CROSSING THE THRESHOLD: An inquiry into the lived experience of Bangladeshi parents with young children; their worries and sources of support.

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ABSTRACT

Parents with young children often have concerns about some aspect of their parenting or about a feature of their child's behaviour, and may seek support from family or local support services about this. Bangladeshi parents with young children living in the borough of Tower Hamlets, East London, were considered a vulnerable group that did not readily take up health services, such as services for under 5's. This began to change with the advent of Sure Start and locally based Children's Centres. As a result of clinical work in one Centre, the author was keen to explore what kinds of concerns might lead Bangladeshi parents to seek help and to whom or where they turned for such help. A purposive sample of Bangladeshi parents, mostly mothers, took part in one or more focus groups and unstructured interviews. The study took an Interpretative Phenomenological Analysis (IPA) approach, coupled with a psychoanalytic perspective, to illuminate and make sense of the respondents' understanding of their lived experience, in relation to the phenomena in question. The use of Focus Groups in IPA research is a subject of current debate and some of the strengths and limitations of this approach are discussed. The study highlights the importance of allowing opportunities for parents from this community to have informal contexts to articulate the complexities of their lived experience, rather than simply their views. Children's Centres are seen to play a key role in providing psychosocial support for parents, with particular significance for first time parents and immigrants. The author suggests that Children's Centres function as an alternative 'village' for parents, especially mothers, who are trying to find ways of bringing together their experience of being raised in Bangladesh with their role as parents of a new generation in another country.

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I declare that while registered as a research degree student at UEL, I have not been registered or enrolled student for another award of this university or of any other academic or institution.

I declare that my research required ethical approval from the University Ethics Committee (UREC) and confirmation of approval is embedded within the thesis.

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CHAPTER 1 INTRODUCTION

The idea for this research topic emerged from my clinical experience as a Child and Adolescent Psychotherapist, working in an outreach service in a Children's Centre, in the London Borough of Tower Hamlets, East London. The service was part of the local Child and Adolescent Mental Health Service (CAMHS). The service aimed to was to provide an assessment and treatment service for the mental health needs of children and young people and their families, in a culturally, ethnically and religiously diverse community. The outreach element was specifically designed to facilitate access to mental health services for the local, predominantly Bangladeshi population.

This thesis begins by setting out the research, introducing the original rationale and context for undertaking the study and the background in which it took place. Chapter 2 provides the reader with a comprehensive view of the literature and sources of information that have contributed to my thinking whilst undertaking the research. As you will see, the research is embedded in psychoanalytic and attachment theory but reference to other disciplines, such as anthropology and social sciences has resulted in a more syncretic perspective.

The Research Methodology describes how I used Interpretative Phenomenological Analysis (IPA) to explore and analyse the rich data gathered from the participants, and my reasons for using IPA follows this. Chapter 4: Findings, describes the key themes that emerged from the data and my analysis of these themes. It also illustrates the iterative nature of the research process and the importance of reflexivity. The research raised many areas for discussion and I have selected some of these for consideration in Chapter 5. In addition, there were a number of further research ideas that emerged and these are identified in Chapter 6. I have also included further relevant information that sits in the accompanying Appendices. For example, further detail about the Research Protocol in Appendix B and original and then coded transcript material in Appendix D.

To avoid any confusion, I am using the terms research and study interchangeably. I am also referring to a child using 'he/him' as this readily differentiates it from any reference to the mother. I also make reference to psychoanalysis or analysis as a broad term including the activity of psychoanalytically trained child psychotherapists.

Here, I set out the rationale and context for undertaking this study providing information about the background to the research and areas of particular significance that I want to draw attention to. These include background about the Bangladeshi community in Tower Hamlets and information about local and national inequalities in mental health provision, with particular relevance to the under-representation of Bangladeshi children to Child and Adolescent Mental Health Services (CAMHS). I also briefly describe the context of the Sure Start Children's Centres initiative in the late 1990's and the subsequent development of the comprehensive national Early Years Strategy (Allen, 2011). As this initiative was significant in the lives of the participants in this study I show an example of the application of this initiative in its local context.

I continue by outlining the significance of parenting, considering it as a major life transition with considerable implications for a person' s identity. I go on to show how my thinking has been informed by psychoanalysis and attachment theory and how they have also influenced my understanding of the research process.

1.1 Origins

From my experience of Bangladeshi parents coming to Children's Centres seeking help about their under 5's, I found that parents had different lived experiences in relation to their young children's emotional development and behavior. There were also different experiences of where to seek help for any concerns that a parent might have. I was interested to explore the views of a non-clinical sample of Bangladeshi parents, about worries their children might have, the kinds of worries they have as parents about their children and their experience of seeking help about this. I hoped that this research might illuminate the meaning of these issues in the Bangladeshi community for parents with young children. I envisaged that a better understanding of this group of parents would help to inform services and staff working with under 5's about any areas of strength and any areas requiring adaptation. I also hoped that any findings might be generalizable to other ethnic groups.

The area of parental perceptions of worry about young children has been very little researched; any relating to the Bangladeshi community is largely tangential. There are a

few important related empirical studies based on a small case study design, for example, Barn, 2002, Loshak, 2003 and Griffiths, 2009.

Other relevant local research considers specific projects, for example, case studies by Hardman and Harris, 1998; Marks et al., 2009 and Griffith, 2009. or research into the inequalities of mental health service provision for Black and Minority Ethnic (BME) communities and the need to change the way in which services were conceptualized and delivered. The action research or service audits by Messent and Murrell, 2003 and Dawson, 2005 have been useful and so too has the mixed study design by Hillier and Rahman, 1996. These have been complemented by national research, for example Malek and Joughin, 2005. Studies found that poor information about services, inaccessibility due to location (too far away) or lack of bilingual mental health or support service staff practitioners, and poor visibility, were key factors resulting in the central concern about the disproportionately poor uptake of mental health services for children, young people and their families from the Bangladeshi community in Tower Hamlets

Locally based research identified the issue of under–representation in referrals of Bangladeshi children and their families to CAMHS by setting up more accessible and sensitive services. For example, Bangladeshi mental health practitioners were employed; one taking a lead role in the service (Messent and Murrell, 2003).

Following the Macpherson Report (1999), there have been a number of significant national strategies over the last 20 years, to try and address these inequalities in the NHS and across the public health sector in general. Of these, Inside Out, 2003, The Children's NSF, Every Child Matters, 2004 Building and Sustaining Specialist CAMHS, Royal College of Psychiatry Report, 2005 and Narrowing The Gap 2007-9 were of particular importance in relation to the delivery of equitable service for BME children and their families.
For example, Standard 9 (NSF, 2004) says:

> *All children and young people, from birth to their eighteenth birthday, who have mental health problems and disorders have access to timely, integrated, high quality multidisciplinary mental health more equitable and relevant services for black and ethnic minority groups.*

1.2 Cross- Cultural Work

This study draws on my interest in cross-cultural work and the development of more culturally attuned mental health provision to facilitate more equitable and relevant services for BME children and their families. Kakar (1981) an Indian psychoanalyst writing about the application of psychoanalysis to communities in the Indian sub-continent, considered that there was:

> *(…) greater difficulty in spotting clues in words, dreams and behaviour when there is cultural difference'* and that while*, 'in spite of culturally distinct manifestations of the unconscious, communication and empathy between individuals belonging to different cultures is certainly possible (…) the quest for psychological truth is less encumbered when both the observer and his subjects belong to the same culture.' (p.3)*

Kakar's point was well made and it is particularly pertinent in the context of mental health, where it behoves mental health practitioners to be especially fine tuned to their own assumptions and preconceptions, as well as to the experience of clients from cultures other than their own. This is also a consideration for researchers and featured in my own observations during data gathering.

During the period 2005-2010, I developed an outreach project for children under 5 years old and their families at a Children's Centre in the north east of the Borough, serving a largely Bangladeshi population. This project was initiated following concerns from the Health Visiting Service, GP's and Children Centre staff about the under-representation of children under 5's into CAMHS services (Dawson, 2005) in this locality.

Working in this context provided ample opportunity to reflect on issues of service accessibility and delivery in relation to BME groups. It became increasingly evident that there were very important questions involved in the concept of the development and delivery of culturally competent and sensitive child mental health services that need to be explored in some depth. For example: the significance of language and interpretation; issues related to power, and dependency, the role of religion in the development of identity; the role of belief in constructs of health and well being. These were issues that challenged a psychoanalytic and developmental model of human relations based on quintessentially Westernised European concepts and philosophy, for

me as a clinician and as the researcher in this study. This experience was invaluable in guiding my understanding of the data that has emerged during this study.

1.3 Sure Start Children's Centres and Early Years Intervention

In 1998, the Labour Government launched Sure Start, an initiative designed to address the growing concerns about the plethora of educational, health, social and employment inequalities facing many children and young people and their families. In 2004, Every Child Matters heralded a move from locally based Sure Start programmes to Sure Start Children's Centres, to be controlled by local authorities as part of nationwide provision, not just in the most disadvantaged areas. The government's target was to have 3,500 Children's Centres in place by 2010. Tower Hamlets was part of the first and subsequent wave providers. Sure Start Children's Centres aimed to provide a universal service for all families, with particular remits to reach vulnerable or marginal families or groups within their community. Children's Centres run integrated programmes that are sensitive and responsive to their users. They are part of the wider health and well being strategy for children and families encompassed by the Every Child Matters framework and the statutory responsibilities and targets of the local authority, health service and Jobcentre Plus (DOE, 2013).

Building on earlier reports about inequalities across the life-span Allen's (2011) review sets out compelling recommendations for an Early Years strategy, which aimed at:

> *(...) rebalancing of the current culture of 'late reaction' to social problems towards an Early Intervention culture, based on the premise of giving all children the social and emotional bedrock they need to achieve and to pre-empt those problems. (p. xviii)*

The report looked at research across the field of infant and child development, attachment studies and neuropsychology as well as looking at a range of evidence-based projects committed to working towards the aims of the early intervention strategy outlined. Sure Start Children's Centres were and continue to be a key component of the delivery of this strategy, working in partnership with other statutory services, such as Health Visiting, CAMHS, Housing, Family Intervention Project, Children's Social Care and voluntary sector provision.

Child psychotherapists have played an important role in the research and development of provision for parents and children 0-5 years. As a profession, they are well aware of the extensive research literature implicating the huge importance of intervention in the early years to support better health and developmental outcomes across the life span (Barrows, 2000; Allen, 2011; Child Psychotherapy Trust 2002).

1.4 Parenting, help seeking and seeing how it is

Parents inevitably come up against difficulties and at times experience worries about their young children. Parents' own experiences of being parented play a significant role in their own approach to their children, their perceptions of their child and how they respond to them. A parent's response to the task of raising a child is also determined by external influences, of which culture is a key component. Other notable influences are poverty, housing and education. Parenting involves a profound psychological transition that may go hand in hand with other transitions, for example: from being a single person to being part of a couple; familiarity with a social and cultural context to being unfamiliar and uncertain. Parents who raise a child in a culture that is different from the one they were raised in may come up against perceptions about parenting and child development that may differ from their own and pose a challenge to them. A parent in these circumstances will inevitably find themselves looking internally to what is known, through their own experience. They will also look to their new environment seeking out aspects that are a good enough fit to maintain some sense of continuity. In addition, they will come across new things that they may be open to, and in their exploration they will create a new identity that embraces aspects of the past, as well as some of the new things from the present. Their children too will be part of the cultural field of their parents' native country, as well as developing their identity within the social milieu of their adopted country. These processes require time, and finding ways to fit in.

This process of changing identity means that it is a time when aspects of parenting are open to question and parents may seek help with concerns they have about their young children, their relationship with their child, or their parenting. There is substantive research evidence that interventions during a child's early years are particularly helpful and impact favourably on subsequent development. For example, educational achievement (Campbell & Ramey, 1995); social equality, (Fonagy and Higgitt, 2000), and adolescent and adult mental health and well being. (Allen, 2011) These studies also

emphasise the need to address the inequalities that currently exist in the provision of such services for children 0-5 years and their families, for some ethnic groups and others with poor outcomes in education, health and mental health. Bangladeshi families in Tower Hamlets are one such group.

This research is located within the context of the aforementioned under-representation within the Bangladeshi under 5's population, and the need to pay more careful attention to the concerns amongst this group. I have taken a layered approach to looking at the kinds of concerns or worries that might result in a Bangladeshi parent with a young child seeking help from local mental health services and their views of such services. There is the apparently straightforward matter of what is a worry? Yet, this question provokes a wide range of further considerations that contextualise the answer to it. For example in what kinds of circumstance might these worries emerge? To what extent might they be related to parental experience of being parented? Do they emerge in response to external factors, such as poverty or housing? What part might culture or religion have to play? How might the experience of migration impact upon a parent's identity and confidence as a parent? Already there is the potential for a rich discussion about the significance or otherwise of these factors, and their interplay.

1.5 Psychoanalytic Conceptual Framework

I have approached this study from the stance of the child and adolescent psychotherapist. My view is founded on a psychoanalytic and developmental model of human development. I think that there are useful parallels to be drawn between the activity of an analyst, a parent and a researcher; these are outlined below and described further in this paper.

A psychotherapist meeting a new patient faces uncertainty and not knowing, just like a mother, meeting her newborn infant. From this point, through a process of openness to what is not known, information of all kinds is gathered, and then analysed to generate meaning that guide the direction of further exploration. From a clinical perspective, the process of gathering information to *'see what is there to be seen'* (Reid, 1997 p.1) is founded on the Observation Method developed by Esther Bick (1964). This naturalistic method makes explicit reference to the need for practitioners to be open to seeing the minutiae of ordinary human interaction and requires the observer to be able to take in

and manage powerful emotions and feelings; some exquisitely touching, others disturbing or painful. This process of gathering information is also a task for the researcher; it requires patience. In this context, patience is the term that Bion used when talking about the state of mind that he thought the analyst should employ. It is a state that requires the analyst to set aside memory and desire and to be alert to aspects of the patient's material that are *'unknown to them both'* (1970, p.124). Bion described the attribute of waiting for meaning to emerge, by drawing on Keats' term negative capability. This is the capability of *'being in uncertainties, mysteries, doubts, without any irritable reaching after fact and reason.'* (ibid. p.125) until a pattern *'evolves'* (Sternberg, 2005 p.54).

Patience is an uncomfortable, frustrating and sometimes edgy state, with an almost physical component that begs to be shrugged off, or dispersed in some way. Bion saw the necessary wait for a pattern to emerge in an analysis, as a product of 'security', where there is a feeling of safety and diminished anxiety. Similarly, the parent needs to manage this uncomfortable state until they have understood their infant's communication (Bion, op.cit., p.124), helping the infant move from the paranoid-schizoid to the depressive position. This position, or state of mind, is achieved when the infant's need to split the mother into either 'good' or 'bad' has diminished, so he can relate to the mother as both need-satisfying and frustrating. Importantly, movement between these two positions continues throughout life and at times of duress a paranoid–schizoid view of the world is more likely to dominate (Klein, 1935).

From my perspective, at the point where pattern emerges, form also emerges, and form provides us with something more multi-dimensional. From a psychoanalytic perspective three dimensionality heralds the possibility of the development of mind and the capacity for creative thought and reflexivity (Britton, 1989). In turn, multi-dimensionality allows for the possibility of time and hence reality testing.

The birth of the mind leads in the direction of thinking about babies, and the means by which they acquire knowledge, in its different forms. I make the link between the work in an analysis and the mechanisms involved, as outlined above, with the state of maternal reverie found in the good enough mother towards her infant. This is a state akin to Freud's term 'free floating attention' (Freud, 1912), where the mind is best disposed to allow the move from the sensual and affective experience of being with

another, to a more mental and cognitive articulation of this relationship. The mother, who for the most part does this intuitively, is facing the unknowns of her baby, whom she is just beginning to get to know. Right from the start, the first moment when the mother holds the baby, she ushers in the process whereby the infant's psychosomatic integration becomes possible. Winnicott (1987) considered that the process of holding and handling was crucial in establishing the experience of human reliability. In turn, moment by moment, through her experience of attending to her baby's psychic needs (internal world) and managing the uncertainties aroused in him and communicated to her, she provides her infant with an experience of containment. This process is one where meaning is made of feelings and physical states that for the infant would otherwise feel unmanageable and unknowable (Symington, 1996).

The parental task of being attuned to their baby is fundamental to the healthy development of infants and is at its best when ordinary, good-enough parents are able to get on with their job as parents without too much interference from external sources; this is particularly so for the mother, who has the bulk of this responsibility.

1.6 Research

This stance has informed my understanding of the research process and the gathering and analysis of data. I think that there are interesting and useful connections between the psychoanalytic process in a therapeutic context, the psychoanalytic understanding of the parent-infant relationship in the early years and the research processes that have guided this study and emerge during the following chapters.

This research has evolved over several years as an iterative process that has involved elaborating the research design and developing my understanding of the data. It has also involved discussing the research topic and methodology with staff and users of Children's Centres, academic colleagues, seminar leaders and supervisors and professional colleagues.

Griffith (2009) and Loshak (2003) both identified the importance of considering individual experience and personal narrative as an effective way to understand *'the complexity of the formation of individualised opinions'* (Griffith, op.cit. p.289). This study also recognises that the complexity of lived experience required an approach that

allowed the opportunity for women to offer individual personalised accounts. In addition, the group context gave the women opportunity to talk with and listen to other women that I think had the advantage of illuminating similarities and differences within a group that provided further information about key questions. In extension, Atkin and Chattoo (2006; 2007) identified the need for the 'reflexive practitioner' and reflexive services. By this, they mean practitioners and services that take into account individual narratives as a way of coming to better understand the needs of individuals and groups, and then developing services that meet these needs.

I have come to think of the journey that clients make to accessing a CAMHS or other mental health service as one that requires crossing many different thresholds: internal and external, psychological, emotional, religious, familial, social and cultural. It is my view that these changes, made over time, enable a person to access and make use of help that might be available to them.

The clinician too needs to make a journey to engage any patient in a therapeutic process, but working cross-culturally places difference and diversity in the foreground. In my view, the development of cultural sensitivity in the clinician is a process that requires them to meet challenges to their personal and theoretical assumptions, to cross their own thresholds. Above all, the process for both the client and the clinician is a mutually reflexive one that allows for a number of different models to be held in mind simultaneously, each weighted with importance (Cunliffe and Jun, 2002; Bachu, 1996). The structure of this research has been built on the need to allow for reflexivity (Cunliffe, 2002; ibid, 1996). In my view the researcher-clinician needs to be open to exposure to differing models, assumptions and beliefs about normal child development and constructs of parenting, in order that more culturally attuned child psychotherapy services can be developed.

I hope that information from this study could further inform the kind of services offered by Child Psychotherapists and other practitioners to families from the Bangladeshi community in Tower Hamlets and be generalized to other BME communities. I also hope that relevant findings might be incorporated into the training that they receive.

1.7 Context – Setting the Scene

As Winnicott (1964) emphasised there is always a context. As described above, a child psychotherapist is well placed to negotiate the subtle interactions that take place between the internal world of an individual and the wider world of family or kinship group, religious affiliation and practices, local community and school. We also extend our horizon to include the socio-political, historical, cultural and spiritual components that together make up a person's perception of the world and their relationship with it. This section outlines the general context of the Bangladeshi population in Tower Hamlets, as well as the more specific milieu of a Children's Centre, located in the East of the Borough, as the exemplar of such Centres across the Borough.

The Bangladeshi diaspora began in the 1970's, following the Indo-Pakistan war and the subsequent secession of Bangladesh from Pakistan and encouraged by the change in the UK immigration laws. This saw large numbers of Bangladeshis settle in London and the Midlands. The Bangladeshis came mainly from the Sylhet, a rural, agricultural region in North East Bangladesh. Although Bangladesh is a secular society, Islam plays a central role in family life, and it is very important in Sylhet (www.thhol.org.uk). This group of migrants had little education in either Bengali or English. As economic migrants they took up mainly unskilled or semi-skilled labour in the well-established textile and clothing factories. Later, they began to start their own businesses, particularly restaurants, before diversifying further as the population became more settled and better educated. Hussain (2005) noted that the Sylheti families that she worked with were:

> *(…) survivors from hardship, poverty, displacement, and loss through the process of migration'.* [She added,] *we are aware that migration creates diasporas, and the multiple losses impact on psychological health. (p.102)*

The London diaspora congregated in Tower Hamlets where Bangladeshis now comprise 32% of the population, as compared with 3% across London, and as compared to 31% of white British residents in the Borough. 27.9% of the population are under 20 years (Tower Hamlets Census Data, 2013).

The Marner Centre where this study began, was the newly developed arm of the well established and interconnected Bromley-by-Bow Health and Community Centres, that had each grown organically in and with the locality of the almost wholly Bangladeshi, Sunni Muslim population. The Centre reflected the dominant organizational culture of

these ‘parent’ organizations. These were determined by a culture that promoted a relatively non-hierarchical or flat, collective structure, in which individuals and small groups were encouraged to move from dependency to independent or inter-dependent relationships with the ‘parent organisation’ (www.bbbc.org.uk).

Despite its success, the Bromley-by-Bow Centre recognized that they needed to make services more accessible to the immediate Bangladeshi population, who were not making use of the ante and post -natal clinics or the Health Visitors at the main centre (Blake, Personal communication 2004). The Marner Centre, as part of Sure Start, was built to meet this need. During the period, 2005-2013 the locality of the area changed enormously. At the start, the area was bounded by a sprawling industrial estate, and major trunk road. The council housing was old, run down and in poor repair. There was little to redeem the drabness until a small park was developed, the Marner Centre built and the adjacent Victorian primary school modernised. The Marner Centre is characterized by a light, airy, open feel with rooms that are comfortable and allow for flexible use. It has a welcoming feel about it and, at times, bubbles with energy and laughter. The Centre, like others across Tower Hamlets, offers a wide range of activities for children 0-5 years and families and hosts a range of educational, social and support groups for parents.

Picture 1: The Stay and Play Room at Work

The in-house survey (Dawson, 2005), identified that mothers with children under 5 using CAMHS, would only consider going to a Centre, *'within buggy pushing distance,'* (Urwin, 2003 p.378). Experience indicated that this finding was generalizable across the Borough, and led to the development of an under 5's child and family psychotherapy service, called Help at Hand. It was set up jointly by me and the Senior Health Visitor at the Marner Centre, to provide a Child and Adolescent Mental Health Service within the community, further developing the seminal idea of the under 4's service offered at another Children's Centre in the borough, (ibid). The service was unusual because it featured a child psychotherapist working alongside the health visitor and Family Support and Outreach Team, headed up by the senior Bangladeshi practitioner, an adult clinical psychologist and a senior speech and language therapist. The Support and Outreach team played a pivotal role in meeting new parents, for example during an initial birth visit, or as new arrivals to the area or the country. They also worked with couples to make it possible for the woman to leave the family home and visit the Centre. For many mothers, and sometimes fathers, this step took several months. It was a huge psychological, emotional and cultural transition that involved both parents and frequently the paternal in-laws, renegotiating issues related to fear of loss of identity

and control in the face of different values and norms.

During the last decade, the local area like many across Tower Hamlets changed as new housing stock replaced the run down blocks of council housing, more play areas and the development of more Children's Centres. Change has always been a significant feature of Tower Hamlets. Since the mid 19th century, the Borough has been suffused with the significant influence of the population overspill from the City of London, and subsequent waves of immigrant groups creating a rich cultural heritage. It has also had an association with overcrowding and poverty.

Both of these features still characterise Tower Hamlets, which is currently the 2nd most densely populated London borough (Tower Hamlets Research briefing 2013-12, December 2013, Tower Hamlets Population: Key Facts) and has the highest rate of income poverty across all local authorities in England and Wales and double the national average (22 per cent). Significantly, 53% of all children in the borough live in poverty, which according to the 2009 census is the highest rate in the UK (Research Briefing 2012-1, February 2012, Poverty: Key Facts: A profile of poverty in Tower Hamlets; HMRC, Child Poverty Statistics 2009).

In 2007, as part of the government's equalities and outcomes agenda, the DCSF funded Narrowing the Gap, a 2-year research project designed to identify areas where there were poorer outcomes for vulnerable children. They identified 12 elements that they thought would be influential in reducing this gap. These 'Golden Threads' underpinned the thinking behind Children's Centres across the borough. Three of these seem particularly pertinent to this study:

- *It takes a community to raise a child – Recognising the power of communities to support children and adults.*
- *Together with parents ("you know your child, we know about children's services, together we can help him/her better") – Working in real partnership with parents and families and building on their strengths.*
- *Through the voice and eyes of the child – Ensuring children's views are listened to and their participation is supported, and making all services more family- centred and adult services more sensitive to their clients as parents, and alert to the needs of children.*

(2009http://www.c4eo.org.uk/narrowingthegap/files/ntg_final_guidance_year-1)

CHAPTER 2. LITERATURE REVIEW

This chapter describes the sources that I used during my research, the literature review strategy and the process of gathering relevant information. Following this there are sub-sections for each area that has been significant during the research, with specific sources identified showing their relevance to my study.

This research was developed in the context of my clinical experience in CAMHS working with Bangladeshi clients, as well as in a non-clinical community setting: the Children Centre. I chose to focus the study on the views of Bangladeshi parents, because this was the dominant ethnic group in the locality, and at the time, it was underrepresented in referrals to CAMHS (Hillier & Rahman, 1996; Messent & Murell, 2003; Dawson, 2005; Loshak, 2003; Malek & Joughin, 2005). Whilst working at the Children Centre, as well as within the CAMHS clinic, I found that there were many different views about young children's emotional development and behaviour in the Bangladeshi community. There were also different perceptions about where to seek help for any concerns that a parent might have. The area of perceptions of worry about young children has been very little researched, and studies have mainly issued in a tangential way from the perspective of Medical Anthropology and Sociology. More recently, a few papers have emerged from the perspective of psychology and child psychotherapy (Marks, et al. 2009; Urwin, 2005). Research into the area of health provision for Black and Minority Ethnic groups in the United Kingdom is available and it points to the dearth of data with respect to CAMHS and the need for further studies in this area (Malek & Joughin, 2005).

2.1. Sources

The diagram below shows the sources that I used during this study.

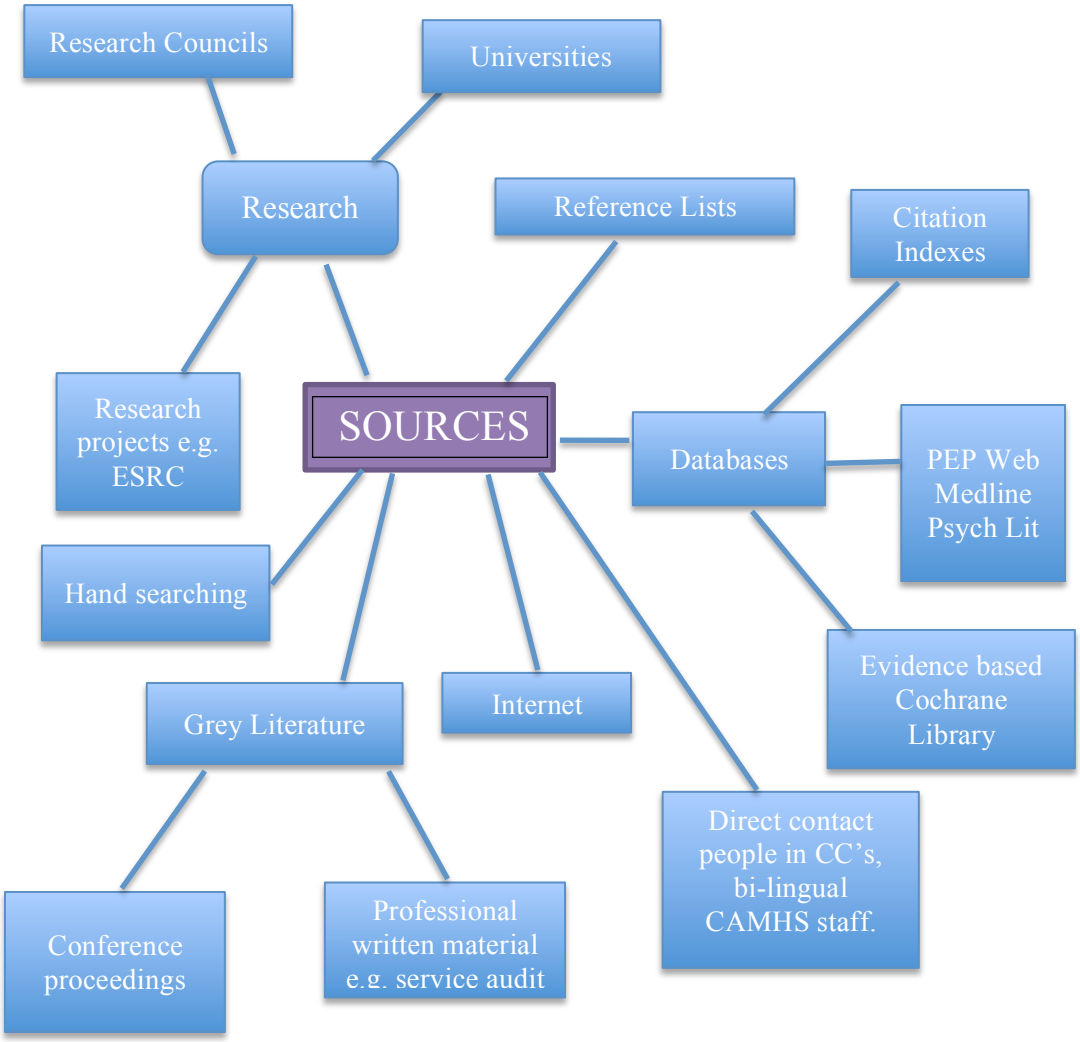


Fig 1. Literature Review Sources

2.2 Literature Search Strategy

My search started from a set of specific references that I knew of from having worked in Tower Hamlets with the authors in question, or had heard about in discussion with colleagues. These sources were Hillier and Rahman, 1996; Loshak, 2003; Urwin, 2003; Messent and Murrell, 2003. Each of these studies was based in Tower Hamlets and specifically addressed issues related to mental health amongst the Bangladeshi community and the poor uptake of mental health services for children and adolescents. These papers furnished me with references to other literature, some of which were directly relevant and others that developed my thinking or provided background information. For example Loshak (2003) beautifully describes her once weekly

psychodynamic work with Bangladeshi teenagers, and citing Akhtar (1994), she also offered additional contextual information about the impact of migration on the Bangladeshi community, particularly on women and on the reflective capacity of mothering. Details of each of these four papers and their relevance to this study are found in the relevant sub-sections below.

This process of searching is limited by publication bias, although the scarcity of papers of direct relevance to the perceptions of Bangladeshi parents about their under 5's, and a poor uptake of CAMHS services by this population, was a robust finding. To reduce publication bias, I have also made use of communications with professionals in the area, including Bangladeshi practitioners, both to seek out their views and also as a means of testing the resonance of the material. Whilst conducting the research other sources became available developing ideas from aspects of earlier studies. For example Marks et al., 2009 and Urwin, 2007.

I continued by expanding my searches using electronic databases such as, PEPWeb, CINHAL, SocINDEX, PsycINFO and ETHOS scrutinizing for relevancy. This process of expansion and then focus continued throughout the research, leaving me with a filter of those studies that have appeared and re-appeared as the most directly relevant.

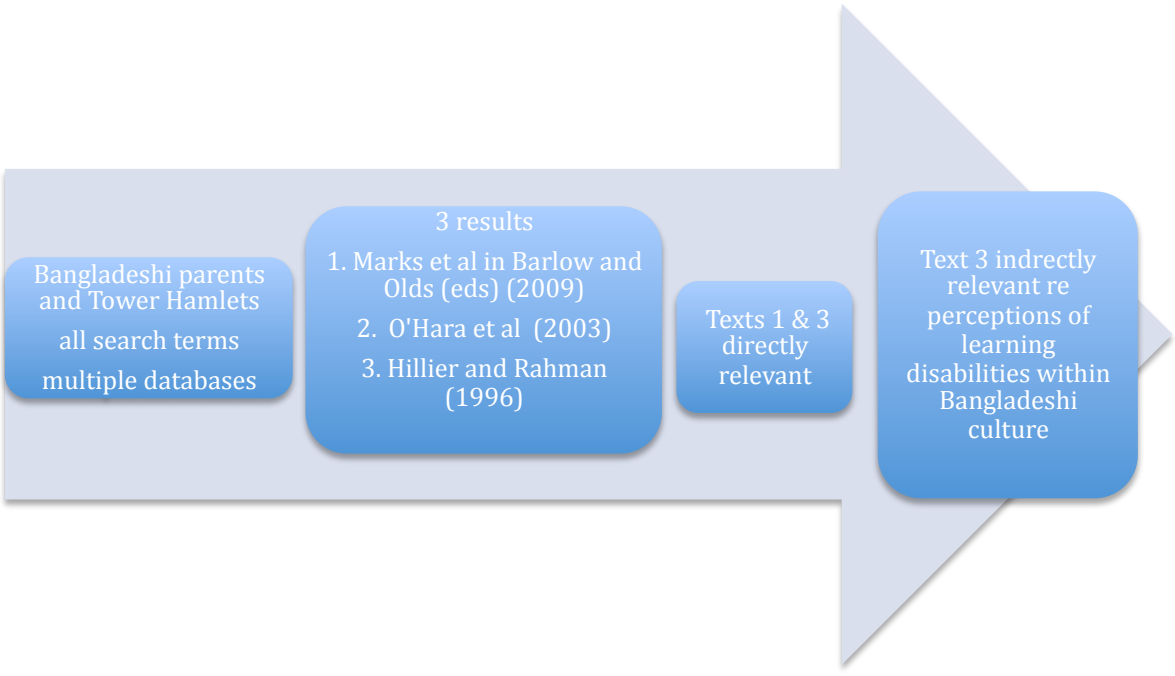
For example, Table 1 below shows the filtering process from a PsycINFO search looking at mothers and anxiety.

Table 1: A PsycINFO Preliminary Search into Mothers and Anxiety

TERM	RESULTS
1.Mothers exp ANXIETY	49487
2. Bangladesh *ti,ab	1192
3. (women OR women OR mother*) ti,ab	283137
4. Exp MOTHERS/	31356
5. 3 OR 4	286015
6. 2 AND 5 (Bangladesh women or mothers)	464
7. 1 & 6 (anxiety and Bangladesh women or mothers)	2
8. worr*ti,ab	10437
9. 6 & 8 (Bangladesh women or mothers and worry)	0
10. 2 & 8 (Bangladesh and worry)	2
11. "tower hamlets". ti,ab	32
12. london.ti,ab	7939
13. 6 & 12 (Bangladesh women or mothers and London)	21

The chart below illustrates the search process for another research term with a description of the relevancy of each text outlined beneath.

Fig 2. Literature Search Process



This search across all relevant EBSCO databases revealed 3 texts, sources 1 & 3 appeared in other similar searches to indicate that there was little direct relevant material on subject of this study. There were many outliers, as exemplified by text 2 in this search. These outliers provided background material or touched on some topics that were encountered during this study, but were not its main focus, for example the cultural perceptions of learning disability amongst the Bangladeshi community. This was interesting and helped me have a more informed picture about the context of one respondent in this study, which directly raised this issue.

Text 1: Marks et al (2009) described the development of a parent education programme for Bangladeshi parents in Sure Start Children Centres in Tower Hamlets by the NHS based Primary Care Psychology and Counselling Service. The paper illustrates the way in which the idea for the project developed directly from the experience of working with Bangladeshi parents in the Borough, known to be identified with better uptake of services for Black and Minority Ethnic (BME) communities. The paper identifies the poor uptake of mental health services for BME groups in general, suggesting that this might be because people generally seek help from within their families or extended families. This issue is raised in my study and discussed in Chapter 4, Findings. The paper also raises the stigma associated with mental health problems amongst adults. This did not feature in my study, probably because the focus was primarily on children.

A further important feature highlighted in this paper, was the need to adapt service design and clinical practice in response to the particular psychological and cultural needs of the community in question. This premise informed the development of this research study and I address it further in Chapter 5, Conclusion and Discussion.

Text 3, Hillier and Rahman (1996) describe aiming to better understand the low uptake of child mental health services in East London. Mental health statistics at that time were almost wholly focussed on adult populations and large-scale studies were reliant on limited data collection, through hospital admissions. (ibid. p40). Research into perceptions about health seemed to constellate around the idea that health was seen in functional terms and was only a problem when it interfered with functioning in everyday life. The paper draws on earlier ethnographic, public health, adult psychiatric and educational studies, that consider various aspects of views about child and adult mental health in Bangladesh and in the UK. The paper makes reference to traditional

practices used in the course of parenting in rural Sylhet. It cites the use of a range of traditional, religious or spiritual practices, as well as the use of homeopathic medicine. The significant link with my own study was the importance of discussing the findings with a group of Muslim and/or Bengali speaking professionals who worked in the Borough. This element of triangulation has also been present in my research where findings have been discussed with Bengali and Sylheti speaking professionals working in Tower Hamlets, as well as with those respondents who attended the feedback meeting following the data analysis.

I found no specifically relevant sources on the topic of this study. The database searches provided some directly relevant material, most of which I was already aware of, for example citing articles drawn from mental health workers in Tower Hamlets, working with Bangladeshi parents and families, or in Children's Centres. This process was useful in indicating that the field was saturated. Most searches cited book chapters or journal articles focusing on related subjects that I have been able to draw on. For example, Hillier and Rahman's study (1996) provided an invaluable historical context that highlighted change over the last twenty years. I was alerted to Krause's more directly relevant paper on the subject of the expression of meaning amongst a Punjabi community (2002).

Hand searching, through journals, for example The Journal of Child Psychotherapy and the Journal of Child Psychology and Psychiatry yielded background information, some of which was relevant to the theoretical underpinnings of this study, others touched on more clinically relevant issues, such as working cross-culturally. I also drew on a range of written material that was produced by others, and myself during my work in Tower Hamlets. None of this was published, but it was used to inform strategy documents, training materials, and conference presentations. Some of this material was also used subsequently to provide the background for published material, for example Urwin, 2003 and Loshak, 2003.

Personal contacts with other mental health professionals and Children Centre staff who have worked in Tower Hamlets and had direct experience of working with the Bangladeshi community were also an important source of information. Some of these were Bangladeshi themselves and so helped to provide an insight into the more nuanced aspect of observations and experiences of the non-Bangladeshi professionals. For

example, Irfat Tarafdar, Bi-lingual Parent Therapist made interesting observations about the difficulties facing Bangladeshi mothers, as they attempted to manage the range of different and often competing responsibilities they had to their children, their husband, especially an eldest son, their parents in law and their own parents. This was directly relevant to my study and her information helped to ensure that my understanding of the material was triangulated with experience and knowledge of the community. The research design was informed early on in discussions with Bangladeshi staff. For example Lilu Ahmed (Lead Family Support Worker, Marner Centre) helped me to formulate questions and vignettes that she thought would be of interest to the parents involved. Dr Ruma Bose has also been instructive in thinking about the meanings of self and identity in South Asian cultures. This was helpful in thinking about the issues that some of the women raised about the nature of the family as a collective, with associated advantages and disadvantages in term of support for mothers and fathers.

2.3 Key Areas identified through searches

2.3.1 Parental Perceptions of Infant and Child Development

This field was guided by several questions:

- What is an infant capable of?
- Does an infant/ child have a mind?
- What meaning does a child's behaviour have for a parent?
- Is behaviour seen to have any communicative or symbolic function?
- In what ways is meaning related to cultural or belief systems and to what extent does meaning relate to developing understanding? Is there any dissonance between these?
- What is affect and is the understanding of affect culturally determined and, if so, to what extent or how is this evidenced?

It is recognised that there is a rich range of literature about infant and child development, from many different perspectives: psychoanalytic, developmental, psychological, medical, sociological, anthropological and increasingly these are intersected with findings from neuroscience and neurobiology. My focus has been from the perspective of psychoanalytic and attachment theory embellished by writings drawn from other approaches. Whilst this has not been a clinical study, my perspective about

human relationships is rooted in my training and subsequent clinical work as a child psychotherapist, that I have already alluded to. A key feature of this training was the Infant Observation Method (Bick, 1964). Rustin's (2009) discussion about the Infant Observation Method and its influence on Child Psychotherapy training, succinctly describes how this method provides the backbone for the child psychotherapeutic endeavour:

> *Without an understanding of containment, projective identification, splitting, unconscious phantasy, autistic phenomena, and so on, our interpretative activity would be impossible." (p.38)*

Rustin is alluding to the need for child psychotherapists to be alert to infantile anxieties that the patient cannot process and through her reverie help the patient integrate these states in a more manageable form, rather than avoid them through defensive processes. This principle has been significant to my understanding of infant development and mothering in the early years, as well as providing an important component of the methodology for analysing the data from this study. (See Chapter 3: Research Methods)

Given the wealth of psychoanalytic and attachment literature in this area of infant and child development, I have selected a range drawn from reading over the years, to include classic psychoanalytic texts, by Sigmund and Anna Freud, Klein, Bion, Winnicott and Bowlby, as well as more contemporary psychoanalytic authors, some of which have been cited in this study. These texts provide the basis for the developmental narrative that runs through this study, and serves as a framework in the analysis of the data. This narrative is based on the following ideas.

Babies are a 'going concern' (Winnicott, 1964)

Freud recognized that there is a connection between intra-uterine life and infancy in that just as the mother catered for the needs of the foetus, she continues to satisfy his needs '*by a psychical-object relation'* in infancy (1926. P.138). There is a growing body of research into foetal development and the impact of external events on the infant in utero. For example Piontelli (1992) undertook a longitudinal psychoanalytic research study, using ultrasound as observation data, together with a series of interviews with parents, to add to the information already gleaned from ultrasound studies since the early 1970's.

Piontelli's key finding was that there is indeed continuity of behavior, as Freud postulated and parents commonly describe. Piontelli's research picked up on the

contemporary interest in the influence of maternal behavior and emotional state on the foetus, and the psychoanalytic view that these factors can have a profound influence on foetal development. Piontelli also took the view that the foetus was an interactive partner with the mother and played a role in its development. The idea of continuity and the interplay between the foetus and the mother was useful in the analysis of the data from my sample, where mothers had a profound sense of the continuity of their baby from conception onwards. Maiello (1995) further detailed the interactive nature of the relationship between mother and foetus through her recognition of the importance of sound and the idea of the 'sound object' (ibid, p.28), that she suggested heralded the threshold of the foetus's awareness of me and not-me. This is discussed in Chapter 4, Findings- Relational Knowledge.

Babies are, in a context

Winnicott (1964) brings together the centrality of the contextual relationship between the infant with its mother, then father and wider family, to more external social relationships. Here he pays tribute to the ordinary act of mothering, acknowledging the dependency of early motherhood and the need for appropriate and timely support to help them in their task of mothering and parenting. Winnicott also identified that babies are very much a 'going concern' from conception, and even before in the minds of their mothers and fathers. This understanding about babies was an important feature in my understanding of the experiences of the mothers in my sample about their babies in utero, as well as the importance of the wider family and collective in the lives of their children and in their own parenting. (ibid. Ch. 3).

These sources provided background for the idea that the baby exists in its own right, with its own volition and motivations from early on in gestation, and even earlier in the mind of each parent. This linked to the view of transcendental knowledge that emerged from the study. These external influences on the foetus highlighted the significance of the mother and her state of mind during the pregnancy. The women in my study had no doubt that the foetus was aware of external stimuli, as well as the mother's state of mind, and considered pregnancy to be a crucial time in the development of their baby. We know from a wide range of studies, dating back to the 1930's that the foetus is a going concern from conception, as its inception transforms the mother's body and influences her emotions, as well as her physiology in a most powerful way (Bradley and Mistretta, 1975. In Music 2011 p.14).

Infants need their parents to be mindful

By this, I mean the good enough parent who is holding their infant, in the sense of providing the reliability, predictability and continuity in emotional care and relating, to facilitate the emotional regulation and healthy development of their baby (Winnicott, 1960). Winnicott's seminal work provided theoretical background for understanding the psychological and environmental task of ordinary parents. This background is present throughout the analysis of the findings, but particularly relevant in the sections relating to the parents's understanding of their task. It is interesting that the concept of the child in the context of the mother and family, and then wider family and support networks, is a cornerstone of the Bangladeshi parenting model. It really supports the view that at its best, rearing or 'growing' a child takes place in the context of a series of interlinked systems.

The development of the infant's thinking apparatus

The psychoanalytic perspective on this area of infantile development is rooted in Freud's early work where he sets out the concepts of the unconscious (Freud, 1915) and primary and secondary processes (Freud, 1911). Primary process refers to the functioning of the *'system unconscious'* where there is *'no negation, no doubt, no degrees of certainty…'* (Freud, op.cit.p.186). This type of functioning is dominated by what Freud referred to as the pleasure principle. Secondary processing is another form of mental life that comes into play in response to a need to manage frustration and the demands of reality, the awareness of time, causality and consequences, the relationship or links between things (Diem-Wille, 2011 Ch. 4).

Klein and Bion developing Freud's idea, thought that the capacity to manage frustration and bear reality, the foundation of thinking, developed in the context of the infant's relationship with the mother. Here the central idea was about the process of containment. This takes place as the infant projects his ordinary, but intense and unmanageable feelings into the mother. She in turn receives these projections and through her reverie, she is able to make sense of these communications and so modify these otherwise 'toxic' projections, and then respond appropriately to her infant. This process of containment enables the infant to internalise the idea that his communications are understandable and manageable, and that he can learn from this experience (Bion, 1962; Glover, 2009).

Theses sources, lay the ground for the discussion about the development of the infantile mind and the role of the primary carer, always the mother in this study, despite the significant influence of other adults in the child's life. This theoretical framework is central to my understanding of the parental task of the mother and significant other(s). It also underpins my view about the growth of the mind and the capacity for linking and thinking.

The parental capacity to mentalise

Mentalisation is understood to be the capacity of the mother or father to respond in an attuned and reflexive way and so contain their infant. Freud (2011) alluded to this in his idea of 'linking' moving from the immediacy of sensory experience to the psychological quality of association. Later, Klein (1945) delineating the depressive position recognised the infant's awareness of the mental state of the other. In turn, both Bion (1962a) and Winnicott (1962) stressed the significance of the carer's psychological understanding of the infant in the emergence of the true self. The concept of reflective function has been a cornerstone of the psychoanalytic understanding of the human mind. It is understood to be central to a person's capacity to respond in a reflexive way to another person (Fonagy, 2001 p.167). Following Fonagy's thesis (2001) concerning the direct similarity with this model and attachment theory, the reflexive capacity of the carer is associated with security of attachment.

This characteristic is crucial in the mother-infant relationship, and it is seen to set the tone for subsequent relationships across the life span. In this regard, it was important in this study to consider the influence of the mother's own experiences and their influence on her parenting. The child internalises features of their own parental figures and forms representations of these in his mind, they later become powerful organising influences on attitudes and behaviour towards their own child. In this way, relationships from the past are represented in the present. When these have been conflictual they may significantly impair the mother-infant relationship. For example Fraiberg, in her seminal paper "Ghosts in the nursery" (1975), describes the way in which the maternal representation of the child can be so suffused with the emotional residue of unresolved conflicts and unmet needs from her own past, that they cannot identify or respond to their own child's needs. These 'ghosts in the nursery' can have a profound impact on the mother-child relationship. Fraiberg and colleagues went further and identified that working with the mother to help identify and resolve some of these issues, helps the

mother to become better able to respond in an attuned way to her child (Fraiberg et al., 1980; Fraiberg, 1975; Main, 2000; Fonagy, Steele & Steele, 1991).

These references were helpful in clearly setting out the theoretical bases for the concept of mentalisation and in making sense of the material that emerged from the respondents, for example, the ways in which the women talked about their understanding of their children's communications. Furthermore, these texts also provided a robust framework for thinking about the impact of the mothers' own experiences on their mothering. This was directly relevant in this study sample, as profound experiences such as migration, trauma and unresolved loss may rupture the mother's sense of going on being, making it hard for her to regulate her own emotions and those of her infant.

I also want to note Ainsworth's acknowledgement of the importance of the mother's ability to 'see things from the child's point of view' that has been little studied (Oppenheim and Koren-Karie, 2002 p.4). One such study reported the development of a new method designed to study this capacity, which they called *'insightfulness'* (ibid, p.594). This aspect of insight was useful as a guide to thinking about the women's comments about their understanding of their children.

Behaviour as a communication

Trevarthen (2011) builds upon over fifty years of painstaking work studying infantile patterns of communication, inter-subjective motivation, meaning and affect. Trevarthen's central thesis is that *'a newborn infant has intersubjective mental capacities'* that enable him to engage in reciprocal and sympathetic responses to another. Trevarthen sees this playful activity as the *'driving force of cultural learning'* (p.130) and the basis for 'a new psychology of creativity and cooperative knowing and meaning in human communities.'

Emanuel and Bradley (2008) and Lanyado and Horne (1999 & 2009) set out the theoretical understanding of early childhood development from a psychoanalytic perspective, as well as detailing its clinical application in a range of clinical and non-clinical settings. My position is that, assuming good-enough parenting during the course of ordinary development, the infant will experience delays, frustrations or inattention. At such times the infant will turn to various unconscious mechanisms to try and manage the situation. These defences may give rise to symptomatic behaviour,

such as sleeping and feeding difficulties, incessant crying, and a range of somatic presentations, such as tummy pains and headaches. Emanuel and Bradley (2008) offer a valuable collection of papers, introducing the Tavistock Under 5's Service, with a useful presentation of the theoretical underpinnings of their approach and accounts of other child psychotherapists working in this service. I found Likierman's paper 'Spanning presence and absence: separation anxiety in the early years', instructive as general background for the issues about separation that emerged during this study (ibid. pp.213-236). Likierman describes her work with three families, where the common feature in the referral was the child's fear about being alone, especially at night-time. She considers that separation anxiety in a child less than 5 years needs to be *'evaluated in relation to the family context'* (op.cit., p.217). Work with the families revealed that in each case the child's behaviour was indicative of some difficulty for the parents, either individually or as a couple, particularly when there has been loss or trauma of some kind. In my study, the issue of separation re-evoked some painful feelings in some mothers about their own losses, most significantly the loss of their own mother through migration or death.

Lanyado and Horne (1999 & 2009) also bring together an interesting collection of papers providing an overview of the development of child psychotherapy as a profession, the growth of theoretical frameworks to include more recent developments in neuroscience and the application of child psychotherapy in a wide range of settings from the clinic, to residential settings and schools. This book was invaluable as a general background, helping me to stay rooted to a theoretical framework and to the centrality of reflexivity and emotional sensitivity to work, including research.

2.3.2 Infant Observation Method

This method is rooted at the Tavistock Centre, where Esther Bick taught cohorts of child psychotherapy trainees, under the direction of John Bowlby. Bick's (1964) seminal paper describing the method laid the foundation for a burgeoning interest in psychoanalytic infant observation, not only as an induction into the practice of child psychotherapy, but also as a direct therapeutic tool, as a research methodology and in application as a therapeutic intervention. Many others, for example, Miller et al., 1989; Reid, 1997, and Rustin, 2009, followed this.

Miller et al. (ibid.1989) and Reid (ibid, 1997) both describe the Infant Observation model with Reid providing a collection of papers that show developments in practice since Miller's compilation nearly a decade earlier. The paper by Briggs (1997) describes a study using observations of 5 infants considered to be at risk, one of whom is Bangladeshi. The study itself considered the development of these infants and the role of observation as a research tool. My main interest in this fascinating study was Briggs's description and understanding of the family patterns in relation to the parenting of the infant being observed. Briggs noted that, '*it was important to take into account the contribution of the family members as a unit, as well as the quality of containment,'* provided by the infant's mother. (ibid. p.210). Briggs observed what he called a *'group culture,'* with parenting functions being interchangeable amongst the family members. Whilst I was not able to observe the family in such detail, there were many references to the involvement of the family. Some of these alluded to the family as interfering of the relationship between the mother and infant, but for the most part the women gave the strong impression that they were the primary carers and seen to be so.

Miller (2008) identifies the importance of emotionality in the observation method. She goes on to link the need for the observer and clinician to be aware of their emotional responses to material. Following Heimann (1950), Miller says, *'Correctly grasped, the emotional factor is an indispensible tool to be used in the service of understanding.'* (ibid. p.40) I made use of this idea whilst undertaking the focus groups and interviews, as well as during the analysis of the data. Noting the emotional factor in relation to the research process has also been instructive and could be the subject for another study.

These sources pay particular attention to the minutiae of interactions of human relatedness, in the mother-infant dyad, with the father and/ or significant others, such as siblings, grandparents, aunts, uncles and cousins. These observations provide a rich account of the tapestry of the unfolding development of an infant in the context of their particular family. Just as in my study I needed to pay close attention to the detail of the material gathered in my study, as well as to being alert to the unconscious feelings that emerged, often in a visceral way, as an indication of my counter-transference.

A more explicitly relevant source was the ESRC Study (2007), "Identities in Process: Becoming Bangladeshi, African, African Caribbean and White British mothers". This offered a specific example of the potential for using infant observation as a research

method. During the course of this research study, six child psychotherapists, a mixture of qualified and nearly qualified practitioners, undertook a weekly infant observation for 1 year. The research team separately interviewed the mothers at timed intervals. The observers and interviewers were blind to each other's data. This was a highly productive study, from which significant findings about mothers and identity has emerged, as well as a novel development in research methodology. I will take up the latter in Chapter 3 Research Methods. The observation of a Bangladeshi infant was directly relevant to this study in thinking about the internal sense of loneliness and longing for the maternal object that mothers who have been separated from their mothers through migration or death may experience (Layton, 2007).

2.3.3 Under 5's Services in the Community

There are many developments of the use of the Infant Observation method to inform practice with under 5's in clinical settings. The sources below and my own experience are directly relevant to this study because they all contribute to my thinking about working in community settings, and to my understanding of the function that Children's Centres may serve for the parents and children who make use of their services.

In my view, the work of Dilys Daws has provided the initiative and inspiration for much of the work that has followed. For example, Daws (1985), in her delightful account of work in a GP Surgery, applied Bick's method to her therapeutic input at an ante-natal clinic, as well as using her thoughtfulness to support the work of the health care professionals. Tydeman and Sternberg (2008, p.100) use the term 'thinking space' to denote the containing function of such work in their account of work in a GP surgery. The importance of providing a 'thinking space' in a community setting had resonance with my experience of the focus groups, which I think provided the mothers with an opportunity to notice their thinking about issues and reflect upon them in an increasingly nuanced way.

Daws's work was certainly in mind whilst Urwin (2003) Dawson and Watt developed a model of psychotherapeutic work located in Sure Start Children's Centres. Urwin's initial project for under 4's, described setting up a counselling and parent support service, called Help at Hand, to address the under representation of under 4's being referred to the local CAMHS (2003). Urwin made efforts to tackle the issue of accessibility through her sensitivity to the diverse needs of the parents in the local

community. This project was the precursor to Watt's development of Help at Hand in another part of the Borough with a mostly Bangladeshi population. The paper presented to the ACP Conference (Urwin et al., 2008), by those involved in Help at Hand noted:

> *That the referral rate of under fives to the Tower Hamlets CAMHS East Team, has increased substantially since 1999 (...) representing an increase of 6.25%. This increase is largely though our decision to become proactively involved with Sure Start and other community projects.*

2.3.4 Culture and Migration

Whilst this study is not specifically focused on these fields it necessarily involves some background thinking about the significance of cultural issues and the impact of migration on the sample in this study. The questions of belonging, being part of and fitting in, were important issues for many of the parents in this study. The texts outlined below, have contributed to my thinking about how they were trying to locate themselves as well as their families in Tower Hamlets and British society.

'Culture' is particularly difficult to define. For the purposes of this study I have positioned myself on a cultural threshold, looking at culture through different lenses, each of which offers a slightly different view of that remarkable process by which an individual develops their identity. The respondents in their subjective accounts of their children and their parenting offer the essential component of this lens. (See Chapter 4 Findings). The debate about culture is complex and there is a tendency for considerations of culture to become binary, or what Zeitlin (2010) citing Bhabha (ibid.p.95) termed 'hybrid', neither one thing nor another. Neither fitted well with my data or my experience and so I explored a range of literature that has informed my understanding about culture and how it develops in the space between, where the highly nuanced and subjective relationships between inside and outside, self and other, personal and collective are in dynamic relation to each other. Culture and identity evolve in an ongoing way, shaped in a reflexive way in the cultural context individuals find themselves in.

I found the following texts most helpful. From a psychoanalytic perspective, I found Winnicott's conceptualisation of *'cultural experience being located in the potential space between the individual and the environment, (originally the object).'* most fitting

(Winnicott, 1971 p.100). Winnicott is referring to his notion of 'transitional space' that he conceived of as being '*neither a matter of inner psychic reality nor a matter of external reality.*' (His italics) (ibid, p.96). Helman (1990) also put forward the idea of culture being determined at the intersection of inner and outer realities. In his classic medical anthropology text considering the cultural implications of health and illness, and the implications of culture for clinical practice, he said:

> *[Culture is] " A set of guidelines (both explicit and implicit) which individuals inherit as members of a particular society, and which tells them how to view the world, how to experience it emotionally, and how to behave in it in relation to other people, the supernatural forces or gods, and to the natural environment. It also provides them with a way of transmitting these guidelines to the next generation – by the use of symbols, language, art and ritual.* '(ibid. p.3)

Krause offers a systemic proposition that culture lies '*both inside and outside persons'.* (Krause 2002, p.17) She views the development of the coda of social convention lying in the intersection between those aspects of a culture that are internalised by the infant and those that lie externally. From a psychoanalytic and social science perspective Urwin and colleagues (2013), emphasise the ideographic and evolving components of culture suggesting:

> *An account of personal agency in which a dynamic, processual subjectivity will draw on as well as transform the web of relationships that a culture has to offer.'* (p.478).

One of the issues emerging from clinical work was the significance of the migration experience for many of the parents, especially the mothers who attended Help at Hand. It played a key part in their understanding of their children and in how they managed the process of becoming mothers and parenting. Migration featured in the literature cited above, but I have also drawn on the sources below. Barn (2002) undertook an empirical study with Bangladeshi mothers, exploring their health and social care needs in comparison with professional views about need and service provision. Barn's study highlighted some important factors that have contributed to the analysis of data in my study, for example, the differing perspectives about child rearing between her sample and social workers. On this issue, Barn concluded that the Eurocentric nature of social work training does not adequately consider the differing perspectives of BME communities. This issue and others is taken further in (Ch. 4, Findings).

A study by Liamputtong and Naksook (2003) considered the impact of migrancy upon Thai mothers in Australia. The rich data (30 mothers) identified that the process of migration and then being an immigrant, had a significant impact on their identities as mothers, and their mothering role. It was noted that motherhood is a major life event and this made more challenging by also being a migrant. These findings were relevant to my study where most of the mothers were themselves migrants and the issues of social isolation, responding to different child-care practices and the wish to preserve the Bangladeshi culture, were all themes that emerged and are discussed in my findings.

Losi (2006) brought together a selection of well-argued and accessible papers about the relationship between migration and mental and physical health that provides a conceptual framework for thinking about the many issues facing refuges and migrants. The book looks at ethnopsychiatric approaches to working psychologically with these groups and interestingly makes reference to continental European approaches that tend to be overlooked in the English literature. This approach is what Losi calls *'ethno-systemic-narrative'*, as it combines the three systems of ethnopsychiatry, systemic thinking and narrative psychotherapy (ibid. p.xiii). This approach allowed conceptual movement between the external and internal, acknowledging the impact of cultural dislocation on a parent's capacity to contain their infant's anxieties. This finding was directly relevant to my study in considering the ways in which migration and cultural dislocation affect the integrity of the maternal object for the mother (Losi, 2006).

In a more recent study, Phoenix and Seu (2013) offered a useful discussion about the ways in which mothers and daughters negotiate their identities and their relationship in the context of geographical separation. This study interestingly deploys a psychosocial approach, informed by a psychoanalytic perspective in considering the data arsing from a series of individual narratives. The psychoanalytic perspective facilitates the analysis of the narratives to take account of the complex relationships that emerge. The study is of interest both because of the subject matter as well as the research design. I was interested to see that Ann Phoenix co-authored this paper, as she was also involved in the Mothering and Identities, ESRC Research project, (Hollway et al. 2008) where a psychoanalytic perspective was employed both in the research method as well as in informing the analysis of data.

2.3.5 Help Seeking and Culturally Competent Services

The Macpherson Report (1999), investigating racism in public services, raised highly important questions about institutionalized racism in all public sector services, including of course health. This issue was pertinent in this study in relation to consideration of the development and delivery of culturally competent and sensitive child mental health services. For example: the significance of language and interpretation; issues related to power, and dependency; the role of religion in the development of identity; the role of belief in constructs of health and well-being. Each of these provide challenges to a practitioner working from a psychoanalytic and developmental model of human relations based on Western and quintessentially Westernised European concepts and philosophy.

Helman's book (1990) was helpful in general terms, in thinking about the important role that culture plays in the way in which communities understand and explain health problems. Akhtar's (1999, 2011) books explore post-migration identity change, and most recently a much broader consideration of the impact of migration across the life span and into the next generation. I found this invaluable background to the totality of the experience of migration including its sensory and geographical elements, as well as the integral components of exploration and a wish to settle.

The exploration of attachment and parenting led me to Van Ijzendoorn and Sagi-Schwartz's s paper (2008), on 'Cross Cultural Patterns of Attachment'. This study is part of a compilation of authoritative papers considering the theoretical frameworks around attachment, current research and implications for clinical practice. The authors identify the mutual significance of the contextual aspects of attachment, the universality of the three basic attachment patterns, and the universal social pressure for a secure attachment pattern. This was interesting in relation to the important role played by the family and extended family in the lives of many of my sample, as well as the significance of the absence of such support and the alternative help-seeking behavior that emerged.

In terms of help-seeking behavior and access to services, Parkhurst et al (2006) in a comparative study cite barriers that are common to women accessing help for maternity services. I quote:

> *Many of these barriers are not country-specific, as the barriers of distance, costs, demands on women's time, and lack of decision-making power in the household have all been identified internationally as key reasons for which women do not seek professional maternal health services in a timely manner.*

On the basis of comments from the women in my research, I suggest that these findings are replicated for more general access to health services for their children.

Chowdhury (2005) conducted research investigating the reasons why Bangladeshi women from Bradford did not take up services in the area. One significant finding was that service information needed to be communicated in Bangla, and that in health matters, practitioners needed to be able to communicate in Bangla or have a same gender interpreter available.

Messent and Murell (2003) reported on their action research study investigating the low rates of referral into CAMHS from the predominantly Bangladeshi community in Tower Hamlets. The study found that ensuring that information was available where the community gathered (for example, Children's Centres and the mosque) could increase reach and accessibility. Importantly reach included developing ways to increase the representation of Bangladeshi staff in the work force. This was pertinent as background material, thinking about the role that Children Centres played in the lives of my sample.

Another study (Stein et al, 2003) addresses attitudes and knowledge of CAMHS amongst a comparative Pakistani and White British sample of mothers. They too found that that he invisibility of CAMHS was a common factor across both sample groups. Further they also found that language was a factor for both groups who each expressed a preference for same language clinicians. Interestingly, 58% (24 individuals) of the Pakistani mothers had this preference, of these 83.3% (15 individuals) were first generation mothers compared to 41.8% (7 individuals) who were second-generation mothers. In addition, the Pakistani mothers who expressed a preference for a practitioner from the same ethnic group were more strongly represented by first generation mothers. Both groups preferred the female gender of the practitioner, although twice as many Pakistani mothers, compared to white British mothers made this choice. The issue of nearness of location and familiarity was significant for the Pakistani mothers, as 91% (n=34) said that they would access the service more readily

if they were home visited or if it was local to them. I have already stated that this was a finding of the East Team, Tower Hamlets CAMHS and one factor lying behind the decision to work in Children's Centres. The finding regarding gender is something to note for CAMHS service development for women. Community family support services are female dominated, although I suggest that there are wider socioeconomic and political issues underlying this workforce balance. In terms of service delivery, Malek and Joughin address these issues in relation to BME communities in the United Kingdom and see language as a significant factor in barriers to care (2004).

Krause (2002) Maitra and Timmimi, (2005) also raised questions about the influence of preconceptions and biases in clinical practice, on the part of the clinician and the service user for example, looking at the power relations embedded in the medical system. I tried to address these in the research design, for example seeking guidance from Bangladeshi colleagues and CERES (2002) about setting up the focus groups, the kinds of questions to ask and accessible ways to present the research.

Becher and Husain (2003) also provide an instructive overview of child rearing and parenting practices for British South Asian families and those working with them. They draw attention to the barriers to accessing such services by BME communities and offer examples of good practice to address these. These findings replicate those of many studies in relation to accessing BME communities and were helpful in setting up the study. (See Chapter 3, Research Methods).

However, there are also several caveats to these research outcomes offered by Loshak (2003) and Griffiths (2010). Loshak (2003) writes about her once weekly, psychoanalytically informed work with Bangladeshi teenagers. The difficulties that emerged could be neatly ascribed to 'culture conflict', but Loshak considers this to be reductionist, and may deflect the practitioner from attending fully to the often-painful experiences of this client group. Griffiths (2010) talking specifically about the provision of health services for Bangladeshi parents in East London, highlights the different ways in which two women describe their experience of becoming mothers. Both of these emphasise the importance of attending to the personal narrative and the emotional response of the practitioner. In this case I think the same is true of the capacity of the researcher to note their counter-transference and to be aware of the need for self-reflexivity. Both elements were significant factors in the process of gathering data and

data analysis. In addition Griffiths, argues that employing a narrative approach to the delivery of culturally sensitive services is likely to be more relevant.

2.3.6 Parenting

I chose to consider the age range 0 -5 years because this period has considerable significance in terms of development across the lifespan (Positive Beginnings, The Child Psychotherapy Trust and AIMH 2003). This is also a time when parents are defining themselves as parents and so it is a time when aspects of parenting are open to question.

There are many general books that seek to help parents in their task and they present a range of views about the 'right' way to parent. I have turned to several key sources that offer a developmental view of infant development in the context of the parent-infant relationship (Raphael-Leff, 2003; Baradon et al, 2005; Emanuel and Bradley, 2008; Music, 2011 and Gerhardt 2004.) Each of these books has a slightly different focus but central to them all is the message that infant development and the development of mind and identity is uniquely shaped by and in the relational context of the family and the wider social community of which it is a part. The cited texts all discuss parenting in some way or another, but it is not their purpose to try and convey the lived and subjective experience of being a parent. Becher and Husain (2003) provide an instructive overview of child rearing and parenting practices for British South Asian families and those working with them. As noted above, they draw attention to the barriers to accessing such services by BME communities and offer examples of good practice to address these.

The quality of the experience of being a mother or father does come across in some of the clinical vignettes or descriptions offered, for example in Hopkins's account of casework (2008). It is also evident in infant observation presentations to clinical audiences but these accounts are focused on the representation of the infant's view of the world through the detailed observation of the interactions between the infant and the people and the world around him.

What I have tried to capture in this study is the affective and reflective component of being a parent and thinking about ones child that also takes into account the cultural

context of this experience. The subjectivity and lived experience of parents, specifically mothers, is however beautifully rendered by the observers involved in Hollway et al's significant research study (2007). Two of these observations concern Bangladeshi mothers. (Layton, 2007; Woorasingh, 2007). The study is interesting and illuminating because it illuminates the affective experiences of the mothers concerned and explores the significance of culture and ethnicity in this process. Urwin et al. (2013) develop a facet of this larger study discussing the case study of a young Bangladeshi woman, becoming a mother for the first time. This study makes specific use of the researchers' subjectivity in relational to the material, as I set out to do in this study.

2.3.7 Government and Local Authority Frameworks

This study is set in the context of the issue of under-representation of Bangladeshi children to CAMHS, consequently it has been important to consider the ways in which national and local frameworks have determined service delivery in the wake of the MacPherson Report (1999). The most significant in terms of the group in my study and the services available to them are: The NHS Plan (2000), The National Service Framework (NSF) 2004), Change for Children Every Child Matters and Maintaining the Momentum (2007) and New Ways of Working (2007). Together they provide the executive framework for the NHS plan in the context of the broader Governmental commitment to develop and improve the lives and health of children and young people (NSF, 2004 Executive Summary, p.4). Most relevant in the NSF is the provision of needs led child, young person and family centred services (Part 1, Standard 3) that identifies the provision of maternal and infant health (Part 1, Standard 1) and then, in Standard 9, that '*timely, integrated high quality multidisciplinary mental health services to ensure effective assessment, treatment and support, for them, and their families.'* (ibid. p.7), with more equitable and relevant services for black and ethnic minority groups.

The NSF recognises that these standards require services to "*tackle health inequalities, addressing the particular needs of communities, and children and their families who are likely to achieve poor outcomes".* (NSF, op.cit.,p.9). In 2005, the Royal College of Psychiatrists presented the final draft of Building and Sustaining Specialist CAMHS (September 2005). The report makes explicit reference to the under representation of BME children in referral rates to CAMHS. An NSF progress report in 2006 (DOH

2006) highlighted delivering race equality as a key area for both service managers and commissioners to improve (ibid. 2006). These national reports have also been complemented by local research and service audits emphasising the need for the development of services specifically designed to improve the access of black and minority ethnic groups to CAMHS (Messent and Murrell, 2003).

2.3.8 Research Methods

As a relative newcomer to research, having read a number of papers and articles, I am only going to mention the texts that I have found most instructive. I took as my starting point what I know best, child psychotherapy, and my understanding that psychoanalysis is both a therapeutic endeavour and a research activity. This starting point was important because although this is not a clinical piece of research, I do consider my approach to be that of a child psychotherapist. By this I mean using both a cognitive, emotional and self-reflexive approach to my clinical work and to this research endeavour. Certain authors have been key in arguing for the value and internal coherence of psychoanalysis as a research method and these have provided me with a baseline to return to. Rustin (2003), coined the phrase 'the consulting room method', (p.143) which is a metaphor for the richness of the competencies and skills involved in the task of the child psychotherapist of which on-going iterative reflection on the treatment is central. Midgley (2004), in a timely paper further reasserts the primacy of research as an intrinsic element of child psychotherapy and psychoanalysis. Midgley identifies using qualitative methods as a way for child psychotherapy research to move forward as a more widely recognised scientific endeavour. In this tradition, Midgley, Anderson, Grainger, Nesic-Vickovic and Urwin, eds. (2009), present a collection of papers looking at the historical foundations of research in child psychotherapy, research that considers the process of child psychotherapy, its outcomes and then the richness in inter-disciplinary research collaboration.

As I have already shown, training in the infant observation method is the centrepiece of the child psychotherapy approach and this has also been a feature in some qualitative research. Hollway and Jefferson (2000) set out to address the lack of subtlety and complexity in contemporary qualitative research. To do so, they developed the Free Association Narrative Interview (FANI) method, which makes explicit use of the *'unconscious inter-subjective dynamics in the interview relationship'* (ibid.p.4)

referencing the counter-transference and containment. In addition, my involvement in the research 'Identities in process: Becoming Bangladeshi, African, African-Caribbean and White mothers'. (Hollway et al, 2007; Watt, 2007) allowed me to be part of the on-going discussions about the cross–disciplinary evolution of research method, where Infant Observation was used alongside the (FANI) method.

I applied my experience and training in infant observation to my approach to the Focus Groups and the unstructured interviews in order to try and bring me 'experience near' to the participants in my study. (Rustin, M, 1997; 2003)

The following texts are related to Grounded Theory and include Glaser and Strauss's (1967) classic describing their discovery of Grounded Theory and implications for its application in social science research. The discovery was exciting, particularly for the social sciences, because it provided a systematic method for the gathering and analysis of empirical data to be used to generate theory. This method highlighted the debate within the social sciences at the time, about the tension that existed between the need to generate theory and the need to verify research. In a later book Strauss and Corbin (1997) bring together a rich collection of research papers, each using Grounded Theory in a diverse range of settings; this helped to make the method seem more accessible. My ideas were further enriched by Charmaz (2006) who offers her own constructivist adaptation of Grounded Theory. The elaboration about my decision to move from Grounded Theory to Interpretative Phenomenological Analysis (IPA) is found in Chapter 4, Research Methods and also raised in Chapter 6, Conclusion and Discussion.

The following texts are related to IPA and each prompted my further reflection about my research and how I could best capture the experience of my sample. Smith's (1999) early paper about an IPA study of four white British mothers going through the transition to motherhood, introduced me to the idea of using a more ideographic and processual approach to research. A later paper by Larkin, Watts and Clifton (2006) illuminates the two components central to the IPA axis, phenomenology and interpretative analysis. It provides a comprehensive overview of the philosophical approach to the study of human experience located in Husserl's interest in the essence of the reality of human experience and Heidegger's development of the *'person-in-context'*. (ibid. p.106). Further, it emphasises that the important feature of *'taking the insider's perspective'* and *'giving voice'* (p.113) to it is not sufficient. There must also

be the interpretative element that gives an account of what this means for the participant, given their particular context.

Smith, Flowers and Larkin (2009) acknowledging the growth and development of IPA since its inception, produced an accessible and illustrative book considering the theoretical foundations of IPA, application to IPA methodology with examples of research and an interesting discussion about the potential for further developments within this method.

2.3.9 Summary

The review of literature found very little directly relevant material, though a great deal with tangential relevance, as I have shown above. What has emerged very clearly are the links and complementarity between the psychoanalytic approach, child development research, attachment theory and social anthropology; all of which have contributed to the meaning I have found in the research data. This study adds to the literature about Bangladeshi parents' perceptions about any worries their children under 5 might have and where they might seek help about their concerns.

CHAPTER 3. RESEARCH METHODS

This chapter is divided into sections that describe the following:

1. Research design
   Method
   Setting and Information about the participants, their selection and recruitment
   Ethics
   Data collection
2. The research process
3. The research protocol
4. Data analysis

This research intended to find out how parents from both first and second generation Bangladeshi populations perceived their child's emotional health, whether there was any difference between these groups, and at what point they might seek help for any worries or troubles they might have about their child.

3.1 Research Design

3.1.1. Method

My research intention was explicitly exploratory, with a view to generating ideas and hopefully a better understanding of the issues surrounding Bangladeshi parents' views about worries or troubles to do with their young children, and their views about seeking help for their concerns. I also considered that the research might generate hypotheses that could then inform CAMHS service design and delivery and perhaps also contribute to Child Psychotherapy training. I was aware that I wanted to select a method that would enable me to use my experience as a child psychotherapist and the competencies developed in my training and through subsequent clinical practice. I have made particular reference to the centrality of emotionality, which is the awareness of emotional state in another and in oneself, in relation to a specific phenomenon. Miller said of this, *'Correctly grasped, the emotional factor is an indispensible tool to be used in the service of understanding.'* (2008, p.40). Within the psychoanalytic epistemology this capacity, is referred to as counter-transference (Heimann, 1950). Counter-transference lies at the heart of the Infant Observation method (Bick 1964) but it has become increasingly recognized as an invaluable asset for the qualitative researcher, where reflexivity is an essential component of the hermeneutic approach (Hollway and

Jefferson, 2008; Hollway et al, 2011). This direction pointed to choosing a qualitative research method. Willig, (2001 p.9) offers a helpful account of the qualitative research approach. I quote:

> *Qualitative researchers tend to be concerned with meaning. That is, they are interested in how people make sense of their world and how they experience events. They aim to understand 'what it is like' to experience particular conditions (...) and how people manage certain situations (.) Qualitative researchers tend, therefore, to be concerned with the quality and texture of experience, rather than with the identification of cause-effect relationships (.).*

Originally, I favoured the Grounded Theory method (Glaser and Strauss, 1967) because although it was originally intended to address research issues within sociology, it fitted well with a range of disciplines including child psychotherapy. Rustin (1997) made explicit reference to the similarity between the iterative process of discovery in psychoanalysis and the grounded theory method discovered by Glaser and Strauss. Grounded Theory was developed in the context of the growing concern amongst some social scientists in the 1950's and 1960's that social science research was predominantly logico-deductive or hypothesis-led, and quantitative, located in the positivist paradigm familiar in natural science research. The underlying assumptions of this paradigm emphasised *'objectivity, generality, replication of research, and falsification of competing hypotheses and theories.'* (Charmaz, 2006 p.4). This contrasted with the interpretative analytic methods favoured by qualitative research at that time, based on the relativistic assumptions that we construct our world through language, meaning and social practice. Grounded Theory method offered a bridge between the two, so that the benefits of interpretative fieldwork could be held within a systematic, analytic framework, with its own logic that could generate explanatory theory about social processes. It has become a well-established research method that has been adapted to become increasingly flexible, allowing for more detailed accounts of the respondent's experience (Charmaz, 1999; Charmaz, 2006). Further discussion of the debates within the method, can be found in Willig, 2001; Charmaz, 2006 and Smith, 2009.

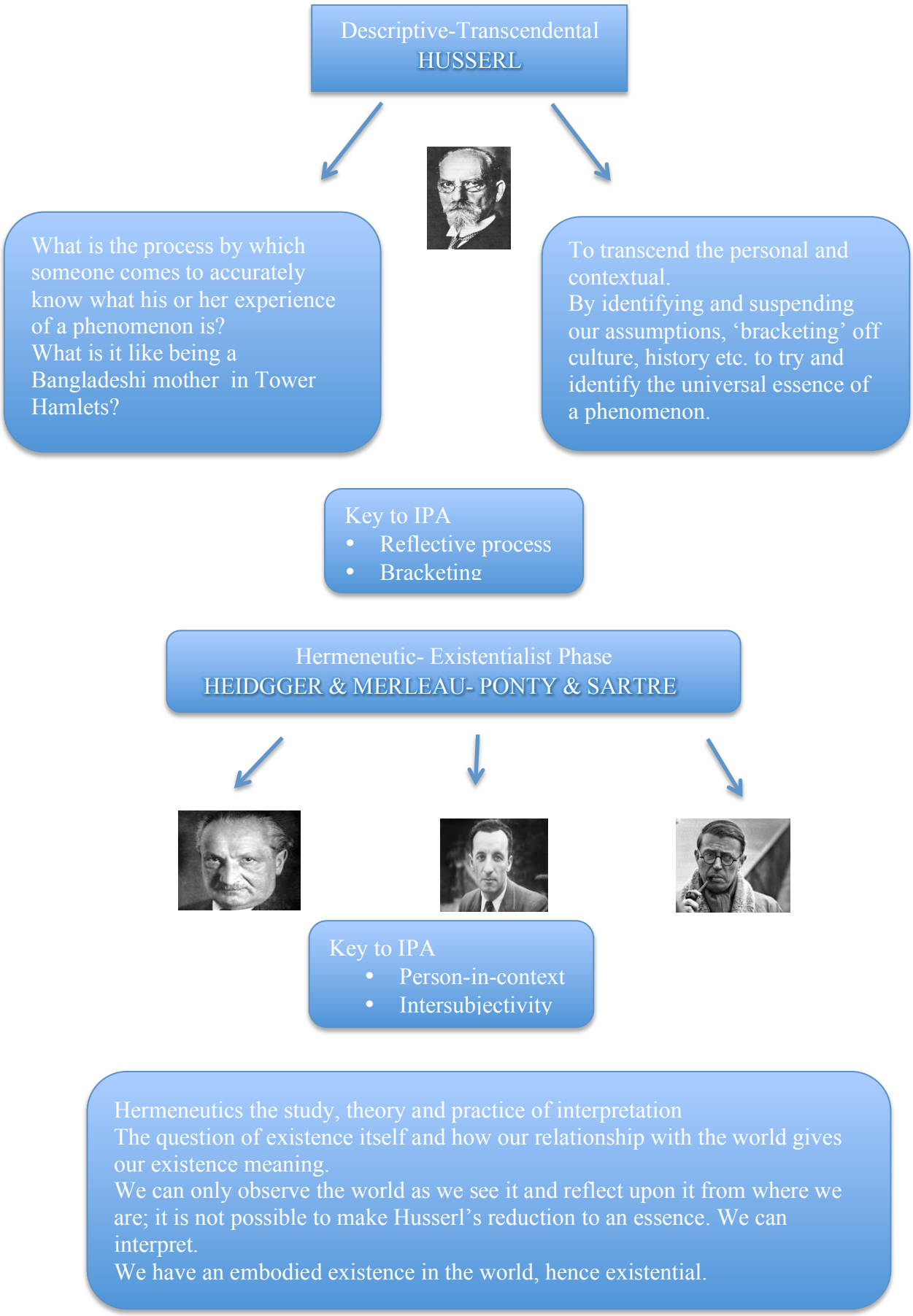
Despite these developments in Grounded Theory, as I began to gather data, I found myself becoming increasingly interested in and drawn to the idea of exploring the subjectivity or the 'lived experience' experience of the participants. My initial ideas of generating theory and addressing specific questions of training receded to become more tangential to my research as the work got underway. On this basis, I thought that

Interpretative Phenomenological Analysis (IPA) would be a more fitting vehicle for exploring the meaning for the participants of their relationship to the research questions. There is a clear overlap between the two methods, as both are deductive and interpretative. They also both take a critical position in relation to knowledge, and appreciate the intersubjective construction of knowledge under the influence of history and culture. However, IPA is more concerned with taking a phenomenological approach involving a detailed exploration of how an individual understands their personal and social context, or their 'lifeworld' (Smith and Osborn, 2003, p.53). From my perspective this philosophical approach was a better fit with my understanding of human development and relationships. However, there were a number of technical issues that arose as a result and these are discussed in Chapter 5: Conclusion and Discussion.

IPA was born out of phenomenology, the European philosophical approach to the study of human experience, with a central interest in trying to capture what the human experience is like. The phenomenological view is essentially intersubjective, so that we view the world through our engagement in it, and derive our meaning of it from our relationship with it. Phenomenology is not one thing, but a dynamic "movement" comprising '*parallel currents that are related but not homogenous.'* They do however agree *'on the fundamental task: the descriptive investigation of the phenomena, both objective and subjective, in their fullest breadth and depth.'* (Spiegelberg, in Davidsen, 2013, p.79). Larkin (2013) considers that phenomenology sits between an empirical or realist framework, where the external world is perceived as the real world, and the social constructivist or relativist view of the world.

IPA theory and practice is underpinned by the work of four major phenomenologists, each having their own particular construction of phenomenology, which plays a part in the theory, and practice of IPA. I will summarise the contribution of each as it relates to IPA. I suggest going to Smith, (2009, Chapter 1) for a thorough description of their contribution to IPA and for guidance on further reading on the phenomenological tradition. (See Figure 3 below).

Figure 3: A Summary Chart of the Phenomenological and Existential Influences on IPA.



In relation to the above, simply understood, Husserl's idea of 'bracketing off' meant putting aside mental constructs to be more open to one's experience of the moment. I likened this to Bion's stance that the analyst's state of reverie, when s/he is most open to the experience of being with the patient, is achieved '*by the suspension of memory, desire, understanding.'* (1970 p.46). In addition, IPA is also focused on the idiographic, or particular. This focus means fine attention to detail and employing 'thick description' (Geertz, 1973) or inscription, to setting down events as they occur, and through systematic analysis understanding how the participant concerned has understood an event, or experience. This idea is important because ideographic should not be taken to mean only concerned with the individual, but rather that the meaning of a phenomenon is understood through the individual's *'unique perspective on their relationship to, or involvement in, various phenomena of interest.'* (Smith, 2009 p.29) *'with an emphasis in the convergence and divergence between participants'* (Smith, 2009 p.202). In the course of getting the 'insider's view', the IPA method is also committed to understanding the *'first-person perspective from the third person position, so far as is possible, through inter subjective enquiry and analysis'* (Smith, 1996 p. 262), much like the position taken up by the observer during an infant observation.

The research topic lent itself well to Dilthey's (1976) understanding of the 'comprehensive unit' (Smith et al. 2009 p.2), where interest lies not only in the experience itself, but also how this interrelates with other aspects of the person's life. Parents thinking about their children inevitably raise many other significant contextual factors that sit together in a complex set of inter-relationships, with relative degrees of tension and comfort.

The participant involved in a qualitative research project is encouraged to reflect on the issue being discussed and through this process of reflection come to make sense of their experience. Smith et al (2009 p.3) consider that the researcher '*is engaged in a double hermeneutic'*, engaging with the material and needing to be responsive to it, yet remaining outside it. This aspect of the model was particularly interesting and linked with my involvement as an observer in Hollway et al's innovative research project, (2007) where Bick's Infant Observation Method (Bick, 1964) was used in conjunction with the Free Association Narrative Interview (FANI) (Hollway and Jefferson, 2000). The Infant Observation Method privileges the observer's subjective response to the

observed as a tool for understanding, referred to as the counter-transference response within the psychoanalytic epistemology. I made explicit use of this in my interpretation of the material elicited from the Focus Groups and individual interviews (Winnicott, 1949; Heimann, 1950). For example, I noticed that during one group, whilst one of the woman was speaking, the other participants appeared to withdraw their attention, saying little, not joining in as they had done before and needing to get up to attend to their child. At the same time, I found myself feeling irritated, not wanting to listen to her words, feeling weighed down and exhausted. This information was helpful in understanding more about the speaker's state of mind and how this informed her perspective of the world. The ideographic component of IPA featured strongly in the unstructured interviews and it was also present in the Focus Groups.

There was no significant impact of the change from Grounded Theory to IPA on the protocol and ethics of the study design. The issue of the use of transcripts in the write up was discussed with the participants and agreement was sought on the basis of anonymity and not using any personal information, such as names or ages.

3.1.2 The Setting and the Research Participants

The research was based in four selected Children Centres in the East and West of the London Borough of Tower Hamlets. This enabled me to access a non-clinical sample of Bangladeshi parents with children under 5. The Centres were chosen on the basis of my professional experience of two of the Centres and connections with staff there, whom I could ask for help in setting up a group. Once I had been granted permission to conduct the study, I was also given permission to contact the Early Years Co-ordinator with responsibility for Children, and then the Children Centre Lead. My contact with her resulted in me being able to set up groups in two other Children Centres.

I chose a non-clinical sample because I wanted to explore the views of parents who had had not yet needed to seek help from CAMHS, although one of the mothers had made use of Help at Hand, but not with me. All mothers with new babies are contacted by their local Children Centre and provided with information about activities there. Women are invited to attend and can be accompanied if this is needed. So, Sylheti women from a range of educational and economic backgrounds attend the Centres. Purposive sampling of mothers using Children Centres provided a group of women who

were engaged in a Centre and so had already made some sort of decision to seek out some support, friendship or help from outside their home environment.

3.1.3 Ethical Considerations

All national and local ethical permissions were obtained. These can be found in Appendix A. The main ethical issues arising from this study protocol were as follows:

Recruitment

Recruiting parents from the locality that were representative of the population being studied for this research project.

This issue was addressed by recruiting parents from the population local to the Children's Centre where the Focus Groups took place. The concept of parents meeting in the Children's Centre is familiar to many parents and sits comfortably with the work of the Centre as a whole. The parents were approached to take part in the study in a sensitive way by Children Centre staff. Parents were informed that they had no obligation to join the research project and if they decided to participate, they would have the right to withdraw at any time up to data analysis, should they wish to do so, without compromising their involvement in the Children's Centre.

Participant Welfare

Ensuring that participants feel comfortable in taking part in a Focus Group and catering for anyone should they become upset during the Group.

It is my experience generally and in my pilot study, that parents welcomed the chance to talk about their experiences as parents of young children. However, it was acknowledged that there could be times when a parent felt distressed and so participants were told that should their involvement in the Focus Groups arouse any difficult or distressing emotions, the researcher and Children's Centre staff would support them appropriately. Such support could have included: arranging to talk with a parent following a Focus Group and, on the basis of this discussion, plan further support if required. For example, if a parent had disclosed domestic violence, immediate and on-going support would have been offered, in conjunction with relevant health professionals in agreement with the person concerned.

Children's Safeguarding

Participants were informed from the outset that I had the duty to safeguard children and that should any Child Protection issues have emerged during the group I would have followed this up in accordance with the local Safeguarding Children Policy.

Confidentiality

To consider that being part of a Focus Group might breach the confidentiality of any individual participant.

Participants elected to join the Focus Group in the knowledge that the purpose of the group was to share thoughts, ideas and experiences with others whom they may have know in the local community. At the start of each group there was a general introduction to the project and the rules of the group with regard to confidentiality. To ensure that the identity of the individuals participating in the Focus Groups was not recognizable outside the group, participants were invited to use a single name only and if they chose to talk about the group outside it, they were asked not to name individuals within the group. During the initial discussion about the research project, participants were told that all material and subsequent transcripts would be anonymised using initials for individuals as well as the group. All personal details were kept separately.

Vulnerability

This group of parents were considered vulnerable because they lived in Tower Hamlets, which is ranked as one of the most deprived Boroughs in the country (Index of Multiple Deprivation 2007). For example, low socioeconomic status, overcrowding, poor health and educational outcomes (Dept. Of Communities and Local Government, March 2008). However, these parents were not considered vulnerable in the sense of their emotional health and wellbeing.

This group was a non-clinical sample of parents. I was aware that there might well have been participants who might have needed to seek additional support in their own right, or for their children. I am a highly experienced and qualified mental health practitioner who is used to responding professionally to such requests and so I was able to advise anyone who came forward about the most appropriate form of help.

Trustworthiness

As a piece of qualitative research I considered it important that the research paid due attention to 'trustworthiness' as defined by Guba and Lincoln (1981 and 1989). To do so, the research needed to address the following 5 issues:

Credibility: whether or not the participants involved thought that the account was true. This was considered during the feedback session with the participants.

Transferability: the extent to which the findings of the research might be applicable to other settings. This was considered in the light of the research findings.

Dependability: the researcher needed to demonstrate that a record of research development had taken place to show how decisions had been reached during it. This was considered in the study report.

Confirmability: the research needed to show that the account and analysis were grounded in the data. This was evident in the use of transcript material, together with triangulation with other published material. In addition, I also discussed my research study before, during and after data gathering with Bangladeshi health or community practitioners as a further element of triangulation (Hillier and Rahman, 1994; Guba and Lincoln, 1981, 1989).

Authenticity: this criterion is useful for project evaluation. It considers the extent to which ranges of views are fairly represented; whether the researcher has learnt from the study more about the population under study; the extent to which the research has resulted in any direct action, for example influencing the design of services for the group understudy or similar groups. This criterion is evident in the final stage of the research analysis, write up and feedback.

Language

This is related to authenticity. In the absence of a dedicated bi-lingual co-researcher I talked to a number of professionals working in Tower Hamlets who have had direct experience of working with the Bangladeshi community, some of these were Bangladeshi themselves, and so helped to provide an insight into the more nuanced aspect of observations and experiences of the non-Bangladeshi professionals. For

example, Irfat Tarafdar (Parent Therapist, East London Child & Family Consultation Service), was most helpful in considering the difficulties facing Bangladeshi mothers, as they attempted to manage the range of different and often competing responsibilities they had to their children, their husband, especially an eldest son, their parents in law and their own parents. Lilu Ahmed (Lead Family Support Worker, Marner Centre) was also very helpful in the early stages of the research, helping me to formulate questions and vignettes that she thought would be of interest to the parents involved. Dr Ruma Bose was also instructive in thinking about the meanings of self in South Asian cultures. I have also drawn on my own personal clinical experience of working with this community over 12 years or so.

The Ethics permissions and Research Protocol are found in Appendices A and B respectively. Details of all the research materials such as the information for the Children Centre staff and the participants are found in Appendix C.

3.1.4 Data Collection

The data was collected by means of Focus Groups and semi-structured individual interviews.

Focus Groups

Focus Groups are a form of group interview, where the interaction amongst the participants during the discussion of the focus set by the researcher, is the key source of data collection (Morgan, 1997). Focus Groups are not the most obvious choice for IPA research, however as Smith (2009 p.71) points out they have been used in some studies. He goes on to comment that the:

> (…) *presence of multiple voices, and the interactional complexity of such events does make it more difficult to infer and develop the phenomenological aspects of IPA, …'* [He adds*], 'It is more likely to be the case that a group discussion will give rise to direct evaluations and positionings (attitudes and opinions), third person stories and these may need to be dealt with slightly differently.*

In addition to the caution here, Smith also comments that the researcher will need to decide whether participants are able to explore their personal experiences sufficiently within the group, to make them suitable for IPA (Smith, 2004 pp.50-51. Cited in Smith 2009, p.71). On the basis of my experience working with other groups in a Children's Centre and early groups in this study, I decided that there was definite scope for using

IPA in this study. Smith also recommends that the researcher parses the '*transcripts at least twice, once for the group pattern and dynamics and subsequently, for the ideographic accounts.'* (ibid. p.71). I followed this method and found that the group dynamic was significant and rich enough to warrant a study in its own right. (For discussion, see Chapter 5).

I decided to use Focus Groups as the primary method for data gathering because this method seemed to fit most readily with the idea of 'talking circles' (Malik, 2005 Personal Communication). This forms the basis for the approach towards health education and child development workshops used at the Children's Centre and it is reported to facilitate access to health services for minority ethnic groups (Malek and Joughin, 2004; Messent and Murrell, 2003). I also thought that this familiarity would lessen any anxiety related to being part of a research project. In addition, this method of gathering information is a reliable tool used in qualitative research as it relies on the group to generate information. Furthermore, the group context provided the opportunity for the participants to consider their understanding about an issue and check out meanings that might be based on cultural myth, inaccurate information or false assumption. This process facilitated the development of meaning and understanding, and by so doing, offered the women the opportunity to be aware of their sense of agency.

The study involved consenting participants drawn from the four participating Children's Centres, (M, L, CW and O). Each group taking the Centre initial and G, for example MG. Numbers indicate more than one group in the same venue, for example MG2. The research involved an initial Pilot group, followed by 5 Focus Groups, ranging from 4 to 14 participants of 1st and 2nd generation Bangladeshi mothers of children 0 - 5years, in addition to myself (the interviewer and chief researcher) and where possible, a bilingual staff member from the Children's Centre. The participants ranged in age from 1944 years; some had older children. Some women (4) had been born in Tower Hamlets, one had been born elsewhere in the UK and the remainder had all arrived in the UK from 12 months to12 years prior to the study. The women also had a range of fluency in English from fully fluent to minimal English. This latter group of women benefited from the translation provided by the bi-lingual workers where possible, or others in the group. I had planned to work alongside a bi-lingual member of staff from one of the Children's Centres during the data gathering. However, due to the Children's Centre

reorganization, she was available for only 2 of the groups (MG1 and 2). Another bi-lingual staff member supported the group LG.

The exact number of groups was determined to some extent by the material gained and a decision made about when a conceptual saturation point had been reached. Other factors that influenced this variable were as follows:

- The practical difficulties I had in setting up the groups once I stopped working in the Borough.
- The length of time taken to set up a group.
- The changed context of the Children's Centres, with staff reorganization and changed service provision.
- The lack of success despite extensive efforts, to establish a forum for gathering fathers together.
- Groups that did not work due to problems in location away from the main Centre resulting in non-attendance.
- Children Centre closure due to unexpected renovation, or group cancellation due to staff illness.

The research originally intended to set up a mixture of single sex groups for mothers and fathers in consideration of the cultural and religious traditions and social practices of a Bangladeshi Muslim community. In fact, during the course of the research the Children's Centres underwent a period of restructuring (Tower Hamlets, 2009), which resulted in a reorganization of services within Children's Centres across the Borough. As a result, the regular Fathers' group, whom I had met and planned to run the Focus group with, disbanded with the group worker moving elsewhere. Other efforts to find another father's group included seeking help from bilingual CAMHS staff, outreach workers and the London Mosque. Unfortunately, none of these were successful. This is a limitation of this research and could be the subject for further work. The groups then focused on the mothers. The issues about setting up the groups are mentioned further in Chapter 6, Conclusion and Discussion.

Semi-Structured Interviews

In keeping with the developing nature of my research and the decision to pursue IPA method, I decided to undertake some semi-structured interviews with a few core questions. Following the final Focus group (OG 2), all five participants from this group

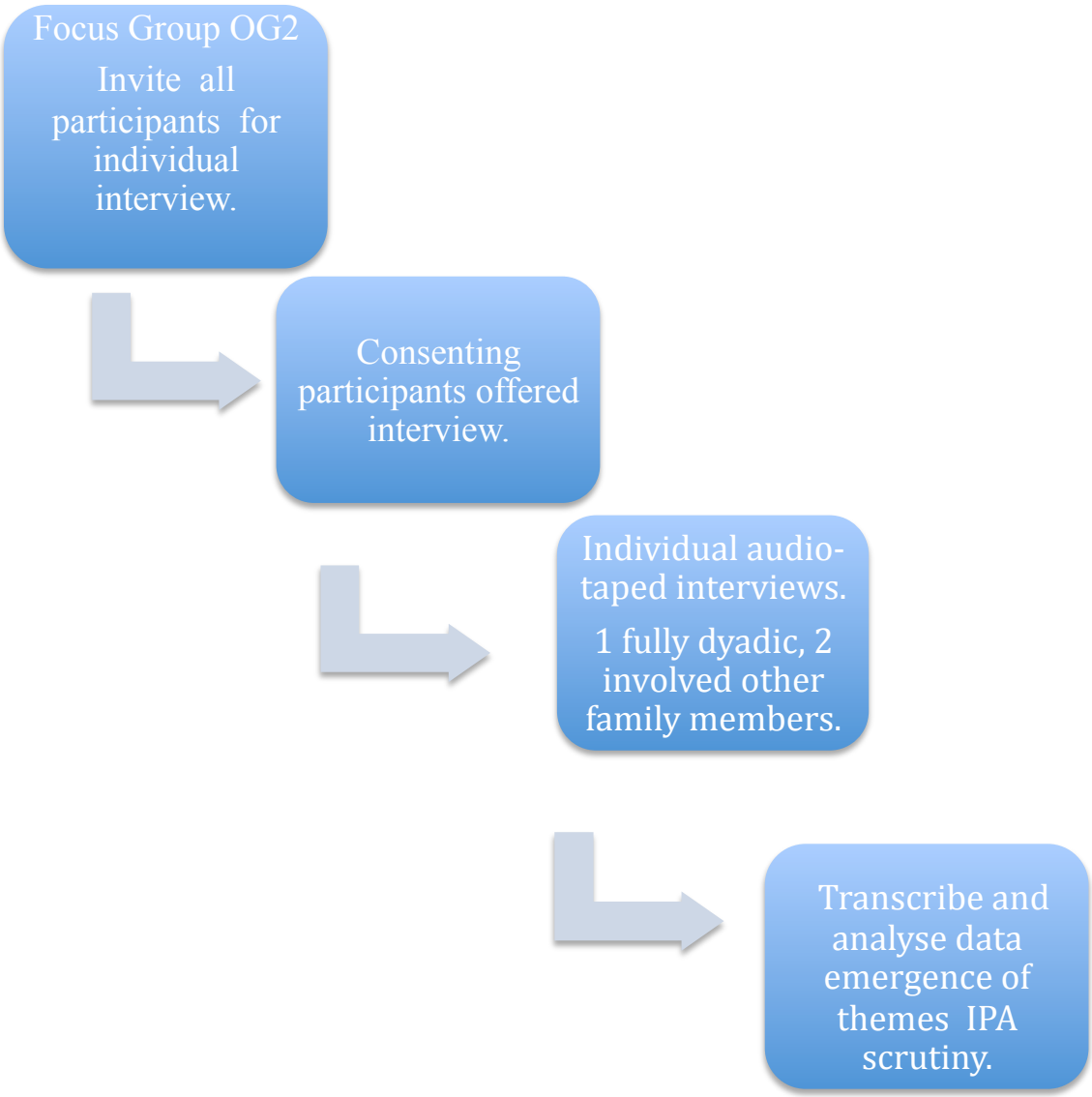
were invited to participate in an individual unstructured interview. Four women agreed to take part, one of these withdrew prior due to family circumstances. These interviews were offered at their homes or at a place of their choosing; their husbands were also invited, one of whom attended towards the end. One woman was joined by her sister and mother. So only one was a dyadic interview throughout. It would have been interesting to have had a larger sample to see what significance this might have held, for example to find out why some of the women preferred to have others present and another did not.

3.2. The Research Process

The flow charts below show the research process that was undertaken. (See Figures 4 & 5 below.)

Fig 4. Methodology – Research Process Focus Group Flow Chart

Fig 5. Methodology – Research Process Individual Interview Flow Chart



3.3 Research Protocol

The Research Protocol is found in Appendix B.

3.3.1 Focus Groups

Following the Research Protocol, the research was re-introduced and introductions made around the group. I introduced a statement asking the women to discuss their responses to it. Examples of such statements were: 'Some people say that babies and little children understand a lot, some people disagree, what do you think?' ' How much do you think Bangladeshi parents worry about their children?' Or, 'What hopes for the future do you have for your child(ren)?' The statements had been devised in discussion with a range of Bangladeshi health practitioners and Children Centre staff, who provided guidance on the phrasing of statements, on the language used and the way in which the statement might help me to elicit information as well as having resonance for the participants. For example, 'What hopes for the future do you have for your child (ren)?' was a statement that was considered likely to touch on a Bangladeshi parent's wish to be able to provide a better life for their children, with accompanying educational and financial aspirations for their children. These statements were designed to guide discussion, although not to dominate it in keeping with Focus Group design (Bloor, 2001; Morgan, 1997).

There was time for discussion of each statement or question, with an allowance for prompting when the researcher considered that the discussion was flagging or in some way needed to be directed. There were also 3 prepared vignettes designed to promote discussion if needed, each describing a situation involving a parent and their child. For example:

> *Suneha had been very ill after she was born and because of this she had spent some weeks in hospital. Now, aged 3 half years, Suneha finds it very difficult to separate from her mum, she cries and she is very clingy. She also gets very angry, especially with her mum.*
>
> *What do you think about this?* (See Appendix C, Vignette 3).

In fact, these vignettes were not used in all groups, as the discussion was rich and free

flowing.

A number of questions were prepared to assist the participants if needed, and could be used to keep the group focussed. For example: What kinds of behaviour would you expect from a baby/child this age? Where could a parent go if they had a worry about their baby or child? Have you ever had any concerns about your baby or young child? In addition, I added commentary such as, "mmm, go on" or "yes that's interesting isn't it, what do you think (name)?"

Each group lasted for up to 1½ hours and took place in a room familiar to the participants. Each group interview was audiotaped with consent. Originally I had hoped to organize for the translation of the Sylheti commentary in the groups in order to provide more information about the extent of the cultural interpretation offered. This was set aside due to the practical limitations of involving bi-lingual staff.

3.3.2 Semi-structured Interviews

Following the protocols (See Appendix B) each woman involved was phoned prior to the date of the interview to check that the meeting was still agreeable to them. At the start of the meeting, each of which took place in the respondent's home, they were reminded about the nature of the research, issues of audiotaping and confidentiality.
The interviews each took about 1 hour. I gave each woman a small gift of fruit for the end of the day's fast, as the interviews took place during Ramadan (month of fasting).
The core questions were those used in the focus groups, such as: What hopes do you have for your child? Who do you go to if you are worried about your child?

3.4. Data Analysis

The following section describes the ways in which all the data gathered from the Focus Groups and the interviews was analysed. Each aspect of the analysis, for some of the material but not all, was discussed in a small research group or in individual supervision. These meetings provided encouragement, challenged my thinking about my own assumptions, provided a wealth of information and the pleasure in hearing about, discussing and learning from other people's work.
(Please see Appendices D, E & F for examples of data analysis)

Analysis A (1st coding)

This process is designed to enable the researcher to become aware of their preconceptions and assumptions about their data; it is referred to as a free or open coding (Smith, 2007). I used columns alongside the transcript to indicate any assumptions, preconceptions or emotive response to the material. In addition, I also used a detailed recording style, similar to the detailed process recordings used during infant observations.

Analysis B (Line-by-line coding)

This coding delineates the concerns, preoccupations and experiential claims of the participants. It is designed to identify the things that matter to each participant, for example their relationships, events, ideas about the world. In turn it sets out to identify the meaning of these things for the participants (Experiential claims) (Larkin, Watts and Clifton, 2006). To identify these issues I used columns, one showing key themes and another my subjective response to the data. (See Appendix D)

Analysis C (Emergent Patterns)

The intention was to identify any patterns or common features, nominating these as the themes that had emerged from the data. Once again I used a columnar structure to organise my data. I reflected on the coded data, thinking about the meaning of particular issues for the participants in their context and drawing on my psychological knowledge developed a more interpretative account. I found it useful to pick out key phrases, for example one that carried high emotive content, such as:

> (NK) '*I think education is good and women's education is* ***really*** *(her emphasis) important in our country. A proper education I think not in the books and anything ABC, but behaviour,* ***they do not know*** *behaviour, or anything and relationship, these people.'*

Or metaphors, 'they a bit stuck', referring to adolescents but in fact to parental views about change; 'big man or woman', a person of responsibility and high social standing. (See Appendix E)

Analysis D (Structure)

This is the development of a structure that shows the relationship between themes. I organized all the data, showing codes that could be followed across the analyses. I moved from experience-near to a more reflective position, selecting material from individual accounts that best illustrated key themes. My observations and ideas were discussed in supervision and also with Bangladeshi colleagues to assist me in ensuring a coherent and plausible interpretative account. I used visual representation to help me find out what I thought and produced several large 'mind maps' showing the identification of key themes and their inter-relationships. (See Appendix F: Map of Key Themes). This last analysis involved many reiterations of material and of ideas; it was time consuming and very exciting watching as themes emerged.

I have some observations about the choices I made regarding research methodology and these are raised in Chapter, 6, Conclusion and Discussion.

CHAPTER 4. FINDINGS

> *"You take an object from your pocket and put it down in front of you and you start. You begin to tell a story."*
>
> De Waal, 2010, p.403.

4. 1. Introduction

Looking across the data, as I have already described (See Chapter 3: Research Methods). I grouped comments into super-ordinate themes that represented what I thought were the essential ideas conveyed. This chapter provides the articulation of the three most dominant themes that emerged over the course of being immersed in the rich data gathered during the research period. These themes were:

Knowledge
Belonging and Worry
The Village

I could not have foretold the result of gathering data from the groups and the interviews, drawing on my relevant experience, the relationship that the respondents had to the groups and being part of the research, my relationship to the data, as well as to the research process. The ensuing story has been shaped by the interaction between the multiple perspectives of the participants and the researcher. Its shape has changed, seeming to burst out from any kind of structure, or becoming lost in multiple threads, only to reappear unexpectedly, to become more formed. Yet, like any story, at the end, it is possible to see threads that weave through the material, and seems best encompassed by the idea of a journey, in which many different kinds of thresholds are encountered and crossed.

The account is necessarily selective, and there are a number of paths that could also have been followed leading to interesting ideas. These are possible lines of future research and I make reference to some of these in Chapter 6: Further Research. Furthermore, in keeping with IPA, the respondents' data and my interpretative analysis combine to provide a particular version of the lived experience of the participants. Bruner (1986) stated:

> *(...) life experience is richer than discourse. Narrative structures organize and give meaning to experience there are always feelings and lived experience not fully encompassed by the dominant story.* (p.143)

I also chose the metaphor of the 'journey' because it suited the range of possibilities that emerged during the research, as well as the journeys of the women that were given voice during it. For example, there are the actual physical journeys that most of the women have made from the Sylhet region in Bangladesh, their country of origin, to England and Tower Hamlets in London. In turn this journey has involved the myriad of physical, psychological, psychosocial, socio-economic, and political issues that accompany immigration. There are also the many transitions involved in marrying into a new family, becoming a parent, a mother for the first time, learning a new language, raising children in a new country with systems and practices that may be unfamiliar, and the need to establish new networks of support and friendship. Whilst this is not primarily a study about migration and the impact this has on parenting, it is of course relevant and I have drawn on some of the relevant literature from this well researched area (Akhtar, 1999 and 2011; Barn, 2002; Hollway, 2008; Liamputtong and Naksook, 2003; Phoenix and Seu, 2013;Urwin, Hauge, Hollway, and Haavind, 2013).

What I want to bring to the fore is the way in which these people, mostly women, thought about their infants and young children, their role and task as parents, and their approach to any concerns they had about their under 5', as well as into the future as adolescents, and then as parents themselves. The question of whether or not culture matters was immediately evident as aspects of culture are deeply embedded into the material and the lived experience of these women, and by implication their children. The issue of the extent to which the children's experience of their culture was shaped by living in Tower Hamlets emerged in the context of parental concerns about teenage children.

The concerns that emerged during the research were common to many young parental couples worrying about getting things right and how to do the very best for their child. In addition, there was also the theme of setting a child out on the right track in order for them to be well educated, to be able to get a good job and to become good citizens. This wish is common and in my experience as a professional and a parent, a feature of being a parent. However, in this group, it was also evident that the right path could be

clearly articulated and had a frame of reference located within Islamic belief as well as Bangladeshi traditional and culture. This framework clearly provided the respondents with a steer through uncertain and at times challenging waters. However, it also raised challenges and concerns for them, as they found some of the values inherent in this path hard to maintain in a society where there were a range of different values or practices.

The findings are inevitably determined to some extent by the research questions asked. It was interesting to note that there were definite consistencies across the groups and interviews, for example, in relation to help seeking behaviour and views about the task of parents. It was also interesting that in addition to providing similar kinds of answers, each focus group developed its own unique culture, contributing a slant determined by the interests or preoccupations of the respondents within the group. For example, group CG commented about issues of disability. Another group, OG1, were much more focussed on issues of migration and belonging. Group L differed again, spending more time thinking about when babies began to understand things. I chose not to focus on the analysis of the group material, as this warranted a study in its own right. (See Chapter 6: Further Research).

The methodology also allowed for more in depth material from individuals and these were much more markedly individual. For example, one respondent revealed the centrality of her son's place in the family and the underlying theme of sibling rivalry. Another placed great emphasis on the trauma of migration and the cost of leaving Bangladesh, to both her and her husband, although it had been their choice to do so. Another placed her emphasis on the struggle of raising children, with no family support, in cramped and damp accommodation and financial difficulties. These responses will be discussed only in direct relevance to the study, as they do reveal personal matters beyond the scope of this study.

All transcript quotes, including my commentary are indented and italicised for easier differentiation. Commentary from the Focus Groups is referenced by the centre where it took place, (M, C, L, O) with G for group followed by a page reference number. The initial used for the subject, with a page reference number, identifies individual interview material. I refer to myself as FW. (See Appendix D for an example). Many of the respondents had English as second language and their English reflects Sylheti semantics. Most significant in the transcripts here are that he and she are used

interchangeably, as there is not a genderised third person pronoun in Syhleti and the structure follows subject-object-verb, so the rhythm of the transcripts may take a little time to get used to for those unfamiliar with this.

4.2 Beginnings

Every beginning is hard (Salzberger-Wittenberg, 1983, p.3) Beginnings offer the opportunity for something new and different, something that can be hoped for. Yet they also link us to anxieties about uncertainty, the what if's of the new situation, worries about the past being repeated, so dashing the potential for hope and being able to do things differently. So, already it is clear, beginnings in general are intrinsically complex and set the scene for development across the life span. Below I set out the beginning of this research for the participants and the researcher.

Setting Up & making arrangements

Two of the questions that many women asked me whilst I was setting up the Focus Groups was, 'Will I know the place? Or "Will it be near here?" Some women conveyed curiosity, others sounded more worried, anxious about travelling further afield or out of their patch. In general, the women were pleased that the groups would be in the Children Centre they already attended regularly. The preference to attend local services was also evidence in two audits looking at service delivery and user satisfaction in Tower Hamlets CAMHS (Messent and Murrell, 2003; Dawson, 2005). The results showed that people using the local CAMHS, especially women with young children, showed a strong preference for highly localised services. Sometimes this meant within a few blocks of their home and certainly within walking distance. The audits surveyed a mixed ethnic population, comprising white British and long standing East End families, Bangladeshi families including many recent immigrants, and a smaller number of Eastern European, Chinese and African families, also with a proportion of recent émigrés. The women in my research clearly indicated that they preferred to go to a place they and their children were already familiar with. On the one occasion that I needed to run the group at a satellite of the main centre where I had met the women who wanted to attend a group, the group failed because of non-attendance. Although the women had already been there for a drop-in, it was not their usual site and I think the

psychological journey required in joining the research and being in a less familiar place, was too far.

The importance of familiarity and connection is a significant feature and common to people facing a new situation, for example how many have sought out something familiar in a new workplace, a new part of town and even more so a new country? I too felt the need for something to hold onto that felt comfortable and known, like a child's 'security blanket', as I navigated new Children's Centres, new staff groups, new systems and organisational cultures and, of course new focus groups. In one centre MG, I felt quite relaxed, 'at home' because I knew the Centre well, having worked there. Simple things take on significance, knowing where things are, knowing someone's name and them knowing yours. In another Centre CG, I was welcomed but then left to find things out. I felt heavily dependent on one or two staff that I had met, yet I did not want to ask too much of them; I felt grateful to them for the chance to run a focus group and did not want to become a burden. For example, I needed to set up toys for the children to play with during the group in a room near the stay and play room. I had to establish where the keys were to the room and then find out where to find large mats and toys, as well as Centre rules about signing in and out, health and safety and so on. My beginnings in these different settings alerted me to the kinds of feelings that might be aroused amongst the women participating in these groups. Some women, for example RR at CG, said that she was a *'bit nervous'* because *'I haven't really done anything like this before.'* Others giggled nervously as I set up the tape recorder, showing curiosity and interest in it and the research, as well as wanting to know if I thought they would 'do it okay?' In one of the individual interviews, I wrote:

> *NK: (...) the mother seems quite anxious, as she did in the group. Her face often creases into a frown and I find it hard to tell if she is worried, or concentrating as she tries to get to grips with the language.*
> *[The mother settles her son then],*
> *NK: Laughs,*
> *FW: Are you okay?*
> *NK: Yeah, yeah, okay. Smiles hesitantly.*
> *FW: Just relax, it is only me, you're talking to me.*
> *NK: Yes, it is okay.*

N has a characteristic way of turning her head and moving her hands when she is talking. She is very elegant and her movements like those of a dancer.
FW: Okay, if I talk and you don't understand just say,
NK: Mmm,
F: Just say and I will say it a different way.

Amongst the women there was an overarching theme of wondering whether they would be able to manage what was asked of them. This question took on particular significance because it related to concerns amongst my sample that they were in some way not being good enough mothers or parents. This mirrored my own concerns about wanting to do the research well and hoping that I too would be able to manage.

The appeal of a familiar place also lay in the fact that the women could feel confident that their children were going to settle and play and be well catered for. In most centres the children played in the same room as the Focus Group, with a demarcated play area and a range of toys and play activities set out. In one centre the children were located in another room. This group (LG) was in the fact the least settled, with parents regularly asked to fetch unhappy children. In yet another Centre, (CG) the stay and play room was set out like an Aladdin's cave full of treasures and sparkling, wonderful things, leaving me feeling that I could only offer a very poor substitute. We might wonder here whether there could have been some ambivalence or rivalry with my Focus Group, on the part of the staff, and an unconscious wish that it might fail. This was also the setting where the researcher was welcomed and then left to get on with it, being dependent, yet also a source of some irritation when asking questions of busy staff; staff whom I was told, *'no longer have time to play with the children, we have so many forms to fill in'*. The staff also referred to the once monthly input from CAMHS as, *'a valuable resource'*, *'we really need that time'*. This suggests that the research might have been seen as a valuable opportunity on the one hand, but also served as a reminder about their own frustrated feelings of lack of time to work with children and parents, as well as to have time for themselves to reflect on difficult issues raised by their users.

This may also have mirrored the issue of inclusion and exclusion that emerged as I introduced the research to the mothers who were at the Stay and Play session over 4 consecutive weeks. There were two women, neither of whom was Bangladeshi, who overheard me talking about the group and wanted to join, wondering if I was also doing

a group for women from their particular ethnic community. They were both upset not to have a group to join. The sense of wanting to belong and to be valued was a feature across the narratives of the respondents.

The Welcome

The idea of being welcomed was important. It links well to 'xenia', a Greek word that encompasses the idea of hospitality and being listened to. It is seen as an opportunity to 'raise up the other', that is to validate them and their contribution. (Hughes, Radio 4, 29.01.2014) I think that being part of the research process, served this function for many of the women as well as for me. In C Centre, the staff said that they thought it likely that the *'women would latch onto anyone who appeared to be offering help*.' I understood this as a reference to the women's need to be listened to, as an aspect of being welcomed that was difficult to offer as much as the staff would like. In O, one woman said, '*I want to join [the study] it is a good to tell my experience.'*

The interview with NS exemplifies this idea in relation to my experience. I wrote:

> *The lift takes me smoothly to NS's floor. NS answers the door, smiling, 'Hello', she laughs and gestures me in to her home. She is dressed in loose trousers, a short-sleeved top and a hijab. Another young woman, whom I have not met, comes too. I greet her and she responds in fluent English 'Hello, welcome.' I say who I am, and she replies that she knows. Welcomes me in in fluent English.*

Part of the process of settling in the group involved the children settling. In the groups where the children were in the same room, the mothers introduced the children to the room and play items. First perhaps taking off coats and then pointing to a toy or activity area making an encouraging comment. Some waited with their child until they initiated a move to play. In some groups, the women's interest in the research and what it was for was matched by a child's curiosity in the tape recorder. For example in CG:

> *RR's girl came over several times showing an interest in the tape recorder, I said, 'It's interesting isn't it?' She was followed by Z's son and later by TH's son too. The children seemed satisfied with their exploration and my telling them that it could record the sounds in the room, replaying the initial sounds back to them.*

The mothers let their children enquire, but RR moved her daughter back when she persisted in wanting to touch it.

In another setting, (NS):

I take a seat and get myself settled, balancing the mike on the mike box with blue tack. NS's son is shy but curious and watches me at some distance, rather coyly and then moves closer to me to see what I am doing.

This process of exploration is of course mutual. Equally, I am finding my place in their home, just as NS has needed to find a place in Tower Hamlets and London; England. I am curious about the women in the groups and also in their home settings. The women and children, in their different ways are curious about me and to some extent the mechanics and practical aspects of the research. However, I think they are fundamentally interested in telling a story about themselves and what matters to them and for this to be listened to. Not only listened to, but recorded to become a part of something bigger than themselves. It may also confer a sense of identity and belonging. This is an example of the idea of The Village, one of the themes that is developed later.

The following sections identify each theme in turn, providing transcript extracts to evidence my analysis and interpretation of the data.

4.3 Knowledge

The theme of beginnings is very much connected with the emergent super-ordinate theme of knowledge (Smith, 2009). In this study, following the philosophical backdrop to IPA (see Chapter 3) I consider knowledge as a dynamic process, accrued across the life–span in the context of an individual's relationship with him or herself, others and the external world. It is a totality of experience that I have tried to capture as it has unfurled in a variety of different perspectives and meanings in the context of this study (ibid. p.21).

This theme comprised four sub-themes:

i) Transcendental knowledge - What does the foetus know?

ii) Relational knowledge - What do babies know?

iii) Parental knowledge - About their baby?

iv) Understanding the parental task

The findings discuss each sub-theme with direct reference to transcript material showing how my analysis and interpretation are grounded in the data.

4.3.1 Transcendental Knowledge - What does the foetus know?

'When the mum walks in beauty ehmm, the baby will know this.' (OG2 p8)

Some people think that babies and children can feel many things and can understand many things, what do you think about that from your experience? This initial research question produced a wealth of interesting information about this sample's view of their understanding of what babies know and how they come to know what they know. The women presented their views and then others took up similar or contrasting positions in relation to it. At times, the women modified their initial view.

Transcendental knowledge is taken to mean an aspect of experience that has a connection with the spiritual realm. It is not to be confused with Husserl's concept of transcendental by which he was referring to the process of reduction enabling the description of phenomena (Van Manen 2011).

The moving quote above and the stanzas from Tagore's (1913) evocative poem, "The Beginning", below, each reveal the crucial element of awe that emerged from the respondents to this question.

> *As I gaze on your face, mystery overwhelms me; you who belong to all have become mine.*
>
> *For fear of losing you I hold you tight to my breast. What magic has snared the world's treasure in these slender arms of mine?" (p.11)*
>
> Rabindranath Tagore The Crescent Moon

The women provided similar examples of their own:

(LG p.7): We think that children are very intelligent. They are very smart children. Children understand everything. They understand everything. But we don't understand everything.

The women spoke forcefully, many nodded as if to provide additional emphasis.

(OG 2 p.7) HB: I think is baby know mummy
MK: And understand what happen outside.
HB: Outside. Everything.
MK: People said children see everything.
MB: Yeah everything. Like mummy book reading, like baby listening, everything.

Later, in the individual interview, there was the opportunity to ask MK to develop her view, as follows:

MK: Yes. (Pause) But I understand, I believe, baby everything know.
FW: I think I remember you said that, yes. So when do you think that they start to know things?
MK: I believe that when babies new born, born, they know everything. It's not talk but it know everything what happens here, everything he know.

(MG2 p.1): When you hear, when you talk to the babies, quiet and calm, they switch on and hear you. And it is a power, some power in the world.

I think that the excerpts below illustrate two important elements of the women's views about babies, as well as about themselves as mothers:

(LG p.7): Children understand everything. They understand everything. But we don't understand everything.

Again the women spoke forcefully, many nodding as if to provide additional emphasis.

And:

(p.14) I believe that when babies new born, born, they know everything. It's not talk but it know everything what happens here, everything he know.

These quotes exemplify the way in which the women privilege the baby's sense of knowing above their own. It is possible that this enables the women to manage the extent of their infant's dependence upon them, and any anxieties they might have about being able to respond appropriately to their infant's needs. Perhaps too, it suggests a worry that they might not be good enough, surely a common enough concern for new mothers. There is material later to show that mothers were indeed concerned about not knowing enough and wanting support in looking after their newborns.

The second quote conveyed the women's sense of awe, which the headline quote and Tagore's poem captured so beautifully. The idea that babies knew everything imbued them with a nature and power over and above physical laws and what could be fully understood by the human mind. In this sense, the baby's knowledge provided a link to God's nature and power.

The idea of the baby and mother connecting in a miraculous and spiritual way, that appeared to transcend rational understanding was also seen in the following comments:

> (OG2 p.8): *Some lady is pregnant, I don't know if, er one is Hindu, but I don't know if he's read my religion. But when the baby is born, she speak like you know, my Qur'an, she speaks that. I don't know if mum reads that, she is Hindu. Born baby, how many months he's talk, like Qur'an I forgot. I think mum like some time go to Muslim house. I don't know why God is happening like this.*

The discussion elaborated further:

> *…when mum is pregnant he listened to like Islamic things and read the Qur'an, then baby listening and some time when he is born and they are crying he can get quiet.*
>
> *FW: The baby recognizes the things that the mother listened to when she was pregnant?*
>
> *MK: You read, or something like phone or new play Islamic or …(tails off).*
>
> *FW: Music?*
>
> *MK: No music. (Laugh) If you listen music then baby is listening music. You listen like Islamic thing then baby…*
>
> *NS: Peacefully, like baby.*
>
> *NK: Yes*

(…)

FW: And you talked about going to restful places, didn't you? You know, when you were pregnant?

NS: Yeah. Like, you know a garden with beautiful flowers and a place, err, calm and restful. When the mum walks in beauty ehmm, the baby will know this.

FW: Mmm so a calm, peaceful place is good for the baby.

NS: Yeah, yeah.

(Mum thinks that the quality of the baby's external environment affects it even in utero.)

[We then talked about the baby being in amniotic fluid.]

NS: Yeah and moving around there's no difficulty, I am enjoying this place inside they can feel it.

NS talked poetically about her perception of the uterine world that the foetus inhabited. It was free, easy and without difficulty; there was mutual pleasure between mother and baby. Here the women conveyed the way in which the baby became imbued with qualities associated with spirituality, such as peacefulness, tranquillity and calmness, beauty and joy. The latter part of this conversation heralded the recognition that the way the mother behaved, as well as how she was in herself, crossed the threshold from mother to baby and from outside to inside.

Interestingly, this was also connected to the idea that a child would be raised well and that because the child was relaxed, with 'no fear', he would be well behaved. This conveyed the idea that the mothers' experience the foetus as being capable of differentiating between good and bad sounds and emotional experiences. The women in this study seemed to make a subtle move away from the capabilities of the foetus and the qualities that were imparted to it, to more concrete representations of these qualities after birth manifest in behaviour. For example:

(MG2 p.3): Woman: Some mums, when they listen to music, when they listen to it the baby was relaxed. But I think in our country, I think our religion is more interest, is more interesting to read and they become more relaxed. They say the child will be good and raised good because he has no fear, so he will be really good.

Woman: A pregnant mum will do the good thing, read the Qur'an, read nice things then that will go to the baby.

This idea might be a means for some women, as Muslims, to connect to their belief in the Unseen that lies beyond human perception, and is central to the message of the Qur'an and mainstay of Islamic civilization (Ai Allawi, 2010). In addition, within the conceptualisation of life stages for Bangladeshi's there is the idea that Ruh or the soul is sent from Allah into a foetus in utero where it gives the foetus life. (Amin personal communication, no date) There is a further connection to the transcendental, as the hadith, or the accounts of the sayings, deeds and tacit approvals of the Messenger of Allah, considers 'every new born in fitrah' or, the natural condition of the human being, that is innocent, clean and without sin (Bari, 2002/1423).

Furthermore, this early experience of taking in good things was seen to result in better behaviour in children and increase the likelihood of them being successful in life. This in turn was inextricably linked with the child being educated as the backdrop to success. The following quote demonstrated this link beautifully:

(MG2 p.3): *Woman: … the more they are good then that is the more successful in life. That is scientific. In our country, they say, children who do reads more and nourishes, then they will be more successful in their lives. That is recently that they have been teaching about this. They say, they were talking about it in the news actually, they say that people who have more knowledge…(she tails off)*

This woman linked her assertion that people who read more were more successful in life to current understanding, presented as '*in the news actually'*. 'In the news' suggested something informative, up to date, and accessible, and 'actually' served to convey a sense of authority. This excerpt moved the material in this group away from things that were hard to explain into the realm of rational knowledge with a nudge towards something more identifiably 'scientific'.

4.3.2 Relational Knowledge - What do Babies Know?

Moving on from the more ineffable kind of knowing above, I want to bring into focus the mothers' understanding of what the baby knows and learns whilst in the womb

through relationships. Across all the groups and in each individual interview, the women revealed a consensual view that in their experience babies experienced the world outside the womb through their senses. The mother shaped this experience, in the ways described above, but she also did so by the relationships she had with others, like father and siblings, extended family, and their relationship with the foetus. This kind of knowledge seemed to bridge the more transcendental, unqualified knowledge described earlier, with knowledge that could be understood cognitively and learnt about.

In the following poem, Tagore invites us to imagine the world from an infant's perspective; we are encouraged to be observant about babies, to get to know them from the inside looking out. In my view, this was exactly what the respondents had been doing in their detailed and subtle observations of their own infants.

> *I wish I could take a quiet corner in the heart of my baby's very own world. I know it has stars that talk to him, and a sky that stoops down to his face to amuse him with its silly clouds and rainbows.*
>
> Rabindranath Tagore (1913) Baby's World.

However, there is not a caesura between inside and outside, nor between what is known in a more spiritual way and what is known more intellectually. Freud (1926) stated:

> *There is much more continuity between intra-uterine life and earliest infancy than the impressive caesura of the act of birth would have us believe.* (p.138)

The women were also very aware of this and, in my view, there was an assumption that this would be the case.

Raphael-Leff (2003) sees the period of pregnancy as hugely significant for the subsequent relationship between the mother and her neonate. She sees the mother functioning as a container whilst the foetus is in the womb, both in relation to the physiological functions that she performs, and for the symbolic correlates this might have for the mother (ibid. p.59). I quote: *How each woman conceptualizes this interaction is determined by her inner reality, and, in turn, affects her experience of pregnancy* (op.cit., p.59). Raphael-Leff goes on to put forward her thesis that the bio-psychological exchange between mother and foetus can be conceptualised as a "Placental Paradigm" (Raphael-Leff 2003, 58-61). The women respondents here fitted into her conceptualization of:

Mother	Baby	Placental Activity
+Safe /good	+ Safe/good	Mutual communion
(processing/nourishing)	(sustaining)	

The research did not intend to address this issue, however, it would be reasonable to speculate that there would have been a range of different experiences within this group, and that some mothers may have been susceptible to some more defensive feelings about the foetus. For example, ideas that the foetus was ruthlessly draining them of their resources or perhaps feeling that the baby was alien and concerned about being able to bond with it.

The women's experience of the significance of sound during the pre-natal period, with all its aspects of tonality, pitch and rhythm was compelling to listen to. They were also emphatic about the importance of the emotional quality of the sounds, as well as the mother's emotional state for the baby's life course. We have learnt from the women in this sample that the move from the baby's uterine world inside the mother's body, to the world outside her body has been bridged by sound. The following quote showed this:

> *(NS p.7): Yeah they do. (Pause) Yeah when baby they would know, they hear voice, maybe we can't hear them but they can hear us from inside. You can't feel it but they can hear voice.*

Piontelli (1992) identifies the ways in which the foetal sensory apparatus responds to sound. It was interesting to note that Piontelli says that, *'Foetuses respond to acoustic stimulations by twenty-two to twenty-four weeks gestational age'* and she cites references by Brinholz and Benacerraf (1983) and Geubelle (1984) supporting this (ibid. p.34). Explicit reference is made not only to the sounds of the mother's own physiological activity, such as eating and drinking, but also to her 'vocalizations and from the attenuated environmental noise' (Piontelli op.cit., p.35). She further cites studies by De Casper, Fifer (1980), Sigafoos (1983) and Panneton (1984), who demonstrated the foetus's preference for the voice of its mother. These studies also demonstrated the:

(...) preference shown by the infant for listening to the sound of familiar stories which had been read to them by their mother before birth. (Piontelli 1992, p.35).

Additional studies by Feijo (Piontelli, 1992, p.35) and others have also found that the foetus will become habituated to music played during the pregnancy, and where this music has a relaxing effect on the mother, it will induce the same effect on the infant post-natally.

In turn the data affirmed Maiello's idea of the pre-natal auditory experience of the mother and baby being laid down as a body memory and an early introject, that she identified as a 'sound object' (1995, p28). Maiello later developed this original proposition and identified that *'The voice does not represent feelings, but is itself the representative of emotional states'* (Reid, 1997, Ch10, p158), suggesting that the existence of the 'sound object' could be seen as marking the threshold of the differentiation between me and not-me for the baby (ibid, p159).

I think the significance of the auditory experience of the foetus, as well as other sensory experience that they thought was laid down pre-natally was clearly identified in the exchange below:

(LG p.13) *FW: Okay, so imagine your baby. So what do you think they feel is mum?*

Women call out, "Smell."

FW: Okay so smell.

FS: The way you hold

Woman: Breast-feeding

Woman: Your voice.

FW: Yes.

I: I think it is before that that time when they are born. When they are in (points to her tummy).

FW: In utero

Women together: Yes. (*Child calls out very loudly).*

T translating. *When they are inside. She is saying after 5 months of pregnancy*. (Talking loudly above a little boy).

FW: So I, you're saying that it is not when they are born but when they are inside when you are pregnant.

Women nod and say *'Ji, Ji.' They will hear that.*

FW: So yeah, so if they are picking up your voice they will be picking up other voices, eh?

Women nod actively amplifying their previous affirmation.

A: Sometimes voice that babies hear are not happy voices, they might be cross voices.

FW: So they will hear voices that are happy and cross voices, maybe if there is an argument going on.

[Women around table nod but this is not taken further. There was the feeling that this comment had touched a sensitive and 'no entry' area.]

This extract showed how a women (I) offered an account of her own experience and understanding that was then shared by the other women in the group who came together over this. The researcher extended the view that the women shared about the foetus being able to discern voices, and another women related to this, offering her experience. Then it was recognised and shared that the foetus would have recognised the father's voice. Another woman, A, then developed this idea further, referring to a more negative affect resulting from 'cross voices.' Again, the implication being that the foetus is recognized to have the capacity to differentiate between qualities of sound.

A did not embellish this and nor did the group, perhaps because the line of the research did not readily allow it, or perhaps because it may have been harder for the mothers to think about less positive and perhaps painful issues. My counter-transference in the silence that followed A's comment, was one of almost physical discomfort and a wish to wriggle away from something unpleasant. This suggested to me that this issue may have had personal resonance with some of the women, or that it was considered to be too sensitive to talk about in the context of a new group. We could also speculate that some of the women may have been exposed to arguments or domestic violence in their own homes, their in-laws home or in their family of origin (Tower Hamlets JSNA, 2010-2011).

The following quote described the way in which a practice during pregnancy was seen to have spin off once the baby was born:

(OG2 p.9) *MK: I said one thing, you know big ball when lady is pregnant and moving with that. I don't do that. My sister and my brother-in-law do that, you know big ball.*
FW: Yeah, I know the big ball.
MK: So his baby, when is crying, he do that and he stop. (Mum gestures holding baby and moving on the ball. Other women find this very funny and there is a lot of laughter.) He is know like that, you hold him like that and he is stop crying. Mum do that and mum said, 'I do that like when I was pregnant and he stop, baby is happy.' You know big ball. It is soft, yeah. (Giggles) and round the sides, baby like yeah.

This raises the question of the nature of what the foetus was picking up, was it related to the mother's relaxation or some less discernable quality associated with her movement that carried with it rhythm and tempo.

The imagery of the big ball, together with the woman's sensuous movements, made the women giggle. It seemed that the reference connected the women with the sensuality and physicality of their creativity and fecundity. My own association to the ball was to the full breast, at a representational and symbolic level, and the infant's satisfaction with it. The respondents made little reference to the physical or more sensual aspects of giving birth, feeding or the intimacy with their infants. When they did, it was often coy with accompanying giggles, much as it did above. In my experience this is not unusual amongst mothers in general, unless they are amongst others whom they know well.

The process of getting to know the baby was considered hugely important by the mothers and central to the task of motherhood. There was also the idea that this process was often difficult and necessarily took time, changing as the infant developed and became better able to express itself. In the following group, a mother talked about the confusion she felt as a first time mother, she recognised her feelings of uncertainty and not knowing as a part of the maternal task of getting to know her new baby:

(MG1 p.2) SB: How do I feel? When I was looking after my baby, when a little one, I was confused. She was the first baby. I am confused. I try my best, but I do not know where I take them, but sometimes he loves me and he knows me. He follows me with his eyes so clearly when he is in his basket or there is someone

there, he is looking for me, his mum. When they are older they know their aunties and uncles and they smile at them.

This mum's openness to her feelings and the lingering question of *'does he love?'* me was hinted at further when she said, '*but sometimes he loves me'.* Despite her doubts, she spoke in an assured way about her baby following her with his gaze and knowing her as mum.

In the following group, the women had responded to my question about what the babies know with reference to themselves. I offered the following prompt, to try and bring the baby back into focus:

(OG 2 p.5) FW: But what about the baby? What do the babies feel, what do the babies know? Some people say when babies are born, they don't know anything, they are just babies and they just feed and.
NS and F: ***No, no!***
Women in unison: No, no, Babies know ***lots of things.***
F: No, babies know lots of things.
NS: Yeah, because the baby know who is her mum or dad.

(MG2 p.2) Woman: When the baby is born, newborns do not understand, but slowly, slowly, they are learning to understand.
Woman: I think that the baby can understand. If you slam the door he hears and he jumps. He can understand if he sees your face, if the baby is three months he smiles and I think he does understand.

In this group, the women are very definitely talking about the baby as a separate entity who was responsive to the external environment.

The idea that the baby might be negatively affected by things in its environment was further articulated by F below, who moved the conversation away from negative things, to thinking about the importance of mothers being happy during their pregnancy and enjoying this time, as she had:

(OG 2 p.9) FW: It is very interesting about when baby is inside and starts to pick up on things, sounds, what the mother is feeling, stress, …

F: When the mother yeah, lady mum is stressed it affect also the baby. (Shakes her head, other women also nod and say,"Ji ji" [Or yes, yes] Lots of time I think when any women is pregnant doctors or midwives say you gonna be enjoy and happy every time. I think it is very interesting and I enjoyed my, I enjoyed my own two pregnancy times.

Here, F took up the more abstract concept of 'stress' that I introduced in passing. She clearly linked stress in the mother to a negative affect on the baby, by shaking her head and other woman agreed both through gesture and verbalising, 'Ji, ji.'

It was interesting that there was no reference to any negativity when the mothers were talking earlier about influences on the foetus. This suggested that the more mysterious aspects of pregnancy, and the subtleties of the intra-uterine period of a baby's development, were seen in an idealized way. There appeared to be no room for allowing any thoughts about anything negative. This prompted the question of why not? Raphael-Leff (2003) suggests that some mothers idealize the foetus and their relationship with it, as a means to manage through denial, any ambivalent feelings they might have. Whilst I can only speculate about this, I am reminded of a comment that NK made during her interview, which I think had a bearing on this issue.

[We have been talking about her concerns about her son.]

(NK p.27) One thing, you told me. Yes, our brains do not like to do anything imagine if this will happen but, (Laughs)

FW: Okay, so you don't like to think like that?

NK: No, we are not used to. But, er you are right because sometimes thinking, if you are not thinking then you will not be worried. If you are not worried you will not be…Sometimes, sometimes worried is I think good, because if you are not worried then there is no sense. If there is no sense, then there is no worries, like children. Children has no sense of what will be good, what will be not good.

I understood that NK was telling me that she, and Bangladeshi people in general, were not accustomed to thinking in a speculative way about things, lest they became worried. She also conveyed the idea that 'sense' meant knowing about a situation from different

perspectives, in order to be able to weigh up different factors and establish what was meaningful. She compared this to a more childish view where worry could not be countenanced. I thought this was similar to the difference between the early infant's partial view of the world dominated by the splitting of good and bad, and the more integrated stance of the depressive position (Klein, 1935).

Returning to the issue of the influences on the growing foetus, we know through the burgeoning interest and understanding about infantile development over the last 15 years or so, that the foetus is affected by external stimuli, and through its sensitivity to the mother's psycho-biochemical environment. Good and loving situations, as some of the mothers described earlier, release the hormone oxytocin, a hormone associated with feeling good, increasing immunity and healing and a buffer against the impact of stress (Music, 2011). Whereas, in terms of negative affect, for example as the result of the mother being subjected to domestic violence whilst pregnant, the foetus would have raised cortisol levels; with serious implications for the development of the foetal nervous system as well as for longer term implications for a range of problems across the life span (O'Connor et al., 2005; Talge et al., 2007).

4.3.3 Parental Knowledge About Their Baby

Once the baby is born the landscape alters, with more or less impingement for the baby. The respondents thought that babies knew things from the start; some thought that they knew everything, others that they knew some things but not others.

Interestingly, when the researcher posed the question about their view about what babies understood, the mother's often talked about themselves. Whilst this could have been the result of not understanding my question fully, the extent of this indicated otherwise. I wondered whether this might have told us something about the extent of the identification that the mothers had with their infants. I am using the term identification here to denote the projective process that a mother engages in, in order to gain a powerful sense of what her baby needs. This active adaptation to the infant's needs (Winnicott, 1964) allows the mother to imaginatively know what the infant feels like so that she can respond to him appropriately. With this in mind, the following excerpt from OG2 demonstrated this:

(OG2 p.4) FW: Now the first thing I wanted us to think about was some people say that when babies are born they don't know anything.

Women: Mmmm, Mmm

FW: They feel things, but they don't know anything at all. And other people think that babies know quite a lot already, even when they are born.

[Here the women nodded, vocalising 'Mmmm' or 'yeah', in agreement].

FW: Now I wonder what you think about that?

HS: When babies born, first baby born, you don't know anything. But when baby's come into the world, you know everything. You don't practice anything, you just know how to pick up baby, how to carry baby.

The centrality of the relationship with the mother presented by the participants, raised my question of 'What is 'mum' to a baby?' This elicited a range of responses as the women across the groups described many ways that the baby came to learn about its mother, father, siblings and extended family through its senses:

(OG2 contd. pp. 5-6)

F: Baby smell mum.

FW: Yeah, the baby smells mum. Mmm any other …

MB: One month, baby one or two month, she look mum and if she not pick up then it's crying.

FW: Mmm, okay.

MB: Understand who the mum is.

NS: When there is a baby yeah. When you see the baby, yeah. This is my mum, yeah. And when dad comes to pick it up, yeah, in front of everybody, he or she would know, it's my dad.

F: That sometime later you know.

NS: I know it's later.

F: But I think they think about it with mum, first day I think they know it's mum.

(LG p.12) *FW: Okay, so imagine your baby. So what do you think they feel is mum?*

Women call out, "Smell."

FW: Okay so smell.

FUS: The way you hold.

Woman: Breast feeding.

Woman: Your voice.

(MG. p.4) FW: Hearing from everyone, it seems that people think slightly differently, but you all think that even very little babies can recognise people and know things.

Woman: Even though you are trying to look after a baby, but when mum holds the baby the baby knows.

Here, the group were looking at the factors that enabled the baby to recognize mum, as distinctive from another; even someone who was intent on looking after the baby:

(MG2 p.20) F: That is maybe to do with smell?

Woman: They know the smell of mum. After three days they know mum. That is what they say, the baby knows its mother after three days. He went straight for me. In some cultures they say that once the baby is born because they put it right here (breast) so obviously they will smell the mum and they are close to the mum.

This passage very evocatively evoked the physicality, sensuality and rawness of sensory experience of motherhood, *'He went straight for me.'* But it also conveyed that the baby had an object to receive him and meet his needs:

(MG2 p.4) Woman: To be honest, a baby is a baby and even if he is two days, three days, he will sense his mother and so he will go back to his mother because he knows his mother, he knows who she is.

Here too, already in three days, the mother was considered to be someone whom the infant could rely on, *'he will sense his mother and so he will go back to his mother'.* Moreover, *'he knows who she is',* implying that from the baby's perspective, the mother was providing him with the essence of maternal care.

In the passages above, the woman highlighted the inextricable link between the neonate and its mother; she used the word 'sense' to denote not only the infants' sensory link to

its mother, but also the link that arose from all that had gone before during the pregnancy. This link included the totality of the infant's experience which was also influenced by the mother's own experience:

(NS pp.5-6) FW: Yes, so I wanted to ask what do you, when do you think babies start first to think? To think and to and understand things?
NS: Eh?
FW: Well there is no right or wrong, just what you think that is important. (This prompt results from NS's lack of confidence in her own views.)
NS: Well, I am not sure. (Sounding tentative) When they smell they would know.
FW: So, when they smell like the mum do you think, or…?
NS: Yeah, or when the mum feeds a child then they know, 'Oh she's the mother', or say umm the dad has taken the child, (clears throat) yeah and sings to them, they would know, 'Oh that's my dad'

This view was echoed across the groups and then further developed as women described various ways in which the baby interacted in a mutually responsive way with their environment.

A father gave his view:

(MK p.23) FW: And when they are born, do you think they know things then?
M: Errm, (pause) they probably will because as soon as they come out they start looking around don't they?
FW: Yes, yes.
M: They start acknowledging things.
FW: Yes. (Pause. It feels hard to encourage dad to expand without a further question) What did you notice about your children?
M: Crying, they know how to cry. (Yawn, dad is tired after his late shift, or through the baby's demands.) They know who the mother is.
FW: Mmm, yes go on.
M: Where food is. (Laughs)
FW: Yes. How do you think they know who the mother is?

M: Really, it's all to do with, the eyes looking at that person. As soon as they come out, they're in that hand. Like the first minute when they open their eyes, she's on it.

This father's comment rather beautifully ushers in Winnicott's concept of holding. If we break the excerpt down a little it offers a range of possibilities. *'...It's all to do with, the eyes looking at that person'.* This implied that the mother's gaze was highly significant, and moreover, it was the quality of this gaze that was important. It was not only the function of the act of looking that was important for the mother and infant, but also that *'the eyes*' conveyed the essence of the mutuality between mother and infant and the essence of her identity; who the mother is. Winnicott, an excellent observer of mothers and their infants, asked in his paper 'Mirror-Role of Mother and Child in Family Development (1971):

What does the baby see when he or she looks at the mother's face? I am suggesting that ordinarily, what the baby sees is himself or herself. In other words, the mother is looking at the baby, and what she looks like is related to what she sees there. All this is too easily taken for granted. I am asking that all this which is naturally well done by mothers caring for their babies shall not be taken for granted. (p.112)

He also introduced the paper by noting that in terms of the emotional development of the infant, *"the precursor of the mirror is the mother's face."* (ibid. p.112)

Erikson (1964,) talked about the:

*(...) identity-giving power of the eyes and the face which first "recognize" you (give you your first Ansehen), and shed new light on the infantile origin of the dreaded estrangement, the "loss of face. (*ibid, p.4)

So, the father's comment insightfully and intuitively realized the significance of that early communication between mother and infant in the developing identity of the infant.

I want to look further at father's commentary because I think it usefully illustrated the father's important place in this process of identification and the holding environment provided for the baby.

'Really, it's all to do with, the eyes looking at that person.' Here, the father was referring to the mother's eyes, but he was also referring to his own observation, from outside the mother-infant dyad. *'As soon as they come out, they're in that hand.'* When *'they come out'* (the baby and perhaps the mother-infant couple) they are held both by the mum and also by the father in his observation of them. Then, the father moved into a different position, viewing the world from the baby's point of view *'when they open their eyes'* and the mother's simultaneously. *'She's on it.'* He stood slightly outside the mother-infant couple, yet through his identification with the baby and simultaneously with the mother, he was attuned to the needs of the mother-infant dyad.

It was a great shame that it was not possible to involve more fathers in this research, because from just this one comment we can see the significant role played by this father.

One woman, who described the practice of passing the baby to family members, sometimes before it was handed to the mother, captured the significance of the mum 'seeing' her baby and the meaning this might have for any individual mother:

> *(NS p.5): I didn't see, (her voice drops) my sister saw him first. Because, then after him Mumta, he would know, that's my Auntie, that's my mum. First my sister picked him, up then he know, my sister, he would know and then he would tell, 'Oh that's my sister, my auntie, my second sister.*

For NS this was a profound experience that seemed to have located a more longstanding issue of sibling rivalry in this first exchange. I also noted that the mother and infant are seen as separate, which contrasted with the generally held view that differentiation took place gradually.

The women generally held the view that after knowing the mum the infant comes to know the dad:

(MG2 p.3): In some cultures they say that after three days they know the mum and after that two-three days again they will know the father so that is how it is.

The father also agreed with this view:

(MK p.24) *FW: Some people say babies are picking up on sounds like the mother's voice, the smell, and also dad too. (Baby grizzling loudly, quite hard to hear).*

M: Yeah, Dad's a bit later on. I think that mum is definitely the first person.

NS talks about the child in the context of the wider family, as follows:

FW: So how do you think they know that's mum and that's dad?

NS: Laugh and shrug. Looks at sister. (Clears throat) Sorry.

FW: What.

NS: From the child yeah, they see their mums and dads straight away and so they know that's my mum, that's my dad, sisters, uncles, and aunties like that. They're together.

Boy: huhuh. (Chatting as he plays).

FW: So, they are familiar with them.

Boy: O oh

NS: Yes.

The significance of the wider family is largely addressed in The Village, however, there were some important comments related to what children know that are relevant here. For example, in OG1 there was a discussion about living with in-laws. MK talked about the difficulties that emerged for her as a parent when there were inconsistencies between the adults, she felt this was confusing for the children:

(MK p.14) …One people gives this one, one people gives this one, so she don't understand. (Laugh).

FW: So little children can understand but they can get confused when people say or do different things?

NK and NS: Yeah, yeah.

Capacity for empathy

Children's capacity to understand the emotional qualities of a relationship and the mood states of their parents, are understood by the women in general to be present after birth and to develop as children get older.

In this group, these women were talking about a 4 year old and an 18mth old respectively:

> *(OG1 p.13) FW: (...) For example if one of you were feeling sad or angry, that your children would understand about that and know something about that, even if they couldn't talk about it?*
> *NS: They do, yeah you know. If I like, if I get upset yeah, like they see I am sad or angry, they say, 'Oh mummy, I am sorry, I am sorry.' If he does something wrong, 'Oh mummy, I'm sorry I'm sorry.' I say, 'but then you don't do that.' 'I'm sorry, I'm sorry, I won't do it anymore.' And, you know they sorry and that's okay. They say sorry. If it happen again, yeah, if I get upset yeah, then he doesn't do it. (Baby gurgling in the background with MK.)*
> *FW: So he does register that you are upset.*
> *NS: Yeah, yeah. He does.*
> *FW: What about your little ones MK?*
> *MK: She like she does much for me, she understand, err, when like, like she done like patting so she understand. She also says, "Mum, oooff, oooooff," So I can kiss her or like food, she understand. Or I like sometimes, like said, "Oooff, ooofff," like she understand, hurt, she understand "Ooff." So, she done kiss me, then she understand.*

MK gave behavioural examples of her young daughter's understanding. In addition, she showed how, in her parenting she taught her about emotional attunement to another person, as well as socially appropriate and responsive behaviour:

> *(CG p.9) FW: I understand that children and babies feel and think a lot, what do you think about this statement?*
> *RR: I can honestly say that I agree with that. I think that my daughter, even when she was a baby if there was you know, anxiety or unhappiness, she would understand. She does understand more than she can actually say. And she does understand more than she can say or instructions or others things. Feelings she does understand and facial expressions she really does understand. RR has looked over at her daughter who is playing with a doll.*

The women in this group moved from identifying that babies could understand, or were sensitive to, anxiety and unhappiness, facial expressions, feelings and to their mother's emotions. They also sought attention and would respond positively to those who gave attention:

> *(CG p.9) KH: Yeah, that's true. I agree with that too. You get, well in my experience, I don't know whether anyone else has had this but when my daughter was a baby she will pick up on who she wants to go to. You know. So you can tell. If someone doesn't give her that attention, she would go to that person who paid her that attention. She would go to someone who gave her more attention. So she wouldn't go to someone who didn't pay her attention. So they know, even when we're emotional they pick that up as well.*
> [Nods of heads in agreement with this.]

Another woman voiced the idea that babies and young children are sensitive to the emotional context of the relationships between those around them:

> *(CG p.9) FK: Err yes I think so. My child, even she is little she can understand many things. When I shout with her father for some reason, she tell me, 'stop, stop, no, no.' (laugh) (Other women looking a little surprised, perhaps uncomfortable) She's running, she comes towards me saying, 'stop, mummy, stop.' She can understand that this is not okay. The situation is not good. She can say her grown up father, 'Go for job, go for job.' (Some laughter from other women. Not entirely comfortable. (Her daughter meanwhile was not far away and looked over at her mum as she talked.)*

FK clearly brought her own experience into the foreground in a way that that the other women were not entirely comfortable about. This excerpt invited further exploration into difficulties in the relationship between FK and her husband that were evident in the material, however it was not the brief of this study to do so. Moreover, the other women in the group were clearly uncomfortable with her comments and I felt that for me to have directed the topic further in this direction would have been unjustified. Suffice to say that the difficulties in the parental relationship will have shaped the relationship that FK had with her child, a son.

Development of minds

The idea that children can be manipulative also emerged. For example:

(MG1 p.1) *Woman: Babies know that their parents will respond and the baby will act up for the mum and dad.*

Later in LG, a woman said that her son understood her moods and her emotional state. She developed this idea telling the group:

> *(p.6) Watching television. He okay. Ready Creche. He's come to crèche, he say, 'hmmmm', he start crying. He understands. (Laughs.) Many women nod in recognition.*

Here, there was the recognition that infants have the capacity to understand context and to recognise familiar patterns, such as a sequence of routine and to anticipate an event; in this case getting ready to go to nursery. This topic was further pursued by IK who talked about her 2 ½year old thinking and working things out.

> *(LG p.6) IK: It is true that they know because after anything they do morals about it, even my daughter who is 2 ½years old. You can see that she is sitting sometimes and she is starting thinking herself and later on she is working the world out. … Like when she is going crèche, She has started doing the same thing. So she understands about the mood and other things.*

These findings raise interesting questions, for example: How do these women know what they know, is it learnt from books, the Internet or other sources of information, such as their own experience of being parented? These questions are taken up in the following section on the parental task.

4.3.4 Understanding About the Parental Task

Shaping Children – the influence of migration, religion and culture

> *'When my daughter born my mother had a dream that she had a diamond necklace. When the baby was born it was a daughter'. (Respondent LG p.17)*

The process of shaping children is one that the respondents were very conscious of and talked about in relation to their under 5's, as well as thinking about this process into the teenage years. They were conscious of their own responsibility in this task, but noted that the outcome was also the child's responsibility and to some extent determined by God. The parental task is firmly held in an Islamic framework, where ten points are set out for parents to try and follow. Although the respondents did not mention this explicitly, I can see definite links with many of the ideas the parents put forward about their task. (See Appendix G: Effective Islamic Parenting.)

As we have seen, the process of shaping begins long before birth. All parents have in their minds consciously or not, ideas about their children and bring these to their role as parents. In part, their ideas will include thoughts about what kind of person they would like their child to become and how they hope to facilitate this. Parents draw on their own experience as children being parented, things they have learnt from their own parents in the process, experiences of family and community support, as well as religion and cultural practice. The personal experience of parents was evident throughout the research and certainly informed their views about parenting. For a few women it was evident that the complex interplay between the internal psychological factors laid down during their infancy and early childhood, and the reasons for and experience of the process of migration, made the process of settling in a new country difficult. Loshak (2003) has written a great deal about the ensuing effects on these women as mothers, and subsequently on their children. Other studies describe the significance of early experience with refugee groups (Becher and Husain, 2003 Garland, 2002; Steele, 2003). Garland (2002), writes:

> *Where losses cannot be mourned and interference from the past is persisting, then the individual becomes entrenched in chronic depression and sense of grievance.*

There is also evidence from several studies showing that 'South Asian women show the highest rates of suicide and parasuicide' (Balarajan and Raleigh 1993, in Hillier and Rahman, 2003).

Religious ideology is an important and powerful individual and community organizer amongst British South Asian communities. Islamic values and principles underpin the way in which parents understand and carry out their task of raising children (Becher &

Husain, 2003, p10) and it also informs ideas about personal identity across the life cycle, in all personal, social and community contexts (Knott, 1986 in Becher & Husain, 2003).

Bari, (Sha'ban 1423/ 2002), notes that Children are a 'trust' or 'test', for human beings from Allah, for the continuation of the human race. They should never be 'unwanted' or a 'burden', even in the most difficult situation. Moreover, the proper nurturing of children is seen as pivotal in their success of failure in life, as the quote below indicates:

> *If you are planning for a year, plant grain. If you are planning for a decade, plant a tree. But if you are planning for a millennium, then plant a human being.* (ibid, p.x)

In addition to the responsibility parents have for their children, there is the expectation that children will have respect for their elders and look after them throughout their lives. This issue of respect for elders features prominently in the Shar'iah, the Islamic family code (Sonuga-Barke and Mistry, 2000). A hadith, or saying from the Prophet Muhammad quoted by Tirmidhi, mentions both adult and child responsibility as follows: *'He is not one of us who has no compassion for our little ones and does not honour our old ones.'* (Becher & Husain 2003, p.32).

This study did not intend to look in detail at the views parents had about the contribution that religious influence had on their parenting. However, it was evident from some respondents and implicit amongst the group as a whole, that raising children 'in the tradition', was an important element for parents to keep in mind. In this context, tradition can be understood as:

> *(...) the collective memory of a people and demonstrates an attempt to preserve, represent and recreate regional cultural realities and replicate them in different social spaces. (*ibid., p10).

This construction allows for continuity and adapted development as well as underscoring the dynamic aspect of migration and settlement. The presence of the religious element was most noticeable when parents talked about their concerns about teenage children. It was at this time that their children needed to be held closely within the family environment to protect them becoming 'spoiled' by external influences. For example: drugs, alcohol, sexual promiscuity, gangs and smoking.

The influence of the migratory experience and the reasons for it amongst this group was not fully explored, but emerged incidentally across most groups and was of particular significance for one group member. In terms of raising children, this group were bringing up their children in a society where individuality and individualism are the dominant mores. In contrast, their own culture privileged 'interdependence, harmony and co-operation in relationships' and collective responsibility (Lau, 2000, p.35).

The influence of culture is significant and within this study I have adopted Korbin's definition:

> *Culture is not monolithic or static, but variable and dynamic. Variability within the group often exceeds that between groups, and populations continually adapt to changing circumstances* (Korbin, 2000,p.638).

In the following passage from her interview, NS and her sister have a discussion in response to the following question:

> *FW: Do you think there is any difference between being a Bangladeshi parent and a parent who is English, Somali, Polish or from some other background, even if you are British?*
> *Sister: Yeah, people have different cultures.*
> *NS: Nods, yeah.*
> *FW: Yes.*
> *Sister: Which is really important to them, yeah.*
> *NS: Yeah.*
> *Sister: Everybody has a different culture that is important.*
> *NS: Mmm.*

Interestingly the question was immediately seen as being about 'culture' and emphasised their view about the importance and uniqueness of culture. In addition, the view that everybody has a culture seemed to be a way to identify people and very much linked to their identity. However, as shown below, there is a tension between identity and culture, which the sister comments on:

Sister: But really everyone's individual aren't they. Like everyone in his or her own way, is like different. Regardless of different culture, or whatever.

FW: Okay, mmm Pause. So there's culture, like your family, then wider culture depending on what group you come to or from, or your religion, so there's those things but then everybody's an individual you say, mmm.

Sister: Yeh.

FW: And is that do you think that's the most important thing? What do you think is the most important thing?

Sister: Individuals.

FW: Mmm.

Sister: Well that is really important, also people's culture is really important as well, isn't it?

NS: Nods, yeah yeah.

Sister: For me, my family. Or N say, for example, it would be important for her that her and her child and her family, that is what would be important to her. But of course she would respect other people, their beliefs and their culture and their individuality whatever, but errmmm. Like, we, what I think is ehmm, yeah it is important because everyone is unique, aren't they?

This view emphasised the importance of the individual and their uniqueness over and above the collective, mentioned earlier (Lau, 2002). This perception seemed to reflect Helman's view that culture, *'can be seen as an inherited 'lens', through which individuals perceive and understand the world that they inhabit and learn how to live within it.'* (1990 p.3)

The difference in culture and the psychological shift required was not only felt through transnational migration, but also from more local moves. One young mother, raised for most of her life in an outer London Borough, described her experience of moving to Tower Hamlets:

(OG1 p.24) [The Borough was] '(…) *full of a lot of white people and it was mainly white. My mentality, the way I'm living, the way I was brought up was entirely different from the way people are brought up here. And like, one of the things I transferred over to, err I applied for a transfer, I transferred over to*

Bethnal Green and I found it really hard to adjust to the culture. Like the way things are done and how the people were.

I saw that these women and other respondents were each finding ways to inhabit this relatively unfamiliar society through the lens of their own experience and heritage, as well as through the different lens that they had acquired, to varying degrees, living in England. The women, as parents, then had the task of introducing their children to the cultural perspective of the society in which they lived (Layton, 2007; Woograsingh, 2007).

Who's holding the baby? The Holding Environment and Containment

Where to start talking about this task of shaping a child is tricky. Does one begin with the parental belief system and internal working models that will influence their parenting, or start with the birth of the infant? In recognition of the fact that the two are inextricably linked, I have decided to start with what the respondents brought most directly, knowing that the other elements exert a profound influence in the background, all the time.

At the start, mothers in general were described as being confused, anxious and uncertain about what to do, needing emotional support and practical help with looking after their baby and domestic duties:

(MG1 p.3) When I was looking after my baby, when she was a little one, I was confused. She was the first baby. I am confused.

This mum showed us that she was confused, as she moved between talking about herself and her baby and between the past and the present. Whilst some of this might be connected to language, I think it is likely that this change of perspective reflected the mother's identification with her baby at that time and some sense of fluidity in her sense of self:

(MG1 p.4) My task would be that I was confused and my mother-in-law did everything, change the nappy, cuddle and I don't have that much experience, but I like that my baby likes me.

This mum felt entirely dependent upon her mother in law, who 'did everything'. Perhaps she too was very sensitive to her baby's state of dependency, making it hard for her to feel her own sense of agency. However, any feelings of uncertainty seemed to have been assuaged by the mutuality of the relationship between her and her baby, *'but I like that my baby likes me.'*

The excerpt below explicitly acknowledged the huge change in identity that occurs when a woman has a child, especially her first:

> *(MG1 p.5) The mum needs support too for her body and what is happening. Sometimes the baby is, after born there are a lot of things you don't feel normal about but it is okay. The family need to advise and give their experience.*

In my view, this passage was key to signifying the momentous change the mother feels about herself. Note the initial reference to the physical, the changes in the mother's body during the pregnancy, during the birth and then subsequently (as hormonal changes occur). There is no detail here of *'what is happening'* but it serves as a short hand for the huge psycho-physiological impact of the experience of pregnancy, childbirth and early motherhood. This mum made it clear that these changes continued after the birth, the implication being that these things are not only physical, but also aspects of yourself that have changed and need to be learnt about. '*things you don't feel normal about'*. Here too, this mum made it clear that they were made manageable in the context of being held by the family.

The comments provided a powerful illustration of just how easy it can be for a mum in this state, without adequate support, to feel quite overwhelmed and hence unable to help her infant manage his own feelings. If we think about the need for mothers to be strongly identified with their infants, in order to be attuned to their needs, it is not then surprising to see why mothers who may also be facing other difficulties, might be overwhelmed.

The women talked a lot about the difficulties of this early period of mothering in terms of their feelings about the support they required and received, and services that they would like. Whilst the respondents did not raise these issues as worries, they

nevertheless emerged as significant concerns and preoccupations for the women I met with:

> *(MG1 p.4) Young mums they need advice, when they have a baby they are so scared. I think there should be some support before the baby is born. They get so nervous.*

> *(MG1 p.5) Another thing, I think there should be something to help the dad as well, because sometimes the dad does not know either. It is not good for a child when they grow up and then the dad does not know the child and the children do not know the dad.*

In hindsight, the women could see that although the mother started off in this state of unknowing, she moved from this position to one of knowing, at least something. She had learnt from experience. This was evident from the mums who had had more than one child, who realized that they knew more the second time around:

> *(MG1 p.9) There are some things that they do understand. You start off confused, like other mums but now you know …*

> *(MG2 p.9) The first baby is not like the second baby. There is less to worry about.*

All children are different

The subject of the differences between children emerged as the women discussed their child(ren)'s development, in relation to meeting key milestones, such as talking and then how well they were doing with reading and writing as pre-schoolers or those at school already:

> *(MG2 p.7) The baby when they are little ones, I am sure, especially at the age of one year, they will be able to understand, that is when they start to grow up and then they evolve so you have to teach them what is good and bad. Like you teach them and they know that the cooker is hot and they should not be near it. That is the way he should learn.*

One woman, talking about her sister's child, aged 3 ½ said:

> *(NS p.16) I was amazed at how you know, like he would see a word, like for example, apple and he would be like 'a-p-p-l-e'. And he's really fast and he will rub, err. Erase and then it will say, 'Can you give me the correct answer?" And he is able to say, simply to put down a-p-p-le. So, he's very advanced and that's because of his mum. That's how she supports him.*

Another child was less articulate, her parents considered her a 'late bloomer':

> *(MK p.22) She picked up a lot of things now. She's three now. By the time she was 2 ½ she was picking up everything; probably not speaking it, talking about it, but she was understanding everything I would say to her.*
> *FW: So a lot of understanding even though they can't talk yet.*
> *Z: She's a late bloomer in our terms. But everything else she does well you know.*
> *MK: She not talk but she get dressed up, she understand what you are saying.*

The following excerpt poignantly identified the differences there were for a mother in 'reading' a child who had developmental delay:

> (Translator) *She says that her older one understands more than her younger one. Because the younger one has some difficulties, she's got underlying problems, the delays, there's developmental delays there. So, because of that her mum can't really understand her moods really.*
> *FW: So, you think that the little one, because she has some delays, extra needs, it makes it harder for her to understand you and to understand what is happening between people? (Interpreter) (Mum looks saddened.)*
> *Mother: Yes, yes.*
> *Woman: Well, It's late, the development. (Qualifying and adds hope)*
> *FW: Yes. Things will take a longer time.*

The mothers hardly raised concerns about learning disability or any kind of learning difficulty. This contrasted with my working experience in Children's Centres, where parents were often concerned about physical and/or learning disabilities in their children. This may of course have been because my contact was selective. Research findings have shown that the *'prevalence of severe intellectual disability is three times higher*

among the Asian community compared to the non-Asian community.' (Emerson et al., 1997, cited in JSNA 2009/10). This has been related to consanguinity (ibid 2009/10). I wonder whether the parents in this study were aware of this? If so, it is likely that the worry about their child's long-term future and care would have been heightened (Suzanne, Personal communication, Community Learning Disability Service, 2014)

Knowing your child

The parents identified learning about the child as an important element of the parental role; the mother was seen to be central in this task. Her knowledge of the child helped her and her husband respond to their child's needs appropriately and shape them for the future. The parents thought that the mother's job was to know her child from all perspectives. She needed to know about her child's feelings, his moods and the communication lying behind a behaviour, for example, not eating, or sleeping, becoming clingy, angry, sad, hitting, kicking or shouting.

> *(LG p.15) FH: Don't eat.*
> *FW: Yes that is a common one.*
> *RA: The ones that can speak can tell you.*
> *IG: They can get sick.*
> *NB: Kicking, shouting, hitting out, being annoying. Annoyed and angry because they are hungry and tired.*

In this excerpt, the mums recognised that children communicated their physical or emotional discomfort, or distress through their behaviour. Their construct about this was that they did so either because they did not yet have the emotional or cognitive maturity to express emotions through language, or because at that moment, they found the emotion overwhelming and turned to a more concrete manifestation of their distress. The final comment from NB showed the conversion from the behaviour, '*Kicking, shouting, hitting out'* to a state that evoked a feeling in another, the mother, that she could identify with *'being annoying',* to a formulation of the problem with a causal explanation, *'Annoyed and angry because they are hungry and tired'*. Another mum offered*, 'If they get angry then that is alright but you need to make it better.'* This mum suggested that mothers had a role in understanding the child's behaviour, and a further role in then helping the child to recover from this state so that reparation was possible.

In this passage below a woman is responding to the discussion generated by the vignette about the effect on the first child of birth of the new baby:

> *(MG1 p.7) The child might think that someone else is going to come and take all the attention. He might be scared about going to school.*

Here, the mum puts herself in the child's shoes, '*The child might think'* showing the child in relation to the baby to be born, '*someone else'* and the nature of his anxiety '*is going to come and take all the attention.'* She then puts this into the context of why he might be reluctant to then go to school. '*He might be scared about going to school.'* Implicit of course is the identification by the mother of the fantasy that the new baby will take the older child's place in his mother's mind.

In another group, the following mother talks very evocatively about her son's response to the birth of his younger sibling, her own understanding of his behaviour and how she dealt with it:

> *(CG p.28) My son, he was jealous when she was born. He was 10. But we were very close, we still are. I, err would say I am closest to my second one he is 10, he is 11 now. And, errr although he doesn't show it, he loves her to bits. But sometimes he is hurt. He tries not to show me but the hugs we were having before she was born were less. Before she was born he used to come to my bed, or come for hugs. He would miss that, because when she was born, when she was asleep, he couldn't come into the room. I've never found him crying but I can tell. But I make sure whenever I've got the chance, as soon as he comes in from school, I give him a kiss and a hug and eventually it got there.*

Just as the mothers recognised their need to tune into their children's mood states and internal worlds, they also acknowledged that their children could trigger powerful emotions in them that they had to control. This excerpt described one woman's anger towards her child, overlaid by her own mixed feelings towards her sister, and her way of managing her rage:

(OG1 pp. 10-11) *He listens yeah. Sometimes he get angry, he wants throws things. 'You don't do that. I know you are at home, yeah, it doesn't mean you do them things. He needs to learn how to play games and together and share things. Hey come here', then he walk away, 'Come back here.' Then he walks away. Then, my husband, my sister, when she shout yeah, he listens to her, yeah he* ***listens to her****. (Her emphasis). I, I'm thinking he listens to my sister, why doesn't he listen to me? Eh? Yesterday, I was so angry yeah, he doesn't listen. 'Come with me to the next room' and he sat crying. And I say, 'No, you come and sit here until you stop crying, you no coming out'. (Laughs and MK laughs too) 'Stop crying and then come out and then you can watch TV.' (She laughs as she talks, remembering). I felt like hitting him, (laughs.) But no, no good to hit a child, yeah, you just need to speak to them and like explain to them not to do them things. They can understand.*

There was a high level of consistency across the respondents about the need to talk to children, to find out from them if there was a problem. The parental attitude and manner of talking was seen as significant in developing a good relationship with your child.

(LG p.6) NB: She says she feels that you need to give them a lot of love and affection. If they are doing something and its not appropriate and you are not showing the love and affection towards them then they kind of will do that more.
SK: They need to be loved and given affection and then they do it right.
(…) It is very important to be very kind, you ask them very kind and nicely and then they are more likely to do it.
Women are nodding.

However, there was some debate around the issue of kindness and how parents encourage children to do as they wanted them to. Some women thought that you could see what they liked and then use this as a means to bribe them into required behaviour or divert them from undesirable behaviour; in other words a kind of pragmatic use of bribery. For example:

(LG p.6) RA: Sometimes when she goes playgroup, (laugh) when I go take her, she doesn't want to come I have to take something like sweets. Or I have to have to give her ice cream, "I'll give you an ice cream", and then she will come.

The discussion continued and the women settled on the need to be loving and affectionate as well as strict; tough love:

You give her affection and they carry on. They won't listen to you. They have to respect you. You have to be strict with them sometimes.
FB: Then they will listen to you; you have to tell them when to stop. Otherwise they will be always expecting something from you. Yeah. Lots of nods.
FK: When I, when I, when I like am very strong or anything she is crying, she become upset.
NH: You have to be strong sometimes otherwise she's not gonna learn.
If you say, 'Oh don't cry, (sympathetic tones) then she won't learn.'
Lots of chatter amongst the women.

The Parental Partnership

The centrality of the parental couple as a partnership was evident amongst most of the women, mostly because they had a relationship that they felt was strong and helpful to their children. For the few women who had a different experience, they emphasised what they would like to see in a strong partnership. The few women who were single parents emphasised the role of immediate family.

The parental couple was ideally seen as a partnership, which would 'work together' on behalf of their children, this would be a *'reasonable marriage'* (CG p.19). Working together included practical aspects of childcare, as well as the relationship between the parental couple. Within this partnership, there was the recognition that the roles of parents were different. Despite this recognition, there was clearly a wish, even a longing, that the fathers should be more directly involved with both the practical aspects of childcare, as well as in developing a strong relationship with their children.

There was a range of opinion about this and the extent to which roles and responsibilities could be shared. As seen below, some women voiced the view that

being a mother was an all-consuming task, demanding a considerable amount from the woman. There was also some expression of irritation towards the men for not being more involved:

> *(MG1 pp.5- 6) Our community has more woman and not men; they spend all their nights and watch TV. And some of the husbands while the mother takes the children to school, goes shopping and the husbands work outside, and that is why the housewife works hard all the time, all day sometime, and it is worrying so some of the men do not want to do it because they come home and it is loud and they spend little time with the baby. At night if the baby sleeps, then there is time for the husband and wife, but if the baby is awake then the mum looks after and the husband says, 'You go look after because tomorrow I have to go to work.' The husband does not realise how much time the mother looks after the baby. I think it would be a good idea if they share responsibilities for the house, so she can be a part time housewife and at the same time she can be a part-time worker and the husband can do the same, so you end up with the baby knowing both the parents. (Said with passion.)*

This commentary held a complaint but I also felt a sense of longing for the husband to be more emotionally available for the mother and the children. This ties in with Barn's (2002) findings that many Bangladeshi women were quite isolated and felt alone, often spending long periods on their own with their child(ren) (Barn, 2002). Thorp (2008) noted this in her observation of an African mother and Akhtar said that *'Feeling alone is integral to being an immigrant.'* (2014, p.41). This mother also ventured the possibility that both parents could take a share in both the domestic side of home making, as well as the financial aspect of this task. This too would be a departure from the more familiar role differentiation in Bangladesh, where Bangladeshi families, in common with other South Asian groups, are defined '*by a rigid hierarchical structure, with privileges, responsibilities and authority being dependent on age, gender and relatedness.'* (Becher & Husain, 2003, p.25) Women might work but they would also be responsible for all the domestic tasks, a common feature for Bangladeshi women in Tower Hamlets (Barn, 2002).

The discussion went on to note that the situation could change:

W: With our first baby the father did not do much. Now he does more for the baby. More support is very important. It is hard to look after the baby and the mother wants outside work. (There is quite a lot of nodding about men's role.)

Sometimes though, the partnership did not work, as this woman described:

(CG p.13)… all the time I look after my baby. When I speak with him, he is saying you must do something for her, but he is not much there, he is not sharing. I am always the one who takes care of her. He doesn't really care.
FW: So you're the one who looks after her. You take her out and so on.
FK: Yeah, he's not too much caring so I don't like to give him any much responsibility for the children. (Laugh)

This young mother, here only a few years, conveyed her anger with her partner's absence and in response then deprived him of 'much responsibility for the children' by which means I think her loss became his, with the children as the conduit for her emotional distress.

Another woman, with a severely disabled child, talked movingly about how she and her husband worked very closely together, although they had different roles. This mother had no family in the Borough but lived with her in-laws whom she cared for, but found highly supportive:

(CG p.14) (Interpreter) *And her husband does play his part with her but with this one, especially with her, because her development is late. They have to run around a lot because they have got do appointments with the doctors and everything. And, that takes errm, it's a worry and errm, up a lot of worry and most of the time she is looking after the children and on her own although they do share between them.*

In MK's interview, her husband supported the idea of the parental partnership:

(p.21) If their parents are okay and they are going to school and learning and they are getting things they want, (starts to laugh) happy times, they are having the time of their life, isn't it? (Laughs)

The parents identified their role as teachers, gradually introducing the child to the world beyond the immediacy of the parent child relationship, to the home, then the environment and community outside the home:

> (MG1 p.3) *SB:I think that after a baby born they understand everything but it depends on the parents. The baby only copies the adult and understands. If the baby is newborn, if you talk they understand.*
>
> *(MG2 p.2) The baby when they are little ones, I am sure, especially at the age of one year, they will be able to understand that is when they start to grow up and then they evolve so you have to teach them what is good and bad. Like you teach them and they know that the cooker is hot and they should not be near it. That is the way he should learn.*

This idea about the developmental process was a very powerful theme and had echoes in each of the groups and the individual interviews. It raised two things that were important. The first was about the nature of the relationship between the parents and their children. Here, fostering a good relationship with their children was very important to these parents, and spending time with their children was considered to be an essential aspect of this. The second was that children too bear a responsibility for how their lives turned out, and that God also plays a part:

> *(LG) Woman: Spending time with them.*
> *Talking with them.*
> *Sometimes, (Pause) spending time with mummy and daddy.*
> *FW: Spending time with mum and dad is important; up to what age do you think?*
> *SR: Grown up. Important.*
>
> This father saw the task of being a good parent as:
>
> (*...) putting them to the right path when they are young. If you leave it too late then it is hard for them to pick that up. They pick up another. Once they picked it up, it is hard to change them.'*

For example, one parent, a father, was clear about his hopes for his children. They centred on ideas about becoming *'a good person', 'living a good life.'* For his son and daughter this was linked with becoming a religious person. Both children would be sent to a faith school at secondary age. (MK p.20) In this context, education was a means to ensure the continuity of religious values about the concept of 'a good person' and what that meant in society.

One mother (OG 2 p.14) saw it as God's will to determine the outcome. As she talked about a child going one way or another, her raised and open hands gave the strong impression that she felt that there was a point where parents could not be responsible for the direction that their children's lives took; it was down to the children and to God not to parents. Women agreed a good Muslim parent could be attentive to their child (ren), enjoy them, support them in what they wanted to be and pray for them; all in keeping with an Islamic parenting code.

Education

Hopes for a good education for both boys and girls, were linked by the women with the idea of their child being a good student, doing well in exams and moving into a career. Implicit in this hope was the idea of a child being a 'good person' and being able to move into adulthood and take up his or her responsibilities appropriately. This takes us back to the idea of a communal and interdependent view of the family and society:

> *(OG1 pp.16 - 17) FW: And the importance again of education.*
> *NS:* ***Yes that is the path for everything.*** *(Her emphasis) Like what is it? Further education. If I could do it, my sisters did it, they took classes as well, better education. That's a thing it is really important. For girls too. (Other women nod and assent). I could do it, my sisters did it, evening classes as well, do better education better exam, get a good job. That's what I want for my son.*

NH repeats herself, as if to truly emphasise the importance she places on education. The value placed on education for girls was met with lots of approval and clearly important to the women in this group and other groups too. Education was also highly valued within her family, as shown below:

M for M, ***education yes!*** *My son education. But I am not worried about education because* ***my family background, all are educated so I think my baby do education, but more better****, I think err, he need to study in the best university in this country. I hope. (Laugh.)*
FW: So you are ambitious.
NH: Yes ambitious (she and other women smile)
NH: Cambridge or Oxford, they are the good universities. First, world-class universities.

Education was not a straightforward matter as it carried with it the idea of a child being exposed to a range of different influences. A lively discussion about choosing a primary school with women exploring different views, exemplified this discourse:

(CG, p.24) KH: (...) when I registered my son for school I registered him for two. One was Bangla Bandhu, which has got lots of mixture, a lot of cultures and all that, and the other was John Scurr, which is pretty much Bengali, for Bengali children. Ideally I would like him to go to Bangla Bandhu because I would like to think, err, that I think that they need to know, errm how other cultures and other religions, need to meet some other people.

Her thinking has been influenced by her experience of seeing teenage boys in gangs defined by ethnicity, that she does not want her son to be part of.

(CG p.26) KH: I think if you've got lots of friends, different mix, then you learn to respect other cultures and religions and you don't get into fights so much. If you stay with just your own and you don't know what's it's like elsewhere.
RR: I don't think it's always like that. They do go and mix. Eventually they have to, they have to mix, and they do adjust.
KH: They do, they do, but I think it is harder for those that does that. It is harder because you don't know... errm I'll give you an example my sister-in-laws, and my brother-in-laws, you know, I mean all their friends, they've only got Bengali friends, the way they are they find it weird. Like, when I had my son, when I had my two white friends, and when she came to my house, my sister-in-law was, "oh my god."

RR: I've got white friends and I've got err Moroccan friends and we all come to my house and we sit down and eat. And my children they are around them all week.

The women in CG settled for their children making their own choices about who they mixed with, yet there was also recognition that whilst the children might mix, the parents of children in schools with a diverse ethnic intake did not. It was suggested that a younger generation of parents might be more interested in mixing; showing the understanding that modification of ideas and practice would take place in time.

Thoughts about the choices their children might make looked ahead to adulthood too. For example, one woman raised the issue of wanting her son to marry into a *'good family'. 'I want like a good family he could understand as well, like his own wife'. (OG1 p.16).*

This woman acknowledged that it was important that a person learnt about the family before embarking on the marriage. Her comment also highlighted the interdependent nature of Bangladeshi families, which as Holm points out is delineated through a system of complex mutual obligations and duties, and the subordination of one's own interests to those of others (Holm, 1984 in Becher & Husain (2003).

Educating children also has a different connotation as NK pointed out:

(OG1 p.14) NK: When we go to Bangladesh, in the tradition, everything he knows okay, he know uncle, aunty, he know because I always talk about it.
FW: Because you talk about it, he keeps it in mind.
NK: I am very keen about this. He should know everyone there. I think it very important that he know everything, grandmother, grandfather, relationship. He good, he know relationship I think. I find it good. (Baby gurgles in background. Other women murmuring.)

Here, NK laid emphasis on the importance of her son knowing things 'in the tradition'. She also considered that her son had a mind that he could use to sustain the important things 'in the tradition.' NK was highlighting the importance of connections with key figures in Bangladesh. This idea is further developed in Section 4.5. The Village.

Learning from my parents

> *NS. (p.17) We learn from our family. What we see in our family we do.*
> *FW: Mmm, yes*
> *NS: Unconsciously we learn from them.*

Some respondents talked passionately and insightfully about their own parents and what they had learnt from them. As we can see above, there is the idea of the unconscious and intergenerational transmission. Below a woman talked poignantly about the sacrifices her mother had made:

> *(CG p.20) She didn't think about herself. She thought about us and how she was going to get us through studying and 'cos all my mum, my mum, well what made my mum go through it was the thought that when the kids grow up, study and get a* ***good job*** *being a* ***good person*** *in society****,*** *that's what will make her happy and that's why she worked really hard and she took everything from her in-laws. (...) My mum wanted to* ***learn how to drive*** *and* ***to go out to work*** *and* ***she didn't get to do any of that.*** *(Her emphasis).*

This mother's mother was also the first generation to migrate from Sylhet. It is common amongst first generation Bangladeshi immigrants to hold tightly onto their cultural identity, perhaps fearful that if they embraced English language classes or other new things, they would lose it forever (Irfat Tarafdar personal communication, 2014).
This woman's capacity to bear the pain of her mother's sacrifice was impressive. She had also learnt from her mother's experience turning it to her advantage as you can see below:

> *(CG p.21) My mother in law knows what I am like. I say what I want to say, and I get on with it and she lets me get on with it. We have this understanding. Yeah, I go out to work and err, she looks after my kids, but I make sure that I repay her back by coming home and helping her with the cooking and stuff like that. That's our understanding.*

I thought that when MK said, 'she knows what I am like", she is referring to the defining experience that her mother left her with, to assert herself and her needs. Another woman NS, developed the idea of how she was able to understand her son, as follows:

> *NS: When I was little I was really like silly, naughty, things like that. My mum knows I was really naughty, like naughty, and now I would like know what I done, when I was a little baby, that's what he's doing.*
> *FW: Okay*
> *NS: You can know because I was like that, the way he was.*

As a mother, NS was able to see herself as a baby in her own son, and use her mother's experience as a parent to inform her own understanding of her son. NS moved back and forth in time, viewing herself and her son from different vantage points, each contributing to her capacity to reflect on her son's behaviour and help him when he needed it.

Another woman NK, talked passionately about what she had learnt and inherited from her mother:

> *(NK p.4) What I am learnt from my parents? Very good question, laugh and smiles. Emmm, emm, my mother was a school teacher, she working in our country those time women working fewer women working and my mum was very up to date. My mother was a woman who was very social, very nice; he will try to listen many things. I think my mother was a* ***big woman*** *really, she had good qualities she looks after* ***his*** *relatives and take care everyone. She go to her family members and take care. (Her emphasis)*

The metaphor, 'a big woman' captured the many qualities attributed to NK's mother. It also symbolised the idea of a mother who could be rather idealised, but this was tempered by a more realistic appreciation. Further reference to the metaphor is made in Section 4.5. The Village.

The excerpt below shows the father's perception of himself as a behavioural role model for his children. He also voiced his insight into the importance of the containing function of parents that will help his children's development and contribute to them

becoming 'better people'. He saw his own role as key to this, in marked contrast to his experience of his own father:

> *(MK p.26) M: Emotional things. Either way I would treat my children well. Make sure that I am their role model and they trust me. I will speak to them easily so if they had a little problem they can always open up to me and speak to me. I don't want it to be to be like our parents did when we growing up. Like I had to be scared of my dad. I couldn't say anything to my dad. I want them to treat me like a friend. I want to make sure they are on the right path and make sure they are following me, what I do, look at me as a role model. (…)*
> *M: If they have issues, health problems, then obviously we have the doctor. Abuse and social services (laugh) whatever, up until emotional things and all that we should be the ones sorting it out amongst ourselves.*
> *FW: So parents…*
> *M:Yeh, because you know we didn't get from my parents. If we did we would have been better people. We would have been (pause) more understanding.*

Another woman who also thought it important to listen to her child to understand his needs, identified a practice that she learnt from her own mother, that she uses to calm her son when he is frightened or anxious. It involved a ritual way of telling a sura, a chapter of the Qur'an: *(NS p 12). You read three times, yeah and give wind and it will get better. Yeah. (Laughs)*

Giving wind is blowing lightly onto the child's face. This is a practice that I had seen on many occasions but not recognised this association with the sura, imbuing it with a powerful significance.

This mum also described another practice learnt from her mother, to get rid of aches and pains, such as tummy aches. It involved waving dried, long red chillies around a child's body. (*NS, p14) Sister: You just say, 'this is going away now, the pain in the fire'.* We could see this as a way to externalise a problem and then use associations to get rid of it. (White 1988/89).

This section has shown the way in which the parents' knowledge about their children and their relationship to them as parents has multiple dimensions, extending back and

forwards in time, from their own parents to their children as parents, as well as embracing spiritual, religious and cognitive dimensions. All these elements contributed to the parents' sense of themselves as parents and to their understanding of their children. However, there were also times when the systems in place were not sufficient and parents felt troubled or worried by their child(ren) in some way, as I go on to show in the following theme.

4.4 Belonging – Worries

I have placed this theme here because the wish to belong was a powerful organising feature for the respondents and worries emerged in relation to this wish. The participants identified a sense of something worrying at times when their knowledge was put in doubt or challenged by factors that they had not yet experienced, lay outside their control, or outside the experience of those on whom they drew support, both in Bangladesh and Tower Hamlets. I conceptualised this as worries emerging at the boundary - on the threshold, where one set of beliefs, a way of thinking about things, recognised practice and so on, was felt to fall short of what was required for the task or situation, and so required some modification. This sense of worry often emerged in a general way, an allusion to something that was not defined or clearly articulated.

Gradually, in the non-judgemental and interested space provided by the research, women began to find ways to talk about their concerns. I think this facilitation can be likened to the way in which Bion conceptualised the growth of thought. Citing Symington and Symington (1996):

> *(...) thinking consisted of a move from a formless state where images and ideas are dispersed and chaotic to a state where coherence becomes manifest and a new understanding is realized.'* (p.94)

In this context, the setting of the group, or the individual interview, provided a bounded space that represented the container. The women used this space to let a range of thoughts and feelings, not entirely clear at the start, begin to cohere. This organization around a key idea, or 'selected fact', was what Bion (1967) referred to as 'the contained'; the two are inextricably linked. In turn, as the research unfolded, it too involved this transformation from a state where ideas and thoughts, that at times felt unresponsive to efforts to bring some sense of order, moved to a state where a pattern

and form had emerged. Bion's conceptualization was a development of Klein's view about the development of mental health in the infant and throughout life. Klein considered that mental health required individuals to be able to move from painful, overwhelming and fragmented feelings, associated in the psychoanalytic literature with the paranoid-schizoid position, to the more integrated and coherent view of an object that brings together both benign and persecutory elements, known as the depressive position.

This section looks at the parent's perceptions and understanding about their children's worries and then focusses on the worries identified by the parents. These are significant because they are seen to have an impact on their parenting and hence, potentially affecting their child adversely.

4.4.1 Children's Worries

The decision to ask parents their views about whether or not their children under 5 might have a worry arose directly from work in Children's Centres. Parents like those in this cohort, had used Help at Hand, as well as other services available through the Centres, because of worries about their under 5's. We have seen in the previous section, that this sample were very clear in their views, that their young children had minds of their own, and also, that they used behaviour as a means to communicate both physical and emotional distress. On this basis, I had anticipated that the mother's concerns about their children's behavior would in turn be linked to an understanding that their children had a worry of some kind, giving rise to this behavior. In fact, this was not quite the case and the reasons for a behaviour becoming a cause for worry were much richer and more textured.

My question was met by a range of responses, that initially indicated that under 5's did not have any worries. Some respondents were incredulous, as if the idea of such a young child having a worry was remarkable, others, like in the comment below, show a more developed rationale about this view:

> *(MK p.21) Yeah, well they don't have any worries. Because they don't know what they are doing, they are just playing around and learning things, yeah, so no worries. Unless they are in a situation where their parents are having problems.*

If their parents are okay, and they are going to school and learning and they are getting things they want, (starts to laugh) happy times, they are having the time of their life, isn't it? (Laughs.)

This comment from M provided the impression of a carefree view of childhood, assuming that the parents are getting on well enough together. Childhood was characterised as involving no responsibility, play and learning, and getting what one wanted. It was implicitly set in contrast to the parent's life, which was hard work and very demanding, with little by way of reward. So, from this father's point of view, why would a child need to worry, as the parents are doing the worrying on their behalf?

Another parent, an experienced mother, with several older children, drew upon her experience as follows:

*(CG, p.17) RR: We all get together for family parties err, and celebrations and lots of children, especially under 5, and I've not noticed any being unhappy. ... **lots** of children, under 5. My sister she's got three children… Well, obviously you've got the older ones, the adolescents that can be unhappy, (general nods and echoes of agreement) but **not** under 5's.*

My curiosity was aroused by the apparent mismatch between my thinking and the responses to my question. It was interesting to see the kind of discourse that unfolded during the study. In retrospect, I was aware that when I asked about worries, I sometimes added a supplementary word, '***troubles'.*** I suspect that this was to try and ensure that I was understood, but I think it was also connected to my puzzlement about the response of the women. This could be seen, as my counter-transference response to the women's own bafflement at my question and the assumption underlying it.

It is now well recognised that the researcher brings a degree of subjectivity to research activity, and this readily aligns with what one would expect from a psychoanalytic perspective. Indeed, an infant observation undertaken as a key component of psychoanalytic training can also be seen as a training ground for research. An infant observation requires the observer to observe a baby, in its home setting, weekly for 2 years (Spillius 2000. Cited by Sandler, Sandler & Davies. In: Sternberg, 2005). The observer is required to look in two directions simultaneously, towards the infant and at

times the mother-infant dyad, as well as from a more detached observing position, noting their own feelings, reactions and physical sensations. Maiello (ibid. p.93) considers that this approach enables the observer to develop 'negative capacity', or a state of reverie, that is seen to underlie the capacity for listening and attending and for creative thinking. Interestingly Hollway and Froggett (2010; 2012) make reference to 'reverie' as an important element in their creative approach to psychosocial research that explicitly makes use of the *'researcher's emotional experience'* to explore the '*psychosocial character of the meanings'* of their research material (ibid 2010, Abstract).

Sonuga-Barke and Mistry (2000) furthered my understanding about this difference between my preconceptions and the mothers' initial presentation by suggesting that in Asian communities internal distress, or a worry, is not seen as a problem until it is manifest in a physical symptom, or until it interferes with a person's role obligations. I found this helpful but it did not quite go far enough. In my view, the idea that young children would be sustained for a period of time after birth by the instillation of good and nurturing qualities whilst in utero was more significant. Related to this, was the mothers' idea that it was only when children started moving out of the parental sphere of influence and became exposed to external elements, that they might develop problematic behaviour and become a worry to their parents.

However, despite this initial view, the respondents began to offer more nuanced interpretations of the question, often providing conditions or situations that they thought might arouse worries in a child. One key scenario was related to the proximity of the child to the mother, as described below:

> *(OG2 p.10) FW: Do you think babies can have worries? Troubles?*
> *HS: Yeah, sometimes, yeah*
> *F: I don't know, they are happy.*
> *NK: When mum is far children are not happy then they are worried I think.*
> *FW: Mmm, so when the mum is away a child can be worried.*
> *NK: Yes, I think.*

A mother embellished this a little:

MK: I don't know but maybe, it's like when he is hungry he is cry. When mum no see, he cry. When he is sleeping, not sleeping, mum not around, then he is crying. Something like this.

Here, the woman showed us her thinking. Initially she was hesitant, uncertain, and then linked her baby's response to hunger, or waking from sleep, to the absence of mum that made him cry. Another mother added:

(OG2 p.11) May be they have some worry, like you not picking up, like they want a hug, something like that.

A further comment offered an interpretation:

(p.11) May be feel a little bit insecure when he or she don't find his mum/dad anybody. I think they feel insecure.

This passage revealed that the mothers thought that their babies worried when their need for their mother, on whom they were dependent, was activated by her absence. This was consistent with the mum's views about child development outlined in the previous section. It was most evident when the child's behaviour changed, for example when the mother was pregnant or after the birth of a new sibling.

Other mothers talked about the more ambivalent feelings a child had after the birth of a sibling. One mother talked about the painful feelings her son experienced after the birth of his younger sister.

(CG p.28) RR: My son, he was jealous when she was born. He was 10. But we were very close, we still are. But we were very close, we still are. I, err would say I am closest to my second one he is 10, he is 11 now. (...) And, errr although he doesn't show it, he loves her to bits

It seems reasonable to suggest that both RR and her second born missed the intimacy of their relationship after the birth of the third child. The phrase 'he loves her to bits' rather delightfully allows for the presence of loving and hating feelings:

(...)TK: At first he wanted to be carried, when she was born. That was not really a big problem. He wondered why I couldn't carry him so much. He missed it; he pulled me to carry him. She needed help because she has delay. He worried if she banged her head.
FW: So he took up a caring role?
TK: Yeah, yeah. He wasn't so jealous.

We might speculate here about this boy's reaction to the birth of his younger sister, who so clearly needed a lot of attention from his mother. It would be hard in this situation for a child to show any resentment.

In one group, LG, after reading the vignette about the birth of another child, the women were all talking in a lively manner:

(LG p.10) I think the baby can understanding if other one coming. So he think, if my mum and dad love me any more or may be they want a new one? So he wants more attention from mum and dad. (Nods from other women) Say that there is a baby he knows it is coming. They should be more helpful, children… understand that. Dad can play with him.
FW: So you are saying that dad is helpful at that time to help the other child manage his feelings. So have any of you got any other experience of that?
[This aroused a lot of chat amongst the women women].

In the passage above and subsequently, the discussions showed that the women clearly recognized that a child might feel displaced by the arrival of a new baby. The role of the father here was clearly identified as providing the older child(ren) with an alternative relationship to help manage these feelings:

(LG p.11) FW: So you think that older children know when there is a baby on the way?
SK: Yes I think children do know.
FW: Sometimes parents say I haven't told them yet, how can they know?
MB: My 1 year old he not sharing, ***my*** *this,* ***my*** *that,* ***my*** *toy,* ***my*** *bottle (laugh).*

FW: So your son sounded really cross about another child coming. He was really, cross, jealous.

MB: After 1 year not stopping. He is very close to me; he is sleeping in my bed. (...)

SK: She was 2 at that time. You have to start from pregnancy. When I knew, I told her, 'There is a baby inside, Baby inside.' (Women giggle with each other) Whenever I had time to sit down with her I tell her that there is a baby inside, he will be coming. So when he was born, she understood.

(...) Woman: I am having another one boy. So what's she doing? Now she's saying mummy I want to do things, girl things. I want a baby sister, (Laughter).

The mention of telling a child that there was a baby inside aroused something embarrassing for the women, who became coy and giggly. I wondered if this had stirred up their knowledge of their own sexuality and sexual relationship with their husband that did not readily reconcile with the idea of a child who was not supposed to know about such things. The following comment about a child wanting a sibling of the same sex seemed to deal with any edgy Oedipal feelings by offering the idea of a playmate of the same sex.

The worries about separation in relation to the birth of another child have highlighted the mothers' awareness of the complexity of the emotions that surrounded the parental sexual relationship, the intimacy of the mother-child relationship and the way in which the father stood slightly outside this; as well as the fluid feelings of inclusion and exclusion (Klein, 1948).

Other worries about separation emerged in relation to the child going to nursery school.

(MG1 p.7) The child might think that someone else is going to come and take all the attention. (Mother had been pregnant) He might be scared about going to school. Maybe that child will go to school maybe not, maybe he is scared and that is why he is clinging to his mother and he cannot settle his mind and that is why he is doing this. When my son was little he certainly like his tea time. But when he come to the reception he was very angry, upset, and when he come back from it he took time to settle, and when he came back home he was always upset and was trying to hang onto me and he did not like food when he came home.

The women here saw that their child might have found the idea of going to school scary. The first comment brought to mind Klein's view that the young child has on-going phantasies about his parents' sexual intercourse and so the idea of there being an interloper may feel very real. When these ideas coincide with the time for going to school, this can leave a child feeing very anxious (ibid. 1948).

The other women developed this initial comment showing their understanding by linking this issue with the change in their child's behaviour, such as clinginess or not eating his tea. The observation about the child's state of mind being a determining factor in his behaviour was insightful. This mother identified that her son both wanted to stay close to her, but was also angry and so rejected her food. The child's rejecting angry feelings would have created a further cause for concern about losing his mother's love, or in some way damaging her, and so amplifying his need to stay close to her (op.cit., 1948).

Several women raised the idea that parents themselves can be a source of worry for a child. For example, where the parents have worries about finance or housing, or if the parents are not able to work together as partners in bringing up their children, regardless of whether or not they love each other. In these cases, the women realised that children would be affected by their parents' state of mind, or if there was shouting, fighting, domestic violence, or alcohol abuse:

> *(NS p.8) I think a child get around and they see a mother or father worried. What they think is, my mum thinking, I am not sure, or my dad thinking I am not sure and they get worried.*
> *FW: So, if a little child is not sure what is going on, or it seems confusing?*
> *NS: Yeah, yeah (nods and smiles)*
> *FW: Okay*
> *NS: What is mum and dad doing? They are not sure what is going on, they are confused and they get worried. If they don't know what is going on.*

In this passage, the mother referred to the child's thoughts and his worry arising from his uncertainty about what was going on. It was clear as she continued, that she was referring to times when there were disagreements and arguments between the parents:

> *FW: I guess if it's a little child they don't understand the words but they…*

NS: Understand what is going on.

FW: Yes.

FW: They hear the loudness or the crossness?

NS: Yes the loud voices, the shouting at each other, they know what is going on. Is it about me, or is it something I did? Eh.[Her voice dropped conveying a suggestion of concern].

The mother also added another dimension to our understanding of what a worry might mean to a child in such a situation. For now, we have the mother's understanding that her child might be thinking that the argument had something to do with him. This tells us specifically about this mother's understanding and capacity for mentalisation, but it also added to the wider narrative about the nature of parenting and how this mother, and others, thought parents ought to behave. We can also infer that this mother had an expectation that her child would have the capacity to see himself as part of a triadic system, as well as a dyad with his mother or father.

Another woman raised another point along this continuum of parental discord, as follows:

(CG p.18) Well, my, my cousin, she married one of my husband's friends. And they, she has a little girl, same age as my son, she's five. And they got divorced and she does look sad sometimes.

In further discussion about this issue, the women acknowledged that it was hard for children when their parents were separated or divorced. For example when they were not allowed to see a parent. There was veiled reference to marital discord, in the context of a woman's anger with her husband for his lack of involvement with her and their child. Domestic violence was an issue that did emerge during my work at Help at Hand, where it was seen as something that was very difficult to disclose and had considerable implications for a woman in the local community, as well as with relatives in Bangladesh.

Children were also seen to be worried by 'small things', the daily queries and problems that arise for any child. For example, whether or not something was dangerous, such as touching a plug, or climbing on furniture. The mothers thought that they would need to

guide children about such matters. One mother also talked about how she tried to understand her son when he woke upset during the night:

> (NS pp.9 - 10) *Sometimes they get up at night, a dream, like they might have a bad dream.*
> *FW: Mmm.*
> *NS: I will talk to him. Like, now, 'what's going on, what did you see? Say?' (Laughs a little) Like, sometimes like, I think, at night, yeah, he wakes up twice and I talk to him and say, like, 'Oh what's wrong? What do you want? 'What did you see? Did you see anything? Is it frightening'? Then, 'don't cry.' I read to him and give the sura, give him something not to cry. Ehh.*

This mother approached her son's worries as a direct result of a dream experience by talking to him, trying to find out what was wrong, before offering him the sura and then a distraction, like a warm drink. I noted that she was curious about the dream, accepting that something had troubled him.

All these kinds of worries seemed entirely manageable. During this phase of development, the child was clearly highly dependent upon their parent(s) and moved within their psychological and environmental orbit. The parents strongly identified with their task of 'laying the ground' for the future of their children. It seemed that when this task was in some way undermined, or unduly challenged, parents began to be concerned and voiced some of their anxieties.

4.4.2 Parental Worries

> *(CG p.11) RR: I've got three different children, with three different ages with different needs. With three different sorts of worries and so my worries are about different things. I could go crazy with worry.*

'Laying the ground' and 'setting on the right path', was seen as the overriding task of parents. Parents raise and prepare a child so that they are able to move into adulthood as 'big people', who will be able to take up the mantle of parents themselves, look after their elders and contribute to their community. A source of considerable frustration

emerged as some of the parents talked about financial, employment and housing issues. These elements contributed to the parents' ability to provide for their children, and so problems in these areas were felt to be significant, and potentially undermining of their efforts. Loshak (2003) notes that for some, the move from rural Sylhet to the UK is seen as *'an idealized new world in which all health, education and housing needs will be met'*. (p.4) The reality may be very different, and give rise to powerful primitive feelings and at times depression, as the following excerpts show:

> (OG1 p.4) *We left father, mother, village, our mother -in -law there, our father in -law -there, but only economic problem, we got education, my family got education, but less money, always some money problems. But my husband doesn't like money problems; he says we need to have better life and better live. So we err, our family member are there, but we came to another country for settlement, for our* ***better life*** *and for our families betterment.*

NK provides a metaphor for the financial difficulties they experienced in Bangladesh:

> *(OG1 p.5) Because you know, it (Bangladesh) is a desert, you know, if you pour water on a desert it can grow, but* ***so much water.*** *So my husband, thinks go outside and for better life and for more money, then my family will be (sounds happier) little bit happy. Then we come back.*

The plan outlined was much harder to achieve than she or her husband envisaged, despite them both being educated to Masters level. NK told us something more about her experience of settling in the UK.

> *(OG1 p.4)… it took a long time to settle here and there is not easy way to settle in this country. Errm, it was a long way and a* ***long struggle*** *because, errm we came here visa and er (anxious laugh) after 2 years the rules errm changed, and it was very err struggling for us to get a new one. We know one rules but truly it came and after 2 years, then rules changed, and we err, we err, followed the new rules next time. We take some* ***crucial*** *time and at the last time settled here and got our passports. But came here from Bangladesh… (err sighs and her tone sounds very weary and almost tearful, her voice conveys struggle and difficulty. I find her*

quite hard to listen to. The other women too, seem to find her hard to listen to, as they seem to have become more distant, not really listening to her.)

NK sounded depressed. Her use of language, such as 'long struggle', 'long time,' 'very struggling' conveyed the feeling that her experience of migration had been difficult and stressful, if not traumatic. NK evocatively conveyed her and her husband's hopes of being able to find a better life here and just how challenging this has been for them. NK movingly talked about the personal cost of this experience:

(OG1 p.7) *At first, housing problem, it was housing problem I think for a few years at a crucial time. Because my husband doesn't like to err, have baby. Because at first we are sharing with our, one of our family members and my husband doesn't like baby; he wants to settle and* ***then*** *likes baby. But (laughs anxiously again) it was so painful for me and my mother-in-law (an anxious sounding voice, other women nod and exchanges of understanding are shared around the table) think, 'why not they are making baby?' They doesn't understand the situation that we are struggling now for our settlement, our settlement! (Sounds upset, distressed) It was* ***a crucial time*** *for me and at the moment we, we also, err so exhausted very tired. I am tired, really tired, but now we are get peace. I'm very keen about M, M, my son, everything, he trying everything for him.*

NK was aware that this experience had affected her and she had been able to talk about this and use services to support her because she did not want it to have an impact negatively on her son.

Another woman, (MK) was also struggling:

(MK pp.1- 2) I knock, as there is no bell, a common feature in my experience and MK soon greets me. She is wearing a robe and her hijab; She smiles somewhat shyly and leads me through to the combined living room and kitchen area. The flat is small and it is clear that space is at a premium, as toys jostle with books, for space. MK smiles, she looks tired and she sounds full of cold, her eyes are red and watering. I comment on this wondering is she has a cold, she tells me that she gets very bad hayfever. I ask MK if she would prefer to reschedule the interview. MK declines and says that it is okay, this happens ***every year****, since she has had*

the children. MK tells me that she is taking medication that has been prescribed by the GP, but nothing seems to make much difference. I am shocked by this and wonder that there is nothing that will ease it for her.

MK conveyed the feeling that nothing could be done, and that nothing had been much use in changing her situation and making life easier. I had a powerful response to MK's condition, feeling angry that she didn't appear to have received adequate help, frustrated that this was the case, and also rather maternal; wanting to look after her. I understood the hay fever that could not be treated, as a metaphor for the family's life in general since their emigration from Sylhet. Both parents later corroborated this.

Below, MK showed her frustration about her housing:

(MK pp.17- 18) MK: My house, housing problems, is no good.
FW: Mmm you mentioned that.
MK: Yeah.
FW: Is that because you want a bigger house?
MK: Mm, Look, I don't open window because this one like fourth. Window it is like, far down.
FW: Yes it is a way down.
KH: I don't dry my clothes. I have damp that's why. Sitting they putting one, (she gestures to the kitchen at the far end of the room) that's the problem. Because I cook and the children go there and two times I, is falling stuff.
(Baby grizzling, being held on mum's lap)
FW: Yes, it is difficult, isn't it? You want a space that is separate for the kitchen and living room.
MK: Yeah, Separate then children can living room, then I go kitchen and cook. (Children very noisy chatting and grizzling, It is hard to hear and no space.)
MK: In this house ***so hot,*** *I don't have open window. If I open window then this one (older child) is going there and never come down. When I, never know how, he is going up.*

MK describes being in a compete double bind; whatever she does there is no relief to a constant source of irritation and worry.

Later, the father mentions the general situation for the family:

> *But now we are grown up and we have got our own kids and now we are understanding what we have done, what we should have done, you know that works right and everything. Now, put a bit of money away, this and that, so we could've. We have had to struggle like this. I don't know what we are… what situation we are in.*
> *FW: So, it sounds as though it is hard going at the moment.*
> *M: Mmm, yeah, very hard going. It's hard to know how to get out of the situation. (Dad sounds weary and quite despairing)*
> *FW: Mmm, M was saying it's not so good.*
> *FW: Do you think that it's going to change?*
> *M: Hopefully, hopefully we will ..(Tails off) It will change. Hope for the best. (Yawns), (his anxiety)*

Father's voice dipped as he reflected, perhaps about his own situation, where their choices are limited by the small space of the flat and lack of money. It was clearly very difficult and disheartening. There was an idea that they had had other expectations, if not hopes at the start, that had not been realized and it was hard to keep hope alive in this context.

Losi cites Sluzki (2006, pp.15-16) who sees the process of migration involving a number of phases during which the migrant idealizes the host country, represented by the idea of getting a better life. This is followed by a stormy period, when the realities of the losses incurred through migration and the limitations of the host country come into play. This period is a time of disturbance, when old values, ways of doing things and so on are challenged or changed by new experiences in the host country. Ahlund (ibid. 2006, p.17) conceives of this as a period of desocialisation, followed by a period of re-socialization characterised by the assimilation of new values and a modified cultural identity. In my view, this process is likely to continue in resolution across several generations. This evolution was evident in this study, as we can see from KH who described herself as being from '*the third generation':*

(CG 1 p.19) KH: I think, I am from the third generation and I wouldn't tolerate it in the third generation. There are some people just coming over to this country, and they don't think always of their own happiness, how it's going to be for the whole family, whereas for the third generation it's so, I don't know if I agree, (laugh). I'm a bit selfish. (Pause)

My mum she lived with her in-laws, but because of the difficulty she had with her in-laws, it affected the relationship between her and my dad. And errm, she still kind of tolerated that and she, she didn't think about herself. She thought about us and how she was going to get us through studying and 'cos all my mum, my mum, well what made my mum go through it was the thought that when the kids grow up, study and get a good job, being a good person in society, that's what will make her happy and that's why she worked really hard and she took everything from her in-laws. She wanted to help us. Whereas with me, I've been in that, being their child and seeing that, what my mum went through, I wouldn't do that, I **would not** *go through that. (Her emphasis)*

Interestingly, Mills, cited by Loshak (2003 p.12) addressed the struggle facing inner city Bangladeshi women in the late 1990's who felt 'trapped'. *'I am in Britain but I am stuck in the same way as my mother and grandmother in Bangladesh.'* In this study, I noticed that some of the women, who have been here longer, like KH, have managed to find a way to negotiate this struggle. Others, like MK, were still caught up in it. These women, certainly the younger ones, were still engaged in the process of consolidating their own identities as women, partners and mothers. I think that the migration experience interrupted this more ordinary developmental task by imposing a sense of dependency on mothers and female relatives that the women did not necessarily want.

Given this background of migration and the discontinuity between past and present, it was unsurprising that there were concerns about separation. Closely linked was the unease about their child(ren) 's adolescence, as it marked their increasing separation, as well as bringing the burgeoning of adolescent sexuality to the fore at a time when some of the parents may not have felt comfortable with their own (Loshak 2003).

Both parents were seen to worry about their children, but fathers less so, or differently.

The extract below shows how KH understood her husband's worry about their first child, a son, by relating it to his experience as a child in contrast to her own. From a psychoanalytic perspective we could also add that the father identified more readily with his son, making it harder for him to maintain his perspective as the father. His more relaxed attitude with the second child, a girl, could be because he was more experienced, as well as being less identified with her, and so better able to maintain his adult perspective and be more relaxed with her:

> *(CG pp.11 -12) FW: Do you think fathers also worry about their children?*
> *KH: Well, I think they both do. Both of us do, but my husband, he doesn't really show the worry. He doesn't worry as much as I do.* (*Laugh) Saying that though, when my son was one mo.. When I had my son, he used to worry a lot more, say when my son got hurt or fell over or something; he got worried a lot more than I did. That's because I grew up with lots of brothers and so I was used to having a lot of children around all the time, but he didn't. So, but he's relaxed a little bit more with my daughter.*
> *FW: She's number 2.*
> *KH: Yes, she's number 2. He's more relaxed, but with my elder one (laugh) he was so worried. With her he's relaxed s lot but with the older one he didn't.*
> *FW: Mmm right, that's different isn't it?*
> *KH: Yeah it is. They tend to still try and they do worry, but not as much as we do.*

The next woman further developed ideas about the differences between her and her husband, as follows:

> *RR: (...) Dad worries but not as much as I do. Thinking of what they are feeling. The dad is worried, but like he is worried about whether he will* ***do okay*** *or not. But I am thinking about how is he going* ***to feel*** *if he doesn't get in, to it, because he really wants to go. So, that's his worry. That's what worried me.*

Here, RR emphasised their differences in thinking along the lines of achievement or performance, an external world manifestation, as contrasted with feelings, a more internally oriented locus. This linked with another woman's description of the difference between her and her husband in relation to their children's upbringing and future:

(CG p.13) KH: Yeah. I worry about the future as well. So I work full time. So for ***me,*** *I have only gone back to work* ***for their future****. Errm, so I try and make sure I put put money aside for them, so they can go to uni they don't have to pay tuition fees, you know, to have a loan. (…)*

He wants to save and his character is he wants them to look after him when they're older. But my character is I want to be able to retire early so that I can look after ***their kids*** *and I want them to settle down, and get a house and that kind of thing. But he's the opposite; he wants them to work for everything. (Laugh) So that you have that whole difference. I mean, my husband thinks it's okay for the children to grow up and struggle and work make their own life whereas with me, I don't want them to struggle* ***at all****. I don't want them to have to struggle. I want them to have it all handed over to them.*

FW: That's quite a difference isn't it?

KH: Yeah. (Women nod)

*RR. You get that quite a lot in Tower Hamlets, all around****.*** *You have those with families who support them. You see, I have my son. I see my son working hard, very hard. It breaks my heart. I wish he was out, socialising and having fun, but because* ***he*** *really wants it, I'm there to support him in whatever way he wants. If it was me. But his father would push him. (Nods around the group)*

The women, talked about being emotionally available to their children, as well as conveying ideas of support, both for them and also into the future for the grandchildren. Both women here, and others, agreed they would work on their children's behalf. The men too would work to support their families, but there was a demarcation point where the husbands cited would appear to be more oriented towards their children's separation and independence.

The differences outlined in this study, capture the possibility that the child raised in this context, would have an experience that differences of attachment styles, roles, masculinity and femininity, economic status and so on, can be managed in a working partnership. This idea of partnership was something that the women in the group thought was important for a child's mental health, as seen below:

(CG p.18)(The group was talking about worries amongst children under 5. RR had been saying that she was not aware of any in this age group).

RR: (...) I don't know what the contributory factor is here, but the children I am talking about, they are in two parent families, a dad and a mum. Whether they get on well with their husband or not, there is a mum and a dad, providing and looking after. Just a typical scenario. (...)

FW: Well, it may be. What do others think?

KH: Well, my, my cousin, she married one of my husband's friends. And they, she has a little girl, same age as my son, she's five. And they got divorced and she does look sad sometimes. (...) Yeah, you go and see her. Her mum, my cousin won't let her see her dad. That's a factor definitely, it is hard for her. If you're in a single parent family, it is definitely, there is definitely that. Yet again, my children are 5 and 18 months, so I couldn't say. There is two of us so I couldn't say.

There is a social stigma attached to divorce in South Asian families with women often being blamed for the marital breakdown. This can result in the woman becoming ostracised and isolated (Pankaj, in Becher and Husain, 2003 p.31). Aside from all the aspects of the locus of control and power in marital relationships that generally make divorce difficult for mothers, this may be one reason for working hard to stay together, even if this is not for love.

4.4.3 Separation and What Comes Next?

The challenges posed by raising children in a different culture were many and cohered around children and teenagers in particular, being exposed to 'bad' influences. Concerns for parents were heightened when thinking about starting secondary school and moving into adolescence. It is then that the clash between individualism and collective social responsibility become more evident. Young people begin to feel the conflicts emerging from these divergent pulls and are faced with the difficult task of developing their identity in relation to both (Akhtar, 1999; Roland, 1996; Durvasula, and Mylvaganam, 1994).

In contrast, the parents seemed comfortable thinking about their children during the early years, dependent and close to their sphere of influence. However, the embryonic

concerns about them becoming increasingly independent hence separate and then exposed to other influences that they could not control as much, were also evident. The excerpt below showed this concern emerging for a toddler.

During the discussion about children's development and maternal concerns one mother raised her worry about her infant choking on things he had picked up:

> *(OG2 p.11) F: I got a little bit worried because I see one parent her child err choke, is dangerous. That is why I bit worried every time, every small thing I put away. (Laughs and other women join and also say 'yeah'.)*
> *MK: Careful mummy, yeah.*
> *F: Think this time is very very careful about. Everybody look after.*
> *MB: Yeah every mum. Look careful.*
> *F: Because they don't understand anything, is small or big. So straight away they put into mouth. Every mum is careful at this time. (Other women assent, 'yes, yes very careful'.)*
> *FW: So they are exploring the world aren't they?*
> *MB: Yes, (others agree, nodding, sound rather delighted by this idea.)*

The women thought that from about 6 months babies begin to know their world differently, they begin to understand. This understanding seemed to be related to an infant's increasing mobility and capacity to begin to act more independently and explore their surroundings. However, the mums recognised that their babies could not yet discriminate very much between what was good or bad for them, and needed the mother's careful vigilance in order to safely manage the move into the world. As a counterpoint this excerpt followed one woman's comment about her delight at this period of development:

> *(OG2 p.12) F: This time is **very** lovely time (delight in her voice) I **like every children this age**! (Laughs).*
> *(Lots of chatter.)*

This was immediately followed by a return to a preoccupation about separation, that was seen both as a source of worry and inevitable:

> *Woman: I little bit worried because my baby grow. He grows up. (Sounds sad)*

(This cause a lot of chatter and some worries emerge).

HS: Always grow. (Laugh.)

The idea of independence was picked up by another mother in terms of risk, as follows:

(MK p.5) FW: Okay so this time when they are very little they are very close to you.

MK: Children they are running all the time all day. My child, my daughter, my older one is so not careful, she is not looking where is running, where she go. Her head is so hard you can see her hit, like you know something hard thing you hit your body like. (Other women nod and 'aaahhhh')

On the face of it, this comment revealed MK's understanding that this was also a period of development when children learnt about planning and thinking before they acted. Yet, I wondered whether MK was also talking about some deeper concern she had about the pace of development in general, her worries about her daughter being hurt in the process and her capacity to keep pace.

Parental concerns about their children's future were powerfully underwritten by their hopes for their children; about the kind of person she or he would become. Some of these harked back to ideas about the parental task and in particular the need to '*put your children on the right path*' (MK p.27). In contrast, the wrong path would be for their child to move outside their sphere of influence, not being a good student, or become involved in drugs. For the daughters, worries about pre-marital sex and becoming pregnant featured strongly and for their sons, gang involvement and dropping out of school. There was also the view that the wrong path would mean that their children had forsaken not only their family values, but wider cultural and religious ones also. The concept of family honour, sanman or izzat, is a guiding principle for the majority of South Asian families. Family honour is guided by religious dictates about appropriate behaviour and it is essential that family honour be upheld in order to maintain the respect and position of the family in the community. So, the idea of one's child straying from the right path carried with it a profound sense of shame and humiliation. Taking the wrong path would also have implications for future employment, that is 'getting a good job' and in turn the ability of the children to look after their parents as they became elderly.

The excerpt below from MK has developed from the question 'What do babies know?' Here she is talking about differences between being a teenager here and in Bangladesh:

> *(p.7) This country teenager, girlfriend boyfriend, that stuff, pregnant, girl is pregnant and he is gone somewhere, sometimes,..(Tails off)*
> *FW: So that wouldn't happen in Bangladesh?*
> *MK: No (absolute certainty, then hesitates) Little bit, not that much.*
> *FW: Maybe in Dhaka more than in the countryside?*
> *(Baby settled and now babbling again. Girl chatting as she plays)*
> *MK: A little Sylhet too, in Dhaka, yeah, a little bit more, yeah. (Pause) I know, it happen like in both outside, but in this country people pregnant* ***so much****. Like girlfriend, boyfriend, teenager and he go, he stay, he's boyfriend no at home. This country more. Bangladesh it happens some too, like you know, but in this country, no it like* ***people front everything****.*
> *(She shakes her head.) It is not good, the family don't like.*

The phrase *'people front everything'*, is a striking metaphor that very clearly captures MK's experience that people in in London are overt in their behaviour, exposing themselves to their family and, most worryingly, to the community, where family honour is under scrutiny. We can also see the reference to underlying concerns about how young Muslim women find their place in a Western society, and how mothers protect their daughters:

> *MK (p.5 - 6): (Pause) You know, this country is so many bad things available like outside.* ***Freedom*** *in this country so difficult you look after your child.*

How are the risks of adolescence managed? NS explained that they are moderated by a process of explanation that started in early childhood:

> *(OG2 p.14) I think yeah, this age yeah, they understand yeah, but when they grow up they do understand, they do and when you explain to them, but still they do it. You know that way; you are worried, yeah, 'Oh, what is he going to do or what is she going to do?' Is she going to do it difficult or is he going to do it difficult? You have to explain to them, because at this age you have to explain to them, as they*

grow up, if you express to them now he will understand. (Women nodding and assenting)

FW: Okay and do you think children are affected by what happens around them?

MK: Yeah, when they are older (baby grizzles, girl talks to him) then they go outside and school and wherever, going to. Yeah, he's, some kids pick up things, and some not pick up so, whenever you mum and dad, how do you look after your child, it depends that.

FW: Mmm, yeah

MK: Sometime you err, (girl chats as she plays.)

FW: So, when they are little they are just close to you aren't they?

MK: Yes.

FW: But as they get bigger they go further away.

MK: Yes, farther away, yeah. Pause. Sometime, children pick up bad thing from outside. It depend sometime mum, father, mother father, like how do you, your first child, err how parents raise.

MK: You know, this country is so many bad things available like outside (tails off).

The phrase, '*Yes, farther away, yeah. (Sigh, pause'* conveyed subtly, but powerfully, the feeling of loss that accompanies the process of increasing separation, reiterated across the child's development. It was in the context of a child's growing independence and the parents' decreasing influence over their children, that the background elements influencing the parents were most clearly articulated. The following discussion took place in relation to the research question, 'What do you hope or wish for your child's future?'

(OG1 p.14) *MK: I think my children like err like they study, like not bad and not stop going like my religion, like same, and good study, and good job, like no bad things all around.'*

Here MK was contrasting her hopes with the 'bad' things she observed around her, such as children not going to school. Another mother added that she was a Muslim, so her daughter would learn about Islam, and this faith and the values inherent in it would outweigh any potential influence of these 'bad' things. She developed what she meant further, saying:

So my religion say this remind and study and no bad stuff, disco, or err smoke, everything there so many, many things round here, (other mums assent firmly, 'Yeah, Mmm'). My children study and my children look when I am old, look after mother, father in Bangladesh, they look after me when I am old. That is what I wish.

Other women also mentioned their concerns about teenage pregnancy and sexual relationships. These women in OG2 were discussing teenagers and trying to understand their behaviour:

(p.14) MK: And this country's, they a little bit stuck.

It would have been interesting to have explored this idea of being 'stuck' further. This particular mother also expressed considerable frustration in having to live in cramped accommodation with two small children and even though her husband was educated and with a degree, he still could not find suitable work, with sufficient income to enable them to return to Bangladesh. In this context, the mother's view of the adolescent's stuckness, could be seen as a reflection of her own feelings of being trapped or stuck.

Perhaps her comment provided a vehicle for expressing her appreciation of the difficulties that some Bangladeshi teenagers have as they try and locate themselves 'in the tradition,' as well as embracing some of the different values of living in a Westernised society. However, the research into this area suggests that, in fact, teenagers are not paralysed in the midst of what has been referred by Loshak (2003) as 'culture conflict', but rather display what Jackson and Nesbitt (1993) refer to as 'multiple cultural competencies' (In Becher & Husain p.45). Their research suggested that the generation of children at that time would, as parents, show evidence in their family organisation and parenting that reflected both continuing with traditions learnt from their parents, as well as taking on new practices that had been absorbed from their exposure to British values and practices. In this current cohort, some 20 years later, the women born here, or having lived here most of their lives, certainly show this.

(OG 1 p.9) My name is N, I have one child. I live with my mum and my sister and husband, except we are separate now. And errm I am from Bangladesh. I came

when I was 2 or three years old, I am not sure when. And I live here for nearly 24 years. And eh.

FW: So you've grown up here, so you're a Tower Hamlets girl

NM: (Chuckles) Yes.

FW: More or less.

NS: Mmm, Yes, (laughs again.) But I have got 5 sisters, including me, and 2 of them they got married, yeah, and have got children as well ehhm, erm and sometimes my sisters come for the day and have fun things like that…'(tails off).

N was pleased to identify herself as a "Tower Hamlets girl' but then also brought in her strong connections to her family, and the subsequent generation, locating herself in both the past and the future; by so doing providing an almost tangible sense of continuity. In the excerpt above, it was clear that NS had been able to negotiate a way of managing the expectations associated with a traditional Bangladeshi family organization, in a manner that also allowed her to develop her own identity as a woman and as a mother, without compromising on her sense of what was right.

4.4.4 Getting it Right and Meeting the Standard

This theme incorporated a wide range of concerns ranging from behaviour and child rearing to health and safety, each of which carried with it some idea that there was a right way of doing something. Amongst the parents, the concern about getting things right featured strongly and was evident in discussions across all groups. This concern emerged in relation to childcare tasks, such as nappy changing, to ideas about socially appropriate behaviour. These kinds of worries are evident amongst mothers in general, particularly first time mothers, hence the market in books and websites about parenting and how to do it guides. However, there was also another worry about being blamed and criticised if their child got hurt, for example in an accident whilst playing. This notion of being blamed caused anxiety amongst some mothers within this sample, and I suspect would be generalizable across other Bangladeshi mothers. It seemed that in this context the mothers were grappling with their perception of their own identity, not only as mothers but also because they were not sure about how to fit into this new society. They were at an uncertain point, at a threshold. On this point, Bauman (1996, in Urwin, 2007, p. 242) stated:

> *One is not sure how to place oneself among the evident variety of behavioural styles and patterns, and how to make sure that people around would accept this placement as right and proper, so that both sides would know how to go on in each other's presence.*

Hillier and Rahman (1996) also found that:

> *Generally parents were concerned about aspects of children's especially adolescents' behaviour, which would bring them into conflict with the cultural expectations of their own group or with hostile members of the indigenous population. (p.58)*

The issue of how to manage behaviour and how to position yourself and the kinds of ideas that lay behind this came to light during the interview with MK whilst talking about alcohol misuse and aggressive, bullying behaviour, by men in Bangladesh. It was apparent that there was no recourse for the woman when there was domestic violence in Bangladesh. By contrast, the view shared by other women in the groups, was that in England she could get help from the police. Moreover, not only would the police intervene, but because this was generally known, people from Bangladesh were worried about going against the law *'...that's why they not doing bad stuff."*

> *FW: Oh do you think so?*
> *MK: Yes. It's like, in Bangladesh, then I don't know what happens. (Laughs a lot)*
> *FW: You mean because the police don't come or there are no police?*
> *MK: Yeah. Whenever people are fighting, dying, someone is killed the police not come. You can take is money then is come.*
> *FW: They come*
> *MK: Yes, they come. People, so you arrange how you give money. This country, police you call 999 and they come few minutes.*
> *FW: Well, it's good that you have that experience.*
> *MK: Yeah it's good. I think this one is better.*

In MK's view, that may be considered rather idealized, the police represent law and order, in contrast to her experience of overtly corrupt law enforcement in Bangladesh.

Hillier and Rahman also mentioned the view that the police in the UK would act responsively (1993). However, they found that this availability was also worrying to parents who feared that police might come if they disciplined their children. This idea

that agencies respond quickly created a feeling of tension, anxiety and anger for some women as this conversation suggested:

> (*OG1 p.29) NS: If there is small things, it doesn't meant that you need to tell the whole world. If it is happening at home they blame mum. If it is outside, like say the mum went with the son, yeah, they say, 'Oh that happened, it's your fault, you fault, you did it.' How do they know? May be an accident happened! 'No, it's* ***your fault, your fault.'*** *(Spoken with passion).*
> *MK: In this country child accident and social service take. Obviously my child, I want, obviously sometimes with me fall down. Why do they want take social service? You know, my child, I have to like, fall down not, and sometimes accident. I'm so worried this stuff, this one children, then this one, you know anything happen, then this staff can take my child.*

Here, the social services have been identified as the agency that wields the big stick, the finger wagging critical other that felt rather persecutory to these women. I think that the exasperation of this woman and others that spoke about this issue, reflected their own frustrations about being uncertain about the 'right way' to do things in this country and feeling vulnerable in this situation.

The search for the right way to do things took many forms. The women were trying to work out their own view of what was right for them, as mothers. Interestingly the younger woman in the groups quickly spoke up for the Internet, another referred to using books.

> *(LG p.15) 'The internet.'(She looks a little shy and perhaps abashed about this, but there is ready agreement).*
> *Another woman picks this up and says that she too looked at the Internet about baby changing when their child was first born. She said she got her husband to look. Lots of delighted laughter about this in recognition of their own use.) 'It tell me what to do.' (She laughs again.)*
> *FW: Anybody else?*
> *NS: I try some books. To see if I am doing anything wrong.*

One woman (OG1 p.8) told the group that she *'studied everything'* so *'I can raise M in this country.'* Yet, she was angry and felt let down by her mother who '*...never teach us like how to use wipes*.' This complaint about her mother was heartfelt, and picked up the feelings of frustration and humiliation conveyed by several women that despite being well educated in some cases, despite all their efforts here, at times they still didn't know how to do simple things. This kind of experience fuelled some of the women's lack of self-confidence as parents. Work at Help at Hand often featured encouraging women to reconnect with their own sense of competency and agency (Urwin et al, 2008).

There was a lively discussion in this group on the subject of parental worries, which elaborated an interesting and multi-layered discourse about cultural transition, conflicting advice, both from those in Bangladesh, as well as from sources in Tower Hamlets and how to do the right thing for your child. This allowed us to have a glimpse of how these mothers construed this issue, and the relationship this had with their own inner world and past experiences (Raphael Leff, 2003).

The discussion that best illustrated this overriding concern took place in OG1 after the research question, 'How much do you think that this is a particular question about Bangladeshi parents. How much do you think Bangladeshi parents worry about their children?' The following excerpts have been selected to demonstrate how views about this issue unfolded during this group. The women started by talking about sleeping habits. This issue was an emotive one for the women in the group and there was a lot of chatter in Sylheti, nodding and exchanges of smiles of recognition as things were discussed. The debate about whether your baby should sleep with its mother and if so, for how long quickly followed:

> *(p.19) NK: When M born, I know err, my big sister give me advice, yeah, about things to do for M, for eat and sleep. Errm just as an example. But my mother in law give advice over the phone, (other mums nod and spontaneously chatter in Sylheti).*
> *NS: Yeah, yeah, they do. (Giggles and women exchange smiles of knowing from their experience).*
> *NS: 'No, No, No no, baby in your room, cot sleep* ***is good'.***
> *NS: Yeah, 'do this, do that…'*

MK: Bangladesh in bed yes.

Immediately, NK introduced the mother-in-law figure and the response of the other women in the group was a ready acknowledgement of their experience that advice from mothers-in-law was often felt to be unhelpful, or at times out of touch with their experience in the UK. She continued:

> *(OG1 p.19) But my mother in law, 'no, no, no,' but lastly I give him to my bed and I suffered nearly two years for this and I was very grumpy for that! (Other women smile and laugh) Yes, never, at first M I feed him, he was breast feed, I feed him in Moses basket and then he sleep. Then my mother-in-law told me then my husband lastly told me, mummy told me, get in with him, but I disagree. But I suffered for two years. Now I am happy because of separate beds. But it is it is our country's culture, bed sharing, bed sharing.*

This mother started doing what she thought was right and then the combined weight of her mother-in-law, husband and then her own mother's views about what was right resulted in a change of practice that was not, in her view, a good one and created stress for her.

Co-sleeping

The discussion moved onto thinking about the pros and cons of sleeping with, or separately from the baby; from both the baby's and mother's perspectives. In my experience, this is a matter that is often raised as a source of concern for new mothers, especially those more recently from Bangladesh. As we have seen, they feel pulled in different directions by conflicting advice. For example, in Bangladesh, it is customary to have the infant sleeping with the mother, or co-sleeping, for a couple of years, whereas in England, mothers are often advised to put their child in a cot/Moses basket very soon after birth. Lau (2000) suggests that co-sleeping is consistent with the emphasis placed on close family interdependence, and will take place even in situations where there is adequate space for children to sleep separately. Yet, the commentary below shows that whilst co-sleeping does occur, there is a range of different views about whether or not it is desirable, for how long and in what circumstances:

(NS p.32) Sister: So, because for example in my house I want him to sleep in my bed sometimes, mum wants him sometimes, and mum wants him to sleep in my sister's, his wife's cousins, dad, you know, but people don't understand that love and the culture. That is our background, that's how we've been brought up. As a child, we used to sleep with our mum all the time (smiling)
NS: Yeah, yeah.
Sister: It's not because we were scared, it's because…
FW: It was nice …
Sister: Love and affection, you know, it's being close to your mum, isn't it?
FW: Mmm.
Sister: Or your father, my dad, I used to sleep with my dad whenever…

The idea that your child might also sleep with other people could be problematic as the following passage showed:

NS: When he was a baby I put him in a basket yeah. Then after the next few weeks I bring him next to me. I think yeah, 'he miss too much yeah, and I can't sleep.' I have to bring it next to me. I hold him and get to sleep. It felt like a weird thing, like I hold him and he get to sleep and he hold me as well. And now yeah, dad says, 'Put next to me' or when the in-laws, you know say they want to take him and I say, 'I am sorry, he needs to sleep with me, you can't take him.' From when he was small until now he stay with me, for 24 hours, yeah and I can't let him go. When my sister, my older sister, she takes him sometimes I say, 'Oh ***please no, you can't take him!****' If if he not sleep there yeah, I don't sleep. I can't sleep without him****, I can't, I can't****. (Laughs).*

NS found the idea of being separated from her son painful and this brought to mind the period of 'existential loneliness' that the mothers in Hollway et al's study (2007, p.248)) experienced as they dealt with the profound changes in their lives and in themselves. This feeling is beautifully captured by her phrase at the end of NS's narrative *'and he hold me as well.'* These words added a delicacy and poignancy, to the powerful emotions evoked when sleeping with a baby, and conveyed the mutual comfort that intimacy can bring to the mother-infant dyad. This resonated with all the women in the group.

Daws (1989) noted that for some mothers, the loss of their own mothers and families following emigration can give rise to an unexpressed grief or pain that may then be manifest through a baby's sleeplessness. This was not mentioned particularly during this study, but it was a feature of parents who attended Help at Hand. However, there is a range of perspectives, including the baby's, as MK showed:

(OG1 pp.19 - 20)
MK: No, when baby is small you don't move like when baby is there.
NS: That's true.
MK: When baby is put in basket, then you move. You know sometimes I sleep then. When I don't move, then I don't sleep. Like I move sometimes this side and sometimes this side, and when baby here I don't sleep because baby, hard know where baby is, here or here.
NS: The baby can fall.
MK: Baby can fall yeah, so danger for baby.
NS: Assents
MK: So, it is better separate. When it be like 1 or 2 years then it come sleep, is no problem. (bell ringing loudly in the background)
FW: Okay, so when the baby is very little you would have it separate from you, because it's safer. When the baby is bigger then you would have it with you.
MK: Yeah, yeah. (Smile)

Although we can only speculate about MK's focus on the baby's safety, there was bound to be a mix of the reality of fears about rolling onto an infant during co-sleeping, and the more ambivalent feelings of a mother towards her infant, who was demanding so much of her. In addition, MK also implied that this was a phase and that by the age of 1 or 2 the baby would be resilient enough to manage co-sleeping safely, and presumably settled enough to allow mum to sleep.

The focus then shifted onto a prominent issue that determined the nature of sleeping arrangements, that of 'feet' meaning space:

MK: Cot here is okay, separate bed is okay, but sometimes they sleep with me then there is no problem. I two children and no, like feet. One room two cot, or room one cot and one bed. There ***is no feet****. (She speaks angrily). So first time I*

have basket and 1 cot, now it is basket, now, I say 'Hold on, basket, he is moving so much it is not safe.' So I take cot and now my daughter is sleep with my bed and this one (the boy) sleep in cot. But no problem sleep in my bed.

MK was angry and frustrated about her situation that left her unable to make the kind of choices she would have liked to. Her husband independently offered the following comment during the subsequent interview:

It depends on your circumstances. If you got a big house then you probably want to have a child in a single room. But when you've got, when you are in situation like you've only got one room or two rooms then you've got no choice have you? There's nothing you can do.

In a study including Bangladeshis, Beliappa (1991) found that there was a connection between the respondent's feelings about their socio-economic status and mental health symptoms, such as sleeplessness, excessive tension and feelings of nervous agitation (Hillier and Rahman 1993, p 46).

The husband also added a further dimension to this issue, bringing in the matter of living with the in-laws that created further tensions and frustrations.

FW: So it (co-sleeping) only lasts for a certain amount of time?
M: Yes some people want their own privacy, that's why they don't want to keep the children there.
M: The Asian people, if they're living with their in-laws and that's one of the situations, the problems. They say that.
FW: How do you mean, if they are living with their in-laws?
M: If they are living with their in-laws there's not the space. They have to live there. Most probably they don't want their kids there.
FW: Because that is their only bit of privacy?
M: Yeah. That's how it is.

Breast-feeding

FW: So those things about keeping her close, for safety or other reasons, do you, or parents you know, have any particular worries about them? For example, whether it is breast or bottle-feeding, whether they are going to be healthy?

The group took up this question with an interesting discussion, exploring different views:

> *OG1 (pp. 21- 22)MK: Breast-feeding is* ***good,*** *I think, but I sometimes don't know if it is enough or no. I don't know because baby is not talking and so no understand if it is enough. In this country old ladies say, 'Oh why don't you give bottle? Give baby's bottle.' In Bangladesh, people everybody say give breastfeeding,*
>
> *Other women: 'Yes, yes'.*
>
> *MK: Give breastfeeding. In this country, Bangladeshi people, even my mother come this country, she also say, 'why don't you give bottle, give bottle?'*
>
> *FW: That's interesting isn't it?*
>
> *MK: Yes. My mum said me better give breast-feeding. My mother-in-law said better give bottle.*
>
> *NS: (Laughing.)*

There was not a straightforward equation between Bangladesh and breast-feeding and England and bottle-feeding, as the example from MK's mother showed. It was not clear why she recommended bottle-feeding. Perhaps there were some ideas that 'whilst in England do as they do.' Or, perhaps it was MK's way of being alert to cultural similarities, in order to feel at home here. The advice to bottle feed often seemed to follow some uncertainty about what is enough? My own experience of this suggests that amongst the Bangladeshi population, a chubby baby was considered to be a health baby and a testament to the mother's good care. So, women who might be concerned in some way about their own resources might also be more susceptible to the need for certainty and a literal interpretation of what was enough.

The emotional aspect of breast-feeding was also articulated by NK who talked about the baby, *'being a bit closer'* to her:

(p.22) NK: Yes it is also the same with me. When I see, I decided give M breast feed. I decided.

MK: I think breast-feeding is good.

*NK: My mother-in-law 'No, no' if you didn't give bottle then you will suffer. But **I will not** give him bottle this time. (Laugh NS and MK laughs too, perhaps at her daring) And I think due to first baby, I think next time I will **not** do things like this. If you breast feed, baby will be a bit closer to you and baby happy to wake up at night and breast feed. Breast-feed baby, maybe breast feed is not...*

MK: I think night time is good, you don't wake up and do milk and get cold, breast-feeding is good.

NS: Yeah, it is better

The women then toyed with the idea that breast-feeding, like sleeping with your child, aroused strong feelings and that this may give rise to difficulties in separation. At this point they were referring only to the babies' struggle in this regard. The thread of how much was enough reappeared, this time in terms of how long should breast-feeding continue for?

*NK: When the baby gets older then it can become a habit. Then after 1-year baby need no night feeding yeah. After 1 year need no night feeding, only breast-feeding is okay, but no need to night feed, I know that. But, I so struggle because M got habit because he sleep with me and breast-feed. When he was two years old, some space and sleep. Now I am in another bed, settle him his bed and quit breast feed, 2 and a half is enough two is enough, 2 and a half I feed him. Now he is settled his bed and sleeping **wow!** 7 O'clock he go to bed and wake up, always he a little bit early riser, he wake up 6 O'clock and sometimes 5 0' clock. (NK is sounding increasingly animated as the group progresses. Perhaps less shy).*

NK's increased animation was significant because I think it pointed to the liveliness that emerged when the women got in touch with their own sense of agency and capacity to make choices that they felt reflected their experience and sensibilities.

Bedtime

The subject of time took the group off in a different direction as they began to consider sleep, a baby's needs and what was best. For example, sleeping at night was best because it was cool then and sleep was better. There was a counter-point to this, because MK introduced the practicalities of trying to play with her older child, and feed them both early enough for them to go to bed by 9 O'clock .She added that it was difficult to manage this in summer because, *'Now day is long, night is small, so it is very late, 10 O'clock.'*

NK:(….) Because in our country there is ***no bedtime****. No bedtime there.*

NS: Yeah, Yeah.

NK: It is very important, very important thing the diet and bedtime I think!

NS & MK: Yeah.

NK: At first I am sure for the safety, healthy diet and bedtime. If you sleep nightly then maybe cool, then you do good, you do better, doing is. (Light humouring tone) In Bangladesh, 9 O'clock, 10 O'clock children may be… (Tails off).

NS: 9 O'clock could be 12 O'clock.

NK: No, no.

NS: 12 O'clock, what is that? Should be asleep even asleep with the mother.

(Lots of laughter and giggles).

NK: I think …

MK: Night come and I play A and then I feed this one or this one and so it is a bit late, when I feed one hour this one and one hour this one and this one is ***not feeding well*** *and this one is small so one half an hour, so it is 9-10 O'clock when it comes cold time, is 8-9 O'clock. 8 O'clock is sometimes I feed them. Now day is long, night is small, so it is very late, 10 O'clock.*

NK: And another thing, mothers should know that children and toddlers need 11 to 12 or 13 hours of sleep. You know that? I know that toddlers need at least 11 to 13 hours, up to 3 years. A lot of sleep.

FW: Mmm yes a lot of sleep.

Akhtar (2011) discusses the internal shift that migrants need to make in the subjective experience of time. He coins a term 'time of the heart' (ibid p.11) to represent the way in which the comings and goings of a rural and pre-industrialized nation were determined by the comings and goings of loved ones and friends. This contrasted with

'the time of the mind' when things began to be seen as commodities, as objects to be bought and sold, in discrete units, where punctuality and efficiency came to the fore. The immigrant, from rural Sylhet then comes with a different subjective experience of time, which does not immediately fit, into the fast paced world of urban post-industrial, digitalized London.

The differences between children's routines in Bangladesh and England were developed further. Initially, the rather bald assertion that there was no bedtime in Bangladesh was added to by NS who offered that children, *'Just drop to the floor and sleep'*. However, MK brought in other detail that made the situation more textured. Bedtimes were complex and children's going to bed late was inextricably linked with the education system. So, parents and the young children of the household work with the system that is in place, giving rise to a pattern of late nights and late evening meals. Just as, in England, parents and children in the household, work their daily routines around the school day, the curriculum and holidays. The issue of difference is only a problem when one set of behaviours is imported into another culture with a different set of behaviours, then things can get out of kilter. In my experience, the conflict often emerged when children first started school and the late bedtimes interfered with a child and their mother being able to get up early enough for the start of the school day.

These discussions reflected the ways in which the respondents were engaged in the task of being mothers, often working or studying English too, and trying to raise their children in circumstances that differed markedly from their own experience as children. It would be too easy, as Loshak (2003) pointed out, to dismiss difficulties in these areas as 'culture conflict', rather than listening to the lived experience of Bangladeshi parents, and to take seriously their difficulties in managing the complexities of living in a very different environment.

4. 5 The Village

> *(OG 1 p.3) Good coming Centre, like village, (laughs) No village in home, village here. (Other women smile and nod).*

The metaphor of 'the village' emerged during a focus group and embraced the essential components of support identified by this sample. I thought 'the village' served to represent the multiplicity of connections with family, and especially family 'back home', with all the ideas about roots, tradition and culture, gender roles, religion, education and economic status that have already emerged. Also, within 'the village', lay more ambivalently portrayed connections, that were experienced as unsupportive, overtly hostile or negative, controlling, or inadequate. For example, in difficulties with in-laws, who were felt to be overly demanding. I also conceptualised 'the village' as a symbolic social container, much like Hollway and Froggett (2012 p.15) described in their conclusions, as follows:

> *If the content of the **unthought** known is to be symbolized at a given time, the anxiety that it provokes must be moderated. This depends on both the capacity for containment of the thinker and the social containers for both thinker and thought.*

The Village allows individuals to have this experience of containment, where the more benign and supportive elements are matched evenly enough with the less helpful or even hostile elements. Yet, there may be times when these different elements become polarized and experienced as either idealized or persecutory. I thought that women were trying to recreate the village in Tower Hamlets and, for many women the Children's Centre performed this function. At times though it was evident that there were ambivalent feelings and the Children's Centres were portrayed more like the positive aspects of family, and community, whilst the less supportive aspects of the village were located in some support services, for example social services, in some aspects of family life, and at times the community, that is of Bangladeshi people, both in Tower Hamlets and Bangladesh.

This section looks at 'the village' from a number of different perspectives as they emerged from the participants. I have selected the key sub-themes: family, supportive or not, in Bangladesh and Tower Hamlets; ideas about Bangladesh compared to and contrasted with the UK; the religious and cultural elements and the role of the Children's Centre.

This study took place after the suicide bombings in London in 2005, following which there had been a rise in Islamophobia. Muslims I met at that time identified increasing social anxiety equated with overt racism in Tower Hamlets. Although this reduced over

the course of the study, and whilst the study did not address this issue, it was interesting to note that this issue did not emerge in some way, for example as a manifestation of the less supportive aspects of the 'village' in London (Gunaratnam, 2013).

There was no mention made of direct recourse to the mosque, religious leaders or Imams or to traditional healers during this study. This may have been an important omission that could be corrected in future studies. However, it may also be significant that in the context of looking at the perceptions of parents about their under 5 year olds, the issue of seeking external help was less evident than it is for parents of older children. This is particularly significant when thinking about adolescence, as it is during this period that the parents will be facing challenges, both internally, as we have already seen, as well as externally as their children negotiate their place in a Westernized society.

4.5.1 Family

The notion of family support was evident in many of the groups and also during the interviews. However, the feelings about family support were not equivocal and the narratives revealed the complexity and apparent contradictions within individual narratives, as well as within the groups. It was also evident that gender roles within the family structure were in some cases challenged by the different social, economic and cultural demands in the UK.

The following excerpt from the individual interview with NS, revealed a number of different features. Firstly, the importance of the mother and mother and child dyad, being held in the context of several generations was immediately evident in NS's individual interview, as this excerpt of shows:

> *(pp.2 - 3) NS answers the door, smiling, 'Hello', she laughs. She is dressed in loose trousers, a short-sleeved top and a hijab. Another young woman, whom I have not met, comes too. I greet her and she responds in fluent English 'Hello, welcome.' I say who I am, and she replies that she knows, welcoming me in in fluent English. She is dressed in loose trousers with a short sleeve top, she has on makeup.* (…)*There is a large sofa and several comfortable armchairs. In one corner there is a low table and child's chair. The table has several colouring books, crayons and a puzzle on it and child's chair. (...) I hear the rustle of*

clothing and an older woman, dressed in a sari goes into the kitchen. She later comes out and moves elsewhere in the flat until later, when she comes and sits down with us. She takes a seat, covering her head with her sari as she does so.

The significance in this scene was the picture of two young women, one more traditional and less fluent in spoken English, the other younger, more Westernised in her dress, fluent in English and finally the more traditional grandmother. Sonuga-Barke and Mistry (2000) found that in extended families where grandmothers were present, both the grandmothers and children were better adjusted in terms of their mental health, whereas in nuclear families, the mothers were better adjusted (ibid. p.129).

My feeling about this family was that NS found this a supportive environment to raise her child, notwithstanding any rivalries between the sisters. This may have been, as Sonuga-Barke and Mistry suggest, that the influence of the grandmother was a positive one. In a much earlier study, (Lau, 1984, p.101) makes the point that in Asian families, including those who are Muslim and Hindu:

> *(...) breaks are not expected between the generations and continuity in the group depends on the presence of three generations. The old are necessary in order to provide a complete model of life and are central authority figures.*

Stopes-Roe and Cochrane (1989) noted that whilst this traditional view and practice was still maintained to some extent in the UK, the respondents in their study recognised that children growing up in the UK had a different perspective from their own, both because of the generational difference and also the different social and cultural system that they had been raised into. The parents in this study recognised that family conflict was likely if they lived together as an extended family. Some considered it better to live separately whilst keeping the connections and support of the extended family.

The research cited above, together with my clinical experience strongly suggested that within the extended family, the burden of care falls on the mother. We have already seen how one woman, NS, negotiated with her mother-in-law to make things bearable for her. Other women were not so fortunate and NS described this, setting out a clear platform for her decisions:

> *(CG p.22) My sister's mother-in-law will wait until my sister has come back from work, and she'll wait until ten o'clock at night, and she'll cook not caring that she has to go to work the next day. Errm,*

FW: So it's her duty to cook?

KH: Well yeah, she has to cook. Yeah, my sister's recently, her baby's only two months and it's her first child. And I think, err, If you were to see, probably a few years down the line, or three years down the line, about if there's any unhappy kids, I hope that my sister, sister's baby is happy, but what my sister is going through in her house, I am very doubtful that her baby, that she'll be, she'll be a very happy child, because of what my sister has to go through. She's not able to give a lot of attention to her daughter; she has to pay more attention to her in-laws than to her daughter.

FW: So she's pulled in two directions at the same time

KH: Yeah, Yeah. I saw her last Friday and she goes, she goes, and she doesn't even pick her up, her daughter's in a bouncy chair and that's it. And that's because she's got all these other duties. Me, may be I'm a bit selfish. I like, I'm a bit selfish. But to me, hold on a minute, but that's your daughter and when you daughter and she turns round and says, 'Mum you didn't give me attention. Mum you didn't…. and you know, we don't have a good relationship because you were too busy with them lot'. What are you going to answer her back to? It's only ***you*** *that can give her that attention, it's only you that can put your foot down and give her the attention. I'm not saying don't do them things, but there's a limit to what you can do because your daughter comes first. That's it in my eyes, the kids come first. But it is harder now. It is harder to do that in our culture.*

KH was explicit in her view that it is hard for mothers to organise their lives in a way that means they can attend to their children, as well as their parents-in-law and their domestic duties. I was interested in her phrasing: *may be I'm a bit selfish .I like, I'm a bit selfish* sounds a little apologetic but quickly, as if reminding herself of what was important she said, '*But to me, hold on a minute', then* having taken up a definite stance she could see things from the child's perspective; the daughter in her, viewing herself as mother. KH then changed position, looking at the situation both from the child's viewpoint and the mother's. KH felt passionately about this issue and spoke assertively, yet she finished on a rather weary note, acknowledging the cultural shifts that still needed to take place to make this an easier course of action for mothers to take.

In contrast, another woman, with no family or relatives in the UK, felt very differently:

(CG p.23) RR: T doesn't have any family. And she's living with her husband's mum, her mother in-law. Her mother-in-law is not that well, and err she's looking after her. And they are all in the same house and she is happy to do both and she wants to. Erm, she has this role and she doesn't mind helping her mother in law. She doesn't want to move out and if she had the choice she wouldn't move out. She wants to stay and look after. She doesn't feel that they get any less in that sense.

FW: So it works for you, it is okay.

TH: Yeah, yeah.

Later in this group, another woman agreed that it was expected for women to live with their in-laws. She introduced the specific responsibilities of marrying the eldest son. Note these phrases: *'I knew from day one' and 'he's the eldest and that's it'*. Both highlighted the certainty of expectation and the rigidity of the structure:

(p.24) It is common. To be honest, as much as they say it isn't, I think it is, it is still expected of you to live with your in-laws. I mean me; I knew from day one that if I married him I'd live with my in-laws. I mean, he's the eldest and that's it, apart from his mum and we were really young when we got married and so I always knew that, I accepted that.

The obligations of the eldest son and his partner were mentioned in some further detail by NK whose husband carried the burden of his parent's family to the cost of his own. This aroused strong feelings of resentment towards family in Bangladeshi and the complaint that the needs of NK's family in England were not really considered. I wondered whether the demands on migrant families like NK's might also be indicative of the enactment of more hostile unconscious feelings towards those who leave Sylhet for an enviable better life.

(NK pp.8- 9): ...Aaaah, but some days very tired because there are lots of mental and emotional err torture in our country. So ..(Tails off)

FW: What sort of things?

NK: Lots of things, everything. Maybe when I get married the conflict and everything, my husband is not doing any good job there, just doing a small business, my mother–in-law was not happy with his earning, his son's earning, they lost lots of money, they needed big storey building, they have a tin shed

house. They told my mother–in–law she doesn't like a tin shed house. Earn lots of money and establish a big story building and after, when we come here, lots of money go there and establish a 2 storey building there, and they happy now.
FW: Ahh, so you have done well for them haven't you?
NK: Yeah, they happy now. But, er if we use this money for our wellbeing? (tails off).
FW: You would be better off?
NK:(Laugh) ***We would*** *be better (laugh) but they didn't understand, (weary tone) didn't understand.*

Notwithstanding any tensions that might exist within the extended family, there was general agreement that in the first instance, family would be called on for support. The excerpts below followed a discussion in MG1 about what babies know and then a prompt: What do other people feel about that – that young mums need support?

(MG1 p.4)(…) I can ring my mum and ask her but the parents need to have a good idea. Young mums they need advice, when they have a baby they are so scared. I think there should be some support before the baby is born. They get so nervous.

(…) (MG1 p 4-5) Yes, obviously they need the support because they don't know anything, but if a young mum has got family and they support, then they feel loved and they can't say that nobody looked after them, especially after the baby is born. The mum needs support too for her body and what is happening. Sometimes after the baby is born there are a lot of things you don't feel normal about but it is okay. The family need to advise and give their experience.

The profound experience of giving birth, with its many physiological, psychological and emotional sequelae, was rather beautifully conveyed here. The mother was acutely aware of the caesura of birth and how unsettled it had made her feel. She placed a high premium on her need for love, affection, support and advice in this situation, where she felt so confounded at the start. This seemed a good example of the family holding the mother, in order that in turn, she could provide a containing environment for her baby. This brought to mind Winnicott's (1964) observation in the 1940's, that there was no such thing as a baby, but a baby in the context of a mother's ordinary, good enough care, until the psychological process of separation and differentiation was achieved. The

complex process of being an ordinary good enough mother, holding your baby, is a difficult task. Managing this task requires the mother to have recourse to a good enough internal maternal figure, as well as to external sources of support, comfort and advice.

Below, is a series of excerpts from MG1, showing the deliberations made by the women in relation to the different kinds of support they needed and where and by whom this support was provided:

> *(MG1 p.2) Before my baby was born I did not understand anything, but I was thinking about how can I look after my baby. After he was born I took some support from family…*

She went on to contrast it with leaving the larger family group to living in a nuclear family unit:

> *(…) Now I am living not with my family but with me and my husband. But I have to do the work all the time because I must spend time with my child.*

At this point this mother felt deeply the loss of the support she had been getting. The reference to having to '*do the work all the time',* is her acknowledgement that mothering is about the practical aspects of child care, but also the highly demanding act of emotional containment that the mother is involved in most of the time whilst her infant is small. In the smaller family unit, the mother had to be responsible for both the domestic chores, as well as this consuming task of caring for her infant.

Seeking help for emotional issues was initially presented as fairly consistently viewed as something that would be done first at home with the spouse or with an experienced woman: mother, sister or mother-in-law and friends:

> *(MG1p.8) No matter who you go to you can always go to your family and then you can go to the next person, mother, mother-in-law, someone who is experienced*.

This sentiment was echoed in other groups, as follows:

> *(LG p.15) RA:I think anyone who is experienced. Your sister or your mum or your aunt, anyone who is experienced you can go to.*

(MG2 p.10) Honestly I talk with my mum because she has experience with my sisters, of children and if I need help then I talk to her because I feel that the older woman give me the experience, the advice, they can help me. A younger woman, I would not trust.

(OG2 p.18) NS: Me, I would talk to my sister-in-law. My sister-in-law had one son before. She can explain to me. If I have a problem with him that I don't understand she would tell me what to do.

(CG p.16) FW: What about others. Would you go to your friends first or may be you would do something else?
RR: Yeah, I would. I would nods. T nods and F also.
RR: Friends and family. I go to see my sisters a lot.
FW: Okay, you've got other siblings haven't you? (Large family)
RR: Yeah.
KH: I go to my sisters a lot.
(Group member translates) She kind of feels very alone. And, err, the reason is she can't go to anyone, as her family and relatives are all in Bangladesh. She feels very alone. Err, and the in-laws she has, she feels distant, they are not very close to her. She feels that if he is not happy, she doesn't know what to do.
FW: So that's really important isn't it? Whether you have family and relatives you are close to, that you can go to. All women nod. And say 'yes'. Without that support, people can feel very lonely and on their own. (Lots of nodding and women chat in Sylheti.)
TK and RR talk in Sylheti.
TK: Husband. (In a more lively voice)
RR: She would talk to her husband.
FW: So that's really good then to have someone, your husband to talk to.

The idea of *'someone who is experienced,'* came up many times, always signifying a woman, and denoting a woman who had experience of having children herself. This was interesting when thinking about service delivery, as in my experience, both competent female and male practitioners were well respected and sought out by Bangladeshi parents seeking help. Perhaps it was indicative though of the pull for some women, that the idea of an experienced woman was particularly compelling, and perhaps more so

women who feel depressed having been separated from their mothers through migration or through bereavement (Green 1986).

This kind of need for support was described with exquisite poignancy by NK, as follows:

> *NK: My mother always, my mother is not here. Unfortunately (NK looks very upset and sighs deeply)*
> *FW: Oh, I am sorry.*
> *NK: Sighs. She passed with fire. One fire. (spoken in flat tones)*
> *FW: (I feel shocked, almost reeling back from her words) Aahh.*
> *NK: It was very, I am in this country and I didn't last time I can see her.*
> *FW: Right, right. (Now I can understand the reasons for N's depression, and her sighs that often seem like the prelude to crying. I feel that she has been traumatised by her mother's sudden death, whilst being so far away and powerless to either intervene or to go and see her mother, leaving her with unresolved feelings of grief and mourning that cannot be accomplished).*
> *NK: My mother, 'eeee'. (N makes this keening sound as she struggles to find the right word to say and to manage her grief).*

The keening followed by NK talking about her mother's character and qualities was similar to the dirge, which Jonker (1997, p154) cites as being:

> *'Halfway between singing and crying. In this song, all the details of the departed's life are recalled, together with the way they died and an expression of the mourner's difficulty in accepting the loss.'*

NK described in this interview and during the group how she had tried to duplicate for her son, the containment and holding offered her by her mother:

> *(p. 4) (...) My mother was a school teacher, she working in our country. Those time women working fewer women working and my mum was very up to date. My mother was a woman who was very social, very nice; he will try to listen many things. I think my mother was a big woman really; she had good qualities she looks after* ***his*** *relatives and take care everyone. She go to her family members and take care. (...)*
> *(p.12) So, my mum (sighs) show me many things. (Voice flattens and sounds weary) One thing I find my mother is social relationship. (...)and when they are*

Pôhela Boishakh, you know our country celebration, our Bengali new year, my mother cooked some food and passed her neighbour and always ask neighbours how they are.

4.5.2 Back Home

The importance of connections with home emerged as a strong subtheme during this study, as I show below. The ties are profound, but so too are the tensions that emerge as parents here juggle their financial and filial obligations to family back home, whilst trying to manage here in difficult circumstances. We can also see how parents in the UK have to find a way to maintain regular contact with family in Bangladeshi, whilst not being able to tell them the full story about life here, because of concerns about envy or misunderstanding.

Following the conversation above in MG1, another woman reflected on the experience of her mother's generation of being first time mothers in Bangladesh, it seemed that the women felt isolated after giving birth in both contexts:

(p.9) In Bangladesh when a baby is born women do not go to outside they go to work and if she is a new mum and she is living in Bangladesh she can not go outside, she can not go anywhere for forty days. In Bangladesh if it is your first baby and not your fourth or fifth, you do not see people. When my mum she had my sister she had no support from anybody and no one from any other house came to help my mum. Today it is like, no more children, single and people come to your house and give you money and they work for you. It is much easier now in Bangladesh.

The 40 days period of seclusion is portrayed both as a period of rest and like the woman above, as a period of restriction and loneliness (Griffith 2009, p.271). What was most evident was the need the mothers had for support, and in particular having people around them, both for practical help with domestic chores and child care, but also to offer moral and emotional support. One woman mentioned that she thought going back to Bangladesh was helpful. In my experience, women who returned to Bangladesh because they were feeling overwhelmed, would return after the summer holiday feeling refreshed, more lively and confident in their capacity as parents. I think this relates to the mother's identity in the context of migration. Hollway et al's research (2008)

considers the complexity of the identifications for new mother's from different ethnic backgrounds and drew upon Gous (2005) who conceptualised these multiple and simultaneous identifications as: *'self-as-mother', 'self-as-child'* and lastly *'mother-of-self-as child'*. (ibid., p.26) I am using identification in the psychoanalytic sense of the *'earliest expression of an emotional tie with another person',* in other words with a significant other, usually the mother (Freud, 1921. p.105).

I suggest that the continuity of the mother's sense of herself as a mother, developed in the pre-migration context, is ruptured or dislocated on becoming a mother in a new context. At such times, in the absence of a significant maternal figure or the 'village' in the UK, it may be extremely helpful for the mother to return home to enable her to reconnect with self-as-child and mother-of-self-as-child. In a similar vein Akhtar (1999) thought that mothers used their ethnic community, both in the host country and in the country of origin, to refuel, as a way to help them manage the mourning of distance from their homeland. Tummala-Narrar (2004 p.174) thought that this process was:

> (…) *critical for immigrant mothers not only in negotiating their own losses, but also in their ability to engage in enjoyable, creative experience with their children in which they can facilitate an integration of two different cultural contexts.*

One woman expressed this herself:

> *(MG1 p.9) If you can go on holiday, then that is good, because your brain is fresh and you are thinking about things everyday the same. So if you go on holiday, there is support available and for this situation there may be able to change and see other children and maybe they can enjoy with them.*

Yet even this idea of seeking sustenance from family in Bangladesh and having people around one, was not entirely without its complications. The women wanted the support, but they also felt uncomfortable and at times very angry about feeling constrained by a lack of understanding and different perceptions about confidentiality and privacy:

> *(OG1 pp.29- 30) FW: Then where would you go, family in Bangladesh or? (Tails off.)*
> *NK: No, no. because…(Tails off).*
> *NS: No.*

MK: No, because when I like phone my mum, this problem. I talk to my mum honestly, like this problem, I said before. I don't phone my mum then I don't tell.

NS: Maybe you just talk your family but not outside people yeah. It's nothing to do with them lot. It's ***us*** *we need to know.*

FW: You mean so that it's private?

NS: Yeah.

FW: So you don't want to talk to people in the community? Is that because you would be worried about what people say or…? (Tails off)

NS: Its because if I say something, bad things, not bad things, but things that happened. They then tell ***whole world.*** *[Her emphasis].*

MK: Big problem, I don't tell. I have some big problems that I don't tell mum. Now I told her. Is a little bit problems in laws. My son-in-law phoned you have called that's why, your child have some problems. Little problems I tell. Like when my mum phone, she says, 'How is children? I say, 'Yes Y is good, A is good, bit cold, no go away. I tell her, it's okay, it is good. Because I live close to my mother-in-law, my mother–in-law talk so much, I don't like. I don't talk that much. She talk everything. Sometime I go to my room, I sleep or whatever, I don't talk. Whenever my mother-in-law talk I don't answer, when she shouting me I don't answer (NS laughs). If I answer then it's ***big*** *problems. That's why I don't have any problems when I talk my mother-in-law****.*** *My mother-in-law she tell me, 'you touch this bad thing that is why he has cold.' That is why I no talk my mother-in-law. (Laugh with NS). My mum like she understand me. She know children have cold and is no go away. She* ***know*** *I no keep children in cold or anything.*

(…) NS: If there is small things, it doesn't meant that you need to tell the whole world.

This excerpt illustrates that whilst being in the embrace of one's family or the village might be helpful in some ways, it may also arouse more ambivalent feelings and a wish to move outside this sphere of influence.

Yet, within this expression of MK's irritation with her mother-in-law there is also a reference to *'an understanding without words, ultimately for the earliest relation with the mother.'* (Klein, 1963 p.301). MK would like to be understood, as she knows her mother would have done. Instead, she was met not only with poor advice, but the implication that her children have caught a cold because of something she had done.

"You touch this bad thing that is why he has cold." So, not only is the mother to blame, but her behaviour has been construed by her mother-in-law through the lens of more traditional practices, where explanations of illness are understood in terms of sorcery, jinn and the evil eye (Dein 2013; Bose 1997).

4.5.3 The Role of the Children's Centre

Children's Centres were also seen as providing mums in particular, although fathers do attend, with the opportunity to meet other parents and share ideas, strategies and advice. These groups also provided women with a social forum. In the following excerpt, NK was attempting to find a way to replicate something of the social environment that she experienced in Bangladesh, represented through the metaphor of her mother as 'a big woman'. The Children's Centre, provided her with the forum for meeting other women, as well as for her son to meet other children:

> *(MG 1 p.9) Now because we have all the facilities that we did not always have, it is quite good and coming here and seeing other mums and speaking to them it is quite good.*
> *(...)(p.13) I frequently used to go to the centre because we did not have any family member or religion in our home, a little people in our home. I worried about this, no gesture or relationship with people. Next door they are Bengali, family she come here. And so, I go to Centre and I try to make M another peoples and another boy and some friends and say, 'Hi and Hello'.*

NK saw that it was in the context of this social interchange that she would learn about *'good behaviour'*, that is she would learn about the social coda of appropriate behaviour in English society. In turn she believed that this would enable her to ensure that her son was raised so that he would be able to fit into this new society. The social function of the Children's Centres was important and friends were seen as a source of help:

> *(CG p.17) FW: Now what about going to anyone else for help, like a Health Visitor (shaking heads) or a Children's Centre or..?*
> *FK: Yes, I would go. I have many friends in the Children's Centre. I have been coming here regularly since she was nearly 10 months, so that is nearly two years.*

FW: So that is friend?

FK: Yes, I have been coming here and I have friends they are coming regularly so I would go to them.

FW: Yes, mm that' s friends and it's good to have friends to go to.

Another mother introduced the passage of time into the picture. In this way, she subtly conveyed her sense of being welcomed into a place that provided for both her and her son. Her reference to her son moving from playgroup to nursery was a beautiful evocation of her capacity to take advantage of the good things on offer, and, in turn enable her son to embark on his own journey into the wider world, beyond her:

(OG 1 p.3) MK: There were so many ***helpful people*** *at O Centre****.*** *Over a long time, I go Parenting Group and my children goes play group and now he goes nursery school, September I think he goes. Good coming Centre, like village, (Laughs) No village in home, village here. (Other women smile and nod).*

Her reference to the village and her link to the local Children Centre was spontaneous, as was her laugh showing her delight when she realized what she had said. MK's reference to the Parenting Group was an acknowledgement too, of a number of different elements of the village that this group can support. For example: the obvious social one, the educative one of learning about child development and care, the emotional one of being able to voice concerns or problems and be listened to and supported, and an internal reference point to return to at other times of difficulty. In this important respect the Children Centre was much like the *'open space in each village'*. This was an area where people came to do things together, for example celebrate harvest time, gossip and especially bring their children and learn from other mothers. This was how '*you got to know your child*', through the to and fro of tips and advice about childcare, observations and direct help when needed (Irfat Tarafdar personal communication, 2014).

Women did seek help for general issues such as a child's behaviour, for example. Children's Centres were most commonly cited as a source of help. Parents identified being able to seek support and advice as well as 1:1 help for their children, from Children's Centre staff, Help at Hand where it was on offer, and professionals specialising in work with children, such as Speech and Language Therapists and Educational Psychologists. The professional disciplines were known to two of the

women who had needed specific help for their children. Others did not differentiate, but saw them as staff at the Centres, or referred to them as *'behaviour specialists.'*
Here is an example of the way in which this was discussed in LG (p15):

> *FW: So, you would stick generally to people you know. Nobody has mentioned and there is no reason why you should somebody like a Family Support Worker, Children Centre worker Health Visitor, Doctor…?*
> *(Lots of response, talking to each other and then me).*
> *SR: I came here for help with behaviour. Behaviour management.*
> *FW: So sometimes you might use a place like this, a Children's Centre?*
> *SR: Yeah, I think once you have asked other people that you know, and then you might want to come here. If it didn't work then I would maybe go to a health visitor, midwife, and doctor.*

The respondents also specifically mentioned certain kinds of help for any worries that a mother might have about their child(ren). For example:

> *(p.26) NK: Yes, the Children's Centre. First time I go there. There is a session there for Help at Hand specially there. A good session where I go several times, at O and I know at Mile End Children's Centre, now get like a session Help in Hand and may be I will go there.*

> *(OG2 p.17) MK: These staff they know any problem, you have surround it. Big problem like some baby with disability…(Tails off).*
> *FB: You know my daughter, my son* ***still*** *night time wee, er nappy.*
> *(Women assent and nod.)*
> *I get toilet, my son, I say every time smiling; you must be doing a wee in the toilet, not the bed, not in nappy. But he not understand me, he no understand. He like…(Tails off).*
> *NK: (A further conversation in Syheti with some English words interspersed ensues).*
> *NS: (Sylheti) (…) GP (….).*
> *NH: (Sylheti) (…) Help at Hand, Educational Psychologist (….).*
> *NH: Children Centre should do this. They appoint Educational Psychologist so we can share problem with them and other staff they will help.*

The women touched on the need for help for their own mental health issues, but only voiced explicitly by one woman, NK. Here, she mentioned making use of professional help at the Children's Centre, as she was aware that her own state of mind was important in the development of her son:

> *NK: But I am very conscious about **me** also, but I think there is the Children Centre, there the adult psychologist there and session, next time when I got this session I will join there. Yes.*
> *FW: Okay.*
> *NK: At first me learn what behaviour is good. Me show the good behaviour then he…. Will get it eventually. (Her voice slows and gets quieter tailing off).*

Here NK was referring to her wish to behave in a socially appropriate way, to fit in, so that she could help her son to do so.

Another issue that emerged was concerned with accessibility of the Children's Centres. The key features evident in this study were: proximity to the person's home; a welcoming atmosphere, staff that could listen and understand, other women with children to talk to, good facilities and other bilingual staff. These elements were evident from the moment the women entered the Children's Centres where the groups took place. Here are some examples taken from my notes:

> *(CG p.2) It was important to the women that the group was going to take place on site as it was a place they were familiar with and fitted in with their stay and play sessions so that they could readily bring their children too.*

> *(MG 1 p.1) M Centre. I am familiar with the setting here, although not to these mothers who are part of the Parent's Forum. They have been invited to attend and there is quite a large group. I feel rather nervous. My Bangladeshi colleague L has said that she will help out. It is a warm day and the large room feels light and airy. The women have shared some lunch and so have I. Some women are chatting with others, some are sitting quietly, some are feeding their children. The atmosphere feels quite relaxed and somewhat expectant.*

(OG1) 3 out of 5 mums invited have turned up to the group. Each has brought their child/ren. The children have the luxury of a wonderful space with toys indoors and also an outdoor space. H is available to look after them and play with them. The children settle quickly, all are familiar with the space and the leader.

The importance of having staff that listened and understood was in part due to the provision of bi-lingual staff, which often provided interpretation for the clinicians at the Centres. This feature, amongst the others mentioned, was identified in the action research study by Messent and Murrell (2003) as integral to ensuring that local health services were appropriate to meet the needs of the ethnic minority populations that they served.

4.5.4 Other Sources of Help

As mentioned above, the next port of call might be the GP:

(MG1 p.8) You can go to your GPs because they can advise you.

(MG2 p.11) The GP would tell you where to go. He would tell you what you need to do and refer you to where you need to go.

In this study, it was interesting to see that GP's were seen as a useful resource who played a key role in signposting parents to psycho-social support services. Hillier and Rahman (1994) also found that in terms of help seeking, the GP was the first line of help. This was in the context of the perception of over half the women in their study (N=49) that social network support was limited and *'8% said they had no one to share problems with.'* (ibid, p.58) Significantly this earlier study sample reported that their GP did not signpost them to helpful services, for example for sleeping problems. Whereas, in my study, the findings clearly showed that women thought about their GPs in terms of their signposting function. Moreover the GP's had services that they could signpost to, notably Sure Start Children Centres and services linked to them, such as Help at Hand, CAMHS Children Centre Outreach Service, and the Clinical Psychology and Counselling service mentioned earlier. Another significant finding was that the low referral rates to Child and Family Consultation Services increased after the appointment of a Bengali child psychiatrist. In my view the subsequent use of Bengali speaking

professionals in CAMHS, has been a significant factor in the increased access to this service by the Bangladeshi community. This was borne out both by Hillier & Rahman (1994) and Messent & Murell (2003).

My study suggests that during the last twenty years, women have continued to have recourse to GP's, but importantly to Children Centres, that did not exist earlier. So, in a sense the GP was seen as someone who offered sound advice about a range of medical and psychological issues and was a repository of knowledge about local services. I think a GP would fit the idea of a '*big person'*. During my work in Tower Hamlets, the GP's recognised that they were often called upon to act in these ways and tried to adapt their practice to take account of this. For example, the Bromley-By-Bow Centre, set up in the mid 1980's, had developed a strong reputation for its dynamic model of community regeneration by the mid 1990's. In 1997 it set up the first Healthy Living Centre in the UK, as a practical response to the issues facing the delivery of primary care in East London (Bromley-by-Bow Centre publicity information and personal communications, no date). In addition, I wonder whether the role of GP's is also to act as the final arbiter in any situation where the mother is struggling with conflicting advice. The hierarchy of support structures in South Asian families means that the GP's advice is taken as authoritative and can override family members (Personal communication Kelly Chan, 2014).

Significantly health visitors were not mentioned until prompted, except by the groups who attended the M Centre. This group of women were positive about the health visitors, which I thought reflected the important role that they played within the Healthy Living Centre and Children's Centre. The health visitors, worked closely with the Family Support Work team, some of whom were bilingual Bangladeshi primary care staff, others white British staff led by a very experienced bilingual Bangladeshi manager. Their model provided a dynamic and very 'hands on' approach with hard to reach families in a very deprived part of the Borough:

> *(MG1 p. 9) If I am worried about something then I want to speak to my mum because she knows what to do and she will tell me what to do or I can talk to the Health Visitor.*

However, other comments about this professional group were largely negative. Some mothers actively said that they would not seek help from a health visitor:

(OG p.28) FW: Then after family. What would be next?

NS: I would talk to Doctor and then I would talk to Help at Hand

FW: Not a health visitor?

NS: No, not a health visitor.

MK: I talk to husband first, he talk to me and I talk to him, then er sometime when still problem I talk to my mum, otherwise I go to first health visitor, no first I talk to doctor, then I talk to health visitor.

I found the responses with regard to health visitors surprising, and rather concerning, given the key role and responsibilities that health visitors have in primary health care. However, my view of health visitors was rather coloured by my own experience of working in Children's Centres connected to or influenced by the Bromley-by–Bow Centre. It may have been the case that in other areas, whilst individual health visitors might have preferred working in a more integrated way, they were not part of a system that facilitated this in the same way. In addition, in 2009, the Laming Report identified the key role that health visitors would play in the context of children's safeguarding and early preventative intervention.

> *Health visitors play a key role in child protection, particularly for very young children who are unable to raise the alarm when suffering from abuse or neglect. (…) In this context, the role of health visitors as a universal service seeing all children in their home environment with the potential to develop strong relationships with families is crucially important. A robust health visiting service delivered by highly trained skilled professionals who are alert to potentially vulnerable children can save lives* (Laming 2009, s 5.21*, 57-58).*

Following the publication of this report, the contribution that health visiting played in safeguarding and protecting children was clearly evident in policy documents including the revised Working Together guidance (HM Government 2010) and the Action On Health Visiting Programme (Department of Health and others 2009). I agree with Peckover (2013) that whilst these changes were designed to develop relationships with families, experience on the ground was that safeguarding responsibilities were such that they precluded these relationships. Futhermore, these changes ushered in the 'team caseload', which effectively meant health visitors had little chance of developing longer term relationships with mothers and their infants, often only seeing mothers once or very possibly twice, unless there were safeguarding or health concerns. I take her point and I suggest that the potential conflict in the role, of being both a support to new mothers

and having a statutory responsibility in relation to safeguarding was off putting to some mothers. One mother in OG1 spoke passionately about her worry about her children being taken into care:

> *(p.29) MK: In this country child accident and social service take. Obviously my child, I want, obviously sometimes with me fall down. Why do you want take social service? You know, my child, I have to like, fall down not, and sometimes accident. I'm so worried this stuff, this one children, then this one, you know anything happen, then this staff can take my child.*

It would be reasonable to extrapolate from this, that a health visitor could also be seen in a similar light. I suggest that in this context, health visitors have become identified with a representation of a critical and hostile parental figure rather than one of help and succor. Tummala-Narra (2004) looked at the way in which mothering in the Western context needs to be understood in the context of rapid and unprecedented change. She thought that:

> *These societal changes often reinforce mothers' fear of losing their children and an idealization of intensive mothering, and evoke challenges in reorganizing their sense of personal identity.*

We are living in a time of unprecedented change, increasing globalisation and technological sophistication with the potential for information from a vast range of sources. The respondents did allude to being in touch with family on the phone, by which they meant mobiles and also some used Skype. Few had computers at home, but some had ipads and were computer literate and so could access information through a Children's Centre, or possibly the library. In this sample, it was the younger and better-educated women who mentioned using books, leaflets and the internet:

> (*LG p15) The Internet. (She looks a little shy about this but there is ready agreement, perhaps also a little abashed).*
> *(Another woman picks this up and says that she has looked at this about baby changing when their child was first born. She said she got her husband to look. Lots of delighted laughter about this in recognition of their own use).*
> *Woman: It tell me what to do.*

Although the women in this group seemed a little shy about mentioning their use of the Internet, I suspect that it was used quite widely.

'The village' can be understood literally and metaphorically. In its literal form 'the village' embodied the many different, at times competing feelings and associations that the women had with their families, their local community and statutory agencies, notably the police. An important feature in the actual village is the open space where the community, especially the women and children gather in an informal way to play, chat, pick up child rearing tips and engage in domestic tasks. I envisage this as the rural equivalent of the urban Children's Centre. The localised, readily accessible and informality of this setting could be seen as a characteristic and symbolic feature of the Children's Centre, where explicit attempts have been made to adapt clinical approaches to suit the client group in this context.

'The village' in a metaphorical sense can be understood as the representation of the internalisation of the earliest relationship with the mother, with both desirable and undesirable aspects, the father representing the 'other', then with the wider family and local community. In this context the open space, as a feature of the rural village and the Children's Centre can be seen as providing the opportunity for parents, especially mothers, and their children to engage in the process of development whereby the infant is supported to widen its horizons and the mother to lay some claim to her own life outside the sphere of her baby's influence (Winnicott, 1971). For the women in this study 'the village' element of the Children's Centre was extremely important in helping them to develop their identity first as mothers, often in a new land, and then as wives and women in a new socio-cultural and economic context. The significance of the Children's Centre is commented on further in Chapter 5, Conclusion and Discussion.

CHAPTER 5 CONCLUSION AND DISCUSSION

This chapter brings together the main conclusions from the research and offers some discussion alongside these. I think the research has yielded some interesting findings, some of which were unexpected, especially the issue of parental experiences and perceptions about their babies in utero which I had not anticipated and the relative absence of concerns about children's worries. Other elements of the data have served to confirm ideas about service delivery, for example the value of Children's Centres, especially for first time parents and new immigrants, the importance of local provision and the employment of bi-lingual staff. The study has also highlighted some research issues with regard to changing methodologies and the use of focus groups in an IPA study.

The original enquiry explored parental experience from a non-clinical sample about worries their children might have, their own worries and where they might seek help about them. Supplementary to this was the idea that there might be generational differences towards seeking help, with those more recently arrived being more cautious about seeking out help for worries about their children, or themselves as parents. Implicit in this was the idea that 2nd generation parents were more attuned to thinking about the psychological development of their child in a way that was congruent with prevailing models of child development and parenting in the UK. The exploration of the influence of culture featuring in the above was intrinsic to the sample group and so to the research.

5.1 Knowledge, Thinking and Sense-Making

Within the study there were many individual differences such as: duration in the UK and Tower Hamlets, age, numbers of children, education, level of wealth in Bangladesh. There were also many features that they had in common, for example in being women and mothers, being immigrants and being part of the wider Islamic community. The accounts provided by this sample clearly conveyed that for the majority, the move to this country had separated them from their experiential knowledge base, leaving them exposed to profound feelings of uncertainty, confusion and self-doubt. This suggests

that the lived experience of this sample is likely to be shared by other Bangladeshi mothers and as such contribute to a shared reality.

In the face of the breakdown of the normal order of things, and so many unknowns the women turned to others to help them to think. For those who had no easy recourse to support from family or relatives, the Children's Centres provided them with a suitable container for their anxiety and a range of means for helping them to make sense of their new environment. As their experience became more meaningful, they were then better able to decide how to tackle an issue or a worry. The experience of being understood helped the women to respond to their children's worries about things, especially new experiences such as going to nursery or school.

The respondents' involvement in the research also provided a context for an emerging reality, as the women discussed various issues within the groups. It was evident that they often developed their own view as they went along. As if by hearing themselves speak about an issue, in the context of others listening and trying to understand, the women began to feel more sure of themselves and hence were enabled to establish a perspective of their own. This aspect of the research was significant as it was felt to be very important for these individuals to have opportunities for sense-making with others. This feature has clear service implications that I refer to in the recommendations to follow.

5.2 Psychological Understanding and Worries

The research demonstrated that all the parents had a complex psychological understanding about their child(ren). This understanding was built up from a mixture of sources, ranging from: the mothers' experience of being pregnant; for both mother and father the experience of becoming and being parents, as well as that of being parented themselves; conversation with *'experienced women'*, especially sisters, Aunts and friends; for a few advice from GP's; information in the form of leaflets and hand-outs from a Children's Centre, the internet and in one case a book on parenting.

The women's experience of their babies in utero highlighted the significance of Maiello's (1995) concept of the pre-natal 'sound object' (ibid, p.28) as the corollary of the containing function of hearing for the foetus. It was clear that the women

experienced the emotional quality of their voices or other sounds as being significant for the baby post-natally with ideas that uterine experience was a determining factor for the child across the life span. The women were intuitively aware of the impact of other external stimuli on the foetus and made efforts to provide a calm and aesthetic environment for themselves during the pregnancy. They were also aware of the damaging effects on the foetus of stressful or frightening experiences for the mother during this period. They spoke of this period being important in shaping the child's temperament and behaviour in the future, with better outcomes for children whose mothers had been calm and in relaxing environments during pregnancy. Conversely, children exposed to external impingement in utero, would be more likely to have overactive behaviour and a poorer prognosis for their future. This data contributed to the increasing interest in uterine development and the psycho-biological relationship between the mother and the foetus, as well as the impact that environment has upon the developing foetus.

On the whole the parents expressed few serious worries about their under 5's. Those they mentioned concerned behaviour in the form of *'not listening'*, co-sleeping, and feeding problems. These were seen as part of the expected picture of a young child's development and in this study and more widely, the view that children will *'grow out'* of things prevailed.

This finding was not what I had anticipated and it surprised those in the feedback session. In my experience problems around feeding are always significant and as Daws notes (1989, Ch. 9) there is a relationship between feeding and sleeping and the mother-infant dyad's capacity to manage both intimacy and separation. It would have been interesting to have explored this in more depth, given the mothers' experiences of loss related to migration. This topic presents an opportunity for further research.

In addition, my experience and also those involved in the feedback, lies with parents who have sought services because of their worries. The research finding could be seen as a positive one in that it suggests that despite the difficulties facing this sample and perhaps more generally within the community, Bangladeshi parents are being successful in managing the demands of parenthood and raising their children in the UK.

These findings also suggest that mothers and fathers who have been well enough mothered and parented will be able to provide the things for good enough parenting for their own children, despite the impact that migration had on so many of this sample. Here the role of the grandmother was highly significant in this regard, as she provided a sense of continuity and the experience of containment that facilitated some mothers and fathers in their task as parents.

The respondents were attuned to the needs of their younger children and those with adolescents also talked informatively and sensitively about their emotional and psychological needs. However, views about the needs of adolescents were strongly coloured by parental worries about them. Adolescence was seen as a very important time when young people should be working hard at school to gain qualifications that would set them on a course for university or good employment prospects. Whilst it was recognised that the education here provided their children with these opportunities, it also exposed them to influences outside the family that could be damaging and set children *'on the wrong path.'* For young women this would lead them to dropping out of school, having sex outside of marriage and falling pregnant. For young men, they too would drop out of school, thereby ruining their chances of going to University or having a god job in the future. They could also become involved in gangs, smoking, alcohol or drug abuse. It seemed that some of their anxieties were due to them not having gone through their own adolescence in England. So, for most of this cohort, the ordinary and often anxiety provoking behaviours and experience of adolescence, was heightened by concerns about 'getting it right'.

The parents thought that helping their child onto the *'right path'* whilst young could militate against this risk as they got older. This involved parents being emotionally available to them, ready to listen, understand and talk to their children. It required a firm footing in Islamic belief and practice, as these values would support their children in making appropriate decisions, as they got older. In addition, parents placed high value on the family, meaning the nuclear and extended family unit, as a container and secure base for children and especially for young people, from which they could explore the world.

5.3 Mothers, The Maternal Grandmother or Maternal In-Law

The parents' own experience of being parented was central to their understanding about their own children, sometimes as a guide to how they might do things differently with their own children. The mother's relationship with her mother was particularly significant in the context of the women's identity as mothers, as women, and as partners in the parental relationship. The overriding sense conveyed by this sample was that they missed contact with their mothers who were seen as a source of succour in terms of emotional and psychological support, particularly during the neo-natal period.

I suggest that the process of migration and adaptation to the new environment and culture in the UK had ruptured the sense of continuity of identity for these women. For some this had occurred at a time when they were still working out their own sexual identity as women and partners, this may have quickly coincided with becoming mothers too. For others in more established relationships, they encountered the challenges of becoming a mother, often for the first time, whilst being in a new or still unfamiliar environment. Others had left behind their identity as well-educated women with high status jobs, who had commanded some respect in Sylhet, to being here with no status or work, and little money. I think that this rupture had an impact on nearly all the mothers in this study and managing this was difficult, at times very painful and emotionally demanding. This made the task of being emotionally available for their infant or young child even more challenging, and at times gave rise to feelings of being overwhelmed and depressed.

The maternal grandmothers or maternal in-laws were also seen as offering practical support that the women here missed. This was most significant for the mothers who were working or wished to have paid work and found the multiple demands of childcare, work and domestic responsibility hard to manage. None could afford to pay for childcare. It compared unfavourably to their lives in Sylhet where childcare was managed by more communal living, with children playing together in large, mixed age groups (Personal communication Kelly Chan, 2014; Rachel Warner, Senior Educational Psychologist, Tower Hamlets, 2014). In addition, women in Sylhet were used to employing servants who would do the routine domestic chores, leaving the mothers freer to work and be with their children.

The longing for their mothers' was not entirely without conflict. Many women mentioned the difficulties they had in telling their mothers about the lived experience of their lives in the UK. They spoke of their mothers and other relatives not understanding the context here and so offering advice or strategies that simply did not apply here, for example in discussions about sleeping or bedtime routines. This left women sometimes feeling unable to get the emotional support they needed.

There was a difference between parents who had been here longer, especially those few who had been born here or arrived as young children. In short, these women were more confident in themselves and how they fitted into society here. They had a definite sense of belonging, and from this position they were able to negotiate how they managed the different aspects of their identity, such as being mothers, paid workers and being part of a parental couple or part of a collective household.

Other women were struggling with trying to find secure footholds, so that they could manage their roles as mothers and partners. Some women evocatively conveyed the painfulness of the migratory experience, the feelings of loss, facing such a vastly different culture and environment here and trying to raise a child with very little support. For this group in particular, the Children's Centre performed an invaluable function providing both practical, social and psychological support.

5.4 Idealisation and Reality

One factor that emerged strongly was the idealised perception by relatives in Sylhet that London was a mecca, with large houses each with beautiful gardens, and that those who left *'for their betterment'* would be accessing all this bounty. Several parents talked about the burden of financially supporting their families in Sylhet, often to build 'Londini' houses there (Personal communication, Warner 2014). Meanwhile, they were often living in small flats, sometimes in a poor state of repair and without any outside space of their own. There is a common customary duty and collective obligation amongst migrants from developing nations to financially support relatives 'back home'. Whilst I was aware of this, I also saw this as an unwitting punishment by those 'back home', on those who had left Sylhet; they had to pay for leaving as well as paying for the fantasied bounty in the UK that they could not simply be allowed to enjoy.

5.5 The Parental Couple & Parenting in a Foreign Climate.

In this sample, the idea of the parents working in partnership was recognised as the most important element of parenting, even if the marriage was not for love. This partnership was considered to be highly significant in raising a child in a way that set them on the *'right path'* for the future. From a psychoanalytic perspective this is interesting given the significance of the 'representation of the 'father' in the mother's mind and the 'mother' in the father's mind (Baradon et al., 2005 p. 8). This enables the infant to have the experience of a 'third person' outside the mother-infant dyad which is considered to be an in important factor in the development of a sense of self, particularly crucial during adolescence (Trowell and Etchegoyen 2002, p36-7).

In common with most South Asian families, gender roles in Sylhet are fairly rigidly ascribed, with women being responsible for the children, for the domestic duties and for looking after their spouse. Men go to work and provide financially for the family; they play an important role in setting the discipline within the family. As such they could be seen to manage the boundary with the world outside the family unit. Gender roles were not seen by this sample to be discriminatory as such, but there was the view that roles needed to be redefined in the context of living in the UK.

Significantly, women and the father involved, talked about their wish to change these more traditional roles. Women spoke movingly of their wish for the father to be more involved with the children. Some emphasised that they wanted the father to have a relationship with the children and valued this highly. Others expressed their wish for the father to be more involved on a practical level, helping with the children's care. It also emerged that many women wanted their husband around for them, for emotional support and perhaps companionship. I think this expression of the women's need of their partner's closer involvement was indicative of the demanding nature of raising children per se, as well as the additional challenges experienced by immigrant mothers.

The father also emphasised the importance of the father in being emotionally available to his children and understanding them; this meant that he had to be available to them and not working extended hours. This father could not of course be said to represent Bangladeshi fathers, but nevertheless, as an immigrant here within the last decade, it was interesting that he had developed an independent view about what was right for him

and his family here. Other women talking about their husbands indicated that fathers in general were more involved in aspects of childcare, as well as upbringing in the UK, than they would have been in Sylhet. This is a major departure from the traditional, gender assigned roles and it inevitably shapes the child's view of family life and masculine and feminine identities. In my view, in time, this kind of adaptation will have a significant impact on the structure of Bangladeshi families in this country.

The parents seemed to be attuned to their child's needs and emotional states. I thought that the difficulties arose mainly when the parents felt in some way out of step, either with their children or with the views and practices of those around them. For example, how much TV or computer time should a child have? Or how much should their child be allowed to 'mix' with children from other cultural backgrounds? For parents who had no experience of these issues being negotiated during their own childhood, it was difficult for them to feel confident that they knew what was best. In such cases women described thinking that there was a right or a wrong answer, with the tendency to feel that they were in the wrong. Without support, it was easy for women to feel scrutinised and criticised which prevented them from thinking about the issue for themselves. I suggest that this is quite common, especially for new parents, hence the huge number of parenting books. However, for these women, their confidence in themselves as parents, and trust in their own view was undermined by feelings of uncertainty in the face of unfamiliar ways of doings things in the UK.

5.6 The Nuclear Family and the Collective Family

In this study, whilst some women wanted to move away from their family and live as a nuclear family unit, others preferred to remain in a collective household. This raised the interesting issue of whether the internal object relationships for individuals raised in a collective household are any different from those of individuals raised in a nuclear family, is the Oedipal constellation the same or different, and, if so how?

It seemed to me that the respondents all had a strong sense of their own parental relationships, in the main these took the foreground with additional figures strongly represented as supportive or not, in varying degrees. For women in nuclear households, of which there were a few, there seemed to be both a wish for support from mothers and other family members, as well as the contrasting need for them to be put at some

distance, for fear of loss of control or tension due to misunderstanding. Women in mixed households, had found some way of negotiating their role, either accepting the role of being a mother and carer to everyone, or marking out certain areas of responsibility shared with other women, mainly mother-in-law. In these cases, the mothers who were more recently arrived took on the more traditional role of carer in the household, with those whose identity was more embedded in UK culture showing more variety in how they managed their various roles.

Woograsingh (2007) and Bose (2000) suggest that the western view that the culmination of the adolescent task of psychological differentiation lies in physical separation, might need to be challenged in the context of South Asian families. I agree that within the context of collective and multi-generation households, physical separation is not necessarily an appropriate marker for the transition into adulthood. But it is the way in which roles and responsibilities are ascribed that conveys the individual's status and level of responsibility within the group. For example, women in the study reported that the young wife, especially of the eldest son, would be expected to do all the shopping and cooking for the whole household, even if she had young children to look after too.

In relation to the period of adolescence, teenagers in Bangladeshi families are encouraged to meet family obligations ahead of their own social activities; they are expected to show respect to their elders and to accept their guidance into adulthood. Attributes of self-containment, patience and the capacity to manage tensions that emerge within the group are likely to be highly valued (Becher and Husain, 2003). Parents recognized that adolescents would need to do things differently here, but thought that that they needed to keep them within the family orbit in order to safeguard them from the possibility of being led astray. This seems a familiar discourse amongst parents of adolescent children, from any ethnic group. However, these parents had considerable vested interest in their children being able to demonstrate that they had benefitted from their parents move to the UK. Like many immigrant families, the trajectory through success in education to well paid employment is highly valued. I think this was a strong motivation for keeping their teenager 'close'. The family also represented the Islamic way of life, which was seen as essential in this endeavour. It would be interesting to consider the ways in which 'holding close' was understood and

manifest in this community and whether this was comparable in other communities, with and without faith backgrounds.

It may be that the move to more nuclear family units means that the markers for the move from adolescence into adulthood will also need to change and be re-defined. Although, in common with adolescents in general, the difficulties of setting up home, at least in London, means that the act of physical separation may not be possible. It will be interesting to see what does happen to the current generation of adolescents in this respect.

5.7 Maternal Authority and Being Good Enough

There was a fairly consensual view that children listened to others, such as their father, relatives or teachers, more than their mothers. Despite this prevailing view it also emerged that mothers had found various ways of managing their children, particularly ways to manage their frustration and disillusionment (Winnicott, 1971), for example offering their child something they liked as a part of doing what they were asked to do. However, given the strength of feeling about this issue I came to understand the mother's concern about this as part of a wider and more pressing underlying anxiety, about whether what they offered was good enough and sufficient. Did they have enough of the right kind of 'food' to enable their child to grow well in this country? Here the literal representation of food equated to the mother's psychological and emotional capacities. For example women described managing this anxiety concretely by choosing to bottle-feed, because they could then measure how much food they gave, and be sure of the contents and 'goodness' through information on the tin. There was at that time also the prevailing view that a plump baby was a healthy baby, as if this provided physical evidence the quality of the mothering the infant had received. It is also the case that bottle fed babies tend to put on weight at a faster rate than breast-fed babies, at least initially, so the solution to bottle-feed provided a good fit between unconscious anxiety and reality.

The issue emerged again in a conversation in one group about salt in the diet and how much salt should be added to food. Whist there was general agreement in the group that Bengali food was too salty; there was an ambivalent response about not adding salt to children's food, despite the factual information presented by one woman about

appropriate salt quotas. I thought that this ambivalence represented the women's need to hold onto what was familiar and connected them to home and childhood in the face of their anxiety about their identity, even though they knew that this was not very healthy for their children.

Concern about the baby getting sufficient good enough food is certainly not confined to Bangladeshi mothers, however I think that the women's other anxieties about their identity aggravated these more common worries. This is then a serious issue that deserves more consideration and has implications for feeding programmes that take place in Children's Centres.

5.8 Help Seeking- the Family and Islam

Women emphasised the importance of their relationship with other female family members, notably their own mothers, but also Aunts, older sisters, mother-in-law or failing this, then other 'experienced' women with children was also important. This support network was clearly invaluable to many of the women and research indicates that such networks can lessen the strain of being a new mother (MacArthur et al, 1991 in Gunaratnam and Elliott, 2007). However, seeking help from family members was highly nuanced, giving rise to tension or conflict through differences in understanding. These findings suggest that these women and those in Bangladesh felt globally connected (Personal communication Professor Michael Rustin, 2014) through their emotional and psychological and religious ties. However, exploration of this issue revealed that relatives in Sylhet had limited understanding of the realities of the life experience of their children or relatives who had settled in the UK. This was important and created a disjunction between the women's need for support to bolster their psychological rootedness vested in family in Sylhet and their need for more practical advice in order to mother in the environment in the UK.

The Qur'an and related teachings were a direct source of guidance for men and women about how to conduct oneself, as well as providing a structure for parenting. Without exception the respondents found support from their faith and their practice. The experience of this sample concurs with my general experience of the Bangladeshi community. The idea of Islam as a way of life is deeply rooted and serves an important social function, providing a sense of cohesion, continuity, familiarity and predictability

that is likely to be containing for immigrants grappling with the multiple vicissitudes of migration. In effect it acted as an anchor, with advice on parenting that knew no geographical boundaries, perhaps mitigating some of the difficulties in getting support from the family mentioned earlier.

Seeking support outside this family circle was done only when this resource had not been sufficient. In these instances GP's were a main source of help and seen as good for 'signposting' to services. This is important because the corollary of this is that GP's are aware of local service provision, which is not always the case. I also wonder if GP's are called on to act as the final arbitrator in a situation where there is disagreement in the family about which course of action to take. It was notable that this cohort made little recourse to health visitors, as I would have expected. The exception being those staff who were directly involved with Help at Hand, a Children's Centre, a CAMHS outreach project. I wondered whether this might have been due to the statutory nature of the health visitor's role, with an increasing responsibility for safeguarding, which may have been a deterrent for some mothers who associated safeguarding with social services and losing their children. This finding has some implications that I raise in my recommendations.

5.9 Children's Centres

The women mentioned going to Children's Centres for help of different kinds. They emphasised the important social function of the Centres as enabling women to meet with other mothers and to make friends; in turn this also applied to their children. This was significant because many of the women had experienced feelings of loneliness and isolation that some felt contributed to feeling depressed. They also wanted their children to be able to socialise and learn about the rules of appropriate social behaviour. The Centres also offered the mothers an opportunity to mix with women who may have been in the Borough longer or were born there. This provided them with natural opportunities for seeing how things were done, where they could learn from others in the informal context of a stay and play session, or baby massage, or early language group. I think this element of Children's Centres is profoundly important in inducting immigrant mothers, as well as first time mothers, into the business of being mothers as well as being mothers in the UK.

Children's Centres also had an educative function, providing opportunities for women to learn new skills; English was highly valued. Once women could speak some English it became easier for them to access services and potentially move into employment. This is also a measure of psychological health amongst immigrant communities (Losi, 2006).

Although this sample had little direct experience of specialist aspects of Children Centre provision, some parents mentioned parenting programmes, Help at Hand, adult psychology and speech and language therapy. This provision was seen as useful once other avenues of help had been explored and found wanting.

In my view, Children's Centres provided women with a new community that they could embed in to seek support and relief from the demands of trying to 'fit in' outside, with the attendant concerns about being criticised. It provided a range of informal opportunities for learning about the way to do things as a parent in England, whilst also enabling women to become more confident in their sense of agency through learning English, or skills like computing. I envisaged 'the village' as a metaphor for the Children's Centres where many forms of informal support were provided to parents, especially to mothers. In my view, the characteristic features of Children's Centres, make them exemplars of 'the village' in an urban context. In my feedback discussion, this view of the Children Centre was recognized in the vision that lay behind the development of the Sure Start Children Centre model.

5.10 Children's Safeguarding and Getting Things Right

I found it striking that there was such a powerful thrust to some of the women's feelings that they were under scrutiny and that ordinary accidents, such as a child hurting themselves playing in the park, might result in social services coming to take their child(ren) away. I understood this in the context of the women expressions about feeling uncertain about belonging and how to do things right, and their vulnerability to feeling persecuted by an external authority, vested in the social services. In this state of mind, the women were temporarily unable to keep a secure hold on their own identity as good-enough mothers in the Winnicottian sense. I suspect that these moments of uncertainty might happen quite frequently, especially when someone is new to a country. For some women, who are more vulnerable, these moments of insecurity and of lack of

containment could interfere with their capacity to be emotionally available for their child. It is at times like this that a woman would need to seek support and for those without immediate family and not yet any friends, the Children's Centre might be an invaluable resource, as found in this study.

I have a related concern that emerged during the study and subsequently during a post research feedback meeting with a Lead Family Support Worker and Senior Educational Psychologist in Tower Hamlets. It seems that Children's Centres are increasingly called on to take a key role in safeguarding children. My concern is that at present users are able to maintain what might be a necessary split between supportive and enforcing services. As Children's Centres take up this enforcing function, it will be important to ensure that parents are not put off making connections with the Centres, especially those who are recent immigrants who might find this difficult as I have surmised, but who would potentially benefit from the provision available.

5.11 Culture, Language and Identity

Cultural influence is a powerful organising thread that runs through the research process as it does through all our lives. It was evident in many ways during the research undertaking, both in relation to the cultural differences between the respondents and myself as a white immigrant, and in the context of learning about research. There were many times when these merged, for example over how best to recruit parents to the research and how they might experience being invited to participate. Would people feel able to refuse, or might they feel that had to agree to fit in, be seen to be participating or some other rationale? What were the ethical implications and what were the 'rules' about ethics? How would I manage the issue of communication with people, some of whom had little English when my Sylheti was even more minimal? Would the research be worthwhile or even valid, if there wasn't an interpreter? How would the women feel being part of a group of women, some of whom they had not met before? Would they feel free to talk or would the conversation need a lot of prompting? How did this fit in with the need in IPA to explore the ideographic element? Would the women feel that I would understand their concerns and really value what they had to say?

In fact the women I worked with were all pleased to be involved in the research. They described feeling positive about the opportunity and they valued the fact that their

opinions and ideas were being sought. I felt that as I was not going in as an 'expert' this might have lessened any feelings of inequality. The women also wanted to talk English, even if they were not yet very fluent. I understood this as a way of them being able to identify themselves with the more obvious educative and developmental side of the research, but also to connect with the more robust aspects of their identity and their perception of themselves as people with something of value to offer to society and perhaps have some influence, hence enhancing their sense of self-agency.

I have transcribed the data as faithfully as I can. However, I have no doubt that a bilingual interpreter would have provided further clarification and allowed for the elaboration of some of the more subtle concepts. In particular, I would have liked to have gained a better understanding of the relationship between the women's spiritual and religious beliefs in relation to their children in utero, and also how this informed them as parents. I talked with with Bangladeshi colleagues, for example Irfat Tarafdur, Dr Ruma Bose, Hussein Saleh and Lilu Ahmed to triangulate my understanding during the study.

5.12 Research Methods – Limitation, Challenges and Assets

I planned to run this study in one or two Children's Centres where I had key contacts to help organise groups of mothers and fathers. The reorganisation of the Children's Centres during the study changed the distribution of staff across the Centres and so I had to develop new links with these and other staff in different Centres. I also left employment in the Borough, which made the organisation of the research more difficult and protracted. One result of this was that I was not able to run focus groups with fathers as I had intended to do. This was a shame and I would be very interested to see what kind of data a father's group generates in relation to similar phenomena.

The decision to change methodology during a study has implications for the intention of the study from the start. It was only possible in this study because of the overlaps between Grounded Theory and IPA, particularly the iterative nature of the research process. However, as I alluded to earlier the philosophical premise of IPA is significantly different in that it determinedly seeks out the 'lived experience' of the participants, which Grounded Theory does not do to the same extent.

One of the main issues emerging from this change was the use of Focus Groups that have not been much used yet within IPA analyses. Palmer, Larkin, De Vissier and Fadden (2010) take up this debate to develop an approach to using focus group data in an IPA study. Tomkins and Eatough (2010) follow this seminal paper with a look at some of the emerging theoretical challenges, and advantages and disadvantages of using focus groups For example, Tomkins et al. (ibid. 2010) raise the epistemological question of whether it is possible to maintain an ideographic and psychological construction of experience in the context of a group discourse. During the data gathering, I was conscious of the pull to be drawn into the dynamic of the group, but I also found that the narrative of each woman had a coherent thread that ran through the group and was identifiable within the wider discourse. In the smaller groups (4-6 participants) each woman's account built up a picture of her experience of the issues under discussion. Some of these were extremely evocative and conveyed a powerful affect resonant with what I understand 'lived experience' to mean. I thought that it was possible to move from part-whole, from individual–group and take up the ideographic element, whilst being sensitive to the inter-relational element of the group. I note that Tomkins et al refer to *'phenomenology's foundational concern with the interrelational nature of experience and of our reflections on it.'* (Tomkins et al., op.cit., p.245). The exception to this was in the single large group, (13 participants) where the ideographic component of some of the women got lost. This strongly suggests that small group sizes of up to six are advisable.

I consider the movement between the part and the whole, the 'hermeneutic circle', being similar to an analytic stance, where the analyst is listening to the story as it appears, but also listening with a different ear to the unconscious meaning that runs along with it, as well as being attuned to their own subjective responses to the material. The capacity to bear both the group and the individual in mind seemed familiar in this respect.

I refer the reader to both papers for a comprehensive discussion about the epistemological and methodological issues about using focus groups in an IPA approach. In retrospect I would have preferred to have employed the model developed by Palmer and colleagues (2010) where the dynamic of the group was featured in the analysis of the data. I think this would have made for a more methodologically and epistemologically rigorous study.

Early on in the data gathering I was uncertain about how to manage the tension that I felt between the need to be simultaneously part of the research process in a self-reflexive way and getting to know the data from the inside, whilst also holding a more objective position, looking at the material from the outside. At this point I felt that I wanted to resolve the tension, either by assuming a clinical position and interpreting the data from a psychoanalytic perspective or striking out for coding prematurely. Taking up the clinician's stance left me feeing that I had become lost in a kind of psychological enclave, the alternative position left me feeling deadened, as if the life of the material had been killed off. I found the remedy was to return to the data and use it as the springboard for the interpretative element of the analysis; just as a clinician I return to the material of a session in order to understand it.

My experience of these groups was that the groups supported and inhibited certain kinds of conversation. On the one hand I think that my transcript commentaries show that the women in each group were able to articulate and learn about their perspective through the discussion with others about the phenomena in question. It was as if the women learnt what they thought as their thinking unfolded during the to and fro with others. I saw the group as being a very important way for the women to talk to and learn from each other.

The discussions about what I have called Relational Knowledge were particularly enriching in this respect and enabled me to feel confident that in this study, the pre-natal auditory experiences between mother and baby and the mother's experience of her infant post-natally in relation to sound, provide evidence of Maiello's idea of the 'sound-object' (1995, p28). In addition, the data also suggested that this pre-natal experience and the body memory laid down during this period have other sensory aspects that are evident in the post-natal mother-baby experience.

I understood the group as representing elements of the socio-economic and cultural discourse, alongside the unique perspective of the individuals within it. In this way I saw the groups as representing the wider social context of which these women were a part and through which they shaped their lived experience.

Groups may have inhibited certain kinds of discussion and this was evident in one group during a discussion about aggression in the home. The relative silence at this

point, combined with my counter-transference that had a strong flavour of 'whoah, back off', strongly suggested that this was not a subject easily talked about I the group context. I am aware that there is an issue within this community, although it is a diverse group, about 'gossip' and this may have contributed to some areas of relative silence in the groups.

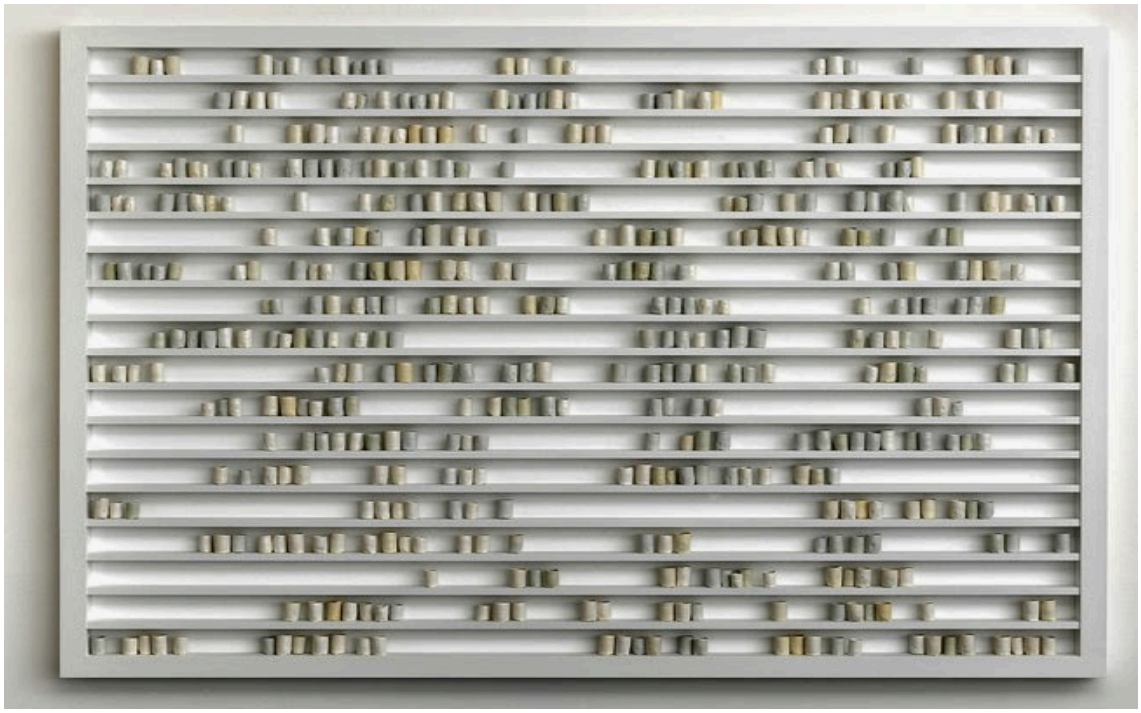
The individual expression of women's lived experience could then also be seen as similar to, or different from, the views offered in the group. The use of individual interviews was highly illustrative of the ideographic component of the study and could have been further developed to be rich enough as the basis for the study, as is usually the case in IPA studies. The interviews allowed the women to talk in greater depth about particular elements and to explore some of the more personal meanings that they might have felt too exposing to be mentioned in the group.

With regard to the issue of the psychological element of this analysis, in my view each woman's account made psychological sense in the context of the psychoanalytic framework that I had in mind. In addition, I took my counter-transference as a guide to the unconscious elements of an individual's commentary and this use of my own psychological sensibility provided further evidence of the psychological component of the data gathering process in groups as well as within the individual interviews. I think that there is an argument for using the researcher's subjectivity in this way, as an element of an IPA analysis. Smith (2009, 2004) reminds the IPA researcher that interpretation *'should be clearly developed from the phenomenological core'* they should *'come from within, rather than from without'*. In my view, the use of the researcher's subjectivity, particularly when it is rooted in clinical psychoanalytic skills, is a helpful adjunct in the task of illuminating meaning.

The issue of being patient and letting a pattern emerge within the research framework was fundamental to the way I conducted this study. I was mindful not only of Bion's teaching in this respect but also the perspective of De Waal, a potter. Both connected with the existential aspect of IPA. De Waal, (2010) has devoted a lifetime to this very idea of letting a pattern emerge from apparently separate elements, in his case, pots. In the picture below, you will see a series of pots, each crafted without too much conscious attention to their final state, for example whether they were flawed in some way, or subtly differently. Subsequently De Waal placed each pot, one by one on shelving, as

he felt they worked best together. The shape emerged from the unique and creative interplay between the artist and his felt response to the pots and the space.

Picture 2: Edmund de Waal. "Atemwende, I" (2013)



My experience of this study, in the undertaking and the observation of the process, has been moving to the point where that data has formed a pattern, and taken on a meaningful shape that has illuminated the original research question and raised a number of interesting issues that warrant further exploration. These are addressed in the final chapter.

CHAPTER 6 RECOMMENDATIONS, DISSEMINATON & IDEAS FOR FURTHER RESEARCH

I have several recommendations relating to different aspects of my findings, these are as follows:

6.1 Recommendations

6.1.1 Children's Centres

- That Children's Centres managers consider the significance of Children's Centres as containers of social anxiety, with particular reference to first time parents and those who have recently arrived in the UK or the Borough. This has the potential for influencing the approach taken in Parenting courses and highlights the need for Children's Centres.

- There is a potential conflict between the role of the Children Centre as facilitating connection with communities and taking up a safeguarding role. In my view, this is worthy of further consideration and could be considered amongst Children Centre managers and also more strategically by the Early Years lead.

- The women in this study valued talking together, albeit in the research focus group. The idea of a 'talking group' is one that could be imported into the Children Centre offer. It could be targeted around an existential theme, for example becoming a new parent or parenting in a foreign climate, or a more practical one, such as behaviour or discipline. A key element of such groups is their psychosocial therapeutic function, alongside their educational purpose. It seems important that these groups are designed to elicit the lived experience of the participants, with a wider purpose as this was empowering to the women in this sample.

- Fathers may also benefit from similar groups run at times when unemployed men could attend, as well as those in employment. In my experience, of the Bangladeshi community in Tower Hamlets, unemployed men, especially those who have been without employment for several years, are often depressed, some with accompanying physical illnesses that may be understood as a somatic

expression of their distress, for others difficulties emerge in their marital relationships or with their children. A key element of such groups is their psychosocial therapeutic function, alongside their educational purpose. As above, these groups could be designed to elicit the lived experience of these fathers for a wider purpose.

- The impact of migration can be profound for many people and the multiple losses are not easily overcome; there are vast differences between rural Sylhet and Tower Hamlets. One way to support an individual's sense of going on being at an embodied and sensory level would be to provide opportunities for horticulture. This is increasingly recognised as having therapeutic value, as well as encouraging social cohesion. Examples of this can be found at the Bromley-by-Bow Healthy Living Centre and Sage Greenfingers, based in Sheffield. An example of research is Sempik and Aldridge's summary of Growing Together, a study into the use of social and therapeutic horticulture for vulnerable adults, (2005).

- Access to English as a second language classes are significant in helping parents become more confident and more able to access services and support their children; these should be widely available with crèche facilities for participants.

- Sources of help outside the family were important and these services are readily accessed through Children's Centres. In my view specialist services, need to be part of the Children Centre offer. For example, those identified in this study: Parenting groups, Speech and Language, Occupational Health, Child Psychotherapy, Educational Psychology and Adult Psychology.

- The findings of this study could be communicated in presentations to Children Centre staff and staff working in specialist services within Children's Centres.

6.1.2 CAMHS

- That CAMHS support the development of outreach work with the Bangladeshi community and other ethnic groups through their involvement with projects like Help at Hand.

- That Child and Adolescent Psychotherapists are better enabled to bring their training, skill and experience to work in outreach settings, for example by running projects such as Hep at hand or talking groups outlined above.

- That CAMHS staff are available to facilitate 'talking groups' as mentioned above.

6.1.3 Commissioners

- That in line with the Marmot review (2010) and the Tower Hamlets Commissioning Strategic Plan, 2012/13 – 2014/15 and the stated commitment to '*Give every child the best possible start in life'* (p.15), commissioners dedicate funding for the development of universal Children's Centre provision that takes into account the psycho-social and containing function of these Centres particularly for new immigrants and first –time parents.

- That in addition, commissioners dedicate funding for the development of multi-disciplinary and multi-agency projects like Help at Hand in Children's Centres for the most vulnerable parents. This would sit alongside their commitment for a high impact early intervention strategy.

6.2. Dissemination

Findings from this study could be disseminated through presentations and/or workshops to:

- Children Centre staff and Family Support Workers
- Early Years providers as policy interpreters and implementers
- GP's as commissioners and key signposters.
- Local Health Watch groups as significant in disseminating and facilitating communication between policy makers, practitioners and users.
- Child Psychotherapists during their training and subsequently, to raise the profile of issues facing people in ethnic communities and their perception of their children and their task as parents.

- NHS Trusts or Foundation Trusts who might be interested in developing their community /outreach provision for adults and children 0-5 years.
- Themed sections from this study put forward for publication in relevant journals, for example: Journal of Child Psychotherapy, Psychodynamic Practice, and British Journal of Psychotherapy.

6.3 Research

The OU ESRC funded research project: Identities in process: becoming Bangladeshi, African, African Caribbean and White mothers (Hollway et al., 2007), involved social scientists and child psychotherapists using the Free Association Narrative Interview method (Hollway and Jefferson, 2000) and the Infant Observation method, (Bick, 1964). This project demonstrated the value of inter-disciplinary enquiry and the richness and creativity that can emerge as a result. This small study shows additional relevance for further larger scale inter-disciplinary research projects, for example:

- A study involving several different ethnic groups looking at issues of the lived experience of parents in relation to their children and their task of parenting, using a mixed methods approach involving the Infant Observation Method.
- A companion study could explore the views of a mother and a father across two different ethnic groups, using unstructured interviews with a few core questions, using an IPA framework.
- A study to further develop the findings in relation to Maiello's 'sound object' (1995) in conjunction with developmental and neuro-scientists to look at the lived experience of mothers and fathers of their baby's pre-natally and then post-natally.

I can also envisage smaller research projects, for example:

- A study exploring the lived experience of Bangladeshi parents and adolescents about their worries to see what part 'holding close' plays for the different groups. I suspect that this kind of study could be replicated within other ethnic groups to good effect.

Action research with in-built evaluation and follow-up at 6 months and 1 year could take the form of running talking groups for first time mothers and fathers to see how this helped them in their new role.

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APPENDIX A: Ethics Permissions

Camden & Islington Community Research Ethics Committee
REC Offices
South House, Royal Free Hospital
Pond Street, London
NW3 2QG

Telephone: 020 7794 0500 extn 36906
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02 March 2010

Mrs Ferelyth Watt
Consultant Child & Adolescent Psychotherapist
East London NHS Foundation Trust
Emanuel Miller Centre
Gill Street Health Centre
11 Gill Street
London, E14 8HQ

Dear Mrs Watt

Study Title:	**Crossing the Threshold: the transition from having a worry to seeking help amongst a sample of first and second generation Bangladeshi parents of children 0-5 years. Does culture matter?**
REC reference number:	**10/H0722/11**
Protocol number:	**Version 1**

The Research Ethics Committee reviewed the above application at the meeting held on 22 February 2010. Thank you for attending to discuss the study.

Ethical opinion

The members of the Committee present gave a favourable ethical opinion of the above research on the basis described in the application form, protocol and supporting documentation, subject to the conditions specified below.

Ethical review of research sites

The favourable opinion applies to all NHS sites taking part in the study, subject to management permission being obtained from the NHS/HSC R&D office prior to the start of the study (see "Conditions of the favourable opinion" below).

Conditions of the favourable opinion

The favourable opinion is subject to the following conditions being met prior to the start of the study.

Management permission or approval must be obtained from each host organisation prior to the start of the study at the site concerned.

For NHS research sites only, management permission for research ("R&D approval") should be obtained from the relevant care organisation(s) in accordance with NHS research governance arrangements. Guidance on applying for NHS permission for research is available in the Integrated Research Application System or at http://www.rdforum.nhs.uk. Where the only involvement of the NHS organisation is as a Participant Identification Centre, management permission for research is not required but the R&D office should be notified of the study. Guidance should be sought from the R&D office where necessary.

East London NHS
NHS Foundation Trust

FINAL R&D APPROVAL

Mrs Ferelyth Watt
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14th March 2011

Dear Mrs Watt

Protocol: **Crossing the Threshold: the transition from having a worry to seeking help amongst a sample of first and second generation Bangladeshi parents of children 0-5 years. Does culture matter?**
ReDA Ref: **K1004/1**
REC Ref: **10/H0722/11**

I am pleased to inform you that the Joint R&D Office for Barts and The London NHS Trust and Queen Mary, University of London, has approved the above referenced study and in so doing has ensured that there is appropriate indemnity cover against any negligence that may occur during the course of your project, on behalf of East London Foundation Trust. Approved study documents are as follows:

Type	Version	Date
REC Approval		02.03.10
Protocol	v.1	10.01.10
Patient Consent Form – Bengali	v. 1	10.01.10
Patient Consent Form	v. 1	10.01.10
Focus Group Topic Guide	v. 1	January 2010
Vignettes x2 - Bengali	v. 1	10.01.10
Vignette x3 - English	v. 1	10.01.10
Briefing Guide for Facilitator	v. 1	10.01.10
Patient Information Sheet	v. 1	10.01.10 Amended 14.04.10
Patient Information Sheet – Bengali	v. 1	10.01.10
Professional Information Sheet	v. 1	10.01.10 Amended 14.04.10

Please note that all research within the NHS is subject to the Research Governance Framework for Health and Social Care, 2005. If you are unfamiliar with the standards contained in this document, or the BLT and QMUL policies that reinforce them, you can obtain details from the Joint R&D Office or go to:
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4108962

You must stay in touch with the Joint R&D Office during the course of the research project, in particular:
- If there is a change of Principal Investigator
- When the project finishes
- If amendments are made, whether substantial or non-substantial

This is necessary to ensure that your R&D Approval and indemnity cover remain valid. Should any Serious Adverse Events (SAEs) or untoward events occur it is **essential** that you inform the Sponsor within 24 hours. If patients or staff are involved in an incident, you should also follow the Trust Adverse Incident reporting procedure or contact the Assurance department via Incident.Reporting@eastlondon.nhs.uk.

We wish you all the best with your research, and if you need any help or assistance during its course, please do not hesitate to contact the Office.

Yours sincerely

Gerry Leonard, Head of Research Resources

On 15/02/2012 11:38,

> Hello Ferelyth
> Thank you for sending me all your documents. I have read through them and acknowledge your research sample/participants are adults but they are not deemed to be 'vulnerable adults'. Therefore you are not required to obtain RGF approval from this borough. You can therefore go ahead with your research.

Best wishes for your research.

Xxxxxxxxxx
Research Officer

Strategy and Performance: Chief Executive's
London Borough of Tower Hamlets
Mulberry Place
5 Clove Crescent
London E14 2BG

Dear Ferelyth
Thank for sending documents related to your research proposal. Could you please complete the attached RGF proposal form. I need these specific information so that I can make a decision whether you need RGF approval or not.
Vicky Wheawall has left the Council so I would be grateful if you Would sent your reply to me please.

Kind regards.

Xxxxxxxxxxxxx
Research Officer
Strategy and Performance: Chief Executive's
London Borough of Tower Hamlets
Mulberry Place
5 Clove Crescent
London E14 2BG

APPENDIX B: Research Protocol

1. Focus Groups

Focus Groups were chosen as the primary method for data gathering because this method seemed to fit most readily with the idea of 'talking circles '(Malik, 2005 personal communication) which formed the basis for the approach towards health education and child development workshops used at the Community Centre. It also seemed appropriate in terms of what has been learnt about facilitating access to health services for minority ethnic groups. (Messent and Murrell, 2003; Malek and Joughin, 2004).

I anticipated running 4-6 groups, recognising that this number might require modification. (Morgan 1997) The groups each consisted of 4-14 participants, the average group size was 6 plus the researcher and a bi-lingual staff member if present.

I organised a meeting at the Pilot site Children's Centre with the Children's Centre Manager, Family Support Coordinator, Parent Forum leaders and Senior crèche worker to inform them about the research and ask them to identify Centre users who met the research inclusion criteria. Potential participants were drawn on a voluntary basis
from the local community on this basis. Once identified, potential participants were invited, verbally on the telephone or whilst using the Centre, by myself, bilingual
worker or other member of staff present at the information meeting, to meet with the researcher and the bilingual worker when they were be informed about the research
procedures and all consents and asked to consider taking part.

Previous studies using Focus Groups with parents of infants or young children and the researchers consultation with 2 parent groups in Tower Hamlets, showed that participants generally welcomed the opportunity to share their experiences with other parents and to talk to other parents. In addition, the researcher's familiarity with the locality provides background information about the potential for vulnerability in the groups and this information will underpin her approach to them. However, it was noted that for some participants this process might have aroused difficult or distressing emotions. The following issues were identified as needing to be managed in order to try and ensure that the participants have a positive experience of their involvement and that any distress is managed in a supportive and helpful way.

Researcher responsibility

I prepared and undertook the research meetings with the backing and ongoing support of

supervisors, research colleagues and professional colleagues.
Responsibility and risk. The researcher is mindful that whilst this is a nonclinical
group, there may well be parents facing difficulties of some kind and that these difficulties may emerge during a Group. For example, a parent may mention marital discord or even violence or a worrying response to their child. The Chief Investigator will ensure that each participant has an information sheet prior to consent outlining the researcher's responsibilities relating to harm for the participants and their children. This responsibility will also be outlined at the start of each Group, along with the statement about the responsibility of group members for the care and welfare of themselves and others during the Focus Group.

Potential participants were advised that should they wish to seek advice about taking part in the research they could discuss the matter with the Children's Centre Manager. The Children's Centre Manager was appraised by me (Chief Investigator) about issues of research participation and given relevant information from the Consumers in NHS
Research Support Unit and Consumers for Ethics in Research (CERES). These materials are available on audio cassette tape. For example, Health Research and You (Sylheti).

Accessibility and Communication

Research evidence and experience indicates that feeling informed about events and able to ask questions about them is an important aspect of an individual feeling confident. To this end, and in keeping with the wish to make the research accessible to the participants end, the participants were fully briefed verbally in English and Sylheti, and in writing in English and Bengali about the research project and its purposes. This provision was considered suitable to meet the communication needs of those participating in this project.

Well being of participants

The research participants were a non-clinical sample of healthy volunteers and so no contact was made with GP's, however, all participants were known to the Children's Centre staff. Should any issues have emerged as a result of involvement with the research project that required the involvement of a health professional, provision was made for follow up by the Family Support Team or Health Visitor connected with the Children's Centre in discussion with the participant(s) concerned.

It was recognised that as in any group, participants may feel unconfident, inadequate or left out during the discussion. As the group facilitator/moderator I was experienced in running groups and familiar with the need to ensure that the group was run in a way that encouraged all members to feel valued and able to contribute.

Give that the participants were drawn from a small geographical area and from within the Bangladeshi community, it was highly likely that some of the participants would know each other or have some connection with each other. It was important that the participants knew that their comments within the Group were to be kept within the
group and participants were requested not to ascribe names to comments if they discussed the issues raised in the group elsewhere. Moreover, the participants' privacy was also be safeguarded in the anonymising of all personal information
following the Focus Group through the substitution of initials for the groups and names of the respondents.

It was also acknowledged that in the course of the research (field work) the researcher and the bilingual worker assisting her in the Focus Groups, would inevitably experience a range of emotions, some of which may have been distressing. This would be a familiar experience for mental health workers. To militate against any upsetting effects of this experience, there were opportunities for debriefing following Focus Group meetings. There was also the possibility of seeking additional support from the research supervisor if required. As Chief Investigator, I conducted this research under supervision.

In collaboration with others, as outlined above, I drew up a set of statements /questions designed to initiate group discussion about the mother's views of normal child development and what factors, if any might contribute to them seeking help. Examples of these were: Some people say that babies and little children understand a lot, some people disagree, what do you think? Or, What hopes do you have for your child?

Each group lasted for up to 2 hours and took place in a room familiar to the mothers, this was either in the stay and play room where the children played alongside, overseen by a member of the Children Staff, or in a nearby room with the children paying alongside with toys made available to them. In one Centre, the parents met separately from the Children who were in the supervised crèche; this was the most disrupted group.

Each group interview was audio-taped and I undertook the transcription of all data.

The groups ran as follows:

1. Pilot Group

This group took place in a Children Centre that I was familiar with. The participants were drawn from a purposive sample of the users and were for the purpose of testing the practical aspects of the Focus Group. It also allowed me to become familiar with the materials. For

example, setting, duration, provision of refreshments, timing, recording facilities, crèche provision, vignette and prompts.

2. First Group

Women attending the Children Centre who were either first or second generation parents of children 0- 5 years and not yet attending primary school provision. It was hoped that the second-generation mothers, by virtue of them being more familiar with host culture values and possibly language, might help first generation mothers the discussion. For example by offering clarification.

3. Subsequent Groups

It was envisaged that the material generated by the first group and each subsequent group, would highlight themes that would together illuminate the 'lived' experience of the participants, in line with IPA methodology. (Smith et al., 2009) In this regard, I saw the outcome of the process as similar to idea of 'saturation' as delineated by Straus & Glaser (1967). The design originally anticipated 4 groups but recognized that this might need to change. (Morgan, 1997).

The number of groups was determined by several factors, including the saturation point of material and the practical difficulties I encountered in setting up the Focus Groups once I had stopped working in the Borough.

The idea for the research project was discussed with members of a Bangladeshi Mother's Forum, a Bangladeshi Father's Forum leader, a number of primary mental health workers including Bilingual staff from the Children's Centre (research site); Bilingual mental health clinicians from a local CAMHS Clinic; staff and volunteers from the Bangladeshi community; a Public Health coordinator and Health Visitor. The design of the research project was discussed with the above groups and comments incorporated into the research design and materials. For example, information sheet for potential participants, the questions to be asked during the Focus Groups and the vignettes to be used. The research topic was also presented to the Tower Hamlets Child Psychotherapy team; the Intercultural Practice Group, a CAMHS interest group, and to research groups at the Tavistock Centre and comments incorporated into the research design. For example, the approach taken to the questions presenting contrasting views. and seeking out the opinion of the respondents.

Verbal and written feedback has been given to a Children's Centre and an Educational psychologist who runs parenting programmes in Children's Centres across the Borough. Participants were invited to a feedback session but some had moved out of the area, others could

not attend and so further feedback is planned for the autumn.

Principal inclusion and exclusion criteria.

That participants needed to be:

1. Healthy volunteers;
2. Willing and give their informed consent to participate in a research project whose findings will be published;
3. First or second generation Bangladeshi parents of children 05 years, who have not yet entered Reception.
4. Willing to give their informed consent to participate in a Focus Group and to be audiotaped.
5. Considered suitable for the demands of the research task by the professional primary mental health network;
6. Available during the times of the Focus Group and be willing to attend the group.

The principal exclusion criteria were as follows:

1. Any individual who was unwilling to agree to the terms and purposes of the research;
2. Any participant who found that others in their immediate or extended family were not willing to agree to their inclusion as this might have created a situation of conflict in a family or extended family with possibly undesirable consequences for the participant;
3. Any individual who was a current patient of the researcher. This item was designed to protect the patient from any conflicting feelings that might have arise when participating in a group led by the researcher who was also their keyworker. For example, they may have experienced difficulty sharing their keyworker with a group of other people.
4. Any individual who was considered by any mental health professional in the network to be unfit for the task of the research Focus Group. For example, an individual who was experiencing significant mental health difficulties that would preclude them from participating in a group with a set purpose;
5. Any individual who was not a first or second generation Bangladeshi parent of a children 0 -5 years who had not yet started reception class.
6. Any individual who required the use of sign language. I considered that introducing a further interpreting feature into the research would prove too complex in terms of management of the group as well as in terms of gathering and analyzing data.
7. Any individual with profound sensory impairment or learning disability that precluded them from understanding the research prompts or from participating in the discussion that would ensue.

2. Semi-Structured Interviews

The protocols related to the research undertaking all applied to the participant's involvement in the individual interviews. In addition, the participants were told about duration, style of interview, for example that I would say very little there were no right or wrong answers as I was interested to hear their views about an issue.

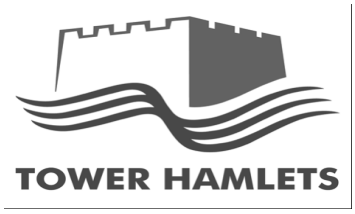
Participants were selected from the second of the groups run in OG. All those participating were invited to take part in an individual interview, at their home, or a place of their choosing, at a time that suited them, including at the weekend or in the evening. Participants were also invited to ask their husbands or other family member if they chose to do so. The invitation was extended to family members in order to allow any woman with additional support if she felt she needed it. This was considered important in relation to the husbands of the women, where there might have been difficulties in a woman participating in an interview without her husbands' presence or involvement. In addition, it served the purposes of the research to try and involve fathers.

The interviews were structured using questions similar to those used for the Focus Groups, but with the addition of statements or questions specifically related to the themes that had merged in the narratives of the women involved.

The woman were verbally informed about the process involved, for example time involved, audio-taping and the kinds of questions that would be asked.

APPENDIX C: A Sample of the Research Materials

Invitation Letter



East London NHS
NHS Foundation Trust

CAMHS EAST
Emanuel Miller Centre
11 Gill Street
London E14 8HQ

Tel: 020 7515 6633
Fax: 020 7537 3770
Website: www.eastlondon.nhs.uk

Welcome.
This is an invitation to join a research project called *Crossing The Threshold.*

The researcher Mrs Ferelyth Watt, is interested in learning more about
the kinds of things that Bangladeshi parents worry about their children when they are less than 5 years old.

The research involves interested parents meeting together for up to 1 $^{1/2}$ hours and give their opinions about various things to do with children 0-5 years. There are no right or wrong answers, what is important is people's ideas and views.

Mrs Watt will be joined by a Sylheti speaker to help the group as needed.

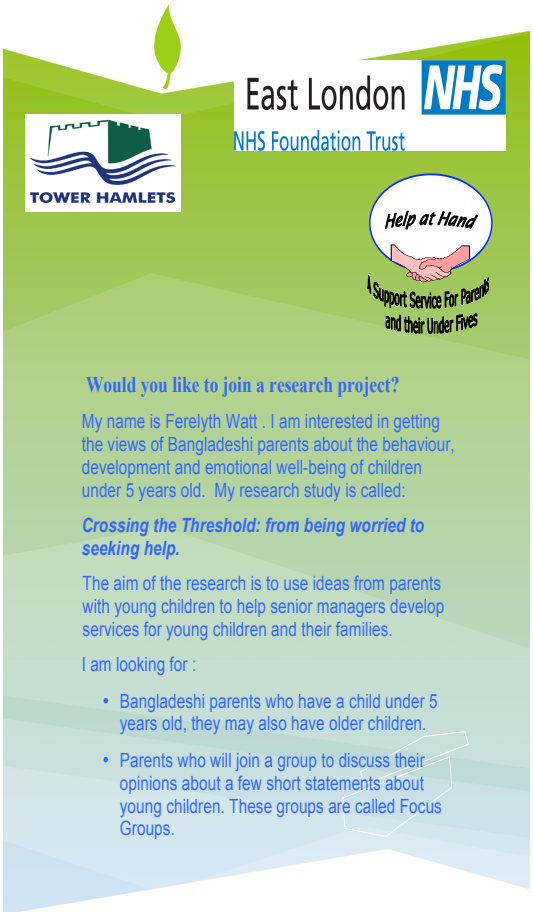
The group will be audiotaped so that Mrs Watt will be able to keep track of the themes that come out of the discussion. Initialising names will anonymise all comments.

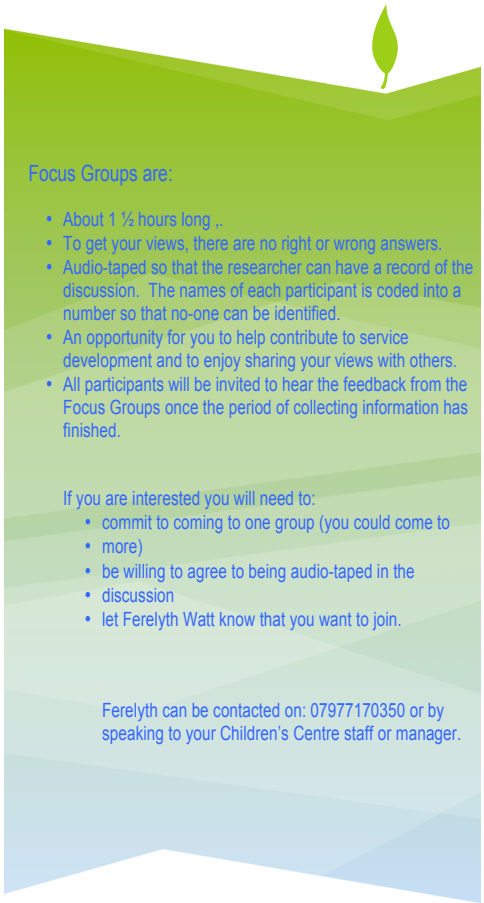
Mrs Watt will present the results of her research to participants when it is completed. Mrs Watt hopes to be able to use the information from these groups to help the development of services for children under 5 in Tower Hamlets and elsewhere.

Please let (insert name) know if you are interested in being part of this.

Focus Group Invitation 8.5.11

Research Leaflet





FOCUS GROUP RESEARCH QUESTIONS

1. I understand that babies and children feel many things and can understand many things. Discuss.

2. What hopes do you have for your child /children?

3. Bengali parents (mothers/fathers) –
   How much do you think they worry about their children?

4. What kind of worries or concerns about their child might make a parent (mother/father/carer) seek help? Where would they go to for help? Who would they seek help from?

Crossing the Threshold: from being worried to seeking help. January 2008. Rvsd. November 2009. **Focus Group Research Questions**

TOWER HAMLETS

East London NHS
NHS Foundation Trust

Help at Hand
A Support Service For Parents and their Under Fives

CAMHS EAST
Emanuel Miller Centre
11 Gill Street
London E14 8HQ

Tel: 020 7515 6633
Fax: 020 7537 3770
Website: www.eastlondon.nhs.uk

VIGNETTE 3

Suneha had been very ill after she was born and because of this she had spent some weeks in hospital. Now, aged 3 half years, Suneha finds it very difficult to separate from her mum, she cries and she is very clingy. She also gets very angry, especially with her mum.

What do you think about this?

Crossing the Threshold: from being worried to seeking help. **Vignette 3.** Version 1. January 2010.

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Help at Hand
A Support Service For Parents and their Under Fives

কাঠামা বা চরিত্র ৩

জন্মের পর থেকে সোহেনা খুব অসুস্থ ছিলো এবং এই কারনে তাকে বেশ কিছু সময় হাসপাতালে থাকতে হয়। এখন তার বয়স সাড়ে ৩ বছর। সোহেনা মাকে ছাড়া থাকতেই পারে না। মাকে ছাড়া সে কাঁদে এবং মায়ের কাছে ঘেষে থাকে এবং মায়ের সাথে সে খুব রাগ করে।

আপনার কি মনে হয়?

APPENDIX D: Focus Group C - Coding A and B - a sample

THEMES/CODING	TEXT	RESPONSES
	FW: Introduces self. Goes over purpose of research ground rules for group, complaints, safeguarding etc. Asks for introductions, numbers of children their ages and how length of time lived in TH?	
	FW: Tamar nam ki?	
	TK: (translation) Two children,	
	FW: Mmm, 2 children.	
	TK: Yeah.	
	FW: And how old are they? (Translation)	
Learning Difficulties	TH: 15 mths, looking down at her youngest who is on her lap. She is evidently developmentally delayed and holds her mother's gaze, then swings her eyes away in a slightly absent looking way elsewhere.	I feel that TK is depressed, her manner is subdued and she is very quiet. I am slightly surprised that she has come to this group really. My feelings about chn with additional needs and what this might evoke in parents – shame, distress, guilt, and anxiety. Also impact this might have on a sibling.
	FW: And your son?	
Mother's Hx in TH	TK: He is he is 3.5 (Little one has developmental delay and is sitting on her lap throughout. She looks up at her mum and sometimes vocalises dribbling. Towards the end of the session she begins to get fractious and wriggly. Son nearby plays a little but quite passive. Makes no attempt to interrupt her or divide her attention.	This mother joins in less than the others; her English is not as good. She can understand more than she can speak. I suspect that she is sad and worried about her daughter. Her son's passivity perhaps speaks for this
	FW: And how long have you lived in Tower Hamlets?	
	Bi-lingual interpretation re-presents question.	
	TK: For 4years. Yes. I am here 4 years.	
	FW: Thank you	
	2. Errm I am RR and erm I've got three children, my oldest one is 17, er my second one is	

Parenting style	one is 11 and I have got a one year old, as you can see. RR: (She laughs a little gesturing to her youngest daughter who is playing with some doll figures nearby. Her daughter is also curious about the microphone and comes up to it. Mum watches her and I say to her daughter, "It's very interesting isn't it?" Mum laughs and distracts her daughter with some paper on a nearby table. FW: Oh, right. RR continues, "And I was born and bred in Tower Hamlets, I have been here all my life." FW: So you have lived here RR: All my life. (Smiles) FW: All your life. Her daughter continues to play throughout the session. She occasionally comes over to her mum but otherwise occupies herself. 3. Ehhm. My name is KH. Erm, I have a 2 children, my son who is 5 and er my daughter is 2 and erm I have been living in Tower Hamlets for the last 7 years. K sounds lively and upbeat, she has a London accent. Earlier, when I introduced the materials about the research to her she told me that she doesn't read Bengali very well or speak Sylheti much, though she can understand it. Most of her friends are English and the family speaks English at home. 4. (Sigh) My name is FK. (Sigh) I have only one child and she is 2 years and 4 months. I am living nearly 4 half years in Tower Hamlets.	RR is confident and an experienced mother. She has had a long gap between her youngest and the next child who is 11 yrs old. Perhaps issues about having the last baby. I note that the children are all able to settle and play in this new room that is new to them ad less full of toys than the normal stay and pay room. A young and modern looking woman. The sigh characterises the way in which FH talks throughout the group. She conveys unhappiness with her lot and is not reconciled to it.

Infantile development and understanding – emotional /affect content of relationships Social & relational	FW: So about the same amount of time in Tower Hamlets as T and with K in the middle and R the longest. F: She born here, actually. FW: Yes, she was born here. (Pause) And I don't live in Tower Hamlets. I used to work here. I worked, for 12 years in Tower Hamlets, I work somewhere else now. I worked here until about a year ago. Okay, I've got some questions and statements and I would be interested to hear your views about the questions. FW: Okay so there are some questions and statements that I have got and it would be interesting to here your views about these things. **FW: I understand that children and babies feel and think a lot, what do you think about this statement?** Heads nod. RR: I can honestly say that I agree with that. I think that my daughter, even when she was a baby if there was you know, anxiety or unhappiness, she would understand. She does understand more than she can actually say. And she does understand more than she can say or instructions or others things. Feelings she does understand and facial expressions she really does understand. RR has looked over at her daughter who is playing with a doll. FW: What do other people think? (Children come over to the table and mike. It is very tempting isn't It.)? So what do other people think? You think	Research Question Definite view that babies understand

Capacity for mentalisation	that, you know she is able to pick up a lot, even if she isn't able to say everything yet. KH: Yeah, that's true. I agree with that too. You get, well in my experience, I don't know whether anyone else has had this but when my daughter was a baby she will pick up on who she wants to go to. You know. So you can tell. ***If someone doesn't give her that attention, she would go to that person who paid her that attention.*** She would go to someone who gave her more attention. So she wouldn't go to someone who didn't pay her attention. ***So they know, even when we're emotional they pick that up as well.*** Nods of heads in agreement with this. FW: Mmmm, that's interesting. Is that something…? (Nods around group and mutters of Yeah.) FK: Err yes I think so. ***My child, even she is little she can understand many things. When I shout with her father for some reason, she tell me, "stop, stop, no, no" (laugh)*** (Other women looking a little surprised, perhaps uncomfortable) She's running, she comes towards me saying, "stop, mummy, stop." She can understand that this is not okay. The situation is not good. She can say her grown up father, Go for job, go for job." (Some laughter from other women. Not entirely comfortable). Her daughter meanwhile was not far away and looked over at her mum as she talked.	affect and can pick up on other people's states of mind/emotions Babies gravitate towards people that they feel are responsive to them FK mentions some discord between her and her husband and her child's response to this. What does this do to a mother's sense of confidence in her capacity to help, to understand and to
Fathers as aggressive		
Mother's experience of child with learning diff		
Recognition that a baby with learning disabilities will be harder for mum to understand		

	FW: Mm okay, that's interesting isn't it. How about you T? (Interpreter) (Translation)	introduce the world to her child?
Parental worries	TK: She says that her older one understands more than her younger one***. Because the younger one has some difficulties, she's got underlying problems, the delays, there's developmental delays there. So, because of that her mum can't really understand her moods really.***	Mum is saddened by her daughter's delay.
Partnership	FW: So, you think that the little one because she has some additional needs, delays it makes it harder for her to understand you and to understand what is happening perhaps, between people? (Interpreter) (Mum looks saddened.)	
Parental worries related to parent's own childhood	TK: Yes, yes. (7.00)	
About physical hurt –pain	TK: Well, It's late, the development. (Qualifiying and adds hope)	Both parents involved with children here.
How to keep my children from harm and hurt?	FW: Yes. Things will take a longer time. So do you think, that erm, well we are talking about mothers, but there are fathers in this picture too, I guess from what you are saying. K, you have mentioned your husband, I don't know about everyone here. Other women nod.	Mother's insight into husband's behaviour
	Do you think father's worry about their children?	Differences between the first and subsequent chn.
	KH: Well, I think they both do. ***Both of us do, but my husband, he doesn't really show the worry. He doesn't worry as much as I do.*** Saying that though, when my son was one mo.. When I had	

Both parents worry but differently. Mothers worry more.	my son, he used to worry a lot more, say when my son got hurt or fell over or something; he got worried a lot more than I did. That's because I grew up with lots of brothers and so I was used to having a lot of children around all the time, but he didn't. So, but he's relaxed a little bit more with my daughter. FW: She's number 2. **KH: *Yes, she's number 2. He's more relaxed but with my elder one (laugh) he was so worried. With her he's relaxed s lot but with the older one he didn't.*** FW: Mmm right, that's different isn't it? KH: Yeah it is. ***They tend to still try and they do worry but not as much as we do.***	Parental worries in relation to his history. Points of identification, so and daughter.

ANALYSIS C – A SAMPLE GROUP THEMES 25.11.11

Page 1

External change and bureaucracy	Idea that there is an increasing drive for data collection that is more highly valued than emotional relatedness and the quality of relationships. This saddens CC staff.
The beginning	Welcomed to the centre but then left to get on with things on my own. Felt dependent yet also obliged to them and so also felt I didn't want to take up too much time asking things of staff. Similar perhaps to how many immigrant mums might feel.
The need to talk	I gathered that there would be a strong likelihood that women would latch onto me as they did anyone who was available to help.

Page 2

Language and communication	Language is a way to connect as well as a barrier to connection. Bi lingual workers dropped from drop-in as part of cuts.
Help seeking	CAMHS provide input once/month. Centre manager said how much it was needed.
Beginnings- will I have something Familiar to me?	Important that it was in this centre, the women already felt comfortable here.

Page 2/3

Inclusion/exclusion	The study for Bangladeshi parents, other women felt left out. Why couldn't they be included? I was aware of my counter-transference, feeling bad about leaving people out and wanting to be able to offer others something. Suggestive of needs not met.
Page 3	
CC Context locality CC Context – The centre	The area
Page 4	
The beginning - The room	Once again there is the sense of being dependent, yet needing also to seem to know what I was doing in order to prepare a contained setting for the women in the group.
Page 5	
The beginning – am I good enough?	The feelings I have about running the group and doing it well are mirrored by
Will I be able to do this?	
Women's external pressures	The demands that women have to juggle
Culture- clothing	All women are covered, some wearing more traditional dress, others, jeans, a blouse.
Page 6	
My child is disabled and worry	A pervasive sense of loss and grief

Play – children	Chn are very quickly settled and self-contained in their play.

Page 7

Play and curiosity – children

Maternal depression & child disability	The mother and child seem locked in a mutual daze and absence.

Maternal depression and child behaviour – passivity

Page 8

Belonging I was born and bred in TH Affirmed sense of belonging

Belonging I was born and bred in Enfield

White	Affirmed sense of belonging in London but has had to get used to being in TH amongst so many Bangladeshi people.

Culture and identity, language

Page 9

Belonging and identity	Idea that although a woman is new here, her daughter was born here and will belong here as RR does.
What do babies know/understand?	They understand about adults' moods, feelings and facial expressions. They know more than they can tell us.

APPENDIX E: Analysis C -Emerging Themes – a sample.

Emerging Theme	Page No	Source
Beginnings		
Beginnings and setting up and connections	1	MG1
The Beginning & babies	1	MG2
The beginning and being left to get on with it	1	CW
The beginning and not knowing, dependency	4	CW
The beginning - fear of failure, being good enough	5	CW
Beginnings and setting up	2	L
Beginnings and inclusion/exclusion	2	L
Beginnings and connections, familiarity	4	L
Beginnings and uncertainty	4 & 5	L
Beginnings and dependency	p 1	OG1
Beginning the welcome Xenia	p1	OG1
The beginnings and setting up	1,2	O G2
The beginnings and dependency	1, 2	OG2
The beginnings	1	MK
The Beginning	1,2	NK
The beginnings -Xenia	1	NS
The beginning and exploration	2	NS
The beginning and the focus group - context	3	NS
What Do Baby's Know?		
Everything from the start -copy from parents	2	MG1
Where mum is- gaze	3	MG1
Where mum is - smell	4	MG1
Attuned to mother's metal and emotional state of mind	6	MG1
They develop their understanding slowly	1	MG2
Babies do understand, through senses and relationships	1	MG2
Three and a half years the child is the master, knows everything	1	MG2
Right from the start they know through the smell of breast milk	1	MG2
After 3 days mm, after 5-6 days dad	2	MG2
They know through mum in utero about the world outside	3	MG2
About adult's moods, feelings, facial expressions	9	CW
More than they can tell	9	CW
Where they can get their needs met	10	CW
Aware of expressions of strong emotion, don't like negative affect	10	CW

Children with disabilities know less and understand less/differently	11	CW
Three and a half years the child is the master, knows everything		
Attuned to mother's metal and emotional state of mind	6	L
About love & affection	6	L
About anticipation	6	L
About thinking	6	L
They understand everything - transcendent	7	L
That certain behaviours can be used to manipulate mothers e.g. crying	7	L
That another baby is coming	10	L
Mother's smell, voice, way of handling, the feeling of her	12	L
Things about external world e.g. stress shouting voices, calm happy voices	13	L
How to communicate non-verbally	14	L
Some things and not others	10	OG1
Everything but don't necessarily act on it	12	OG1
About a range of feelings in other's and themselves, show empathic behaviour	13	OG1
Can identify with mother's feelings & empathise	13	OG1
What is expected of them and what to expect if there is consistency	14	OG1
Inconsistency between adults is confusing	14	OG1
People can be kept in mind when out of sight	14	OG1
Lots of thing , mum and then dad	5	OG2
Babies are very clever	6	OG2
Know mum through: smell, in utero, through hearing	7	OG2
It is said babies see everything	7	OG2
They know about religion through the other reading	8	OG2
They know about peaceful things in utero through the mother's peaceful activities	8	OG2
They know about stress in utero if the other is stressed	9	OG2
Hunger, separation, loud voices, absence of mum, dad and others	10	OG2
I don’t know what she think but	3	MK
Everything right from the start,	4	MK
They know about: seeking food, communicating through gaze, crying	23	MK
They know mum through senses	23	MK
They know dad a little after mum, also through senses	24	MK NK
They know mum by her smell, sound of voice, sight,	5	NS
They know they are held by the family	5	NS
They know their aunt first	6	NS
They know about the external world from being in utero through sound	7	NS
They know about the world in utero as a safe place	7	NS
If the mother walks in beauty, the baby will know this	7	NS

WHAT DO OLDER CHN KNOW?

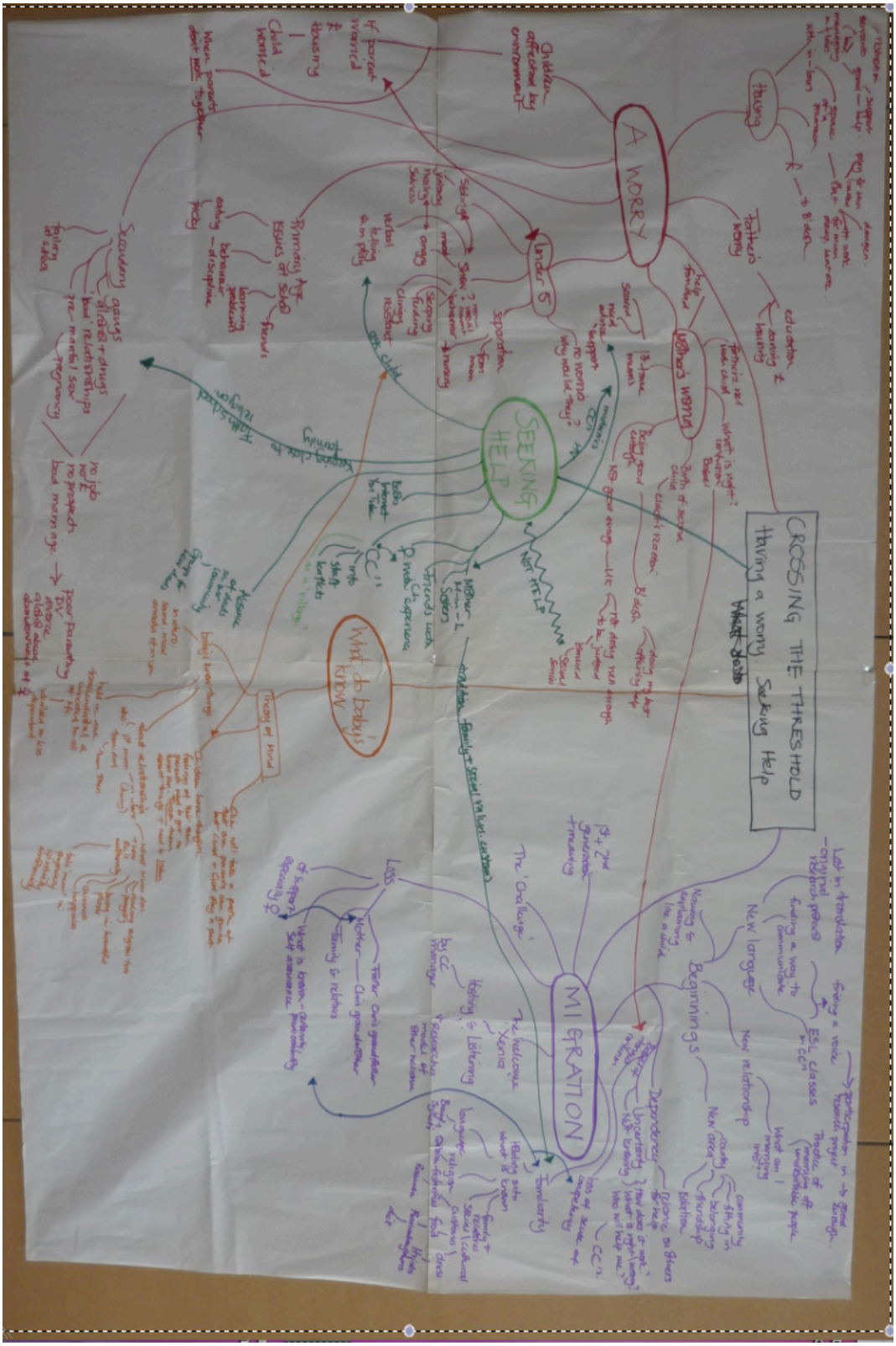
2nd pregnancy mum ill, tired baby feel it	6	MG1
2nd pregnancy mum Left out, angry goes with the age 3.5 yrs	6	MG1
2nd pregnancy mum being displaced, going to nursery also	7	MG1
fear of loss of mother's love	7	MG1
Things from outside - negative influences	10	MG1
This generation is more clever and more mature	5	MG2
Three and half years, the child is the master, he knows everything!	9 &10	MG2

What do parent's know and need?

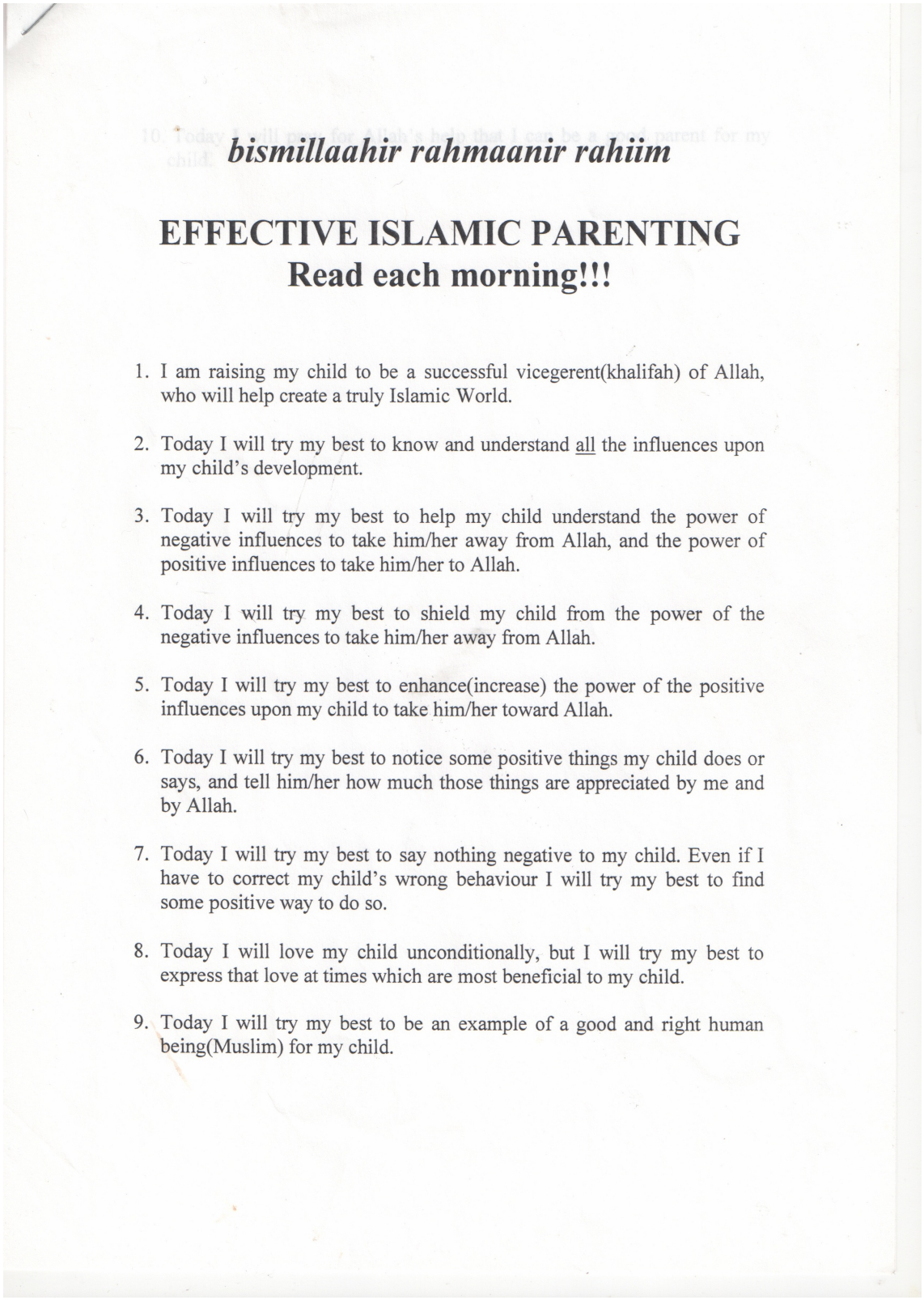
F Learning from experience You start off confused … now you know	1	MG1
SB Before born didn't now anything -- support from family	1	MG1
SB Baby understands everything parent teach him I have some experience	2	MG1
When she was a little one I was confused. She was the first baby.	3	MG1
Didn’t know anything. Support baby likes me mutual	4	MG1
Parents need support	4	MG1
Young mums they need advice, when they have a baby they are so scared	4	MG1
My mother in law did everything, change the nappy, cuddle	4	MG1
Parents need support - don’t know anything	4	MG1
They need help from mother in law e.g. changing nappy	4	MG1
They need support from family, they are scared.	4	MG1
They don't know anything so they need advice and support	4	MG1
They need love from their family	4	MG1
Support of family is crucial	4	MG1
Support from family to advise new parents	5	MG1
Support and advice about her body, there are many changes	5	MG1
Hospital discharge and change system	5	MG1
Support for dad because he doesn’t know either	5	MG1
Support from each other and sharing child care	5	MG1
Child might be scared about going to nursery	6	MG1
Chn show their distress in their behaviour e.g. going into reception	6	MG1
Help to sort out confusing/conflicting advice	8	MG1
Role of HV need to do more	5	MG1
Parental roles - differentiation wish for both parents to be involved	5	MG1
The men never change the babies’ nappy or feed the baby.	6	MG1
Looking after baby and working needs help	6	MG1
What's it like in B'desh?	7	MG1
You can go to your GPs because they can advise you	8	MG1
always go to your family and then you can go to the next person, mother, mother-in-law, someone who is experienced.	8	MG1

Mums from B'desh different. Won't know about a getting help, so advice not helpful confusing advice	8	MG1
To have help from people, in CC's not like the 40 days in Bangladesh	9	MG1
Worry, help from mum or HV	9	MG1
Holiday to B'desh, new perspective, support	9	MG1
Maternal depression and migration not knowing UK	9	MG1
Chn need to know their parents, their roots, otherwise spoilt	9	MG1
Parenting child in a different culture - difficulties	10	MG1
Good information including scientific information	2	MG2
Mother needs peace, tranquility, nice things like reading Qur'an during pregnancy	3	MG2
Bangladeshi culture, families' responsibility to look after child	4	MG2
They need training in how to be sensitive to their child's needs.	4	MG2
Maternal neglect - confusion?	4	MG2
Family support so that parents can be helped to 'mould' their child	4	MG2
Families should work together as a team.	4	MG2
We were behaving backwards. It is good to teach her like what I was.	5	MG2
This generation is more clever and more mature	5	MG2
To prepare to have chn, it is a big responsibility	5 & 6	MG2
Want more support from people in general, feel judged as wanting	6	MG2
Parental stress trying to care for their child adequately	6	MG2
Parents try to protect them from danger UK vs B'desh	6	MG2
To feel more support from those around them e.g. schools, HV	6	MG2
Help older siblings manage birth of younger sib.	7	MG2
That older chn have feelings about new siblings		
Every child grows differently.	9	MG2
Three and half years the child is the master, he knows everything!	9 &10	MG2
Mothers need Time to talk to each other and to play with their chn.	2	CG
Help available to talk about their worries with CAMHS worker	2	CG
Help from friends, family females with experience	16	CG
To learn about their child, find you what they are like	6	L
Helpful people e.g. in Children's Centres	3	OG1
Children Have minds		
Can keep things in mind	14	OG2

APPENDIX F: MAP OF KEY THEMES



APPENDIX G: Effective Islamic Parenting



bismillaahir rahmaanir rahiim

EFFECTIVE ISLAMIC PARENTING
Read each morning!!!

1. I am raising my child to be a successful vicegerent(khalifah) of Allah, who will help create a truly Islamic World.

2. Today I will try my best to know and understand all the influences upon my child's development.

3. Today I will try my best to help my child understand the power of negative influences to take him/her away from Allah, and the power of positive influences to take him/her to Allah.

4. Today I will try my best to shield my child from the power of the negative influences to take him/her away from Allah.

5. Today I will try my best to enhance(increase) the power of the positive influences upon my child to take him/her toward Allah.

6. Today I will try my best to notice some positive things my child does or says, and tell him/her how much those things are appreciated by me and by Allah.

7. Today I will try my best to say nothing negative to my child. Even if I have to correct my child's wrong behaviour I will try my best to find some positive way to do so.

8. Today I will love my child unconditionally, but I will try my best to express that love at times which are most beneficial to my child.

9. Today I will try my best to be an example of a good and right human being(Muslim) for my child.

Working with The Muslim Community: Introduction for Professionals Facilitator Mizan Amin. No date.