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“You Keep Yourself Strong”: A Discourse Analysis of African Women Asylum Seekers’ Talk about Emotions

By Maria Clare¹, Simon Goodman², Helen Liebling³ and Hannah Laing⁴

Abstract

The current study investigates how asylum-seeking African women use talk about emotion to construct empowered roles for themselves. A discourse analysis was conducted on interviews with African asylum-seeking women. Participants used two interacting repertoires, ‘rejecting pity’ and ‘being strong’, to resist inferior positions. By constructing themselves as strong and not needing pity, participants positioned themselves as in control of their lives, and thus presented as responsible and capable mothers, a role they are accountable for. Clinical implications and findings for future research are discussed.

Key Words: African, Asylum-Seeker, Emotions, Strong, Women

Introduction

Background

The current study investigates how asylum-seeking African women use their talk about emotion to reject a victim identity and to instead position themselves as having power and resilience. An asylum seeker is a person who moves across borders in search of protection. It describes someone who has applied for protection as a refugee and is awaiting the determination of his or her status. It has been argued that asylum seekers have had increasingly harsh measures implemented against them in the United Kingdom (UK) (Goodman and Speer, 2007). Women asylum seekers in the United Kingdom do not have the support of extended families they may rely on in their own countries, which increases their vulnerability (Whitakker et al., 2010). They

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frequently come to the UK from conflict and post-conflict countries (The Refugee Council, 2012) and face dangers if they are refused asylum and returned to their countries of origin, and they frequently live in destitution in the UK (see Goodman et al., under submission). Although women may have similar claims for asylum as men, differing gender roles impact upon these (Querton, 2012). Specifically, asylum-seeking women often experience complex health needs arising from traumatic experiences in their countries of origin (Scottish Refugee Council, 2009; Sherwood & Liebling-Kalifani, 2012). As a result, it has been shown that women asylum seekers may be especially prone to anxiety and depression (Silove et al., 1997). Women asylum seekers may therefore be experiencing highly distressing emotional states, with a very limited support system with whom to share their emotions.

Sharing of Emotions

Rime (2009) describes the social sharing of emotion as the process of emotional communication and interpersonal transmission. Rime (2007) provides seven reasons why people socially share emotions: venting, support and guidance, clarification and meaning, advice and solutions, bonding, attention and informing others. Heejung (2009) suggests that the verbalisation of emotion could be a way to control emotion but that this process presents an ambiguity. This means that on the one hand, our efforts to regulate emotions, such as anger and sadness, provide some of our most salient experiences of inward focussed self-regulation; however, on the other hand, our emotion regulation efforts are motivated by, and enacted within, a network of social, contextual and cultural constraints (Heejung, 2009). Rime (2009) also found no empirical support for the common view that putting an emotional experience into words can resolve it.

People from different cultures vary in the degree to which they emphasise verbalisation of thoughts and emotions and in particular their direct verbalisation (Heejung, 2009; Kim & Markus, 2002). Therefore, the ways in which people from different cultural contexts maintain their sense of social belonging could vary considerably. In Western cultural contexts in particular, verbal sharing of emotion carries the meaning of intimacy and interpersonal trust, and therefore it brings associated social benefits. However, in some non-Western cultures, this potentially positive connotation of verbal sharing of emotion is shaded by the sense of imposition and burdening others, thus dampening the potential benefits of sharing (Kim & Markus, 2002).

It has also been shown that the stigma and shame of being perceived to have mental health problems deters people from expressing emotion (Philips, 2002); therefore, asylum seekers may be less likely to show emotion to healthcare staff and potentially miss out on support (Liebling et al, under submission; Tribe 2002). It has also been suggested that, as well as being a risk for mental health problems, the stigma and shame experienced as a result of the nature of their experiences can also increase psychological distress (Hatzenbeuhler et al., 2010; Liebling et al., 2012).

In an exploration of the psychological wellbeing of young Somali refugees and asylum-seeking women, Whitakker et al. (2010) reported that although Somali women valued the support of family, services and religion, they paradoxically also valued concealment and feared disclosures in case they were labelled as 'bad, mad or possessed'. Whittaker et al. (2010) concluded that further research was needed to investigate the reasons for their concealment, the importance of appearance and hiding emotions, how the women 'get on with it' and the gendered aspects of these findings. These important questions are addressed in the current research.

Discursive Psychology and Emotions

Discursive Psychology (DP) (Edwards and Potter, 1992) takes a very different approach to understanding emotions, in that displays of emotion are viewed as ways of accomplishing something in a social interaction, rather than as an accurate reflection of what someone is really feeling. To this end, Edwards (1999) has investigated various uses of talk about emotion in interpersonal relations and narrative accounts. He emphasises the flexibility of talk about emotions in providing a sense of events and for managing issues of accountability and argues that as a result talk about emotion is a fertile ground for understanding how emotions are used. He summarises this position as follows:

Discursive psychology examines empirically how they [emotions] are invoked, and what kinds of discursive work such invocations perform. The discourse of mind and emotion is ... rich and various, full of contrasts and alternatives, and marvellously useful in working up descriptions of human actions, interpersonal relations, and in handling accountability. (Edwards 1999, p. 273)

Edwards (1999) illustrates how emotional categories are used discursively to construct the nature and causes of events and thereby manage accountability (Edwards & Potter, 1992). An example of this is Coupland et al.'s (2008) research, which concluded that shows of emotion in the workplace were designed to 'persuade an audience' (2008, p. 343) and to position speakers as either powerful or powerless. Therefore, Edwards (1999) and Coupland et al. (2008) demonstrate the usefulness of applying DP to the talk of emotions and offer a method to address Whitakker et al's (2010) questions regarding the use of emotions in women asylum seekers.

Research Aims

The current study of emotion focuses on how African asylum-seeking women display their emotions in interaction and what these displays of emotion are used to achieve, rather than focussing on them as representations of mental states. The research questions are therefore: how do African women asylum seekers use talk about their emotions, and what is their talk about emotions doing?

Procedure

Participants were recruited from a refugee and immigration centre in the West Midlands. English-speaking African women were approached. All participants had their own children, and one lived with her sister and niece. A description of the eight participants follows. All names used are pseudonyms for anonymity, and any information that could be used to identify participants has been omitted. Participant one, 'Melody', is 30 years old and has two children. She had been in the country for two months at the time of interview. She came from Zimbabwe to join her husband, who had been granted asylum. Participant two, 'Fabienne', is 33 years old and was raped whilst pregnant and persecuted by soldiers in Eastern Congo. Her husband and brothers were killed. After escaping prison, and spending time on the run, she was forced to leave her two children with relatives. Her children are soon to join her in the UK. Participant three, 'Charity', is 43 years old and has a six-year old son. She is no longer with her son's father and has no support from him. Charity is destitute and financially dependent on someone from her

community, with whom she and her son live. She is from Zimbabwe. Participant four, 'Nyasha', is 36 years old and came to the UK two years ago. Her sister had been forced to leave Zimbabwe because of her political affiliations with the National Transitional Council (NTC). After this, Nyasha, who was also actively involved with the NTC, received threats and so came to join her sister in the UK. Participant five, 'Nehanda', is 29 years old and fled Zimbabwe to avoid an arranged marriage. She is living with her partner and two children in the UK. Participant six, 'Saliza', is 28 years old and from Malawi. Her parents were killed whilst she was studying in the UK. Her partner left whilst she was pregnant with her first child. Destitute, she had to work illegally to support herself and her child. She is now with a new partner and they are expecting a child. Participant seven, 'Idai', is 31 years old and came from Zimbabwe nine years ago. She has recently been given leave to remain in the UK and has started a new life with her partner and two children. She hopes to continue her studies when her baby is older. Participant eight, 'Leila', is 20 years old and came from Burundi with her family as a child. Ill-treated by her family, Leila spent many years in care. Her complex situation meant that her application for asylum was delayed. Leila left the care system at 18 without having legal status in the UK or any family to go to. Leila has two children and was five months pregnant at the time of interview.

Semi-structured interviews were used to generate the data for the study. The four main questions that were selected were 'Do you have friends, family or a partner here that you talk to about how you are feeling?', 'Who did you talk to about your feelings in [home country]?', 'Do you sometimes feel you have to hide your feelings/emotions?' and 'Do you worry about sharing your feelings with people?'. The interviews were conducted between July 2011 and January 2012; they were recorded and transcribed verbatim by the first author using a simplified version of the Jeffersonian convention (see Clarke et al 2004). 'I' refers to the interviewer (author one) and 'P' refers to the participant number. Relevant parts of extracts are highlighted bold.

The data was analysed using Edwards & Potter's (1992) method of discourse analysis, which is associated with discursive psychology. To do this, the data was read so that the 'action orientation' (Edwards and Potter, 1992, p. 154) of the talk about emotions was given to what participants were accomplishing when they were talking about their emotions.

Analysis

This analysis focuses on two interconnected strategies: 'rejecting pity' and 'being strong'. These strategies were found to be commonly used when participants were asked about their feelings, to which they responded by talking about their children's needs, demonstrating how women's and children's needs are closely connected. Each of these strategies is illustrated in turn.

Rejecting Pity

In this section, it can be seen how participants explicitly reject the notion of being pitied. In this first extract, Idai clearly distances herself from being seen as someone others may feel sorry for.

Extract One (Idai)

1	P7	yeah I wanted people just to treat me way they treat
2		everyone. Not

3 I OK
4 P7 to look at me feel like **“ooh what she went through, I feel
5 sorry for her this poor (.) woman”** no I didn’t like that, I just
6 wanted everything to be like (.) everyone else to be the same
7 I mm mm
8 P7 yeah that’s why I was (LAUGHS)
9 I you didn’t want the pity
10 P7 no I er no because (LAUGHS) ((no)) er no I didn’t that I just
11 say “oh no” I just want people to just look at me and treat me
12 the way the way they can treat me if I am not not if they are
13 not feeling sorry for me
14 I mmm
15 P7 yeah (.) not to treat me like **“oh I feel sorry for her, let me
16 do this for her”** no I didn’t (LAUGHS) ((yeah)) yeah cos I
17 was feeling like if I did, I they do that I am a lazy person you
18 know maybe it’s like I can’t work I can’t do my things hhh so I
19 wanted to (.) be treated the same and then so that I can
20 make (.) do my things they way I like them

Idai is explicit about not wanting to be treated differently to others (1-2). She then speaks on behalf of an imagined other (signalled through the use of ‘ooh’ on line four) and gives an example of being pitied on behalf of ‘what she went through’ (4). In doing so, Idai is able to draw on her situation as a refugee and so simultaneously positions herself as someone whose situation requires sympathy, and also as someone who rejects this sympathy in favour of being treated ‘normally’. The interviewer reformulates this as rejecting pity (9), which prompts Idai to agree and restate her point about not wanting people to feel sorry for her (10-13). Idai then goes on to argue against requiring special treatment because of being pitied and contrasts this with a three-part list of negative qualities that this would bring (i.e. being lazy (17), unable to work (18) and unable to act independently (18)). Idai is therefore not just rejecting a specific identity (that of someone who requires pity) but is positioning herself as a moral individual who is hard-working and willing to work and to be independent. It can be seen, therefore, that in this case the rejection of pity is doing moral work (Stokoe, 2012). Like Idai, Nehanda also rejected being in the position of being judged and patronised.

Extract Two (Nehanda)

1 I yeah (.) what makes it hard to talk to people here [the UK]?
2 P5 I think at times what makes it hard is erm just being judged
3 really you know you you you don’t wanna (.) you you don’t
4 wanna be sort of erm (.) erm (.) judged or **I don’t like pity**
5 you know **if I confide in somebody I am not confiding and**
6 **expecting a lot of pity from anybody** (I/mm mm)
7 hhh **I don’t like somebody pitying me** (I/mm mm)
8 I like somebody who will offer me and then [?] erm strength
9 and positivity you know (I/mm mm)
10 and and at times I find it you know the way that coming from

11 being Black African (.) eer at times you find just people have
 12 this sort of erm (.) conclusion (.) you know that we all come
 13 there [?] and you know underprivileged and not educated
 14 you know

In response to being asked about what makes it difficult to talk to people in this country, Nehanda talked of rejecting judgement and pity. For Nehanda, ‘being pitied’ (6) is presented negatively as being the same as ‘being judged’ (4). Instead of pity, Nehanda presents strength as a desirable outcome of support; this helps to position being pitied as a sign of weakness, and therefore as something to avoid. By rejecting pity, which is constructed here as a negative judgement, Nehanda is rejecting potentially negative constructions of asylum seekers. Thus, she can reject the identity of being needy, underprivileged (13) and uneducated (13) that she associates with being given to Black Africans in the context of being in the United Kingdom (11); therefore, Nehanda is not just rejecting a disempowered individual identity, but is doing so on behalf of the much wider group; Black Africans. To summarise, these extracts contain examples of asylum seeking women explicitly rejecting being in need of pity. Being in need of pity was associated with negative judgements and identities and instead participants repositioned themselves as not requiring pity because they are in control of their lives. When accounts could have suggested vulnerability, such accounts were accompanied with the disclaimer of not being the kind of people that require pity. By rejecting pity, participants could claim empowering positions that elevated their status and credibility; in doing so, talk about pity and how it is not required can be seen to be doing moral work.

‘Being Strong’

In addition to ‘rejecting pity’, and the associated disempowered position that can come with requiring pity, participants can also be seen to go further than this in presenting themselves as ‘being strong’. Far from requiring pity, ‘being strong’ was used to describe resilience to trauma and adversity. In this first extract, Nyasha talks about keeping herself strong following the disclosure that she and her sister had experienced traumatic attacks in Zimbabwe.

Extract Three (Nyasha)

1 I do you feel you hide your feelings at other times?
 2 P4 yeh I do I keep like want to forget a (.) about about like
 3 the sufferings (6.00) **and you err you keep yourself strong**
 4 like you think that’s the life in Zimbabwe, that’s the life in
 5 Zimbabwe (2.0) (I/yeah)
 6 P4 it h, it happened to everyone else (3.0) (I/mmm)
 7 P4 **you keep their self strong** like telling yourself I am not
 8 the only one (I/mm mm)
 9 P4 that’s how we I have survived

A common feature of the interviews is that participants can be seen to be talking about ‘being strong’ in response to questions about showing or hiding feelings. As with the talk about denying pity, there is a clear reference to previous ‘suffering’, so the refugee identity remains, but rather than presenting herself as being damaged by this, resilience is shown. In Nyasha’s

case, this being strong is used to account for her survival (line 9) which constructs this being strong as especially important. Her experiences of suffering are, to some extent, downplayed by highlighting that many others from Zimbabwe have suffered, too, which works to present her experiences as normative. The importance of being strong is emphasised through the repetition of the references to it (lines 3 and 7). Like Nyasha, Fabienne refers to ‘being strong’ to position herself as resilient. However, unlike Nyasha, Fabienne does so as part of talk about her children and her role as a mother.

Extract Four (Fabienne)

- 1 P2 sometimes I said, (2.0) unless, at least, me I’ve got () those
2 children, there are some who are there (.) with nothing (I/mm)
3 P2 with anyone in their family (.) most of all of them been killed
4 (.) and you’ll be there just alone.
5 I (3.0) children?
6 P2 yes.
7 I mm (8.0) do you feel helpless?
8. [Six lines omitted]
9 P2 (sigh) yeah. For now, maybe you can say: yeah I don’t have
10 anything. I don’t (.) but me I hope, I hope that, everything will
11 be right. That’s what I (I/mm)
12 P2 yeah that’s what I’m thinking about say, I don’t have to lose
13 my: my hope because even **my children they need me to**
14 **be strong. so that I can do something because (.) now I**
15 **need to work.**

For Fabienne, talk about ‘being strong’ followed her reflections on her children. Fabienne had fled Congo, leaving her children with her maid, an extended family member. Even though her children were far away and in constant danger on account of belonging to the Tutsi tribe, she reflects that having them at all is a positive thing (1). After Fabienne’s first turn, the interviewer responds by asking if this makes her feel helpless (7), Fabienne responds to the interviewer’s question about feeling helpless by partially acknowledging that this could be the case, signalled through the term ‘I don’t have anything’ (9-10). However, Fabienne then moves to swiftly reject this possibility by declaring hope (10) that her needs will be met, rather than despair. It is at this point that Fabienne talks about being ‘strong’ (14), and she does so with regard to her children, so rather than being strong for herself, she positions herself as being strong for her children. The argument is that she needs to be strong so that she can work so that she can look after her children. In doing so, Fabienne not only positions herself as resilient, but as a resilient mother. Once more a specific identity (resilient mother), is used to perform gendered moral work (Stokoe 2012), and to account for specific behaviour (here working).

‘Being strong’ frequently preceded disclosures of situations where participants were in a position where they were potentially accountable for being judged as an ‘irresponsible parent’. This is clearly illustrated in this extract with Idai:

Extract Five (Idai)

- 1 P7 I had to ask a friend (I/mm mm)
2 to look after her sometimes eer [child interrupts] they
3 would () can't look after her today
4: child why you crying mum?
5 P7 [to child] I'm OK [to interviewer] I'm OK (2.0) soo I had to err I I did I
6 **just said I have to be strong because I want to study and**
7 **do this course**, so I did my level 2 eerrm in childcare level
8 two I did it and I finish so I used to take her to wake up and I
9 started ten (o'clock) but I had to leave the house at seven
10 because I had to walk and go and drop her [child interrupts]
11 to the other lady's house [child interrupts] and
12 walk to college so I need three hours to walk

Idai uses talk about being strong whilst talking about leaving her daughter with friends for long days. This is clearly a topic that Idai orients to as being problematic (as signalled by her child interrupting the interview to ask why she is crying). Whilst attending college could be viewed as a positive thing, it also potentially opens Idai up to challenges of not being a suitable mother and also of being someone who has to rely on others to get by. However, Idai presents herself as doing what needed to be done (5) and it is at this point that she describes herself as being 'strong' (6). In common with previous extracts, the speaker constructs herself as having to undergo considerable hardship, in this case having to walk for three hours to college. Once more, being strong is mentioned at a point in the talk where a difficulty is being discussed (in this case having to leave her child, rather than talking about suffering in her home country) and as with the previous extract the identity of mother is drawn upon and used as a moral category to present her as a good mother working hard to do what is best for the family.

To summarise, 'being strong' is a term that was used by participants to demonstrate resilience. Talk about being strong tended to be present at points in the talk where particularly difficult and traumatic experiences were discussed and as such being strong may not be seen as the expected response. It has been shown that talk about being strong was often explicitly related to talk about children and is connected to drawing on the identity of being a mother to do interactional work, often designed to show that the participant is a good parent. Talk about being strong functions to position the participants as resilient in the face of adversity.

Discussion

Discursive analysis of interviews has demonstrated the associated strategies of rejecting pity and being strong are used by asylum seeking women. Together, these strategies function so that participants construct a resilient and positive social identity of responsible parents and members of society and in doing so may avert negative judgements and stereotypes about asylum-seeking women.

The rejection of pity is not just an argument that is used by the participants, but it does identity and moral work, too. In terms of identity, the women are positioning themselves as people that do not need pity, as being pitied is presented as a negative character trait. Instead, the women position themselves as being 'better' than requiring pity, which can be seen as doing

moral work. Women, in this instance, are using this identity to reject the negative connotations of being the recipients of sympathy and are instead creating a more empowered identity; that of someone who can deal with difficulties without support.

A potential problem with the 'rejecting pity' strategy is that it can potentially further reduce women's opportunities for support, because they are saying that they don't need it, which can be problematic, given the difficult situations that these women have experienced. This finding adds weight to the suggestion that asylum-seeking women may be unlikely to seek necessary support (e.g. Liebling et al., under submission)

The analysis demonstrated that, as well as denying needing pity, the participants positioned themselves as strong. As with rejecting pity, such a strategy does both identity and moral work. In terms of identity, the participants are constructing a positive identity; one that infers independence and self-reliance. By constructing themselves as 'strong' and not needing pity, participants positioned themselves as in control of their lives and thus presented as responsible and capable functioning adults. As this is an empowering identity, it also does moral work in that, by taking on such an identity, the women are positing themselves as resilient in the face of difficulties, rather than beaten by their situation. A notable problem with such a strategy is that it may deny women of the support they genuinely need (Beauboeuf-Lafontant, 2003). Thus, the 'being strong' discourse maintains dignity and self-worth, but promotes 'getting on with it' and may avoid attending to the genuine difficulties that these asylum-seeking women have experienced.

Being Strong as a Parent

The 'being strong' discourse consistently accompanied talk about children and familial relationships and was used to present resilience. When talking about 'being strong', participants positioned themselves as mothers caught in the asylum process but nevertheless facing their parental responsibilities. The importance of women asylum seekers 'being strong' for their families and 'getting on with it' has been highlighted in Somali asylum-seeking women: 'Women were seen as strong, and it was particularly important for them to cope, sort out problems, 'be there' to help others, and care for their family' (Whitaker et al. 2010, p.182).

Talk of 'being strong' often occurred at a point in the talk where the participants could have become accountable for their parenting. In the current study, participants faced negative judgment for having children, often as single parents, as well as for being asylum seekers (see Goodman 2008 for a discussion on how asylum seekers can be criticised for being parents and for the way that they act as parents). Therefore, the participants can be viewed as orienting to these potential negative appraisals which is consistent with Leudar et al.'s (2008) findings, which showed that refugees and asylum seekers constructed their identities around 'hostility themes' expressed towards them from the media and local residents. In the current study, for those participants who were not caring for their children, 'being strong' was used to display hope and optimism for their own and their children's futures, which again demonstrates the association of empowering talk about strength and talk about family.

Implications for Clinical and Professional Practise

The findings of the current research could be valuable to all professionals working with asylum seekers and refugees, particularly those concerned with therapeutic interventions, healthcare, and by refugee support agencies. The study has illustrated how women asylum seekers construct themselves as strong and proud, particularly when they are most vulnerable and

in need support. Being seen as a ‘bad parent’ is shameful, thus ‘being strong’ and ‘rejecting pity’ presents a positive identity of responsible parenting. This conceals vulnerabilities, mental health and support needs, which then may be neglected.

As participants invest highly in ‘being strong’, therapy needs to be a safe space where women can express feelings without feeling completely overwhelmed and ill-equipped to face life without their position of ‘being strong’. Approaches that do not undermine women’s culturally-protective discourses are required. Regular supervision is necessary to maintain a reflective stance and address personal assumptions around asylum seekers and how this might affect practice.

Despite rejecting pity and talking about being strong, all participants disclosed psychological needs during interviews. As a coping strategy, ‘being strong’ can be a ‘double-edged sword’. Although a positive state of mind can promote good mental health, it makes it difficult for asylum-seeking women to ask for help—and also for others to notice they need it. Healthcare professionals need to be more aware of these dynamics and how they might influence the therapeutic process and to improve sensitivity in dealing with this. It can be very difficult for healthcare staff to know how women asylum seekers are feeling if the feelings are not displayed or spoken about. Interviews highlighted that participants were not familiar with emotional language commonly used in therapy. It is essential that all health and social care staff working with asylum seekers receive appropriate training to develop an awareness of the complex health and social care needs of women asylum seekers.

The impact of maternal mental health difficulties can have significant emotional and developmental effects on children. By focussing their energies on protecting their children, asylum-seeking women are at risk of neglecting their own needs, particularly in relation to psychological health and wellbeing. Having children present during health consultations or interviews can mean that women position themselves as coping, and minimise their own needs. Consequently, holistic and joined-up approaches to working with women and children need to be used in all services they may require. Given that women asylum seekers have a high risk of depression, it would also seem beneficial to promote wellbeing rather than waiting for distress that may be difficult to detect.

Recommendations for Future Research

It would be beneficial to present the current findings for discussion within a focus group to explore how African asylum-seeking women used the ‘being strong’ and ‘rejecting pity’ discourses collectively. It would also be useful to examine and compare the ‘rejecting pity’ and ‘being strong’ discourse of asylum-seeking women in environments in which they seek help and support, for example, therapy, support with claims[,] and medical services. It is important to find out how professionals respond to these discourses within different health and social care and legal settings. This may shed further light on the functions they achieve within these professional settings, and also perhaps on misunderstandings that occur. This, in turn, may help inform service development and provision, to better meet the needs of asylum-seeking women. This could provide information for a more holistic approach to asylum-seeking women’s social, educational, vocational, health and mental health needs, as well as those of their families and communities.

Conclusion

This article began by considering the complex needs of women asylum seekers, acknowledging their lack of social support and people with whom to share emotions. It was noted that there is a cultural aspect to women being seen to cope, requiring them to conceal emotions. It has been shown that participants use talk to achieve the function of being seen to cope. By constructing themselves as strong and not needing pity, participants positioned themselves as in control of their lives, and thus presented as responsible and capable mothers, and members of society, roles they are accountable for. Given the potential for asylum seekers to be strongly criticised in some aspects of society, it may be that concealing their emotions may be worth the cost, fulfilling important social functions for them. However, there is a need to recognise that, despite the advantages in many social situations, these discourses can mask emotional and mental health difficulties. There is need to take into account when, where and with whom women asylum seekers construct strong identities and consider how sensitive services and provided in an empowering way that promotes women asylum seekers' health and wellbeing.

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