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**Negotiating motherhood as a refugee:
Experiences of loss, love, survival and pain in the context of forced migration**

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Abstract

The mental health of refugees has been an increasingly-researched area, but has been criticised for having an individualised and symptom-focused approach to understanding the experience of forced migration. This paper attempts to respond to calls to address this culturally limited and incomplete way of conceptualising responses to experiences of persecution and terror bound up within global hegemony and power inequalities. Interpretative phenomenological analysis (IPA) was employed to analyse semi-structured interviews undertaken with six refugee mothers, with the aim of exploring how participants made sense of, and created meaning around parenting and family life in the UK. Three main themes emerged from the data analysis (a) loss as a constant companion to parenting; (b) a shifting view of the self as a mother; and (c) taking the good with the bad in family life. Methodological limitations, as well as implications for future research and clinical practice are discussed.

Introduction

Migration is an existential shift which affects every part of human life.

(Castles, 2003, p.22)

According to the United Nations High Commissioner for Refugees, by the end of 2014 there were almost 60 million forcibly-displaced people worldwide, and over half of them were children (UNHCR, 2015). In the UK by the end of 2014 it was estimated that there were approximately 117,161 refugees and 36,383 pending asylum cases, making up 0.24% of the UK population (UNHCR, 2015). In the face of current on-going global instability and conflict it is likely that these figures are even higher. It is well known that refugee-producing contexts tend to disproportionately impact upon the most vulnerable members of society, such as women and their children (De Jong, 2002). This study aims to give voice to some of the lived experiences of refugee mothers who were forced to migrate.

Past research aimed at understanding the consequences of forced migration from a mental health perspective has tended to focus on discovering individual psychopathology and epidemiological prevalence rates of diagnoses such as posttraumatic stress disorder (PTSD) and depression. A systematic review of the research evidence regarding the prevalence of mental health problems in refugee populations by Fazel, Wheeler and Danesh (2005) suggested that those in Western countries may be up to ten times more likely to be diagnosed with posttraumatic stress disorder (PTSD) than their peers born in the country of current residence. Relationships between pre and post-migration stressors and poor mental health amongst refugees have been identified (Porter & Haslam, 2005), and studies comparing clinical and general refugee populations have indicated 'clinically significant' levels of PTSD and depression in both (e.g., Miller et al., 2002).

Papadopoulos (2002), Bala (2005) and others have argued that applying such diagnostic categories as PTSD to refugees has enabled the identification and recognition of the mental health needs of refugee people, and hence access to resources aimed at helping to ameliorate distress. However, Bala (2005) warns that solely focusing on psychopathology results in refugee wellbeing being viewed

through a narrow lens. There is potentially a much wider 'view' which is being underrepresented. As Chimamanda Ngozi Adichie (2009) eloquently puts this: "The single story creates stereotypes, and the problem with stereotypes is not that they are untrue, but that they are incomplete. They make one story become the only story."

More recently research has therefore acknowledged the ongoing nature of multiple stressors in the process of forced migration, and resultant vulnerability to mental health problems in these resettlement contexts (see Porter & Haslam, 2005 for a meta-analysis). Stressors such as prolonged uncertainty regarding ongoing asylum cases, not knowing whether family members have survived and their whereabouts, financial hardship, and the experiences of stress associated with acculturation, racism and discrimination, have been shown to adversely impact on the mental health of refugees. This has allowed for more contextualized and non-diagnosis focused research.

The current study aims to add to more culturally appropriate and contextualized research (Lynn & Lea, 2003; Summerfield, 2008). It strives to empower those who have experienced forced migration to create their own meaning around their lived experiences and distress. Furthermore, it aims to foreground social and political factors associated with these experiences. Finally, with a few notable exceptions (e.g., Bala, 2005; Bala & Kramer, 2010; Betancourt, Abdi, Ito, Lilienthal, Agalab & Ellis, 2015; Weine et al., 2004; Woodcock, 2000), the discourse around refugee mental health has largely focused on individual experiences at the expense of the relational aspects and implications of forced migration. This study aims to redress this by paying attention to the lived experiences of refugee mothers who have been forced to migrate. To achieve this, we set out to explore the following research question: How does going through forced migration and becoming a refugee impact upon the experience of family life for mothers living in the UK?

Method

Participants

Prospective refugee community organisations were contacted, in order to ascertain interest in and feasibility of involvement in the research, with one North London organisation agreeing to support the first author with recruitment. Participants were six adult mothers from a number of African and Middle-Eastern countries. All had lived in the UK for between six and 12 years and came to this country at different stages of their family lifecycles. All had started families prior to flight, and two mothers had proceeded to have more children after reaching the UK. The number of children ranged from one to eight (with a mean of 4.5). Two participants had experienced the loss of an adult child or children through health conditions (both physical and mental), and one participant had lost three children in their adult years. Two had fled and now lived with their husbands in the UK. The remainder of participants were widowed, and all but one had become so as a result of violent political repression.

The Researchers

Some dilemmas and tensions emerged for the researchers in this study who were trying to help the voices of a disadvantaged group to be heard. For example, how do we as researchers position ourselves in a way that is of most benefit to the people who participated in our study? This question is particularly important in qualitative research, which necessitates the researcher to consider their own power and position in relation to the research process (Watt, 2007). Therefore, before presenting the findings of this study, it is appropriate to give some information about the researchers' social identities and professional status and briefly reflect on how these may have impacted on the different stages of the study.

The interviews and the initial analysis were conducted by the first author (AK), a White female British citizen with a professional status at the time of a Doctoral level Trainee Clinical Psychologist. Although belonging to a category of second-generation Irish economic migrants, with familial experiences of uprooted-

ness, marginalisation and lack of belonging, these experiences were not intentionally made visible nor were they voiced to participants during this research process, including the data collection stage. Both the other authors (PN, LN) voluntarily migrated to the UK from South Africa. The second author (PN) is a White man and father, and an experienced Clinical Psychologist and qualitative researcher. The third author (LN), a White woman, mother and daughter, practices as a qualitative researcher, Clinical Psychologist and lecturer. All three authors share a passion for working towards greater equality and inclusion in their clinical practice and research.

The three researchers were aware of their relative privilege (McIntosh, 1998), professionally, socially and economically, compared to the participating mothers. This awareness helped to remind them that although attempting to 'give voice' to others' experiences may come from the most benign and well-intentioned positions, it can also serve to disempower and further marginalise. Therefore, coming from a broadly social constructionist perspective (Gergen, 1985), they consciously positioned themselves throughout every stage of the study to remain mindful that their constructions as researchers were provisional and partial, and influenced by the dominant discourses in the society and culture that they were living and working in. To counter undue influence on the data, the researchers consciously strived to 'bracket' (Chan et al., 2013) their own beliefs, taken-for-granted assumptions, and experiences during the analytic stage of the study. Nevertheless, it is acknowledged that one is unable to extract oneself completely from one's context and worldview.

Data Collection

Semi-structured interviews were undertaken by the first author at the charity's premises, at a local library and at a participant's home, in accordance with participants' preferences. Each interview lasted approximately one hour.

Four participants were interviewed in English (Bernadette, Charity, Grace, and Lee)¹, with the remaining two (Bahara and Mina) in their first language with the support of a volunteer interpreter².

¹ Pseudonyms are used throughout to protect anonymity.

Including interpreters in research requires much thought (Temple & Edwards, 2002) and this process had to be managed with care and reflexivity throughout. Tarozzi (2013) emphasizes that it is essential for interpreters to know the topic of the research and to have direct knowledge and experience within the field of inquiry in order to avoid decontextualized translations. Thus, a volunteer experienced in working with refugees was selected, which it was felt enhanced the interpretation process. However, the process still required due care. For example, during one interview the interpreter became visibly upset as a participant spoke of her experience of homesickness and ongoing separation from family. This resulted in the researcher pausing the interview for a short time and following the interview with a mindful debriefing of the interpreter. This highlighted the importance of an empathic and sensitive approach to undertaking in-depth research interviews through interpreters, holding the emotional needs and experiences of the interpreters themselves in mind (Green, Sperlinger & Carswell, 2012). Furthermore, at a methodological level, this also required consideration of how this event may impact upon the interview itself (Temple & Edwards, 2002), for example considering whether the participant in question felt the need to ‘tone down’ or censor her responses in an attempt to protect the interpreter from further distress. Whereas the researchers acknowledge such a potential impact, it was deemed not substantial enough and also not ethically justifiable to return to the participant for further interviewing. However, this had to be taken into account in the analysis of the interview.

Although mindful of its potential for incentivising participation, a small ‘high street’ gift token³ was given to participants and the volunteer interpreter, in order to convey appreciation for participation.

² After balancing the methodological and ethical issues of including versus excluding non-English speaking refugee mothers due to a lack of resources (see Edwards, 1998), we elected to avail of the support of a volunteer at the recruiting organisation who offered to act as an interpreter for two participants.

³ Although in-depth discussion is not possible, it is important to note that, subsequently, potential oppressive connotations were reflected upon, given that destitute asylum seekers are denied the right to work and compelled to utilise a cashless card voucher system, which means that their immigration status is made visible through their means of payment for essential groceries.

Qualitative Analysis

Interpretative Phenomenological Analysis (IPA) (Smith, Flowers & Larkin, 2009) was chosen as an appropriate method for this study. This approach to qualitative research is concerned with how people make sense of their own significant experiences. It acknowledges the inherent subjectivity in the analysis and interpretation process, in the sense that it is never possible to have direct access to another's thoughts, beliefs and experiences, but that through the undertaking of qualitative research, the analyst adds an important 'layer' of interpretation to the research process. The reader adds another important layer of the sense-making process, meaning that the inherent subjectivity in struggling to make sense of human experience is celebrated, rather than remaining obscured. Elliott, Fischer and Rennie (1999) have summarised guidelines to ensure *quality* of qualitative research, including, if possible, using several data analysts and providing a clear data trail to be audited.

The analytic process itself entailed transcription of the recorded interviews and immersion in the data – following initial checking of the transcripts whilst listening to recordings, a process of initial coding was undertaken, followed by in-depth idiographic analysis to generate emergent and superordinate themes. Cross-case analysis was subsequently undertaken in order to look for convergent and divergent themes (Smith, Flowers & Larkin, 2009). Findings are presented below.

Ethics

Ethical approval for this study was gained from the University of Hertfordshire Research Ethics Committee. Adherence to ethically-sound research practice was of paramount importance while working with refugees (Mackenzie, McDowell & Pittaway, 2007).

Results

Interrogation of the data using IPA generated three overarching themes: (a) loss as a constant companion to parenting; (b) a shifting view of the self as a mother; and (c)

taking the good with the bad in family life. A summary of these findings is provided below.

Whilst committing such themes to written text may construct findings in a somewhat essentialist manner, it is important to highlight that the findings of the study are socially-constructed, partial and incomplete, given that they are interpreted through the prism of the researchers' own experiences (Smith, Flowers & Larkin, 2009), and thus should be read as one of several possible interpretations of the participating mothers' experiences.

Loss as a constant companion to parenting

The theme of living family life in the context of loss emerged strongly and captures the phenomenal magnitude of these experiences for the mothers, including death and separation in violent and unanticipated circumstances, loss of role and livelihood, and loss of home and culture. Such losses were typically associated with forced migration, and for some directly associated with reasons for being compelled to flee their homeland, resulting in further familial dislocation, with a sense of incompleteness in processing of these experiences. One participant lost her husband and co-parent in an extremely violent manner:

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

This necessitated Grace to flee her home country with immediate effect, resulting in ongoing separation from her children. Others' experiences of loss in everyday life appeared constrained by structural limitations imposed by the process of asylum-seeking. Lee's son had been unable to join her in the UK under family reunification policy, because he had reached adulthood by the time she was in a position to apply. Tragically, he had died of an undetected medical condition within this period of protracted separation from his mother and the rest of his siblings, who Lee had been able to bring to the UK. She describes the life-changing moment she learned of her son's death:

This is where you find people committing suicide or dying from shock, you know. Even me I nearly died here. I nearly died because I was from the group [support group] on the bus when someone called from home to say 'your son has passed away.' (Lee)

Owing to ongoing immigration stipulations, Lee was unable to observe the necessary cultural rituals following her son's death. Despite remaining connected through the support of family members who recorded her son's funeral for her to watch later, she poignantly remarked in her interview:

He was buried and I wasn't there... (Lee)

Until it is possible to return to her homeland to visit his grave, Lee appeared to voice her ongoing struggle to process this tragic loss, rendered more complex in the process of forced migration. For this mother, loss appeared to remain a constant companion that she continued to struggle with. This was strongly reflected in the accounts of most of the participants.

A shifting view of the self as a mother

This theme describes how the participants tried to make sense of their role as a mother, particularly in light of having been forced to migrate to another country. Participants expressed strong feelings of frustration, guilt and regret at being unable to do a 'good enough' job in parenting due to several extraneous forces. Alongside these distressing ways of experiencing one's parenting in relation to forced migration, the mothers appeared to voice firmly-held resolve that they had each done their best as parents, and some experienced their conviction to keep going for the sake of their children and families as keeping them alive at times of extreme precariousness or vulnerability. For example, Grace recounted fighting for her own life for the sake of her children during a perilous journey fleeing persecution:

I was strong for my children because my brain was always telling me 'You've got to do it. What about your children? You've got to do it. You've got to do it. You've got to do it'. I was so strong! (Grace)

For Grace, there appears a sense of incredulity that she was able to be so strong, especially in the context of describing others who began the journey with her but did not make it. This sense of at times exceeding one's expectations of self in the role of being a mother, whilst frequently experiencing the painful contrast of being unable to meet such expectations, appeared pertinent for a number of participants.

Another participant, Mina, recounted experiences of significant worry, distress and inadequacy following her children suffering various injuries in an unsuitable living environment in the UK. The experience of not being able to provide her children with the care that they needed from her as their mother made her question her capacity to fulfil her role as a parent adequately.

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

The frustration, pain and sense of powerlessness associated with parenting whilst in exile were also voiced by another participant, Bahara:

I'm fed up, I am starting to cry and my children around me say don't worry about that, that God will help us and they will give us a good house...They are under pressure... the children are very under pressure. (Bahara/Interpreter)

For Charity, being a mother unable to protect her daughter from the experience of overt racial discrimination in her role as a paid carer also appeared to evoke feelings of powerlessness and hurt. As with the other participants, this left her feeling inadequate as a mother:

Even my daughter, it has affected her because...where she is it is really difficult, because when she does part-time work, they don't even want her to touch them, so she said she has experienced a lot of racism that side...I feel very bad. I feel it is

hurting because I have got nothing to do. I can't help the situation at all...[I can't] rescue my daughter. (Charity)

The sense of guilt which Charity experienced could be as a result of her incompatible view of herself as a mother who should be able to rescue and protect her daughter, whilst acknowledging her position as a marginalised member of society with minimal resources at her disposal. Charity appears to ameliorate this experience by trying to reassure her daughter that the problem lies with those with racist views, not her. This seemed to enable her to reclaim her identity as a protecting parenting figure:

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

Participants thus appeared to hold shifting views of themselves as being both powerless and resilient in their role as mothers, with the structural barriers experienced serving to constrain the choices they would otherwise have been able to make, were it not for their status as forced migrants.

Taking the good with the bad in family life

This theme pertains to participants describing contrasting experiences between being grateful for one's blessings whilst also feeling significantly let down, abandoned and betrayed in the context of extreme and violating incidents. The participants appeared compelled to renegotiate understandings of human nature, particularly the propensity to cause untold pain and distress in the context of conflict. For example, half of the participants voiced surviving rape immediately prior to fleeing their countries of origin, with more than one mother also speaking of the violation of other family members. For example, Grace recounted an extremely traumatic experience in her country of origin:

So after that they beat my husband, they rape me in front of my husband.
[Pauses] I don't want to be upset anymore, I don't want to...So they raped my

children in front of my husband, they forced my husband to look...[clears throat, cries a little]...sorry...[laughs sadly]...So erm, they raped us. After that they beat my husband to death...I went to police station to try to report but erm...those cruel people they were laughing at me...They were laughing saying 'Oh you are lying, I sick and tired of this lying, you are lying'.

Here, Grace seemed haunted by her traumatic experiences and her complete powerlessness in the face of extreme violence against her and her family. Although she is now safely in a different country, she cannot escape the continued distress caused by these earlier traumatic events. Grace wanted to move on from these harrowing experiences, but they are perhaps too traumatic to process fully and bound up with the violent loss of her husband and protracted separation from her children. Interestingly, Grace apologised for exhibiting some of her continued distress to the interviewer, perhaps as a protective act towards a younger woman (the interviewer).

All participants spoke of the strengths of positive relational influences in supporting them in making sense of traumatic experiences, and in their roles as mothers negotiating forced migration. Whilst describing extremely distressing experiences, which would perhaps appear sufficient to destroy any faith in humanity, participants were nevertheless seemingly able to receive the support of others, suggesting the ability to trust in the 'goodness' of others. For example, Lee expressed her gratitude at being accepted and supported by her family in the wake of her HIV diagnosis. She also appeared to find value in being able to use her challenging experiences to educate and inform others.

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

Charity describes how being helped at times of great difficulty for her family enabled her to shift her perceptions of others following experiences of gross betrayal, loss and marginalisation:

[T]hat was when I saw that people are different. They are not all the same.
(Charity)

Hence, participating mothers appeared able to hold multiple experiences and perspectives in mind when voicing the impact of forced migration upon family life. They also appeared to employ the role of relativity in managing challenging experiences, with the researchers struck by how readily mothers voiced an 'it could be worse' stance when describing their precarious contexts. For example, Lee describes feeling blessed to be still alive following her experiences of forced migration:

Of course yes I am surviving. I am one of the chosen few. (Lee)

The frequently-voiced sense of being blessed by God was interpreted as perhaps being protective for participants, in managing the extremity and making some sense of experiences of refugee family life. After describing experiences of extreme distress, hearing voices and contemplation of suicide, Grace attributes her ability to keep going to the work of the Lord:

Early in the morning when I get up, I was like 'You've done it again my Lord, I managed to get up; here I am'. Before I go to bed 'Ah, I'm going to bed now, here I am'. When I, I ring my...my kids back...back home, 'Are you ok guys?' They are like 'Oh Mummy we are marvellous. Oh Mum you are ok'. I was like 'Oh God you've done it again, thank you Father'... for me it's only my hope, and my hope it works for me. (Grace)

So, although participants described having experienced many bad things in their earlier lives, they also acknowledged that there were some good parts to their lives

following their forced migration; thus trauma is also accompanied by gratitude, personal growth, resistance and survival. Overall, the findings give an indication of some of the many complexities and challenges experienced as mothers parenting within the context of forced migration, some of which will now be further discussed.

Discussion

Multiple stories of loss

The theme of parenting and living of family life within the context of a multitude of losses was strongly present across all participant accounts. The participants in this study spoke movingly about losing members of their families in acts of extreme violence. However, they also talked about losing relationships with family members as a result of being forced to migrate. In particular, the participants spoke about losing parts of their identity as mothers of their children in the process of fleeing from their countries. These layers of loss have been referred to as 'loss spirals' in the literature (Betancourt, et al., 2015, p. 116). It left many of them fundamentally questioning their value as mothers, which filled them with anguish about not being able to perform their duties of care towards their children.

Many of the participants were still struggling to come to terms with these multiple losses. Boss' (2009) concept of 'ambiguous loss', which acknowledges how contextual and relational factors may inhibit or delay the experiencing of the loss⁴, may usefully be applied to the experiences of the participant mothers, with a myriad of on-going stressors and challenges, structural barriers and perhaps psychological self-defence inhibiting mothers being able to go through the processes which they felt would alleviate their distress, such as returning home to play an important role in family funerals, or visiting the grave of one's own child for the first time. Eisenbruch's (1991) theory of *cultural bereavement*, which attempted to frame PTSD as this manifestation of loss, has some relevance here - this research attests to the importance of exploring how refugees experience and manage losses in more depth,

⁴ Boss (2009) gives the example of a family whose loved one has been missing for several years and is physically absent but psychologically still present in their minds, creating a dilemma in letting go or holding onto the hope that he or she is alive. A contrasting example is when a loved one is physically present but psychologically 'lost' to some extent, for example in the advanced stages of dementia.

although interestingly, within the context of the diagnosis of PTSD. In the present study the researchers set out to investigate refugee mothers' experiences of loss in a non-pathologising way. The participants' accounts of loss presented here show the value of fully exploring the social context and relationships of refugees.

The self as a mother

One of the main themes to emerge from this study is how the participants' views of themselves as mothers changed as a result of the process of forced migration. In particular, the structural barriers that the participants' encountered in their adopted country seem to have significantly impacted on their views of themselves as mothers, inhibiting their sense of self-efficacy. Traditional psychotherapy approaches arguably run the risk of obscuring the structural inequalities and exertion of political power, which might directly impact upon one's perceived and actual ability to be a 'good enough' parent (Betancourt, et al., 2015). Providing more accessible and appropriate access to psychotherapy, such as that which can help to create new stories around the experiences of motherhood, and serve to externalise the problem (White, 2007) may be helpful for refugee mothers in making sense of the structural constraints which forced migration can place upon parenting and family life. Psychotherapy that encourages and supports the drawing out of subjugated stories of resistance, survival and post-traumatic growth (Afuape, 2011) in the face of oppression and trauma in the pursuit of protecting one's children and families, may render new possibilities visible to refugee parents. Furthermore, as researchers and clinicians, we are in a prime position to speak out against the practices of our governments that create distress in the lives of refugee parents with whom we might work (Patel, 2003).

Relationships

This research attests to the protective effect of good-quality relationships in managing the experiences of forced migration in family life for the participants. This is supported by earlier research reporting the ameliorative impact of social support (Gorst-Unsworth & Goldberg, 1998) and a more family-orientated and collective approach (Thorup Dalgaard & Montgomery, 2015) for survivors of torture living in

exile. This can be in tension with the more individualised focus within mental health services in the UK and other Western countries. Through this research clinicians are encouraged to adopt a culturally sensitive approach, carefully considering the particular cultural backgrounds of their refugee clients (Lambert & Alhassoon, 2015; Thorup Dalgaard & Montgomery, 2015). The importance of meaningful human connection and a concerted effort to create conditions where new relationships can be made for socially isolated groups such as refugee mothers needs to be addressed, particularly in this age of austerity and marginalisation of social and community responses. Thus, therapeutic endeavours that move away from individually focused approaches and seek to reduce isolation, strengthen relationships, and effect socio-political change as resources for healing (e.g. Holland, 1992) may be helpfully applied to this client-group (Lambert & Alhassoon, 2015).

As stated previously, all participating mothers referred to the significance of their relationship with their religious faith in their ability to cope through unimaginable circumstances, which is supported by other research with refugee populations (e.g. Ní Raghallaigh & Gilligan, 2010).

Alongside domains of relating to others, the emergence of new possibilities, developing personal strength, and a deeper appreciation of life, Tedeschi and Calhoun's (2004) model of posttraumatic growth – which conceptualises individuals' psychological growth responses which often occur following highly-distressing traumatic experiences such as those faced by participants – cites spiritual and/or existential change as an important domain of these psychological processes.

Clinicians could play a role in supporting this protective and growth factor for refugees by adopting a curious stance regarding their refugee clients' belief systems and by collaborating with religious leaders and establishments in the refugee community in order to provide information and develop helpful spaces for healing.

Clinical Implications

This research has many potential implications for therapists working with refugee parents and families, some of which are discussed now. Findings point towards the importance of therapists attending to experiences of loss and bereavement as more central to refugee experiences, particularly for mothers who have been separated

from their children. Kaltman and Bonanno (2003) suggest that psychoeducation regarding common reactions to violent losses, such as PTSD symptoms, may help clients to make sense of their experiences in the wake of traumatic losses. Similarly, the importance of adopting a curious approach to the role of exile in the processing of manifold losses appears important in the formulation of experiences of ongoing separation, and losses which are 'ambiguous' (Boss, 2009). Relatedly, the clinician's role in addressing the impact of such losses is likely to be enhanced by approaches which privilege an understanding of the client's own sense-making around loss (including socio-cultural and religious beliefs and practices) and which offer the opportunity for survivors to establish continuity of meaning and identity, through 're-membering practices' (see Hedtke, 2003; White, 1989) which serve to honour ongoing relationships with the deceased or absent.

The research also attests to the need for therapists working with refugee parents and their families to consider manifestations of trauma and resilience more relationally, rather than conceptualising such highly distressing experiences as individual and internal (Walsh, 2007; Weingarten, 2010). Relatedly, the importance of meaningful social support and help for participating mothers indicates the reparative potential in therapeutic relationships, and high-quality, consistent social support is reported to play an important role in the development of posttraumatic growth (Tedeschi & Calhoun, 2004). Furthermore, although change potential can feel limited for the psychotherapist in the face of overwhelming uncertainty, loss and trauma, research has also reported the potential of vicarious resilience (Hernández, Gangsei & Engstrom, 2007) and vicarious posttraumatic growth (Barrington & Shakespeare-Finch, 2013) alongside vicarious trauma. Relatedly, supporting refugee parents to not only resist the internalisation of their disempowerment, but to use tools such as power-mapping (Hagan & Smail, 1997) to think about distal and proximal influences on their distress, may help to support the preservation of the identity of a parent fighting desperately to protect their children and safeguard the future in extremely challenging circumstances.

Furthermore, given the ethos of the study to enable refugee parents to give voice to their own experiences of forced migration, it is important as therapists and clinicians that we heed this research regarding the therapeutic benefits and recovery

potential of religious and spiritual beliefs and practices (Lindridge, 2007). This work may occur at an individual level, but should also consider people's wider support networks and communities.

Reflections, limitations and future directions

The current study provided an important insight into the lived experiences of refugee mothers who were forced to migrate. The in-depth, idiographic approach taken by IPA (Smith, Flowers & Larkin, 2009) meant that the sample was necessarily small and this afforded the emergence of rich qualitative data. However, the small and relatively unrepresentative nature of the sample also meant that the results of the study should be considered with some caution. Although the experiences of the participants in this study might resonate with others, they are not necessarily readily generalisable to the wider population of refugee mothers. Relatedly, participants were already linked into support services for refugees, so their experiences may be more representative of those who have been able to seek social support than more socially isolated refugee mothers.

Given that research of this kind is very limited, this study was necessarily broad and exploratory in nature. This breadth is to some extent likely to have sacrificed the considering any one area in more depth, for example mothers' experiences of spousal bereavement (Lenette, 2014), separation from children and reunification (Rousseau, Rufagari, Bagilishya & Measham, 2004; Suarez-Orozco et al., 2002), or communication of traumatic experiences within families (Montgomery, 2004; Thorup Dalgaard & Montgomery, 2015). These areas may helpfully be followed up via future research endeavours.

This research highlights many ethical and methodological dilemmas in undertaking research with those who have experienced forced migration, particularly as 'outsider researchers' (Corbin Dwyer & Buckle, 2009) attending to cross-cultural and cross-language dimensions. Approaching the research with a privileged, 'Western' worldview will have undoubtedly influenced the whole process, from research design, data collection, to interpretation and conclusions drawn. Although intended to be open and collaborative in style, with the consideration of family context a major intention of the study, the selected methodology remains

individualised and given its nature, experience is primarily located *inside* participants rather than *between*. Furthermore, the researchers largely set the research agenda, selected questions for the interview schedule, and interpreted data through a lens of psychology and related disciplines, highlighting some of the limitations of attempting to 'give voice to' experiences of the marginalised through the, perhaps naïve, use of power. Future research could helpfully seek to involve refugee mothers and parents as co-researchers, in identifying and narrowing down areas of priority and methods for research that can bring about meaningful social action and change. For example, Lenette and Boddy (2013) have written about using visual ethnography methods such as *Photovoice* in collaborative research with refugee women. Relatedly, future research would helpfully place gender and its intersections as a central aspect of research with refugee mothers. This was not privileged in the current study, given that the research was originally intended to be with fathers and mothers. Finally, studies exploring particular cultural differences in experiences, meaning-making and communication have been shown to be important (Lambert & Alhassoon, 2015; Thorup Dalgaard & Montgomery, 2015).

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