Refugee Mothers' Experiences of Emotion Work and Coping: An Intersectional Framework

Kim Roger Abi Zeid Daou, B.A., M.A.

Department of Educational and Counselling Psychology

McGill University

Montréal, Québec

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Abstract

Approximately 70,000 Syrian refugees were resettled in Canada by 2021 (Immigration, Refugees, and Citizenship Canada, 2022). Syrian refugee families in Canada struggle with sociocultural adaptation (Oudshoorn et al., 2020; Stewart et al., 2019).

The first study in this dissertation explores the challenges in adaptation Syrian refugee families face in Montréal, Québec. Through a thematic analysis, the themes "Educational challenges" in terms of communication barriers and racism, "Adult adaptation", and "Emotional exhaustion" emerged from the semi-structured interviews. Eight refugee mothers, between 30 and 36 years old, participated. They shared their experiences vis-à-vis their additional emotion work in the household, their emotional exhaustion, and their desire for more resources and interventions focused on them. This was a driving force for the theoretical foundation of this dissertation. The dissertation's overarching aim is to explore the specific and intersectional lived experiences of refugee mothers.

Future directions were conducting a systematic review of interventions for refugee mothers and their mental health and social support needs as well as exploring refugee mothers' experiences vis-a-vis their emotion work and coping. Refugee mothers endure and are at risk for mental health challenges, such as post-traumatic stress, suicidality, and depression (Rahman & Hafeez, 2003; Schweitzer et al., 2018). Interventions including refugee mothers rarely provide adequate and contextualized support for refugee mothers' specific mental health needs and challenges, and there is a gap in the literature regarding refugee mothers' specific needs and appropriate mental health interventions (Dybdahl, 2001; Jesuthasan et al., 2019; Milkie et al., 2020). The second study presents empirical evidence to contextualize the risks refugee mothers face, such as gender-based violence, mental health challenges, and language barriers. Then, the

paper provides a critical systematic review of six interventions conducted with refugee mothers. Although there were some interventions that incorporated refugee mothers' needs, they either did not calculate and assess outcomes, or the interventions' methodology did not properly align with their outlined objectives. The review suggests that across different populations and methodologies a pattern emerged whereby contact with others with similar experience and culture was essential, having allies increased refugees' willingness to connect more to the host country society, and the refugee mothers benefited from having a safe space to discuss their shared experiences (Abi Zeid Daou, 2022; Koh et al., 2018; O'Shaughnessy et al., 2012; White et al., 2009).

The third study explores how Syrian refugee mothers' adaptation in Montréal was affected by the experiences of emotion work and coping. The same participants were included. The study provides an expansion of the emotion work framework to include refugee mothers of color, their positionality and lived experience, and their qualitative experience of emotion work vis-à-vis resettlement. The themes that emerged from the thematic analysis of the semi-structured interviews were emotion work as "hiding negative affect", "maneuvering new homes", "overcompensating", and "language stressors". Religion and praying were found to be a coping mechanism for Syrian refugee mothers. The final paper also included implications and recommendations for therapy. Through an understanding of the expansion of the emotion work framework to include refugee mothers of color, their positionality and lived experience, and their qualitative experience of emotion work vis-à-vis resettlement, mental health professionals must develop with their clients a deep understanding of the complex systems within the post-resettlement context. Specific attention should be given to the loss of community, to additional emotion work, self-concealment, and other forms of maladaptive coping.

Résumé

En date de janvier 2021, un total de plus de 70 000 individus syriens furent réfugiés au Canada (Immigration, Réfugiés et Citoyenneté Canada, 2022). Les familles réfugiées syriennes au Canada font face à des difficultés d'adaptation socioculturelle (Oudshoorn et al., 2020 ; Stewart et al., 2019). La première étude de cette dissertation explore les défis d'adaptation auxquels ces familles sont confrontées à Montréal. Suite à une analyse thématique des entrevues semi-structurées, les thèmes suivants sont apparus : « les défis éducatifs » en lien avec les barrières de communication et racisme, « l'adaptation des adultes » et « l'épuisement émotionnel ». Huit mères réfugiées, entre 30 et 36 ans, ont participé. Elles ont partagé leurs expériences de travail émotionnel supplémentaire qu'elles doivent assumer au sein de la famille, leur épuisement émotionnel et leur besoin d'accès à plus de ressources et d'interventions axées sur leurs besoins spécifiques. La fondation théorique repose sur ces expériences distinctes. L'objectif général de la dissertation est d'explorer le vécu spécifique et intersectionnel des mères réfugiées.

La prochaine étape consistait à mener une revue systématique de la littérature portant sur les interventions avec les mères réfugiées et leurs besoins de santé mentale et de soutien social, puis d'explorer leurs expériences de travail émotionnel. Les mères réfugiées sont à risque de problèmes de santé mentale, tels que le stress post-traumatique, la tendance suicidaire, la dépression et l'anxiété (Rahman & Hafeez, 2003; Schweitzer et al., 2018).

Cependant, ces interventions ne prennent pas en considération leurs problèmes de santé mentale spécifiques. Le soutien offert n'est pas contextualisé face à leurs difficultés vécues, reflétant un manque important dans la littérature (Dybdahl, 2001; Jesuthasan et al., 2019; Milkie et al., 2020). La deuxième étude présente des preuves scientifiques afin de présenter les risques vécus : la violence sexiste, les défis de santé mentale, et les barrières linguistiques. L'article

fournit une revue systématique critique de six interventions menées avec ces réfugiées. Ces interventions présentaient rarement de mesures ou de résultats concrets portant sur leur bien-être. La méthodologie des études évaluant les programmes d'interventions est souvent inadéquate et ne permet pas de rejoindre les objectifs de recherche. La revue systématique indique que le contact avec d'autres personnes ayant une expérience et culture similaire est essentiel. Avoir des alliés les motive à se connecter plus à la société du pays d'accueil, et les mères réfugiées bénéficient d'un « safe space » pour discuter de leurs expériences partagés (Abi Zeid Daou, 2022; Koh et al., 2018; O'Shaughnessy et al., 2012; White et al., 2009).

La troisième étude explore comment l'adaptation des mères réfugiées syriennes à Montréal a été affectée par leurs expériences de travail émotionnel. Les mêmes participantes furent incluses. L'étude propose une expansion du cadre théorique du travail émotionnel incluant les mères réfugiées de couleur, leur positionnalité et leur vécu, ainsi que leur expérience qualitative du travail émotionnel suite à la migration forcée. Les thèmes émergeant des entrevues semi-structurés étaient le travail émotionnel en tant que « dissimulation de l'affect négatif », « adaptation au nouvel espace de vie », « surcompensation » et « facteurs de stress linguistiques ». La religion et la prière furent révélés comme étant des mécanismes d'adaptation.

Grâce à une compréhension approfondie de cette expansion du cadre théorique du travail émotionnel, les professionnels de santé mentale doivent développer avec leurs clients une compréhension approfondie des systèmes complexes dans le pays d'accueil. Une attention particulière doit être accordée à la perte de communauté, au travail émotionnel supplémentaire, à la dissimulation de soi et à d'autres formes de mécanisme d'adaptation négatifs.

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I would also like to thank my sister Léa, my epistemic companion, for our endless conversations on knowledge-gathering, post-colonialism, feminism, and social justice. Finally, I would like to thank the families who shared their invaluable experiences with me, as well as my PhD supervisor Steven Shaw and my committee members, Tara Flanagan and Nate Fuks, for their guidance and support.

Original Contribution to Knowledge

This dissertation demonstrates original and distinct scholarship regarding refugee mothers. This dissertation presents empirical evidence to contextualize the specific risks refugee mothers face, and their mental health and social support needs. Refugee mothers struggle with several mental health difficulties such as depression, anxiety, trauma, and suicidality (Rahman & Hafeez, 2003; Schweitzer et al., 2018). As such, they require person-centered and contextualized services. For example, refugee mothers require services that can efficiently address their cultural and linguistic backgrounds, their need for community, and their mistrust and difficulties navigating healthcare systems in host countries (Abbasova, 2017; Hynie, 2018; Leanza et al., 2021). However, most general mental health services do not incorporate those requirements. In addition, general mental health services are not equipped to address the unique adverse experiences brought about by being a mother through the process of forced displacement (McLeish, 2005; Schweitzer et al., 2018; Tsai et al., 2017). This dissertation provides a systematic review of mental health interventions for refugee mothers, highlighting the need for culturally and linguistically tailored services.

In addition, this dissertation delves specifically into the intersectional lived experience of mothers of color who are refugees, and the various challenges they face given their specific positionality. Indeed, this dissertation explores refugee mothers' perception of additional emotion work in the family and how they cope with elevated emotion work and the numerous obstacles of being a newly resettled refugee mother. As such, this dissertation provides a distinctive contribution to emotion work scholarship and literature, as it examines refugee mothers' distinctive and intersectional experience of emotion work. This is particularly important as, through community-building, the mothers shared their experiences of additional emotion

work within the family post-migration. In addition, emotion work and coping have important negative impacts on women's well-being, such as increased levels of negative emotions, and poorer psychological well-being (Erikson, 1993; Judge, Ilies, & Scott, 2006; Warthon & Erikson, 1993). Having to engage in high amounts of emotion regulation can be highly stressful and emotionally exhausting for women who are refugees, and are already at elevated risk for emotional and psychological distress and maladaptive coping (Rahman & Hafeez, 2003; Schweitzer et al., 2018). This dissertation provides an expansion of the emotion work framework to include refugee mothers of color, their positionality and lived experience, and their qualitative experience of emotion work vis-à-vis resettlement, which is foundational for therapy and work with refugee mothers. Lastly, this dissertation provides a platform to explore the lived experiences and major challenges of newly resettled Syrian refugee families and Syrian Refugee mothers, in Montréal, Québec.

Contribution of Authors

My dissertation comprises three manuscripts and five chapters in accordance with the guidelines of the Faculty of Graduate and Postdoctoral Studies guidelines. I am the first author and sole author on Study 1 and Study 2. I am the first author on Study 3, with Lea Roger Abi Zeid Daou and Maxime Cousineau Perusse being second and third co-authors. I consulted with Lea and Maxime for data analysis, and they provided editorial feedback on the manuscript.

I am responsible for the conception, data collection, and data analysis, in addition to writing the three manuscripts and the dissertation.

Introduction

Globally, there were over 68.5 million displaced people in 2018, with about 24 million classified as refugees, according to the United Nations High Commissioner for Refugees (UNHCR, 2021). A person who has fled their country because of persecution due to their race, religion, nationality, membership in a certain social group, or political beliefs is known as a refugee (Fix et al. 2017; UNHCR 2021). When refugees relocate to host nations, they often face several difficulties and challenges. They experience challenges while adjusting to social and cultural norms and overcoming language barriers. In addition, they face challenges finding housing and obtaining sufficient income. For recently resettled refugees, these issues are urgent ones. However, it is crucial to consider their psychological health while also attending to their other needs.

Refugee women and girls are extremely vulnerable (United Nations High Commissioner for Refugees et al., 2016). The experiences of refugee women and girls throughout the resettlement process are qualitatively different from men's experiences as many of them endure gender-based violence and persecution (Pittaway & Bartolomei, 2001; Pulvirenti & Mason, 2011; United Nations High Commissioner for Refugees et al., 2016). The experience of displacement increases the risk of sexual violence for women and girls. As of 2012, the lifetime prevalence of sexual violence against migrants and refugees was 69.3%, while the lifetime prevalence of sexual violence against girls and women over 15 in the general population was 11% (Keygnaert et al., 2012). Gender-specific human rights violations have long-term impacts on women and girls' mental health (Robbers et al., 2016), and thus have hazardous impacts on refugee women's psychological states (Deacon & Sullivan, 2009; Hynes & Cardozo, 2000; Miller et al., 2002). Refugee women also experience a unique set of barriers once they resettle.

For instance, refugee women have challenges regarding geographical unfamiliarity, poor interpretive services, difficult access to transportation, and so forth (Stirling Cameron, et al., 2022; O'Mahony & Donnelly, 2013). These factors can have negative impacts on the integration and well-being of refugee women (Stirling Cameron et al., 2022).

An important aspect to consider is that a woman who is also a mother is at a higher risk of experiencing mental health issues as a refugee, as well as trauma, depression, and anxiety (Degni et al., 2014; Rahman & Hafeez, 2003; Schweitzer et al., 2018). Refugee mothers face many risk factors such as stigma, trauma and violence through the migration journey, poverty, lack of accessible childcare, cultural differences, racism, and limited access to services (Abebe & El-Awad., 2024; Hynie, 2018; Leanza et al., 2021). I have worked with refugee mothers in Lebanon and Canada, and that work coupled with the literature illustrating the risk factors refugee families, and specifically refugee mothers, face forged the path and the foundation for my dissertation.

This dissertation aims to explore the specific and intersectional lived experiences of Syrian refugee mothers in Montreal, focusing on their emotion regulation and coping strategies during resettlement. This dissertation includes five chapters. Chapter 1 included a review of the literature regarding refugees in Canada, Syrian refugees in Canada, Syrian refugee families in Canada, refugee mothers and women in Canada, emotion work, intersectionality, and the present study.

Study 1 (Chapter 2), “The Challenges Syrian Refugee Families Face in Montréal”, under review in Journal of Immigrant & Refugee Studies, explored the challenges newly resettled Syrian refugee families are facing in Montréal. The refugee mothers repeatedly sharing their experiences vis-à-vis their additional emotion work in the household, their emotional exhaustion,

and their desire for more resources and interventions focused on them, was a driving force for the theoretical foundation of this dissertation. Community-building and principles of fieldwork, such as comprehensive reflexivity processes, community immersion, long-term engagement, local knowledge and collaboration, were central to the theoretical foundation of this dissertation (Denzin & Lincoln, 2018; Smith, 2012). It became clear that the future directions would be conducting a systematic review of interventions for refugee mothers and their mental health and social support needs, as well as exploring refugee mothers' experiences vis-à-vis their emotion work and coping.

Study 2 (Chapter 3), "Refugee Mothers Mental Health and Social Support Needs: A Systematic Review of Interventions for Refugee Mothers", peer-reviewed and published in Europe's Journal of Psychology, contextualized the risks refugee mothers face, such as gender-based violence, mental health challenges, and language barriers. Then, the paper provided a systematic review and critique of interventions conducted with refugee mothers. The review lastly identified protective factors.

Study 3 (Chapter 4) "The Experiences of Syrian Mothers Who Are Refugees in Canada: An Exploration of Emotion Work and Coping", peer-reviewed and published in Women and Therapy, explored Syrian mothers who are refugees' experiences vis-à-vis their emotion work and coping. Through community-building and providing a safe space, Syrian refugee mothers in Montréal disclosed to me their distress about emotional exhaustion and their need for resources and interventions designed for them. Based on the mothers' concerns, this study examined (a) mothers who are refugees' perception of additional emotion work in the family, (b) how mothers who are refugees manage their emotions and cope with elevated emotion work, and (c)

understanding the numerous obstacles of being newly resettled refugee mothers. There is a transition between each manuscript bridging the studies.

Chapter 5 encompassed the conclusions drawn from Study 1, Study 2, Study 3, as well as theoretical and practical implications and future directions. As the manuscripts were quite connected and share a similar focus, there was some repetition of information across all studies.

CHAPTER 1

Review of Literature

Refugees in Canada

60,228 refugees and protected persons were admitted in Canada in 2021 according to the Government of Canada (Immigration, Refugees and Citizenship Canada, 2022). Between 2018 and 2022, over 35,000 government-assisted and privately sponsored refugees were admitted (Ministère de l'Immigration, de la Francisation et de l'Intégration, 2023). The main challenges refugees in Canada face are cultural differences, language barriers, difficulty finding employment, lack of affordable housing, health problems, mental health issues, financial insecurities, and navigating complex bureaucracies (Canadian Council for Refugees, n.d.).

Syrian Refugees in Canada

As part of a 2015 Liberal election promise, Canada pledged to accept 25,000 Syrian refugees (Bélanger, 2016). However, the deadline was postponed from the end of 2015 to the end of 2016. In addition, cuts were made to resettlement services and newcomer services were struggling to respond to the volume of new arrivals while also maintaining a satisfactory quality of resettlement (Bélanger, 2016). Refugees have had challenges accessing resettlement services such as language classes and schooling while also staying in temporary housing longer than was allocated due to insufficient permanent housing (Bélanger, 2016). The Canadian government has also stated that Syrian refugees who settle in Canada during this period are not obligated to repay their travel loan, creating different treatment between Syrian refugees and other refugee groups simultaneously arriving to Canada. As of October 31, 2020, there was over 44,000 Syrian refugees living in Canada (Government of Canada, 2020).

In Canada, the Syrian refugee initiative was at a scale that was never seen before, which resulted in several issues with housing (Rose, 2019). This included insufficient affordable housing, limited housing for large families, and housing located in areas without access to services. Despite these challenges, many Syrian refugees moved into long-term housing a few months after their arrival due to the work of settlement workers on the ground, as they were able to build upon previously established relationships with landlords, non-profit housing associations, and social housing providers to increase housing accessibility (Rose, 2019). This also included the utilization of volunteer and private support to facilitate resettlement efforts and to raise additional funds. The federal government also assisted by expanding housing operations to seven additional smaller cities across Canada that had opportunities for employment and resettlement services.

The Federation of Canadian Municipalities (FCM) played an integral role in the resettlement of newly arrived Syrian refugees from fall 2015 to fall 2016 (Garcea, 2016). They served two key functions during resettlement: contributing to and maintaining the needed support from government and non-government stakeholders and developing, coordinating, and supporting formal and informal partnerships with local and governmental systems aimed at providing resettlement services to meet the new demand (Garcea, 2016). This highlights the role of local and municipal agencies and coordinated government support in enacting resettlement procedures that directly impact the resettlement experience of Syrian refugees.

The authors examined Canada's Syrian Refugee Resettlement Initiative (SRRI) through the role of local immigration partnerships (LIPs) in Ontario, Canada. LIPs are community-based councils who provide and apply local resettlement strategies to increase the community's socio-cultural fit for new refugees (Walton-Roberts et al., 2019). Three case studies in Ontario provide

new evidence for the impact and effectiveness of LIPs in resettlement efforts. Firstly, a community with a history of resettlement is better equipped to facilitate and effectively manage the arrival of Syrian refugees as they have better informed strategies and approaches (Walton-Roberts et al., 2019). Communities without this history struggled to coordinate resettlement and integration services at the community level because they did not receive federal direction. Secondly, LIP leadership and stakeholder connectivity was essential to success because communities were differentially positioned when receiving refugees and thus depended on integrated networks of support to carry out the SRRI initiative (Walton-Roberts et al., 2019). Thirdly, communication between municipal and higher levels of government were lacking at the beginning of the SRRI, making community agencies unsure of their role in the SRRI due to insufficient communication with the government (Walton-Roberts et al., 2019). Overall, LIPs were essential to the success of the SRRI, yet the structure for their success across all communities was not proportional and government support and direction was minimal in the first wave of migration (Walton-Roberts et al., 2019).

Syrian Refugee Families in Canada

Studies have shown that Syrian refugee families face numerous challenges in Canada, including language barriers, limited access to health services, and social isolation (Oudshoorn et al., 2020; Stewart et al., 2019; Yohani et al., 2019). These factors significantly impact their sociocultural adaptation and mental health.

Indeed, a study examining the challenges Syrian families face during early resettlement in Western Canada identified English learning during integration, safety concerns stemming from resettlement in socially disadvantaged areas, lack of equitable access to services, and social isolation from Canadian society as major challenges (Yohani et al., 2019). However, there were

key strengths identified, which included protecting the use of their native language, social connection within the family, and resilience as an individual and family during the resettlement process (Yohani et al., 2019).

A qualitative study with seventeen Syrian Refugee families examined their subjective resettlement experiences in Canada (Oudshoorn et al., 2020). During the resettlement process, Syrian refugees struggled to find a balance between gratitude and frustration, belonging and isolation, and hope and barriers. Sixteen months post-arrival, the seventeen families were still experiencing housing instability due to housing insufficiency (Oudshoorn et al., 2020). Housing instability was also exacerbated by unsafe housing for individuals' mental and physical well-being. The concerns were rooted in unaffordability of housing, which a current common issue in Canada (Oudshoorn et al., 2020).

Another study examined the cultural differences and emotional problems refugee youth experience in Canada, in the context of family. The cultural differences between the culture of origin and Canadian culture had a negative impact on refugee mental health, which appears to be mediated by resettlement stress and family functioning. Family functioning was assessed through parenting styles and parental mental health. The final model accounted for approximately 23 percent of the total variance in youth scores on emotional problems (Beiser et al., 2015). The key sources of resilience identified were well-functioning families with parents with a good mental health who are also practicing good parenting skills (Beiser et al., 2015).

A scoping review of mental health issues and concerns among immigrant and refugee youth in Canada revealed that mental illness determinants included pre-migration experiences (i.e., trauma experienced in the home country), number of years spent in Canada, post-migration family and school environments, discrimination, and inequitable access to healthcare (Guruge &

Butt, 2015). In addition, mental health concerns were unevenly distributed across gender and immigration status with female youth experiencing more mental health problems and refugee youth experiencing higher rates of psychopathology compared to Canadian-born peers (Guruge & Butt, 2015). Findings also highlighted the importance of family involvement, mental health resources in the school setting, and focusing on the first year of arrival in Canada (Guruge & Butt, 2015).

Syrian refugee children experienced sociocultural integration challenges at school, which included difficulties establishing social connections with Canadian-born students and being subject to constant bullying and racism. This affected their sense of belonging and connection to Canada (Guo et al., 2019). Another study examined the integration of refugee students, with a focus on settlement, education, and psychosocial support. Refugee students experienced a triple trauma effect where they experienced traumatic events in Syria and in a second country of settlement, then adjustment to life in Canada. Findings demonstrated that language was a significant barrier to sociocultural integration as the barrier prevented refugees from initiating and establishing social connections with peers, teachers, and the community at large (Stewart et al., 2019). Low English competency may also affect the daily routine of refugee students as they adjust to educational institutions and life in Canada. Low English competency was associated with feelings of powerlessness and isolation that contributed to low self-efficacy (Stewart et al., 2019). In addition, displacement was also a significant barrier to socio-cultural and educational integration. Time away from school made starting at the level associated with the chronological age challenging. It is also acknowledged that schools and professionals have insufficient knowledge of student experiences prior to resettlement (Stewart et al., 2019).

Refugee Mothers and Women in Canada

Refugee women face many challenges in Canada, such as language barriers, financial burdens, and perceived stigma and discrimination in their new communities (Anderson & Soennecken, 2019; Canadian Council for Refugees, n.d.; Immigration, Refugees and Citizenship Canada, 2022b).

Canada provides various services to refugee women and mothers. Services include but are not limited to settlement services, healthcare services, language training, education and childcare services, social support networks, and legal support (Global Affairs Canada, 2024; House of Commons Canada, 2019; Immigration, Refugees and Citizenship Canada, 2022b). However, multiple studies conducted with refugee women and mothers in Canada demonstrate that refugee mothers face multiple communication and language barriers in terms of accessing services (Anderson & Soennecken, 2019; Fellmeth et al., 2018, Guruge et al., 2015).

Many refugee mothers in Canada have endured the loss of family members, friends, and loved ones as well as the separation from the people they love and their support systems (Keygnaert & Guieu, 2015). In addition, many refugee mothers in Canada have been exposed to traumatic experiences, which can lead to or exacerbate their mental health struggles (Hynie, 2018; Keygnaert & Guieu, 2015). Studies with refugee mothers in Canada have shown that refugee mothers face challenges regarding cultural differences and language barriers, and financial difficulties (Anderson & Soennecken, 2019; Fellmeth et al., 2017; Guruge et al., 2015). Refugee mothers in Canada struggle with loneliness and social isolation (Anderson & Soennecken, 2019; Fellmeth et al., 2017; Guruge et al., 2015; Rousseau et al., 2013). Furthermore, refugee mothers in Canada face discrimination and stigma in their host country (Rousseau et al., 2013).

Mahajan and colleagues' qualitative study (2022) studied the role of social support and social networks vis-à-vis the mental health of Syrian refugee women and refugee mothers in Canada and how they seek emotional support. The study found that social support is a key protective factor for refugee women, which is a consistent finding in the literature (Abi Zeid Daou, 2024; Fellmeth et al. 2017; Mahajan et al., 2022; Guruge et al., 2015).

Emotion Work

Emotion work involves the management, expression, and regulation of emotion. Emotion work is qualified as stress-inducing, as stress resulting of inadequate emotional resources, and of cost (Ciarrochi et al., 2002; Goldberg & Grandey, 2007; Liu et al., 2008). A key factor in emotion work conceptualization is that women are held accountable and are expected to perform emotion work in ways men are not (Erickson, 2005).

Emotion work tends to be in concordance with cultural, social, religious, and societal norms. Emotion work is not limited to one context, and it comprises conscious and unconscious endeavors to regulate our and others' emotions. (Hochschild, 1983). Emotion work methods and expectations differ as a function of culture (Kitayama et al., 2006; Tracy & Robins, 2007; Choi & Nisbett, 1998). Emotion work involves the usage of emotional resources. Emotional resources include various facets, such as emotional intelligence, emotion regulation, and coping strategies (Roberts, 2003). Emotional intelligence refers to the capacity to comprehend emotional information, and to regulate emotions that promote emotional growth (Mayer & Salovey, 1997; Roberts, 2003). Women are expected to engage in more emotional intelligence both in the private and public spheres, which causes a negative interaction between the demands of the home and work environments (Mennino et al., 2005). This negative interaction leads to an increase in stress and depletion of women's emotional resources (Mennino et al., 2005).

Emotion work is of cost because it involves emotional management such as surface acting and deep acting (Goldberg & Grandey, 2007; Liu et al., 2008; Stough et al., 2009). Surface acting involves managing the external's emotional expression despite its mismatch with the internal emotional experience. For example, displaying expected emotions and concealing true emotions. Deep acting involves modifying internal emotional states to express the desired external emotions (Goldberg & Grandey, 2007; Liu et al., 2008). Emotion work scale items include and are not limited to initiating talking things over, recognizing the importance and precedence of their husbands' feelings even when they do not feel the same way, listening closely to family members' innermost thoughts and emotions, unequal division of household labour and childcare, and so forth (Erickson, 2005).

Emotion work does not occur at no cost. Indeed, the burden of emotion work on women can lead to burnout, exhaustion, and elevated levels of stress (Hochschild, 1983; Powell & Greenhaus, 2010). In addition, emotion work can lead to depression, heart disease, sleep disturbance, high blood pressure, and mental health problems (Hochschild, 1983; Grandey, Fisk, & Steiner, 2005; Maume, 2015; Powell & Greenhaus, 2010; Lee & Ashforth, 1996).

Because of intersectional identities and unique experiences, women of color face specific challenges when it comes to emotion work. Indeed, studies show that women of color experience increased emotion work in both their roles at home and at work due to cultural stereotypes (Hochschild, 1983; Wingfield, 2010). In addition, enduring racism and microaggressions makes women of color engage in more emotion work. Certainly, women of color having to manage their emotions to be able to navigate experiences of racism and microaggressions comes at a cost (Hubain et al., 2016).

Intersectionality

Engaging in emotion regulation through emotion work and coping can be depleting to one's emotional resources and cognitive resources, and women devote disproportionate amounts of emotion work in comparison to men (Elliott & Umberson, 2008; Oliker, 1989; Umberson et al., 2015).

Intersectionality is an analytical tool that is constantly evolving to better understand and analyze complexities in human experiences (Crenshaw, 1991). Intersectionality explores how various forms of oppression interact with each other. Various forms of oppression include and are not limited to racism, classism, sexism, homophobia, and ableism. Certainly, the major axis of social divisions presents in any society, such as class, race, gender, sexuality, age, and ability, and so forth. Those do not operate separately but build on each other and work together (Crenshaw, 1991). As such, intersectionality proposes that individuals can experience different forms of oppression at the same time, and that creates unique experiences of oppression and marginalization (Crenshaw, 1991; Collins, 2000; McCall, 2005). This framework illustrates how multiple factors of oppression merge and become difficult to disentangle (Crenshaw, 1991). So, seeking to understand identities in relations to one another and how phenomena are mutually interdependent is crucial (Crenshaw, 1991).

As such, adopting an intersectional framework in studying the experiences of women who are refugees allows for an analysis that centers their unique lived experiences. Women of color are differently situated in the economic, social, and political worlds. Structural and political intersectionality highlight that violence against women is greater when a woman is already politically isolated (Crenshaw, 1991). Refugee women are some of the most isolated groups of people globally. In addition, as of 2021, approximately 80% of refugees are people of color

(UNHCR, 2021). This is important to note, as refugee mothers not only experience the oppression of being a woman and likely a woman of color, but also the oppression of being a refugee. This intersection paves way to a unique lived experience that is important to consider.

In addition, having to engage in high amounts of emotion work can be highly stressful and depleting for women who are refugees, who are already at elevated risk for psychological distress (Deacon & Sullivan, 2009; Hynes & Cardozo, 2000; Miller et al., 2002). Refugees are at risk of facing racism and discrimination (Abebe & El-Awad, 2023; Hynie, 2018; Leanza et al., 2021), and racism and discrimination can increase levels of emotion work (Wingfield & Chavez, 2020). As such, refugee mothers, who are also women of color, are at elevated risk of experiencing elevated levels of emotion work.

Present Study

Refugee mothers often experience mental health difficulties such as depression, anxiety, trauma, and suicidality (Rahman & Hafeez, 2003; Schweitzer et al., 2018). These issues need culturally specific services because general mental health services do not consider refugee mothers' cultural and linguistic backgrounds, their need for community, their mistrust of the host country's institutions, and their difficulties navigating healthcare systems in host countries (Abi Zeid Daou, 2022; McLeish, 2005; Schweitzer et al., 2018; Tsai et al., 2017). In addition, through community-building, Syrian refugee mothers in Montréal have expressed to me their experiences regarding emotional exhaustion and their need for interventions tailored to them. Certainly, being a mother through the process of forced displacement also brings about unique adverse and intersectional experiences.

Manuscript 1

"The Challenges Syrian Refugee Families Face in Montréal", under review in Journal of Immigrant & Refugee Studies, explores the challenges in adaptation newly resettled refugee families are facing. The researcher invited both the mothers and the fathers to participate. The fathers would occasionally comment and participate in the conversation, but it was the mothers who chose to be the principal contributors. This study has been approved by McGill University Research Ethics Board (#178-0917, see Appendix A).

The refugee mothers repeatedly shared their experiences regarding their additional emotion work in the household. They also shared their desire for more resources and interventions focused on them, as well as their emotional exhaustion. The refugee mothers' experiences were the pillar to the theoretical foundation of this dissertation and determining future directions. Community-building and principles of fieldwork, such as comprehensive reflexivity processes, community immersion, long-term engagement, local knowledge and collaboration, were key (Denzin & Lincoln, 2018; Smith, 2012). The future directions would be conducting a systematic review of interventions for refugee mothers and their mental health and social support needs and exploring refugee mothers' experiences vis-a-vis their emotion work and coping.

Manuscript 2

"Refugee Mothers Mental Health and Social Support Needs: A Systematic Review of Interventions for Refugee Mothers" (Abi Zeid Daou, 2022), peer-reviewed and published in Europe's Journal of Psychology, reviews and contextualizes the risks refugee mothers face. Risk factors identified were gender-based violence, mental health challenges, and language barriers. The paper then provides a systematic review and critique of interventions conducted with

refugee mothers. Lastly, there was an exploration of the protective factors that emerged from the review.

Manuscript 3

"The Experiences of Syrian Mothers Who Are Refugees in Canada: An Exploration of Emotion Work and Coping" (Abi Zeid Daou et al., 2024), peer-reviewed and published in Women & Therapy journal, explores Syrian refugee mothers' experiences regarding their emotion work and coping. Based on the mothers' concerns, this study examines (a) mothers who are refugees' perception of additional emotion work in the family, (b) how mothers who are refugees manage their emotions and cope with elevated emotion work, and (c) understanding the numerous obstacles of being newly resettled refugee mothers. This study has been approved by McGill University Research Ethics Board (# 373-0219, see Appendix B).

Positionality

Through my research program, I kept a reflexive journal to make regular entries and have an archive of my decision-making processes. As a Lebanese woman, I share cultural and linguistic similarities with the participants, which facilitated trust and rapport. However, I remained aware of our different experiences and maintained reflexivity throughout the research process. Our shared lived experiences of growing up in the Levant and the shared situated and cultural knowledge helped provide the families a safe platform for their thoughts and feelings in the realms of qualitative research. As the mothers are Syrian and I am Lebanese, there was an immediate feeling of familiarity. Our dialects are very similar, and Lebanon and Syria are neighboring countries and share Levantine culture. The shared Levantine culture and language created a comfortable and safe environment for the research process. Their language and word usage were familiar and almost affectionate, and they sometimes compared me to family

members and asked me about my own family. They often asked about my experience living in Canada and how I stayed connected to my roots and my culture. They would talk about churches they loved in Lebanon or Lebanese television shows they follow. They expressed appreciation for connecting with me over matters that made them sentimental and reminded them of home.

I was consistently mindful of the differences between the implications of our disclosure and our positions in the realms of qualitative research. As I was aware of how they found familiarity in me, I offered to delve into certain topics off the record. In addition, they were informed that I can stop documenting at any point during the interview, and that I would erase any information they prefer not including.

To ensure additional quality and trustworthiness, I used audit trails strategies to ensure credibility and dependability of findings. For example, I documented a detailed account of how the study was conducted, by including data collection records, data analysis documentation, researcher reflexivity, peer debriefing, and procedural documentation, such as descriptions of methodological decisions and records of ethical approvals and considerations.

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CHAPTER 2

Study 1

The Challenges Syrian Refugee Families Face in Montréal

Kim Abi Zeid Daou

McGill University

Abstract

Typically, Canada accepts approximately 25,000 refugees from various nations annually. Around 40,000 Syrian refugees arrived in Canada between November 2015 and the end of January 2017. Multiple factors can negatively influence the sociocultural adaptation of Syrian refugee families in Canada, such as language barriers, limited access to health services, limited employment opportunities, and challenges in developing a social network and finding social support in the host country. Thus, this study explores the challenges in adaptation newly resettled Syrian refugee families are facing in Montréal, Québec. Through a thematic analysis, the themes "Educational challenges" in terms of communication barriers and racism, "Adult adaptation", and "Emotional exhaustion" emerged from the semi-structured interviews. Future directions would be conducting a systematic review of interventions for refugee mothers and their mental health and social support needs as well as exploring refugee mothers' experiences vis-a-vis their emotion work and coping.

Keywords: refugee families; mental health; sociocultural adaptation; emotional regulation; coping.

Wordcount: 3477

The Challenges Syrian Refugee Families Face in Montréal

Canada accepts approximately 25,000 refugees annually from various nations. However, in November 2015, the Canadian government pledged to significantly increase the number of Syrian refugees admitted, given the crisis in Syria. Between November 2015 and the end of January 2017, around 40,000 Syrian refugees arrived in Canada (Walton-Roberts et al., 2020).

The Syrian civil war, which began in March 2011, has resulted in a challenging humanitarian crisis (UNHCR, 2020). At least 4.8 million Syrian refugees have fled their country, with an estimated 6.2 million internally displaced. Approximately 13.1 million individuals require medical and health services due to the conflict, and children's education has been disrupted. An estimation of 2.7 million Syrian teenagers and 5.7 million Syrian children need access to education throughout the region (UNHCR, 2020).

Sociodemographic and Sociocultural Adaptation

Multiple factors negatively influence the sociocultural adaptation of Syrian refugee families in Canada, including limited access to health services, inadequate host-language skills, limited employment opportunities, and challenges in developing a social network in the host country (Dodd et al., 2021; Gagné et al., 2018). The refugee population in Canada experiences a higher rate of unemployment compared to other migrants and the general population, even years after their arrival. Additionally, a significant wage gap persists between refugees and the general Canadian population (Brell et al., 2020).

The Canadian school system presents specific barriers to the sociocultural adaptation of Syrian refugee families. Canadian teachers have reported that Syrian refugee children face a high level of systemic racism in adapting to the Canadian school system. Teachers who were interviewed pointed to the lack of consideration of Syrian refugee families' culture in Canadian

educational institutions (Gagné et al., 2018). The lack of cultural sensitivity available to these children and their families in the host country's institutions is detrimental to their socioemotional development and overall welfare.

Language Barriers in Education

Canadian schools prioritize host-language education (English or French) when teaching newly resettled refugee children, which is facilitated through school-based socialization (Dodd et al., 2021). However, language education programs are not as easily available and accessible to adults. While Syrian refugee parents are motivated to learn the host country language to communicate with their children's schools, they may struggle to find the time and resources to access language education (Dodd et al., 2021). Adult language education being inaccessible leads to difficulties in adapting to the host countries' culture, accessing health and social services, and accessing career opportunities. Furthermore, language barriers between Syrian refugee parents and schools prevent parents from receiving important information regarding their children's education, communicating with the teacher and the school about their children's needs, and accessing adequate educational services (Yohani et al., 2019). Syrian refugee women who are newly resettled in Québec have reported struggling with *francisation* language classes, due to time constraints and the lack of support for childcare (Dauphin et al., 2020).

Adult Refugees' Mental Health

Throughout the resettlement journey, the adult refugee population presents elevated rates of PTSD, anxiety, and depression in comparison to the general population (Preconga et al., 2020). They face high levels of psychological distress due to the challenges and stressors of resettlement, including instability in their home country, having to leave their homes, and being estranged from close ones. Additionally, post-resettlement stressors in the host country further

contribute to the perpetuation of mental health problems (Blackmore et al., 2020; Porter & Haslam, 2005) Women are at a particularly elevated risk for mental health difficulties and distress related to specific risks they face, including a heightened risk of gender-based violence and sexual violence, the pressures of child-rearing, and other gendered migration safety concerns (Blackmore et al., 2020).

Adaptation to the School System

Through the resettlement process, education may have been disrupted, provided in informal ways, or completely stopped (UNHCR, 2016). These inconsistencies in education have negative impacts on refugees' adaptation to the school system in the host country (Brown et al., 2006). This is especially important, as adapting to the new school system is critical in refugee families' coping and well-being (Kia-Keating & Ellis, 2007; Pejic et al., 2016). Indeed, inadequate integration of refugees in schools can increase social isolation and hinder their adaptation.

Certainly, various barriers impact refugee families' adaptation to the Canadian school system. First, both parents and children need to learn the local language of instruction. Often, the language learning needs of refugee children are not adequately supported, which exacerbates the cultural differences in the classroom (Gagné, 2012). Then, children need to compensate for the disruption in their education caused by resettlement. Finally, refugee families must adapt to the differences in educational styles and curricula between Syria and Canada (Block et al., 2014; Pejic et al., 2016).

Furthermore, educators are generally underprepared in adequately supporting refugee students (Alisic et al., 2012). Teachers in Canada appear to lack knowledge and training on adequate pedagogy and inclusion practices for newly arrived students (Brewer & McCabe,

2014). Additionally, studies have shown that teachers tend to be perceived as too distant and uninterested in their students' backgrounds by newly arrived families (Gagné, 2012; Maria, 1996).

Present Study

The present study explores the challenges in adaptation newly resettled refugee families are facing. The researcher invited both the mothers and fathers to participate. At times, the fathers would participate in the conversation, but the mothers chose to be the principal contributors.

Method

Participants

Participants included eight Syrian refugee mothers, each with an average of 2.5 children. Ages and specific demographic details were not disclosed to maintain anonymity due to community identification concerns. All the participants were resettled in Québec, Canada within the past two years at the time of this study.

Procedure

Arabic was the participants' first language. Semi-structured interviews were conducted in Arabic by the primary researcher, lasting between 60 to 90 minutes. The interviews took place in a private and comfortable setting to ensure participants' confidentiality and comfort. Ethical approval was obtained from the relevant institutional review board, and all participants provided informed consent. The researcher asked questions, such as, "How is your child adapting to life in Canada", "What do you think is their biggest obstacle?", "What are the main differences between

schools in Syria and schools in Canada?", "Are interactions with teachers different?", and so forth. For more information, refer to the interview protocol (Appendix C).

The interviews were manually transcribed and translated from Arabic to English by the main researcher and another translator, both native speakers of the target language. The main researcher and co-investigator then conducted a thematic analysis using Braun and Clarke's (2006) six-step inductive process. This included (a) familiarization with the data through repeated readings of the transcripts, (b) generating initial codes by systematically coding interesting features of the data, (c) searching for themes by collating codes into potential themes, (d) reviewing themes to check if they work in relation to the coded extracts and the entire data set, (e) defining and naming themes to refine the specifics of each theme, and (f) producing the report to present a coherent, logical account of the data (Braun & Clarke, 2006).

Inter-rater reliability was assessed through percentage agreement, calculated to be 85%, indicating strong consistency in identifying and categorizing themes. Coding disagreements were resolved through discussion and consensus. The fifth step involved revisiting the codes and themes to check for the presence of sub-themes. The final step of the thematic analysis was the production of a report presenting the themes in a clear and concise manner (Braun & Clarke, 2006). The process of writing up the analysis involved developing a consistent and clear narrative that contextualized the patterns and themes identified in the data, and the research questions. In this step, the researcher also uses scientific literature and theoretical frameworks to interpret the results, substantiate the findings, and contextualize them (Guest et al., 2012)

Assumptions were data-driven, as an inductive approach was used (Boyatziz, 1998). Thematic analysis was adopted for this data because it allows exploration and interpretation without ascribing to a specific theory. Selecting an atheoretical approach grants the researcher

more freedom in interpretation (Sparkes & Smith, 2014). The themes were presented clearly in a report that was produced from the thematic analysis (Braun & Clarke, 2006).

Reflexivity

Throughout the research project, the researcher maintained a reflexive journal to document her thoughts, decisions, and the rationale behind them. This practice helped ensure transparency and self-awareness of potential biases. For example, the researcher noted her cultural similarities with the participants and reflected on how this might influence the data collection and interpretation. These reflections were discussed with the co-investigator to mitigate any potential biases. The researcher built trust with the community and her shared culture and native tongue with the community was meaningful. Indeed, the researcher and the participants had the shared lived experiences of growing up in the Levant and shared situated knowledge. The Levant refers to a geographical, cultural, and historical region in the eastern Mediterranean. The researcher remained consistently aware of the difference between their positions and the implications of the disclosure. As such, the researcher consistently underlined that fact. The researcher offered to discuss certain issues off the record because of her respect for the participants' privacy and her awareness of how they found familiarity in her. The researcher continually reminded them that she can stop documenting at any time and erase any information they want.

Results

The themes "Educational challenges" in terms of communication barriers and racism, "Adult adaptation", and "Emotion exhaustion" emerged from the semi-structured interviews through a thematic analysis of the transcriptions. Thematic analysis is a method of data analysis that involves looking for patterns and themes across the data, using a specific set of steps to

ensure scientific rigor (Braun & Clarke, 2006; Guest et al.,2012). This involved rigorous immersion in and familiarization with the data, generating initial codes for important and meaningful ideas, identifying themes, reviewing and refining themes, and defining and naming themes (Braun & Clarke, 2006; Guest et al.,2012). Each theme accompanied with its link to the literature will be described below. Direct quotations from the journals will be provided for the reader to illustrate the theme.

Educational Challenges

Language Barriers

The participants expressed how their involvement in their children's education was challenging due to the language barrier. One participant revealed, […] *I am scared because it's hard for me to help them because I want them to handle their own work and go along well with the classes… but this is a fear of mine. My son is going to secondary 2… I mean how am I supposed to help him if he does not understand something? Who is supposed to help him? Who can I call to help him? I barely understand the language to begin with.*

> Another participant shared the communication barrier regarding her child's schooling: *The year before, when I used to write notes to the teacher (in Arabic) she would get back to me and telling me in English to write in English not in Arabic, but I used to ask her if she could get someone to translate for her because it is important for me for my daughter… she didn't really cooperate with me to be honest… despite the fact that the previous teacher accepted because there was Arabic-speaking teachers in the staff.*

Furthermore, a third participant disclosed:

My daughter and I keep fighting. She keeps telling me she does not have homework. I do not know if it is different than back home, and they have less homework. Or, if she is being lazy. There is no one I can ask. It causes a lot of conflict.

Racism

The participants expressed how racism was a barrier they did not expect, one participant said:

[…] *My daughter was saying, mama, in my class there are girls who hang out and love each other even though they are from different backgrounds… but in the other class though, they are separated... for example, the Arabs are on one side and the other nationalities on their own, you know?*

Another participant shared the unexpected racism:

Over here there is discrimination and I found it here... there are times when there are people who pretend not to be prejudiced but they are… this is something that exists here and even with adults we see it, not only my children's classmates… this is something I did not expect from Canada… Canada, in my opinion, once you view Canada you think that there will be loads of respect… It is advertised like that, but once you experience it you notice that racism exists… this is something I did not expect…

Furthermore, a third participant disclosed:

To be honest, last year she had a teacher that really tired us out… I mean, she would not talk to us normally, and I do not know maybe she was a racist or something, I do not know.

A fourth participant revealed:

She used to come home crying because she does not know French and she does not know what her friends are saying, she did not know when she should eat because they tell them in French when they should eat, and every time she speaks Arabic in class they yell at her and all that.

Adults' Adaptation

The participants expressed how refugee adults are struggling much more than children, one participant said,

[…] *the children do not really have to adapt… in general, wherever you put them, they adapt… they do not have a past to remember or to try and start over… but the mothers, the problems is with the mothers, the mothers, to start with, they entered school in their own countries, they studied and got their degrees, they built all the foundations of their homes and at work too… they did a lot of things in their country… so when they move to a new country, all of this past has been erased and they start from zero… and in their age, they don't have the ability to go back to… I mean, young people always have this motivation to do things, but when these mothers come here, they are no longer young and so to start from the beginning and build foundations from the very start and start from zero…*

Another participant disclosed:

For him (my son), adapting is really easy… he adapts in every aspect… if he is with children, he acts like a child, and if he is with adults, he adapts to them too… for example we put him in a school and he adapted… he is in Canada, he adapted. But us… it is so much harder for (me) to adapt to this new environment.

Moreover, a third participant shared:

At first my children struggled, but now everything is fine, and they are really happy, and they adapted completely with everyone, and they have friends and she even started wanting to go out. It really is not the same for us, we have a past, and we are more attached to our community.

Emotional Exhaustion

The participants expressed how the labour of being a mother has intensified through the re-settlement process. One participant shared,

[…] *Motherhood is beautiful, but motherhood can be exhausting…and showcasing bravery to our children, showing them we are not scared so they do not feel scared… giving them endless affection because everything is different… it takes a toll on you… my emotions are used up...I am exhausted.*

Another participant shared how emotionally exhausted she has been since resettlement:

Coping is hard to begin with… but to have to take care of your children's coping…I feel emotionally exhausted… so tired… I always took care of my children, of-course, but that has compounded since we settled in Montréal… it's different… it's more needs to meet.

Moreover, a third participant shared:

I used to work in Syria, and then get home and take care of my children. Somehow, I am more tired now. I do not work right now, but at home, I feel like I am constantly working… I do not know how to explain… working to not break down in tears in front of my children, working on making my children not feel the new void we have in our life.

Discussion

Educational Challenges

Language Barriers and Racism

Qualitative analyses revealed that maneuvering educational challenges, especially in the context of language barriers and racism, is challenging. Within the educational system, refugees face multiple obstacles. This is consistent with the literature. Most refugee children in host nations suffer difficulties with their academics, psychosocial well-being, and economic security (Roxas, 2011; Turrini et al., 2017; Skleparis, 2018). Low financial resources, separation from families, limited language skills, segregation, cultural dissonance, stress, and various expectations between families and school administration are some of the issues of concern (Taylor & Sidhu, 2012). Due to them being adults, Arabic illiteracy, and the state of the current English as a Second Language (ESL) programmes in Canada, adult Syrian refugees struggle to learn the language, which increases problems and challenges in their daily life (Aldiabat et al., 2021).

In addition, refugee families face racism and microaggressions. Indeed, it appears that teachers in Canada lack training and knowledge regarding inclusion practices for students who are newly arrived, and they tend to be perceived as distant or uninterested in students' backgrounds (Brewer & McCabe, 2014; Gagné, 2012; Yau, 1996). The difficulties and problems children face adjusting to their new school after resettlement influences their general well-being (Bačáková, 2011; Roxas, 2011). These difficulties and problems can also create barriers against forming intergroup contact, which is unfortunate because intergroup contact is predictive of increased well-being for refugees over time (Blake et al. 2017; Brown et al, 2019; Phillimore 2010)

Adults' Adaptation

The qualitative analyses revealed the theme of "adult adaptation". The mothers expressed how adult adaptation, specifically mothers', is harder than children's adaptation. This is consistent with literature that portrays that children are generally more adaptive than adults (Schweitzer et al., 2006). Indeed, studies propose that adult refugees have a more difficult time adapting than children and youth (Montgomery, 2010; Schweitzer et al., 2006).

Emotional Exhaustion

The refugee mothers disclosed experiencing what they report to be an "emotional exhaustion" vis-à-vis emotion work at home. It is important to note that the perceived emotional exhaustion is happening in a specific context. A considerable amount of data indicates that prenatal mental health issues have negative and potentially life-long effects on the health and well-being of mothers and their developing infants (Edge, 2010). Indeed, being a mother brings about an array of challenges, difficulties, and risk factors. In the general population, being a mother puts one at risk. Firstly, pregnancy and childbirth are important life events, which significantly negatively affect psychological and emotional functioning in the general population (Bergant et al., 1998). Secondly, there are more psychiatric admissions for women during this period than in any other period of a woman's life (Munk-Olsen et al., 2006). Concurrently, postpartum depression is the most common health complication of childbirth, with a mean prevalence of 13% in the general population and is predictive of the development of other subsequent severe mood disorders (Cox et al., 2014; O'Hara & Swain, 1996). As such, it is important to consider the emotional exhaustion and challenges brought by being a mother and being a refugee. The responsibility of being a mother as a refugee and having to take care of a child represents a risk factor for refugee mothers and contributes to the developing of mental

health problems such as anxiety and somatic symptoms (Schweitzer et al., 2018). In addition, refugee mothers are facing the challenges of motherhood all the while adapting to a new country and losing their support network and community.

Conclusion and Future Directions

The present study explores the challenges in adaptation newly resettled refugee families are facing. The mothers made the decision to be the principal contributors. The themes "educational challenges" in terms of communication barriers and racism, "adults' adaptation", and "emotional exhaustion" emerged from the semi-structured interviews. The mothers continually shared their experiences with the researcher regarding additional emotion work within the family, especially post-migration. They explained that while most available resources and services focus on the needs of refugee children, refugee adults experience more difficult obstacles in their adaptation in Canada. The experiences of refugee mothers are unique, as both being a refugee and a mother bring about specific risk factors and challenges. Future directions would be conducting a systematic review of interventions for refugee mothers and their mental health and social support needs and exploring refugee mothers' experiences regarding their emotion work and coping.

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Refugee Mothers' Need for Contextualized Resources

Manuscript 1, "The Challenges Syrian Refugee Families Face in Montréal", explored the adaptation challenges newly resettled refugee families, primarily refugee mothers, are facing in Montréal, Québec. The themes "educational challenges" in terms of communication barriers and racism, "adult adaptation", and "emotional exhaustion" emerged from the semi-structured interviews through thematic analyses. Through the community-building process and building rapport process, the refugee mothers disclosed to me their emotional exhaustion and how they wished more resources were tailored specifically for them.

Refugee mothers often experience mental health difficulties such as depression, anxiety, trauma, and suicidality (Rahman & Hafeez, 2003; Schweitzer et al., 2018). These issues need culturally specific services because general mental health services do not sufficiently consider refugee mothers' cultural and linguistic backgrounds, their need for community, their mistrust of the host country's institutions, and their difficulties navigating healthcare systems in host countries (McLeish, 2005; Schweitzer et al., 2018; Tsai et al., 2017). As such, Manuscript 2, "Refugee Mothers Mental Health and Social Support Needs: A Systematic Review of Interventions for Refugee Mothers", offers a review of the specific risks refugee mothers face and provides a critical review of mental health interventions conducted with refugee mothers.

CHAPTER 3

Study 2

Refugee Mothers Mental Health and Social Support Needs:

A Systematic Review of Interventions for Refugee Mothers

Kim Abi Zeid Daou

McGill University

Abi Zeid Daou, K. R. (2022). Refugee Mothers Mental Health and Social Support Needs: A Systematic Review of Interventions for Refugee Mothers. *Europe's Journal of Psychology*, *18*(3), 337-349. https://doi.org/10.5964/ejop.4665

Abstract

Refugee mothers endure and are at risk for depression, post-traumatic stress, suicidality, and anxiety. There is a gap in the literature regarding interventions for refugee mothers' mental health and well-being. Interventions involving refugee mothers rarely provide adequate support for refugee mothers' specific mental health needs and challenges. This paper presents empirical evidence to contextualize the risks refugee mothers face, such as gender-based violence, mental health challenges, and language barriers. Then, the paper provides a critical systematic review of interventions conducted with refugee mothers. The critical systematic review suggests that creating and providing a safe space, being a linguistic liaison, community-building, and advocating for refugee mothers' needs are emergent protective factors for refugee mothers. Finally, based on the review, recommendations for future interventions followed.

Keywords: refugee women, at-risk populations, mental health, humanitarian crisis, motherhood, community interventions

Refugee Mothers Mental Health and Social Support Needs:

A Systematic Review of Interventions for Refugee Mothers

Although there is evidence that refugee mothers experience mental health issues, there is a gap in the literature on interventions supporting mental health and adjustment for refugee mothers. Indeed, refugee mothers experience depression, anxiety, post-traumatic stress, and suicidality (Rahman & Hafeez, 2003; Schweitzer et al., 2018). Intervention programs and services for refugee populations seldom provide adequate support to the mental health needs and challenges of refugee mothers (Dybdahl, 2001; Jesuthasan et al., 2019; Milkie et al., 2020). However, the United Nations High Commissioner for Refugees (UNHCR) identifies the urgent need for contextualized support for refugee mothers (UNHCR, 2014a). Thus, this paper will begin by presenting a review of studies that have explored the mental health issues, experiences, or risks refugee mothers face. This will be followed by a critical systematic review of interventions conducted with refugee mothers to determine the match and/or discrepancy between needs and interventions. Finally, based on this review, recommendations for future interventions will follow.

Vulnerabilities of Refugee Women and Mothers

Gender-Based Violence

Refugees are exposed to difficult and traumatizing experiences, which affect their psychological and emotional well-being, making them vulnerable to mental health problems and emotional distress (Agic et al., 2006; Crowley, 2009). Moreover, the UNHCR states that refugee women and girls are extremely vulnerable (UNHCR et al., 2016). The experiences of refugee women and girls throughout the resettlement process are different from men's experiences since many of them are subjected to gender-based violence and persecution (Pittaway & Bartolomei,

2001; Pulvirenti & Mason, 2011; UNHCR et al., 2016). Women and girls who are normally protected because of their gender now lack that protection and are at risk for gender-specific human rights violations (UNHCR, 2014b; UNHCR et al., 2016). Refugee women and girls are especially vulnerable to sexual gender-based violence in refugee camps, where they are often required to walk long distances to get important resources such as firewood. Moreover, they are still at dramatically elevated risk for gender-based violence through migration routes in Europe and even after resettlement (Robbers et al., 2016). The lifetime prevalence of sexual violence against girls and women over 15 in the general population was 11%, while it reached 69.3% of migrants and refugees (Keynaert et al., 2012). Additionally, gender-based and sexual violence has long-term impacts on refugee women and girls' mental health and well-being including post-traumatic stress disorder (PTSD), depression, anxiety, and suicidality (Robbers et al., 2016).

Gender-specific human rights violations have harmful impacts on refugee women's physical and psychological states, which are further exacerbated by the challenges of resettlement (Deacon & Sullivan, 2009; Hyunes & Cardozo, 2000; Miller et al., 2002).

Mental Health Challenges

Refugee women have been found to have especially high rates of psychiatric symptoms. Indeed, the traumatic experiences and post-migration challenges refugee women endure have the potential to reinforce increased vulnerability to psychiatric symptoms and distress including symptoms of trauma, anxiety, depression, somatization, and PTSD (Schweitzer et al., 2018). Given the higher risk of experiencing mental health issues as a refugee during childbearing age (Korukcu et al., 2018), refugee mothers are especially vulnerable to developing mental health issues due to their rapidly changing living situation and circumstances (Degni et al., 2014). For instance, refugee mothers in camps face a high risk of developing a mental disorder, such as

depression, and to experience suicidal ideation. Indeed, 36% of the mothers in camps, were diagnosed with a mental disorder, 91% percent of which reported having had suicidal thoughts in the past month **(**Rahman & Hafeez, 2003).

Furthermore, Schweitzer and colleagues (2018) found that the responsibilities of caring for a child as a refugee represent a risk factor for refugee mothers experiencing higher levels of trauma symptoms and contribute to the development of psychiatric problems such as anxiety and somatic symptoms (Schweitzer et al., 2018). Newly resettled mothers are less likely to seek out professional services due to various barriers including stigma, language, poor knowledge of community services, and prioritizing their children's needs to the detriment of their own well-being (Nicholson et al., 1998); refugee mothers' focus on supporting their children and coping with these barriers leave them at an elevated risk for mental health problems (Betancourt et al., 2014). Thus, refugee mothers face a unique set of challenges that require contextualized evidence-based interventions.

Language Barriers

Moreover, the language barrier through the resettlement process is an impediment to refugee women's access to services which in turn can negatively affect their psychological well-being (Hou & Beiser, 2006). This barrier is especially salient in the post-resettlement context where refugee women seldom have enough time and resources to address their educational needs and learn the language of the host country (Watkins et al., 2012).

Furthermore, the language barrier disproportionately affects women, as immigrant men have been shown to achieve better proficiency of the host country's language than women due to inequalities in social and educational opportunities (Hou & Beiser, 2006). A Canadian study found that refugee women's English fluency was longitudinally associated with higher rates of

employment and lower rates of depression (Beisner, 2009). In a study conducted in Germany, difficulties related to the language barrier were found to be a widespread concern for Syrian refugees which impeded their integration, their ability to socialize, and their access to proper healthcare (Green, 2017). Similarly, an Australian study found that having limited English proficiency increased refugee mothers' risk for marginalization, isolation, and family dysfunction, while a stronger proficiency made them more comfortable accessing mainstream services (Riggs et al., 2012). Therefore, it is critical that language education services consider the needs of refugee mothers to support their host-country language fluency.

The mental health difficulties of refugee mothers such as depression, anxiety, trauma, suicidality (Rahman & Hafeez, 2003; Schweitzer et al., 2018), require person-centered and contextualized services because more general mental health services do not simultaneously address their cultural and linguistic backgrounds, their need for community, their mistrust and difficulties navigating healthcare systems in host countries, and the unique adverse experiences brought about by being a mother through the process of forced displacement (McLeish, 2005; Schweitzer et al., 2018; Tsai et al., 2017). Thus, the present paper will consist of a systematic review of interventions for refugee mothers while using specific inclusion and exclusion criteria, identify gaps in the literature, and provide research contributions and practical implications and recommendations for future evidence-based interventions and research.

Methods

Search Strategy

An electronic search was performed on PsycINFO (the year of 1806 to March 16th, 2020), MEDLINE (the year of 1946 to March 16th, 2020), and Web of Science Core Collection

(accessed March 16th, 2020). The search was limited to articles in the English language. The time periods were selected to encompass the year the database was founded to the present date. The following search was performed on all three databases: refugee* AND mother* AND interven*. The asterisk was used to truncate search words and include articles that use similar words such as *mothers* or *motherhood, refugees,* and *intervention* or *intervening.* A second researcher simultaneously conducted the search. The screening process, choice of articles, inclusion and exclusion criteria involved both researchers to ensure inter-rater reliability. Studies were included based on the following inclusion and exclusion criteria: (a) presents an original intervention, (b) focuses on refugee populations, (c) includes or targets mothers, (d) differentiates between data gathered with mother and father refugees, and (e) is not solely medical in scope.

Results

The study selection process comprised three databases and incorporated specific inclusion and exclusion criteria. This search resulted in 132 studies. 112 studies were excluded because they did not present an original intervention, with many being qualitative in-depth interviews, research on refugee mothers' reproductive health, vaccine research, and post-partum depression data research. Two studies were excluded because they did not focus on refugee populations, nine were excluded because they did not target or include refugee mothers, five were excluded because they did not differentiate between the needs of refugee mothers and fathers, and one study was excluded because its scope was solely medical. Three studies were included from this search, and three additional studies were found through a subsequent snowball search, which entails consulting the bibliography for relevant papers. Six relevant studies that involved a total of approximately 350 participants were included in the review.

Interventions for refugee mothers

Children and Mothers in War: An Outcome Study of a Psychosocial Intervention Program

The aim of the psychosocial mother-child intervention was mainly to improve child development and well-being through better mother and child interactions, support, and education (Dybdahl, 2001). The participants were 87 Bosnian-displaced mother-child dyads. They were divided into an intervention group (psychological intervention and medical care) and a non-intervention group (medical care only). The intervention was based on therapeutic discussion groups for traumatized women in the context of war and the International Child Development Program. The group discussions also involved topics related to mothers' mental health such as symptoms of PTSD, traumatic experiences, exposure to violence, and other adverse experiences lived in refugee camps.

Before the start of the intervention, both the mothers and children's psychological, cognitive, and physical health were monitored. The study was culturally specific, and Bosnian mental health specialists reassessed and reviewed the instruments used in the study and intervention for cultural specificity and appropriateness.

Mothers' trauma and wellbeing were measured using the Impact of Event Scale (IES) and the mothers' interviews pre-intervention and post-intervention provided demographics, perceived social support, and living conditions information. Mothers who were in the intervention group perceived more social support after the intervention and felt they had people to go to for support and advice. Indeed, there was a significant increase in perceived social support between pre-test and post-test in the intervention group, while there was a slight decrease in the non-intervention group (Dybdahl, 2001).

There was a non-significant increase in total social support scores (pretest X = 4.4) smaller than post-test (X = 5.0), p > .05). There was a significant increase in social support for "advice" scores (pretest (X = 4.7) smaller than post-test (X = 5.4), p < .05). There was a non-significant increase in mother's well-being for "today" (pretest (X = 4.1) smaller than post-test (X = 4.4), p > .05), and there was a significant increase in mother's well-being for "usually" (pretest (X = 3.5) smaller than post-test (X = 4.6), p < .05)". There was a non-significant decrease in mother's well-being for "prefer" (pretest (X = 6.2) bigger than post-test (X = 5.8), p > .05).There was a significant decrease (Pretest (X = 71.2) bigger than post-test (X= 56.1), p < .05) in total IES scores and on the hyperarousal symptoms (Pretest (X = 22.7) bigger than post-test (X= 16.7), p < .05) subscale for mothers in the intervention group, which was significantly larger than the decrease observed in the control group. However, there was no significant difference between the decrease observed in the intervention group and the non-intervention group on the avoidance and intrusion symptoms subscales.

Dybdahl (2001)'s study is a good example of an intervention program that addressed the needs and prognosis of refugee mothers. However, the data gathered focuses heavily on the children and provides limited insight into the impact of the intervention on mothers. While mothers' mental health problems are considered in the conception of the intervention, it is unclear whether it is efficient in promoting their well-being. Mothers' wellbeing was only lightly discussed in relation to children's wellbeing (Dybdahl, 2001). Though the study demonstrated a decrease in mothers' IES scores, those outcomes were not discussed sufficiently. Indeed, the researcher acknowledged that discussing mothers' mental health in detail goes beyond the scope of the paper, but that the IES measures revealed a high level of distress both before and following the intervention, and that the IES scores were related to trauma exposure. It is

worthwhile to highlight that the study aimed to be culturally specific and consulted numerous Bosnian mental health workers as it has been shown that culturally specific approaches are beneficial for refugee populations (Tsai et al., 2017; Williams & Thompson, 2011)

Collaborative health education for Somali Bantu refugee women in Kansas City

The goal of this study was improving the health literacy of Somali Bantu refugee mothers. Eleven Somali Bantu Refugee mothers resettled in Kansas City were recruited through a resettlement agency to participate in a health education program held weekly over 12 months consisting of a total of 42 90-minute sessions (Mulcahy et al., 2019). Rooted in community-based collaborative action research (CBCAR), the small-group sessions considered the needs and interests of mothers, and consequently included various topics such as family health, nutrition, sexuality, prenatal health, child safety, and mental health. To gain an understanding of the health narratives of refugee mothers through the resettlement process, each mother also participated in an individual interview. Additionally, they completed questionnaires pertaining to their health behaviors, the content of the testing sessions and whether they recalled the information presented.

Nutrition was the most requested and discussed topic. Pearson coefficient analyses revealed a positive correlation between the number of times a topic was presented and the number of women who retained the topic ($r = 0.852$, $p < 0.01$). Nutrition was the topic with the highest retention, as it was the topic that was presented the highest number of times. The women were interested in discussing nutrition in relation to their own health and that of their child, and nutrition in relation to prenatal health. PTSD symptoms were discussed in terms of the women's exposure to potentially traumatizing experiences, hardship, and violence, but were not endorsed

by participants during individual interviews. Finally, the women expressed being generally satisfied with their health-care access, interactions with doctors, and access to interpreters.

Mulcahy and colleagues (2019) conducted the study to improve the health literacy of Somali Bantu refugee mothers. However, the mothers were asked about PTSD symptoms as "feeling sad" by culturally representative professionals with experience working with refugees. Moreover, recommendations in the literature highlight the importance of providing refugees with opportunities to cope with distress and negative affect without forcing them to relive their traumatic experiences (Colborne, 2015; Hansen & Houston, 2016). In addition, women did not endorse PTSD symptoms when individually interviewed, and the results of the study do not provide information regarding their mental health through the course of the intervention. No other symptoms of mental illness or psychological distress were discussed.

Furthermore, despite holding a full session on the topic of mental health, the impact of the session on participants was not discussed in the paper. Despite claiming that some sessions focused on mental health, mental health was not discussed in the article beyond symptoms of PTSD. Additionally, it is stated that retention of the material on mental health was *null*, and that they found an "inconsistency between personal narrative and recognition of symptoms" (Mulcahy et al., 2019, p. 5). Unfortunately, mental health remains one of the biggest outcomes of concern for refugee mothers and this study did not properly assess nor intervene on refugee mothers' mental health symptoms.

A Home-Based Intervention for Immigrant and Refugee Trauma Survivors

Visiting Moms is a program for high-risk refugee and immigrant mothers and their infants based at the Massachusetts General Hospital Chelsea Health Care Centre (Paris & Bronson, 2006). The intervention program focused on the needs of both mothers and infants and

their functioning as a dyad and adopted a community-based approach in which paraprofessionals (obstetricians, midwives, pediatricians, and psychotherapists) provided at-home visits to participating new mothers. To be eligible, due to limited resources, immigrant and refugee mothers underwent a screening process to establish existing risk factors including severe depression, isolation, trauma, risk of child abuse, health needs, and safety of the family environment. 105 mothers participated in the study. The intervention comprised multiple aspects such as education on child development, family advocacy, and social support.

In its conception, the intervention program was claimed to be highly individualized, provided holistic support for mother-child dyads, and was rooted in evidence-based practice as well as local realities. However, no details were provided in the article to supplement those claims.

Parent-child interactions, and additional stressors, such as poverty and language barriers, were assessed and taken into consideration. The home visitors intervened by using relationship-based model (Lieberman, 2004). The first step of the intervention was for the home visitor to listen to the mother, which made home visitors realize that the families needed basic supplies. The paper does not specify how information was elicited from mothers. The second step was developing a working alliance. The alliance was developed as the mother and the home visitor got to know each other every visit. The home visitor engaged in modelling and self-disclosure as communicational tools to develop an alliance, to teach the mother certain practices and to make the mothers more comfortable opening to the home visitor about their troubles. The last step was expanding the relationship to community supports, such as giving the mothers access to English classes, or helping them get a library card. No data was collected to assess outcome measures, as the paper consists of a description of the program.

One positive facet of the intervention was advocacy: the home visitors advocated for the mothers and connected them to resources and to the community. The home visitors developed a working alliance with the mothers by supporting their autonomy and fostering their competence. Autonomy was fostered by the home visitor teaching the mother skills that could be useful in the host country. This is important to highlight, as the literature review previously mentioned that newly resettled refugee mothers are less likely to seek professional services because of various challenges, such as stigma and poor knowledge of community services (Nicholson et al., 1998).

Thus, the Visiting Moms intervention attempted to tackle important issues refugee mothers face, such as loneliness and lack of knowledge and access to resources. However, the outcomes of Visiting Moms were not formally studied. Therefore, there is no empirical evidence of the efficacy of the program and its impact on participating refugee mothers. Finally, the paper implied different cultural practices may be dangerous for the children, and that they taught mothers to practice those safely. However, the paper did not present an empirical method to define what is safe and unsafe for children and operated under the assumption that western child rearing practices are superior to other cultures.

The Moving Forward Project: Working with Refugee Children, Youth, and their Families

The Moving Forward Project was an intervention program for refugee families based in Saskatchewan, Canada (White et al., 2009). The objective of the intervention was to provide knowledge and skills to refugee parents and youth to support them in efficiently addressing issues pertaining to trauma in the context of resettlement. The second goal was to bring awareness and knowledge of the resources and programs available to refugees and immigrants. The third goal was to improve service providers' capacities, so they can respond better to refugee families' needs. The goals were to be achieved through education, group discussions, resource

development and dissemination. The first intake group included seven to ten families from Sudan and Afghanistan, and the second intake session included eighteen families from Colombia, Afghanistan, Sudan, Burma, Rwanda, Congo, Egypt, Mongolia, Bosnia, and Burundi. There were six-week sessions held with the participants.

The intervention's group sessions focused on topics such as the impact of trauma on the family, positive coping skills, and problem-solving skills. It should be noted that the authors did not disclose their data collection process or method. Nevertheless, the study highlighted the importance of relationship-building and support between women. They stated that according to theories on group principles, participants would learn they are not alone in their experiences, and they could consequently learn from each other and support each other. They found that the language barriers limited the efficacy of the intervention, and that the mothers preferred to talk about sociocultural integration and making Canadian friends instead of talking about past experiences.

Finally, they found that the session ended up being Gatherings, a construction of a safe space for sharing, and that making the groups open to newcomers contributed in the construction of a safe space where mothers cried, talked, bonded and laughed together.A safe space in this context refers to any physical space where refugees can feel physically and emotionally safe to express themselves and build social networks (UNHCR, 2014b).

A problematic aspect of the study was how the researchers stated that the language barrier and the refugees' tendency to speak to each other in their mother tongue was a difficulty during the sessions. As the literature has shown, refugees have language difficulties when they arrive to their host country (Green, 2017; Watkins et al., 2012). Conducting an intervention with refugees in the host country's language, in a language they either do not know or are learning, is a

methodological problem. The authors sought to teach the refugee mothers skills (e.g., problem-solving and coping skills to deal with trauma) but claim the refugee mothers discussed their future in Canada instead. However, it is possible that the inability to communicate comfortably in their mother tongue contributed to a general discomfort resulting in hesitancy to share more personal information, although this would need to be evaluated. Certainly, evidence stresses the importance of using a professional interpreter with refugees when professionals do not speak the language, as the language barrier is a major challenge in providing accurate and adequate healthcare (Kavukcu & Altıntaş, 2019; Williams & Thompson, 2011). Finally, though the intervention claimed to delve into trauma, the researchers failed to consider the more specific mental health challenges of refugee mothers and their willingness and psychological readiness to discuss those issues in a language they are not comfortable in.

Sweet Mother: Evaluation of a Pilot Mental Health Service for Asylum-Seeking Mothers and Babies

O'Shaughnessy and colleagues (2012) evaluated a novel pilot intervention for refugee mothers and their infants called Sweet Mother. The objective of Sweet Mother was to promote participants' mental health who have been exposed to adverse circumstances through the resettlement process during the perinatal period. A total of 13 mother-child dyads participated in the study. However, only seven dyads attended many or all the 21 group sessions, while six dyads only attended between one and four sessions. The intervention was rooted in attachment theory and focuses on building on the mothers' strengths to foster the development of a positive mother-child relationship. Moreover, it adopted a community-building approach to mitigate the negative impact of being separated from their home communities and adopted a participatory approach where children's needs helped shape the group sessions.

The intervention consisted of therapeutic infant-mother group sessions led by specialists. Mothers also participated in individual interviews, in reflective group discussions, and completed questionnaires pertaining to their relationship with their babies at each session. Thematic analysis of the reflective exercises revealed the mothers had an overall positive experience with the intervention. They expressed appreciating a new sense of *togetherness*, highlighted the importance of their babies socializing with other babies, expressed feeling safe in this group, learned about motherhood and parenting, and valued discussing and strengthening their relationship with their babies. Finally, the CARE-Index, an observation measure for adult-child dyads, revealed that two participants improved the quality of their mother-infant interactions from "seriously compromised" to "of concern", while two mothers remained at the upper limit of "of concern" and one mother's scores increased within the "good enough" range (O'Shaughnessy et al., 2012).

The results of the Sweet Mother intervention provided an encouraging insight into an intervention model for at-risk refugee mothers with young children. However, as this was pilot study, the scope of the results was limited. Only five mothers were evaluated using the CARE-Index, limiting our understanding of the impact of the intervention on mother-child dyads. Additionally, one of the main objectives of the study was to "support maternal mental health by reducing isolation and increasing access to community resources" (O'Shaughnessy et al., 2012, p. 217). Yet, no screening for exposure to traumatic experiences or psychiatric symptoms were performed. Likewise, no identified outcomes were examined vis-a-vis the mothers' psychological well-being. The methodology of the study lacked a direct measure of participating mothers' mental health and general well-being and thus did not properly align with its outlined objectives. Nonetheless, the results of this pilot study and the positive response from participants

provide important information on the needs of refugee mothers and the feasibility of such interventions.

I Think Someone is Walking with Me: The Use of Mobile Phone for Social Capital Development among Women in Four Refugee Communities

The goal of the intervention was the development of social capital by providing refugee mothers and women a phone. The main component of the intervention was examining the effects of acquiring and utilizing social capita. The intervention encompassed face-to-face peer support training sessions and mobile phones for the timespan of one year. 111 Afghan, Burmese, and Sudanese refugee women and mothers residing in Melbourne participated in the study, and a subset of 29 refugees was interviewed after the one-year period. The phone number provided had many call categories, such as *Translating and Interpreting Service (TIS)*, *participants from the same community,* and *the training facilitator researchers* (Koh et al., 2018). Because many refugees struggle with the host language, groups were divided to share a same-language proficiency for oral communication and by culture of origin. The first six weeks, weekly training sessions were conducted, and the consequent five weeks, five bi-monthly training sessions were conducted. The goal of the training sessions was to improve communication skills with community interpreters.

The study used mixed methods and interviewed a subset of the refugees regarding their perception of the intervention. Intra-community calls were calls made to people who belong to the same community, extra-community calls were calls made to people who do not belong to the same community but live in Australia, and overseas calls were calls made to people in other countries. Analysis of how the phone was used portrayed that intra-community calls represented social capital bonding. Indeed, in each community, the category of the intra-community had a

higher number of calls and call durations, compared to the other call categories. The thematic analysis of the interviews found that the perceived effects of the phone was social capital on an extra-community level; the intervention was shown to be beneficial in increasing refugees' interactions with the Australian wider society. According to the refugees, skills taught in the intervention, such as confidence and communications skills, facilitated their interactions with the general host country society (Koh et al., 2018).

A notable effect of the intervention was the strengthening of the community relationships of the mothers. Refugee mothers helped each other through childcare services and driving each other when needed. Furthermore, those with better English language skills would help the ones struggling with the language. The phone improved their social network, which became a source for emotional support and information access. The training sessions happened with community interpreters, and groups were divided as a function of shared mother tongue. This is beneficial as language is an important barrier for refugees (Green, 2017; Watkins et al., 2012). The study being conducted in the refugees' mother tongue, and community interpreters being present increases the validity of the findings. Secondly, the intervention focused on community-building, which seems to be a protective factor in the interventions reviewed thus far. Finally, the intervention created a network where the refugees helped and supported each other and were each other's language liaison. The creation of a bond of trust when it comes to information access is important. For example, Persian and Syrian refugees in Germany trust information provided by people in their own social network, who have successfully resettled, more than any other source of information (Borkert et al., 2018).

Discussion

Refugees are at an elevated risk of developing mental illness due to the adverse experiences and instability brought about by the resettlement process (Agic et al., 2006; Crowley, 2009). Moreover, refugee women, and especially refugee mothers, find themselves at a greater risk than their male counterparts to develop psychiatric symptoms and mental health problems (e.g., Rahman & Hafeez, 2003; Schweitzer et al., 2018; UNHCR et al., 2016). Thus, the current review sought to evaluate existing interventions aimed at supporting the specific needs and well-being of refugee mothers. Despite considerable evidence in the literature demonstrating the need for such interventions, only a limited number of interventions were found.

Many interventions involving refugee mothers focus on children and youth or on the family unit, seldom assess and address the mothers' needs appropriately, and include little consideration for the mother's psychological needs and well-being.

The present review suggests that across different populations and methodologies a pattern emerged whereby contact with others with similar experience and culture was essential (Koh et al., 2018; O'Shaughnessy et al., 2012; White et al., 2009). The Moving Forward Project**,** Sweet Mother and The Use of Mobile Phone for Social Capital Development interventions portray that community-building and safe community spaces are protective factors for refugee mothers (Koh et al., 2018; O'Shaughnessy et al., 2012; White et al., 2009). The Moving Forward Project sessions provided the mothers with a safe space and what was described as a Gathering (White et al., 2009), to connect with fellow refugees and simply talk, laugh, and bond. Similarly, the mothers experienced a new sense of *togetherness* in The Sweet Mothers intervention (O'Shaughnessy et al., 2012). Furthermore, refugee mothers felt that The Use of Mobile Phone

for Social Capital Development intervention enhanced their relationship with their fellow community members, which provided them a space for emotional support and information access, and a network for exchanged childcare help, and consequently made their life "easier and better" (Koh et al., 2018). This is consistent with previous literature, which has demonstrated that connection with those with similar experiences, values, and cultures is an essential aspect of social support (Chester, 1992; Kim et al., 2008; Stewart et al., 2008), which is a protective factor when struggling with mental health issues (e.g., Hefner & Eisenberg, 2009; Kawachi & Berkman, 2001; Watkins & Hill, 2018). Social support from refugees of similar backgrounds and experiences is a critical part of positive integration for refugee women, as it helps them build social capital in the post-resettlement country, allows them to socialize and express themselves, and thus relieve stress. Moreover, group learning in interventions focusing on social support and community-building provides refugee women with otherwise scarce opportunities to build new relationships and better integrate in the host society (Saksena & McMorrow, 2019).

Furthermore, the refugee mothers benefited from having a safe space to discuss their shared experiences and challenges (O'Shaughnessy et al., 2012; Paris & Bronson, 2006). Having the chance to speak on the phone with members of their own community, in The Use of Mobile Phone for Social Capital Development intervention, or meeting with their community weekly, in the Moving Forward Project, was a positive experience for them (Koh et al., 2018; White et al., 2009). This safe space is especially valuable for refugees as they often struggle to discuss their difficulties in the host country because of various challenges including language barriers, complex intergroup relations, and the lack of access to a platform (Hansen & Houston, 2016). Moreover, creating safe spaces where refugee women can communicate while being physically and emotionally safe is central in helping them build a social network, receive social support,

and learn important skills and information from women with similar experiences (UNHCR, 2014c). Similarly, the United Nation's International Organization for Migration (IOM) has organized safe spaces for women and girls to come together, express themselves safely and openly, and develop positive coping strategies (IOM, 2018). The use of such women-centered safe spaces for refugee women and girls has been shown to have positive impacts on participants' mental health and well-being (Jahan Seema & Rahman, 2020). Thus, creating safe spaces for refugee women and girls is an effective way of supporting their post-resettlement needs and improving their mental health, well-being, and resilience through community-building.

The review also suggests that having allies increased refugees' willingness to connect more to the host country society (Koh et al., 2018; O'Shaughnessy et al., 2012; Paris & Bronson, 2006). Mothers expressed feeling safer to honestly discuss their situation and experiences relating to resettlement within the context of the Sweet Mother intervention than with other professionals in different settings (O'Shaughnessy et al., 2012). This is worthwhile because newly resettled mothers do not tend to seek professional services because of barriers such as stigma, and lack of knowledge of community services and resources (Nicholson et al., 1998). In addition, having an ally to advocate for them, such as the Visiting Moms intervention working alliance, or the strengthened relationships that were formed because of The Use of Mobile Phone for Social Capital Development intervention helped improve the refugee mothers' daily life and increased their interactions with the extra-community or host country wider society (Koh et al., 2018; Paris & Bronson, 2006). Indeed, community-building in the post-resettlement context leads to better access to health services, and increased access to adequate professional response in cases of gender-based violence (Jahan Seema & Rahman, 2020). Moreover, community

programs and safe spaces can be used as an entry point by healthcare professionals to reach refugee women, mothers, and girls, build trust and rapport with the community, educate them on available services and health literacy, and better understand their needs (Abbasova, 2017; Shrivastava et al., 2017).

Limitations and Future Directions

The review only includes scientific articles, published articles, and articles written in English. Plus, the review includes very few studies with great variability which makes generalization across studies difficult. In the future, there needs to be a careful consideration of the creation of safe spaces, advocacy, and community-building in the conception of future interventions that aim to improve the well-being of refugee mothers. Future studies evaluating interventions for refugee mothers need to also be evaluated in more systematic ways.

Conclusions and Practical Implications

While refugee mothers are at risk because of various factors, there are not many interventions that aim to meet their specific needs and improve their prognosis and well-being. Even though there are some interventions that incorporate refugee mothers' needs and have positive impacts, they either do not calculate and assess outcomes, or the interventions' methodology does not properly align with their outlined objectives. There is a concern for validity in interventions with refugees that conduct face-to-face training or interviewing in English when refugees have language barriers.

This systematic review suggests that emergent protective factors for refugee mothers are creating and providing a safe space, being a linguistic liaison, advocating for refugee mothers' needs, and community-building. Thus, it would be helpful if practitioners and professionals

working with refugee mothers educated them and informed them of accessible resources through pamphlets written in their native language, especially those that could enhance community-building and provide safe spaces. Indeed, providing refugee mothers with resources that can connect them to refugees from their own community or culture, rather than general refugee populations, is more helpful for them as they can use their own language or practice their own culture. Furthermore, whatever the institution, having professionals and front-line workers who can speak refugees' native language seems to be imperative for the refugees' knowledge of their rights, the resources they have access to, and the ways in which they can start connecting with the host country's general community.

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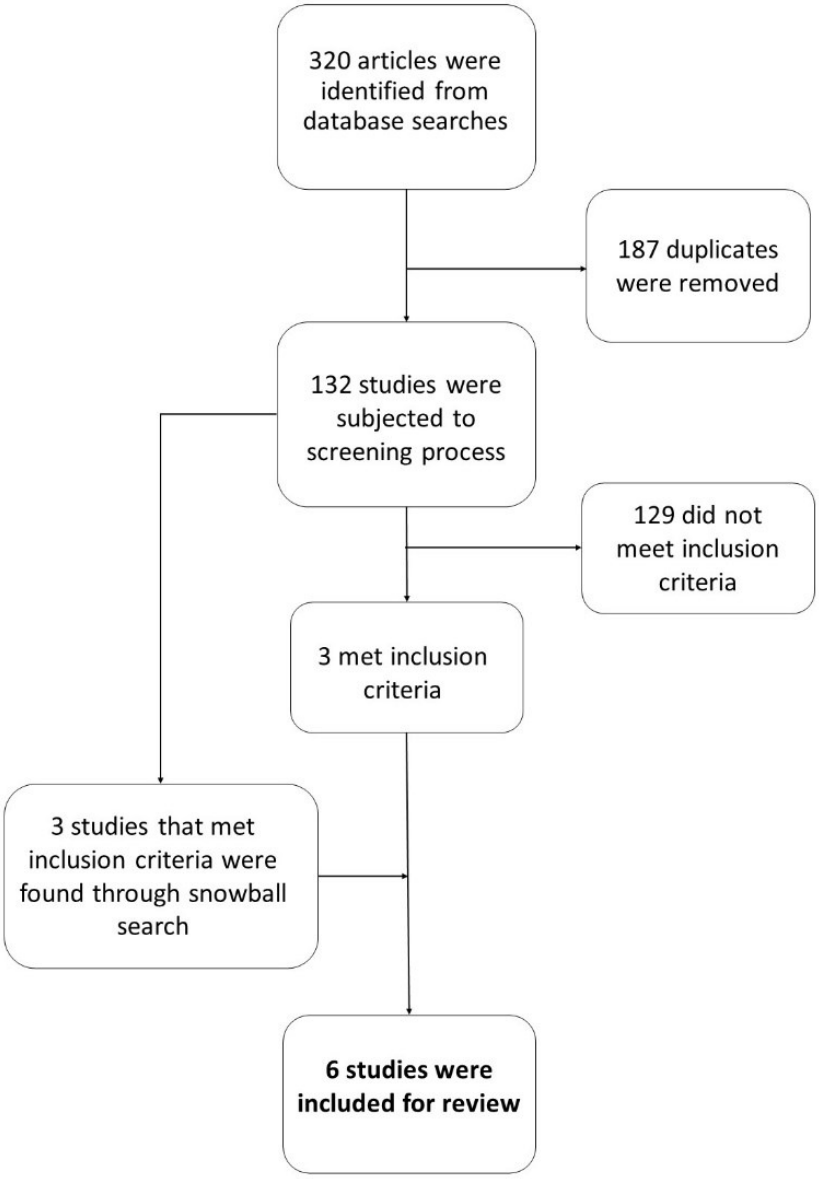
Figure 1. Search Strategy Flowchart.



Note. Reprinted from "Refugee Mothers Mental Health and Social Support Needs: A Systematic Review of Interventions for Refugee Mothers," by K. R. Abi Zeid Daou, 2019, *Europe's Journal of Psychology, 18*(3), p. 340. Copyright 2022 Creative Commons.

Exploring the Specific and Intersectional Lived Experiences of Refugee Mothers

As described in Manuscript 1, "The Challenges Syrian Refugee Families Face in Montréal", the refugee mothers repeatedly shared their experiences regarding their additional emotion work in the household. It is important to note that refugee mothers are at elevated risk of experiencing elevated levels of emotion work (Harris & Harvey, 2020; Hochschild, 1983; Wingfield, 2010). Emotion work can lead to depression, heart disease, sleep disturbance, high blood pressure, and mental health problems (Hochschild, 1983; Grandey, Fisk, & Steiner, 2005; Maume, 2015; Powell & Greenhaus, 2010; Lee & Ashforth, 1996). In addition, having to engage in high amounts of emotion work can be highly stressful and depleting for women who are refugees, who are already at elevated risk for psychological distress (Deacon & Sullivan, 2009; Hynes & Cardozo, 2000; Miller et al., 2002).

As described in Manuscript 2, "Refugee Mothers Mental Health and Social Support Needs: A Systematic Review of Interventions for Refugee Mothers", intervention programs for refugees rarely provide adequate and contextualized support to the mental health needs and challenges of refugee mothers (Dybdahl, 2001; Jesuthasan et al., 2019; Milkie et al., 2020), despite refugee mothers facing specific challenges, risk factors, and stressors throughout the resettlement journey and post-resettlement (Deacon & Sullivan, 2009; Degni et al., 2014; Hyunes & Cardozo, 2000; Miller et al., 2002).

Manuscript 3, "The Experiences of Syrian Mothers Who Are Refugees in Canada: An Exploration of Emotion Work and Coping", thus explores Syrian refugee mothers' specific experiences regarding their emotion work and coping. Based on the concerns refugee mothers expressed during the study conducted in Manuscript 1, and the contextualization and exploration of the risk-factors refugee mothers experience in Manuscript 2, this study examines (a) mothers

who are refugees' perception of additional emotion work in the family, (b) how mothers who are refugees manage their emotions and cope with elevated emotion work, and (c) understanding the numerous obstacles of being newly resettled refugee mothers.

CHAPTER 4

Study 3

The Experiences of Syrian Mothers Who Are Refugees in Canada: An Exploration of Emotion Work and Coping

Kim Roger Abi Zeid Daou

Lea Roger Abi Zeid Daou

Maxime Cousineau-Pérusse

McGill University

Abi Zeid Daou, K. R., Abi Zeid Daou, L. R., & Cousineau-Pérusse, M. (2024). The experiences of Syrian mothers who are refugees in Canada: An exploration of emotion work and coping. *Women & Therapy*, *47*(1), 109-128. https://doi.org/10.1080/02703149.2021.2008520

Abstract

The refugee crisis is one of the worst humanitarian crises of the 21st century. Refugee mothers endure elevated rates of mental health problems, such as depression, anxiety, trauma, and suicidality. However, existing interventions for mothers who are refugees are scarce and rarely provide adequate support for their specific mental health needs and challenges. Thus, this study explores how Syrian refugee mothers' transitions into Canada were affected by the experiences of emotion work and coping. The themes of emotion work as hiding negative affect, maneuvering new homes, overcompensating, language stressors, and religion as coping emerged from the semi-structured interviews. Religion and praying were found to be a coping mechanism for these mothers who are refugees from Syria. Implications and recommendations for therapy and future research and interventions are provided.

Keywords: refugee mothers; mental health; emotion work; emotional regulation; coping.

Wordcount: 5932

The Experiences of Syrian Mothers Who Are Refugees in Canada: An Exploration of Emotion Work and Coping

The Syrian conflict is one of the worst humanitarian crises of the 21st century forcing millions of individuals and families to flee their country and seek asylum (United Nations High Commissioner for Refugees [UNHCR], 2017). The Canadian Government reported that it had welcomed over forty thousand refugees as of January 2017. Approximately half of those refugees were women (Government of Canada, 2017; IRCC, 2018). However, according to the UNHCR and the Canadian Collaboration for Immigrant and Refugee Health (CCIRH), the Canadian Government has not prioritized or appropriately attended to the mental health and psychological well-being of newly resettled refugees (Colborne, 2015; Hansen & Huston, 2016). This is especially important as refugee mental health in host countries has been identified as a pressing human rights concern (UNHCR, 2015). Refugees are exposed to many difficult and possibly traumatizing experiences, which affect their psychological and emotional well-being. Consequently, refugees are highly vulnerable to mental health problems and emotional distress (Agic et al., 2006; Crowley, 2009). During the "Storytelling as a tool: A family-based intervention for newly resettled Syrian Refugee Children" (Abi Zeid Daou et al., 2021) study with families who are refugees, the mothers expressed grievances in relation to their additional emotion work within the family post-migration. Based on the mothers' concerns, this follow-up study examined (a) refugee mothers' perceptions of additional emotion work in the family, (b) how refugee mothers manage their emotions and cope with elevated emotion work, and (c) understanding the numerous obstacles of being newly resettled refugees.

Refugee Mothers' Mental Health

Traumatic experiences and post-migration challenges increase women who are refugees' vulnerability to psychiatric symptoms and distress (Schweitzer et al., 2018). For women who are refugees, the responsibility of caring for a child or the demands of being pregnant and having a newborn during resettlement are highly stressful and represent important risk factors for the development of psychiatric problems, such as depression, anxiety, somatic symptoms, and for experiencing higher levels of trauma symptoms (Degni et al., 2014; Korukcu et al., 2017; Rahman & Hafeez, 2003; Schweitzer et al., 2018). Thus, mothers who are refugees experience elevated rates of depression, anxiety, post-traumatic stress, and suicidality (Rahman & Hafeez, 2003; Schweitzer et al., 2018).

Despite the various mental health difficulties they face, newly resettled mothers are less likely to seek out professional help because of stigma, language and cultural barriers, inadequate services, and limited access to existing services (Pejic et al., 2017). In addition, they tend to prioritize their children's needs to the detriment of their own well-being (Nicholson et al., 1998). In a qualitative study conducted with women who are refugees in Canada, social support networks have been shown to be a critical factor in women who are refugees accessing mental health services in Canada (Mahajan et al., 2021). Existing interventions for mothers who are refugees rarely provide adequate support for their specific mental health needs and challenges (Dybdahl, 2001). Because of the specific lived experiences of mothers who are refugees, there must be contextualized services that can simultaneously address their cultural and linguistic backgrounds, their loss and need for community, their mistrust, and challenges with healthcare systems in host countries, and the unique adverse experiences that mothers endure through the process of forced displacement (McLeish, 2005; Schweitzer et al., 2018; Tsai et al., 2017). Thus,

the present study offers a platform for mothers who are refugees from Syria and who are newly resettled refugees in Montréal to express their lived experiences and needs in the post-resettlement context.

Emotional Regulation

Emotion Regulation Strategies

Considerable differences exist in the ways people cognitively respond to negative life events, with important implications for their psychological health (Aldao et al., 2010). In the emotion regulation literature, the array of conscious, cognitive means through which individuals respond to the emotion-eliciting information resulting from negative life events are commonly referred to as cognitive emotion regulation strategies (Garnefski, Kraaij, & Spinhoven, 2001; Thompson, 1994). Coping skills are specific strategies that are conscious efforts to reduce stress in difficult situations, which involve emotional regulation (Lazarus & Folkman, 1984; Tugade & Fredrickson, 2007). Coping skills can be used in the context of emotional labor and emotion work. They can be either adaptive or maladaptive. Adaptive coping strategies include positive self-talk, mindfulness, prayer, and seeking social support. Examples of maladaptive coping strategies include negative self-talk, avoidance and escape, and self-isolation (Aldwin, 2007). Adaptive coping skills can lead to positive emotions in the face of stressful or negative events. Furthermore, positive emotions through coping skills act as protective factors and have positive impacts on psychological and physical health (Tugade et al., 2004).

Gendered Impact of Emotion Regulation

Emotion Work. Emotion work, a form of emotional regulation, takes place in private life and involves modifying the intensity or the nature of feelings and emotions. Emotion work can be done both to regulate emotions or to regulate that of others (Grandey, 2000; Hochschild,

1983). It is important to conceptualize emotion work through a gender-based lens because women engage in disproportionate amounts of emotion work compared to men to support the well-being of the family and the emotional quality of their relationship (Erikson, 2005; Loscocco & Walzer, 2013). Gendered emotion work occurs within the family context and involves managing one's emotions as well as making emotional investments in others, especially children. The majority of emotion work is often carried by women and involves activities and responsibilities such as gift-giving, working on relationships, and maintaining traditions (Erikson, 2005; Oliker, 1989). Women are expected to adapt to and appease the emotional needs of their partner or children. Yet, women expressing their own emotions is perceived much more negatively, despite its positive outcomes. The expression of negative emotions in women is linked to increased relationship intimacy and the ability to cope with stressful situations (Graham et al., 2008; Smith et al., 2016; Stanton & Low, 2012). This asymmetry in the distribution of emotion work in the family setting may cause dissatisfaction in their relationships and impair the pursuit of their interests (Duncombe & Marsden, 1995; Lois, 2010). Disproportional levels of emotion work and coping have important negative impacts on women's well-being, such as decreased marital satisfaction, increased levels of negative emotions, and poorer psychological well-being (Erikson, 1993; Judge, Ilies, & Scott, 2006; Warthon & Erikson, 1993).

Engaging in emotion regulation through emotion work and coping can be taxing on cognitive and emotional resources. Indeed, high demands in one context, such as home or work, are emotionally exhausting for mothers, which makes it difficult to manage the demands of other contexts (Voydanoff, 2005; Weer & Greenhaus, 2014). The high demands of emotional labor can result in increased conflict at home and marital dissatisfaction, while high levels of emotion work can lead to poor job performance, job dissatisfaction, and increased stress (Erikson, 1993;

Ilies et al., 2007). Women are required to engage in more emotion regulation both at home and at work, which causes a negative interaction between the demands of the home and work environments, leading to increased stress and depletion of women's emotional resources (Mennino et al., 2005).

Women of Color. Emotion regulation, feelings, rules, and strategies vary across cultural contexts (Mesquita & Albert, 2007). Furthermore, the intersectional nature of women of color's experience of race and gender makes their actual experiences qualitatively different than those of White women (Crenshaw, 1991). Women of color are differently situated in the economic, social, and political worlds. When reform and reparation efforts are undertaken on behalf of women, women of color are less likely to have their needs met than women who are racially privileged (Crenshaw, 1991).

Emotional Distress. In the face of such adverse circumstances, women who are refugees engage in coping skills and emotion regulation strategies. Women who are refugees are especially likely to engage in disproportionate amounts of emotion work. As previously described, gendered emotion work occurs within the family context, as women are expected to manage emotions and to make emotional investments in the family unit (Cook, 2000; Oliker, 1989). Having to engage in high amounts of emotional regulation can be highly stressful and emotionally exhausting for women who are refugees, who are already at elevated risk for emotional and psychological distress and maladaptive coping.

Study Objectives

Background

During the "Storytelling as a tool: A family-based intervention for newly resettled Syrian Refugee Children" study (Abi Zeid Daou et al., 2021), the researcher built rapport and trust with

the community. The objective of this storybook intervention was to promote children who are refugees' ability to identify and manage their feelings and decrease their anxiety symptoms. The study explored the impact and value of a novel intervention for refugee children as perceived by the refugee families and to determine whether it was appropriate and feasible for this population (Abi Zeid Daou et al., 2021). The procedure involved conducting in-depth semi-structured interviews and writing journal entries with the mothers. They shared their grievances with the researcher regarding additional emotion work within the family, specifically post-migration. They shared how most of the existing resources are focused on children, but it is the adults who experience the most challenges as they settle in Canada.

Present Study

Thus, the present study explores the mothers' experiences vis-à-vis their emotion work and coping. Based on the mothers' concerns, this study examines (a) mothers who are refugees' perception of additional emotion work in the family, (b) how mothers who are refugees manage their emotions and cope with elevated emotion work, and (c) understanding the numerous obstacles of being newly resettled refugees.

Method

Participants

Eight mothers who are refugees participated in the study and had on average 2.5 children ($n = 8$, $M = 2.5$). Participants were recruited from the previous study and through snowball sampling. All the participants from the previous study (6) agreed to participate in the follow-up study. The other two participants were recruited through snowball sampling.

All the participants were resettled in Québec, Canada within the past 24 months at the time of this study. The families wished to remain fully anonymous and were not comfortable disclosing their ages and the ages of their children because they knew that type of information is identifiable within their community. As such, out of respect to their wishes, no demographic information was gathered. The data was gathered through semi-structured interviews with each participant.

Procedure

I conducted the interviews in Arabic, as Arabic is their native language. The interviews took approximately 60 to 90 minutes. The researchers asked questions, such as, “could you describe your experiences of being a mother who is a refugee in Canada”, “please describe your experiences of emotion work after re-settlement”, “have your experiences of emotion work changed as a function of time?”, “how do you perceive emotion work”, “what do you do in order to relieve any tension/stress that has resulted from these challenges?”, “could you describe your adaptation and coping strategies?”, “how do you keep hope and persist in the face of those challenges?, “do you turn to anyone for help/emotional support?”
Psychoeducation on the meaning of certain concepts preceded the interview.

The semi-structured interviews were transcribed manually. Then, the transcriptions were translated from Arabic to English by both the main researcher and another translator with native proficiency. In addition, a third party examined the translations. The main researcher and co-investigator conducted a thematic analysis, following the six-step inductive process (Braun & Clarke, 2006). The first step consisted of reading all transcriptions many times to gain a deep familiarity with their content. Secondly, meaningful sentences, phrases, or words were selected and reviewed to generate initial codes. The third step consisted of categorizing and putting together codes collected from quotations or experiences described and organizing them into themes. Fourth, the researcher reviewed the themes with the co-investigator who individually and separately followed the same steps. The co-investigator mimicked the same steps separately as a way for us to ensure inter-rater reliability. Fifth, the researcher re-visited the codes and themes to see if sub-themes were present. The sixth step of the thematic analysis was the production of a report that presented the themes most clearly (Braun & Clarke, 2006).

Using an inductive approach, assumptions were data-driven (Boyatziz, 1998). Thematic analysis was selected for this data, as it allows exploration and interpretation without ascribing to a specific theory. Adopting an atheoretical approach enables the researcher more freedom in interpretation (Sparkes & Smith, 2014). The thematic analysis produced a report that presents the themes clearly (Braun & Clarke, 2006).

Reflexivity

Throughout the research project, the researcher kept a reflexive journal to make regular entries and keep track of her decisions. The researcher's positionality as a Lebanese woman and her work with refugee families in Canada were the foundation of her research project. During the "Storytelling as a tool: A Family-based intervention for newly resettled Syrian Refugee

Children" study (Abi Zeid Daou et al., 2021), the researcher built rapport and trust with the community. At that time, the mothers who are refugees from Syria shared their grievances with the researcher regarding additional emotion work within the family, post-migration. As such, the scope of this research project was decided by the mothers' concerns. The researcher recognized that their shared culture and native tongue with the community added an integral perspective to the research. Certainly, it is through their shared lived experiences of growing up in the Levant and the shared situated knowledge that the researcher could effectively offer the families a safe platform for their thoughts and feelings in the realms of qualitative research. As the mothers are Syrian and the researcher is Lebanese, there was an immediate feeling of familiarity. Their dialects are very similar, and Lebanon and Syria are neighboring countries and share Levantine culture. Their language and word usage were familiar and almost affectionate, and they sometimes compared the researcher to family members and asked her about her family. They often asked about the researcher's experience living in Canada and how she stayed connected to her roots and culture. They would talk about churches they loved in Lebanon or Lebanese television shows they followed. They expressed appreciating connecting with the researcher over matters that made them sentimental and reminded them of home.

The researcher was always conscious of the difference between their positions and the connotations of the disclosure, and the researcher always made that fact salient. Due to the researcher's respect for their privacy and her awareness of how they found familiarity in her, she offered to discuss certain issues off the record. The researcher constantly reminded them that at any time she can stop documenting or erase any information they want.

Results

The themes of emotion work as "maneuvering new homes", "hiding negative affect", "overcompensating", "language stressors", and "religion as coping" emerged from the semi-structured interviews. Each theme and its link to the literature will be described below by providing the reader with direct quotations from the transcribed interviews, exemplifying the theme. The quotations were not edited and were expressed word for word by the participants.

Maneuvering New Homes

The participants expressed how maneuvering new homes can be emotionally taxing. For example, changing living spaces can have an emotional toll on the participants. One participant shared the effort she had to invest to make her children love the new house, even though she was feeling very homesick:

> […] *we acted tough in front of them, you know? For example, when we rented the first house, of course, it looked nothing like the house we used to live in, but we immediately hung the photos and acted like we felt at home... this is our house… you know? Many children do not accept the move, like this is not my bed, this is not my whatever… you know? We had to pretend.*

Another participant shared the pressure to be positive about the new living space:

> *You could trap all this negativity and it is in our nature, we wanted to remain positive and make others see the positivity. Once you are positive in front of your children, they accept things, but if you stay with the attitude of oh, I don't love this house… enough, why am I saying these things in front of my children? Whatever you tell the child, they will be affected… from the moment we came I had the idea that we were not going to sit and compare my house with the past… for example, if something is not working, I'm not*

going to sit there and say oh it used to work in the old house and so on… once you enter into comparison…it hurts.

Furthermore, a third participant disclosed how sharing living spaces because of being a refugee resulted in having to overcompensate to make sure they are not bothering others and making sure the children do not feel unwanted. They did so by spending more time with them or taking them out for activities after school to avoid having them feel unwanted by the other people living in the same house. Indeed, a participant shared:

[…] I mean you really start feeling like you are such a burden on everyone, but they would always tell me it's okay, but I would still feel like we would be annoying them… I mean I used to do whatever I could to not make them (the children) feel the same way as me or feel like a burden, so my children I used to take them places.... when we were living with other people... take the kids to not disturb them, even if it was just an hour or an hour and a half...

She added:

Once I would be able to rent my own house and get out (from living with other people), and feeling like I was suffocating, it was enough... but once I would leave and live on my own, I was sure everything would work out.

Hiding Negative Affect

The participants expressed that they hide negative affect for the sake of others. For instance, one participant expressed hiding her longing for home and the family left behind, she said:

[…] *right now, I may miss my family and I wonder when would be the next time I see them. As a refugee, you do not know if you will return or not… this stresses you out and*

you might not talk about it or just talk about it to yourself, not to your children because this will bother them… but you reach a point where you just want to release all of it… you become so stressed from the inside, the weakness of your nerves just puts you into shock.

Another participant shared the pressure to be positive:

I started feeling that I was positive because I want to be positive in front of everyone… in front of my children and my husband and our friends... if someone is being negative, I just say no don't think like this… we can fix this... we want to learn and we want to teach our children, we came here for our children we can fix our situations… but at the same time, this positive attitude that goes beyond a person's energy, it tired me out…

And how:

…after a while, I cannot hide the fact that after a year and a half of being so positive, on the inside I was really exhausted.

Furthermore, a third participant disclosed:

I could cry, but only when I am alone, I do not really do it in front of anyone, especially not my children. If I cry, I do for a minute or so, not more.

Another participant shared how the longing and missing of the family back home is a constant:

I left my family behind… and I am really attached to them. The biggest difficulty… is that I am far away from my family now. [The longing and missing} is definitely there and it's impossible that they would go away. Now that there is work and responsibilities, you forget. Well, it's not that you forget, it is impossible... you just make yourself forget this subject, but the longing is still there. And you do not tell anyone.

Overcompensating

The participants expressed how compensating for the loss of extended family and community, by attempting to play the role of the extended family and community in their children's lives, can take up extensive emotional resources. For example, one participant described the implications of taking up the role of the grandmother, aunt, and grandfather:

> *Let me tell you something, when we were experiencing the war, we saw death…And we came here for our children. And when I decide to do something for my children, I do it to the maximum. I could forget myself and just do it to the maximum, all for them. The difficulties, everything was new, your family is not around you, and this is a huge burden… The things they are used to doing at their grandparents' house, I try to do for them myself and this becomes something extra that I have to do. I am taking up the role of the mother, the aunt, the grandmother, the grandfather, you know what I mean?*

Furthermore, another participant disclosed how refugee elders, such as her mother-in-law, are lonely because of their loss of community and her labouring to compensate for that loss of community:

> *[…] yeah, my mother-in-law, she had her group of friends that she used to go out with, her community, but over here, no. She is locked in. She is lonely. I am trying, whenever I can, to take her out. I mean, I am taking her out just so she won't stay at home, but it's also hard, I mean we work now, I am busy, I am tired.*

Another participant expressed the pressure of raising a family without the prior support system:

> *I mean for the emotional work and effort that I have to present to my children and my family and... I mean for the children; they need so so so much sacrifice. They still need it,*

I mean they are so young, and it's tiring me out the most, whether it be psychological or... sometimes I even feel like I have reached a level of depression I just don't feel like going out or seeing anyone or talking to anyone and don't want anyone approaching me... there are so many moments like that. Because children need so many sacrifices, but it's a phase and it passes.

Language Stressors

The participants expressed how language and the labor of being understood and expressing themselves in another language remains a huge stressor. For instance, one participant expressed:

[…] *we are adapting, and we are managing ourselves everywhere, but the difficulty is not being able to talk and make ourselves clear.*

Another participant expressed the difficulty in expressing herself but also speaking on behalf of her husband:

I could speak a word here and there and I put in the effort, and I used to use the translator till I could slowly learn French. I was... yeah that was basically what was difficult. And till today, my husband struggles with the language, he cannot really go places on his own, he cannot really do anything if I wasn't with him. Even the telephone, he cannot really answer it if someone calls from the bank or something... I have to speak on his behalf, so this is really what we struggle with.

Furthermore, a third participant shared how learning the language of a host country impacts the ability to integrate into society, and once this integration takes place, adapting to a new country is easier:

Whichever country you are in, once you can learn the language, everything else opens up, everything else becomes easy. That is the only... and till today that is the thing we struggle with, the language. I struggle.

Another participant disclosed how exhausting struggling with language can be:

I mean I still struggle with the language. There are moments I feel like I don't understand anything, it's tough I just arrived here, and it exhausts me.

Religion as Coping

The participants expressed that religion remains a huge source of coping and connectedness:

[...] thank God, God is always with us. With anything difficult, it is not until the next day or the third day, you realize how easy things were. But we view it as difficult at the start, but then Allah gave us the faith and he made us stronger, so no, it's simple, thank God.

Another participant shared how religion is a source of strength:

The hope? The hope will always be there as long as I depend on my God, this is something I honestly feel that… in the bible, there is a verse that says… It shows you how important we are to God as long as he cares for us, that's why I always have hope that he won't leave us no matter how difficult things are, it's probably what gets us going. If I were to think in any other way, I would probably feel depressed. I am the kind of person, which is something I also teach the kids, that when something bad happens I always need to go back to God and God never leaves us.

Furthermore, a third participant disclosed how gratitude for God and thanking God is a source of happiness and coping:

I mean everything good that happens to us, God is for sure the one placing these good things in front of us, and he is the one that helps us go along, I mean it really makes me happy when I can see that God has responded to us...

For us, we thank God as much as we can… and we need to do so more over here.

Another participant shared how helpful it was to be able to have the same religious practices they used to have back home when things are difficult:

I was really happy that there was a church in Arabic the same way we would practice it in Syria… this is really nice; I mean it's important that someone can still go to church and practice their religion the same way they used to.

Finally, a participant shared how religion is a source of connectedness:

With these things… we have emotions, and we have… we love the community, and we have faith and religion [as something] important for all of us, they are things that bring us together, even here, we remain connected with these things.

Discussion

Hiding Negative Affect

The participants of this study expressed their grievances about their additional emotion work with the family, post-migration. For instance, many of the participants endure the emotion work of self-concealment and having to hide negative affect for the sake of people around them. This is consistent with emotion work literature. Gendered emotion work entails managing one's emotions and making emotional investments in others, especially children, and adapting to and appeasing their emotional needs (Cook, 2000; Oliker, 1989). Hiding personal thoughts or information that one perceives as distressing from others, otherwise known as self-concealment, correlates with the prevalence of depressive symptoms, anxiety, and psychological distress (Barry & Mizrahi, 2005; Constantine et al., 2004)

Maneuvering New Homes

The participants also expressed the emotion work that comes with maneuvering new homes. Refugees losing their homes can create a profound void and disorientation (Papadopoulos, 2002). Losing one's home, and all the implications and details that involves should be a significant psychotherapeutic category and consideration, and not an epiphenomenon, when caring for refugees (Papadopoulos, 2002).

Overcompensating

Participants expressed the labor of compensating for the loss of extended family and community and how they overcompensate by playing multiple roles rather than one. This is consistent with literature that reveals that newly resettled mothers attend to prioritize their children's needs to the detriment of their own well-being (Nicholson et al., 1998). Furthermore, mothers who are refugees' need to compensate for the loss of extended family and community is

consistent with their collectivist cultural values. Indeed, collectivist societies integrate people into strong, supportive, and cohesive ingroups that are a source of support (Hofstede, 2001).

Language Stressors

Participants also expressed how language challenges and the labor they need to put in to simply be understood remain a huge source of stress. For example, language-related difficulties are a huge concern for Syrian refugees in Germany and those language barriers affected Syrian refugees' ability to socialize, their integration, and their access to proper health care (Green, 2017). The present study may not reflect the exact same sentiment in Germany as it was conducted in Canada. However, comparable language barriers exist in Germany and Canada. Indeed, mothers who are refugees struggle with language and how it affects various other factors, such as socialization and integration, are consistent with the literature. When using more than one language, switching from a language to another and selecting the correct linguistic information requires significant cognitive effort. As such, the effort necessary to manage two or more languages can be taxing on cognitive resources (Gollan & Ferreira, 2009; Pivneva et al., 2014).

Religion as Coping

Finally, religion and praying were found to be a coping mechanism for mothers who are refugees from Syria. This finding is consistent with the literature, where religion is a common way to deal with trauma (Pargament, 1997). Indeed, for many refugees, faith can become an anchor through the challenges and instabilities of resettlement (Abi Zeid Daou & Philip, 2019)

Intersectional Lived Experience

Engaging in emotion regulation through emotion work and coping can be taxing on one's cognitive and emotional resources, and women invest disproportionate amounts of emotion work

compared to men (Elliott & Umberson, 2008; Oliker, 1989; Umberson et al., 2015). In addition, women of color are differently situated in the economic, social, and political worlds, and the participants were women of color who are newly resettled in another country. Having to engage in high amounts of emotion work can be highly stressful and emotionally exhausting for women who are refugees, who are already at elevated risk for emotional and psychological distress and maladaptive coping.

Thus, their identity as women of color and refugees makes their experience qualitatively unique, and the Canadian government and society are in many ways maladaptive to the needs of women who are refugees. For instance, mothers who are refugees often engage in self-concealment. While it is not optimal coping for them, self-concealment, in order to help their family to survive, might have been their only option. They might not have wanted to choose this approach, which is evident from their interview reports, but given the limited support available, especially from their host society, this was their only option. This is an example of the lived experience of women who are refugees and women of color, maneuvering a new society that is not equipped to properly support them and their specific needs. Another example would be how women who are refugees are not given the proper support to be able to maneuver their new homes, bridge the language barrier and access appropriate mental health services.

Implications for Therapy

Firstly, refugees suffer greatly from the loss of community as they are uprooted from their homes. Systemic therapy approaches are appropriate as they focus on the interacting systems of society, institutions, family, and how they impact individuals (Agazarian & Grant, 2011).

Furthermore, the literature suggests that mothers who are refugees having contact with other refugees with whom they share a similar culture, set of values, and experiences is essential for their well-being (Abi Zeid Daou, 2022; Chester, 1992; Kim et al., 2008; Koh et al., 2018; O'Shaughnessy et al., 2012; White et al., 2009). For instance, The Moving Forward Project, Sweet Mother, and The Use of Mobile Phone for Social Capital Development are three community-based interventions that highlight the importance of safe community spaces and community-building as protective factors for mothers who are refugees (Koh et al., 2018; O'Shaughnessy et al., 2012; White et al., 2009). Social support has been shown to be a critical protective factor when intervening with refugees (e.g., Hefner & Eisenberg, 2009; Kawachi & Berkman, 2001; Watkins & Hill, 2018), and this is consistent with our finding that mothers who are refugees from Syria suffer from the loss of community and hiding negative affect to protect their children. If provided with a support group where the language barriers identified in this study are not present, then they could perhaps turn to each other for emotional support in a safe space. Indeed, mothers who are refugees benefit from sharing their experience in a safe space (O'Shaughnessy et al., 2012; Paris & Bronson, 2006).

As previously mentioned, mothers who are refugees from Syria tend to engage in self-concealment by hiding their negative affect from their families. Self-concealment, the act of dissimulating distressing emotions and/or information from others, is a maladaptive avoidance and control-focused coping strategy. This is especially relevant as self-concealment has been consistently linked to elevated psychological distress, anxiety, depressive symptoms, suicidality, and a decreased willingness to seek out mental health services (Barry & Mizrahi, 2005; Friedlander et al., 2012; Ichiyama et al., 2008; Larson & Chastain, 1990). Also, self-concealment is predictive of decreased relationship well-being. Concurrently, the additional emotion work

that mothers who are refugees undertake must be explored and addressed by mental health professionals as it has direct adverse effects on their well-being (Elliott & Umberson, 2008; Oliker, 1989; Umberson et al., 2015).

Thus, through systemic approaches and community-based mental health interventions, therapists and other mental health professionals must develop with their clients a deep understanding of the complex systems within the post-resettlement context. Specific attention should be given to the loss of community, to additional emotion work, self-concealment, and other forms of maladaptive coping.

Limitations and Future Directions

The families wished to remain fully anonymous and were not comfortable disclosing their ages and the ages of their children because they knew that type of information is identifiable within their community. As such, out of respect to their wishes, no demographic information was gathered.

The purpose of the study was to delve specifically into the intersectional lived experience of mothers of color who are refugees, as they face various challenges given their specific positionality. Now that I have explored mothers who are refugees' perception of additional emotion work in the family and how they cope with elevated emotion work and the numerous obstacles of being a newly resettled refugee, the next step would be to prioritize community-building and provide mothers who are refugees with new opportunities for community social support. Furthermore, this expansion of the emotion work framework to include refugee mothers of color, their positionality and lived experience, and their qualitative experience of emotion work vis-à-vis resettlement is foundational for therapy and work with refugees.

Conclusion

Engaging in emotion regulation through emotion work and coping can be taxing on one's cognitive and emotional resources (Elliott & Umberson, 2008; Oliker, 1989; Umberson et al., 2015). The present study examined the additional emotion work mothers who are refugees from Syria perceive after resettlement, how they cope with elevated emotion work, and the numerous obstacles of being a newly resettled refugee.

Qualitative analyses demonstrated that their emotion work encompasses hiding negative affect, maneuvering new homes, overcompensating, and language stressors fatigue. Religion was found to remain a huge source of coping and connectedness. Based on those findings, it is clear mothers who are refugees have a distinctive experience of emotion work. Finally, mothers who are refugees from Syria would benefit greatly from having more access to culturally specific resources, such as community safe spaces, more relevant mental health interventions, and more accessible ways to bridge language barriers.

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CHAPTER 5

General Discussion

Theoretical Implications

"The Challenges Refugee Families Face in Montréal" explored adaptation challenges and obstacles newly resettled refugee families in Montréal, Québec, are facing. While the study included fathers as well, the mothers chose to be the principal contributors. Mothers naturally assumed the role of leading the conversation by expressing complex experiences and emotional journeys that their family experienced. Participants expressed how their engagement and involvement in their children's education was hindered by both communication barriers and unexpected racism in their children's schools. Institutional racism, prejudice, and discrimination experienced by the families in Canadian educational systems and institutions represents an important barrier to their sociocultural adaptation and well-being in Canada.

Participants also expressed how they perceive that refugee adults struggle more than refugee children, despite more resources being available for and curated to refugee children. Lastly, the participants shared how the labour of being a mother intensified through the resettlement process and how emotionally exhausted they have been since their resettlement. Indeed, the themes that emerged were "educational challenges" in terms of communication barriers and racism, "adults' adaptation", and "emotional exhaustion". Through community-building and rapport with the participating members of the community, the refugee mothers shared their experiences with the researcher regarding additional emotion work within the family post-migration. They shared how most of the offered resources are focused on children, but it is the adults who experience the most challenges as they settle in Canada. According to the refugee mothers, children have more opportunities and support to learn languages and adapt to the host

country in a healthy manner, while parents generally are left without sufficient language education or other sources of support post-resettlement.

Indeed, being both a refugee and a mother brings forth unique risk factors and challenges. "Refugee Mothers' Mental Health and Social Support Needs: A Systematic Review of Interventions for Refugee Mothers" revealed that, although refugee mothers are at risk because of many specific factors, there are few interventions that aim to meet their specific needs (Abi Zeid Daou, 2022). Despite the existence of some interventions that include refugee mothers' needs and that may have positive impacts on the community, the interventions either do not examine and assess measurable outcomes, or the interventions' methodology does not properly align with their listed objectives. The methodology used in such intervention studies is highly disparate and inconsistent within the literature. Despite involving the refugee mothers, many of the interventions focused on children or on the family unit as whole, and seldom assessed and addressed the refugee mothers' specific needs. In addition, there were validity concerns regarding interventions that conduct interviews or training sessions in English while the refugee mothers participating had language barriers and language acquisition challenges. The protective factors identified in the systematic review were creating and providing a safe space, being a linguistic liaison, advocating for refugee mothers' needs, and community-building (Abi Zeid Daou, 2022).

Engaging in emotion regulation through emotion work can be taxing on one's cognitive and emotional resources (Elliott & Umberson, 2008; Oliker, 1989; Umberson et al., 2015). "The Experiences of Syrian Mothers Who Are Refugees in Canada: An Exploration of Emotion Work and Coping" explored 1) the additional emotion work mothers who are refugees from Syria

perceive after resettlement, 2) how they cope with elevated emotion work, and 3) the numerous obstacles of being a newly resettled refugee mother.

The participants expressed how "maneuvering new homes" can be emotionally taxing. For example, having to live in new and unfamiliar spaces can have an emotional toll on the participants. Indeed, one participant disclosed how sharing living spaces as a result of being a refugee resulted in having to overcorrect and put in increasing amounts of emotion work to make sure that she and her children were not bothering others and to ensure that the children do not feel unwanted in the new living space. Another participant described how much emotional effort she had to invest in encouraging her children to love the new house, although she was feeling increasingly homesick and estranged in their new house. Another theme that emerged was "hiding negative affect" as emotion work. The participants expressed feeling the need to conceal their negative affect for the sake of others. For example, participants expressed concealing their longing for home and the family left behind, while others described the pressure of performing positivity while masking negative emotions, such as sadness, loneliness, and worry. This is consistent with both the surface and deep acting components of emotion work. Mothers share a unique dept and sense of responsibility towards their family, which makes them avoid burdening others. This often leaves mothers feeling isolated with their negative affect.

Another theme that emerged was "overcompensating" as emotion work. The participants expressed how they (refugee mothers) had to invest more emotion work to overcompensate for the loss of extended family and community. Taking up the role of the grandmother, aunt, and grandfather and attempting to play the role of the extended family and community in their children's lives can take up extensive emotional resources. The participants also expressed how language and the labor of expressing themselves and being understood in another language, as

well as speaking on behalf of other family members who are struggling with language acquisition, was also a stressor. Religion was found to be a source of coping and connectedness.

Emotion work occurs primarily in private life and involves modifying the intensity or the nature of emotions. Emotion work involves regulating emotions of the self and regulating and managing the emotions of others (Grandey, 2000; Hochschild, 1983). Disproportional levels of emotion work and coping have important negative impacts on women's well-being, which include but are not limited to increased levels of negative emotions, and poorer psychological well-being (Erikson, 1993; Judge, Ilies, & Scott, 2006; Warthon & Erikson, 1993). Having to engage in high amounts of emotional regulation is highly stressful and emotionally exhausting for women who are refugees, as they are already at an elevated risk for emotional and psychological distress. Indeed, this dissertation has now identified and established that mothers who are refugees have a distinctive experience of emotion work (Abi Zeid Daou et al., 2024). Emotion work in the context of being a refugee mother involves emotion work as "maneuvering new homes", emotion work as "hiding negative affect", emotion work as "overcompensating", and emotion work as "language stressors". (Abi Zeid Daou et al., 2024).

As such, this dissertation delved specifically into the intersectional lived experiences of mothers of color who are refugees, and the various challenges they face given their specific positionality. This dissertation provides a distinctive contribution to emotion work scholarship and literature, as it is the first to examine refugee mothers' distinctive experience of emotion work. This is foundational for both scientific literature on emotion work and emotional regulation and intervention research with refugee mothers.

The systemic review illustrated a pattern that across different populations and methodologies, having contact with others with similar experiences and culture is essential (Abi

Zeid Daou, 2022; Koh et al., 2018; O'Shaughnessy et al., 2012; White et al., 2009) and that community-building and creating safe community spaces are key protective factors for refugee mothers (Koh et al., 2018; O'Shaughnessy et al., 2012; White et al., 2009). This is consistent with the finding that loss of community contributes to perceived additional emotion work (Abi Zeid Daou et al., 2024). Whether the creation of a safe space was described as a *gathering* (White et al., 2009), or *togetherness* (O'Shaughnessy et al., 2012), it is evident that the creation of community is valuable for refugee mothers.

The creation of community is especially valuable for refugees post-migration as they often struggle to discuss their difficulties because of various challenges including language barriers, complex intergroup relations, and the lack of access to a platform (Hansen & Houston, 2016). This is consistent with the themes identified through our thematic analysis. Refugee mothers expressed struggling with educational challenges, in terms of communication barriers and racism, as well as the emotion work of expressing themselves and being understood in another language (Abi Zeid Daou et al., 2024).

Implications for Service Delivery and Policy

Across the three manuscripts, it is evident that refugee mothers often experience specific challenges and need culturally specific services because general mental health services do not consider refugee mothers' cultural and linguistic backgrounds, their need for community, their mistrust of the host country's institutions, their difficulties navigating healthcare systems in host countries (Abi Zeid Daou, 2022; McLeish, 2005; Schweitzer et al., 2018; Tsai et al., 2017), and their intersectional experience of emotion work (Abi Zeid Daou et al., 2024).

The common themes identified across the three manuscripts were the importance of community, the loss of community, language barriers, loneliness, and how challenging it is for

adult refugees, and specifically mothers, to adapt to host countries. Having the opportunity to communicate with and connect to people with shared experiences, cultures, and languages is thus an important form of coping in the context of these challenges. Indeed, the protective factors identified across the three manuscripts were creating and providing a safe space, community-building, and religion.

The loss of community is a significant challenge for refugees. Systemic therapy theoretical approaches can be appropriate when creating support groups for refugee mothers, as such approaches focus on the interacting systems of society, institutions, and family, and in turn how these interacting systems impact individuals (Agazarian & Grant, 2011).

We have demonstrated that refugee mothers connecting with other refugees with similar set of values, cultures, and lived experiences is essential for their well-being (Abi Zeid Daou, 2022; Chester, 1992; Kim et al., 2008; Koh et al., 2018; O'Shaughnessy et al., 2012; White et al., 2009). For example, *Sweet Mother*, *The Moving Forward Project*, and *The Use of Mobile Phone for Social Capital Development* are three community-based interventions we reviewed that portrayed how meaningful having safe community spaces and opportunities for community-building are as protective factors for mothers who are refugees (Koh et al., 2018; O'Shaughnessy et al., 2012; White et al., 2009). This is consistent with our finding that Syrian refugee mothers suffer from the loss of community and from hiding their negative affect to protect their children, which exacerbates their emotion work (Abi Zeid Daou et al., 2024). If refugee mothers are provided with a support group that takes into consideration systemic approaches and the loss of community, and provides a space to communicate in their native language rather than the host country language, they could perhaps turn to each other for emotional support in a safe space.

As previously mentioned, Syrian refugee mothers tend to hide their negative affect from their families and engage in self-concealment. Self-concealment is a maladaptive avoidance and control-focused coping strategy that can exacerbate the mental health issues refugee mothers face as well as their loneliness (Barry & Mizrahi, 2005; Friedlander et al., 2012; Ichiyama et al., 2008; Larson & Chastain, 1990).

Therefore, while considering systemic approaches and community-based mental health interventions, mental health professionals and frontline workers must possess a deep understanding of the complex systems within the post-resettlement context and consider the loss of community, additional emotion work, self-concealment, language barriers, and other forms of maladaptive coping (Abi Zeid Daou et al., 2024) as themes to address when working with refugee mothers.

It would also be important for practitioners and professionals working with refugee mothers to compile a list of accessible and language-appropriate resources. This can be done through pamphlets written in their native language or service workers who speak the same native language as the population they are serving. There needs to be more resources available that consider language of delivery and consider "community-building" and "providing safe spaces" as central program outcomes. Professionals who can speak the refugees' native language can be quite meaningful in contributing to refugees knowing their rights, which resources they have access to, how to connect to the host country's general population, as well as enhancing trust with host country's institutions. Lastly, it is evident refugee mothers would benefit greatly from having access to culturally specific resources, such as community safe spaces, more accessible ways to bridge language barriers, and more relevant mental health interventions.

Limitations and Future Directions

The systemic review only included scientific peer-reviewed articles written in English. In addition, the review included very few studies with disparate methodologies which can make generalization across studies difficult. The outcomes of interventions for refugee mothers also need to be evaluated in more systematic ways. Future research should explore the long-term effects of these interventions on refugee families' well-being. Interesting next steps would involve the creation of culturally specific mental health interventions for refugee mothers in Montréal which centers the identified themes (language of delivery, “community-building” and “providing safe spaces”).

In terms of the studies conducted in Montréal, because of how small the specific Syrian Refugee community is, the families were not comfortable disclosing their ages and the ages of their children and chose to remain fully anonymous as they knew that type of information is identifiable within their community. As such, out of respect to their wishes and concerns with confidentiality, the demographic information was not disseminated.

Now that we have explored refugee mothers’ perception of additional emotion work in the family, as well as how they cope with elevated emotion work and the numerous obstacles of being a newly resettled refugee, the next step would be to prioritize community-building and provide mothers who are refugees with new opportunities for community-based social support. This expansion of the emotion work framework to include refugee mothers of color, their positionality and lived experience, and their qualitative experience of emotion work vis-à-vis resettlement is foundational for therapy, intervention work with refugees, and creating the opportunity for the development of emotional regulation resources created specifically for refugee mothers.

Conclusion and Summary

The themes “Educational challenges” in terms of communication barriers and racism, “Adult adaptation”, and “Emotional exhaustion” emerged from the semi-structured interviews in Study 1. Study 1 revealed the unique additional burdens of emotion work that refugee mothers carry within their family. Furthermore, participating mothers expressed that available resources center children and do not address the needs of adult refugees. Mothers who are refugees are particularly at risk for mental health problems and emotional exhaustion. Refugee mothers face unique risk factors and challenges due to their intersectional identity, and scientific literature and interventions do not consider their specific needs, risk factors, and experiences.

Thus, Study 2 presents empirical evidence to contextualize the risks refugee mothers face and a systematic review of the literature on existing mental health interventions for refugee mothers. Specific risk factors identified were gender-based violence, specific mental health challenges, and language barriers. In terms of mental health interventions for refugee mothers, there were multiple limitations across different intervention studies, such as outcomes not being calculated and assessed, concerns for validity, and interventions’ methodology not properly aligning with their outlined objectives. The review suggested that across different populations and methodologies the protective factors that emerged where creating and providing a safe space, being a linguistic liaison, advocating for refugee mothers’ needs, and community-building. Indeed, this study underscores the importance of targeted interventions for refugee mothers to support their mental health and sociocultural adaptation.

Finally, Study 3 provided an in-depth exploration of the experiences of additional emotion work and coping of mothers who are refugees from Syria. The experiences of emotion work for refugee mothers involve emotion work as “maneuvering new homes”, emotion work as

“hiding negative affect”, emotion work as “overcompensating”, emotion work as “language stressors”, and “religion as coping”. This is an expansion of the emotion work framework to include refugee mothers of color, their positionality and lived experience, and their qualitative experience of emotion work vis-à-vis resettlement. This original scholarship thus suggests that targeted interventions for refugee mothers should pay specific attention to community loss, living spaces, additional emotion work, self-concealment, and other forms of maladaptive coping.

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Appendix A

Ethics Approval (Study 1)

McGill

Research Ethics Board Office
James Administration Bldg.
845 Sherbrooke Street West. Rm 325
Montreal, QC H3A 0G4

Tel: (514) 398-6831

Website: www.mcgill.ca/research/research/compliance/human/

Research Ethics Board II
Certificate of Ethical Acceptability of Research Involving Humans

REB File #: 373-0219

Project Title: The Experiences of Newly-resettled Syrian Refugees in Montreal: An Exploration of Emotion Work and Coping

Principal Investigator: Kim Abi Zeid Daou

Department: Educational and Counselling Psychology

Status: Ph.D. Student

Supervisor: Professor Steven Shaw

Co-Researcher: Maxime Cousineau-Pérusse, PhD Student (McGill)

Approval Period: March 21, 2019 – March 20, 2020

The REB-II reviewed and approved this project by delegated review in accordance with the requirements of the McGill University Policy on the Ethical Conduct of Research Involving Human Participants and the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans.

Georgia Kalavritinos
Ethics Review Administrator

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* Approval is granted only for the research and purposes described.
* Modifications to the approved research must be reviewed and approved by the REB before they can be implemented.
* A Request for Renewal form must be submitted before the above expiry date. Research cannot be conducted without a current ethics approval. Submit 2-3 weeks ahead of the expiry date.
* When a project has been completed or terminated, a Study Closure form must be submitted.
* Unanticipated issues that may increase the risk level to participants or that may have other ethical implications must be promptly reported to the REB. Serious adverse events experienced by a participant in conjunction with the research must be reported to the REB without delay.
* The REB must be promptly notified of any new information that may affect the welfare or consent of participants.
* The REB must be notified of any suspension or cancellation imposed by a funding agency or regulatory body that is related to this study.
* The REB must be notified of any findings that may have ethical implications or may affect the decision of the REB.

Appendix B

Parent Interview Guide (Study 3)

McGill

Research Ethics Board Office
James Administration Bldg.
845 Sherbrooke Street West. Rm 325
Montreal, QC H3A 0G4

Tel: (514) 398-6831

Website: www.mcgill.ca/research/research/compliance/human/

Research Ethics Board II
Certificate of Ethical Acceptability of Research Involving Humans

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* The REB must be promptly notified of any new information that may affect the welfare or consent of participants.
* The REB must be notified of any suspension or cancellation imposed by a funding agency or regulatory body that is related to this study.
* The REB must be notified of any findings that may have ethical implications or may affect the decision of the REB.

Appendix C

Parent Interview Guide (Study 1)

Question 1: How is your child adapting to life in Canada?

- What do you think is their biggest obstacle?
- How do they feel about school?
- How are you adapting to Canada as a family?
- What are your biggest obstacles?
- What does the word “refugee” mean to you?

Question 2: What are the main differences between schools in Syria and schools in Canada?

- How are your interactions with teachers different?
- How does communication with school staff look like?
- How are your child’s relationships with classmates different?

Appendix D

Research Consent Form (Study 1)

RESEARCH CONSENT FORM

Institution: Faculty of Education, McGill University
Project Title: Family-based Intervention for Emotional Education with Syrian Refugees
Researcher: Kim Abi Zeid Daou, M.A. Candidate
Supervisor: Dr Steven Shaw, Ph.D.

Dear parent or legal tutor,

We invite you and your child to participate in a research project that evaluates the effectiveness of an intervention for promoting students to experience optimal well-being and positive peer relations when at school. Please examine the following information before accepting to participate in this project. This consent form explains the aims of the project, the procedures, the advantages, the risks, and lists the people to contact for further information.

Privacy and Confidentiality

Your child's name will only be known to the primary investigator (Kim Abi Zeid Daou). Your child will be assigned a file number and all his or her information will be designated by this number. When the research is presented, no identifying information will be revealed. However, if your child indicates serious intent to harm themselves or others, or if it is suspected that they are being harmed, confidentiality may be broken and reported to the appropriate authorities.

What is the purpose of the study?

The purpose of the study is to evaluate the effectiveness of an intervention for promoting students to experience optimal well-being at school and in their new home in Canada. In addition, the purpose of the study is to gain deeper understanding of experiences, perceptions, and narrations of refugee families in Canada. The results of the study will help provide insight as to how to promote children to experience optimal well-being and social functioning, and how it can further help a wider population of children. This study will help to provide a simple and low-cost intervention to children and families. The information will also be published in scientific journals and presented at professional conferences.

What will you and your child be required to do?

If you consent and give consent for your child to participate in this study, you and your child will participate in this family-based intervention. The main task consists of reading the storybook and discussing the stories. The book depicts four children, each in a different situation that may be stressful or difficult to manage. Each story is followed by questions, such as “what do you think the character is feeling?”, “what would you do if you were in this situation?”, which will be answered and discussed collaboratively.

Before the start of the intervention, you and your child will be asked to fill out questionnaires on sociocultural adaptation, and depressive and anxious symptoms. These questionnaires will be filled out at home, and should take between 30 and 45 minutes to complete for the child and 20 minutes for the parent The principal investigator (Kim Abi Zeid Daou) will administer the questionnaires to your child. After completion of the questionnaires, you will be asked to read the storybook with your child four times over the course of two weeks. Reading the book should take approximately 15 minutes each time. After those two weeks, you and your child will be asked to fill the same questionnaires again, for the duration of approximately 30 to 45 minutes for the child and 15 minutes for the parent

Finally, you will be asked some questions about your child’s adaptation in Canada, emotions, and about your appreciation of the storybook. The interview should take approximately 15 minutes.

Parent Interview

The interview will be audio recorded and later transcribed by the principal investigator Kim Abi Zeid Daou, and will be secured electronically and physically in a locked room away from public access. Information gathered from the interviews may be published or presented in conferences, journals, and theses; however, this will not include your name or other identifying information.

Your participation and your child's participation is entirely voluntary and you and your child may retract yourselves at any moment without consequences and without explanations. You and your child may also refuse to answer any question without having to provide an explanation.

Associated Risks

Your child may become frustrated or bored with filling out the questionnaires. We are ready to answer questions to help you and your child understand the information asked.

The fictional stories and the questions presented in the storybook may stimulate conversations about your child’s personal experiences at school. It may be difficult to discuss those different emotions and situations with your child. A script with appropriate answers will be available to you in order to help guide the discussion. Moreover, the principal investigator (Kim Abi Zeid Daou) will be available to answer questions or assist you with these discussions.

If you have any questions or concerns about the study, please do not hesitate to contact the school or the researchers. I will be able to answer any questions you have.

Declaration of the parent or legal tutor:

Agreeing to participate in this study does not waive any of your rights or release the researchers from their responsibilities. A copy of this consent form will be given to you and the researcher will keep a copy. To ensure the study is being conducted properly, authorized individuals such as a member of the Research Ethics Board, may have access to your study information. By signing this consent form, you are allowing such access.

I have read the description of the study and am fully informed of the procedures, the requirements, the risks, and the advantages of the study. I give my free and voluntary consent for mine and my child's participation in this study.

_____

Name of participant child

_____

Name of participant parent Signature of parent/legal tutor Date

_____

Date of birth of participant child

_____

Name of investigator name Signature of investigator Date

If you have questions or concerns, you may contact the researchers using the contact information below. If you have questions concerning your rights and the well-being of your child in this study, you can communicate with the McGill Research Board of Ethics at 514-398-6831 or by email: lynda.mcneil@mcgill.ca

Sincerely,

Kim Abi Zeid Daou, M.A. Candidate

Faculty of Education, McGill University
3700, McTavish street, room 614
Montréal, Québec H3A 1Y2

Contact information

Primary researcher: Kim Abi Zeid Daou
kim.abizeiddaou@mail.mcgill.ca (514) 742-8236

Supervisor: Steven Shaw
steven.shaw@mcgill.ca

Appendix E

Phone Solicitation Script (Study 3)

Hello, this is Kim Abi Zeid Daou, you participated in a study with me last year, for the Connections Lab at McGill University. This study is being conducted under the supervision of Dr. Steven Shaw in the department of Educational and Counselling Psychology.

I am contacting you to ask if you would be interested in participating in another study with us. The study consists of a one-on-one interview where you will be asked about your experiences related to the challenges of resettlement. The interview will last approximately between 40 minutes to one hour and will be audio-recorded.

Would you be interested in meeting again to talk about this study in more detail?

[The meeting will then be scheduled if the potential participant expresses interest].

I will send you a copy of the consent form before our meeting so that you can read the details. We will go over the form together as well before the interview.

Appendix F

Interview Guide (Study 3)

- Could you describe your experiences of being a refugee in Canada?
- Could you describe your biggest challenges in adapting to life in Canada?
- Could you describe your adaptation and coping strategies?
- What does emotion work mean to you?
- Please describe your experiences of emotion work after re-settlement.
    - Has that changed as a function of time?
    - How do you perceive it?
    - How do you cope with it?
- What are the biggest challenges you face vis-à-vis your children's education?
    - Could you describe your coping strategies in the face of those challenges?
    - Do you turn to anyone for help, and if yes – who and how?

Appendix G

Research Consent Form (Study 3)

RESEARCH CONSENT FORM

Institution: Faculty of Education,Department of Educational and Counselling Psychology, McGill University

Project Title: The Experiences of Newly-resettled Syrian Refugees in Montréal: An Exploration of Emotion Work and Coping

Researcher: Kim Abi Zeid Daou, Ph.D. student

Co-investigator: Maxime Cousineau-Pérusse, Ph.D. student, Faculty of Education,Department of Educational and Counselling Psychology, McGill University

Supervisor: Dr Steven Shaw, Ph.D.

Dear participant,
We invite you to participate in a research project that explores the adaptation and coping of newly-resettled refugees. Please examine the following information before accepting to participate in this project. This consent form explains the aims of the project, the procedures, the advantages, the risks, and lists the people to contact for further information.

Privacy and Confidentiality
Your name will only be known to the primary investigator (Kim Abi Zeid Daou). However, research assistants may listen to the recording of the interview in order to transcribe it. Recordings will be destroyed once the interview is transcribed.

Research assistants will sign a confidentiality agreement and will not have access to any other identifying information such as your name. You will be assigned a participant number and all of your information will be designated by this number. When the research is presented, you may be quoted directly, but no identifying information will be revealed. Audio recordings will never be publicly disseminated.

What is the goal of the study?
The goal of the study is to gain a better understanding of your challenges in regard to resettlement in Canada. The results of the study will help improve and guide future research and services with refugee families, and how professionals can better support refugees. The results will also be published in scientific journals and presented at professional conferences.

What will you be required to do?

If you consent to participate in this study, then you will participate in a one-on-one semi-structured interview. In this interview, you will be asked to discuss your experiences related to the challenges of resettlement. The interview should take an hour.

Voluntary Participation

Your participation is entirely voluntary, and you may retract yourself at any moment without consequences and without explanations. You may also refuse to answer any question or to stop the interview at any point without having to provide an explanation If you chose to withdraw from the study, all data will be destroyed (includes audio-recording) unless permission is given otherwise at the time of withdrawal.

Associated Risks

There is no anticipated risk of discomfort in this study. However, discussing your experiences of resettlement may be difficult or uncomfortable. You are free to refrain from discussing any topic that you are not comfortable with, without affecting your participation in the study.

If you have any questions or concerns about the study, please do not hesitate to contact the researchers. I will be able to answer any questions you have.

Consent:

Please sign below if you have read the above information and consent to participate in this study. Agreeing to participate in this study does not waive any of your rights or release the researchers from their responsibilities.

A copy of this consent form will be given to you and the researcher will keep a copy

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Name of participant Signature Date

If you have questions or concerns, you may contact the researchers using the contact information below.

If you have questions concerning your rights and well-being in this study, you can communicate with the McGill Research Board of Ethics at 514-398-6831 or by email: lynda.mcneil@mcgill.ca

Sincerely,

Kim Abi Zeid Daou, PhD Student

Faculty of Education, McGill University
3700, McTavish street, room 614
Montréal, Québec H3A 1Y2
Contact information
Primary researcher: Kim Abi Zeid Daou
kim.abizeiddaou@mail.mcgill.ca (514) 742-8236
Supervisor: Steven Shaw
steven.shaw@mcgill.ca

APPENDIX H

Research Assistant Confidentiality Agreement

Project title: The Experiences of Newly-resettled Syrian Refugees in Montréal: An Exploration of Emotion Work and Coping

Principal Investigator: Kim Abi Zeid Daou
Co-investigator: Maxime Cousineau-Pérusse
Supervisor : Steven Shaw

[ ] I understand that all the material I will be asked to transcribe is confidential

[ ] I understand that the interview tapes, sound files or interview notes can only be discussed with the principal investigator

[ ] I will not keep any copies of the information nor allow third parties to access them

Research Assistant's signature: _____

Research Assistant's name: _____

Date: _____

Signature of PI: _____

Name of PI: _____

Note: The Research Assistant will be given a copy of this form to retain for her/his records