

2005

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Sarah F. Derby
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A CRITICAL NARRATIVE STUDY OF
MOTHER-DAUGHTER RELATIONSHIPS IN NEWCOMER FAMILIES

(Spine title: Critical Narrative Study of Newcomer Mothers and Daughters)

(Thesis format: Integrated-Article)

by

Sarah F. Derby

Graduate Program in Nursing

Submitted in partial fulfillment
of the requirements for the degree
of Master of Science in Nursing

Faculty of Graduate Studies
The University of Western Ontario
London, Ontario
July 2005

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Abstract

The number of newcomer women and girls arriving to Canada from developing countries is rising. The critical narrative study explored how newcomer women's and girls' experiences shape and are *shaped by* their relationships with each other within their newcomer context. Seven ethno-culturally diverse mother-daughter dyads participated. Individual and dyadic analyses were conducted on narrative data collected from in-depth interviews. Findings revealed the desire for all participants to combine the positive attributes from Canadian society with the positive attributes from their traditional culture. However, their ability to achieve this goal was thwarted by a perceived pressure to assimilate to Canadian ways, with few, if any, supports available to maintain traditional cultural orientations. To reduce conflict and to help in their pursuit of the 'best of both worlds', a strong connection was formed between mothers and daughters. The findings demonstrate a need for research using participatory approaches, and efforts aimed at strengthening and supporting the mother-daughter relationship.

Keywords: mother-daughter relationship; critical theory, newcomers; health promotion

CO-AUTHORSHIP

Sarah Derby completed the following work under the supervision of Dr. Helene Berman and Dr. Cheryl Forchuk who will be co-authors of the publication resulting from this work.

DEDICATION

I would like to dedicate this work to my mothers. To my mother Naomi, the eternal bundle of energy. Your spirit, and wisdom never cease to amaze me. You have taught me what it means to give 100% into everything I do. If I could only be *half* of the woman that you are, I would consider myself blessed.

To my mother Sherri, the most courageous woman I have ever met. Thank you for all your support and for helping me embrace the woman I have become.

Finally, I dedicate this work to the mothers and daughters who shared their stories with me. Whenever I felt like giving up, your voices echoed throughout my ears...and I knew I could keep going. This research is just as much *for* you as it is *about* you.

“ If you are here to help me, then you are wasting your time. But if you come because your liberation is bound up with mine, then let us begin” -Lilly Walker

ACKNOWLEDGMENTS

After reflecting on everything that has happened in my life since beginning this journey, I have come to realize that all those moments when I felt so alone, there was always someone waiting for me at the end of the next road. Thank you to my wonderful family, to all of my friends, colleagues and to Brent. Your unconditional love, encouragement and support have meant the world to me. Thank you for carrying me through it all.

Thank you to Helene, foremost for your guidance, respect and support. I always knew I would feel better after talking with you. Your passion for research, change and facilitating one's learning inspires and amazes me. Thank you for your leadership in making my research possible.

Thank you to Cheryl, for your guidance as well as all of your practical tips for "killing two birds with one stone".

Finally, I would like to acknowledge the Faculty of Health Sciences for their Research and Retention grant for funding in completing this work.

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CHAPTER I

Recent years have seen an increase in the number of immigrants to Canada. According to a report by Citizenship and Immigration Canada (2003), in the year 2002, Canada received almost one-quarter of a million immigrant and refugees from various countries around the world. Of these, more than 50 % were female, with almost four out of every 10 females being under the age of 24 (2003). Given current political strife in the world, these numbers are expected to rise with more newcomers arriving from developing countries. It has been documented that the health status of newcomers declines as they pursue life in Canada (Hyman, 2001). Newcomer women and children have been increasingly recognized as immigrant subgroups most likely to experience socio-economic disadvantages and associated health problems (Gagnon, 2002; Hyman, 2001). Thus, research that examines the experiences of newcomer mothers and daughters following settlement is central to the process of health promotion, a process that enables people to increase control over and improve their health (World Health Organization, 1986).

Background and Significance

According to Jiwani (2001), newcomer women are situated at the juncture of many intersecting sites of oppression and domination. On a daily basis, these women are faced with unique challenges that influence the mothering role. These include: isolation (Hattar-Pollara & Meleis, 1995; Neufeld, Harrison, Stewart, Hughes & Spitzer, 2002); unmet health care needs (Clark, 2002; Kirkham, 2003; Kobayashi, Moore & Rosenberg, 1998; Matuk, 1996); language barriers (Williams, 1996); role overload (Hattar-Pollara & Meleis); poverty (Jiwani); vulnerability to violence (Tummal-Narra, 2004); and dependence on others, including their children (Jiwani). As well, gendered expectations

in Canada are often quite different from those in their countries of origin. Learning to negotiate their roles as women, and as mothers, poses multiple challenges (Jiwani; Meleis, 1991).

Understanding relationships between individuals provides opportunities for addressing the health needs of clients. In a policy research report on motherhood under duress, it was identified that mothers and children are typically viewed as separate entities in the design and implementation of programs and policies. The authors of the report concluded that the mother-child unit is more than the sum of the rights of each individually (Greaves et al., 2002). The mother-daughter relationship has been identified as one that is influential in the health of mothers and daughters, both by its presence (Barnett, Kibria, Baruch & Pleck, 1991; Miller, 1995; Short & Johnson, 1997), and by its absence, through mother-loss (Dietrich, McWilliam, Ralyea, & Schweitzer, 1999; S. Smith, 1997; Webb, 1992). Some of the issues and questions raised by researchers examining mother-daughter relationships have been derived from theoretical frameworks of psychological development that emphasize the daughters' need for separation and autonomy from mothers (Miller, 1995). While this knowledge is useful, these frameworks are of questionable value for understanding relationships in which separation may not be a valued concept.

For example, research with racialized immigrant and refugee girls in Canada has revealed that the same level of separateness from parents/mothers and reliance on peers that has been documented with respect to North American culture is not their experience (Jiwani, 2002). This difference has largely been attributed to differences in cultural values of newcomer families and the pervasive experiences of racism that immigrant and refugee girls face on a daily basis (Beiser, 1988; Jiwani, 2002). Rather than seeking

increasing degrees of separation, this research suggests that newcomer girls and young women may, in fact, prefer to remain connected with their families in the face of hostility encountered outside of the family.

Research on the relationship between mothers and daughters has predominantly been carried out with White Caucasian groups (Boyd, 1990; Diem, 2000; Martell, 1990; Miller, 1995). However, numerous writers have examined mother-daughter relationships within the African- American population (Aronwitz, & Morrison-Beedy, 2004; Banks-Wallace & Parks, 2001; Bell-Scott et al., 1991; Collins, 1991; Greene, 1990; Pennington, 2004). To date, limited research has been identified with a specific focus on the mother-daughter relationship between newcomer women and their daughters as they settle together in a new country. While findings from research with White groups are often extrapolated to other populations, this practice results in flawed understandings. Thus, a critical analysis of mother-daughter relationships among newcomer families that results in contextualized knowledge, is needed. Using a critical lens allows for an examination of their experiences as individuals, while simultaneously probing how their experiences influence and shape their relationships with each other

Purpose of the Study and Research Questions

The purpose of this study was to examine the experiences of newcomer mothers and daughters after settlement in Canada and to explore how those experiences in turn, *shape* and are *shaped by* their relationships with each other within the context of being newcomers. Specifically, the research questions were:

1. How do newcomer women describe their relationships with their daughters?
2. How do newcomer daughters describe their relationships with their mothers?

3. How is the health of mothers and daughters influenced by their relationships with each other?
4. How have mother-daughter relationships changed with newcomer status?
5. How is the relationship shaped by socio-political factors such as racism, sexism and classism?
6. What areas of change are needed to address the health needs of newcomer mothers and their daughters that can be addressed by health promotion research and/or practice?

Theoretical and Methodological Underpinnings

The theoretical perspective guiding this investigation is a synthesis of ideas from principals underlying critical theory (Fontana, 2004), narrative inquiry, and the concept of cultural safety. One common aim of any critical research study is to recognize, and challenge the historical silencing of marginalized groups and to provide a means of centering their voices (Fontana, 2004). Within a critical framework, the researcher seeks to describe phenomena as they are experienced subjectively, and examines how those experiences are influenced by socio/historical processes and structures. It is evident from previous research conducted with immigrant/refugee women and girls that the expression and interpretation of race, class and gender shapes their individual experiences (Hattar-Pollara & Meleis, 1995; Jiwani, 2001, 2002). Thus, a strength of this study design is that it illuminates not only their individual and relational experiences, but also the institutional and structural processes that shape them. Thus, critical inquiry provides an opportunity for reflection and critique of the systemic structures that shape and are shaped by newcomer mothers and daughters to promote change, a necessary prerequisite for improving the health of marginalized populations (Berman, Ford-Gilboe & Campbell,

1998; Berman, 2003; Fontana, 2004; Meleis, 1996; Stevens, 1989). The potential strategies for change include consciousness raising amongst participants and identifying health promotion strategies at programming and or policy levels.

The concept of 'cultural safety' informs the research at a level that goes beyond merely recognition of the need for cultural sensitivity to one that identifies the structural inequalities in society which impact health care service provision (Polaschek, 1998). Thus, in order to conduct research with clients from diverse cultures, knowledge and recognition of their cultural background are, by themselves, insufficient. Rather, there needs to be recognition of the relationship between dominant and oppressed cultures (Anderson, Perry, Blue, Browne, Henderson, Khan, et al., 2003; Polaschek, 1998).

Narrative Analysis

Narrative inquiry is a research approach that entails eliciting stories and seeking to understand how these are used to make sense of experiences (Maines & Ulmer, 1993).

With respect to this study, narratives provide a means of addressing the process of 'silencing', while simultaneously offering important insights into the experiences and challenges faced by newcomer mothers and their daughters. According to Banks-Wallace (2002), both historical and current contextual factors, as well as cultural norms, influence story creation. As Banks-Wallace asserted, "stories in and of themselves are meaningless; it is what people do with stories that makes them important" (Banks-Wallace, p.13).

Efforts were made to perform coding of data while keeping the narratives intact, thereby preserving the content and context of the stories being told. For analysis of story contexts, careful attention was paid to references made by the participants with respect to specific historical events and conditions that influence the meaning of their stories. The immediate storytelling context such as the place of interview and who is involved in the

interaction were also considered when analysing content. According to Banks-Wallace, defining the boundaries for individual stories has historically been based on “middle-class European and American oral traditions” (p. 415) and may not be suitable for diverse populations. Therefore, defining temporal and spatial boundaries such as when the storyteller shifts between events occurring presently and events that have occurred some time in the past will be used to identify story boundaries.

Analysis of story content was performed by thematic and functional analysis at three different stages. Thematic analysis involves identifying common story elements within and amongst stories. Functional analysis involves identifying the purpose and meaning given to the stories (Banks-Wallace, 2002). The first stage was a thematic and functional analysis of the mothers’ narratives. The second stage entailed a thematic and functional analysis of the daughters’ narratives. The third stage was a thematic and functional analysis with the mother-daughter dyads as the unit of analysis. Analysis occurred concurrently with data collection until there was saturation of themes and functions. The final stage involved identifying themes that highlight the similarities and/or differences in experiences through the focus group data. The focus group also yields the opportunity to review conspicuous absences and silences that have been identified by Banks-Wallace as the final step in the analysis process. Absences and silences are the parts of any story that one would expect to be in the story, but in actuality are missing. This phenomenon is usually related to the audience composition and is based on implicit cultural assumptions (Banks-Wallace).

Newcomer defined

While there are many definitions as to the meaning of ‘newcomer’, for the purposes of this research, a newcomer is defined as anyone who was not born in Canada,

and who migrated to Canada under the auspices of the Canada Immigration Act. Consistent with this definition, newcomers may have arrived as either refugees or immigrants, alone or with family members, and has been in Canada for less than 10 years at the time of the interview. It is recognized that conditions under which newcomers migrate to Canada are diverse depending on their circumstances and subsequently their 'status' poses significant influences on their settlement experiences. This study is inclusive of any newcomer with the anticipation of capturing those differences with the chosen methodology.

Relevance of the Research to Nursing

Findings of this study will provide guidance for nurses who play a critical role in recognizing and responding to the unique health care needs of newcomer women. Not only will the study give insight into the personal experiences highlighting areas of strength and vulnerability but also provide insight into how the relationship can be strengthened and supported. In addition, a critical methodology will provide insight for nursing at the structural level (Berman, Ford-Gilboe, Campbell, 1998; Fontana, 2004) whereby changes to particular health related policies and programming relevant to health care with newcomer women and their daughters can be addressed. With an increasing number of newcomer women and girls migrating to Canada (Citizenship and Immigration, 2003) there is a need for nursing research that examines their experiences of negotiating and managing relationships with each other, how those relationships contribute to their health and well-being and how both those individual and relational experiences are shaped by the broader context in which they live.

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CHAPTER II
MANUSCRIPT**

Recent years have seen an increase in the number of immigrants to Canada. According to a report by Citizenship and Immigration Canada (2003), in the year 2002, Canada received almost one-quarter of a million immigrant and refugees from various countries around the world. Of these, more than 50 % were female, with almost four out of every 10 females being under the age of 24 (2003). Given current political strife in the world, these numbers are expected to rise with more newcomers arriving from developing countries. It has been documented that the health status of newcomers declines as they pursue life in Canada (Hyman, 2001). Newcomer women and children have been increasingly recognized as immigrant subgroups most likely to experience socio-economic disadvantages and associated health problems (Gagnon, 2002; Hyman, 2001). Thus, research that examines the experiences of newcomer mothers and daughters following settlement is central to the process of health promotion, a process that enables people to increase control over and improve their health (World Health Organization, 1986).

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** a version of this manuscript will be submitted for publication

unmet health care needs (Clark, 2002; Kirkham, 2003; Kobayashi, Moore & Rosenberg, 1998; Matuk, 1996); language barriers (Williams, 1996); role overload (Hattar-Pollara & Meleis); poverty (Jiwani); vulnerability to violence (Tummal-Narra, 2004); and dependence on others, including their children (Jiwani). As well, gendered expectations in Canada are often quite different from those in their countries of origin. Learning to negotiate their roles as women, and as mothers, poses multiple challenges (Jiwani; Meleis, 1991).

Understanding relationships between individuals provides opportunities for addressing the health needs of clients. The mother-daughter relationship has been identified as one that is influential in the health of mothers and daughters, both by its presence (Barnett, Kibria, Baruch & Pleck, 1991; Miller, 1995; Short & Johnson, 1997), and by its absence, through mother-loss (Dietrich, McWilliam, Ralyea, & Schweitzer, 1999; S. Smith, 1997; Webb, 1992). Some of the issues and questions raised by researchers examining mother-daughter relationships have been derived from theoretical frameworks of psychological development that emphasize the daughters' need for separation and autonomy from mothers (Miller, 1995). While this knowledge is useful, these frameworks are of questionable value for understanding relationships in which separation may not be a valued concept.

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than seeking increasing degrees of separation, this research suggests that newcomer girls and young women may, in fact, prefer to remain connected with their families in the face of hostility encountered outside of the family.

Research on the relationship between mothers and daughters has predominantly been carried out with White Caucasian groups (Boyd, 1990; Diem, 2000; Martell, 1990; Miller, 1995). However, several writers have examined mother-daughter relationships within the African- American population (Aronwitz, & Morrison-Beedy, 2004; Banks-Wallace & Parks, 2001; Bell-Scott et al., 1991; Hill Collins, 1991; B. Greene, 1990; Pennington, 2004). To date, limited research has been identified with a specific focus on the mother-daughter relationship between newcomer women and their daughters as they settle together in a new country. While findings from research with White groups are often extrapolated to other populations, this practice results in flawed understandings. Thus, a critical analysis of mother-daughter relationships among newcomer families that results in contextualized knowledge, is needed. Using a critical lens allows for an examination of their experiences as individuals, while simultaneously probing how their experiences as newcomers influence and shape their relationships with each other

Literature Review

The Cumulative Index to Nursing and Allied Health Literature (CINAHL), MEDLINE, Psychinfo, Contemporary Women's Issues, Dissertation Abstracts Online, and applicable Government reports were searched to obtain literature related to immigrant/refugee or newcomer women and girls and mother-daughter relationships that were published in the last 10 years. An overview of the literature about newcomer women, newcomer girls, and mother-daughter relationships will be presented.

Situating Newcomer Women

Early settlement: making the transition

Research regarding newcomer women has yielded conflicting views regarding their experiences of settlement in a new country, and whether they encounter greater challenges than do men. Akhtar (1999) concluded that women psychologically adapt to immigration better than their male counterparts. The author offers five reasons for this assertion: their tendencies to form closer relationships; their greater sense of commitment; their nesting instinct; the shared experiences of motherhood that bring together mothers regardless of cultural background, and their predominant role in parenting gives them the advantage of learning about the new culture from their children. In contrast to Akhtar's conclusion, much of the research on newcomer women has revealed the unique difficulties women face as they settle into a new country (Berger, 2004; Clark, 2002; Hattar-Pollara & Meleis, 1995; Jiwani, 2001; Jones, Zhang, & Meleis, 2003; Meleis, 1991; Neufeld, Harrison, Stewart, Hughes & Spitzer, 2002; S. Smith, 2004; Tummal-Narra, 2004; Williams, 1996). These difficulties may negatively influence newcomer women's abilities to adapt to their mothering role in a new country.

Refugee women

It is well documented that refugee women face additional and compounding events during the pre-migration period that make settlement in the host country challenging (Allotey, 1998; Beiser, 1988; Hyman, 2001). According to a narrative study by Irias-Giron, Marroquin, Berman, Derby and Voia (in press), many women have endured varied forms of pre-migration violence and trauma; frequently they were forced to flee their countries of origin amid dangerous circumstances, leaving loved ones behind (Friedman & Jaranson, 1994). The effects of these experiences often persist long after

resettlement in a new country (Berman et al., in press; Kulig, 1994). The continued presence of pervasive symptoms suggestive of Post Traumatic Stress Disorder (PTSD) (Davis, 2000; Friedman & Jaranson, 1994; Hollifield, Warner, Lian, Krakow, Jenkins, Kesler, et al., 2002; Keyes, 2000; Muecke, 1992), poses additional challenges for refugee women as they strive to manage multiple roles, including mothering in the host country.

Continued settlement: mothering in a new context

Immigration is not an event, but is more aptly conceptualized as a process that continues over time as women navigate their way in the host country. Furthermore, the process of immigration is experienced differently by all women, and is reliant on their unique circumstances. Researchers conducting focus groups have found the settlement process to be particularly complex for immigrant parents in Ontario (Anisef, Kilbride, Ochocka, & Janzen, 2001). Similarly, settlement has been found to be challenging for mothers, as the values of their family often contrast with the values of the host country (Fraktman, 1998; Hattar-Pollara & Meleis, 1995; Jones, Zhang & Meleis, 2003; Williams, 1996).

Hattar-Pollara and Meleis (1995) qualitatively examined the parenting experiences of Jordanian women in California with respect to their adolescents. The mothers described two forces that shaped their parenting role. The first was the perceived need to maintain ethnic identity, and the second concerned the expectation that mothers assist in their children's adjustment and integration into the host country. The mothers described a process whereby they continually strove to provide a balance between these two seemingly opposing forces. These mothers felt personally responsible for their adolescents' behaviours. This sense of responsibility added to their already overburdened role of mothering and the numerous emotional difficulties in the process (Hattar-Pollara

& Meleis). Similarly, Buki, Ma, Strom and Strom (2003) measured Chinese immigrant mothers' self-perceptions of acculturation effects on parenting adolescents in the United States. According to their analysis, mothers reported more communication problems, lower parenting satisfaction, and uncertainty in asserting their parental roles as their children became more acculturated.

In contrast to these studies, there is some research to suggest that daughters may serve as a source of social support for newcomer women. Jones, Zhang and Meleis (2003) conducted a grounded theory study with Asian American immigrant women in California and found that these women sought support from within the family when resources outside the family were not available to them. Similarly, a recent qualitative study conducted by Simich, Beiser and Mawani (2003) indicated that refugees sought out others in the early settlement period who may share similar experiences and was a determinant of overall well-being. Moreover, daughters' support has been shown to positively influence Korean immigrant women's overall well-being when their daughters are second generation immigrants in the United States (Usita, 2001). Thus, additional research is needed to more fully comprehend how newcomer women's experiences shape their relationships with their newcomer daughters and how their relationships in turn, influence newcomer women's well-being.

Situating Newcomer Girls

Much of the current research lacks a gendered analysis regarding the experience of being a newcomer girl in Canada. Several exceptions to this pattern, however, are noteworthy (Doswell & Braxter, 2002; Champion & Kelly, 2002; Goodenow & Espin, 1993; Khanlou, Beiser, Cole, Freire, Hyman, & Kilbride, 2002). The absence of gendered understanding reflects the dominant discourse whereby the experiences of girls are

collapsed under the category of children and/or adolescents (Berman & Jiwani, 2002; Berman, 2003; Jiwani, 2002). In addition, the main source of knowledge on the health of immigrant children in Canada is based on findings from the National Longitudinal Survey of Children and Youth (NLSCY) (Beiser, Hou, Hyman, & Tousignant, 1998; Kobayashi, Moore & Rosenberg, 1998). Drawing from conclusions in a health policy report on immigration and health status, Hyman (2001) asserts that this database is limited in its ability to specifically address the experiences of immigrant children/youth due to the fact that relatively few of these youth were included in the study. Furthermore, due to the tendency of researchers to focus on immigrant adolescents as opposed to children, much of this review is in relation to this particular developmental life-stage.

Early settlement: making the transition

Newcomer children and youth, like newcomer women, leave behind a familiar country, language, culture, community, and sometimes family and friends when they come to Canada. Many lack control over, or input into, the decision to migrate (Khanlou, et al., 2002). It has been well documented with children that pre-migration experiences including violence, especially in the case of refugees, influence post-migration health and settlement (Bardin, 2005; Berman, 1999; Crockett, 2005; Fox, Cowell & Montgomery, 1994; Rousseau, Drapeau & Corin, 1997; Rousseau, Drapeau & Platt, 1999; Tousignant, Habimana, Biron, Malo, Sidoli-LeBlanc & Bendris, 1999). These experiences, in conjunction with the barriers encountered during the resettlement process and the developmental task of identity formation in adolescence, place newcomer girls at increased risk for problems related to mental health (Hyman, Yu, & Beiser, 2000; Khanlou, 2004; Khanlou et al., 2002).

Beyond re- settlement: growing up in a new context

Many researchers who have examined the health of newcomer adolescents have used the concept of acculturation as a theoretical framework (Rhee, Chang, & Rhee, 2003; Fu Keung Wong, Lam, Yan & Hung, 2004; Yu, Huang, Schwalberg, Overpeck & Kogan, 2003). According to the Acculturation Model (Berry; 1990), cognitive and behavioral changes occur amongst individuals who attempt to resolve conflicts as a result of contact with another culture. Aspects of adolescent newcomer health that have been studied include: risk behaviours (Christopherson & Jordan-Marsh, 2004); disordered eating patterns of Hispanic immigrants (Gordon-Larson, Harris, Ward & Popkin, 2003); dating violence among Latino students (Sanderson, Coker, Roberts, Tortolero, & Reninger, 2004); youth violence (Soriano, Rivera, Williams, Daley, & Reznik, 2004); and alcohol use among Asian-American adolescents (Hahm, Lahiff & Guterman, 2003).

Much of the focus in the *acculturation* literature has been on the conflict experienced by youth/adolescents living between two cultures and the conflicts between youth and their parents (Dumka, Roosa, & Jackson, 1997; Mann, 2004)). According to Handa (2003), the emphasis on conflict inherent in acculturation research leads to a tendency to “measure the ‘success’ of immigrants by the degree to which they assimilate into mainstream Canadian culture.” (p. 8). This focus is problematic because it conceptualizes the different cultures as being ‘equal competitors’ and does not consider the presence of systemic racism in Canada (Handa). In addition, this emphasis suggests that immigrant youth are passive in the process of integrating into a new culture.

In contrast to findings based upon the Acculturation model, and conflict-focused research, there is evidence that adolescents actively engage in developing “bicultural” identities (Anisef, Kilbride, & Khattar 2003; Lopez & Contreras, 2005; Seat, 2003) and

that their relationships with their parents/mothers are a salient factor in their perceived success of this process (Goodenow & Espin, 1993; James, 1997; Kim, 2004; Mann, 2004). Kim conducted a grounded theory study and found that young Korean immigrants in the U.S. engaged in a process of negotiating social, cultural, and generational boundaries. The participants in this study perceived a gap between themselves and their parents as they adopted American norms and values. Those who reported greater communication with their parents reported more satisfaction with themselves. Similarly, Goodenow and Espin interviewed recent immigrant Latin American adolescent females and found that their relationships with their mothers were an important influence for these girls when choosing to retain Hispanic identity.

There is growing evidence that newcomer youth engage in a process of actively forming a bicultural identity (Anisef, Kilbride, & Khattar 2003; Seat, 2003). For girls, the mother-daughter relationships are central to their ability to form a bicultural identity successfully (Goodenow & Espin, 1993). However, research is needed that examines how their experiences with bicultural adaptation *shape* their relationships with their mothers; and *how* those relationships in turn, influence their experiences of bicultural adaptation.

Conceptualizations of the Mother-Daughter Relationship

In this literature review, mother-daughter relationships are examined with respect to two key concepts identified from the literature, namely *separation* and *connection*. Although numerous issues profoundly influence the interaction between newcomer mothers and daughters, mother-daughter relationships among newcomer families have received little research attention. While it is recognized that separation and connection are not discrete or unrelated categories, they are presented separately for the purpose of clarity and simplicity.

Separation and the mother-daughter relationship

Separation-individuation is a psychological process of identity formation that has been used to conceptualize the purpose and nature of the relationship between mothers and daughters. Separation concerns the establishment of a person's firm sense of differentiation, of possessing one's own physical and mental boundaries. Individuation: refers to the range of characteristics, skills, and personality traits that are unique to a person (Mahler, 1975). The notion of the female Oedipus complex, first put forth by Freud, has remained influential in psychoanalysis today and is typically understood as the foundation of female maturation and sexual development. According to this perspective, the intimate relationship between a daughter and her mother results from the daughter's rivalry with her mother in making libidinal connections with her father (Bergman & Fahey, 1998). Following Freud's lead, subsequent theorists, including Erikson (1963) have continued to emphasize separation as a central developmental process.

Within the theory of separation-individuation, autonomy is both valued and measured as the hallmark of healthy psychological development and has been used by many authors when discussing mother-daughter relationships (Boyd, 1990; Chodorow, 1978; Dietrich, McWilliam, Ralyea & Schweitzer, 1999; Bergman & Fahey, 1998; Miller, 1995; Kabat, 1998; Sciarra & Ponterotto, 1998).). This view may lead to an emphasis on strategies that promote separateness and emphasize conflicts.

Connection and the mother-daughter relationship

In contrast to prevailing theories that emphasize separation as a prerequisite for healthy development, several authors have focused, instead, on the connection between a mother and daughter as integral to healthy self development (Gilligan, 1982; Gilligan, Lyons & Hanmer, 1990; Jordan, 1997; Miller, 1991). According to this perspective, the

relationship needs to be nourished and the connection fostered throughout the lifespan. In an effort to reconceptualize intimacy between a mother and daughter, Weingarten (1998) has resisted the idea that daughters who are intimate with their mothers are emotionally inseparable. This author proposes that intimacy has the potential to protect people from pain while simultaneously promoting differentiation that creates emotional stability and supports action. In this sense, the connection from the relationship represents a resource for everyday living.

While connection may offer a more accurate description of the mother-daughter relationship, this perspective has been critiqued for its limited ability to explain *why* connection and relationships are so important to women (S. Greene, 2003). Research with African-American mothers and daughters suggests that *protection*, specifically from systemic racism, is one reason for that connectedness (Banks-Wallace & Parks, 2001; Bell-Scott et al., 1991; Collins, 1991; B. Greene, 1990).

Summary

In summary, the research to date suggests that connection in relationships between newcomer mothers and daughters may be a resource for everyday living. Thus, their relationships are influential in promoting their health and well-being. However, there are few published studies that specifically address how the experiences of newcomer mothers and daughters shape those relationships. In addition, the body of mother-daughter research is limited in its applicability to newcomer mothers and daughters due to the continued emphasis on separation and autonomy and the absence of a gendered analysis. Further, few investigations have examined mother-daughter relationships after settlement in a new country.

Purpose of the Study and Research Questions

The purpose of this study was to examine the experiences of newcomer mothers and daughters after settlement in Canada and to explore how those experiences in turn, *shape* and are *shaped by* their relationships with each other within their newcomer context.

Specifically, the research questions were:

1. How do newcomer women describe their relationships with their daughters?
2. How do newcomer daughters describe their relationships with their mothers?
3. How is the health of mothers and daughters influenced by their relationships with each other?
4. How have mother-daughter relationships changed with newcomer status?
5. How is the relationship shaped by socio-political factors such as racism, sexism and classism?
6. What areas of change are needed to address the health needs of newcomer mothers and their daughters that can be addressed by health promotion research and/or practice?

Methods

Theoretical Underpinnings

The theoretical perspective guiding this investigation is a synthesis of ideas from principals underlying critical theory (Fontana, 2004), narrative inquiry, and the concept of cultural safety. One common aim of any critical research study is to recognize, and challenge the historical silencing of marginalized groups and to provide a means of centering their voices. Within a critical framework, the researcher seeks to describe phenomena as they are experienced subjectively, and examines how those experiences are influenced by socio/historical processes and structures. Thus, critical inquiry provides

an opportunity for reflection and critique of the systemic structures that shape and are shaped by this group to promote change, a necessary prerequisite for improving the health of marginalized populations (Berman, Ford-Gilboe & Campbell, 1998; Berman, 2003; Fontana, 2004; Meleis, 1996; Stevens, 1989).

The concept of 'cultural safety' informs the research at a level that goes beyond mere recognition of the need for cultural sensitivity to one that identifies the structural inequalities in society which impact health care service provision (Polaschek, 1998). Thus, in order to conduct research with clients from diverse cultures, knowledge and recognition of their cultural background are, by themselves, insufficient. Rather, there needs to be recognition of the relationship between dominant and oppressed cultures (Anderson, Perry, Blue, Browne, Henderson, Khan, et al., 2003; Polaschek, 1998). Thus, this concept was used for the researcher conducting the study with participants of different ethnocultural backgrounds.

Participants and Setting

A purposive sample comprised of 13 individuals, six mothers and seven daughters, from seven mother-daughter dyads who participated in the study. Sample sizes with qualitative research evolve to represent the number needed to achieve saturation of themes (Morse, 1999). Participants were recruited through contacts, presentations and posters at community agencies affiliated with newcomers.

The mothers ranged in age from 35-42, and were from ethno-culturally diverse backgrounds. Three were from Middle Eastern countries, one was from Afghanistan, one was from Sudan and one was from Colombia. Some were themselves immigrants in the country from which they immigrated to Canada, and some had fled to Canada as refugees via alternate countries. Length of time in Canada ranged from eight months to seven

years with the average being four years. Three of the mothers were refugees and came with their immediate families; three were immigrants. All women were married with the exception of one whose husband died in a war prior to her arrival in Canada. All women were well-educated professionals in their countries of origin, working in such areas as teaching, engineering, social service, and accounting. All were unable to pursue their chosen career in Canada because their education and credentials were not recognized. Only two of the women spoke any English upon arrival, and while all have acquired considerable fluency in English since arriving in Canada, they continue to speak their first languages (Arabic, Dinka, Spanish, and Dari) in their homes. Although income data were not gathered, all women reported a decline in their financial situations and standard of living upon arrival, a scenario that remained their reality at the time of the interviews.

Eight daughters, ranging in ages 10 to 20 years old participated in the study, the average age was 14. The average age upon arrival to Canada was nine and one-half years old. Two daughters of one mother from Sudan participated in the study. One of these daughters, was also a mother of two children under the age of four. All daughters, with the exception of the mother of two children were students in elementary ($n = 5$), secondary ($n = 1$) and post-secondary ($n = 1$) schools. Only the daughter attending post-secondary school lived away from her mother while all others lived at home. Participants chose the setting for their interviews, with 10 participants interviewed in their homes, two in a local library and one at her workplace. All interviews were conducted in English.

Data Collection Procedures

Ethics approval was obtained from the University of Western Ontario. Participants were provided with a letter of information and after all questions were answered to their satisfaction, informed consent and/or assent was obtained. All

participants took part in one audiotaped face-to-face individual interview, except one mother-daughter dyad that requested to be interviewed together. Upon completion of all the interviews, participants were invited to attend a focus group discussion where preliminary findings were presented and discussed as a means of further examining similarities and differences in experiences.

Data Analysis

Data analysis was conducted in three stages. The first stage was a thematic and functional analysis of the mothers' narratives. The second stage entailed a thematic and functional analysis of the daughters' narratives. The third stage was a thematic and functional analysis with the mother-daughter dyads as the unit of analysis. The interviews were audiotaped and transcribed verbatim, read, reread and then coded as themes emerged. Consistent with analytic techniques described by Lofland and Lofland (1995), the more concrete themes were then placed in a chart where their 'fit' into larger more abstract themes ensued. Diagrams and a flow chart were used to track emerging patterns of themes and to establish how they related to one another (1995). Efforts were made to perform coding of data while keeping the narratives intact, thereby preserving the content and context of the stories being told. According to Banks-Wallace (2002), both historical and current contextual factors, as well as cultural norms, influence story creation. As Banks-Wallace asserted, "stories in and of themselves are meaningless; it is what people do with stories that makes them important" (Banks-Wallace, p.13). The same process was then repeated with data from the daughters with their narratives as the unit of analysis, and again with the mother-daughter units.

Findings

Findings from the mothers' perspectives are presented first followed by the daughters' perspectives and a summary of the mother-daughter relationships. All of the research questions are addressed, but are presented here in an integrated format in order to maintain the integrity and cohesion of participants' stories. The overarching theme for mothers and daughters was the desire for all participants to achieve balance in their lives by combining the positive attributes of Canadian society with the positive attributes from their country of origin. Hence, they were striving for the "best of both worlds". However, through dialogue with mothers and daughters, it became apparent that these two worlds were unequal competitors, and the ability to preserve their traditional customs within Canadian society was, at times, compromised. Many of the dominant values of Canadian society were in direct opposition to their own, and permeated every aspect of their lives, through schools, television, and the workplace. Additionally, the participants described, few, if any, opportunities to celebrate their traditional ways and 'differences' and their belief that their traditional practices were devalued within Canadian society. Furthermore, the presence of conditions such as increased financial burden and/or poverty, isolation, language barriers, and different societal role expectations for females, all contributed to placing any efforts they attempted to make, at a disadvantage. These perceived barriers in Canadian society became the mechanism by which attributes of their "world" were devalued. The result of this devaluing created conditions in which the positive attributes of their traditional cultural life were challenged. Thus, participants perceived pressure to adopt more Canadian values and life ways, in a mutually exclusive fashion and the "best of both worlds" became an elusive and unattainable goal. Sub-themes emerged from the data for each group. The three sub-themes relevant to the mothers were: (a)

Selfless Supporting (b) Negotiating and Building Bridges; and (c) Preserving and Persevering. For daughters, the two sub-themes were: (a) Fitting In; and (b) Balancing a Bicultural Self. All names have been replaced with pseudonyms chosen by participants.

Mothers' Perspectives

Mothers wanted their daughters to have lives that included what they considered to be the positive characteristics from their countries of origin, namely language, religion, traditions, and values. At the same time, they hoped to be able to integrate into their everyday lives those features of Canadian society that they viewed as positive, most notably increased education and career opportunities for females, health care and safety. Aware of Canada's Multiculturalism Act (1988), the mothers felt that their desires were realistic. However, many mothers observed aloud that there was little recognition in Canada for their unique struggles in mothering children 'between two worlds'. While they may have been "legally" entitled to integrate aspects of their culture into their present life, they asserted that there was minimal support available for doing this.

It's really difficult, we are between two, we can't care or give the way we used to or the way we were brought up and we can't even do the way we can do it here. Because we don't know so we have what we tell our kids at home and what they hear at school, and in the community, and anywhere else in the public it's totally different. So we like, okay, what can we do, we can't balance it at all... Parenting is the most important thing, you know, parenting is the most important thing with us, families are totally confused, parents are confused, they don't know what to do.

Selfless supporting

All mothers described putting their daughters' needs ahead of their own which enabled them to 'keep strong' and persevere through difficult and challenging times. For some mothers, their sense of worth and strength was derived from their children's successes. Mothers reflected on the many ways their relationships with their daughters

influenced their health. Most stated that their daughters' health and well-being was a priority and that their own health was strongly contingent upon their daughters' conditions. In Natalia's words:

If she's safe, I'm safe and I feel good and I feel then I can, that I'm tranquil and that I can do my thing. But if she's not safe, if she's ---- if some day she left for the school, not too well, feeling bad with headache or she had some bad day, I can't stop thinking of her. And I can't wait for the moment when she is coming back from school and I can see her, ask how was your day, how do you feel... I don't feel fine if she's not fine

This *selfless supporting* from mothers was at times a double-edged sword. Most mothers described a range of emotions shortly after re-settlement. Some spoke about feelings of guilt and regret, while others told of grieving for their homeland, family, and friends, and feelings of shame, isolation, and embarrassment about their varied emotions. From the mothers' perspective, the intensity of these experiences contributed to an assortment of health problems, including chronic pain, headaches, stomach problems and sleeping disturbances. These, in turn, led to encounters with the health care system. One mother spoke about why she may have felt the way she did after arrival:

We think we going to get good life for us and for my children, and we make move here, we face the opposite, not the opposite 100%, I mean we face something we wasn't think about, like the difference of the culture.

Despite their high levels of stress and associated health challenges, the mothers believed that if they did not selflessly support their daughters in Canadian society, their daughters would not reap the benefits of being in Canada. Thus, they were fiercely determined to ensure that their daughters were afforded the privileges associated with life in their new country. While this selfless support had beneficial outcomes for the daughters, it also contributed to a type of role-reversal whereby the mothers were in need of support from their daughters. The latter made it harder for the mothers to be perceived

as role models of their traditional cultural ways. Suha described her dependence on her daughter, particularly for English translation. Having to rely on her daughter for something so fundamental as language was viewed as a blow to her integrity as a mother. In her words, “So sometimes in the beginning my relationship with the kids like shrink”.

Several mothers similarly commented on their frustration at this type of dependence, a pattern that had a powerful impact on their self-esteem as mothers. Of particular concern to the mothers was the fact that their ability to role-model desired attributes of their traditional culture was compromised. The mothers dealt with this concern in many different ways. Some explained that they consciously pursued closer relationships with their daughters, viewing this as a means of role-modeling valued traditional cultural practices and values.

Just be as I told you. Just be as much close to your daughter understand her and also the way the mom should be strong so her daughter can understand her and this will make a good relationship I think.

In summary, the theme, ‘selfless supporting’ contained both positive and negative features for mothers. All of the mothers wanted their daughters to have access to the privileges they believed to be a part of Canadian society. To attain these, the mothers were required to support their daughters while simultaneously experiencing their own health challenges and lowered self-esteem. Feeling burdened, and at times, overwhelmed, and perceiving few available supports, their capacity to model the positive aspects of their traditional culture was diminished. Yet, if they didn’t put their daughters’ needs ahead of their own, their daughters would not be able to gain what was valuable in Canada. Thus, Canadian society proved itself to be a tough competitor. Learning how to balance these two unequal forces became a necessity for mothers. Pursuing a closer relationship with their daughters was one means of achieving this balance.

Negotiating and Building Bridges

The mothers described a change in their relationships with their daughters after coming to Canada. From their perspective, their daughters were able to integrate into Canadian life more quickly than they themselves. The daughters' young age was considered an asset to learning the language and they acknowledged that their daughters generally had more opportunities for interactions in school. The faster rate of integration among the daughters was a source of tension for the mothers. They felt a constant push and pull between wanting to 'catch up' to their daughters, and to experience a personal sense of belonging, and on the other hand, not wanting their families to 'lose' their ethno-cultural identities. The mothers, therefore, became involved in their daughters' lives as well as in the community, through school or volunteer work. Learning about Canadian life became essential for mothers to understand the changes they were seeing in their daughters.

Actually no, for me I prefer to go outside, school, because I decide to live here and I want to know the way they thinking, the way they talking or act. So, and the other strong reason too because I have kids, I don't want to have conflict between us, I want to understand them...here there is conflict, so we have to be open-minded like that.

Bringing the two worlds together necessitated balancing two opposing cultures and mothers discussed strategies they used to manage this process. Of particular importance, they spoke about being "open minded" and "flexible" with regard to their daughters' ways of being and thinking in Canada. The mothers considered open and ongoing communication with their daughters to be extremely valuable. In one mother's words, "Actually I spoke with them and we discussed many issues with each other about which one is better; the Canadian way or our way, you know". Constant negotiation was a necessity as mothers and daughters decided which aspects of Canadian society were

beneficial and which ones were not. This process entailed examining the pros and cons of adopting a new way from Canadian society. If the pros outweighed the cons then they would further discuss how they could incorporate this new 'Canadian' way into their lives without compromising their traditional cultural ways. The success of this process required ongoing dialogue and discussion between mothers and daughters.

Mothers described factors that influenced their abilities to bridge the two unequal competitors. The most significant negative factor was the incongruence in language proficiencies. Their desire to learn English was driven by a desire to communicate with their daughters at a *deeper* level as daughters advanced in English more than their native language. All mothers felt they had little choice but to become more proficient in English as a result. However, their desire to continue to speak their first language in the home, left limited opportunities for the mother's to practice and improve *their* English skills.

Because I don't practice a lot English, I try to keep the language in my house, I speak with them in Arabic, you know, but I feel yea, now the gap is start between me and my daughter and I wish it will not getting bigger, I think the language is the first problem.

In addition, positive factors were also identified. Most mothers described the mutual benefits of having a close relationship with their daughters. A close relationship with their daughters helped mothers to sustain and encourage their daughters' ethno-cultural identity. In addition, this relationship was integral to their daughters' ability to resist hostility encountered in the Canadian context, to succeed in school, and to make friends. Thus, they perceived the need for bridging the two worlds for their daughters.

Yea I agree with you that this is a parenting challenge because of different culture and the value of society, value of the school and value of ...we know this is a challenge, but we find it solution how to fix challenge. By being good friends, like I spend a lot of time with _____. And being, we watch together TV, we go out together, so

Mothers played a major role in negotiating the boundaries of two worlds unequal in their competitiveness, and bridging them for their daughters. However, it also became apparent that the mothers felt they were judged according to how much they were willing to accept the Canadian ways for their daughters. The mothers described feeling the pressure of “being flexible” and “open minded” to Canadian ways...On the other hand, being “open” to these new patterns, sometimes came at the expense of “closing” doors to their traditional cultural lifeways. Many mothers stated that it would be so much easier to simply abandon their efforts to preserve cultural patterns and practices in their homes. Their desire for the ‘best of both worlds’ was reliant on their abilities to negotiate and build bridges amidst conditions that placed their world at a disadvantage. Feelings of wanting to give up were frequently reported. Some mothers even questioned the possibility that, in essence, they already had done so.

Preserving and Persevering

All mothers described a natural settling and calmness that occurred as they pursued life in Canada. Gaining proficiency in English, learning about Canadian culture, going to school, working and volunteering in the community were integral to their ability to feel a sense of belonging. One mother, a women’s rights activist in her country of origin, learned that her work was important in Canada and she could be of value, not only to herself and her daughter, but also to Canadian society, and to women all around the world.

Now I start to be a Canadian, like I want to, be a Canadian and then that way maybe I am help more women, than I was in _____, I had a very limited opportunity but now I have a lot of opportunity to help them do more. Now I realize that I am not belong to one community, I belong to different community.

For mothers, simultaneously preserving their culture, while striving to ‘fit into’ Canadian life, was a delicate balancing act. However, mothers expressed continually persevering despite the lack of support and guidance for parents in learning how to manage this balancing act. Ultimately mothers expressed the need to learn how to parent in a way that is consistent with and valued their experiences raising children in their culture of origin, yet was still ‘acceptable’ with respect to Canadian norms and rules. In the following phrase, Suzanne, a single mother, expresses her frustration with feeling the responsibility of parenting which has both philosophically and practically different meaning in Canada than in her country of origin.

It’s your responsibility to take care of that child, to get out of this family is your fault, to say- in this house is your responsibility, everything is on you as a parent, and out there in the community [there is nothing], and we have a saying, it takes a whole village to raise a child, everybody has to contribute to raise the children.

While all mothers described similar experiences of *preserving and persevering*, there were notable differences in the extent to which this practice could be carried out. For example, Suzanne, who was the sole parent in her family, described this process as harder due to being ‘alone’. In contrast, mothers with husbands described having emotional support that aided them in their struggle. In addition, familiarity with Canada, having family already settled in Canada, degree of English skills upon arrival, immigration status, and length of time in Canada, were all said to be conditions that could affect the ease or difficulty of resettlement.

Selfless supporting, negotiating and building bridges, and preserving and persevering represent the mothers’ continuing struggle to provide the best possible life for their daughters and families. Despite acknowledging that indeed the two worlds were

not equal competitors and that the 'best of both worlds' may not be attainable, all women expressed a strong desire to continue striving for a balance that they could live with.

Daughters' Perspectives

The daughters reflected on their own difficulties associated with coming to a country where there is a "complete different lifestyle, complete different values, completely different everything". This perception contained positive and negative attributes. In a positive sense, one could embrace what they liked about Canada and their countries of origin. As one daughter stated, she could take the good "from one side and the good from the other". Sometimes, however, the positive dimensions were countered by a sense that they may "never really fit in either one". While they strove to find where they fit in within both worlds, they often felt that they would have to identify with one more than the other. These experiences illuminated the two worlds as unequal competitors.

Fitting in

"Fitting in" with their family life, while also gaining acceptance with peers and comfort with Canadian social expectations, was seen as a necessity rather than a choice. As Sahar stated, "It was a conflict with me. You know, its not like I was... when I go to school it was like a different life and when I went home it was a different life". Sahar recollects just how this difference played out in her life.

It created anxiety all the time because I wanted friends and I didn't want to lose them, but I thought like my friends would not understand...I felt that no matter what I wanted I always had to explain my actions to my friends, I always had to explain my actions to my parents.

Some of the daughters expressed a desire to be true to themselves and celebrate their difference. However, they described a pressure to not be *too different* from their peers. In

this way they would prevent being “treated differently”. Fitting in entailed balancing the desire to embrace their difference with the pressure they felt to be the same. “Like if you’re a little bit different it will be only some of the people that will treat you different, but if you’re like way different then you won’t have as much people treating you nicely.”

Initially, making friends was challenging for these girls as they described experiencing both subtle and explicit forms of harassment from their peers. These ranged from negative verbal remarks and criticism about their ‘unfamiliar’ language, skin colour, foods, clothing, thoughts and behaviours to more implicit experiences of being teased, belittled, insulted, feeling isolated and/or excluded. All of these experiences, including being ‘backstabbed’ and questioned as to their ‘intentions’ in coming to Canada, were identified as barriers to making friends and fitting in. Learning to deal with such behaviours became a necessary tool for survival. In one girl’s words, “When I was in high school the kids come and like touch my body, “oh does that color come off? And I was like do it look like it come off?”

Many participants stated that these negative experiences diminished over time. However, when asked why they thought the pattern changed, they noted that the behaviours didn’t necessarily change. Rather, the girls became more adept at overlooking hostile acts or comments. They downplayed the negative effects on their self-esteem and instead viewed their ability “to handle” unwanted comments as a source of strength. All girls stated that confiding in their mothers about these experiences, and receiving advice from them, was helpful. One daughter explained that she initially refrained from telling her mother about negative experiences at school. She subsequently changed her mind, and decided to confide in her mother. After doing so, and following her mother’s advice, her life notably improved.

I talked to her. She said if ignoring doesn't work, she told me to just go and tell them everything that happened in your life and explain how much you are against the wrong things and just sit with them and talk with them and explain everything, I did and it pretty much worked... I started having more and more friends and I didn't, I wasn't bullied any more.

More importantly, daughters described spending more time with their mothers as a way to feel proud of who they were. Through storytelling, daughters learned about their, mothers, county of origin, cultural traditions, and their first language. In this way, they were able to continue identifying with the inner world of their family, and traditional ethnocultural backgrounds.

Balancing a bicultural self

Learning the language, as well as the values and practices of 'mainstream' Canadian society was a priority for the daughters. This process was facilitated by their entry into the education system, and through observations of, and interactions with, others. As the daughters gained English proficiency and greater familiarity with Canadian culture, they developed an increased sense of control over their lives. However, this sense of control was overshadowed by the increased potential for conflict with their mothers. Daughters tried to minimize this conflict by teaching their mothers about the meaning underlying their behaviours. In the following phrase Jacqueline describes her experience with regards to teaching her mother her interpretation of the values of respect and freedom of expression.

Why did I talk back to her, because she know I have something in me that I don't like, if she tell me something I don't want and I have the right to tell her back, mom, you know what, I don't like that thing and it's a good thing to say you don't like it because instead of just staying quiet with it, like keep it inside you... you have to say it out, and she learn how it's good to say something if you don't like, yea, so she doesn't have any problem now. But then she had, she think that I'm like disrespect her, but when she got used to the Canadian rules, she know that I'm respecting her... it's good to say something you don't like.

All daughters expressed a gradual improvement in their comfort with living between two different worlds. However, the younger girls expressed feeling that they were only beginning to achieve a sense of balance, whereas the older girls in the study felt they may already be there. Rose, a 15-year-old girl stated:

So I'm just like here but I still don't know who I am, and I'm trying to figure it out. Like I know I'm Canadian and African, so I'm just trying to see where I fit in the most, so maybe I fit into both worlds, I'm half African and I'm half Canadian, I'll see how that works too, but I haven't decided what kind of person I am right *now*.

Upon reflection of her current life compared to what it would have been like had she never immigrated to Canada, 20 year old Sahar revealed that she is proud of the woman she has become.

My most important thing is here I feel like I have my own character, my own personality, I'm an individual here.... Here I can fight for myself, I can go out, do things on my own, you know...But here, it's just that, I don't know, I feel I have more responsibility, I'm more of a person, I could take care of myself, it's always there.

All of the daughters stated that their mothers played a crucial supportive role in their abilities to learn the English language, gain academic success and develop their identity, positive self-esteem and acceptance of their differences. Thus, their mothers played an essential role in their abilities to persevere through the challenges of bringing their two very different worlds together. Contrary to the predominant value of independence in Canadian society, one daughter reflected on the value of interdependence and reliance on her relationship with her mother in balancing a bicultural self:

Like some people think that being too attached to your parents would make you be very weak, some people call it but I think the closer you are with your parents and your family, the stronger you get, because they help you out with the things that you can't help out yourself, and I get to help them when they need help.

Mother-Daughter Relationships

The relationships between mothers and daughters were multifaceted and demonstrated a complexity that is symbolic of their experiences of being newcomers in Canada. Through focusing on the mother's experiences, the daughters, and the mother-daughter dyads, it became apparent how their individual experiences were at times asynchronous with each other. As mothers strove to ensure their daughters had access to the 'best of both worlds', their own access was compromised. Meanwhile, the daughters felt that striving to fit in with Canadian culture was a necessity. As daughters fit *more* into Canadian culture, mothers had to strive harder to preserve their culture of origin, which led to their further isolation from Canadian society, and an increased effort to prevent tension in their relationships with their daughters, and the spiraling continued. This pattern reveals how efforts to assist daughters with integration into Canada, may in fact be simultaneously countering efforts to assist newcomer mothers with integration. Thus, their experiences cannot be viewed in isolation from each other.

Mothers and daughters managed their oppositional experiences by pursuing closeness in order to minimize conflict. This was evident in the themes; *selfless supporting* and *negotiating and building bridges* for mothers, and *fitting in* and *balancing a bicultural self* for daughters. Both mothers and daughters expressed needing a stronger relationship with each other after coming to Canada, and they had to work harder to achieve this. In addition, they felt it was important for mothers and daughters to be even closer than what they observed in Canadian families. Together, their stories revealed the mutual sharing of knowledge related to language, culture, and experiences that was essential for the mother-daughter relationship to thrive. In addition, this mutual sharing

encouraged a level of intimacy in the relationship that became an important foundation from which mothers and daughters could pursue their goals, thus, optimizing health and well-being. Herein, lies the delicate interplay between the lives of newcomer mothers and daughters. Mothers were striving for the best of both worlds; daughters were striving to find their place within the best of both worlds; and together they were striving to sustain close and connected relationships with one another.

Discussion

Evident in the mothers' and daughters' stories is the extent to which *their* own perceived 'success' was measured against how well they could acquire and balance the 'best of both worlds'. Thus, they perceived themselves as successful when they could balance acquiring the new, positive aspects of Canadian culture, while simultaneously maintaining the positive aspects from their traditional culture. This finding is aligned with Handa's (2003) assertion that much of the acculturation research contributes to a tendency to measure the degree of assimilation into the new society as an indicator of success. However, in this research, it became apparent that the two worlds were not equal competitors as mothers and daughters articulated the pressure to assimilate to Canadian ways and a lack of support from Canadian society in maintaining traditional cultural orientations. These patterns were described under the themes *selfless supporting* and *negotiating and building bridges* for mothers. In addition, they perceived minimal recognition for their unique position or support to manage it. The theme *fitting in* for daughters also described this unequal competition. Daughters were often victims of implicit and explicit acts of racism, which led to feelings of tension, and a sense of ambivalence. Several indicated that adopting "Canadian" lifestyles was a means to avoid

further discrimination. However, embracing their own ethno-cultural-familial heritage was also important to them.

Newcomer parents have unique challenges in parenting their children (Anisef, Kilbride, Ochocka, & Janzen, 2001; Fraktman, 1998; Hattar-Pollara & Meleis, 1995; Jones, Zhang & Meleis, 2003; Williams, 1996). The mothers in this research described many difficulties they faced upon arrival in Canada, a finding that is consistent with the literature on immigrant and refugee women (Berger, 2004; Clark, 2002; Hattar-Pollara & Meleis, 1995; Irias-Giron, Marroquin, Berman, Derby & Voia, in press; Jiwani, 2001; Jones, Zhang, & Meleis, 2003, Meleis, 1991; Neufeld, Harrison, Stewart, Hughes & Spitzer, 2002; Smith, 2004; Tummal-Narra, 2004; Williams, 1996). According to the mothers, language barriers, lack of support, dependence on their children, and the accumulation of stress leading to diminished physical, mental and emotional health all influenced their mothering role. All of these difficulties were perceived by the mothers as challenges they would not have faced in their countries of origin. Creating alliances with their daughters became a way for these mothers to deal with the lack of external support, a phenomenon that has been documented with respect to immigrants and refugees (Jones, Zhang & Meleis, 2003; Simich, Beiser & Mawani 2003). The mothers' experiences regarding their slower rate of acculturation as compared to their daughters, is also consistent with previous research (Buki, Ma, Strom & Strom 2003). In the current investigation, several important findings extend current understandings regarding acculturation rates and patterns. In particular, this study revealed: how mothers defined 'successful' integration for themselves and their daughters; how they perceived Canadian society to have barriers that influence their ability to integrate successfully; and how they needed to actively engage in negotiating and building bridges with their daughters, as

well as to continue preserving and persevering, despite those identified barriers. In this sense, findings from this study revealed the active role mothers played in the integration process for themselves and their daughters. In addition, despite difficulties and undesirable conditions, the mothers continued to hold a positive attitude towards life, and engaged in strategies to overcome the parenting challenges, which they were facing. Thus, this study also provided insight into the inherent strengths of newcomer mothers.

Experiences of harassment and racism described by the daughters in the study were expected in light of research that has documented harassment as a reality for girls (Berman, Izumi, & Arnold, 2002; Berman, McKenna, Arnold, Taylor, & MacQuarrie, 2000) and in particular, for racialized girls (Jiwani, 2002). The experiences of being “excluded” and not feeling “understood” were expected and were evident from their stories. However, the often outright ‘racist’ nature of their experiences despite national efforts to eradicate racism came as somewhat of a surprise. In addition to the overt acts of racism, the daughters also described numerous experiences of being belittled and feeling isolated and/or excluded. The insidious nature of the experienced racism, in conjunction with the lack of access to opportunities for dialogue about difference, supports the idea that acts of racism may have shifted to acts of omission (Handa; Jiwani).

The daughters described their relationships with their mothers as being essential for their health in Canada. Specifically, they sought advice from their mothers about how to derive meaning from their experiences with racism. This is a finding that is consistent with a study by Noh and Kaspar (2003) who found lower levels of depression amongst adolescent Korean refugees who talked with their families about discriminatory experiences. By deriving meaning from their experiences, daughters were better able to *balance a bicultural self*. This study also reveals how understanding differences alone is

meaningless. It is the 'value' that is attributed to 'differences' that sustains the pressure for assimilation and denial of difference in the lives of newcomer mothers and daughters. Both mothers and daughters engaged in a relationship that fostered this understanding for each other.

The mothers in this study did not identify or name negative experiences or condescending and racist attitudes. This finding came as a surprise. Given the extent to which these experiences permeated the lives of their daughters, and were evident in literature about immigrant and refugee women (Berman, McKenna, Arnold, Taylor, & MacQuarrie, 2000; Irias-Giron, Marroquin, Berman, Derby, & Voia, in press; Jiwani, 2001), it was anticipated that mothers would share similar perceptions. The fact that they didn't may be related to their limited exposure to the Canadian context in comparison to their daughters. Over time, as their daughters taught them about Canadian ways and they had increasing interactions outside of their home, their experiences were said to be "mostly positive". The hesitation on the part of many of the mothers to comment further suggests there may have been negative experiences that they did not want to discuss. According to Banks-Wallace (2002), absences in stories are what you would expect to hear, but did not, and are usually related to the audience composition. Thus, the researcher being a white Canadian-born woman may have impacted the discussion related to negative experiences. It is also possible that the mothers encountered negative experiences but didn't 'name' them as such. Instead they may have had opportunities over the course of their lives to develop skills that led to 'normalizing' those negative experiences (Berman et al., 2000).

A central aim of research conducted within the critical paradigm is to examine experiences simultaneously with the conditions that shape and/or constrain those

experiences in order to develop knowledge that has the potential for change (Berman, Ford-Gilboe, & Campbell, 1998; Fontana, 2004). Through sharing their stories in interviews, and listening to others in the focus group, many participants came to understand their experiences as being shared by others and as being constructed by conditions that exist within the Canadian context. For some, being able to engage in dialogue and to reflect on their experiences provided an opportunity to acknowledge, validate, and celebrate their accomplishments. In Suhar's words:

Now that I've talked about, it's like really hard work, it's like we've been through a lot, I never realized that, honestly, I've never realized that. Wow. Before, like a couple hours ago I never had second thoughts about what my life was like seven years ago or how I was seven years ago or how my parents were seven years ago... Yea, but now, like wow! I see a big difference. I see a lot of differences in my life right now.

Opportunities for change may also occur at the structural level through practice, research and policy.

Implications

Findings from this study reveal many opportunities for health promotion efforts. The optimism and resilience that was shown by the mothers and daughters, despite adversity, demonstrate their personal and relational capacities for health. The stories shared by the mothers and daughters regarding their individual and relational experiences reveal how interconnected the experiences of mothers and daughters are in promoting each other's health and well-being. Furthermore, evidence of how their experiences combine as they negotiate the tenuous terrain between two different, sometimes opposing, worlds suggests the need for health promotion efforts that do not view mothers and daughters in isolation. Specifically strategies aimed at supporting and strengthening the mother-daughter relationship are paramount.

Nurses are in an ideal position to advocate for, and provide this type of health promotion. Nurses could facilitate programs that afford opportunities for newcomer mothers to share with other mothers their experiences of raising a daughter between two different worlds. This may provide them with the support they need while they are *supporting* their daughters. This strategy has many additional benefits. It may assist mothers in learning new and innovative strategies for strengthening relationships with their daughters, provide opportunities to practice conversational language skills, and assist them in identifying, naming and resisting the pressures from Canadian society to deny their differences. Similarly, newcomer daughters may benefit from this kind of program with other newcomer girls.

The findings from this study revealed the covert power imbalance between two worlds that mothers and daughters were striving to bring together. Therefore, further research is needed that utilizes research approaches where newcomer mothers and daughters are able to frame the research agenda. Participatory approaches “seek to empower participants through critical reflection and consciousness raising” (Fontana, 2004, p. 98). Participatory studies with both *diverse* and *ethno-culturally specific* participants could ascertain commonalities and differences among particular sub-groups of newcomers. Participatory approaches could further enhance nurses’ understanding, insight and knowledge of what is important for newcomer mothers and daughters at different stages in the settlement process. Finally, more research is needed that examines the influence of racism on health. Specifically, nurses need to advocate for policies that are responsive to the evident shift in racism from ‘commission’ to one of ‘omission’. These policies are needed across sectors including education, workplace, immigration, social services and health care.

Conclusion

The findings of this study highlight the experiences of newcomer mothers and daughters. Selfless supporting; negotiating and building bridges; and preserving and persevering were the sub themes that emerged for the mothers. For daughters these consisted of fitting in, as well as balancing a bicultural self. All of these themes related to their experiences of navigating between two unequal worlds. It was expected that connection within the mother-daughter relationship would be supported, in contrast to the literature that emphasizes conflict and separation. This connection was evident in the experiences described by mothers and daughters. In addition, new information regarding how their individual experiences necessitate that connection, and how the connection is both challenged and reinforced by their locations in Canadian society provide insight for health promotion.

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CHAPTER III

GENERAL SUMMARY AND IMPLICATIONS

The purposes of this study were to examine the experiences of newcomer mothers and daughters after settlement in Canada and to explore how their individual experiences shaped their relationships with each other. The mothers' and daughters' experiences were both individually and jointly investigated. Emerging themes from interview and focus group data were recorded and analyzed utilizing a combination of critical and narrative approaches. In this chapter, the study findings are summarized and implications for nursing practice, education, research and policy are presented. Notable limitations are reviewed, and specific processes used to ensure rigor in the research process are addressed. The chapter ends with concluding reflections about the research.

The overarching theme for mothers and daughters from which all sub-themes emerged represented the desire for all participants to combine the positive attributes Canadian society had to offer with the positive attributes from their traditional cultural beliefs and practices. Together, mothers and daughters aimed for 'bringing the two worlds together' thereby hoping to glean the "best of both worlds". However, mothers and daughters felt pressure to assimilate to Canadian ways and described a perceived lack of support to maintain traditional cultural orientations. Thus, there was a gap between what they were striving for and what was actually attainable. Sub-themes emerged from the data for each group. The three sub-themes relevant to the mothers were: (a) Selfless Supporting, (b) Negotiating and Building Bridges and (c) Preserving and Persevering. For daughters, the two sub-themes were: (a) Fitting In; and (b) Balancing a Bicultural Self. These findings provided important insights regarding how mothers and daughters negotiated the 'space' between two different worlds and how their differing experiences

sometimes resulted in conflicting means to achieve their individual goals. These experiences influenced their relationships with each other in a very fundamental way. In order to reduce conflict and to help in their respective pursuit of the 'best of both worlds', a strong connection was formed between mothers and daughters. This finding is in contrast to the conflictual nature of the mother-daughter relationship emphasized in the literature (Dumka, Roosa, Jackson, 1997; Mann, 2004).

Implications for Nursing Practice

Findings from this study reveal many opportunities for health promotion. The optimism and resilience that was shown by the mothers and daughters, despite adversity, demonstrate their personal and relational capacities for health. Nurses can both advocate for, and facilitate programs that afford opportunities for newcomer mothers to share with other mothers their experiences raising a daughter between two cultures. This may provide them with the support they need while mothers are *supporting* their daughters. This strategy has many additional benefits. It may assist them in learning new and innovative strategies for strengthening relationships with their daughters, provide opportunities to practice conversational language skills, and assist them in identifying, naming and resisting the pressures from Canadian society to deny their differences. Similarly, newcomer daughters may benefit from this kind of program with other newcomer girls.

From their individual stories, it is apparent how interconnected the experiences of mothers and daughters are in promoting each other's health and well-being. Thus, nurses need to attend carefully to not viewing mothers and daughters in isolation and to support their individual and relational strengths. Nurses are in an ideal position to provide opportunities for newcomer mothers and daughters to reflect on each other's experiences.

This reflection would help them understand each other's unique perspective, and may serve to strengthen their relationships with one another.

When participants were asked what they felt would be helpful, many suggestions were made. Notably, mothers spoke about the importance of accessible parenting resources in Canada that support and celebrate their parenting preferences and practices. The daughters indicated that they would like to see policies and programming that are designed to improve anti-racism efforts in Canada, as is evident in the following words by Rose:

Anti-racism...it is really important, because most kids right now in school, they're thinking that's racism and there's bullying happening and usually it's turned to people from different countries that are being picked on. They have to think that Canada is a multi cultural country...everyone should have equal rights.

Together these suggestions reinforce the need for nurses caring for clients from diverse cultures, to adopt *culturally safe* practices. Thus, knowledge and recognition of their cultural background are, by themselves, insufficient. Rather, there needs to be knowledge and recognition of the relationship between dominant cultures and those that have been relegated a more marginal position in Canadian life (Anderson, Perry, Blue, Browne, Henderson, Khan, et al., 2003; Polaschek, 1998).

Implications for Nursing Education

Findings from this study offer an opportunity for nursing educators to incorporate knowledge and understanding of the experiences of newcomer mothers and daughters into the caring curriculum. The predominant framework influential in nursing education continues to be Leninger's Transcultural Nursing Theory (1978). This theory emphasizes the need for cultural sensitivity and knowledge of specific cultures in order for nurses to assist with individual health needs. Leninger's framework does not however, take into

consideration the structural inequalities in society which impact health care service provision. In this research, efforts to attain the 'best of both worlds' were hampered by a devaluing of newcomers' cultural ways of being in Canadian society. Because individual experiences are embedded in larger structural processes and inequalities, alternate frameworks are needed. One of these is *cultural safety* (Anderson, Perry, Blue, Browne, Henderson, Khan, et al., 2003; Polaschek, 1998), an approach that encourages critical reflection on the broader determinants of health.

Implications for Nursing Research

The findings from this study revealed the power imbalance between two worlds being negotiated by mothers and their daughters. Further research is needed that allows opportunities for newcomer mothers and daughters to frame the research agenda. Participatory approaches "seek to empower participants through critical reflection and consciousness raising" (Fontana, 2004, p. 98). Participatory studies with both *diverse* and *ethno-culturally specific* participants could reveal commonalities and differences among particular sub-groups of newcomers. Participatory approaches could further enhance Nursing's understandings, insights and knowledge of what is important for newcomer mothers and daughters at different stages in the settlement process. Another important research direction is for study into the influence of racism on health.

Implications for Policy

Findings from this study, highlight the need for a gendered analysis of policies to be inclusive of the unique experiences of newcomer women and girls. Policies also need to be examined for the potential to promote conflict within mother-daughter relationships, which can occur when their experiences are considered in isolation from each other. In view of the study findings concerning racism, nurses could play an important role in

advocating for policies that are responsive to the evident shift in racism from ‘commission’ to one of ‘omission’. Such policies are needed across sectors including education, workplace, immigration, and health care.

Limitations

Several limitations of this research are noteworthy. First, participants described differences in experiences in relation to their unique circumstances. Specifically, they noted that, length of time they have resided in Canada, their specific ethno-cultural backgrounds, and the conditions surrounding their immigration and settlement all affect resettlement. These differences may not be adequately captured with a smaller sample size. Therefore, additional studies with diverse participants is needed. Second, all mothers and daughters spoke about the closeness they had with one another at the time of the interview. It is possible that only those who perceived their mother-daughter relationships to be positive volunteered to participate in this study, while those with more troubled relationships did not.

Rigor in the Research Process

In this study, several techniques were used to establish *adequacy* of inquiry. Adequacy in qualitative research designs “implies that research processes and outcomes are well grounded, cogent, justifiable, relevant, and meaningful” (Hall & Stevens, 1991, p. 20). By utilizing critical theory and the concept of cultural safety (Anderson, Perry, Blue, Browne, Henderson, Khan, et al., 2003; Polaschek, 1998) the process of reflexivity was enhanced. Reflexivity is the continuous assessment of the influence of the researcher in the construction of and interpretation of findings (Fontana, 2004; Hall & Stevens). According to Fontana, a critical lens must be turned inward on the researcher so as to ensure the research process is an “instrument of liberation and not a means of

conformity” (p.98). Therefore, efforts were made to actively engage participants in the negotiation of meaning and power. The participants chose the setting for the interviews and decided whether to be interviewed alone or in a small group. In addition, continuous reassurance and validation was given with regards to participants’ English proficiency in order to promote their comfort with engaging in dialogue. Similarly, efforts were made by the researcher to learn words in their first language prior to the scheduled interviews.

To establish credibility (Hall & Stevens, 1991) and to enhance reciprocity (Lather, 1991), a member checking focus group was conducted. This process ensures authenticity of the researcher’s interpretation of experiences generated through the interviews. The focus group was also useful in an attempt to raise consciousness at the individual level, a necessary prerequisite for change and a central aim of research in the critical paradigm (Berman, Ford-Gilboe, & Campbell, 1998). In addition, the focus group confirmed the findings of the study and allowed for the researcher to shift interpretations of the findings beyond a descriptive level to one more reflective of critique. The opportunity for critique enhanced the researchers interpretation and understanding of their experiences.

To enhance reciprocity, special events held by the communities of participants were attended, including an International Women’s Day celebration. One celebration was attended whereby the women in the group involved the researcher in a game of jeopardy using Arabic language only. The intent was for the researcher to experience what the women continue to feel on a daily basis when confronted with a language barrier. In addition, contributions and assistance were offered to charitable causes participants were involved in organizing, such as a pencil drive for children of Afghanistan.

Conclusion

Selfless supporting, negotiating and building bridges, and preserving and persevering were the sub themes that emerged for the mothers. For daughters, these consisted of fitting in and balancing a bicultural self. All of these related to their experiences navigating between two unequal worlds. Thus, balancing the 'best of both worlds' became an elusive goal. This was due to perceived barriers in Canada, the presence of racism, and few, if any, opportunities to celebrate 'difference' in Canadian society. The combination of these factors contributed to the subsequent devaluing of aspects of their world. This devaluing was the mechanism by which mothers and daughters perceived pressure to adopt more lifeways consistent with Canadian values. In addition, findings revealed how mothers and daughters needed to pursue and work harder at fostering a connection with each other and how their relationships with each other were a source of strength from which they could try to overcome adverse conditions. In conclusion, this study illuminates the personal and relational capacities inherent in newcomer mothers and daughters from which nursing and nurses can assist in health promotion. Furthermore, this study contributes to a broader understanding of the oppression of newcomer women and girls in Canadian society despite its claim of multiculturalism and calls attention to nursing actions aimed at eradicating systemic racism.

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Appendix A Ethics Approval



Office of Research Ethics

The University of Western Ontario
Room 00045 Dental Sciences Building, London, ON, Canada N6A 5C1
Telephone: (519) 661-3036 Fax: (519) 850-2466 Email: ethics@uwo.ca
Website: www.uwo.ca/research/ethics

Use of Human Subjects - Ethics Approval Notice

Principal Investigator: Dr. H. Berman

Review Number: 11001E

Revision Number:

Protocol Title: A Critical Narrative Study of Mother-Daughter Relationships within Newcomer Families

Department and Institution: Nursing, University of Western Ontario

Sponsor: UWO FACULTY OF HEALTH SCIENCES

Approval Date: 24-Nov-04

End Date: 31-Aug-06

Documents Reviewed and Approved: UWO Protocol, Letter of Information, Assent Form, Consent

Documents Received for information:

This is to notify you that the University of Western Ontario Research Ethics Board for Health Sciences Research Involving Human Subjects (HSREB) which is organized and operates according to the Tri-Council Policy Statement and the Health Canada/ICH Good Clinical Practice Practices: Consolidated Guidelines; and the applicable laws and regulations of Ontario has received and granted expedited approval to the above named research study on the date noted above. The membership of this REB also complies with the membership requirements for REB's as defined in Division 5 of the Food and Drug Regulations.

This approval shall remain valid until end date noted above assuming timely and acceptable responses to the HSREB's periodic requests for surveillance and monitoring information. If you require an updated approval notice prior to that time you must request it using the UWO Updated Approval Request Form.

During the course of the research, no deviations from, or changes to, the protocol or consent form may be initiated without prior written approval from the HSREB except when necessary to eliminate immediate hazards to the subject or when the change(s) involve only logistical or administrative aspects of the study (e.g. change of monitor, telephone number). Expedited review of minor change(s) in ongoing studies will be considered. Subjects must receive a copy of the signed information/consent documentation.

Investigators must promptly also report to the HSREB:

- a) changes increasing the risk to the participant(s) and/or affecting significantly the conduct of the study;
- b) all adverse and unexpected experiences or events that are both serious and unexpected;
- c) new information that may adversely affect the safety of the subjects or the conduct of the study.

If these changes/adverse events require a change to the information/consent documentation, and/or recruitment advertisement, the newly revised information/consent documentation, and/or advertisement, must be submitted to this office for approval.

Members of the HSREB who are named as investigators in research studies, or declare a conflict of interest, do not participate in discussion related to, nor vote on, such studies when they are presented to the HSREB.

Karen Kueneman, BA (Hons), Ethics Officer HSREB (Expedited)
E-mail: kueneman@uwo.ca

Chair of HSREB: Dr. Paul Harding

Faxed: Y/N

Date: 25 NOV 04
21

Appendix B
Information Letter to Participants

A Critical Narrative Study of Mother-Daughter Relationships within Newcomer Families

Investigator: Sarah Derby RN, MScN student

I would like to invite you to participate in a research study. I am a Registered Nurse completing a Master's degree in Nursing at the University of Western Ontario. The purpose of this study is to learn more about the nature of the mother-daughter relationship within newcomer families. Questions include: How this relationship has changed since moving to Canada? How health is influenced by the relationship that mothers and daughters have with one another? How the relationship is affected by migration to a new country? It is my hope that the information I gather from this study will contribute to the development of programs, policies, and health promotion strategies that are meaningful to newcomer women/girls in Canada.

If you take part in this study, you will participate in an interview with myself. This interview will last about 1 ½ - 2 hours. You will be asked questions about your relationship with your mother/daughter. Following completion of all interviews, you will be invited to take part in a group interview (focus group) that will consist of several mothers and daughters together. During this group interview, we will talk about the issues that arose from the individual interviews. The interviews and focus group will take place at a location of your choice. We can meet at your home, a community agency that you are comfortable with, or in a room at the University of Western Ontario. The interview and focus group will be tape recorded so that I may be able to pay careful attention to what you are saying. The words from the tape will be typed out and the tapes can either be erased or returned to you.

There are no known risks for taking part in this research. However, there are several ways in which being in this study may be helpful to you. For many people, just having a chance to talk about important experiences may be helpful. It is also possible that, by talking about your experiences, you will begin to understand them in new or different ways. Most likely, the issues we will talk about are ones you have thought about before, but may not have had an opportunity to talk about them with others.

You are free to stop the interview at any time, for any reason. You do not have to answer any questions that you do not want to answer. If you change your mind and decide that you do not want to take part in this research, you may do this at any time. If, after the interview, you would like to talk more with someone, such as a counselor, I will provide you with names of people or agencies that you may contact.

Anything you tell me will be strictly confidential and no names will be used. All information that you give us about yourself will be kept in a locked cabinet at The University of Western Ontario. After the study is completed, all identifying information will be removed. A summary of what we have learned from this research will be given to

you when the study is over. If you have any questions, please feel free to contact Dr. Helene Berman my research advisor, or myself, Sarah Derby. We can be reached at either of the addresses/phone numbers listed. If you have questions about the conduct of this study or your rights as a research participant you may contact the Director of the Office of Research Ethics at The University of Western Ontario at 519-661-3036.

Sincerely,

Sarah Derby RN, BScN
MScN Graduate Student
University of Western Ontario
School of Nursing
London, Ontario N6A 5C1
Phone:
Email

Helene, Berman, RN, PhD
Associate Professor
University of Western Ontario
School of Nursing
London, Ontario N6A 5C1
Phone: 661-2111,

Appendix C
Consent Form

A Critical Narrative Study of Mother-Daughter Relationships within Newcomer Families

Investigator: Sarah Derby RN, MScN student

Mother's Consent

I _____ consent to participate myself. I also give consent for my daughter

_____ to participate in the study. The study has been explained to my daughter and myself. We have read the Letter of Information and have been given a copy of this letter to keep.

All questions have been answered to our satisfaction.

Parent/Guardian's Signature
(daughter less than 12 years of age)

Date

Daughter's Consent

I _____ agree to participate in the study. This study has been explained to me, I have read the Letter of Information and have been given a copy of this letter to keep. All questions have been answered to my satisfaction.

Daughter's Signature (if over 12 years of age)

Date

Name and Signature of person obtaining consent

Date

Appendix D
Assent Form

A Critical Narrative Study of Mother-Daughter Relationships within Newcomer Families

Investigator: Sarah Derby RN, MScN student

My name is Sarah Derby, I'm a Nursing Graduate student and I want to tell you about a study about girls' experiences with their mothers to see if you would want to be in this study.

This study is being done to learn more about the relationship between mothers and daughters who are new to Canada. I want to let girls tell their stories in their own words. If you want to be in this study, you will meet with me for about 1 ½ to 2 hours. During this time, I will ask you questions about your relationship with your mother. We will also talk about how your relationship may or may not have changed since moving to Canada, and how your relationship helps you be healthy. After I have finished meeting with all the mothers and daughters in the study, you and your mother will be invited to meet with myself, your mother, and several other mothers and daughters who've also been part of the study. At this meeting, we will talk about what I learned from our discussions and ask your thoughts on this.

If at anytime you want to stop talking, you can tell me that you don't want to answer any more questions. You can also change your mind and tell me that you don't want to be in the study any more. You can ask questions about the study any time and I will answer them for you.

You don't have to be in the study. Even if you say yes now, you can change your mind later and say no. It's up to you. If you wish to speak with the University about your rights as a research participant you may also do so at any time. They are the Office of Research Ethics and their number is 519-661-3036. After the study, I will give you a piece of paper that describes what I have learned from all the mothers and daughters that I have talked to.

I want to participate in this study.

Print name of child

Signature of child

Age

Date

Signature of Person Obtaining Assent

Date

Sincerely,

Sarah Derby RN, BScN
MScN Graduate Student
University of Western Ontario
School of Nursing
London, Ontario N6A 5C1
Phone:
Email

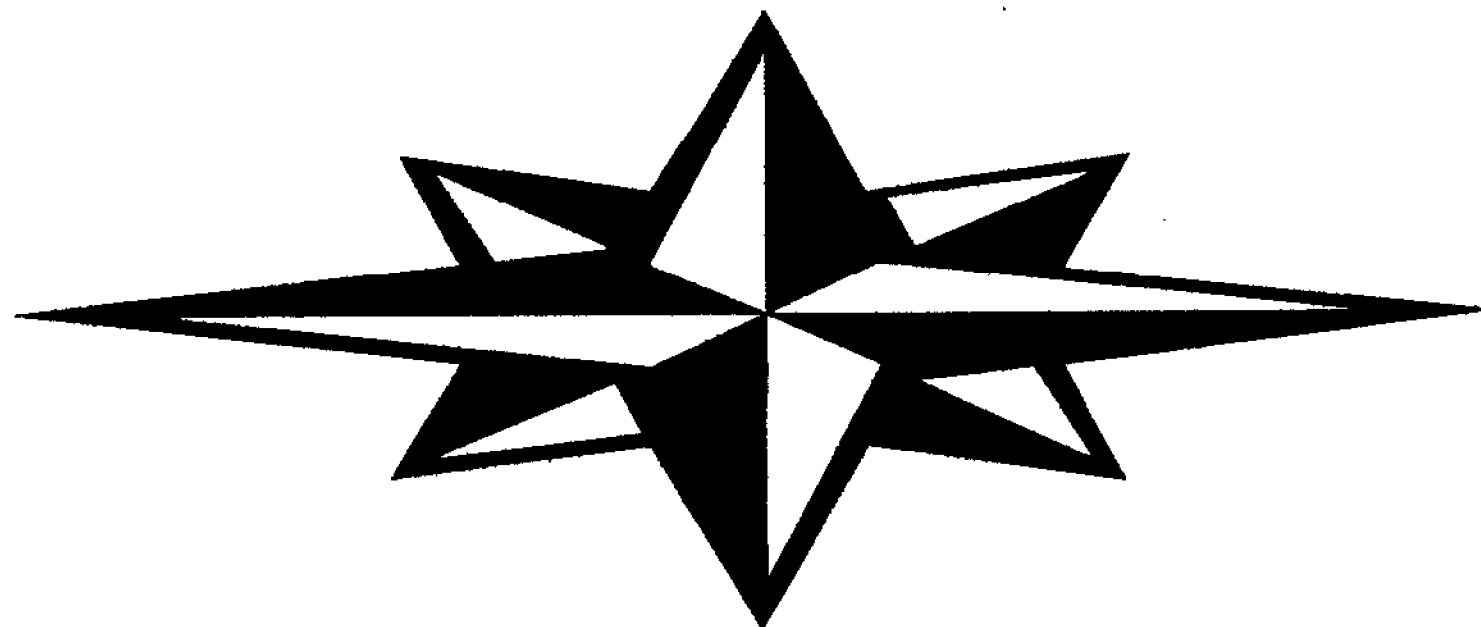
Helene, Berman, RN, PhD
Associate Professor
University of Western Ontario
School of Nursing
London, Ontario N6A 5C1
Phone:

Appendix E
Advertisement

MOTHER-DAUGHTER RELATIONSHIPS IN NEWCOMER FAMILIES

**Have you been living in Canada for less than 10 years and
English is your second language?**

**Are you and your mother, OR you and your
daughter interested in talking about your
relationship with one another?**



*The relationship between a mother and her daughter is as varied, as mysterious, as
constantly changing and interconnected as the patterns that touch, move away from,
and touch again in a kaleidoscope. - Lyn Lifshin*

If Your Answer is “YES”, please contact

Sarah Derby:

Phone: (519) 661-2111

E-mail:

**This study is being conducted by a graduate nursing student at
The University of Western Ontario.**

Appendix F
Semi Structured Interview Guide and Probes for Mothers

A Critical Narrative Study of Mother-Daughter Relationships within Newcomer Families

I Introductions

Review of letter of information/ process consent

Review procedure for audiotaping

II Questions

III *Before we start talking, I would like to tell you a little bit about who I am. This way, you will have a better understanding of why I want to talk about the things we will be discussing today. I have been a nurse for a few years. I am interested in learning about what helps people to be healthy. I am interested in what health means to you. From research I have read and people I have talked with, I have come to understand that mother-daughter relationships are a very important part of what makes women healthy. Given that you have recently resettled in a new country, I would like to talk about what that has been like for your relationship with your daughter.*

A. *The mother/daughter relationship*

- a) Could you tell me in your own words what your relationship with your daughter is like?
- b) How do you feel your relationship has changed since moving to Canada? What has changed if anything, and what has remained constant?
- c) What do you feel has helped you develop the relationship you want with your daughter? *PROBES (supports in place, traditions, family practices etc.)*
- d) What do you feel has hindered/been a barrier to developing the relationship you want with your daughter? *PROBES (different cultural values, practices, expectations, language etc.)*

B. *Perceptions of health*

- e) What does health mean to you? What does being healthy mean to you? *PROBES (description of differing definitions ie, absence of illness, a resource for everyday living , both etc.)*
- f) How do you feel your relationship with your daughter contributes to your experiences of health and being healthy? Has this changed since moving to Canada?
- g) What has the experience of being a mother been like for your health?
- h) How has your experiences of mothering in your country of origin and then in resettlement influenced your perceptions of health?

C. Broader influencing factors

- i) Could you tell me what it is like raising a daughter in a country different from one you were raised in? What is this experience like for you? *PROBE the role of women in different countries can be different, how do different gender expectations influence your relationship?*

- j) What attitudes have you encountered from people in Canada about you and your daughters settlement that you feel have influenced your relationship with your daughter? Have influenced your ability to be the mother you want to? *PROBE stigma and attitudes related to immigration, race, ethnicity, etc.*

D. Health Promotion

- k) What do you feel would be helpful to you as a newcomer to Canada to help you with being a mother? And to help you with your relationship with your daughter?
- l) What supports need to be in place for Newcomers to Canada?
- m) We talked about some of the differences between mothering in a your country of origin and mothering here in Canada... what factors do you feel are the most important ones that need to be addressed in order for the experience of mothering to be improved for other mothers? and maintaining relationships with their daughters?

Appendix G
Semi Structured Interview Guide and Probes for Daughters

A Critical Narrative Study of Mother-Daughter Relationships within Newcomer Families

I Introductions

Review of letter of information/ process consent
Review procedure for audiotaping

II Questions

III Before we start talking, I would like to tell you a little bit about who I am. This way, you will have a better understanding of why I want to talk about the things we will be discussing today. I have been a nurse for a few years. I am interested in learning about what helps people to be healthy. I am interested in what health means to you. From research I have read and people I have talked with, I have come to understand that mother- daughter relationships are a very important part of what makes women healthy. Given that you have recently resettled in a new country, I would like to talk about what that has been like for your relationship with your mother.

A. The mother/daughter relationship

- n) Could you tell me in your own words what your relationship with your mother is like?
- o) How do you feel your relationship has changed since moving to Canada? What has changed if anything, and what has remained constant?
- p) What do you feel has helped you develop the relationship you want with your mother? *PROBES (supports in place, traditions, family practices etc.)*
- q) What do you feel has hindered/been a barrier to developing the relationship you want with your mother? *PROBES (different cultural values, practices, expectations, language etc.)*

B. Perceptions of health

- r) What does health mean to you? What does being healthy mean to you? *PROBES (description of differing definitions ie, absence of illness, a resource for everyday living, both, etc.)*
- s) How do you feel your relationship with your mother contributes to your experiences of health and being healthy? Has this changed since moving to Canada?
- t) What has the experience of being a daughter been like for your health?
- u) How has your experiences of being a daughter in your country of origin and then in resettlement influenced your perceptions of health?

C. Broader influencing factors

- v) Could you tell me what it is like living in a country that is different from where your mother was raised? What is this experience like for you? *PROBE the role of*

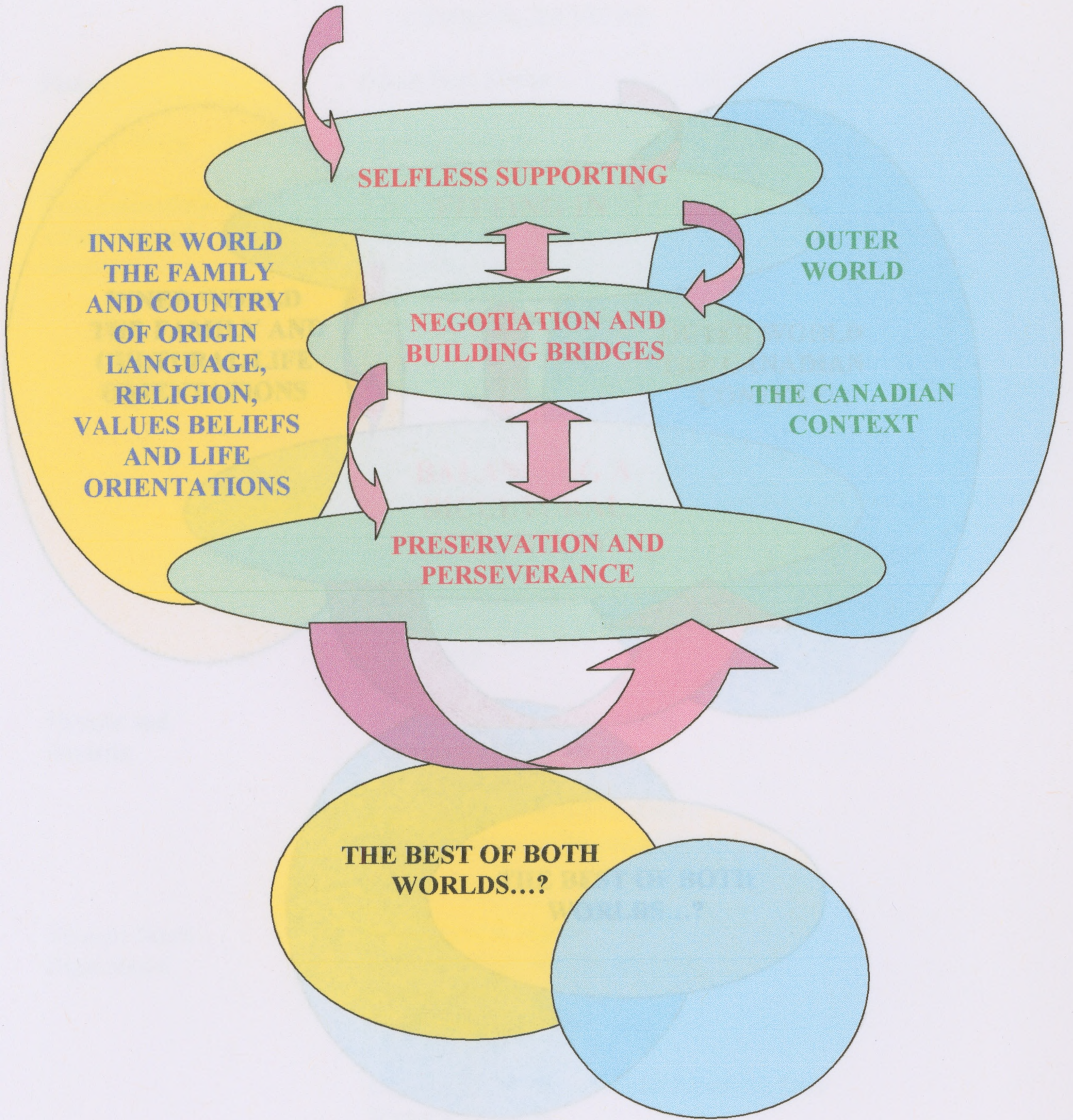
women in different countries can be different, how do different gender expectations influence your relationship?

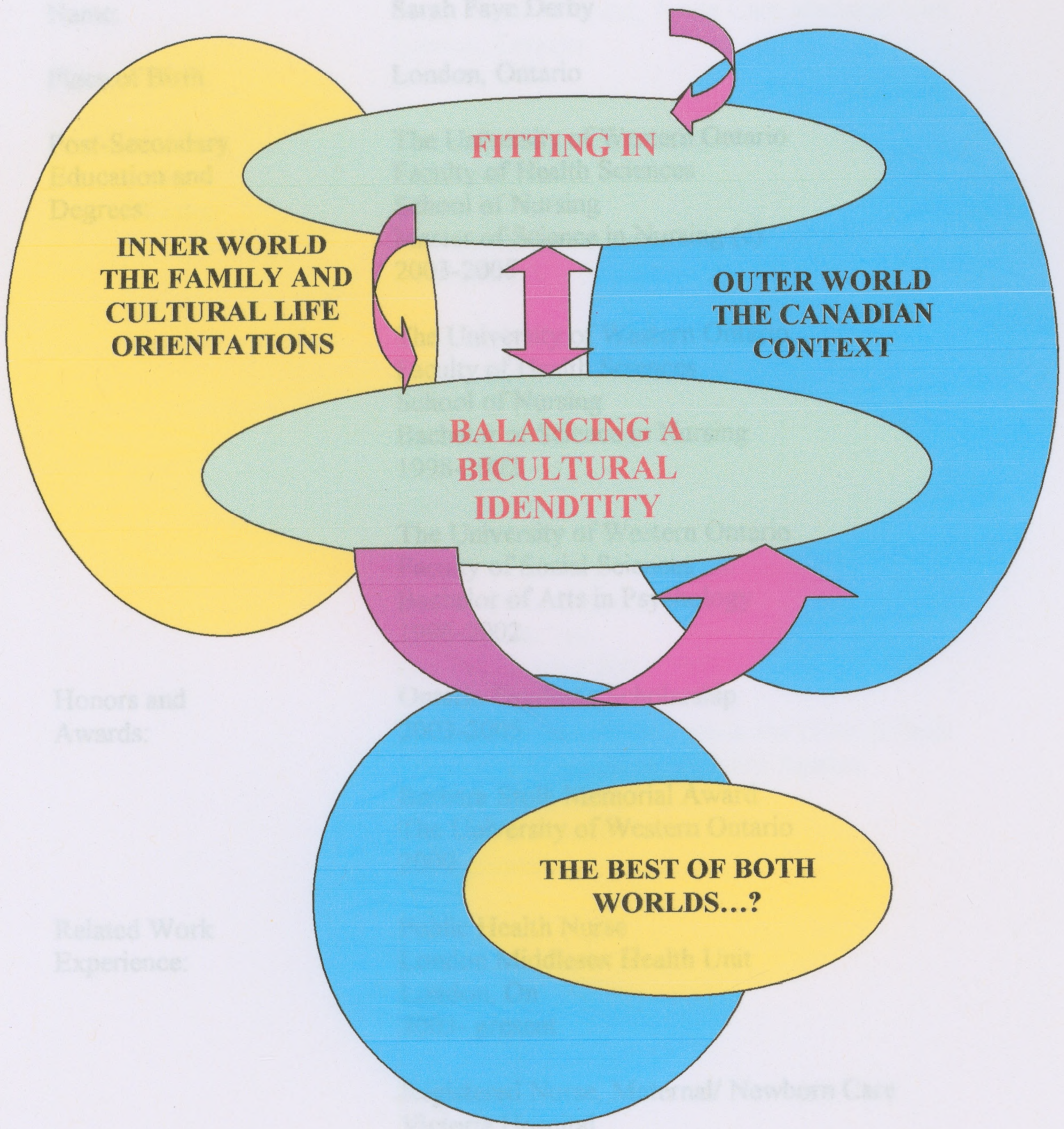
- w) What attitudes have you encountered from people in Canada about you and your mothers settlement that you feel have influenced your relationship with your mother? *PROBE stigma and attitudes related to immigration, race, ethnicity, etc.*

D. Health Promotion

- x) What do you feel would be helpful to you as a newcomer to Canada? And to help you with your relationship with your mother?
- y) What supports need to be in place for Newcomers to Canada?

We talked about some of the differences between living in your country of origin and living here in Canada... what factors do you feel are the most important ones that need to be addressed in order for the experience of mothering/daughtering to be improved for other mothers and daughters?





CURRICULUM VITAE

Name: Sarah Faye Derby

Place of Birth: London, Ontario

Post-Secondary Education and Degrees: The University of Western Ontario, Bachelor of Nursing, 2002-2005

Honors and Awards: The University of Western Ontario, Bachelor of Nursing, 2005

Related Work Experience: The University of Western Ontario, Health Sciences Centre, 2002-2005

Registered Nurse, Neonatal Intensive Care Unit, St. Joseph's Health Care, London, Ontario, 2002-2005

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