. Mrs Hussein seemed to find strength in her capacity to cope alone.

> *They were shocked [by not having their dad around] but [...] I give them love also, and then I made them strong, that I'm your mummy, daddy, everything.* Mrs Hussein

Being in an abusive relationship was detrimental to self-esteem, but the extent of the negative effects of the abuse on the women seemed in part to be influenced by the extent of their resilient characteristics. Both Anna and Maria had experienced physical and sexual abuse by their husbands, and both had been able to leave these abusive relationships. Both the women's maternal identity had suffered as a result of the abuse, and both feared parenting alone. However, Anna seemed able to maintain a sense of competence in her mothering as a whole whereas Maria's entire self-concept as a mother was deeply damaged. As previously described, Anna had existing high levels of self-efficacy which helped to boost her self-esteem, whereas Maria lacked these psychological resources to help her cope. Whilst Anna spoke about finding ways to limit the negative impact of her husband's behaviour on her children, Maria felt that the damage was irreparable.

> *So, I said, God, what has this man done to my children? I always try to see how best to make them happy, how best, but how can you make them happy*

*here in this asylum thing? Waiting and waiting. The little money they give you, that's all you've got to them.* Maria

**Social support networks**

Whilst the participants in the sample tended to be socially isolated, those who described having more supportive contact with others tended to be those who evaluated their mothering abilities more favourably. This was because social support boosted the women's mental wellbeing by giving them emotional support and confidence, whilst also providing some practical help with mothering that lessened the strain on the women. In the same way that confident women may have been better placed to attract caring partners and develop supportive relationships, women with more confidence were perhaps more likely to be seen as desirable as friends.

Some spoke of how, after an initial period of isolation, they had worked to develop friendships with people in their local area. For example, Mrs Hussein spoke about how in England, "people no talk much", but described how she had developed a friendship with her elderly neighbour who had taken her and her children on trips to the seaside and the park. Zaira described her friendships with her neighbours.

> *I have another friend, her name is Kerry. She's my neighbour. And all of my neighbour, I know all of them. And sometimes I'm talking with them, just like friends.* Zaira

Marisha, Anna and Bhadra spoke about the emotional support they received from the religious communities. Bhadra described how a chance encounter with a fellow Christian woman when she was at her lowest ebb had led to her joining a church group where she felt supported. Anna had sought support for divorcing her abusive husband from her church community, whose response she described as being compassionate. Anna reported that she was also supported by her sister and her manager at work in her decision to leave her husband. These women spoke about religious communities as tight-knit and as providing a sense of belonging.

*So, the church is a place where people, they themselves have problems. You go and talk to them, and you don't feel isolated, you don't feel like you are the only one.[…] It's support – just being there helped me.* Marisha

Patricia described her main source of support as being a volunteer worker from her church, who had been assigned to help her by the Home Office as part of a resettlement programme. Patricia spoke about this volunteer extensively throughout her interview and described her as her saviour. Patricia identified her as the only person who took time to understand her and to treat her with respect. Patricia was also supported by her sister, who lived near her.

*I love her, I explained to you the big support I had. If I couldn't meet Mama June, maybe I could die. Yeah. I always…even my children, and I always explain to them, everybody explain, if it couldn't be that woman, I could die. She understand me. She understand me, she, she can hear to everybody feelings, that woman!…That woman is an angel. She can understand your feelings.* Patricia

Bujare seemed to be uncommonly well supported. Crucially, she had been helped on arrival by a friend. He and his family had given her free accommodation for a year, had helped her access a solicitor for her asylum claim and had given her practical and emotional support after she was detained in an IRC. Whilst staying in temporary accommodation provided by the government, Bujare also befriended the woman she was sharing a house with, who helped her to access English courses. Bujare also established a strong friendship network at the refugee support organisation she attended, and described how she could rely on these women to help her in times of need. Nicole also spoke of the social benefits of attending her refugee support organisation, not only because of the nature of the classes (including language classes, exercise, singing and knitting) but because being involved in the organisation gave her a sense of belonging, togetherness and inclusion.

*When you go home, you are alone. But here, you come here every Monday, talking to lots of different people. It's making, it's making people happy and good to see someone.* Nicole

Daphne described how her neighbour had helped her find a school for her daughter, and how the family of her son's friend had looked after her son when they had been homeless. While these actions appear to be about providing practical support rather than emotional support, they seemed to make Daphne feel valued and protected. She had also built friendships with the women who attended a group at her local refugee support organisation.

> *You have no life in your country now, and to have the life in this country – even though you don't have papers here, but you have life and you've got people, you've got friends, like at this group. I don't know [inaudible] but I have got friends when I come here – they call Daphne, Daphne, Daphne.* Daphne

Like Patricia, Muna's support network seemed to be predominantly based around her friendship with one woman, who was the refugee support worker at her children's school. This held particular significance for her due to her previous feelings of isolation and fear. She also spoke about the kindness of the people she volunteered with at her local church, as did Edith.

> *Every Wednesday after she finished at school, she visited me and asked me about if you want any help, if you want anything, I love you so much, you are a very good woman and I wanted to help you, if you ask me any things. She advised me to go and learn English and showed me where, and show me how can I learn and how I can buy something. If I need any things, I asked her. And she like my friend.* Muna

**Religion**

Religious belief featured prominently in many of the women's narratives. The majority of the women identified themselves as Christian with a smaller number identifying themselves as Muslim, and for most, religion was an important aspect of their lives. Religious belief could be both protective and threatening to maternal identity for the participants. For some women, religious belief boosted maternal identity because it gave them a sense of hope. They described feeling that they could communicate their suffering to God, and that God could hear their prayers.

Praying was described as a way for the women to do something productive towards improving their circumstances. The women reported feeling comforted by their faith, and this seemed to be because it made them feel as though they had someone on their side, someone who would fight their corner. When asked what advice she would give to other mothers in her situation, Marisha replied:

> *I would tell them, pray without ceasing, never give up.* Marisha.

These women often attributed the positive occurrences in their lives to the actions of God. They attributed both their ability to cope with difficult situations, such as leaving an abusive partner, being a lone parent or successfully migrating away from danger, and positive experiences they had encountered in England, such as being chosen for resettlement programmes or government financial support, to the will of God. Bhadra stated that she believed that her capacity to continue in her everyday struggles as a mother stemmed from her unwavering belief and trust in God to support her.

> *I don't know, to tell this my strength, but my strength is because of God. Why I strength. How much I am going through, this is my destiny.* Bhadra

For others, religious faith was a risk factor for maternal identity because it became a reason for inaction. Women who believed that their wellbeing, and that of their children, was determined by the wishes of an omnipotent being did not feel they could influence their own lives. By stating their belief that only God could determine their future, they lost the impetus to act to improve their own lives. Speaking of the negative effect poverty has on her children, Lucille said:

> *Yeah, I feel bad, you know. My heart will be paining but later, just leave everything to God, what can I do? But sometimes, my heart will pain. I feel bad for them, sorry for them.* Lucille

A few women expressed anger towards God for letting difficult things happen to them, and for not improving their lives sooner. Maria spoke heatedly about her belief that God would "not allow" bad things to happen to her daughter. Rather than being comforted by the idea that God would not let her child be hurt, her tone and manner relayed her fear that she might be let down again.

*I said we're waiting on God. I believe that God will do it for me. God will not allow my daughter to go back where they are going to hurt her, no. God will not allow that.* Maria

Hannah and Melody implied that they felt let down by God, and there was a sense of hopelessness and mistrust in their narratives. Hannah, who described her life as "slavery for twenty years", seemed to have lost faith in God's ability to improve her circumstances. Melody spoke of being "upset with God" after being diagnosed with HIV.

*Yeah, but at times, I don't know with this life, I'm upset with God. [Tearfully] I don't know, because you just look at it, oh, it's about living this kind of clean life, something like HIV will come to you, your unlucky life, you know? [The participant starts crying].* Melody

However, whilst the majority of the sample identified themselves as religious, there were some women who did not speak about religion as an important influence in their lives. Interestingly, these women were those who exhibited high maternal identity.

**Education, employment and training (EET)**

*Staying at home, it's terrible.* Zaira

EET played an important part in boosting the women's resilience against threats to maternal identity. EET acted as a protective process against threats to maternal identity because it boosted the women's self-esteem, which in turn boosted their mental wellbeing, impacting on both their actions as mothers and their internal appraisals of themselves as mothers. Women who seemed to have higher maternal identity tended to be engaged in a range of activities including legal and illegal paid employment, volunteer work, English courses and higher education courses. These women were more likely to have indefinite or discretionary leave to remain, which allowed them to not only to lawfully seek employment, but may also have given them the piece of mind to engage in education or training. Equally, the

likelihood of women seeking employment, training or volunteering was determined by their existing levels of self-efficacy.

The women spoke of EET as a boost to their feelings of self-worth, particularly for women who had previously worked, or who saw migrating to England as a chance to move away from cultural expectations of women remaining in the domestic sphere. Lily and Hadiya described their feelings about being unemployed when they first came to England. They spoke of feeling degraded and marginalised, and they described being prohibited from working as shameful. Lily began working as a volunteer at her children's school. In the following quote, she exuded confidence and spoke of how this work had dramatically improved her outlook and mindset.

> *I like to work with kids, I think I am good at it, with kids. I really enjoy it. And after I work at school and come back, my husband is, Oh, today you are different. More different. Whenever you go to school, you're full of energy, you're just really in a good mood. At school, I forgot all the problems and just be with them.* Lily

Confidence and happiness gained from working was also evident in other women's descriptions of EET. Patricia spoke of how working had helped her improve her English. The women's narratives about their engagement in EET were commonly laced with optimism about the future.

> *And now I'm working. I like my job, I really like my job, and all my client loves me. And ah! I improve my English. […] I got in my…at the [name of organisation], my ESOL, and er, I do my job. I like it and now I improve, they give me the training, and er, in times they'll give me NVQ2. I'll be, they'll be giving me the training, so I feel like everything is fine.* Patricia

Of the three women in paid employment, only one, Anna, described the benefits of working as being able to provide financially for her children. For Patricia and Fatimah, and for Anna to a lesser extent, employment was about increasing feelings of self-worth and pride, and about being self-reliant, rather than relying on the state for survival.

> *I think it's the feeling that you are not allowed to work. It also makes you like…I don't know, it's a bad feeling. […] I'm working now, sometimes of*

*course, you know, we have money, and sometimes we run out of money because things just come, arise, and you have to pay for it, and that. But you don't have the same feeling like before, when you are not allowed to work. Yeah, so it's much better.* Fatimah

Likewise, unemployment and lack of training or educational opportunities had a negative effect on maternal identity. The women had previously been self-sufficient and were now dependent on inadequate government financial provision or hand outs from churches and refugee support organisations. Melody described how she had been employed when she first came to England but had lost her job when she entered the asylum process. She spoke of unemployment as detrimental to her wellbeing, describing how employment had been a way of keeping busy and distracting herself from physical pain and anxiety. Christine and Maria were also unable to legally work due to their asylum status. Both expressed the desire to engage in education and training. Christine, a woman who had previously run her own clothing company, lamented that she was unable to go to college because she could not afford the fees. Maria spoke of having started a course at college, completing the foundation level. However, the funding available to her to progress to the next stage was stopped and she was faced with terminating the course or paying £1,500. She defined herself as someone who was hard working, and who preferred to be active rather than stay at home. She expressed her desperation and disbelief at the lack of opportunities for her to better herself and her life.

> *Where am I going to find £1,500 from to do the Access? Nah. They are killing me. Not everybody is OK, they are waiting for their papers and sit down in the house. I can't sit, that's not me. I study or I work. One of the two. Without no work and no studies. I don't know. I don't get it.* Maria

**Summary**

This chapter used a resilience perspective to explore how some women seem to be able to resist threats to maternal identity through a range of both psychological resilient characteristics and external supports. These mechanisms were found to be interdependent and mutually supporting. The following chapter uses a different

approach to the data, drawing on radical constructivist theories to look at the way women present themselves in order to negotiate their identities as 'good' mothers.

## Chapter 10: Constructing the 'good' mother identity through impression management

Language is the primary vessel through which identity is constructed and negotiated (Strauss, 2005). In any context, language is a powerful tool and particularly so when a prominent identity is under threat. This chapter looks at the way the mothers discursively constructed their experiences to negotiate their identities as 'good' mothers. To do so, it views the data from an alternative epistemological perspective, applying a radical constructionist reading of the interviews (Madill et al., 2000). This approach assumes that all the mothers in the sample both invested heavily in their roles as mothers and felt threatened to some degree by their experiences of mothering in England. This approach challenges the supposition that the interviews were relatively straightforward accounts of the women's experiences and feelings. Instead, it explores an alternative interpretation in which the women are viewed to be responding to this threat by giving an identity performance, using the interview interaction as a platform for negotiating knowledge and identity (Dyck & McLaren, 2004).

In line with the concept of roles as expectations of behaviour created through social interaction, this approach assumes that the women's narratives are constructions that have a purpose; to gain acceptance from others regarding their positions as 'good' mothers. This approach also adds a new dimension to the previous analysis of the narratives: statements that before were considered to be demonstrative of resilience are re-examined as attempts to manage impressions.

As discussed in chapter 4, when negotiating identities, individuals engage in impression management. This is an attempt to control the impression they are giving of themselves to another (Goffman, 1959). Because identity construction is a circular process, consisting of a continuous process of self-definition and definition from others, created, maintained and shaped through social interaction (Burke & Tully, 1977; Jenkins, 1996; King et al., 2009), impression management strategies can also influence one's own self-image. Strategies are both conscious and unconscious. In some instances, individuals are consciously enacting strategies to present themselves in the best possible light (Goffman, 1959). However, more

commonly, individuals unconsciously employ strategies that are learnt or habitual; their narrative constructions are not mindfully enacted, yet they still instinctually seek to convey a particular impression (Leary & Allen, 2011). The women produced accounts of their mothering practices which acknowledged the norms of 'good' mothering; women feel required to negotiate and prove their statuses as 'good' mothers because of the powerful weight mothering expectations carry.

Three impression management strategies emerged from the data that were discussed in the literature review:

- Presenting oneself as a victim
- Emphasising one's ability to prioritise and guide children
- Dismissing the impact of difficult experiences on oneself and one's children

All of the women employed more than one of these strategies during the interviews. This tendency to fluctuate between strategies represented the fluid nature of impression management, and the way in which it is context and time specific. Women moved between strategies, consciously or unconsciously, hoping to present themselves in a good light in response to a specific moment in time. In performing their identity as 'good' mothers, the women were negotiating multiple, interlinked and sometimes competing understandings of mothering: their own mothering ideals, those in their countries of origin, those in England, and the participants' preconceptions of my personal ideas about mothering. These multiple understandings of mothering and the people they are attached to comprise the 'audience' to which the women were performing.

Some clear patterns emerged in relation to the types of strategies used.

- The victim strategy was only used by a specific group of women, those who demonstrated low maternal identity. Portraying oneself as a victim was beneficial to these women because it provided a way of absolving themselves of blame.

- The strategy of emphasising one's ability to prioritise and guide children was present in all of the participants' narratives, whether they appeared to

have high maternal identity or not. Being seen as meeting these fundamental aspects of mothering was a common and core way for women to assert themselves as 'good' mothers.

- The purpose of the dismissal strategy was to present oneself or others as unaffected by experiences. Therefore, women who dismissed the impact of experiences on themselves or others tended to be those who came across as feeling competent in their mothering.

**Presenting oneself as a victim**

*I said, I've tried my best, I'm, everybody know, I'm just an unfortunate girl.*
Melody

Presenting oneself as a victim was a common way for women who spoke about themselves as inadequate mothers to construct a more favourable view of themselves in that role. The women attempted to absolve themselves of responsibility for their circumstances in the eyes of others. This also helped to alleviate their feelings of guilt. Presenting themselves as vulnerable meant that their actions as mothers could not be fairly criticised, thus enabling them to continue to subscribe to identities as 'good' mothers. The primary objective of the victim narrative seemed to be to elicit a sympathetic response.

*Nah, I've got to that point, I'm too tired of asking and asking and asking. I just always say, God, how you can just send somebody, if a man or a woman, an Englisher, to just love my kids and say, OK, let me come and help you with these kids.* Maria

These women frequently portrayed themselves as victims of the asylum process. They depicted themselves as powerless in the face of the restrictions placed on them by their asylum status, and described themselves as being overwhelmed by the everyday struggle to enact 'good' mothering in the face of the challenges they met.

The women's behaviour towards their children whilst they were experiencing depression was presented as determined by the circumstances they faced, rather than the result of their own free will. Women countered possible rebukes from others about their behaviour towards their children, as well as their own feelings of guilt, by portraying themselves as desperate and powerless, and the asylum process as a compassionless aggressor. They implied that it was inevitable that the stress of the asylum process would have a negative impact on mothers' relationships with their children. In the quote below, Fatimah constructs her account of mothering through depression by presenting her behaviour as understandable and normal.

> *Like if you have worries, and you are tensioned and you are not feeling maybe safe, or maybe not comfortable in your life, or whatever it is, so that would impact of course on your attitude with your children. It's different if you are settled, you have no worries, you have no troubles, of course you will be much better with your children because you are…you don't have any worries.* Fatimah

Reports of difficulties providing financially for children were offset by constructions of the asylum process as pitiless and cruel. For example, reports of poor housing conditions, insufficient food and lack of stimulation for children in terms of leisure activities, as well as separation from children were blamed on the asylum process.

Melody described how poverty meant she couldn't replace the school uniform her daughter had outgrown. Her way of managing the criticisms levelled at her by her daughter's teacher was to emphasise her awareness of the problem. By stating that she "knew" her daughter had outgrown her school uniform, Melody portrayed herself as an attentive and caring mother. She instead blamed the "situation of things", meaning the asylum process, for quashing her ability to provide her child with this aspect of 'good' mothering.

> *I find it difficult cos providing for them [laughs contemptuously]…it's not like you don't want to, but the situation of things can't make you to provide for them. Now, my daughter is asking for, she needs new school shoes. She is getting bigger, cos she's very tall for her age. Even the teacher called me,*

*Don't you see her school uniform is too small for her? And I knew that. But I can't…because we keep buying every year.* Melody

In addition to the asylum process, women portrayed themselves as victims in response to other negative forces in their lives. These included illness, encountering new cultures, abusive or absent fathers, and the nature of life itself, portraying these forces as preventing them from achieving socially acceptable standards of mothering.

For example, as previously described, Melody spoke about the poor living conditions and care she gave her daughter at times. She offset potential criticism of this behaviour by portraying herself as the victim of illness, HIV/Aids, and her daughter's developmental disability. In Fatimah and Muna's accounts of their mothering, they placed themselves as victims of a new culture. Fatimah spoke about how her attempts to meet her expectations of 'good' mothering (in this case, ensuring her children learnt to speak her mother tongue) were thwarted by the failure of English schools to provide Arabic classes. Muna depicted her difficulty in providing for her children as being in part due to the reluctance of British employees to employ someone with limited language abilities.

*I tried to search about any work. I tried to search about shop, to help somebody in shopping, in service, anything. Everybody told me, No work, no work, no work.* Muna

Abusive or absent partners were portrayed by the women as responsible for their perceived mothering inadequacies. In her narrative, Maria positioned her husband, alongside the asylum process, as the main cause of the mothering difficulties she faced. In describing scenarios in which she could be perceived to be failing to meet her children's needs, Maria presented herself as being helpless in the face of her husband's abusive and neglectful behaviour. She sought to gain sympathy from others whilst still maintaining the status of a 'good' mother by highlighting her own concerns about her children's wellbeing.

*I always try not for the kids not to hear what is going on, but he put everything in front of them, he didn't care. He didn't care for their feelings,*

*he didn't care for my feelings, nobody's feelings. He only cared about his own.* Maria

While speaking about her husband's violence towards her and their children, Anna acknowledged that she had also been violent to her children in the past. However, in the quote below, she attempted to negotiate her position as the better parent by distancing herself from the violence they had both inflicted. She spoke about being a vocal opponent of the violence and portrayed her husband as its instigator. Because she seemed to feel unable to prevent her husband's violent behaviour, this approach absolved her of some responsibility for the children's distress.

*When she was one, he started beating her when she was one. I always complained, Why did you do that? You always tell me to people, I am a bad mum. If whenever he beat the children, I always complain. I said, because, to me, we are not looking after the children as we have to, and we don't have to tell them off by kicking them, beating them with, you know something...very big thing we used to beat them.* Anna

As well as apportioning the responsibility for perceived mothering failures to specific processes and individuals, several women expanded this concept in order to blame the nature of life itself. These women depicted 'life' as cruel, untrustworthy and bleak. They spoke of the difficult situations they found themselves in as inevitably bad, indicating their low expectations and absence of hope. This presentation of cynicism helped the women to manage threats to their maternal identity by again allowing them to be absolved of blame in the face of the infinitely larger and more powerful whims of 'life'. Hannah framed her separation from her daughter as being due to the "wickedness" of life.

*If I get the freedom, then I'll bring her back here. My prayer is she come here and have life, better life. I feel for her because it's painful leaving a child, an innocent child. I don't know what...she doesn't know that life is wicked but when she sees, she say, she think maybe the mother is wicked, but I'm not wicked...if I go there, it will be worse.* Hannah

At times, the women interspersed the victim narrative with seemingly contradictory statements that portrayed them as 'fighters', not victims. This seemed to serve two

purposes. Firstly, it aimed to elicit further sympathy from others, by further emphasising the challenges against which the women fought. In the quote below, Maria makes clear the extent to which her circumstances are unmanageable and overwhelming, strengthening the image of her as a fighter.

> *Every time I just tell myself, Maria, you are so strong. If I wasn't strong, I should have died a long time ago, a long time ago. Because one thing added to another thing to another thing, no. No. It's just too much. It's too much.* Maria

On the other hand, these statements also pointed towards the women's desire to resist, and to be seen as resisting, the role of the victim. This highlights the prevalence of contradictions in self-presentation, which is unsurprising considering the complexity of motives for impression management, and the ever changing context in which it is performed (even within the time and space of an interview). By portraying themselves as strong in the face of adversity, the women were seeking to impress others, rather than elicit sympathy or understanding. This is perhaps in response to the participants' interpretation of their audiences' responses to them, believing that presenting themselves as 'fighters', not victims, might hold more sway. For example, while Melody depicted her circumstances as dire and out of her control throughout the majority of her narrative, her advice to other asylum-seeking women gave the impression of a hopeful and emotionally strong woman.

> *Just be strong. Be positive and focus. It can be tiring. It can be challenging, frustrating. Just give focus and believe one day everything will come true. It's not going to be like this, there's no problem that is forever, permanent.* Melody

This adoption of multiple strategies was also apparent in Muna's narrative. Her greatest concern seemed to be that she wasn't able to reassure and comfort her children about the outcome of their asylum claim and the future. She seemed to reconcile this perceived failure with her identity as a 'good' mother by shifting the responsibility onto the Home Office. At the same time, she spoke about trying to prevent her children from being affected by the stress caused by seeking asylum. She portrayed herself as wanting to protect her children from this stress but having no agency.

*I try to carry all problems alone, but [my children] feel everything. They ask me if they refuse us, they ask of me, especially the older ones. They ask me many times, What can we do? If they refuse us again, what can we do? Many, many times. They can't be relaxed. [Sigh]*. Muna

**Emphasising one's ability to prioritise and guide children**

*And if you have a child, then you worry, you no worry about yourself. You worry about the child.* Hannah

The second strategy that emerged from the data was that of emphasising one's mothering successes. The women focused on two aspects of mothering: their ability to prioritise their children and their ability to successfully raise them to behave in a desired manner. Women across the sample attempted to bolster their credentials as 'good' mothers in the face of threats by portraying themselves as meeting these two mothering norms. Many practices associated with 'good' mothering can be influenced by external factors; provision, protection and ensuring healthy physical and psychological development are all to some degree influenced by environmental factors. However, at the core of 'good' mothering norms are practices, those of prioritising and guiding children, that can supposedly be enacted regardless of the mothering setting. Whilst this is not necessarily the case, women can showcase their enactment of these practices to counteract threats to maternal identity.

The women portrayed the act of prioritising their children as natural and instinctive, in line with discourse around 'good' mothering. The women aimed to demonstrate their commitment to their children and the selflessness of their own behaviour.

*You know, kids are our heart. You do everything for them. Prepare nice food for them, look after them, concentrate for their education, because they're developing you know, bringing out their behaviour and their emotional…just give all our hearts to them. You know, I think all mothers are the same. They do, mothers do anything, everything, for their kids.* Lily

The pressure to be seen to be prioritising children's needs over one's own was clearly demonstrated in Maria's narrative. Whilst she spoke about finding it difficult being the sole carer of her children because of the absence of privacy and time alone, she was also aware that this could be perceived as selfish and unmotherly, and therefore, in part reneged this statement.

> *I will leave them downstairs and I will go upstairs and have my own, just my own time. [My son] will come and say, Mummy are you OK? Lying on top of my back. I say, What did I say, you should give me some time. [...] They always want to be with me, all the time. That's the problem. I don't have any problem with that. Sometimes I need my space, but I always have my space when they go to bed.* Maria

Many women stated that their main reason for migrating to England was to ensure their children's safety. They positioned their children's safety as paramount and above all other considerations including their own hopes and aspirations. The aim of these assertions seemed to be to ensure that they were seen as mothers intent on protecting their children, rather than seeking a better life for themselves. Bhadra spoke of how her only intention in moving to England had been to ensure her children's safety. She stated that this aim had been achieved on arrival in England, and that she had no further requirements of England. This was in spite of the fact that she and her children were homeless and living in abject poverty.

> *And my children are safe and they're studying good education and they've got, they know everything. They have a good life. So I want only these things. I don't want any kinds of money, I don't want any status.* Bhadra.

When considered within a resilience framework, the quote above may be understood to demonstrate Bhadra's ability to contextualise a difficult experience. Here, when the statement is considered as an identity performance, it becomes a way of impression managing.

Souri spoke of how, by migrating to England, she had sacrificed her own happiness and career prospects in order to ensure her children's future wellbeing.

[Through an interpreter] *She said, even now, she thinks she's, because she hasn't got a job, she's losing her young life because not doing much, but she's happy because she's hoping the children will have a better future in here than if they were in [country in Western Asia]. You know, even she's missing a lot herself, but the children will have a good future.* Souri

Others described how they disregarded their own physical wellbeing for their children. Lily spoke of jeopardising her own health in order to make her children happy, describing how she took them out to socialise with others when she suffering from a migraine. Maria placed herself both as a victim of the asylum process and as a mother who prioritises her children above all else. She spoke about prioritising her children's needs to such an extent that worry about their wellbeing prevented her from eating or sleeping. In the quote below, she blamed the asylum process for her lack of desire to interact with her children, and then followed this with a statement aimed at showing others that her desire for the right to remain in England was spurred on by her devotion to creating a better life for her children.

*Even your children, sometimes you don't feel, you don't feel happy, you don't even feel happy to do something for them. All the time, pretend, pretend, pretend. I say, Sarah, I'm just tired, let me go and lie down… That's why I am praying, Let me get these papers. Let me just do something for them, something beautiful.* Maria

Women also attempted to demonstrate their selflessness in regards to their mental health difficulties. Many women spoke about how they had worked hard to prevent their children from witnessing their own emotional distress. In doing so, they were giving the impression of having prioritised their children's needs over their own needs to express their distress and seek comfort. The women spoke with pride about how they kept this distress from their children, describing engaging in diversionary activities with them in order to distract them, or waiting until their children were asleep to cry.

*You have to control yourself if you want them to be happy. If your children are like mine, and they come back and they see you sleeping, they said, Are you OK? Are you sick? [Laughs]. Because they want to you to be*

*happy...with them. They want to see you smile. If you're starting to cry, they're going to cry.* Isabelle

Whilst Muna at times portrayed herself as a victim of the asylum process, she also presented herself as doing everything in her power to improve her children's lives. She spoke about trying to acquire employment as a way of bringing her family out of poverty, but lamented that her inability to speak English was a barrier to employment. By presenting herself as someone who tried hard and was willing to learn at every available opportunity, she confirmed her position as a mother who prioritised her children.

*Maybe they think I am not good for English, I can't understand everybody. So, I tried to teach myself my dictionary. Everyday, I try to keep 20 words, every day, every day, every day. And please, my God, help me – how can I use this word? Please my God. Try, try, try. I can't before speak like this. Now, a little bit faster.* Muna

Melody also interspersed the victim narrative with descriptions of how she went to extremes to prioritise the wellbeing of her children over her own needs. Melody described a time when she had considered putting her children into foster care. She was living in poverty, suffering from depression and managing an ongoing illness which made her feel unable to cope. By mentioning that she had considered placing her children in care, she painted a picture of a desperate situation. By following this with the declaration of her decision to continue caring for them, she was able to elevate the image she gave of herself as a mother. In other words, Melody portrayed herself as a mother whose love for her children overcame all barriers.

*You know, at times, there was a time I told you that I wanted to give up the children because I was tired...I was like, OK, fine, give this girl up for adoption. I work in children's homes, those children [inaudible]. But what has happened to them? I'm telling you, nobody would prefer for their children to go into adoption, to go into foster care.* Melody

Like prioritisation, bringing children up to behave in a desirable manner was considered by many to be a basic, and achievable, component of mothering. Therefore, giving descriptions of their mothering techniques and examples of

perceived desirable behaviour in their children was a way of bolstering their credentials as 'good' mothers. The desirable qualities women emphasised tended to be based around their children's success at school and their personality traits. Hannah, who frequently portrayed herself as a victim, also positioned herself as successful in raising 'adaptive' children.

> *What's a mother? […] You just try your best so that the best will come out in the child. And people [will] say, Oh, she trained the child properly.* Hannah

Whilst this tendency to speak about and, in some cases, exaggerate children's accomplishments is common in other groups of mothers, these statements seemed particularly important in this context, where maternal identity was threatened. The portrayal of their children as successful defended their mothering capabilities because it was a way of showing that despite the difficulties they had or were facing, and the sacrifices they themselves had made, their children were thriving.

In order to give a positive impression of their mothering, women spoke about various childrearing techniques which they felt would be sanctioned by others, and therefore would prove their worth as mothers. Some spoke of providing their children with boundaries and discipline, which they felt encouraged positive behaviour from their children. Others spoke about themselves as role models for their children, and described how they modified their own behaviour to benefit their children's development.

> *But [my children], they know […] if you want something, and you don't want to do something I want, I'm not going to do something you want. Or you're not going to watch your programme. […] If you say, OK, OK, OK, he's going to always be stronger than you.* Isabelle

The women were asked about their experience of the English education system, and some spoke of their children's intelligence and desire to learn. Women gave glowing reports of their children's progress in school, often describing their children as the brightest in their class. Fatimah's exuberant praise of her son in the quote below is indicative of the gusto with which women described their children's approach to education. Those who acknowledged that their children were not

academically gifted focused on their children's passion for learning, and other talents they had outside academia.

> *I have Halim, he is really one of the best in this class. Almost definitely doing very well.* Fatimah

Some participants described their children's educational achievements without a prompt. In these cases, the women were reporting their children's achievements as a way of cementing their tacit claims that their children were flourishing in England, and that they, the participants, had succeeded in improving their children's lives. Bhadra began to speak about her daughter's high marks in her A levels following her description of the traumatic nature of her family's flight from their country of origin. Patricia juxtaposed a description of her children's reaction to the death of their father with statements about their love of school. Indeed, Patricia's reported ability to care for a large number of children alone seemed to be integral to her mothering identity. In the quote below, she was speaking about how she felt she had filled the void left by the absence of her children's father with her own love and with Christianity. Following this with a description of her children's love for education seemed to be a way of convincing others of her success in protecting her children.

> *If you are orphan, God help you more than someone who has a father. I say no, God will help us, than those who has a father. God is stronger than a father, so we have our father, always God. So they are very happy. And the thing, I'm happy because they, at school, they said to, when we are on holiday, they say, Oh no, we miss school! They say, Yes, to go to stay home, it's not…at school, we have fun at school. They like school.* Patricia

This strategy was also frequently present in Muna's narrative. Muna was proud of her status as a teacher in her country of origin, and had taught her own children at home before moving to England. Her ability to teach her children seemed to be central to her mothering identity. She spoke suddenly of her children's educational achievements during a detailed description of the anxiety and powerlessness she felt as a result of the asylum process, in which she portrayed herself as a victim. Whilst within a resilience framework, this could be understood as representative of

Muna's self-esteem and self-efficacy, here it becomes a way of reinforcing her identity as a 'good' mother in the face of threat.

> *They are very excellent at school. Very excellent. I taught everything–mathematics, Arabic, English, religion, science, everything for them.* Muna

Some women also described their children as exhibiting desirable personality traits. Personality traits that were emphasised by the women included being popular, being kind and caring, being well behaved, being polite, being cheerful, and being ambitious.

> *Now, the eldest boy, he's thinking about his business, what business they're going to do and if they're interested, like, they think about a subject, Oh this is good, this will be good business, they go straight away to the internet, they start looking for information, how they can start this business, if they don't have money, how they can get the funding to do this.* Fatimah

A few women spoke of their children's religious beliefs as a source of pride to them, and as an indicator of their successes as mothers. These women mentioned their children's adoption of their own religious beliefs, which served to indicate to others their success in raising their children to behave in their desired manner.

> *So they are God's children, they all listen, you know. Behave in good manners. I've noticed that. Even everyone is praising them. They said, we like your kid. Even in church they are well behaved.* Lucille

Women also promoted a positive image of their mothering abilities by recounting their children's support of them in their role. In her account, Lily reported her children's excitement and pride at her presence at their school and day centre, recounting how her sons' friends said hello to her in the playground. This seemed to be a way of indicating to others and herself that she was liked by her children and was a sought after presence in her children's lives. Bhadra also spoke about her children's pride in her. She described how she felt her children saw her as a caring and morally respectable person who helped people in need. She also depicted herself, through her children's reported opinions of her, as a protector and warrior. Likewise, Edith attempted to bolster the image she gave of herself as a mother by recounting her son's love for her. She spoke about her distress at not being about to

buy her son a present on his birthday, but described how instead, he bought her a bouquet of flowers and a card on mothering Sunday. She also described how her son preferred meals she prepared for him over those prepared by his father. By portraying herself as her son's favourite parent, and as the object of his affection, she elevated her status as a mother.

> *I was very crying. [Crying] I not give a single thing of my son in there, in his birthday. I was very...but in mothers' day, my son give me a bouquet and card! At night time he came, I was lying on the sofa. And he said, Mumma, happy mothers' day, and give a bouquet and a card.* Edith

**Dismissing the impact of difficult experiences on oneself and one's children**

Lastly, a small number of women presented themselves or others as relatively unaffected by experiences which commonly may have caused anxiety and low self-esteem in order to negotiate their identities as 'good' mothers. This response can be explained in a number of ways. Women may have been consciously or unconsciously employing an impression management technique. On the other hand, the women may have been demonstrating an avoidant coping style or denial, in which their response was not aimed at influencing impressions, but rather was a habitual way of coping. Finally, these women may have simply been less affected by their experiences than others.

This strategy seemed to be particularly prevalent in Marisha's narrative. In chapter 9, she was described as having high levels of self-esteem, self-efficacy and the ability to reflect. However, when her narrative was considered as an identity performance, she seemed less confident. Marisha gave the impression of being positive, cheerful, reflective and content with her life, yet this was so pronounced throughout the interview, and was conveyed with such force and effort, that it suggested she was concealing more distressing feelings about her self and her role as a mother. Marisha came to England to flee familial abuse. She came without her daughter, whom she left in the care of her grandmother. Unlike all the other participants who were separated from their children, she gave the impression of being at ease with this separation. She chose to speak about the separation at the

start of interview, seeming keen to establish the parameters around which the separation was understood.

> [Interviewer] And, erm, can you tell me what ages your children are and where they were born?
>
> *Umm, from back home, Poppy is her name, and she's 14. She's born in [country in the Caribbean]. And erm, she's a lovely child. She lives with my mum at the moment, she's doing well in school and she's really adopting good to life. We have a good relationship. She calls me a lot, and she asks me, you know, questions that she can't ask my mum, and we really have a good mum to daughter relationship.* Marisha

It is possible that Marisha did not find the separation as distressing as other women for cultural or personal reasons. However, the exaggerated positivity may have been a way of deflecting potentially negative readings of her actions by showing the situation in a positive light. The tone of her narrative suggested she may have been aware that choosing to migrate to another country without a child might be considered 'bad' mothering practice, and therefore she was constructed her narrative to defend against this. Equally, Marisha may herself have perceived her actions as 'bad' mothering and was therefore presenting her experience in this manner in an effort to protect her self-esteem.

> *Or my mum will call me and she'll say, What do you think – she's going to go to secondary school – what school do you think? I'm going to tell you, you choose. So, it's been shared. Like, I'm not really missing out anything. Yeah. But at the same time, I do wish that I was there. But I believe that she will be with me soon, one day.* Marisha

Marisha also attempted to manage potential criticisms of her separation from her daughter by establishing new parameters around understandings of 'good' mothering. She defined a central component of 'good' mothering as self-respect and self-love. In this context, she could define her decision to flee the abuse she suffered in her country of origin as a way of enacting 'good' mothering, even though it meant separation from her daughter.

> *What makes a good mum…? To me, what makes a good mum is…[pause], is love. If you don't have, if you don't love yourself, you can't love your*

*child. If you don't respect yourself, you can't teach your child how to respect herself and others, it must start with you.* Marisha

This quote, used in chapter 9 to demonstrate Marisha's self-esteem, here becomes a narrative strategy in which self-esteem and confidence is constructed. Marisha also stated that she believed that providing children with love was more important than practical provision. As a mother living in poverty, this statement helped her to establish her credentials as a 'good' mother by demonstrating she was meeting her own expectations.

*Well I couldn't give her all the nice, fancy dresses, and all the things that I would like to give her. And I felt guilty about not being able to, to, to give her the things, the necessity. But what I was able to give her was love. And erm, she's not growing up without love. I see a lot of children who have everything, but they don't have love, so they don't have anything.* Marisha

Zaira also negotiated her identity as a 'good' mother by presenting her maternal identity as being unaffected by her experiences. However, Zaira was less verbal in her dismissal, choosing instead to skim over difficulties. For example, Zaira spoke briefly of how she had come to England from a country in Asia via land with her young daughter and husband, spending days walking through the jungle and travelling in the back of a lorry. She said she had trouble remembering the experience. She spoke briefly about how her daughter had been tired and had repeatedly asked her when their lives would be good again. When asked how this had made her feel, she replied:

*Really bad, yeah. But, I forgot everything when I get here, to England. I forgot everything. All my problem, all my…stress.* Zaira

Like Marisha, her refusal to dwell on the difficulties she faced seemed to be a way of avoiding possible negative readings of her actions. Zaira read a celebratory greeting card her young daughter had given her when they had been granted leave to remain. The card highlighted her daughter's anxiety about the asylum process and the extent to which it had distressed her family, stating, "Today is a good day for us because we are going to live in a big fancy house and just going to change for ever, and no more bad dreams". When asked in the interview how this had

made her feel, she didn't comment on the content, instead simply stating:

> *I, yeah. I just save this til she's grown up*. Zaira

Mrs Hussein rejected the assertion that her children had been detrimentally affected by their father's absence, emphasising instead how her love for them had acted as a protective barrier. She stated, "I give them love of everybody". In chapter 9, this statement was understood as a demonstration of self-efficacy, but when considered as an impression management strategy, it becomes an attempt to negotiate the status of a 'good' mother. Similarly, Souri dismissed the notion that her daughter was affected by the absence of her extended family, asserting that she and her husband had given her so much love and attention that her daughter did not notice their absence.

In other cases, it seemed as though participants were managing threats to maternal identity by exaggerating their children's ability to cope with the difficult situations they were encountering. This strategy's purpose was to make negative experiences seem less damaging to their children, thereby reducing the strain on their maternal identity. This was not a common strategy and was present in five of the participants' narratives. In the cases of Lucille, Zaira and Souri, this technique seemed to be used to manage some of the guilt they felt at not being able to financially provide for their children. The women portrayed their young children (aged between 5 and 7 years old) as understanding and accepting the reasons for the family's poverty, namely their asylum status. For example, when speaking about her inability to fund her small children's school trips, Lucille said:

> *If I don't have nothing, that's it, they won't go. They understand, they know…*Lucille

Marisha also adopted this strategy in relation to her separation from her daughter. She portrayed her daughter as fully understanding and accepting the reasons for her mother's absence. Marisha suggested that her daughter was grateful for and humbled by her mother's actions, which she presented in the quote below as a sacrifice for her daughter's wellbeing. Marisha's repeated assertion that her daughter understood and accepted her mother's motives for living in England hinted at Marisha's insecurities about the separation.

*We communicate well. Yes, we have a good relationship and I don't hide anything from her, and she don't hide anything from me. So she know that we…she know where I'm coming from. And she know I want to do whatever I can to help her. Yeah. She's touched by that.* Marisha

Fatimah used role redefinition in her narrative, but differently to the other women. Rather than exaggerating her children's ability to understand a situation, she seemingly diminished it. The quote below shows how Fatimah acknowledged that the children were aware of "something happening" that was "wrong" but she quickly overrode this by claiming that her children would have been too young to have been affected by the experience (one of whom was 6 years old). It is also possible of course, as with the other women's accounts, that Fatimah actually believed that this incident did not impact on her children because of their age.

[Interviewer] And when you were in [Country in Africa], you felt threatened did the children notice it? Did they pick up on it?

*Yeah, they did, because there was like one, just accident, just happened in front of them, so…yeah. They don't really know what it is and why it happened, what it's for, but they feel that there is something wrong, or something happening. They don't know what it is really. Yeah, because they were very little, they don't recognise what it is.* Fatimah

**Summary**

This chapter has applied a radical constructionist framework to the women's narratives, moving beyond considering the interviews as relatively straightforward accounts and viewing them instead as identity performances aimed at negotiating their positions as 'good' mothers. The findings highlight the way in individuals move between a range of narrative strategies, utilising specific strategies in response to specific situations throughout the interview, their choice determined by which narratives seem likely to elicit a supportive response.

In the chapter that follows, the findings are discussed in relation to existing literature and in relation to the implications for understandings about maternal

identity. The chapter also draws together the findings on resilience and impression management theory. It then discusses the limitations of the study, recommendations for future research, and states the original contribution to knowledge provided by this research. It concludes with the implications of the research for policy and professionals working with asylum-seeking and refugee mothers.

# Chapter 11: Discussion and implications for practice

This thesis aimed to explore the mothering experiences of asylum-seeking and refugee women in England, with a focus on how these experiences influenced their maternal identity. The research sought specifically to address the following questions:

1. What are asylum-seeking and refugee women's accounts of their experiences of being mothers in England?

2. How do asylum-seeking and refugee women speak about these experiences in the context of their maternal identity?

3. How do mothers discursively construct their experiences to negotiate their identity as 'good' mothers?

4. What are the implications for our understanding of maternal identity?

This chapter addresses the fourth research question, looking at the implications of the research for our understanding of maternal identity. Firstly, it provides a summary of the thesis. It then relates these findings to existing research, focusing on four areas. It demonstrates how the current study's findings on the experiences of mothering and threats to maternal identity are reflected in much of the existing literature on asylum-seeking, refugee and migrant families, women and mothers. It then looks at the role of culture in shaping mothering expectations. It considers how, while some differences were identified by the women between their childrearing norms and those in England, these were not commonly spoken about as threatening to their maternal identity. It also offers some possible reasons for the sample's consensus on 'good' mothering characteristics and practices.

The section then moves on to reflections on impression management in relation to asylum-seeking and refugee mothers, highlighting the way in which it is a particularly complex process for this group of women. The final part of this section explores what can be learnt from comparing and integrating the resilience and

impression management perspectives. It considers two reflections; firstly, that characteristics in individuals that are commonly assumed to denote resilience may be impression management strategies masking vulnerabilities, and secondly, that the flexible use of impression management strategies might be indicative of resilience.

The chapter then discusses the limitations of the study, offers recommendations for future research and states the original contribution to knowledge provided by this thesis. The thesis ends by considering the implications of this research for policymakers and people working with asylum-seeking and refugee women. Recommendations include a change in the government's approach to asylum-seekers and refugees, developing professionals' awareness and understanding of maternal identity, and helping professionals to boost women's internal resilient characteristics through external supports.

**Summary of the thesis**

An in-depth literature review was carried out in chapters 2 to 4. The literature review began by setting out existing knowledge about the experiences of asylum-seeking and refugee mothers in England, discussing research on the impact on mothering of pre-migration experiences, policy and service provision, living in a new country, and poor maternal mental health. Following this, literature on maternal identity was explored and maternal identity was defined as a mother's perceived sense of competence in her mothering role, developing during pregnancy and continuing across the life span.

A symbolic interactionist account was then given of the way in which maternal identity develops and is maintained, looking at how social interaction shapes role expectations around mothering. Expectations were then examined in further detail in relation to culture. It was argued that core mothering expectations tend to be based around ensuring children's physical, intellectual and emotional development through such practices as protection, nurture and education, but that these expectations are influenced by both individual experiences and culture. Finally, the

literature review accounted for how and why maternal identity can be threatened by experiences of mothering in adverse contexts like physical and mental maternal illness, IPV, separation, negotiating a new culture and poverty. This provided a contextual framework through which to explore how the experiences of asylum-seeking and refugee mothers impact on their maternal identity. The literature review ended by setting out two perspectives on how maternal identity is protected and negotiated in the context of threat: resilience theory and impression management theory.

Chapters 7, 8, 9 and 10 relayed the findings of this research. Chapter 7 addressed the first research question, setting out the women's accounts of being a mother in England. It described experiences of negotiating an opaque and hostile asylum system, poverty, housing problems, separation from children, social isolation, managing a new culture, parenting alone, IPV, as well as the more positive experiences of accessible and high-quality healthcare services and education for children. This provided the background for addressing issues of maternal identity in the following chapters.

Chapters 8 and 9 attended to the second research question, examining how the women spoke about these experiences in relation to their maternal identity. Women's reported feelings of competence as mothers differed. Some women spoke about some of the experiences outlined in chapter 7 as threatening their maternal identity. These experiences were negotiating the asylum process, poverty, separation from children, IPV, lone parenting, detention in an IRC and maternal mental health problems. This was explained within the context of the women's own conceptualisations of 'good' mothering; it was argued that these experiences threatened maternal identity by creating a barrier between mothering expectations and actions. The type and number of challenges influenced the extent to which maternal identity was threatened. In the case of some women, the more difficult experiences the women encountered, the more negatively they spoke about their mothering. Experiencing threats to maternal identity was damaging to women's mental wellbeing.

However, the women's accounts also indicated that some women were able to maintain a sense of competence in their mothering abilities in the face of these threats. Some women faced extreme and multiple challenges to mothering and still demonstrated high maternal identity. Therefore, maternal identity was also exacerbated or diminished by the way women viewed, negotiated and managed the challenges they did face. This was explored in chapter 9 using a resilience framework, finding that psychological and external supports are effective in helping women maintain maternal identity in the face of threats.

Chapter 10 addressed the third research question. It viewed the interviews as identity performances to explore how the women discursively constructed their experiences to negotiate their identity as 'good' mothers in the face of threats. This analysis showed that the women used three strategies to convey themselves as 'good' mothers: presenting oneself as a victim; emphasising one's ability to prioritise and guide children; and dismissing the impact of difficult experiences on oneself and one's children. The women moved between strategies with the aim of presenting themselves in the best possible light in response to a specific moment in time.

This chapter will now move on to address the implications of this research for understandings of maternal identity.

**Discussing the findings and relating them to previous research**

This section discusses the findings and relates them to previous research and theory. It focuses on four areas:
- the mothering experiences and threats to maternal identity encountered by asylum-seeking and refugee women,
- the relationship between culture and mothering expectations in the context of the asylum process,
- impression management in the context of asylum-seeking and refugee mothers and,

- the issues raised by analysing the data with both a resilience and impression management framework.

*Discussing the findings on mothering experiences and threats to maternal identity*

In many ways, the experiences of the women in the sample described in chapter 7 reflect the findings of existing research on asylum-seeking, refugee and migrant families, women and mothers. The findings also reflect previous thinking around the ways in which maternal identity can be threatened by certain experiences and the negative impact these threats have on women's self-concept and psychological wellbeing (Celinska & Siegel, 2010). However, the findings build on this thinking by extending the concept of threatened maternal identity to the specific experiences of asylum-seeking and refugee women.

In line with previous research, the women spoke about the asylum process as opaque, frightening and hostile (Querton, 2012; Rights of Women, 2012). The implications of the precarious nature of their legal statuses were at the forefront of many of the participants' stories. Poverty, inadequate living conditions and separation from children were in part caused by an asylum policy that prioritises pragmatic considerations and the protection of borders over the wellbeing of families. The accounts of two participants of being detained in IRCs, one of whom was pregnant, echoed findings about the psychological and physical damage detention can cause (Querton, 2012; Tsangarides & Grant, 2013). A new finding was the extent to which the nature of the asylum process permeated the women's roles as mothers; it created multiple and significant threats to maternal identity.

Mental health difficulties were found to be widespread. The women described experiencing mental health problems as a result of a range of experiences that were identified in the literature, such as the stress of negotiating the asylum process (Pitman, 2010), social isolation (O'Donnell et al., 2007), pre-migration trauma (Athey & Ahearn, 1991; Barenbaum et al., 2004), missing family members in their countries of origin (Papadopoulos, 2002), poverty (Bernardes et al., 2010), separation from their children (Dumper, 2002), and violent partners (Bhuyan et al., 2005). Corresponding to existing research about the effects of physical and mental health on mothering, this study found that poor maternal health in particular was a

key factor in threatened maternal identity (Vallido et al., 2010). Mental health problems made mothering difficult, which in turn made women question their competence as mothers, creating greater psychological distress.

Dwyer and Brown's (2005) findings that asylum-seekers and refugees in England routinely experience poverty is also reflected in these findings. Reports of asylum-seekers experiencing food insecurity and being unable to buy essential items such as clothes and travel were echoed in this research (Dwyer & Brown, 2005; Penrose, 2002). Research reporting that refugees, despite being granted leave to remain and having access to supposedly more substantial benefits and the right to work, also lived in poverty and faced high levels of unemployment were also supported (Haque, 2003). These experiences were found to be threatening to maternal identity. This finding reflects research with non-asylum-seeking and refugee parents living in poverty (Orthner et al., 2004; Whitham, 2012).

Supported by findings in the existing research literature (Dumper, 2002), lone parenting was common in this sample. Women were parenting alone for a number of reasons, including the death of their husband, relationship breakdown, separation following IPV, and in one case, asylum policy restrictions which prevented a woman's partner from joining her in England. Lone parenting was experienced as threatening to maternal identity by this sample predominantly because it restricted their ability to provide financially for their children (Levitas, Head, & Finch, 2006).

Issues of social isolation came across in the women's accounts (Pierson, 2009; Spicer, 2008). In this research, the importance of refugee support organisations and religious organisations as providers of emotional and practical support was highlighted. The void left by support previously received from family members prior to migration was evident here as in other research (Dwivedi, 2002). In line with previous findings, these experiences impacted on mothering as a result of the poor mental health they evoked in women (Summerfield, 2001). Interestingly, the majority of the women who were subjected to dispersal reported being happy to be moved from London to cities they defined as safer and quieter, with only one woman reporting that it had left her more isolated.

These findings also support emerging work on the prevalence of IPV in migrant families (Wong et al., 2011). Four women out of the sample of twenty-two experienced IPV. The abuse was experienced by this sample as making it harder to care for children (Irwin et al., 2002). The existing literature suggested that IPV within a family can result in abuse being conducted by mothers as well as fathers (Georgsson et al., 2011), whilst other research found that mothers put in place strategies to protect their children (Irwin et al., 2002). In this research, both occurred. IPV was threatening to maternal identity in this context, as in others.

In this sample, women described having positive experiences of the English schooling system, which is contrary to the majority of existing findings (Candappa, 2000; Kao, 2004; Sales, 2002) but in line with Dumper's findings (2002). This suggests that a more detailed study of this issue would be beneficial to increase our understandings of what is actually happening. Indeed, women also gave more positive accounts of their contact with healthcare services than has previously been reported (British Medical Association, 2002; Gosling, 2000). Women mostly reported healthcare services to be accessible and satisfactory, and did not describe experiencing language barriers or hostility as an obstacle to access. However, this finding may have been influenced by the type of women participating in the research. The women recruited for the research tended to speak English to a passable level. In addition, it is also possible that the women in the sample were likely to be relatively outgoing and confident, having volunteered to take part in the research.

There was also a higher number of women in the sample accessing mental health services than the literature would predict (eight out of twenty-two women were receiving some mental heath support). Previous findings stated that mental health services can be inaccessible due to language barriers (O'Donnell et al., 2007), the nature of talk therapy being alien to many migrant women (Bhugra & Bhui, 1998) and stigma around mental heath problems (Morris et al., 2009) were only in part supported. Those who accessed the services spoke about them openly, seemingly without embarrassment and said they had been benefitted by them. Again, this finding may have been influenced by the personality and language proficiency of

the women in the sample. However, despite all the women in the sample admitting to experiencing mental health problems, a high number still did not seek or receive mental health support.

Separation was spoken about by most of the women in this research as deeply threatening to maternal identity. In keeping with previous research (Dumper, 2002; Miranda et al., 2005), these findings suggest that despite the fact that migrant mothers are more commonly separated from their children than in western cultures (Parrenas, 2005), this does not reduce the distress it causes.

*Discussing the findings on the relationship between culture and mothering expectations*

What does the research contribute to understandings about culture and mothering? Corresponding to existing research, some differences in child rearing norms were identified by the women in the sample. Some described feeling that English children were less disciplined and less respectful than children in their countries of origin (Lewig et al., 2010a; Ochocka & Janzen, 2008). Some also spoke about English children being afforded excessive independence. There were also a small number of women who vocally supported physical punishment. However, there were also women who were widely supportive of English mothering norms, identifying them as beneficial to their children's wellbeing. Some women regarded independence as liberating for children and others championed the English child protection system as effective in protecting children from abuse. A few women refused to make generalisations about differences in cultural approaches to mothering, instead stating that mothers everywhere have the same goals, to keep their children happy, safe and to prioritise them. These view points are less well researched in existing literature. The differences in the women's accounts of and responses to British childrearing norms highlight how individual life experiences, characteristics and influences shape practice.

While the women demonstrated interest in and awareness about cultural differences in childrearing practices and were clearly engaged with thinking about the issue, the women did not tend to identify this as threatening to their maternal identity. For the vast majority of women, the issues raised in the literature around intra-family

and state-family conflict did not materialise (Dubus, 2010; Lewig et al., 2010a; Samuel, 2009). This seemed to be for two reasons. Firstly, those who viewed new norms around mothering as positive were happy to adapt their practice and expectations. Secondly, most of those who did identify some aspects of British childrearing practice as negative seemed to feel that they had control over this aspect of their mothering. They tended to exhibit confidence in their ability to raise their children in their desired manner, regardless of the context in which this was occurring. Some women spoke in passing about issues that concerned them, such as their children forgetting their mother tongue and being unable to converse with family members in their country of origin, or worries about not being cared for in old age, but these issues did not seem to present a significant concern to them. Indeed, only one woman seemed to view English culture as a threat to maternal identity in any substantial way.

At a more general level, while it is important to reiterate that "not all women mother, and mothering as nurturing and caring work is not inevitably the exclusive domain of women" (Arendell, 2000, p. 1192), this study supports existing research that argues that motherhood is central to women's self concepts regardless of their backgrounds or culture and that women try to do their best for their children in the face of adversity (Vallido et al., 2010). The centrality of motherhood to women's self-concept, and the importance women attribute to meeting expectations around mothering, serve to highlight the essential nature of research on threats to maternal identity and support for women experiencing these threats.

The women were asked to give their accounts of 'good' mothering, in order to provide a context within which to explore threats to maternal identity. A key finding of this research was that there was no discernible connection between the women's countries of origin and cultural background, and their definitions of 'good' mothering. In fact, the women's descriptions of 'good' mothering were overwhelmingly consensual, regardless of their country of origin, religion or culture, and were based upon beliefs around meeting the needs of their children, namely their physical needs, emotional, developmental needs. These seemed to be their perceptions of core or essential aspects of mothering.

Mothers spoke about feeling it was the duty of 'good' mothers to ensure that children were well fed, clothed, kept clean and were physically healthy. Two women defined 'good' mothering as being able to provide children with consumer items they desired, although this expectation seemed to be determined by their previous affluence in their country of origin. Mothers spoke of 'good' mothering as giving children love, kindness and happiness. They also spoke about how 'good' mothers ensure their children receive education and are raised to be kind, respectful and morally sound individuals. Themes of prioritisation and protection were clear across all the women's descriptions of 'good' mothering. These ideas of 'good' mothering translated across the interviews; they were the expectations that women judged themselves against.

On one hand, the homogeneity of understandings around 'good' mothering gives support to more universal understandings of mothering expectations that are in line with the universal parenting expectations posited by LeVine (1980). Whilst there are clearly always variations in specific mothering practices across all women both in and outside cultures (Fuchs, 2001; Phoenix & Woollett, 1991b), this research supports the theory that mothering expectations share strong commonalities across cultures, and include expectations around achieving children's physical, intellectual and emotional development through such practices as protection, nurture and education. It seemed that the women, when asked to define good mothering, focused on the components they perceived to be central to mothering. The fact that these descriptions did not cover specific practices suggests that they placed less importance on the more specific cultural aspects of mothering expectations.

On the other hand, these findings can also be explained by the context in which these mothers were living. As the research has shown, these mothers were often facing extremely difficult day-to-day living conditions. These issues may have taken priority in the hierarchy of the women's worries. They were perhaps more concerned by issues of difficulty in protecting, feeding and providing basic care for their children, rather than issues around maintaining cultural values. There is therefore some support for the suggestion that maternal identity is firstly a human experience, then a cultural one; that in a crisis, expectations around mothering boil down to the essential, core features.

Finally, there is also the possibility that some of women's definitions of 'good' mothering were influenced by living in England. Women may have adopted some British notions of 'good' mothering, such as those associated with intensive mothering. Indeed, their descriptions may have been influenced by the research interview itself; they may have been influenced by what they perceived to be my definition of 'good' mothering. Relaying a more British definition of 'good' mothering may have been a way of negotiating a 'good' mother identity. The data reflects the complexity of attempting to understand mothering expectations in relation to culture. It supports an understanding of these issues as simultaneously individual and context-specific.

*Discussing and making sense of the two theoretical approaches*

Examining the narratives from both a resilience and impression management perspective raises a number of interesting issues. To summarise the findings, the women's accounts suggested that some women had higher maternal identity than others, based on analysis of how they talked about themselves and their experiences as mothers. Applying a resilience framework to these accounts highlighted how women who appeared to have high maternal identity also demonstrated higher levels of self-esteem, self-efficacy, hopefulness and a greater ability to think about and reflect on thoughts, feelings and behaviour. It also highlighted how women who appeared to have high maternal identity spoke about having more supportive partners, more supportive social networks and being involved in EET. Seeing the interviews as attempts to manage external impressions stripped away the premise that what the women said about themselves and their mothering was a relatively straightforward account of their thoughts and feelings. Instead, the focus was placed on the power of words and language to create and construct identities.

This section has two parts. Firstly, it discusses some of the issues raised by using an impression management framework in relation to asylum-seeking and refugee mothers. It then goes on to look at what might be learnt from comparing, contrasting and integrating the two theories.

*Considering impression management in this context*

This section considers two reflections on impression management strategies in this context. Firstly, for asylum-seeking and refugee mothers, the process of impression management can be especially complex and challenging. These mothers are not only exposed to a substantial number of stressful and threatening situations, but may also find it difficult to understand symbols, expectations of behaviour and responses by others to their behaviour (McCall & Simmons, 1982).

People are constantly 'on display', their everyday actions being observed and interpreted by those around them (Goffman, 1959). However, from the moment they claim asylum, asylum-seeking and refugee mothers are placed under a particularly high level of scrutiny, not only in terms of their mothering but more widely as a result of their legal status. Women not only seek to portray themselves as 'good' mothers, but also as worthy and legitimate recipients of asylum and support services. When the women become research participants, they are subjected to another layer of scrutiny.

At the same time as encountering this high-level scrutiny, asylum-seeking and refugee mothers are traversing a new culture. This new culture is likely to be unfamiliar, and mothers may find it difficult to read social cues from others or to make sense of their audiences' reactions to their behaviour. This can make impression management a complex task; without being able to confidently 'define the situation' (Vryan et al., 2003), it becomes more difficult to present oneself in the most adaptive way. An example of this for asylum-seeking and refugee mothers is the asylum interview. Asylum-seekers are required to negotiate this process within the context of unfamiliar social norms. Many asylum-seekers flee countries in which governments and people in uniform commit atrocities and are symbols of fear (Bögner, 2010). Therefore, the women's pre-existing notions about people in uniform and positions of power, and the behaviour of government more generally, may feed into their interpretations of their interactions with immigration staff. This will shape how they respond to the situation. Misinterpretations of the situation may mean that women do not employ the most adaptive strategy in that context.

This difficulty is likely to occur in other social interactions too; for example, in employing the most adaptive impression management strategy in relation to accessing help from others or developing relationships. Likewise, in the context of the research interview, women may be seeking to manage the researcher's impressions of them as mothers, and yet, those expectations of 'good' mothering are unknown (Finlay, 2002). In addition, many asylum-seekers and refugee have already been positioned as victims. This strong narrative imposed by social conceptualisations of what it means to flee one's own country may limit some individuals' scope for using other impression management strategies.

Therefore, asylum-seeking and refugee mothers, and especially those who participate in research, live in a highly stressful and unfamiliar social environment in which they are heavily scrutinised. Any defensive strategy employed by these women is likely to be heightened in the face of these multiple stressors.

Secondly, exploring impression management strategies in the data brings to the forefront complexities faced by qualitative researchers who adopt a constructionist perspective. Researchers are tasked with drawing inferences and finding patterns in what participants say, how it is said, and what is left unsaid (Sarantakos, 2005). When the focus of research is on impression management strategies, the task becomes more complex. Researchers are themselves members of the 'audience' and are influenced and affected by the participants' impression management strategies (Owens et al., 2008). Indeed, both researchers and participants to some extent try to exert control over the research process, and in turn are managed and influenced by the other (Denzin & Lincoln, 2011). This has important implications for practitioners (further explored in the final section of this chapter), who, like researchers, will be influenced by impression management strategies. Professionals working with asylum-seeking and refugee mothers should be aware of this, and adopt a flexible open-minded approach during interactions with them.

*Comparing and integrating the two theories*

Exploring the relationship between the two theories has been a complex task. From one perspective, resilience theory and impression management theory seem to be

two distinct constructs, offering alternative understandings of the ways in which maternal identity can be protected. However, there also seem to be clear overlaps between the two theories, although these are offered tentatively, with an understanding that resilience theory and impression management theory originate from different theoretical positions and academic disciplines. This section puts forward two reflections, discussed below:

1. Characteristics in individuals that are commonly assumed to denote resilience may be impression management strategies masking vulnerabilities.

2. The flexible use of impression management strategies might be indicative of resilience.

While self presentations are often consistent with the individual's private self-concept, it is not always the case (Leary & Allen, 2011). Analysing the data from both a resilience and impression management perspective brought attention to the possibility that what may appear as a demonstration of feelings of competence in one's own mothering ability and other aspects of the self, might instead be a performance masking vulnerabilities. This approach brought to light the way in which some women in the sample may have been giving an impression of themselves as having a greater belief in their competence as mothers than they were feeling. Some statements that appeared to suggest resilient characteristics, those which were analysed as demonstrating self-esteem for example, changed shape and meaning when they were deconstructed and reassembled as identity performances. For example, Marisha's narrative about the separation she was experiencing from her daughter seemed, through a resilience lens, to denote self-esteem. However, through an impression management lens, the same statements appeared as attempts to influence the way her mothering was perceived.

This is not to say that that all those who appeared to have high maternal identity were in fact masking substantial self-doubt about their abilities as mothers. As noted, impression management is frequently a reflection of an individual's inner self-concept. Certainly, using narrative strategies to promote oneself as a competent mother is an adaptive strategy for coping with threats, and one could argue, having the psychological resources to appear to feel competent perhaps suggests an existing level of competence and confidence. However, it is important

to be aware that those women who were assumed in chapter 9 to have higher maternal identity than those in chapter 8 may have been enacting strategies to give that impression.

Equally, the findings around Marisha and Zaira and their use of the dismissal strategy do indicate caution must be employed when categorising people as coping well; their narratives certainly point to underlying vulnerabilities. It is beyond the scope of this research, however, to contribute to the literature attempting to distinguish between dismissal as an impression management strategy on one hand, and denial and repressive coping on the other.

And yet, performances are powerful influences on self-concept. The literature suggests that impression management strategies can be internalised; they can influence people's self-esteem, self-efficacy and mood, and crucially, can evoke changes in beliefs about the self, particularly when that behaviour receives approval from others (McKillop, Berzonsky, & Schlenker, 1992; Upshaw & Yates, 1968). In giving the impression of feelings of competence, these women may then internalise these performances and enhance their feelings of self-worth. Therefore, in times of threat, through the act of forcefully and vocally performing a sense of competence, women may in fact boost their maternal identity. Indeed, the power of language and of impression management to impact women's own perceptions of themselves, for better or worse, must not be underestimated.

Another way of considering the relationship between the two frameworks is to explore their shared focus on adaptive strategies. Both resilience and impression management are concerned with maintaining healthy psychological functioning and identity. Resilience is about building the characteristics and external supports to be able to employ adaptive strategies in response to threats. Impression management strategies are neither inherently adaptive nor maladaptive. Rather, they become adaptive when they are used flexibly and in an appropriate context. Therefore, the ability of an individual to use impression management strategies flexibly, within the overall context of a coherent narrative, may indicate greater resilience. Those who react to all threats by consistently using the same strategy are

not necessarily responding adaptively to that threat, and may limit their ability to develop relationships with others.

For example, presenting oneself as a victim can both enable and restrain women's attempts to negotiate themselves as 'good' mothers, depending on the context in which the strategy is employed. Positioning oneself as a victim can be a powerful and adaptive strategy in responding to threats to maternal identity; it evokes sympathetic responses from others and eases mothers' feelings of guilt by setting women free from responsibility (Hydén, 2005; Leisenring, 2006). This strategy can also help women access services and help.

However, this impression management strategy is maladaptive when it is used as a person's sole response to threat. In some instances, presenting oneself as a victim can result in pity and derision, rather than sympathy. "Dependency, passivity, weakness, and low self-esteem" (Pollack, 2000, p. 80) are characteristics that are at times associated with victimhood, and these are traits that tend not to be valued in a culture that prises individualism (Leisenring, 2006). Consistently presenting oneself as a victim can indicate existing feelings of helplessness and low self-esteem, and this strategy in turn can further internalise this position. Therefore, this strategy can come at a cost to the individual's self-concept in the longer term: presenting oneself as a victim can, when relied upon persistently, devalue identity by revoking women's agency (Dunn, 2005). When this strategy becomes a person's only defence, they may not make attempts to improve their circumstances. This can impact not only on mothers, but on the wellbeing of children who are reliant on their mothers in so many ways.

This also applies to the second two strategies. Using the strategy of emphasising one's ability to prioritise and guide children has clear benefits in relation to impression management. In certain contexts, this strategy helps women to appear confident in their mothering, and can potentially influence women's self-concept and boost their self-esteem. However, when this strategy is used exclusively, the opportunity to ask for and receive help is limited.

Finally, the strategy of dismissing the impact of difficult experiences can be adaptive and support healthy psychological functioning, depending on context. This is the case whether the strategy described in this thesis indicates a conscious or unconscious impression management strategy or an avoidant coping style, a habitual way of coping not aimed at influencing impressions. If used exclusively, the strategy may prevent individuals from seeking help and engaging with difficult feelings. It may also prevent others from recognising an individual's need for help and support. However, as Bonanno stated, while "emotional dissociation is generally viewed as maladaptive and may be associated with long-term health costs […] these same tendencies also appear to foster adaptation to extreme adversity" (Bonanno, 2004, p. 26). Therefore, distancing oneself can also be protective.

From this perspective, the use of multiple strategies by the women in the sample is suggestive of resilience. For example, many who used the victim strategy also often interspersed it with the strategy of emphasising their ability to prioritise and guide children.

This section has explored the relationship between resilience and impression management theories, with the aim of learning more about the way in which maternal identity threats are managed and protected against. This has been done tentatively, with an understanding that resilience and impression management are theories originating from different theoretical perspectives and academic disciplines. There is scope for further exploration of these findings, and the relationship between resilience and impression management.

The following section discusses the limitations of the study and offers recommendations for future research.

**Limitations of the study**

Firstly, the study is limited by the small sample size. The sample size was small due partly to it being an in-depth interview study undertaken by a sole researcher, and also to the significant difficulties faced in recruiting this population. Secondly,

the recruitment of participants was in part shaped by English language abilities. The limited funding meant that interpreters could not be used during the recruitment process and therefore, it tended to be women who were better able to speak English who became participants in the study. A second limitation in relation to language issues was my inexperience of working with interpreters, coupled with incidents of poor quality interpreting practice. The tendency of interpreters to paraphrase the participants' statements meant that the data collection was less in-depth than other interviews conducted in English, and this made analysis more difficult. A third limitation is that the interviews only provide a snapshot of the women's lives and their maternal identity at a certain point in their lives. The data collected do not provide an account of how methods of coping with threats to maternal identity develop over time.

**Ideas for future research**

The following topics are recommended for further qualitative research on the experiences of asylum-seeking and refugee women.

1) Additional research exploring the experiences of asylum-seeking and refugee mothers who flee to England without any of their children and who mother from a distance. During the data collection period of this research, mothers were frequently encountered who were not eligible to be included in the research (having not had experience of caring for children in England), but who were eager to share their stories. It is likely, given the findings of this research, that mothers who are separated from all of their children experience substantial threats to maternal identity.

2) Widening the remit of the research to take more into account the participants' upbringing, their own mothers, as well as their experiences in England, may provide a more comprehensive understanding of how their maternal identity is shaped and the way in which it is affected by migration.

The following topics are recommended for further qualitative research on responses to threats to maternal identity.

3) Further exploration of the way in which different types of mothers cope with threats to maternal identity. Drawing on the concept of intersectionality, research that focuses on mothers facing different kinds of discrimination would serve to highlight similarities and differences in experiences of threats to maternal identity. For example, research could be conducted with mothers who are EU migrants in England, removing issues of pre-migration trauma and legal status from the research and focusing on the specific challenges they face as a result of living in a new country.

4) Further exploration of the three impression management strategies in relation to managing threats to maternal identity. This would not only increase our understanding of maternal identity but may also contribute to a wider understanding of these strategies in relation to other contexts.

5) In particular, further research exploring how impression management strategies develop over time. For example, conducting multiple interviews with the same participants over a set period of time may provide insight into the fluid nature of impression management strategies, and how responses adapt over time (for example, see Hydén, 2005).

6) Further research on the relationship between impression management and resilience.

The following topic is recommended for further qualitative research on the parenting experiences of asylum-seekers and refugees.

7) An exploration of fathering experiences of asylum-seeking and refugee men in England. What are asylum-seeking and refugee men's experiences of fathering? What are their fathering expectations and how do these play out in the context of the asylum process? How is their experience different to the experiences of mothers?

Despite the small scale nature of this study and the acknowledged limitations, it has brought a distinctive contribution to knowledge and there are potentially useful implications for policy and practice.

**Contribution to knowledge**

This research firstly contributes to the field a comprehensive account of the experiences related to mothering of asylum-seeking and refugee women in England. Existing research in this area focuses on mothering across cultures (Barlow & Chapin, 2010), migrant mothers (Bhopal, 1998; Liamputtong & Naksook, 2003; Tummala-Narra, 2004), migrant women (Samuel, 2009), refugee women (Deacon & Sullivan, 2009; Refugee Council, 2009) and asylum-seeking and refugee parenting (Lewig et al., 2010b; Segal & Mayadas, 2005), but not on this specific group.

It also contributes to a small but growing field exploring the concept of maternal identity beyond the stages of pregnancy and early motherhood. Bringing together both sociological and psychological theories, the research relates the experiences of asylum-seeking and refugee mothers in England to their maternal identity. The study has shown that the maternal identity of asylum-seeking and refugee women can be threatened by their experiences of living in England, but that it can also be protected against threats. This research analysed the women's accounts using two different theoretical approaches, resilience theory and impression management theory. Reflections on the relationship between the two theories suggest the need to be cautious in assuming people are necessarily doing well when they present themselves as such. Additionally, using a resilience perspective to consider impression management strategies suggests that it is the ability to use strategies flexibly and in response to specific contexts that demonstrates resilience.

**Implications for policy and practice**

> *There's no one who can run away without help and bring a little child to a strange country and then, and be there for ten, five years, suffering, not going back to their country, if you were lying. I don't think that could happen. You'd rather go back to live in your country, but they don't take our stories, which is really, er, um, surprising.* Daphne

The research has implications for how policy and practice can be improved to support asylum-seeking and refugee women's maternal identity.

*Implications for government policy*

1. Rethinking the approach to asylum-seekers and refugees

The research implies that a more considered and humane approach to border control in England would support the psychological wellbeing, and in turn, the maternal identity of asylum-seeking and refugee women. In practical terms, border control is both legitimate and necessary[6], and the UK government has a right and a duty to enforce it (Cavanagh & Mulley, 2013). However, the government is also bound by the 1951 United Nations' Convention relating to the Status of Refugees to offer protection to people fleeing persecution in their countries of origin (United Nations, 1951). Asylum-seeking and refugee families encounter policies that prioritise the protection of borders over the duty to provide sanctuary to those with refugee claims (Gibson, 2011). The accounts of participants in this study reaffirm existing scholarship that points to long standing tension in UK asylum policy.

The women's accounts pointed to a number of areas of practice that could be improved in relation to specific practices within the asylum system. Many women in the sample had a poor understanding of the asylum process. A greater effort to ensure that asylum-seeking and refugee women understand what is required of them is recommended. The present study indicates, in line with other research, that the current method of providing asylum-seekers with an information leaflet when they first seek asylum is ineffective (Querton, 2012). The research also points to the need for further or clearer explanations from the Home Office regarding the rights of those who receive leave to remain.

It would also be beneficial for Home Office and immigration staff to be helped to develop a greater understanding of the way in which women's pre-migration and migration experiences can affect the extent to which they are able to give a concise, accurate account of their reasons for seeking asylum. For example, staff need to be

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[6] See Kolossov (2005) and De Genova and Peutz (2010) for more theoretical discussions about border control

trained to recognise that providing documents as proof for asylum claims can be difficult for applicants, and that trauma, fear and embarrassment may prevent women from conveying a seemingly credible account (Rights of Women, 2012). The asylum claims of the women in this study who had been refused asylum included experiences of human trafficking, threats and acts of violence on religious grounds, sexual violence and abuse, and civil war. The women described how they felt their claims were rejected without adequate comprehension on the UKBA's behalf about the threats they faced and the difficulties in acquiring proof of that threat. It is beyond the scope of this research to investigate the asylum claims made by the participants, and critics may suggest that some of the women's descriptions of experienced or threatened persecution were fabrications. And yet, many of their accounts of living in England demonstrate the high personal cost of seeking asylum to the wellbeing of families. Their decisions to stay in England despite these hardships could be seen as support for the reliability of their claims.

Finally, the women's psychological wellbeing and maternal identity were also damaged by the long waits for decisions to be reached on their cases. In line with the Independent Chief Inspector of Borders and Immigration's report 2012 report on the Home Office's handling of legacy asylum and migration cases (Vine, 2012), it is recommended that action is taken to prioritise the backlog of asylum cases.

2. Rethinking funding cuts to refugee support organisations

The present study has highlighted the important role that refugee support organisations play in helping mothers to cope with the adversity they face, providing practical and emotional support and legal advice. However, these organisations have faced significant cuts to their funding in recent years and provisions of services for asylum-seeking and refugee women have been necessarily reduced. In addition, the recent cuts to Legal Aid have ended funding for a variety of immigration-related matters and "while funding will still be available for asylum-seekers, the reimbursement rate for such work will be further reduced", making it more likely that these cases won't be taken on by solicitors (Meili, 2013, p. 1137). Therefore, rethinking the funding cuts to these organisations

would be beneficial to supporting the wellbeing and maternal identity of these women.

*Recommendations for those working with asylum-seeking and refugee women*

A range of people work with asylum-seeking and refugee mothers, including refugee support workers, mental health professionals, social workers, lawyers, immigration officials, religious leaders, and workers at voluntary and faith-based organisations. These people can and do play a significant role in influencing the lives and maternal identity of asylum-seeking and refugee mothers. Below, recommendations are outlined for these services. It is important to note that in some cases, these recommendations are already being carried out, particularly in relation to refugee support organisations; the purpose of this list in those instances is to emphasise the importance of these practices and services, and particularly their importance for supporting maternal identity. The recommendations are given in the knowledge that some organisations are facing significant decreases in funding and therefore also serve to encourage an increase in government funding for them.

1. Developing an awareness and understanding of the importance of maternal identity in the context of asylum-seeking and refugee women

People working with asylum-seeking and refugee mothers need to be aware of and understand the effects of experiences on the maternal identity of asylum-seeking and refugee women, and the subsequent impact this has on children's psychological wellbeing. This awareness should then be applied in relation to interactions with mothers and kept in mind during policy-making and service planning.

2. Supporting mothers in understanding and negotiating the asylum process

Many of the women in the sample spoke about not fully understanding the asylum process and how this had induced feelings of anxiety, stress and depression in them. This was also damaging on a practical level; it is likely to have played a part

in the rejection or acceptance of their asylum claim and their take up of available services. People providing practical, legal and emotional help to these women can support their psychological wellbeing by helping to make the process more accessible and understandable. Simple, clear and accurate information about the process, provided in a range of languages, may support women to feel less helpless. The importance of the practice of preparing women for their initial and substantive interviews is vital to reduce the instances where the credibility of women's stories is questioned. Mothers will also benefit from simple, clear and accurate information about their rights once they have gained the right to remain in England. These steps may help to improve mothers' psychological wellbeing, and in doing so, support their maternal identity.

3. Building resilience: boosting internal resilient characteristics through external supports

a) Decreasing social isolation

The present study found that social isolation can be threatening to maternal identity. It also found that refugee support and faith-based organisations play a crucial role in providing a context in which friendships and social networks can be developed. The current provision of social activities at organisations should be, where possible, continued and increased. The present research also points to the positive impact that close relationships with professionals can have on maternal identity. Women benefitted from feeling that they had someone on their side, someone trusted and knowledgeable about England and the asylum process, on whom they could rely for both emotional and practical support.

b) Encouraging participation in volunteering and training, and providing employment support

The present study also found that EET was helpful in boosting the capacity of some women to manage threats to maternal identity by increasing self-esteem and mental wellbeing. Programmes that enable and encourage asylum-seeking mothers to engage in voluntary work and training whilst traversing the asylum process may

increase self-esteem and help women to develop social networks. It also may increase (where necessary) their skill base, language abilities and future employability (relevant if they are granted leave to remain). Women may also benefit from employability courses to help them to find employment when they are legally able to do so.

c) Supporting women in coping with IPV and leaving abusive relationships

Those working with asylum-seeking and refugee women should be aware of the higher prevalence of IPV in migrant families than in English families. Signposting to IPV support services is crucial.

d) Improving access to and knowledge of mental health services for asylum-seeking and refugee mothers

Four women of the twenty-two mothers in the sample were receiving medication for mental health problems and six were receiving therapeutic support. However, all of the women spoke of experiencing symptoms of poor mental health. Increasing the take up of mental health services by asylum-seeking and refugee mothers may help to improve their psychological wellbeing, and through doing so, support their maternal identity. Refugee support organisations, faith-based organisations and lawyers have unique access to asylum-seeking mothers and should take this opportunity to signpost them, where possible, to mental health services. In turn, mental health services should collaborate with these organisations and provide them with information, in a range of languages, about available services.

e) Providing culturally-sensitive mental health services

Any mental health intervention should, however, take into account asylum-seekers' and refugees' understandings of mental health. Professionals must be willing to be trained in providing culturally-sensitive practice. This may entail combining talk therapy with a holistic approach to wellness, that acknowledges the importance of social support, physical activities and spirituality (Bernardes et al., 2010).

f) Flexibility in responses to asylum-seeking and refugee mothers

As researchers are influenced by impression management strategies, so are those working with the women on a more frequent basis. Professionals should be aware of this and respond in a flexible, sensitive and open-minded manner. For example, as the present study has shown, some mothers may respond to threats to maternal identity by not engaging with or demonstrating more difficult or negative feelings. Those working with these women must be aware of this, and ensure that they offer help and support even to those who are seemingly coping well.

g) Helping women to respond adaptively to stress

Whilst no impression management strategy is maladaptive in itself, the consistent use of a single strategy can have negative consequences for women's psychological wellbeing, ability to develop relationships and access support. Those working with asylum-seeking and refugee mothers, in particular mental health professionals, may support resilience in women by encouraging flexible responses to stress and threat.

**Conclusion**

Mothering at the same time as negotiating the asylum system in England can be a challenging task for women who are already vulnerable. The intersection between the women's positions as asylum-seekers and refugees, mothers and 'outsiders' can all contribute to negative consequences for the psychological and physical wellbeing of mothers, and the psychological, developmental and physical wellbeing of children. In turn, it can be deeply threatening to maternal identity. The women managed the experiences in different ways, as a result of a complicated combination of factors. What this research has shown clearly, and must be celebrated, learnt from and built on, is the underlying determination and strength that the women have demonstrated through the act of migration and survival in the face of enormous adversity.

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# Appendix A: Information flyer for participant recruitment

> ## *What is it like being an asylum-seeking or refugee mother?*

**Who I am:**
- My name is Alice Haynes.
- I am a PhD researcher at the University of East Anglia in Norwich.

**How you can help:**
- I would like to meet you to talk about your experiences of being a mother in England – about your life in England and your home country
- You can choose where we talk and when – at your home, your support group's office or at somewhere nearby if you do not have somewhere to stay (like a café or library)

**Who can help:**
- I would like to talk with you if you are an asylum-seeking or refugee mother and:
  - have been in England for more than three months,
  - have had a child/children in your home country, and
  - have children with you in England.

**What you will get:**
- You will receive **£20** as a thank you for giving up your time

**What I will do with the information you tell me:**
- I will write about what you say in my research.
- I will change your name or details so no one will know it's you.
- This information will be reported in my thesis, in academic journals and will be presented at talks.
- It may also be seen by people in support groups for refugees.
- I am **not** part of the asylum process or the Home Office.

**Questions and concerns**
- You can call/email me any time, or ask someone at your support group to call or email me, if you have any questions or would like to talk to me
- Alice.Haynes@uea.ac.uk
- 07585 118 613 (I can call you back)





University of East Anglia

## Appendix B: Information flyer for participant recruitment (professionals)

## Research with asylum-seeking and refugee mothers in England

**Who I am**
My name is Alice Haynes and I am a PhD researcher at the University of East Anglia.

**What my study is about and how you can help**
I am currently working on a research project about the mothering experiences of asylum-seeking and refugee women in England and am looking for mothers who would be willing to share their experiences with me. If possible and appropriate, I would like to use your organisation to access mothers who may be interested in taking part in the study.

I am looking for mothers who are:
- asylum-seekers or refugees (including failed asylum-seekers)
- have been in England for more than three months,
- have had a child/children in their home country, and
- have children with them in England (not necessarily the same children they were caring for in their home countries).

**How the interviews will be conducted**
The interviews will last between one and two hours. The interviews will be held in the participant's local area. The location of the interview is flexible, according to available space and where the participant feels comfortable. Participants can choose not to answer questions and may end the interview at any time. Information will be provided about support services available to the participants following the interview. Participants will receive £20 as a thank you for giving up their time.

**What I will do with the information**
I will anonymise the information I receive and all the data will be kept securely. I will write about the experiences in my PhD thesis. This information will be seen by people at the University, other academics and possibly by support groups for asylum-seekers and refugees. The information will not be given to the Home Office Border Agency, and will not influence the outcome of asylum applications.

If you know of mothers who may be interested in talking with me, please contact me for further information at:

o Alice.Haynes@uea.ac.uk
o 07585 118 613
**Thank you**

UEA
University of East Anglia

**Appendix C: Pre-interview information sheet**

## *Interview information sheet*

## *Research on asylum-seeking and refugee mothers at the University of East Anglia*

- I would like to talk to you about your experiences as a mother in your home country and in England.

- We will talk for between 30 minutes and 2 hours and this will be recorded on a tape recorder.

- You don't have to answer all the questions and you can take a break or stop the interview whenever you need to.

- If you would like to know what I find out in the study, call or email me, or ask [name of support worker] to.

- I will change your name or details in my research so no one will know it's you speaking.

- The only time I would have to tell someone what you've said is if I am worried your child is in danger.

- The information will be reported in my thesis, in academic journals and will be presented at talks.

- If you feel like you need someone to talk to after the interview, please contact [name of support worker].

I would like to thank you very much for taking part

**Appendix D: Consent form**

**CONSENT FORM**

Signed……………………………………………………

Printed name………………………………………..

Date…………………………………………………..


☐    I have read and understood the information sheet. I agree to take part in the interview.

Signed……………………………………………………

Printed name………………………………………..

Date…………………………………………………..

**Appendix E: Post-interview support sheet**

## *After the interview*

If some of the things we have discussed in the interview have distressed you or upset you and you would like to talk to someone, please call:

[Name and number of nominated support worker]

Here are some more places where you can get help:

- The Refugee Council:
  http://languages.refugeecouncil.org.uk/english/index.htm
  - This website has lots of advice for asylum-seekers and refugees in 40 different languages
  0808 808 2255
- Freedom from Torture:
  http://groups.torturecare.org.uk/index.php
  02076 977777
- Refugee Action:
  http://www.refugee-action.org.uk/about/default.aspx
  0207 952 1511

If you decide that you don't want me to use this interview, or some parts of this interview in my research, please call me (Alice Haynes) on 07585 118613 or email me at Alice.Haynes@uea.ac.uk. You can do this up to one month after the interview.

If you cannot speak English, please ask someone at [organisation through which participant was recruited] to help you.

## Appendix F: Interview guide

**Preliminary questions**
- Nationality/No of children/ages/are they living with you?/Asylum status

**RQ 1: What are your experiences?**
 - SERVICES (health, school, housing, language)
1. Can you tell me about when you first came to England?
2. How have your children found moving to England?
 - Have you noticed any changes?
3. What has been good about coming here? Bad? Difficult times/best times?
 - How are you managing financially?
 - Have you ever experienced depression? (Home or here)
4. What did you imagine your life would be like before you came here?
5. Who do you go to if you need help with the children?

 **RQ 2: How have these experiences affected your maternal identity?**
6. What do you think makes a good mother?
7. How would you describe yourself as a mother? How would your children describe you?  Relationship with them
8. Do you think there's a difference between English mothers and [nationality] mothers?
 - How are they different/the same?
9. What was your mother like?

10. What do you like about yourself as a mother? What do you do well?
11. Is there anything you find difficult?
12. Now that you're in England, have you find it hard to do these things for your children? How does that make you feel?
        If not: What do you think has helped you to manage the changes     you and your family have been through?

13. What is your biggest worry about your children at the moment?

**Final questions**
What advice would you give other asylum-seeking/refugee mothers coming to England?
Is there anything else you want to say that you feel is important/would like to comment on? How are you feeling?
**Thank you**/Information on support group.

## Appendix G: Examples of post-interview reflections

**Example 1**

The interview was held in a large room at a refugee support organisation in the morning. I was running slightly late so the interview started 10 minutes late. The interviewee seemed to be in her 40s, well dressed. She was open, eager to help, seemed educated and had a good understanding of the research process. She was eager to talk but reluctant to reflect on the parts of her life that she found more difficult. She did not want to admit to things in her life being hard and was keen to spin them in a positive light. She would not expand on some areas which she clearly found painful – she looked at me and smiled but did not talk. She was surprised by the offer of payment at the end of the interview (although the support worker had mentioned this) and seemed a little embarrassed – she then accidently knocked a glass of water over while protesting, but ultimately took the money. I felt the interview went well, but that the interviewee was holding back on certain topics. It was clear at the end that because she felt grateful for the help she had received in England, she did not want to talk about difficulties.  This led to me asking more leading questions than I would normally, in order to get some information.

**Example 2**

This interview was held in the office of a refugee support organisation. The participant arrived with her husband. An interpreter had been booked by the organisation for the interview who turned out to be male. The participant was happy to go ahead with a male interpreter but once we sat down, it became clear he did not speak the correct language, so he left. It then transpired that the participant spoke good enough English and she was keen to go ahead with the interview. She was in her 60s, dressed in Shalwar Kameez. She was very eager to talk and maintain eye contact throughout. She cried through some of the interview, which I found distressing. Before the beginning of the interview, she was keen to clarify if I could help her with her life, but once I explained that I could not offer any practical help, she understood the premise of the interview well and was keen to talk. This was a difficult but enjoyable interview to do.

**Example 3**

The interview was held in the office of a charity supporting asylum-seekers and refugees. It was the second interview I had done that day. The woman arrived with her two children ten minutes late, but had text me to tell me she would be late. She was dressed smartly and glamorously. I went to shake her hand but she hugged me. She came straight into the room I was using and sat down. She was silent whilst I told her about the interview and did the preliminary spiel. She maintained eye contact throughout the interview and was at times challenging and quite aggressive (this was not aimed at me, but I felt intimidated nonetheless). There was a great deal of noise outside the room (her son and another boy were playing) for the first part of the interview. She smiled and laughed infrequently. I found her story particularly upsetting and touching. I gave her money for the bus after the interview, as she had requested on the phone. I felt this interview went well.

# Appendix H: The process of conducting grounded theory analysis

*Iterative process*
Following each interview, the content was analysed, allowing for emerging themes to be followed up in subsequent interviews. In concrete terms, this meant that as the data collection process progressed, the interview schedule was adapted to create a less structured interview. Questions on the schedule about experiences that did not seem to be important to the women (for example, those around access to particular services) were sidelined. These were replaced by more open questions (for example, 'What has been good about coming here? Bad? Difficult times/best times?'). In addition, questions that were overly complex (for example, 'Does being an asylum-seeker or refugee get in the way of being a mother?') were replaced by simpler questions (such as 'What do you like about yourself as a mother? What do you do well?' and 'Is there anything you find difficult?').

*Open-coding and initial categories*
Each interview was coded line-by-line. Examples of codes at this initial stage included:
- 'Setting a good example':

*You have to be a role model to your kids. Because if you're saying you're a mum, and you love your kids, some things you won't do. That's what I always tell myself.*
- 'Migration as protection':

*And my children's are safe and they're studying good education and they've got, they know everything. They have a good life. So I want only these things. I don't want any kinds of money, I don't want any status.*
- 'Others have it worse':

*I feel happy. Not happy, but we are better. People have no food. They are on fries, they eat everyday fries. So thank God we have a house. So, I think I should not cry for these things, like clothing, and this and that.*
- 'Making your house a home':

*When you're living in [temporary accommodation], just treat it like your home, don't think you're sort of someone like a tenant for a short while. Keep it clean and make it homely. This is a problem – many of the people, they don't. Once it's your home, you feel like home. You carry on like normal, living day by day.*

The individual codes were categorised. This was a fluid process, with each subsequent interview bringing new ways of seeing and understanding the data. Four dominant categories emerged: experiences in England, defining 'good' mothering, threats to maternal identity, and responses to threats. The list below presents the codes contained within the category of defining 'good' mothering.

**What 'good' mothering means**
Children as a support to mother
Defined by role
Providing education
Ensuring happiness
Keeping myself going
Know your children – communication & openness, respect
Love and kindness
Meet their physical needs

Prioritising & sacrifices
Protecting your children
Providing
Success of children
Validation from child
Training children

*Correlation between the categories*
The categories were then explored in relation to one another, primarily through memos (see Appendix I) and tables. Questions asked of the data included:
- Who seemed to feel powerful against threats, and who did not? Which threats did women feel powerful over?
- Who faced what type of threats?
- How many threats did each woman speak about in total?
- What effect did the women's definitions of 'good' mothering seem to have on their evaluation of their mothering?
- Did pre-migration experiences seem to impact on the women's views of themselves?
- Why did some women seem better able to cope with difficult experiences than others?
- Were their non-verbal clues during the interviews that helped me to understand the women's perception of themselves as mothers?
- What supports did the women speak about?

Two themes emerged from the data regarding how maternal identity might be protected against threats. Firstly, there were factors that seemed to help the women to have a positive view of themselves as mothers, both in terms of psychological characteristics and external supports. Secondly, there were themes around the way in which the women constructed their narratives in order to protect the image they have of themselves as mothers. Alongside this, the exploration of the relationship between the key categories led to attempts to categorise the women according to their expressed maternal identity. Initially, the women were tentatively categorised as 'coping well', 'coping' and 'struggling'. As the analysis progressed, the categories were renamed as 'fighting', 'denying impact' and 'overwhelmed'. Lastly, as themes on narrative construction were further explored, the women were categorised as 'Victors', 'Fighters' and 'Victims'.

These attempts to categorise the women were integral parts of the development of the theory in the research. However, it became clear that this approach was not best suited to the data or the methodology underpinning it. The nuances and subtleties of the narratives were lost, and categorising women in this rigid way was not in keeping with an understanding of maternal identity as fluid and context-specific. Therefore, the data were presented by theme.

*Locating participants' meanings and actions in larger discourse*
The last stage was to apply these findings to larger discourses and to use existing theory to bring together and shape what the participants had said (Charmaz, 2009). The existing literature was revisited, with resilience theory and impression management theory emerging as those most fitting to the data.

## Appendix I: Memo example

<u>**Working hypotheses**</u>
**Women focus on different threats:** Different women's maternal identity is affected to different degrees by the same threat partly because they have different preoccupations. I.e. a woman living in the same level of poverty, and explicitly facing the same problems, may find that this does not affect her maternal identity in the same way because she is facing what she perceives to be a greater threat - separation from her child. Are women who are affected by the absence of their extended family those who are single parents? No, all but one are in supportive relationships. Possibly, women who are with partners have the time/capacity to miss their family/ not living in such dire circumstances

**Attachment to previous life:** Are experiences perceived differently depending on women's attachment to their previous life? i.e. life here is generally seen negatively/to undermine maternal identity if life was good before they came here? Does this work with wider family?

**Mothering and wider family support: the role of others in the mothering role**
 The absence of wider family support for parenting is deeply troubling for some. Some mothers feel comfortable letting family members care for the children (children in CoO, suggesting leaving children in England and returning to CoO) (note: Others want their children with them and are deeply upset by their absence). Mothers object to others (i.e. non-family members) caring for them?

**Potential influencing factors on different effects of experiences on maternal identity**
Supportive partners v abusive/absent partners
Refugees v asylum-seekers - influences both experience and account (i.e. recently refused may mean women feel they have something to prove)
Muslims v Christians
Previously affluent v previously poor
Ability to speak English? First time mothers? Intelligence/view of life?
Does where they live in England affect their experience? (Lewig, 2010)
Age of children: Are mothers with younger children more confident/more positive about their experience? If so, is this because children are easier when younger i.e. teenagers are bound to bring about more problems during migration? Yes culturally (i.e. influenced more by outside sources - integrate faster etc), but no otherwise (i.e. access to services more important for young mothers? Post natal depression?) The younger the children the harder it is? - need services/babies are expensive/isolation? Or, Teenagers present more challenges with cultural differences?
Nationality: Are Asian women on the whole more reserved? Less likely to complain? Less easy to interview - more eager to please? Often well educated/from affluent backgrounds, dealing with being 'low' status now - do they feel they have something to prove?
  – Differences outlined above are important because they highlight that it is not just one factor that makes the difference in the women's lives – interweaving factors

# Appendix J: Coding list (examples)

| Open codes | Categories | | |
|---|---|---|---|
| Culture of disbelief and hostility<br>Frightening or traumatic process<br>Lack of understanding and misinformation<br>Uncertainty and insecurity | **Experiences of the mothers in England** | | |
| Keeping myself going<br>Know your children – communication & openness<br>Validation from child | **What it means to be a 'good' mother to me** | | |
| Lone parenting<br>Maternal illness<br>Mental state affecting parenting of child | **Threats to maternal identity** | | |
| My strength keeps me alive<br>Prioritising children<br>Building self-help support | **Responses to threats** | *Framing stories*<br><br>*Support against threats* | Avoiding blame<br>Distancing<br>Presenting successes<br><br>Contextualisation<br>Positive outlook<br>Religion |