Negotiating cultural identity and generational trauma: a narrative analysis of mental health in second-generation British South Asian women

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A thesis submitted for the Doctorate in Clinical Psychology

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April 2026

Acknowledgements

Firstly, to the remarkable women who so openly shared their stories with me. Your willingness, honesty and courage made this research possible. You trusted me with your experiences, your histories and the parts of your lives that are not always easy to speak about, and allowed me an insight into your lives that I will never take lightly. Your narratives are more than data, they are the heart of this work. They carry meaning, history and identity in ways that demand to be heard, held and understood. Your voices give this research its meaning and purpose, and I am deeply grateful to each of you for your trust and for allowing your stories to be part of something that I hope contributes to greater understanding and change.

I would like to thank my family, who have been the foundation beneath everything I have achieved. To my parents, thank you for always believing in me and for reminding me of my strength when I needed it most. Everything I am is built on what you have given me. To my brother, Rohan, who has always taught me to think deeply and question the world around me, you challenge me to see things differently and remind me of who I am when I lose sight of it. You have always believed in me and pushed me towards my full potential. To my grandmothers, two women who have shaped me into who I am today. My Nani, for your strength, warmth and the quiet way you continue to support and ground me, and my Jyotsna Dadi, who although no longer here, I carry with me every day. The embodiment of resilience, wisdom and ancestral strength. You have rooted me in my culture, my values and what it means to be an Indian woman.

To Sara, Janvee, Alice, Safi and Lilah. There aren't enough words for what you have meant to me over the last three years. This journey would not have been the same without you. You are not only my support system but a constant source of inspiration and I feel incredibly lucky to have learned alongside you and from you. You are all going to be such influential, thoughtful and impactful clinical psychologists, and I am honoured to have shared this journey with you.

To my supervisor, Jasmeet. It has been a privilege to have you walk alongside me through this process. As a South Asian woman in this field, seeing you exist with such strength and integrity has

meant more than I can articulate, and your presence has made it possible for someone like me to believe that I belong here. Through moments of uncertainty, it was your belief in me and in this work that held me steady. The way you show up and the space you create quietly opens doors for those who come after you. It makes it easier for future South Asian psychologists to see themselves here, and for South Asian clients to feel understood and seen. Your guidance and care have meant so much. You have been more than a supervisor, but a mentor whose strength and presence I will carry with me.

And Kiran, your support extended far beyond your role as my PPI contributor. Thank you for your guidance, your encouragement and for being someone I could turn to, not just for this work but for reassurance and perspective when I needed it most.

And finally, to every British South Asian woman. This is for you**.** We carry so much, often in silence. We hold our families, our cultures and our histories while trying to find space for ourselves. We come from generations of strength, resilience and sacrifice, but our struggles also deserve to be heard and understood. We are allowed to speak, to feel and to take up space. In doing so, we begin to break cycles, challenge expectations and create new possibilities for ourselves and for the generations that follow

"i stand on the sacrifices of a million women before me thinking what can i do to make this mountain taller so the women after me can see farther" **– Rupi Kaur**

Abstract

Background: South Asian women in the UK navigate mental health within intersecting contexts of colonial histories, migration, racialisation and gendered expectations, often negotiating dual cultural identities. Existing literature relies on prevalence-based or culturally reductive accounts, offering limited insight into the contexts shaping distress, particularly for second-generation women. Narrative and postcolonial perspectives highlight the importance of examining these layered experiences.

Aim: This study aimed to explore how British South Asian women narrate and make sense of their mental health and wellbeing, with attention to the impact of cultural identity and intergenerational narratives.

Methodology: A qualitative design was employed through semi-structured interviews with 18 second-generation British South Asian women. Accounts were analysed using narrative analysis to explore how identity, experience and meaning were constructed across personal, familial and sociocultural contexts. A postcolonial feminist lens informed the analysis.

Findings: Participants positioned identity as an ongoing negotiation across cultural and generational contexts. Stories were organised around recurring narrative patterns, including inherited silence as survival, women as emotional containers and the negotiation of belonging. Intergenerational histories were present through fragments and implicit expectations rather than explicit accounts. Participants described themselves as both inheritors and re-authors of these narratives, engaging in processes of reinterpretation and change. Distress was understood as embedded within relational and historical contexts rather than individual pathology.

Discussion: Findings highlight the limitations of individualised models of mental health. Silence, endurance and emotional restraint are reframed as survival strategies rather than deficits. Participants' accounts reflect an emerging generational shift towards greater psychological reflexivity, while tensions related to honour, belonging and cultural continuity remain.

Implications: The study underscores the need for culturally responsive approaches that recognise intergenerational histories, relational contexts and culturally situated expressions of distress. Centring South Asian women's narratives is essential for developing more nuanced understandings of mental health and informing clinical practice.

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1. Introduction

1.1. Chapter overview

This chapter outlines the conceptual, historical and theoretical foundations of the study. It begins by defining key terms including South Asian, mental health and wellbeing, cultural identity and generational trauma, acknowledging their historical and discursive positioning.

The chapter then situates South Asian women's experiences within broader United Kingdom (UK) contexts, considering the enduring influence of colonialism, Partition, migration, structural racism and gendered moral expectations. Drawing loosely on ecological perspectives, the chapter moves across macro-level histories, institutional structures and family contexts to illustrate how identity and wellbeing are negotiated across intersecting systems.

Relevant theoretical frameworks are subsequently reviewed, including identity theories, acculturation models, intergenerational trauma frameworks and narrative approaches. These are examined critically in relation to their applicability to diasporic and racialised contexts. A postcolonial feminist perspective provides the overarching analytic lens through which these theories are interpreted.

The chapter concludes by integrating these strands to establish the rationale for the systematic review in subsequent chapter and the empirical study that follows.

1.2. Key definitions and terminology

Establishing clear definitions is essential in research engaging with identity, trauma and mental health. Terms such as South Asian and generational trauma may appear straightforward, yet they are historically situated and shaped by dominant academic and policy frameworks. Much psychological theory has emerged from what Henrich et al. (2010) describe as "WEIRD" societies (Western, Educated, Industrialised, Rich and Democratic), raising questions about the universality of

its concepts and assumptions. Postcolonial scholarship further emphasises that knowledge production is embedded within histories of colonialism and power (Said, 1978; Bhambra, 2014).

Without reflexive engagement, such terms risk simplifying diversity and marginalising community understandings. This section therefore clarifies how key concepts are used in this thesis, acknowledging both their analytic usefulness and limitations.

1.2.1. South Asian

The term South Asian is widely used in the UK to describe people with ancestral heritage in the Indian subcontinent. For the purposes of this study, South Asian follows Marshall and Yazdani's (1999) definition, encompassing individuals with origins in India, Pakistan, Bangladesh, Sri Lanka and Nepal. This broader definition was useful for avoiding an overly narrow conception of South Asian identity centred on the largest or most commonly represented groups in UK research, while recognising the diversity of national and diasporic histories encompassed by the term. These communities share interconnected colonial histories and significant migration pathways to the UK, making it analytically useful in diasporic contexts.

However, this breadth also creates tension. The same category that enables inclusivity can imply a degree of cultural homogeneity that does not reflect lived experience. Religious affiliation, caste, class, language, region and migration history all shape lived experience. For instance, a Gujarati Hindu family who migrated via East Africa may differ markedly from that of a Bangladeshi Muslim family who arrived directly from Sylhet, reflecting distinct class histories and racialised encounters in Britain. Treating such groups as culturally uniform risks flattening these distinctions and reproducing the very essentialism this broader definition seeks to avoid.

The category is not a neutral descriptor but emerged through colonial and administrative classification systems that solidified fluid identities into fixed groupings (Cohn, 1987; Kalra, 2006). Contemporary policy categories in the UK continue this bureaucratic logic, grouping diverse communities under broad racialised labels for monitoring and service provision. While such

aggregation may enable visibility, it can also reproduce essentialised understandings of culture.

In this research, South Asian is therefore used as a pragmatic diasporic descriptor that reflects shared histories of colonialism and migration to the UK, rather than as an assumption of cultural uniformity. There was therefore a methodological tension between needing a sufficiently broad category to enable inclusion and resisting the homogenising assumptions that such a category can reproduce. I was conscious that using such a broad category created tension within my own positioning as a researcher. I wanted the study to be inclusive of different South Asian identities, whilst also avoiding reproducing the idea that these women shared a single cultural experience. This required me to remain reflexive about when using the term "South Asian" as an inclusive research category and when I may inadvertently be treating it as a cultural identity in itself. Throughout the study, I therefore sought to foreground participants' own regional, religious and linguistic identifications and attend to differences in how cultural and generational narratives were experienced and negotiated.

1.2.2. South Asian women

This research focuses specifically on South Asian women in the UK because gender is an important dimension through which cultural expectations, family relationships and intergenerational narratives may be experienced and negotiated. Within many South Asian communities, women are positioned as carriers of culture and guardians of family honour (*izzat*). Their education, relationships, dress and public conduct may be interpreted not solely as individual choices but as reflections on family reputation and collective morality (Gilbert et al., 2004). Identity is therefore frequently negotiated within relational and reputational frameworks rather than through individual preference alone. These gendered expectations provide an important context for understanding how women negotiate cultural identity and wellbeing.

At the same time, South Asian women are racialised within wider British society. Media and political narratives have often portrayed them as passive, oppressed or in need of rescue from "backward traditions" (Brah, 1996). These representations exist alongside community expectations,

producing complex negotiations of belonging, autonomy and respectability.

South Asian women are therefore approached in this research not as a homogeneous or passive group but as individuals navigating intersecting structures of gender, race, migration and culture. Focusing on women does not imply that South Asian men do not experience culturally shaped distress but reflects a deliberate focus on how gendered expectations and responsibilities shape women's negotiation of their cultural identity, intergenerational narratives and their wellbeing. Their narratives are understood as spaces where constraint and agency coexist.

1.2.3. Mental health and wellbeing

The term mental health is often treated as if it carries a universal meaning. The World Health Organisation (2018) defines mental health as a state in which individuals realise their potential, cope with life stresses, work productively and contribute to their community. While widely cited, this definition reflects biomedical and neoliberal assumptions linking wellbeing to productivity and resilience.

Understandings of mental health vary across cultural contexts. Western psychiatry has historically been shaped by Cartesian mind–body dualism, rooted in Descartes' (1641/1996) distinction between mind and body, which conceptualised psychological distress as separable from embodied or spiritual experience. In many South Asian traditions suffering may instead be understood as relational, spiritual and bodily rather than strictly psychological. Distress may be expressed through somatic complaints such as headaches or fatigue (Fernando, 2012) or articulated in moral and relational language. Wellbeing may be conceptualised collectively, tied to family harmony, spiritual practice and social belonging rather than individual autonomy (Kirmayer, 2001).

These differences have practical implications. When services are structured around individualised and verbally articulated models of distress, alternative idioms of suffering may be overlooked or misinterpreted. A critical perspective therefore asks not only how South Asian women express distress, but how dominant frameworks shape what is recognised as legitimate mental health.

Mental health and wellbeing are therefore understood broadly in this study, encompassing clinical diagnoses alongside culturally grounded, embodied and relational experiences of distress and resilience.

1.2.4. Cultural identity

Cultural identity refers to how individuals understand and position themselves in relation to cultural values, traditions and communities. It includes language, religion, dress, food, ritual and family practices, as well as processes of recognition and misrecognition within wider society. Cultural identity is therefore both internally negotiated and shaped through social and institutional contexts.

Psychological research has often examined cultural identity through acculturation frameworks. Berry's (1997) model outlines four strategies: assimilation, integration, separation and marginalisation. While influential, such models risk reducing identity to fixed categories and framing adaptation as an individual choice rather than as shaped by racialisation and structural conditions (Schwartz et al., 2010). For many South Asians in the UK, assimilation is not simply a matter of preference. Visible difference may position them as outsiders regardless of cultural adaptation.

Cultural theorists offer more dynamic perspectives. Hall (1996) described identity as a process of "becoming as well as being", shaped by diaspora and power. Intersectionality (Crenshaw, 1991) further highlights how identity is constructed across multiple axes, including gender, race, religion and class, producing layered experiences of constraint and privilege.

For South Asian women, cultural identity involves navigating gendered expectations, racialised stereotypes, migration histories and intergenerational obligations. It is not simply a matter of balancing "two cultures", but of negotiating belonging within overlapping moral and relational frameworks. Cultural identity is approached here as relational, historically situated and narratively constructed.

1.2.5. Generational trauma

Generational, or intergenerational, trauma refers to the ways the emotional and relational effects of collective or familial trauma may influence subsequent generations. Here, trauma is understood more broadly than exposure to interpersonal violence, encompassing experiences of collective adversity, displacement, loss, migration and other historically situated forms of suffering that may shape family narratives and relational worlds. Rather than implying a simple process of "transmission", contemporary scholarship emphasises how these experiences may be carried through family narratives, emotional climates, silences and relational patterns over time (Danieli, 1998).

The concept has gained prominence in research with Holocaust survivor families (Kellermann, 2001), Indigenous communities (Brave Heart, 2003) and refugee populations, though it remains debated. Critics caution against extending the concept in ways that pathologise communities or imply biological inevitability (Kirmayer et al., 2014). Others argue that focusing narrowly on individual psychopathology neglects the historical and structural conditions that produce collective suffering.

For many South Asian families, large-scale historical events such as Partition, colonial rule and migration have shaped family narratives and emotional norms across generations. These histories are often remembered indirectly through partial stories or everyday practices rather than explicit trauma accounts (Das, 2007). Importantly, this does not require a history of direct violence within families. Instead, intergenerational effects may emerge through loss, displacement, racism, cultural disruption and learned ways of responding to adversity. For women in particular, such dynamics may intersect with gendered expectations of care, honour and relational responsibility. Generational trauma is therefore understood as a historically shaped relational process, explored through women's narratives of identity and wellbeing.

1.2.6. Postcolonial feminism

Postcolonial feminism emerged as a critique of Western feminist scholarship that

universalised women's experiences while marginalising the roles of race, colonial history, migration and global power (Mohanty, 1988; Spivak, 1988). Early feminist frameworks often centred white middle class women's struggles for legal equality and individual autonomy, assuming relatively stable national and cultural contexts. Such models can overlook women whose lives are shaped simultaneously by patriarchy, racism, diaspora and intergenerational displacement.

For South Asian women in the UK, gendered expectations are tied to colonial legacies and racialised positioning. Interpretations that frame practices such as arranged marriage solely as oppression, or that equate empowerment with separation from family, may ignore relational forms of agency exercised within kinship and community structures (Narayan, 1997; Bhambra, 2014).

Postcolonial feminism foregrounds contextualised accounts of women's lives, emphasising that agency operates within intersecting systems of power including gender, race, class, religion and nation (Brah, 1996). It challenges portrayals of South Asian women as passive victims while remaining attentive to structural inequality.

Postcolonial feminism is employed as a guiding analytic lens, supporting a critical engagement with Eurocentric theory while centring historically and culturally grounded accounts of women's experience.

1.2.7. Narratives

Narratives refer to the structured stories through which individuals make sense of their lives. They organise experience by linking past, present and anticipated futures into coherent accounts and in doing so, actively construct identity rather than simply reflect it (Bruner, 1990; McAdams, 2001). Identity is therefore understood not as a fixed essence but as an ongoing interpretive process shaped through storytelling.

Narratives are embedded within cultural norms and social expectations. What can be spoken, how it is articulated and what remains unspoken are shaped by relational context and available

discourses (Bamberg, 2011; Somers, 1994). For South Asian women, storytelling may be shaped by concerns around honour, respectability and racialised positioning. Silence, indirection or humour may carry meaning alongside explicit articulation.

Narrative approaches are particularly relevant for exploring cultural identity and intergenerational experience. Historical events may be remembered indirectly through fragments, silences and everyday practices rather than through linear accounts (Das, 2007; Hirsch, 2008). Attending to narrative form as well as content allows examination of how inherited histories are interpreted and negotiated over time.

In this research narrative functions as both a conceptual and analytic orientation, guiding attention to how young South Asian women make sense of identity and wellbeing within relational and culturally situated contexts.

1.2.8. Summary

This section has clarified the key concepts that underpin the thesis, emphasising that terms such as South Asian, mental health, cultural identity and generational trauma are historically situated and politically shaped rather than neutral descriptors. A postcolonial feminist lens foregrounds how such categories can obscure internal diversity, reproduce deficit framings and reflect Eurocentric assumptions if used uncritically.

For the purposes of this study, South Asian refers to women with heritage in India, Pakistan, Bangladesh, Sri Lanka and Nepal, following Marshall and Yazdani's (1999) definition, while remaining attentive to variation within and across these communities. Identity, trauma and wellbeing are therefore approached not as fixed psychological constructs but as relational and narrative processes shaped by intergenerational histories, racialised structures and gendered expectations.

The following section situates these conceptual foundations within the historical and societal contexts that continue to structure South Asian women's lives in the UK.

1.3. Historical and societal context

Understanding the experiences of South Asian women in the UK requires attention to interconnected levels of influence. Drawing on ecological perspectives (Bronfenbrenner, 1979), identity and wellbeing are shaped across historical, structural, relational and individual domains rather than within individual psychology alone. Colonial rule, Partition, migration, racialisation and gendered moral expectations operate across these levels, shaping the conditions within which intergenerational experiences of distress and resilience emerge.

This section traces these layered influences, moving from the historical rupture of Partition to through migration and settlement in Britain, before considering contemporary structural inequalities and racialisation. It also examines the ways gendered expectations are navigated within families and communities. Together, these forces form the broader conditions within which cultural identity and mental health are negotiated.

1.3.1. Partition and its legacies

The Partition of British India in 1947 remains one of the largest and most violent forced migrations of the twentieth century. The division of the subcontinent into India and Pakistan displaced approximately 14 million people and resulted in up to one million deaths through communal violence, famine and disease (Talbot & Singh, 2009). Partition followed nearly two centuries of British colonial rule, during which racialised and gendered hierarchies were institutionalised across the subcontinent.

Colonial governance constructed Indian women through contradictory representations of exoticism, vulnerability and moral backwardness. Spivak (1988) captures this dynamic as “white men saving brown women from brown men”, illustrating how colonial power justified intervention by positioning Indian women as passive subjects requiring rescue. Simultaneously, colonial legal reforms codified religious personal laws and strengthened patriarchal authority within Hindu and Muslim communities, hardening communal and gendered boundaries (Chatterjee, 1993). These processes reinforced women’s symbolic role as bearers of community honour and authenticity.

The upheaval of Partition unfolded with particular brutality toward women. Between 75,000 and 100,000 women were abducted, raped, forcibly converted or subjected to sexual violence (Butalia, 1998; Menon & Bhasin, 1998). Women's bodies became sites upon which communal honour and emerging national identities were violently inscribed. Sikh, Hindu and Muslim women experienced violence in different regional contexts, yet patriarchal logics operated across communities. State sponsored "recovery" programmes frequently treated abducted women as national property to be returned, sometimes against their will, revealing how women were politically instrumentalised by newly formed states (Menon & Bhasin, 1998).

Beyond immediate violence, Partition generated enduring losses. Families were separated, homes abandoned and livelihoods severed, while emotional processing was often secondary to survival and resettlement. Although Holocaust trauma has received sustained psychological attention, particularly regarding intergenerational effects (Kellermann, 2001; Yehuda & Lehrner, 2018), the psychological implications of Partition have received far less attention within mainstream psychology. This reflects uneven scholarly engagement rather than differences in suffering.

For many South Asian families, Partition persists less as explicit narrative and more as atmosphere. Das (2007) describes how extreme violence becomes absorbed into the "everyday", embedded in moral codes, silences and habits. Descendants may inherit fragments rather than coherent stories, shaping orientations toward vigilance and endurance.

For South Asian women in the diaspora, these legacies intersect with gendered expectations of care, respectability and honour. Daughters inherit not only histories of displacement but moral expectations shaped by sacrifice and protection. Partition therefore operates not only as historical rupture but as an ongoing influence shaping identity, emotional life and expectations of resilience within British South Asian families.

1.3.2. Migration to the UK

South Asian migration to the UK occurred in several waves shaped by imperial ties, labour

shortages and geopolitical upheaval. In the post-war period, Britain recruited workers from former colonies to rebuild industries including textiles, manufacturing and transport (Bhugra & Becker, 2005). Migration was layered rather than singular, including movement from India, Pakistan, and Bangladesh, as well as secondary migration from East Africa following expulsions in the 1970s.

Although migration narratives often foreground male labour, women were central to settlement and community formation. Many arrived through arranged or transnational marriages, entering unfamiliar linguistic and social environments with limited support networks (Brah, 1996). Others worked in factories, health care and service industries while also managing domestic labour and childcare (Anthias & Yuval-Davis, 1992; Wilson, 2006). Migration required women to occupy multiple roles simultaneously, including wage earner, caregiver and cultural mediator.

For families expelled from East Africa, migration carried an additional rupture. Displacement disrupted established professional identities and social status (Ramamurthy, 2006), requiring families to rebuild economic and social stability within a racially stratified Britain.

Settlement involved not only economic adaptation but cultural negotiation. Women were frequently positioned as custodians of language, religion and moral codes within the home (Brah, 1996), while navigating discrimination in employment and public life. This dual positioning intensified emotional labour, as women supported children from racism while maintaining community cohesion.

Migration also reconfigured gender relations in uneven ways. Paid employment could expand autonomy, yet economic precarity and racial marginalisation sometimes reinforced tighter regulation of daughters' behaviour and reputation (Yuval-Davis, 1997). These shifts varied across class, religion and migration trajectory.

For second-generation South Asian women, migration functions not only as family history but as moral narrative. Parental accounts of hardship and sacrifice often structure expectations around gratitude, endurance and achievement. Migration therefore operates as both a structural condition and

an inherited story, influencing identity formation and interpretations of wellbeing within British South Asian families.

1.3.3. Racism and structural inequalities

South Asian communities in the UK have long navigated racialised positioning within British society. In the decades following post-war migration, overt hostility was common. Racist violence, including so-called "Paki-bashing," and far-right mobilisation targeted South Asian neighbourhoods and businesses, reinforcing their conditional belonging within the nation (Gilroy, 1987; Solomos, 2003). These experiences contributed to intergenerational narratives of vigilance, resilience and self-protection.

While overt violence has declined, structural inequalities persist. Pakistani and Bangladeshi households experience disproportionately high levels of child poverty, overcrowded housing and insecure employment (Jivraj & Khan, 2013; Joseph Rowntree Foundation, 2022). Socioeconomic positioning varies across South Asian subgroups. Indian-origin households, including many Gujarati families with histories of East African migration or small business ownership, often occupy different class locations, though experiences of racialisation and conditional belonging persist (Modood et al., 1997; Ramamurthy, 2006). South Asian women are also overrepresented in low-paid and precarious sectors, including health and social care and retail, often with limited progression (EHRC, 2019). These inequalities shape mental health through chronic stress and constrained access to resources.

The COVID-19 pandemic further exposed these disparities. South Asian communities experienced disproportionately high infection and mortality rates, linked to multigenerational living arrangements, frontline employment and existing inequalities (Public Health England, 2020). Women frequently shouldered intensified caring responsibilities whilst balancing paid work with domestic labour.

Racialisation also operates in everyday life. South Asians report discrimination across employment, education and healthcare settings, with cumulative effects on wellbeing (Nazroo, 1997;

Bécares et al., 2009). Muslim women, particularly those wearing hijab, face heightened exposure to harassment and Islamophobic hostility (Allen, 2010; Meer & Modood, 2009). Political moments such as the Brexit referendum were associated with increases in hate crime and intensified anti-immigrant rhetoric (Home Office, 2016; Virdee & McGeever, 2018), reinforcing experiences of conditional citizenship.

For South Asian women, racism intersects with gendered expectations. Within communities, women are often positioned as carriers of culture and honour, while in wider society, they may be stereotyped as oppressed or culturally incompatible (Brah, 1996). This dual positioning exposes women to scrutiny across both racialised and patriarchal domains.

These dynamics also appear within mental health services. South Asian communities are frequently described as "hard to reach" or "non-compliant" (Prajapati & Liebling, 2022), language that locates difficulty within communities rather than within service design. Historically, the term "bibi syndrome" was used in British psychiatric discourse to describe depressive or somatic presentations among South Asian women, attributing distress to cultural dependency rather than to racism, poverty or gendered violence (Rack, 1982; Bhui, 1999; Fernando, 2004). Such framings individualised suffering while obscuring structural conditions.

From a postcolonial feminist perspective, distress is better understood within intersecting systems of racism, economic marginalisation and Eurocentric service models. Racism therefore operates not only as interpersonal hostility but also as a structural force shaping identity, wellbeing and access to care.

1.3.4. Gendered expectations and honour

While colonial legacies, migration histories and racialised inequalities operate at structural levels, their effects are lived within families and relationships. Ecological perspectives highlight how broader political and economic forces acquire meaning through everyday relational practices (Bronfenbrenner, 1979). For South Asian women, this often takes shape through gendered norms that

organise behaviour, emotion and reputation.

Concepts such as *izzat* (honour) and *sharam* (shame) function as relational regulators rather than purely individual attributes (Gilbert et al., 2004; Yuval-Davis, 1997). Women's education, relationships, sexuality and public conduct may be interpreted as reflections of family morality. Daughters, in particular, are frequently positioned as symbolic bearers of respectability.

These expectations intersect with migration and racism. In contexts of marginalisation, families may emphasise moral discipline, educational achievement and reputational protection as strategies of survival. Regulation of daughters can operate as both care and control, protective in intention yet constraining in effect.

Intergenerational trauma further shapes these dynamics. Silence around Partition, displacement or racism may coexist with strong expectations of resilience and gratitude. Women are often socialised into emotional mediation, tasked with maintaining harmony and absorbing tension within households (Brah, 1996; Thiara & Gill, 2010). Emotional restraint may therefore become associated with virtue.

However, honour and shame are not static frameworks. Women actively negotiate and reinterpret them. Participation in education, professional life, interfaith or intercaste relationships and therapeutic spaces can reshape meanings of respectability and strength in contemporary British South Asian contexts. Agency therefore operates within constraint rather than outside it.

For young South Asian women in the UK, these familial expectations constitute the most immediate context shaping identity and wellbeing. Structural racism and historical trauma influence the broader environment, but meanings are often transmitted and negotiated within family relationships.

1.3.5. Summary

This section has situated South Asian women's lives within layered historical, structural, and

relational contexts. Colonial rule and Partition produced enduring ruptures that reshaped gender relations, communal boundaries, and patterns of silence that continue to reverberate across generations. Migration to the UK introduced new forms of displacement, adaptation, and racial positioning, with women occupying central roles in economic survival and cultural continuity.

Contemporary racism and socioeconomic inequality further structure the conditions under which South Asian women live and seek support. These macro-level forces intersect with gendered moral expectations within families, where concepts such as honour and shame shape emotional regulation, autonomy, and responsibility in ways that are both protective and constraining.

Taken together, these contexts demonstrate that identity and wellbeing cannot be understood at the level of individual psychology alone. They are formed within sociohistorical environments in which colonial legacies, migration narratives, racialisation, and familial moral worlds converge. The following section turns to theoretical frameworks that conceptualise how such layered influences are negotiated and narrated.

1.4. Theoretical and conceptual frameworks

The preceding sections have situated South Asian women's lives within layered sociohistorical contexts. This section turns to the theoretical frameworks through which identity, generational trauma and wellbeing are commonly conceptualised within psychology and related disciplines. Much dominant theory emerges from Western contexts yet is often treated as universal despite reflecting culturally specific assumptions about autonomy, individuality and emotional expression (Henrich et al., 2010).

Engagement with these frameworks therefore requires critical examination rather than straightforward application. This section reviews key models of identity development, acculturation and intergenerational trauma, assessing their contributions and limitations in relation to South Asian women's lived realities. Narrative theory and postcolonial feminism are then introduced as integrative lenses that foreground history and power in the construction of identity and distress.

1.4.1. Identity theories

Psychological theories of identity have largely emerged from Western developmental and social frameworks that assume cultural stability and individual autonomy as normative conditions. While these models offer valuable insights, their assumptions require interrogation when applied to diasporic and racialised contexts.

Erikson's (1968) psychosocial theory positions identity formation as a developmental task resolved through coherence between self and society. Marcia's (1966) identity status model extends this framework by categorising identity according to levels of exploration and commitment. Both approaches privilege individual self-authorship and treat exploration as developmentally desirable. For young South Asian women negotiating intergenerational expectations, racialisation and collective moral frameworks, identity development may involve ongoing relational negotiation rather than separation from family. Early commitment to familial values, for example, may reflect relational loyalty rather than developmental foreclosure.

Social Identity Theory (Tajfel & Turner, 1979) shifts focus from individual development to group membership, highlighting the psychological impact of social categorisation and discrimination. This framework helps explain racialised positioning, yet it tends to treat social groups as relatively stable categories and pays limited attention to how identities such as "Asian" or "Muslim" are historically produced. It also gives limited consideration to how gender intersects with ethnicity in shaping experiences within groups.

Phinney's (1990; 2003) model of ethnic identity development attempts to address minority identity formation, describing movement from unexamined identity to exploration and eventual achievement. While foregrounding ethnic consciousness, it retains a linear developmental trajectory and implies resolution as an endpoint. In contexts marked by ongoing racism and conditional belonging, ethnic identity may remain fluid and situational rather than consolidated.

Dialogical Self Theory (Hermans, 2001) offers a more relational perspective, conceptualising

the self as multi-voiced and internally dialogical. Positions such as “dutiful daughter”, “ambitious professional” or “racialised minority” may coexist and interact. This framework resonates with the lived multiplicity of South Asian women navigating diverse audiences and expectations. However, dialogical approaches still require integration within analyses of colonial history and structural inequality.

Collectively, these theories illuminate important dimensions of self-construction but are limited by Eurocentric assumptions, linear developmental models or insufficient attention to power. They provide conceptual tools, yet require integration with frameworks that foreground history, relationality and structural positioning.

1.4.2. Acculturation and hybridity

Acculturation models seek to explain how migrants and their descendants negotiate cultural change. Berry’s (1997) influential framework proposes four orientations: assimilation, integration, separation and marginalisation, with integration often framed as the most adaptive outcome.

Despite its clarity, the model has been widely critiqued (Schwartz et al., 2010; Rudmin, 2003). It treats cultural orientation largely as an individual choice, overlooking structural constraints such as racism, immigration policy, labour market exclusion and Islamophobia. For many South Asian women in the UK, assimilation may not be fully available, as racialised visibility can sustain outsider status regardless of personal identification. The framework also assumes cultures are bounded and internally coherent, reinforcing a binary between “heritage” and “host” cultures that struggles to capture diasporic complexity.

Acculturation research frequently measured adjustment through psychological outcomes, reducing identity negotiation to indicators of adaptation or distress. This risks locating difficulty within individuals rather than within unequal social conditions.

Theories of diaspora and hybridity offer a more historically grounded perspective. Hall (1996)

conceptualises identity as a process of becoming rather than a balance between fixed cultures. Hybridity emphasises multiplicity and movement across contexts, capturing how South Asian women may shift performances of self or reinterpret tradition in response to competing expectations.

However, hybridity is not inherently emancipatory. Without attention to gendered power relations and material inequality, it can romanticise cultural fluidity while overlooking constraint (Anthias, 2001; Brah, 1996). A postcolonial feminist perspective remains necessary to situate hybridity within colonial history, racialisation and patriarchy.

Acculturation and hybridity frameworks illuminate cultural negotiation but differ in their assumptions about agency, structure and cultural fixity. This tension highlights the importance of locating identity within intergenerational and structural conditions rather than framing cultural adjustment as an individual task.

1.4.3. Intergenerational trauma

Intergenerational trauma refers to the ways emotional and relational consequences of collective or familial violence extend beyond those who directly experienced the originating events. While widely invoked, the concept remains contested. Scholars caution against treating trauma as a substance passed intact across generations, warning that such language risks biological determinism or psychological reductionism (Kidron, 2009; Hirsch, 2008). Rather than transmission of content, trauma may be reworked within evolving relational and cultural contexts.

Early research focused largely on Holocaust survivor families (Kellermann, 2001) and later on Indigenous communities affected by colonial violence (Brave Heart, 2003). These literatures identified patterns such as parental hypervigilance, emotional restraint and atmospheres of unspoken grief. Emerging epigenetic research has explored biological correlates (Yehuda & Lehrner, 2018), although such findings remain debated and cannot account for the full sociocultural complexity of inherited suffering.

These frameworks do not automatically translate to South Asian diasporic contexts. Historical traumas relevant to many South Asian families have received comparatively limited psychological theorisation. Moreover, models developed in Euro-American settings often assume disclosure is therapeutic and silence is pathological. In many South Asian families, silence may function as protection, dignity, or containment (Das, 2007).

Relational perspectives offers greater nuance. Danieli (1998) describes “survival messages” communicated implicitly across generations, conveying expectations of vigilance, sacrifice or endurance. Systemic theorists similarly describe multigenerational transmission of family scripts and emotional climates (Bowen, 1978; Byng-Hall, 1995), through which assumptions about safety, duty and belonging become embedded in everyday practice.

Migration-specific concepts further illuminate these dynamics. Cultural bereavement (Eisenbruch, 1991) captures grief associated with displacement from land, language and ritual, while ambiguous loss (Boss, 1999) captures the uncertainty produced by fractured histories and separated kin. Such losses may shape parenting practices and emotional socialisation long after the initial rupture.

Gender is central to these processes. South Asian women are often positioned as custodians of cultural continuity and family honour (Brah, 1996; Thiara & Gill, 2010). In this context, daughters may inherit not only fragments of historical memory but also responsibility for preserving collective dignity. Trauma becomes embedded not solely in symptoms but in moral expectations regarding resilience, silence and care.

Postcolonial perspectives further situate these dynamics within colonial and nationalist histories. Partition violence targeted women’s bodies as symbolic carriers of communal honour (Butalia, 1998), embedding gendered vulnerability within collective memory. Trauma is therefore not confined to family pathology but shaped by historical power relations.

Narrative memory theories add a further dimension. Hirsch’s (2008) concept of postmemory

describes how descendants inherit affective traces of events they did not directly experience, while Gordon's (2008) notion of haunting captures how unresolved violence persists as atmosphere rather than explicit story. These perspectives emphasise meaning-making and relational inheritance rather than mechanistic transmission.

Recent decolonial psychological scholarship extends these relational and narrative perspectives by conceptualising shame as a historically structured affect shaped by colonial subjugation, caste hierarchies, migration and racialisation (Mirza & Dhuffar-Pottiwal, 2026). Rather than positioning shame as an intrapsychic vulnerability, this work situates it within layered ecological systems encompassing family dynamics, community expectations and structural inequality. Such perspectives complement narrative and postcolonial feminist approaches by highlighting how moral regulation and emotional restraint may become patterned across generations.

Intergenerational trauma within South Asian families in the UK is therefore best understood as a historically situated, relational process. It unfolds through colonial legacies, migration, racialisation, gendered moral worlds and narrative practice rather than linear transmission. This research examines how young South Asian women interpret and negotiate these inherited histories within contemporary contexts.

1.4.4. Narrative perspectives

Narrative approaches offer a bridge between identity and intergenerational trauma by foregrounding meaning-making rather than symptomatology. From this perspective, identity is not a stable entity, but an evolving story constructed through time and social interaction (Bruner, 1990; McAdams, 2001; Ricoeur, 1992). The self emerges through narrative coherence, linking past, present and anticipated futures into accounts that make experience intelligible and morally situated.

Narrative theory challenges positivist assumptions that experience can be accessed directly. Events do not inherently carry meaning but become meaningful through culturally available interpretive frameworks (Bruner, 1991). Stories are shaped by language, moral norms and power relations. As Foucault (2002) argues, discourse determines what can be said, by whom and with what

authority. For South Asian women, narrative resources may include scripts of the “good daughter”, the “self-sacrificing mother”, the “resilient migrant family” or the “modern professional”. These templates provide coherence while also regulating emotional expression and limiting alternative self-understandings.

Narratives are relational and dialogical rather than private reflections (Riessman, 2008; Bamberg, 1997). Through positioning, individuals locate themselves in relation to others, their audience and wider societal discourses (Bamberg, 1997). Identity is therefore constructed in interaction. In honour-bound and racialised contexts, storytelling may involve careful negotiation, protecting family reputation, resistance to stereotypes and moral legitimacy across different audiences.

Silence is also analytically significant. As Das (2007) illustrates, what remains unspoken can be as meaningful as explicit narration. Silence may function as protection, dignity or containment rather than avoidance. Trauma may be encoded not only through events but in omissions, tone and narrative disruption. Narrative approaches allow attention to these subtleties, recognising that intergenerational trauma shapes what can be told.

Narrative perspectives also reframe intergenerational trauma. Rather than conceptualising trauma as something transferred intact, they emphasise the inheritance and interpretive frameworks (Hirsch, 2008). Family stories of sacrifice, survival or respectability may shape how daughters understand themselves. These inherited narratives may be internalised, contested or reauthored (White & Epston, 1990), positioning identity as an ongoing negotiation between rather than a fixed outcome.

Narrative perspectives align with postcolonial feminist epistemology. They resist universalising psychological claims and instead privilege situated accounts embedded within history, culture and power (Mohanty, 2003). By centring women’s own interpretations, narrative theory challenges dominant, Western diagnostic language and allows culturally grounded articulations of distress, resilience and belonging to emerge.

In this thesis, narrative perspectives function as a conceptual commitment as well as an

analytic lens. They enable an understanding of identity as dialogical, trauma as relationally patterned, and wellbeing as embedded within moral and historical worlds, while leaving space for reinterpretation, resistance, and narrative repair.

1.4.5. Postcolonial feminism

Postcolonial feminism emerged as a critique of Western feminist frameworks that universalised women's experiences and centred white, middle-class subjects as normative (Mohanty, 1988; Spivak, 1988; Mohanty, 2003). While early feminist scholarship challenged patriarchy, it often underemphasised race, colonial history, religion and migration, thereby reproducing hierarchical assumptions about emancipation and progress.

For South Asian women in the UK, gender is inseparable from empire, racialisation and diaspora. Colonial discourse positioned South Asian women both as symbols of cultural authenticity and as subjects requiring rescue (Chatterjee, 1993; Mani, 1998), a framing that persists in contemporary representations of "honour-based" violence or forced marriage. Such representations obscure the complexity of women's lives and position Western institutions as inherently liberatory.

Postcolonial feminism resists these rescue narratives by foregrounding intersecting systems of patriarchy, colonial legacies, nationalism, migration and racism (Brah, 1996). It conceptualises agency as operating within constraint, recognising that women navigate both community expectations and racialised stereotypes. Practices frequently pathologised in psychological discourse, such as emotional restraint or honour regulation, are situated within histories of surveillance, marginalisation and unequal citizenship. This stance neither idealises patriarchy nor denies harm but rejects reductive cultural blame.

The framework has itself been critiqued for sometimes romanticising difference or insufficiently engaging with material inequality (Grewal & Kaplan, 1994). Contemporary approaches draw on intersectionality (Crenshaw, 1991) and emphasise diversity across caste, religion, class and migration histories, avoiding the homogenisation it sought to contest.

Within this research, postcolonial feminism functions as an integrative analytic lens. It

interrogates the universalism of developmental and acculturation models, situates intergenerational trauma within colonial and migratory histories and understands narrative as embedded within moral and political worlds. In doing so, it anchors the analysis in power while retaining space for agency, negotiation and change.

1.4.6. Summary

This section has critically examined key theoretical frameworks relevant to identity, cultural negotiation and intergenerational trauma. Developmental and social identity theories offer important insights yet rely on assumptions of autonomy and stability that do not fully account for diasporic, racialised and gendered contexts. Acculturation models provide analytic structure but risk oversimplifying cultural negotiation and underplaying structural power. Intergenerational trauma frameworks illuminate relational inheritance but require grounding within colonial and migratory histories to avoid reductionism.

Narrative perspectives foreground meaning-making, positioning identity as dialogical and historically situated. Postcolonial feminism provides an integrative lens through which these theories are interpreted, situating identity and trauma within intersecting structures of colonial history, racism, patriarchy and migration.

These frameworks establish the conceptual foundation for this research, guiding its exploration of how young South Asian women in the UK narrate cultural identity, intergenerational histories and wellbeing within complex sociohistorical worlds.

1.5. Mental health of South Asian women

South Asian women's mental health is shaped by intersecting influences of migration, racialisation, gendered expectation and structural inequality. Epidemiological studies have not consistently demonstrated higher overall rates of common mental disorders among South Asian populations, yet patterns of distress among women reveal more complex dynamics (Bhui et al., 2003; Cochrane & Sashidharan, 1996). Distress is often shaped by relational pressures, stigma and barriers to culturally responsive support, which are not fully captured by prevalence statistics alone.

Existing research aggregates diverse South Asian communities or treats culture as a primary explanatory factor, risking homogenisation and deficit framing. Consequently, South Asian women's own accounts of identity, intergenerational history and wellbeing remain underexplored. A critical review must therefore move beyond prevalence to consider how distress is narrated, regulated and situated within moral and political contexts.

This section reviews evidence relating to prevalence, suicide and self-harm, stigma and cultural scripts, service engagement and gendered dimensions of distress. In doing so, it identifies key findings and gaps that inform the rationale for the present research.

1.5.1. Prevalence and its limits

Epidemiological research on the mental health of South Asian populations in the UK has produced mixed findings. Some studies report higher rates of anxiety and depressive symptoms among Pakistani and Bangladeshi women compared to White British women (Nazroo, 1997; Weich et al., 2004), while others find minimal differences once socioeconomic factors are accounted for (Sproston & Nazroo, 2002). These inconsistencies reflect both diversity within South Asian communities and the limits of prevalence-based approaches.

Several methodological issues warrant attention. Diagnostic tools are typically developed within Western psychiatric frameworks and may inadequately capture culturally mediated expressions of distress. South Asian women may articulate suffering through embodied or relational idioms, such as "tension" or physical fatigue (Fernando, 2012), which do not always align with symptom-based measures.

Prevalence statistics also abstract distress from its social and historical context. Factors such as racism, Islamophobia, migration histories, honour regulation and intergenerational silence are rarely incorporated into quantitative analyses, yet shape how experiences are understood and expressed. Apparent parity in rates may therefore conceal important differences in meaning, help-seeking and embodiment. The category "South Asian" also aggregates communities with distinct socioeconomic and migration trajectories, and without disaggregation, findings risk reinforcing

homogenised narratives.

Prevalence data remains important for identifying broad patterns, but they provide only a partial account. Understanding mental health among South Asian women requires attention not only to rates of disorder, but to the relational and structural contexts in which experiences are lived and interpreted.

1.5.2. Suicide and self-harm

One of the more consistent findings in UK mental health research is elevated rates of suicide and self-harm among young South Asian women compared to their White British counterparts. National data indicate that South Asian women under 30 have been at increased risk of suicide relative to women in the general population (McKenzie et al., 2003), with some analyses suggesting heightened vulnerability among women of Pakistani and Bangladeshi heritage, although patterns vary across regions and cohorts (Bhui et al., 2007; Soni Raleigh & Balarajan, 1992). While overall suicide rates among South Asian populations are not uniformly higher, this age- and gender-specific pattern has attracted sustained clinical and policy attention.

Explanations have often focused on cultural conflict, intergenerational tension or pressures surrounding marriage and family expectations. Although these factors may be relevant, singular cultural explanations risk oversimplification. They can obscure the intersecting influences of racism, socioeconomic marginalisation, limited culturally responsive provision and the moral weight of honour and reputation (Nazroo, 1997; Bécares et al., 2009; Gilbert et al., 2004). Framing suicide risk primarily in cultural terms risks neglecting the structural conditions within which distress emerges.

A more contextualised reading situates self-harm within environments where emotional expression may be tightly regulated and where distress carries relational consequences. In honour-bound contexts, disclosure of vulnerability may threaten not only the individual but also family reputation, constraining both expression and help-seeking (Karasz, 2005). Psychological suffering may therefore be internalised or embodied. From a postcolonial feminist perspective, suicide is not reducible to individual psychopathology but must be understood within conditions of constrained

agency, relational obligation and racialised positioning (Brah, 1996).

At the same time, elevated statistical risk does not equate to inevitability. A narrow focus on suicide can reproduce deficit narratives if detached from attention to resilience, negotiation and community support. Understanding this pattern therefore requires moving beyond rates to consider how distress is experienced, interpreted and socially mediated.

1.5.3. Stigma and cultural scripts

Stigma surrounding mental health has been widely documented within South Asian communities in the UK (Islam et al., 2015; Thornicroft, 2008). However, it should not be treated as an inherent cultural deficit. Concepts such as *izzat* (honour) and sharam (shame) shape how distress is perceived and disclosed, situating mental health within relational and reputational frameworks. A diagnosis may be understood not only as an individual matter but as carrying implications for family standing, social networks and marriage prospects (Gilbert et al., 2004).

For women, these stakes are often intensified by gendered expectations of respectability. Emotional vulnerability may be minimised, reframed or contained within the private sphere, where disclosure risks reputational consequences. At the same time, attributing silence solely to "South Asian culture" obscures the wider context of racialised scrutiny. In communities historically positioned as socially suspect or morally deficient, public acknowledgement of psychological difficulty may feel unsafe within dominant narratives that pathologise minority families. Silence can therefore function as both regulation and protection.

Recent decolonial scholarship has further reframed shame within South Asian diasporic contexts as more than interpersonal stigma, describing it as a culturally and historically layered moral affect shaped by colonial histories, caste stratification, migration and racialised positioning (Mirza & Dhuffar-Pottiwal, 2026). From this perspective, shame operates not only as social regulation but as a relational force shaping silence, respectability and the management of emotional visibility within families and communities.

Distress is often articulated through culturally resonant idioms that foreground relational

strain and embodied experience rather than diagnostic categories (Fernando, 2012). Such expressions may enable acknowledgement of suffering without invoking stigmatised psychiatric labels, but they can also be misrecognised within services that privilege biomedical language.

Stigma therefore operates not only as suppression but as a form of narrative regulation. Cultural scripts shape how distress is spoken about, to whom and with what consequences. Understanding stigma among South Asian women requires attention to relational honour codes, racialised positioning and the structural conditions shaping both disclosure and help-seeking.

1.5.4. Service engagement and structural barriers

Help-seeking among South Asian women cannot be understood solely through stigma or presumed cultural reluctance. Structural and institutional factors play a significant role in shaping engagement with mental health services. Identified barriers include limited interpreter provision, inflexible appointment systems, long waiting times and a lack of culturally responsive care (Chew-Graham et al., 2002; Bhui et al., 2003). These constraints often intersect with gendered caregiving responsibilities, limiting women's capacity to prioritise their own mental health.

Beyond access, qualitative research highlights epistemic tensions within clinical encounters. When distress is expressed through embodied, relational or moral language, clinicians working within individualised biomedical frameworks may struggle to fully understand these accounts (Fernando, 2012; Kirmayer, 2001). This can produce what Fricker (2007) terms epistemic injustice, whereby a speaker's account is discounted because it does not align with dominant knowledge systems. South Asian women may therefore experience misrecognition, including over-culturalisation of difficulties, minimisation of relational context or premature diagnostic labelling.

Institutional discourse also warrants scrutiny. Describing South Asian communities as "hard to reach" (Prajapati & Liebling, 2022) risks locating disengagement within communities rather than within service design. Nazroo et al. (2020) argue that ethnic mental health inequalities are often framed as outreach problems rather than as consequences of structural racism and institutional inflexibility. Although policy initiatives such as Delivering Race Equality sought reform (Department

of Health, 2005), critiques suggest that change within mainstream services has been uneven.

Historical examples further illustrate the risks of culturalised interpretations of distress. The former diagnostic label “bibi syndrome” attributed depressive presentations among South Asian women to cultural dependency rather than structural and relational stressors (Rack, 1982; Burr & Chapman, 2004). Although no longer in use, its legacy underscores the ongoing risk of pathologising cultural differences.

Trust in services is also shaped by wider experiences of racialised surveillance. Experiences of discrimination in healthcare contribute to disengagement (Bhui et al., 2012), and for some Muslim women, post-9/11 securitisation and policies such as Prevent have intensified concerns about scrutiny and misinterpretation (HM Government, 2011; Kundnani, 2015).

Service engagement is therefore relationally and structurally mediated rather than simply a matter of willingness. A postcolonial feminist lens redirects attention away from presumed cultural resistance towards systemic accountability, asking how services might better recognise diverse moral worlds and culturally grounded expressions of distress.

1.5.5. Gendered dimensions of mental health

South Asian women’s mental health is shaped by gendered moral frameworks that organise responsibility, respectability and emotional labour. Women are frequently positioned as relational mediators, expected to maintain harmony and safeguard family reputation. Such expectations influence how distress is interpreted and whether it can be publicly expressed.

Concepts of honour and shame regulate women’s autonomy and emotional visibility (Gilbert et al., 2004; Thiara & Gill, 2010). Prioritising family cohesion may come at the expense of personal wellbeing, particularly where disclosure carries reputational consequences. Emotional endurance can become aligned with moral virtue, complicating help-seeking and boundary setting.

Domestic abuse illustrates the intersection of gender, silence and mental health. South Asian women experiencing intimate partner violence may face additional barriers to disclosure, including fear of ostracism, immigration dependency and limited culturally responsive provision (Thiara & Gill,

2010; Anitha, 2010). Psychological harm may therefore remain concealed within pressures to preserve family standing.

At the same time, gendered pressures are not unique to South Asian communities and reductive accounts risk exceptionalising South Asian patriarchy. A postcolonial feminist perspective situates women's distress within intersecting structures of gender, racialisation and socioeconomic inequality rather than attributing it solely to culture (Mohanty, 2003; Brah, 1996).

Women actively negotiate these constraints through education, employment, community networks and therapeutic engagement, reworking meanings of honour, strength, and autonomy (Bhopal, 2019; Sandhu, 2016). Gendered dimensions of mental health therefore emerge within dynamic social worlds where agency and constraint coexist.

1.5.6. Summary

This section has examined South Asian women's mental health through epidemiological, cultural, structural and gendered lenses. While prevalence data offer useful insight, they are limited in capturing culturally mediated expressions of distress and the relational contexts in which suffering is embedded. Elevated risks of self-harm and suicide among young South Asian women therefore require interpretation beyond reductive cultural explanations.

Stigma, honour-based frameworks and structural inequalities shape how distress is experienced, expressed and responded to. Service engagement is influenced not only by community dynamics but also by institutional design, epistemic hierarchies and racialised histories. At the same time, women actively negotiate and reinterpret cultural expectations, challenging deficit portrayals.

Despite growing recognition of ethnic inequalities, research centring South Asian women's narrative accounts remains limited. Existing literature often aggregates groups or privileges deficit framings, overlooking how cultural identity and intergenerational trauma intersect within lived experience.

1.6. Chapter summary

This chapter has outlined the conceptual, historical and theoretical foundations of the study. It

defined key terms and situated South Asian women's experiences within contexts of colonialism, migration, racialisation and gendered expectations in the UK.

The chapter also critically examined relevant theoretical frameworks, including identity, acculturation and intergenerational trauma, and introduced narrative and postcolonial feminist approaches as central to understanding culturally embedded and relational experiences of wellbeing.

It also reviewed existing literature on South Asian women's mental health, highlighting limitations in prevalence-based approaches and the need to attend to intergenerational and structural contexts. The following chapter presents a systematic review of qualitative literature on South Asian women's experiences of mental health, cultural identity and help-seeking in the UK.

2. Systematic Literature Review

2.1. Introduction and rationale

South Asian communities are one of the largest ethnic minority groups in the United Kingdom, yet inequalities in mental health outcomes and service engagement persist, particularly for women (Prajapati & Liebling, 2021). Research suggests South Asian women may experience elevated psychological distress while being less likely to access formal support compared to White British women (Chew-Graham et al., 2002; Bhardwaj, 2001). These disparities reflect intersecting cultural, social and structural influences, including stigma, gendered expectations and concerns around family honour.

Within many South Asian contexts, concepts such as *izzat* (honour) and shame shape women's social positioning and emotional expression (Gilbert et al., 2004; Hicks & Bhugra, 2003). The importance placed on family reputation can encourage emotional restraint and conformity to gendered roles. Distress may therefore be concealed or communicated indirectly, often through somatic or culturally specific idioms (Krause, 1989), which can contribute to delayed help-seeking or non-disclosure outside the family.

Qualitative research has begun to explore these experiences in greater depth. Studies highlight intergenerational conflict, tensions in navigating bicultural identities, constraints within gendered family roles and barriers to accessing culturally responsive services (Hussain & Cochrane, 2003; Chew-Graham et al., 2002). Research on self-harm and suicide further points to the role of honour, relational pressure and social isolation in shaping distress (Bhardwaj, 2001; Hicks & Bhugra, 2003).

These experiences are also embedded within migration histories and intergenerational dynamics. Many South Asian families in the UK have navigated significant social and economic transitions following migration, shaping expectations, values and narratives of identity across generations (Karlsen & Nazroo, 2002; Peach, 2006). As a result, younger women's experiences of distress are often situated within inherited family narratives as well as contemporary social contexts

(Phinney et al., 2000; Kirmayer et al., 2014).

Despite a growing body of qualitative research, findings remain fragmented across studies focusing on specific aspects such as self-harm, help-seeking or cultural identity. There has been limited attempt to synthesise these accounts to develop a more integrated understanding of how cultural, relational and social processes shape South Asian women's mental health in the UK.

Meta-ethnography offers an interpretive approach to qualitative synthesis that enables translation of concepts across studies to generate higher-order insights (Noblit & Hare, 1988). Rather than aggregating findings, it allows exploration of how meanings are constructed across contexts. This makes it particularly suited to examining culturally embedded experiences such as honour, stigma, identity and gendered expectations.

The aim of this review is therefore to conduct a meta-ethnography of qualitative studies exploring South Asian women's experiences of mental health, distress and help-seeking in the UK. By synthesising findings across studies, it seeks to develop a more nuanced conceptual understanding of how cultural norms, intergenerational dynamics and social identities shape these experiences. The review will also inform the subsequent empirical study and contribute to discussions on culturally responsive mental health care.

2.2. Method

2.2.1. Design

Meta-ethnography, developed by Noblit and Hare (1988), is an interpretive approach to synthesising qualitative research that seeks to generate new conceptual insights through comparison and translation of themes across studies.

The review followed Noblit and Hare's (1988) seven phases: getting started, deciding relevance, reading studies, determining relationships, translating studies, synthesising translations and expressing the synthesis. Key concepts were compared through reciprocal translation (integrating similar findings) and refutational translation (examining contradictions), informing a line-of-argument synthesis of the cultural, relational and social processes shaping South Asian women's mental health

in the UK.

2.2.2. Article selection

The search strategy was informed by the SPIDER framework (Cooke et al., 2012), which is recommended for qualitative evidence synthesis as it focuses on sample, phenomenon of interest, design, evaluation and research type. The framework was used to guide the development of the search strategy and ensure that studies addressing the experiences of South Asian women's mental health were systematically captured. The components of the SPIDER framework used in the present review are outlined below in Table 1.

Table 1

Spider search strategy framework

Concept	Description
Sample	South Asians living in the UK (e.g. Indian, Pakistani, Bangladeshi, Sri Lankan)
Phenomenon of **I**nterest	Mental health, distress, wellbeing, cultural identity, acculturation, intergenerational relationships and help-seeking
Design	Qualitative methods (e.g. thematic analysis, IPA, grounded theory, ethnography, narrative)
Evaluation	Lived experiences and perceptions of mental health, psychological distress, and service engagement
Research	Qualitative peer-reviewed studies

The aim of the literature search was to identify qualitative studies exploring experiences of mental health and psychological distress among South Asian populations in the UK, with studies focusing specifically on women identified during the screening process. The systematic review was not restricted by generational status. The review sought to capture the wider qualitative literature concerning South Asian women's experiences of mental health and help-seeking in the UK, irrespective of generational status. Generational status was therefore not used as an inclusion criterion or search term. A systematic search of peer-reviewed literature was conducted in February 2026 across EBSCOhost, Scopus and Web of Science Core Collection. Within EBSCOhost, searches were undertaken across CINAHL, APA PsycInfo, APA PsychArticles and MEDLINE in order to capture

psychological, medical and interdisciplinary research. Reference lists of included studies were also screened, although no additional eligible papers were identified.

Searches were conducted using combinations of keywords relating to South Asian identity, geographical location, mental health experiences and qualitative research methodology. Searches were conducted within titles and abstracts to maximise the relevance of retrieved studies while maintaining sensitivity within the search strategy. Gender-specific terms were not included in order to maintain sensitivity, with studies focusing on women identified during the screening process. Similarly, terms relating specifically to generational status were not included in the search strategy, as the review was intended to capture the broad evidence base rather than prespecify a particular generational group.

The following search terms were applied and searched for in the title, abstract and keywords of articles:

1. ("South Asian*" OR Indian OR Pakistani OR Bangladeshi OR "Sri Lankan" OR Tamil OR Punjabi OR Gujarati)

AND

2. ("UK" OR UK OR Britain OR British OR England OR Scotland OR Wales)

AND

3. ("mental health" OR "mental wellbeing" OR wellbeing OR distress OR depression OR anxiety OR "psychological distress" OR "emotional wellbeing" OR "cultural identity" OR "ethnic identity" OR acculturation OR bicultural OR "identity conflict" OR "cultural conflict" OR intergenerational OR "family expectations" OR "family dynamics" OR honour OR shame OR izzat OR "parent-child" OR "mother-daughter")

AND

4. (qualitative OR "thematic analysis" OR "interpretative phenomenological analysis" OR IPA OR "grounded theory" OR ethnograph* OR "narrative analysis")

Results were limited to peer-reviewed articles published in English between 2005 and 2026.

The 2005 starting point was selected to situate the review within a period of significant change in both the UK mental health system and the demographic context of South Asian communities. The early 2000s saw important developments in UK mental health policy, including the National Service Framework for Mental Health and the development of Improving Access to Psychological Therapies (IAPT), following the recommendations of Layard et al. (2006). These developments altered the organisation and accessibility of psychological support and therefore the context in which help-seeking occurred.

The 2001 UK Census also provided an important demographic reference point, highlighting the growth and increasing diversity of South Asian populations in Britain, alongside a growing population born in the UK to migrant parents (Office for National Statistics, 2003; Karlsen & Nazroo, 2002). Beginning the review in 2005 therefore provided a pragmatic point from which to capture research emerging after these important demographic and policy developments, while avoiding an evidence base dominated by earlier mental health service contexts. The date range was not intended to suggest that earlier research lacked value, but to ensure that the synthesis remained sufficiently relevant to the contemporary UK social, demographic and mental health service context examined by the review. This was particularly relevant given that the review examined help-seeking experiences whereby changes in the availability and organisation of psychological services could shape both the opportunities for accessing support and the barriers women encountered. The review followed PRISMA guidelines (Page et al., 2021) to ensure transparency in study identification, screening and selection. Titles and abstracts were initially screened for relevance, followed by full-text review against predefined inclusion and exclusion criteria. Studies were included where they explored the experiences of South Asian women in the UK and examined mental health, distress, wellbeing or help-seeking using qualitative methodologies.

The focus on South Asian women was informed by literature highlighting the gendered nature of mental health experiences within these communities, particularly in relation to family honour, gender roles and intergenerational relationships (Bhardwaj, 2001; Gilbert et al., 2004; Chew-Graham et al., 2002). This enabled closer examination of the relational and cultural dynamics shaping

women's experiences.

Studies were excluded if they did not examine mental health, were conducted outside the UK, or did not analyse South Asian participants separately. Quantitative studies and reviews were excluded to retain a focus on qualitative accounts, consistent with the interpretive aims of meta-ethnography (Noblit & Hare, 1988). Additionally, student-only studies were excluded because experiences of university study, academic pressures and student life represented a more specific contextual population than the broader population of South Asian women targeted by the review. Some papers focused on academic or student experiences rather than mental health, wellbeing or help-seeking as understood within wider every day and family contexts. Including these studies risked giving disproportionate weight to a particular life stage and set of stressors that were not central to the review question. This criterion was therefore applied to maintain conceptual coherence with the review's focus on South Asian women's broader experiences of mental health and help-seeking.

Following the screening process, 17 studies were screened at full text, with 9 studies included in the final meta-ethnographic synthesis. The study selection process is illustrated in Figure 1, with Table 3 providing transparency regarding the relationship between the included studies and the constructs developed through the synthesis. The table maps the concepts identified across individual studies onto the resulting third-order constructs, while the characteristics and cultural contexts of each study population are detailed in Appendix A. Considered together, these tables show both where synthesised constructs were derived from and the cultural and population contexts in which the original authors developed them. All searches, screening and extraction were conducted solely by the researcher.

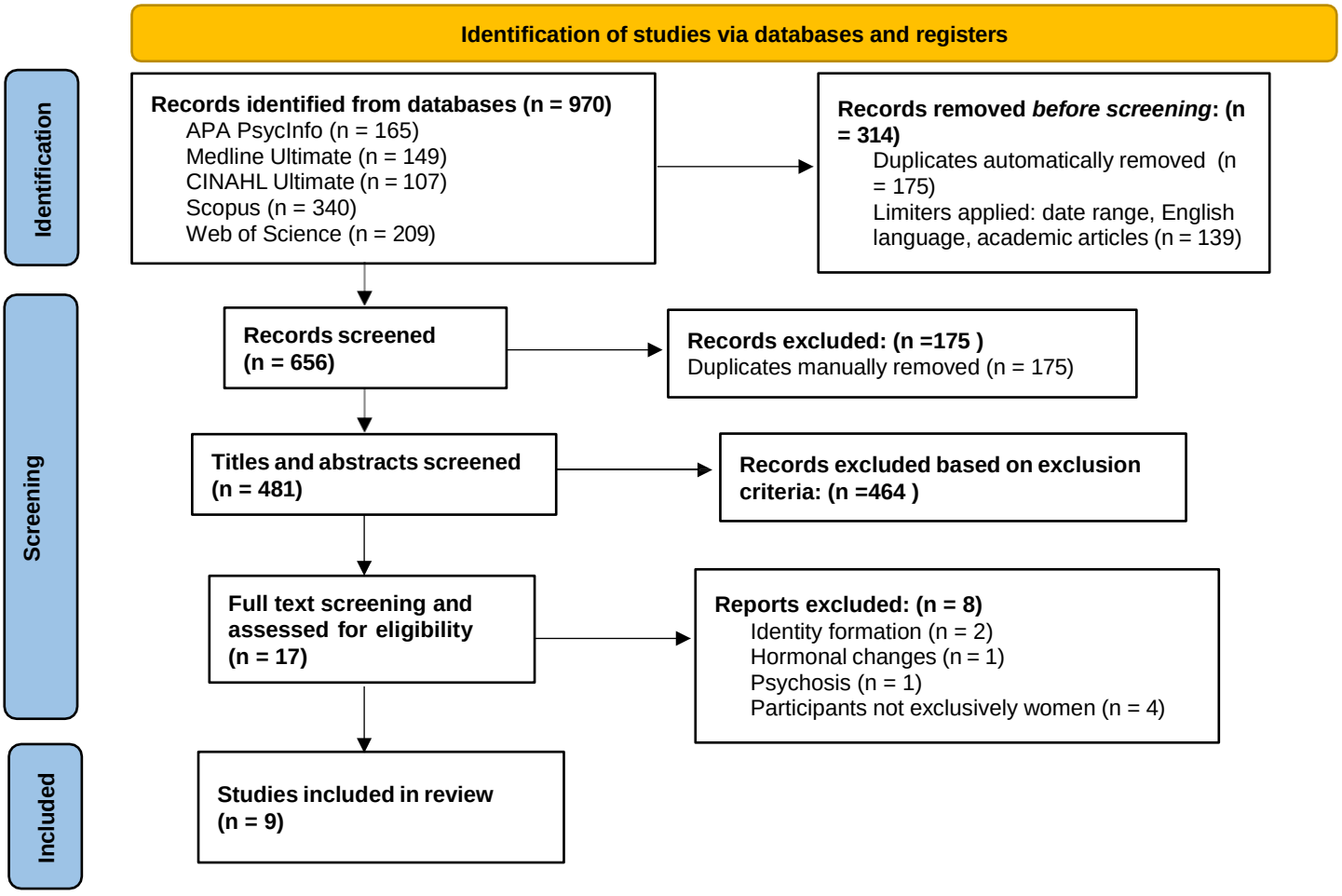
Table 2

Inclusion and exclusion criteria of articles

	Inclusion	Exclusion
Geographical location	UK	Outside of UK
Date range	Published 2005 or after	Published before 2005
Language	English	Language other than English
Methodology	Qualitative methodology and analysis	Non-qualitative or mixed methods
Article type	Peer reviewed journal	Not peer reviewed
Population	Women	Includes men
		Not focused on mental health, wellbeing or help-seeking
		Physical health as primary focus
		Specific diagnosis or intervention
		Carer experience
		Substance and alcohol use
	Mental health, wellbeing or help-seeking experiences	Sexuality
		Religious explanations
Concepts	Primary focus on mental health alone	Student-only sample

Figure 1

PRISMA flow diagram



2.2.3. Quality appraisal

The use of quality appraisal within meta-ethnography remains debated, with some authors cautioning that excluding studies on methodological grounds may limit conceptual insight (Atkins et al., 2008; Fosse et al., 2014). The present review therefore used the Critical Appraisal Skills Programme (CASP, 2018) qualitative checklist as a structured means of critically evaluating the methodological credibility and transparency of the included studies, rather than as a basis for excluding studies. CASP was selected because it provided a consistent framework for considering issues including the clarity of the research aims, appropriateness of methodology, recruitment, data collection, reflexivity, analysis and the relationship between findings and the research question. This was particularly important given the diversity of methodological approaches across the included studies.

Appraisal was subsequently considered alongside the conceptual contribution of each study during synthesis. Rather than treating studies with lower appraisal ratings as invalid, I used the appraisal to remain attentive to the methodological context in which particular interpretations had been produced. This included considering differences in participant populations, methodological approaches, reflexivity and analytic transparency when comparing concepts across studies. The appraisal therefore supported a more critical and nuanced interpretation of convergence and difference between studies, while preserving the conceptual contribution of the relatively small body of literature..

2.2.4. Determining how the studies are related

The nine included studies were read multiple times to ensure familiarity with the findings and to identify key concepts reported by the original authors. In meta-ethnography, these concepts are referred to as second-order constructs, representing the authors' interpretations of participants' accounts (Britten et al., 2002). The themes and concepts reported in each study were extracted and compared across the papers to explore patterns of similarity and difference. This involved moving iteratively between individual studies and the dataset as a whole, attending to how concepts were framed and the meanings attributed to women's experiences.

Recurring concepts related to cultural and relational contexts shaping South Asian women's mental health, including cultural expectations, gender roles and family reputation, often articulated through *izzat* (Gunasinghe et al., 2019; Mafura & Charura, 2022; Pindolia & Vargo, 2025). Cultural conflict was also prominent, particularly among second-generation women (Gupta et al., 2007; Pindolia & Vargo, 2025).

Additional themes included stigma, fear of community judgement and limited mental health literacy (Causier et al., 2024; Moller et al., 2016), alongside barriers within services such as perceived lack of cultural understanding (Phillips & Andriopoulou, 2021). Relational experiences of isolation, entrapment and family conflict were also evident (Gask et al., 2011).

These patterns enabled the studies to be examined in relation to one another and informed the subsequent process of translation.

2.2.5. Translating the studies into one another

Following identification of the second-order constructs, the studies were translated into one another. Translation in meta-ethnography involves the process of comparing concepts across studies to explore how they relate, overlap or diverge, while preserving their original meaning (Noblit & Hare, 1988).

This process was iterative and interpretive. Concepts from each study were compared with those from others, attending to both convergence and nuance. Similar ideas were integrated through reciprocal translation, while differences were explored through refutational translation.

Attention was given to retaining the language and meanings of the original studies while moving towards a more conceptual level of analysis. Through this process, clusters of related concepts emerged, including cultural expectations and honour, bicultural identity negotiation, stigma and help-seeking, and experiences of distress and isolation. These informed the development of higher-order interpretations.

2.2.6. Synthesising the translations

The final stage involved synthesising the translated concepts to develop third-order interpretive constructs. Relationships between studies were largely reciprocal, with consistent patterns identified in how South Asian women's mental health and help-seeking were understood across the literature.

Four overarching constructs were developed: cultural expectations, gender roles and family honour; negotiating cultural identity and bicultural tensions; stigma, secrecy and barriers to help-seeking; and isolation, distress and coping.

These were underpinned by lower-order concepts including upholding family honour; gender roles and behavioural expectations; living between cultures; divided identities and identity negotiation; fear of community judgement; confidentiality concerns and mistrust of services; isolation and feelings of entrapment; and coping strategies and self-harm.

Together, these constructs form the basis of the results presented in the following section.

2.3. Results

Table 3

Cross comparison of studies by concept

Third order construct	Concepts	Aktar & Tribe (2024)	Causier et al. (2024)	Gask et al. (2011)	Gunasinghe et al. (2019)	Gupta et al. (2007)	Mafura & Charura (2022)	Moller et al. (2016)	Phillips & Andriopoulou (2022)	Pindolia & Vargo (2025)
Cultural expectations, gender roles and family honour	Upholding family honour	**X**	**X**				**X**	**X**		
	Gender roles and behavioural expectations	**X**	**X**			**X**	**X**			**X**
Negotiating cultural identity and bicultural tensions	Living between cultures	**X**	**X**			**X**				**X**
	Divided identities and identity negotiation	**X**	**X**			**X**				**X**
Stigma, secrecy and barriers to help-seeking	Fear of community judgement	**X**			**X**		**X**	**X**		
	Confidentiality concerns and mistrust of services				**X**	**X**		**X**	**X**	
Isolation, distress and coping	Isolation and feelings of entrapment	**X**		**X**			**X**			
	Coping strategies and self-harm			**X**			**X**			**X**

The meta-ethnographic synthesis included nine qualitative studies exploring South Asian women's experiences of mental health, distress and help-seeking in the UK. Four third-order constructs were developed: (1) cultural expectations, gender roles and family honour; (2) negotiating cultural identity and bicultural tensions; (3) stigma, secrecy and barriers to help-seeking; and (4) isolation, distress and coping. Together, these constructs show how distress is shaped within intersecting cultural, relational and structural contexts.

2.3.1. Cultural expectations, gender roles and family honour

South Asian women described navigating strong cultural expectations relating to behaviour, family responsibility and reputation. These expectations were closely linked to family honour, with women positioned as responsible for maintaining the social standing of their families within the community (Gunasinghe et al., 2019; Mafura & Charura, 2022; Pindolia & Vargo, 2025).

These norms were deeply gendered, with women describing greater restrictions and responsibilities than male family members, shaping autonomy, identity development and emotional expression. The following subthemes illustrate how family honour and gendered expectations operated within family and community contexts.

2.3.1.1. Upholding family honour

Family honour functioned as a central organising principle shaping women's behaviour, emotional expression and decision-making. This was frequently articulated through the concept of *izzat*, which governed expectations around women's behaviour, relationships and social conduct (Gunasinghe et al., 2019; Mafura & Charura, 2022; Pindolia & Vargo, 2025). Honour was enacted through expectations of modesty, obedience and respectability, regulating women's behaviour within both private and public domains. These expectations were described as becoming internalised from an early age, with the included studies highlighting pressure to conform to norms that protected family reputation..

Honour was also understood as highly visible and collectively held. Gunasinghe et al (2019) described women as negotiating an ongoing awareness of how their behaviour might be judged by others, with community perception carrying significance because individual behaviour was understood to reflect on the wider family.

Within this context, perceived violations of honour were associated with strong social consequences, including judgement, rejection and exclusion. Mafura and Charura (2022) described experiences of blame and moral condemnation when women were perceived to deviate from expected norms, particularly in relation to relationships and autonomy.

Maintaining family honour was closely linked to the regulation of emotional expression. Across the included studies, authors described women concealing distress, avoiding disclosure or tolerating difficult circumstances in order to protect family reputation. Seeking support outside the family was, at times, understood as potentially damaging to honour, further constraining help-seeking (Gunasinghe et al., 2019).

Taken together, these findings suggest that honour operates not only as a cultural value but as a regulatory system shaping how distress is experienced, expressed and managed. Across the studies, expectations around reputation, behaviour and relational responsibility appeared to connect cultural norms with emotional concealment and constrained help-seeking..

2.3.1.2. Gender roles and behavioural expectations

Gendered expectations were closely intertwined with the maintenance of family honour, shaping women's behaviour, autonomy and social roles. Across the studies, authors described women growing up within family and community contexts where modesty, obedience and respect for authority were expected, alongside a prioritisation of family needs over individual preferences (Gunasinghe et al., 2019; Pindolia & Vargo, 2025). These expectations were not applied equally, with studies describing greater restrictions and responsibilities being placed upon women compared to male family members.

Pindolia and Vargo (2025) situated these gendered differences within broader patriarchal structures, describing greater freedom being afforded to men while women were expected to uphold cultural values and family reputation.

These gendered expectations were enacted through everyday restrictions on behaviour, particularly during adolescence and early adulthood. Authors described limitations around socialising, relationships and independence, often justified as necessary to maintain family honour. Gupta et al (2007) highlighted community surveillance as reinforcing these restrictions, with women describing a heightened sense of visibility and accountability within extended family and social networks. This surveillance functioned as a form of social regulation, shaping behaviour through the anticipation of judgement rather than direct control.

For many, these dynamics became particularly salient within the UK context, where alternative norms around gender, autonomy and independence were more visible. The studies included in the reviewdescribed tensions between adhering to cultural expectations within the family and pursuing personal autonomy within wider society. These tensions often were associated with feelings of frustration, constraint and identity conflict.

These findings position gender roles as mechanisms of regulation embedded within family and community life. Women's autonomy was negotiated within these constraints, reflecting ongoing tensions between relational obligation and individual agency.

2.3.2. Negotiating cultural identity and bicultural tensions

In addition to these culturally embedded expectations, accounts highlighted the experience of living across differing cultural contexts, often positioned between family norms and wider British society (Gupta et al., 2007; Pindolia & Vargo, 2025; Causier et al., 2024). This involved ongoing negotiation of identity, autonomy and belonging across these contexts. This was reflected in pressures to balance family obligations with personal values, particularly in relation to relationships, independence and gender roles. Rather than representing a fixed conflict, identity was experienced as

fluid and context-dependent.

2.3.2.1. Living between cultures

Expectations within the family did not always align with those encountered in wider British society. This was particularly evident in relation to independence, relationships and transitions into adulthood (Gupta et al., 2007; Pindolia & Vargo, 2025).

Gupta et al (2007) described how markers of adulthood, such as increased autonomy or freedom, were experienced differently across contexts. Within family environments, expectations often remained consistent despite age, creating a sense of restriction. Pindolia and Vargo (2025) highlighted this contrast through comparison with peers, with women describing frustration when observing greater freedom among others.

For some, navigating these differing expectations extended to how mental health and distress were understood. Causier et al (2024) described how exposure to multiple cultural frameworks shaped women's interpretations of their experiences, at times creating uncertainty around how distress should be recognised or addressed.

These findings suggest that living between cultural contexts involved more than balancing two sets of norms. Rather, cultural identity emerged as an ongoing negotiation of expectations, through which women navigated autonomy, belonging and emotional experience across different relational contexts.

2.3.2.2. Divided identities and identity negotiation

In response to these tensions, the included studies described strategies for managing competing cultural expectations. One strategy involved adapting self-presentation across different social contexts. Pindolia and Vargo (2025) described women negotiating different expectations within family and wider social environments, with greater independence expressed outside the family context. They labelled this negotiation as the "home self" vs the "social self".

This adaptation functioned as a way of navigating competing expectations while maintaining

family harmony. Across the studies, authors described women adapting their behaviour, values or self-expression according to context, allowing different aspects of identity to be expressed without directly challenging cultural norms within the family environment.

However, this process was not without emotional cost. Gupta et al. (2007) described the strain associated with navigating competing expectations, including feelings of pressure and internal conflict. Rather than resolving tension, this adaptation reflected an ongoing negotiation between personal values and relational expectations.

Taken together, these findings highlight identity negotiation as an ongoing process for South Asian women living in the UK. Rather than indicating a straightforward adoption of one cultural identity over another, the studies suggest that women negotiated multiple cultural influences according to relational and social context.

2.3.3. Stigma, secrecy and barriers to help-seeking

Stigma surrounding mental health emerged as a significant factor shaping how South Asian women understood and responded to psychological distress. Mental health difficulties were often associated with shame, social judgement and concerns about family reputation, which the included studies associated with concealment of distress and reluctance to seek support (Moller et al., 2016; Causier et al., 2024; Gunasinghe et al., 2019).

These experiences were closely linked to broader cultural norms surrounding honour and reputation, where distress could be understood as reflecting not only on the individual but on the wider family. This created additional pressure to maintain secrecy. Experiences within mental health services also shaped engagement, particularly where women perceived limited cultural understanding from practitioners (Phillips & Andriopoulou, 2021).

The following subthemes explore how stigma and concerns about community judgement influenced help-seeking and engagement with support.

2.3.3.1. Fear of community judgement

Fear of community judgement emerged as a key factor shaping willingness to disclose psychological distress. Moller et al. (2016) and Gunasinghe et al. (2019) described concerns that others within the community might become aware of women's difficulties, with potential consequences including gossip, shame or social exclusion.

Moller et al. (2016) described mental health difficulties as associated with negative labelling and fears of being perceived as unable to cope. These perceptions contributed to reluctance to seek support, particularly where visibility within the community was high. Concerns about judgement were closely tied to family honour, with Gunasinghe et al. (2019) describing disclosure as potentially carrying consequences for family reputation. Distress was therefore sometimes managed privately, with help-seeking constrained by concerns about social standing.

Causier et al. (2024) also described internalised stigma, with mental health difficulties understood within expectations of concealment and emotional privacy. Taken together, these findings suggest that fear of community judgement operates as a mechanism regulating disclosure, shaping both how distress is expressed and whether support is sought.

2.3.3.2. Confidentiality concerns and mistrust of services

Concerns regarding confidentiality within close-knit communities shaped women's engagement with mental health services. Moller et al. (2016) described fears that personal information disclosed within healthcare settings could become known within the wider community, particularly when services were located in areas with large South Asian populations.

Uncertainty around confidentiality was also present in relation to practitioners from similar cultural backgrounds. While shared cultural understanding was sometimes viewed as beneficial, it could also raise concerns about potential breaches of privacy within community networks.

Beyond confidentiality, Phillips and Andriopoulou (2021) described cultural misunderstanding within services as a significant barrier to engagement. Where practitioners lacked

awareness of South Asian cultural contexts, women reported feeling misunderstood or judged, or having to repeatedly explain their experiences, which could be emotionally burdensome. In some cases, stereotypical assumptions regarding religion, family dynamics or gender roles negatively affected therapeutic relationships.

Phillips and Andriopoulou (2021) also highlighted the emotional labour involved in explaining cultural contexts while experiencing distress, particularly where women felt required to justify or explain cultural practices to practitioners.

Conversely, when practitioners demonstrated openness and cultural understanding, the studies described women as feeling safer and more able to engage with support.

These findings suggest that concerns about confidentiality and experiences of cultural misunderstanding interact to shape trust in services. Engagement with support was therefore influenced not only by availability of services, but by whether women felt understood, safe and able to disclose their experiences without risk of judgement or exposure.

2.3.4. Isolation, distress and coping

Across the included studies, authors described experiences of isolation, emotional distress and limited opportunities to seek support. Psychological difficulties were often discussed in relation to ongoing family conflict, cultural expectations and restricted avenues for expressing distress (Gask et al., 2011; Mafura & Charura, 2022; Aktar & Tribe, 2024; Gunasinghe et al., 2019). These contexts were associated with feelings of entrapment, loneliness and loss of control.

Pressures to conform to cultural expectations and maintain family reputation often limited opportunities to disclose distress or seek support outside the family. As a result, the included studies described women coping with psychological difficulties privately, sometimes over prolonged periods. The following subthemes explore experiences of isolation and the coping strategies described in response to distress.

2.3.4.1. Isolation and feelings of entrapment

Isolation emerged as a significant factor shaping women's experiences of psychological distress. Gask

et al. (2011) described women experiencing a sense of being trapped within difficult family or relational circumstances that were experienced as difficult to change, with distress closely tied to ongoing conflict, marital difficulties and unresolved stressors. Depression was also described as persistent and enduring. In response to distress, some women withdrew from social interactions, further reducing opportunities for connection and support.

Feelings of isolation were further compounded by limited support networks. For some, geographical distance from family members reduced access to emotional support, while others experienced restrictions on social interaction within family environments. Stigma surrounding mental health also reinforced isolation, with the included studies describing reluctance to disclose experiences of distress.

These dynamics were closely linked to pressures to maintain family harmony and avoid damaging family reputation. Gunasinghe et al (2019) described women tolerating distress and remaining in difficult situations rather than risking conflict or judgement. As a result, distress was often managed privately despite significant emotional strain. These findings suggest that isolation was not only a consequence of distress, but also shaped by relational and cultural constraints that limited opportunities for support and change.

2.3.4.2. Coping strategies and self-harm

In response to experiences of distress and isolation, the included studies described women developing coping strategies to manage overwhelming emotional pain. Self-harm was often understood not as an attempt to end life, but as a way of expressing or regulating distress that could not be openly communicated (Mafura & Charura, 2022; Aktar & Tribe, 2024).

Mafura and Charura (2022) conceptualised self-harm as a form of “metacommunication of pain”, reflecting attempts to externalise internal distress. Similarly, Aktar and Tribe (2024) described self-harm as a coping strategy used to regulate intense emotions, particularly where other forms of emotional expression were experienced as unavailable. However, these behaviours were often accompanied by

secrecy, regret and conflict, especially where they were understood as morally or culturally unacceptable. The concept of "self-harm is wrong" captured this tension between the need to cope and the cultural meanings attached to such behaviours

These findings suggest that when opportunities to express distress or access support are limited, coping strategies may become increasingly internalised and hidden. While self-harm functioned as a means of managing emotional pain, it was also embedded within broader contexts of secrecy, shame and isolation.

2.4. Line of argument synthesis

A line-of-argument synthesis interprets relationships between themes to generate a conceptual understanding beyond individual studies (Noblit & Hare, 1988; Britten et al., 2002). The findings suggest that South Asian women's experiences of psychological distress are shaped through interconnected cultural, relational and structural processes.

Cultural expectations surrounding gender roles and family honour were central in shaping how distress was experienced and expressed. Expectations to uphold family reputation and conform to prescribed roles limited opportunities for disclosure or help-seeking outside the family. These dynamics were further complicated by bicultural tensions, as women navigated differences between South Asian family norms and wider British social contexts, creating pressures to balance relational obligations with autonomy.

Within this context, stigma and concerns about community judgement further constrained disclosure. Fear of damaging family reputation, alongside concerns about confidentiality within close-knit communities, contributed to reluctance to access support. Distress was often managed privately, contributing to isolation and prolonged emotional strain, with coping strategies such as emotional suppression or self-harm where distress could not be safely expressed.

Barriers to support were also shaped within mental health services. Engagement was influenced by practitioners' level of cultural understanding (Phillips & Andriopoulou, 2021). Where

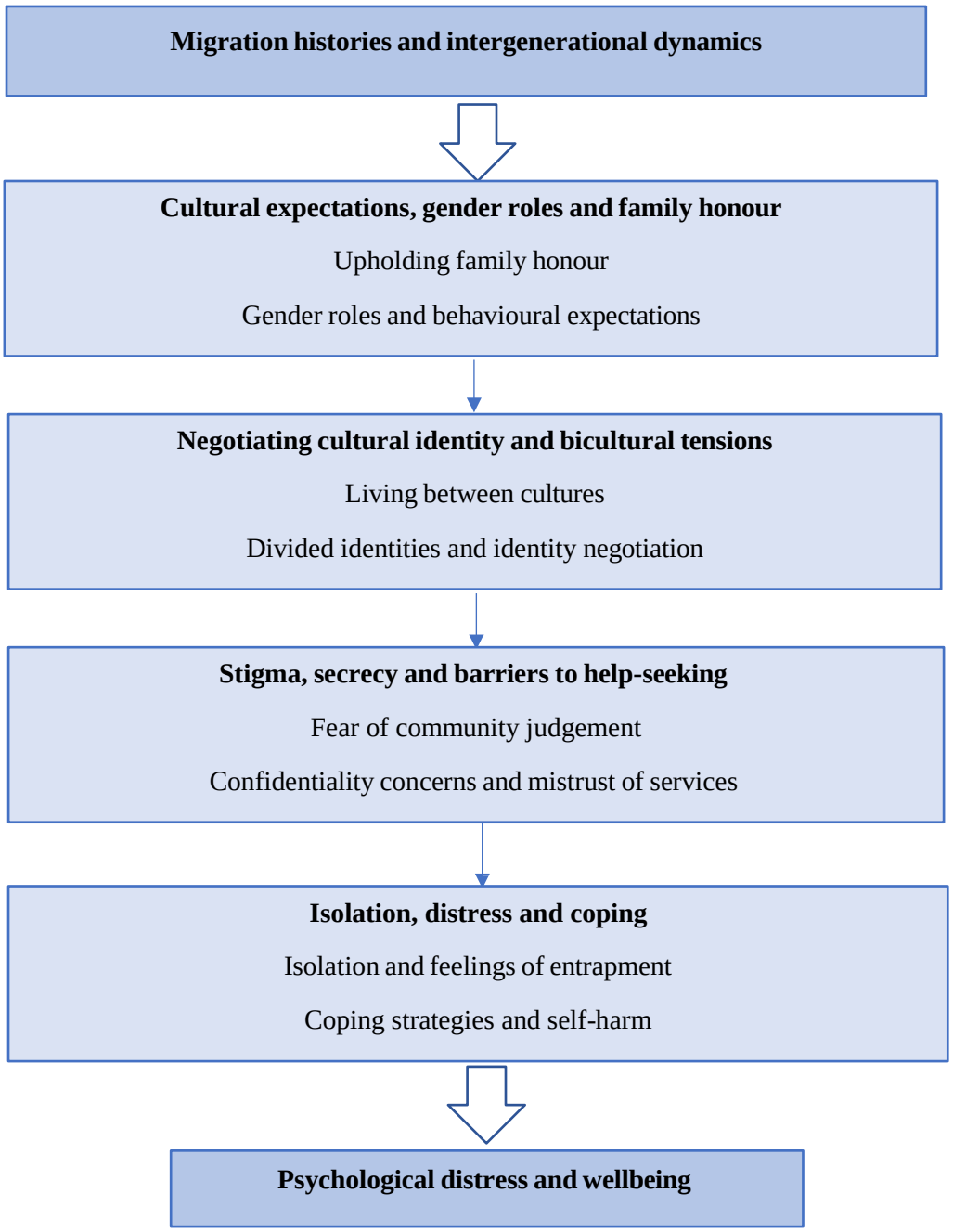
cultural contexts were overlooked, the included studies described women as feeling misunderstood or judged, reducing trust and willingness to engage. In contrast, culturally responsive and collaborative approaches facilitated greater openness, suggesting that barriers arise within both communities and service structures.

Collectively, the findings position psychological distress not as an individual phenomenon, but as emerging through the negotiation of cultural expectations, identity and structural constraints. Honour-based norms shape how distress can be expressed, while bicultural tensions introduce additional pressures. These processes are further shaped by stigma and the cultural responsiveness of services, which together influence whether and how support is accessed.

Psychological distress can therefore be understood as arising within ongoing relational negotiation, as women navigate family expectations, cultural identity and personal wellbeing. To illustrate these relationships, a conceptual model was developed (Figure 2), situating cultural expectations, identity negotiation, stigma and help-seeking within intergenerational and migratory contexts.

Figure 2

Conceptual model illustrating cultural, relational and structural processes shaping South Asian women's experiences of psychological distress in the UK



2.5. Discussion

This meta-ethnographic synthesis examined South Asian women's experiences of psychological distress and help-seeking in the UK. Across nine studies, distress emerged as shaped by interacting cultural, relational and structural processes, including gendered expectations, identity negotiation and barriers to support. These influences operated simultaneously within women's social environments, shaping how distress was understood, expressed and managed.

Cultural expectations surrounding family honour and gender roles were central across the studies (Gunasinghe et al., 2019; Mafura & Charura, 2022; Pindolia & Vargo, 2025). In particular, *izzat* functioned as a system of social expectations governing behaviour, reputation and emotional expression, with women often positioned as responsible for maintaining family standing. These findings align with literature positioning South Asian women as custodians of honour within patriarchal systems (Gilbert et al., 2004; Sangar & Howe, 2021) and suggest that distress may arise within constraints on autonomy and emotional expression. From a feminist perspective, this locates distress within gendered social structures rather than solely within the individual (Marecek, 2017).

The studies also described navigating tensions between South Asian cultural expectations and the norms of wider British society (Gupta et al., 2007; Pindolia & Vargo, 2025; Causier et al., 2024). Across the included studies, bicultural tensions were described in relation to balancing relational obligations with autonomy and identity. Some of these accounts came from women who were described as second-generation, but generational status was not a defining focus of the review. While this may be understood as acculturative stress (Berry, 1997), the findings point to a relational and intergenerational process. Many families may have experienced social and cultural transitions following migration, shaping expectations around identity, belonging and adaptation across generations (Kirmayer et al., 2014; Phinney et al., 2000).

Intergenerational perspectives highlight these dynamics. Rather than a simple transmission of trauma, the findings suggest ongoing negotiation of cultural continuity, belonging and protection within diasporic contexts. Family narratives and expectations may function to preserve identity and

cohesion, while also generating tension for younger women navigating multiple cultural worlds. Distress may emerge within these negotiations rather than from isolated factors.

Stigma surrounding mental health further constrained help-seeking. Distress was associated with shame, social judgement and potential damage to family reputation (Moller et al., 2016; Gunasinghe et al., 2019; Causier et al., 2024). Within collectivist contexts, individual difficulties may be understood as reflecting negatively on the wider family, contributing to concealment of distress. Fear of community judgement and concerns about confidentiality reinforced patterns of secrecy, limiting disclosure both within communities and in services.

Barriers to support were also shaped within mental health services. The studies included in this review described ambivalence towards both White and South Asian practitioners, reflecting complexities of cultural trust and perceived understanding (Hussain & Cochrane, 2002; Chew-Graham et al., 2002; Phillips & Andriopoulou, 2021). Where practitioners were perceived as lacking cultural awareness, women were described as feeling misunderstood or judged, reducing engagement. In contrast, culturally responsive and collaborative approaches facilitated greater trust and openness, suggesting barriers to help-seeking arise also within service structures and clinical encounters.

Experiences of isolation and entrapment further shaped distress. Within the included studies, women were described as feeling unable to disclose difficulties or leave challenging relational contexts due to expectations surrounding family, marriage and reputation (Gask et al., 2011; Gunasinghe et al., 2019). These experiences resonate with entrapment (Gilbert, 2006) but appear relationally and culturally structured rather than solely intrapsychic.

Psychological distress is best understood as embedded within relational, cultural and structural systems shaped by gender, migration and racialised context. Distress emerges through ongoing negotiation between family expectations, cultural identity and personal wellbeing, rather than residing solely within the individual. These findings highlight the need for culturally responsive and contextually grounded approaches to mental health support.

2.6. Limitations

Several limitations should be considered. The number of qualitative studies examining South Asian women's mental health in the UK remains limited. Although nine studies were included, many involved small samples, which may limit the range of perspectives. However, smaller samples are typical in qualitative research and do not necessarily limit depth of insight (Braun & Clarke, 2013).

The use of the term "South Asian" also warrants caution. This category encompasses diverse ethnic, cultural and religious groups, including individuals of Indian, Pakistani, Bangladeshi and Sri Lankan heritage. Aggregating these populations risks obscuring important differences in lived experience and structural positioning (Nazroo, 1997).

Additionally, many included studies recruited participants who had engaged with mental health services or were willing to discuss distress. As a result, the perspectives of women who remain disengaged or experience higher levels of stigma may be underrepresented (Clement et al., 2015).

Finally, as the synthesis was conducted by a single researcher, there is potential for interpretative bias. While efforts were made to enhance rigour through systematic comparison and transparent documentation, alternative interpretations remain possible given the inherently interpretive nature of meta-ethnography (Noblit & Hare, 1988).

2.7. Conclusion

This meta-ethnographic synthesis provides an integrated understanding of South Asian women's experiences of psychological distress and help-seeking in the UK. Psychological distress emerges as shaped by the interaction of cultural expectations, gender roles, identity negotiation and structural barriers to support.

Cultural constructs such as *izzat* and family honour shape how distress is experienced and expressed, often encouraging secrecy and emotional suppression (Gunasinghe et al., 2019; Mafura & Charura, 2022). The included studies described tensions between cultural expectations and wider

British norms, contributing to experiences of identity conflict and ongoing negotiation (Gupta et al., 2007; Pindolia & Vargo, 2025). Stigma and concerns about community judgement further constrain help-seeking (Moller et al., 2016; Causier et al., 2024), meaning that distress is often managed privately.

Overall, psychological distress is best understood as arising at the intersection of cultural expectations, identity negotiation and structural barriers, rather than residing within the individual alone.

2.8. Justification for the current study

Although existing literature provides insight into South Asian women's experiences of psychological distress, important gaps remain. Much research has examined South Asian populations more broadly, often grouping individuals across generations, migration histories and cultural contexts. While this work has highlighted stigma, help-seeking and cultural expectations (Chew-Graham et al., 2002; Hussain & Cochrane, 2002; Moller et al., 2016), it offers limited understanding of how mental health is experienced specifically by second-generation South Asian women in the UK.

The findings from the meta-ethnographic synthesis highlighted tensions relating to cultural identity and competing social expectations between South Asian and British norms across the included literature. Although some studies included second-generation women and described experiences relevant to generational identity, the review was not designed to examine generational differences and therefore cannot establish whether these experiences are particularly salient in second-generation women (Gupta et al., 2007; Pindolia & Vargo, 2025; Causier et al., 2024).
The review therefore provided a broad understanding of South Asian women's experiences but did not address the question of how second-generation British South Asian women themselves interpret and make sense of cultural identity and generational narratives. This remained an important area for the empirical study to explore in greater depth.

This gap is significant given evidence that identity negotiation and acculturative stress are associated with psychological wellbeing in migrant and diaspora populations (Berry, 1997). For South

Asian women, these processes are further shaped by gendered expectations surrounding family honour, relationships and cultural continuity (Gilbert et al., 2004; Sangar & Howe, 2021) Intergenerational perspectives offer an additional lens. Migration-related experiences, including social dislocation, discrimination and cultural loss, may shape family narratives, expectations and coping patterns across generations (Kirmayer et al., 2014). Efforts to preserve cultural identity and cohesion may place particular expectations on younger women, creating tensions between continuity and adaptation. Despite this, limited research has specifically examined how such intergenerational dynamics are experienced and understood by second-generation South Asian women in the UK.

The current study therefore seeks to address these gaps by exploring the lived experiences of second-generation British South Asian women, with a focus on how cultural identity and generational narratives shape mental health and wellbeing. By centring women's own accounts, the study aims to develop a more nuanced understanding of how gendered cultural expectations, intergenerational narratives and relational contexts intersect in shaping experiences of mental health and wellbeing.

Such understanding has implications for both research and practice. Greater insight into how cultural identity and intergenerational dynamics may support more culturally responsive approaches to assessment, formulation and intervention when working with British South Asian women..

2.9. Chapter summary

This chapter presented a meta-ethnographic synthesis of qualitative research exploring South Asian women's experiences of psychological distress and help-seeking in the UK. The review highlighted how cultural expectations, gendered norms, identity negotiation and structural barriers interact to shape mental health and engagement with support.

These findings informed the rationale for the present study, which deliberately narrows the focus to the lived experiences of second-generation British South Asian women in relation to cultural identity, generational narratives and mental wellbeing.. The following chapter outlines the methodological approach, including the epistemological position, research design, recruitment, data

collection and analysis.

3. Methods

3.1. Chapter overview

This chapter outlines the methodological foundations and procedures underpinning the study. It situates the research within my positionality as a British South Asian trainee clinical psychologist and outlines the reflexive practices used to manage insider dynamics. The epistemological and ontological positioning is then presented, followed by justification of the qualitative narrative approach. The research design, recruitment strategy and data collection procedures are described, alongside the analytic approach and steps taken to ensure rigour. The chapter concludes with participant characteristics, ethical considerations and dissemination plans.

3.2. Reflexivity

My interest in this research is rooted in my own position as a British South Asian woman who has, and continues to, navigate tensions between cultural inheritance and Western psychological frameworks. I use "British South Asian" here as a broad descriptor of my diasporic positioning rather than as an indication of a shared cultural experience with participants. As discussed earlier in the thesis, the category "South Asian" encompasses substantial differences in regional, religious, linguistic, class and migration histories, and my own position represents one location within this diversity. My experiences therefore provided cultural proximity to the research topic but did not give me an assumed or comprehensive understanding of participants' experiences . Growing up within a South Asian family in the UK meant inhabiting multiple cultural narratives simultaneously, including expectations of duty and collectivism alongside discourses of autonomy and individual fulfilment. I became aware of the emotional labour carried by women within my community, where silence, sacrifice, endurance and loyalty were often framed as virtues, prompting questions about their emotional costs across generations.

My training as a clinical psychologist deepened these questions. I observed how distress is frequently conceptualised through individualised and Westernised lenses. I noticed the absence of

culturally nuanced accounts of South Asian women's experiences, particularly those born and raised in the UK who are often presumed to be "integrated" or culturally assimilated. I began wondering whether the psychological frameworks I was being trained in were sufficiently equipped to understand culturally mediated silence, inherited emotional patterns or intergenerational expectations that are not easily articulated within diagnostic language. This study therefore emerged from both personal resonance and professional curiosity.

As a member of the community I sought to explore, I entered this research as an insider. Insider positioning offers relational access while introducing analytic risk (Chavez, 2008; Dwyer & Buckle, 2009). This can be understood in relation to emic and etic perspectives, whereby insider knowledge offers culturally embedded (emic) understanding while still requiring reflexive distance associated with etic analysis (Harris, 1976). Shared aspects of cultural background sometimes meant participants could speak without extensive explanation of idioms of distress, gendered norms or family dynamics. However, this familiarity required careful reflexive management as familiarity could obscure differences in how these experiences were understood by individual participants. Shared ethnicity does not equate to shared experience. My own class background, religious upbringing and professional trajectory differ from those of some participants, and this required ongoing attention to avoid assuming cultural sameness.

At times, participants' accounts of silence, emotional restraint and familial obligation resonated personally. Following Finlay (2002), these responses were treated as sites for reflexive inquiry rather than confirmation of shared meaning. Instances of resonance, discomfort and dissonance were documented in a reflective journal and revisited during analysis (Appendix C). For example, moments where participants' experiences mirrored my own risked assumptions of shared understanding, while points of divergence highlighted the importance of attending to individual contexts. Emotional proximity therefore functioned as both a resource and a point of caution.

My identity as a trainee clinical psychologist also shaped the research encounter. While clinical practice emphasises empathy and containment, research requires maintaining analytic distance. Etherington (2004) describes the tension inherent in occupying both roles. I was mindful not

to shift into reassurance or formulation and maintaining a research stance required tolerating discomfort and resisting the impulse to intervene. Supervision provided a space to examine these tensions and reflect on how my professional authority may have shaped what participants chose to disclose. For example, I reflected on moments where participants appeared to position me as an "expert" due to my role as a trainee clinical psychologist, which may have influenced how they framed or disclosed their experiences.

Within narrative inquiry, interviews are understood as dialogic and co-constructed (Riessman, 2008). Participants' stories were shaped by my presence, prompts and cultural positioning, meaning I was not a neutral instrument and knowledge was produced relationally. Claims of neutrality in research have been critiqued as reflecting dominant perspectives, including whiteness, which can obscure how researchers shape the research process (Ahmed, 2007). I made my positioning explicit by acknowledging how my identity and role influenced both the interview process and interpretation of participants' accounts, which required ongoing attention to power and representation. While I share South Asian heritage with participants, I also occupy positions of educational and professional privilege. Postcolonial feminist scholars caution that insider research can reproduce dominant narratives if reflexivity is superficial (Mohanty, 1988; Spivak, 1988). I was therefore attentive to avoiding homogenising accounts of "South Asian women" or interpreting silence solely as deficit.

Reflexivity in this study was an ongoing, dynamic analytic process, involving journalling, supervisory dialogue and iterative engagement with the data. Rather than striving for detachment, I sought accountable proximity, defined here as remaining aware of how my biography, values and training shaped interpretation while actively attending to difference and resisting assumptions of shared meaning. This included returning to transcripts to check where interpretations may have been influenced by my own experiences and ensuring analysis remained grounded in participants' language. This aligns with feminist qualitative traditions that position reflexivity as both epistemological transparency and ethical responsibility (Pillow, 2003; Yardley, 2000).

Reflexivity was enacted through several ongoing practices rather than treated as a one-off statement of positionality. I maintained a reflective journal throughout the research process,

documenting moments of cultural resonance, discomfort, uncertainty and assumptions arising during interviews and analysis. These reflections were revisited alongside the transcripts to consider whether interpretations were grounded in participants' accounts or influenced by my own experiences. Supervision provided a further space to interrogate these interpretations, particularly where I felt strongly aligned with or challenged by participants' accounts. I also used PPI consultation to challenge assumptions about what might be considered culturally meaningful or relevant, recognising that my own insider position could make certain interpretations feel self-evident. Through repeated engagement with the data, I actively looked for points of divergence as well as similarity between participants, rather than treating apparent cultural commonality as evidence of shared experience.

A particular tension within this reflexive process concerned the terminology used to conceptualise participants' experiences. Participants predominantly used the language of "distress", whereas I found myself increasingly drawing on the academic language of "trauma" and "intergenerational trauma" when positioning the research within the psychological literature. I became aware that this represented more than a difference in terminology: using "trauma" potentially involved translating participants' accounts into a clinical and academic framework that they had not necessarily used themselves. This raised questions for me about whether I was remaining accountable to participants' own meanings or imposing a conceptual language through which their experiences could be interpreted.

This was particularly significant given my dual positioning as a British South Asian woman and trainee clinical psychologist. My cultural proximity could make experiences of family silence, migration, sacrifice or intergenerational expectation feel familiar and readily interpretable, while my professional training could simultaneously make concepts such as trauma feel theoretically available and legitimate. I therefore had to consider whether I was using the language of trauma because it genuinely captured an aspect of the narratives, or because it represented a familiar psychological framework through which suffering is understood.

There was also a risk that applying the language of trauma could pathologise experiences that participants understood more ambiguously, including experiences that involved protection, resilience, adaptation, cultural continuity and family connection alongside distress. Equally, avoiding the

concept of trauma altogether could have limited critical engagement with literature concerning the intergenerational transmission of adversity and the ways in which historical and social experiences may continue to shape subsequent generations. I therefore came to treat trauma as a tentative academic conceptualisation rather than a description of participants' experiences. Where referring to participants' own accounts, I retained the language of "distress" and the terminology they used to describe their intergenerational experiences; where discussing the academic literature, I used "trauma" cautiously and explicitly as a theoretical framing.

This distinction was revisited throughout analysis and writing, particularly where interpretations risked moving from participants' descriptions of distress towards a more definitive trauma-based explanation. Returning to participants' narratives and reflexive notes provided an opportunity to question whether interpretations remained grounded in what participants had actually conveyed, rather than being driven by the academic concept of trauma.

The wider sociopolitical context in which the research was conducted was also considered as part of this reflexive process. Interviews took place between January and November 2025, during a period of heightened public and political debate concerning immigration, race, religion, national belonging and cultural difference in the UK, alongside wider international conflicts and their effects on communities in Britain. I recognised that these wider discourses could form part of the context through which participants understood and narrated their cultural identities, including feelings of belonging, otherness, pride, conflict or uncertainty about how their identities were positioned within wider British society. However, I did not assume that participants experienced or interpreted these events in the same way, nor did I treat the contemporary political context as a direct explanation for their accounts. Rather, it was understood as one of the wider social conditions within which identity negotiation takes place. This was particularly relevant when considering narratives concerning racialisation, cultural visibility and belonging, where participants' understandings of their cultural background may be shaped not only by family and intergenerational histories but also by how South Asian identities are represented and positioned within contemporary British society.

3.3. Epistemological and ontological positioning

This study is situated within a contextualist critical realist epistemology.

At this point in the thesis, the concept of intergenerational trauma is introduced deliberately as an academic conceptualisation through which the study's epistemological position and subsequent interpretation of participants' accounts can be understood. It provides a way of engaging critically with wider psychological conceptualisations of how experiences may extend across generations, while recognising that participants did not necessarily describe their own experiences using the language of "trauma". This distinction is important to the present study because the empirical accounts were primarily framed in terms of distress, family narratives, cultural expectations and intergenerational experiences. The concept of trauma is therefore not introduced as an assumption about participants' experiences, but as a theoretical concept that the study critically engages with when considering how such experiences may be understood.

From a contextualist critical realist perspective, experiences such as cultural identity negotiation, intergenerational transmission, gendered expectation and racialisation are understood as having material and psychological consequences, while the meanings attributed to these experiences are constructed within social, cultural and historical contexts (Madill et al., 2000; Maxwell, 2012).

Over the course of the study, this position became more clearly articulated. Engagement with contextualist and critical realist literature clarified that while narratives are shaped through language and culture, the effects of migration histories, racism, patriarchy and family expectations are lived and enduring rather than solely discursive (Braun & Clarke, 2019; Bhaskar, 2008). Reflexivity therefore extended beyond personal positioning to include attention to the theoretical lenses shaping interpretation.

Social structures, migration histories, patriarchal norms and racialised hierarchies shape women's lives in concrete ways, but become intelligible through narrative and interpretation. Critical realism attends to both structure and meaning, recognising that social phenomena are not reducible to discourse but are accessed through language, memory and cultural frameworks. Participants' narratives are therefore approached as situated interpretations of historically and materially grounded

lives.

A contextualist epistemology further recognises that knowledge is produced within relational and cultural contexts (Braun & Clarke, 2019). The stories told in interview are shaped by what is culturally speakable, morally permissible or emotionally safe. Within many South Asian communities, distress may be communicated indirectly through metaphor, embodiment or silence rather than explicit psychological language (Kirmayer et al., 2011). Meaning-making is therefore culturally patterned rather than purely individual.

Narrative inquiry aligns with this positioning as it treats stories as active constructions of identity rather than transparent reports of internal states (Bruner, 1990; Riessman, 2008). Through storytelling, participants negotiate tensions between autonomy and duty, belonging and difference,and inheritance and resistance. Narrative is therefore not simply data but the site at which identity is performed and reworked.

This epistemological stance is further informed by postcolonial feminist thought. Postcolonial scholars argue that knowledge about minoritised women has historically been shaped by colonial logics that depict non-Western cultures as static, oppressive or deficient (Mohanty, 1988; Spivak, 1988). Within psychological research, this can manifest as the pathologisation of collectivist values or the framing of cultural silence as dysfunction. By situating narratives within histories of colonialism, migration and racialisation, the study seeks to avoid essentialising South Asian family systems while remaining attentive to power and inequality.

Alternative epistemological positions were considered. A purely social constructionist stance, risks flattening structural inequalities into linguistic phenomena and underplaying the material effects of racism, patriarchy and migration. Conversely, realist or essentialist approaches treat identity, trauma and culture as stable and measurable constructs, incompatible with the fluid, negotiated nature of diasporic identity. A positivist framework was rejected as it assumes neutrality and objectivity in ways inconsistent with the co-constructed, relational aims of this study.

The contextualist critical–realist position adopted allows attention to both the structural

conditions shaping South Asian women's lives and the narrative practices through which those conditions are interpreted, resisted or reproduced. It provides a coherent foundation for examining how cultural identity and intergenerational trauma are constructed, experienced and made meaningful within the UK context.

3.4. Methodological rationale

Given the outlined epistemological positioning, qualitative narrative inquiry was selected as the most coherent methodological approach. This study is concerned not only with what South Asian women experience, but with how cultural identity and intergenerational narratives are constructed, inherited and negotiated. These concepts are rarely articulated in linear or purely psychological terms rather, they emerge through temporality, metaphor, contradiction, silence and relational positioning (Kirmayer et al., 2011). Narrative inquiry preserves this temporal and relational coherence, enabling analysis of how identities are storied within broader cultural and historical frameworks (Bruner, 1990; Riessman, 2008).

Narrative approaches are particularly relevant in cultural contexts where knowledge and history are passed down through storytelling, oral traditions and everyday conversation. This is also important to the study's engagement with the concept of trauma: experiences of migration, sacrifice and hardship may not be explicitly labelled as "trauma" by participants but may instead be conveyed indirectly through stories, expectations and shared family narratives (Das, 2007; Bhatia, 2011). Storytelling can offer coherence, meaning and emotional processing (Bruner, 1990; McAdams, 2001). Participants may describe family expectations, unspoken rules or emotional atmospheres without naming them as trauma, with meaning conveyed through tone, pauses, contradictions and what is left unsaid. Narrative inquiry attends to both what is said and how it is expressed, including narrative flow, hesitation and positioning in relation to family histories (Andrews et al., 2013).

This is particularly important in minoritised communities, where experiences are shaped by cultural expectations around honour, duty and emotional restraint (Bhatia, 2011). In these contexts, distress may not be openly expressed or may be framed in ways that prioritise family harmony and

reputation. Meaning is therefore often embedded within indirect forms of communication rather than explicit psychological language. Approaches that fragment accounts into discrete themes risk losing this complexity, whereas narrative inquiry preserves the coherence of participants' stories and keeps these complexities visible.

Alternative qualitative approaches were evaluated in relation to the study's aims and epistemological commitments. Interpretative Phenomenological Analysis (Tindall, 2009) offers rich idiographic exploration of lived experience but foregrounds intrapsychic meaning-making in ways that may narrow attention to relational and sociohistorical contexts. Reflexive Thematic Analysis (Braun & Clarke, 2006, 2019) allows for pattern identification across datasets; however, its coding structure can fragment temporal coherence and disrupt narrative flow when the focus is identity construction across generations. Grounded Theory (Charmaz, 2014; Glaser & Strauss, 1967), with its emphasis on theoretical generation and saturation, risks abstracting culturally situated accounts into formalised models that may obscure heterogeneity within diasporic identities. Discourse Analysis (Potter & Wetherell, 1987; Willig, 2013) offers valuable tools for examining language and power but often prioritises discursive structure over the temporality and relational continuity central to intergenerational storytelling.

Narrative inquiry, however, keeps the focus on people's stories as they are told, while allowing consideration of culture, power and context. It enables exploration of how wider social and historical influences shape personal experiences without separating individuals from their relational worlds. The selection of narrative inquiry reflects methodological coherence rather than preference, providing a framework well aligned with the study's aims and focus.

3.5. Research design

This study employed a qualitative narrative inquiry design to explore how second-generation British South Asian women construct and make sense of cultural identity and intergenerational experience within the UK context. The design was shaped by the study's contextualist critical–realist positioning, which conceptualises identity as relational, historically situated and narratively constructed. The research sought to understand not only what participants experienced, but how these

were storied and negotiated across time.

Semi-structured narrative interviews were selected as the primary method of data collection. Narrative interviewing enables participants to organise experience temporally, situating personal accounts within wider contexts (Bruner, 1990; Riessman, 2008). This was particularly important for examining intergenerational transmission, where meaning unfolds across generations rather than within isolated events. The semi-structured format provided sufficient guidance to ensure conceptual consistency across interviews while allowing flexibility for participants to determine emphasis, sequencing and depth. Such flexibility is central to narrative inquiry, which prioritises participant-led storytelling over rigid question–response formats (Andrews et al., 2013). Focus groups were considered, given their potential to facilitate shared storytelling and collective meaning-making (Kitzinger, 1995; Morgan, 1997). However, they were not selected due to the sensitivity of the topic and the methodological emphasis on individual narratives. Discussions of mental health, family dynamics and intergenerational expectations may be shaped by stigma, confidentiality concerns and fears of community judgement, which can limit disclosure in group settings (Liamputtong, 2011). Focus groups may also privilege socially acceptable or culturally normative accounts, potentially muting individual differences and reducing the complexity of participants' experiences. For a study concerned with how identity and intergenerational experiences are uniquely constructed and negotiated, individual interviews were therefore more appropriate, allowing greater depth and divergence.

A purposive sampling strategy was used to recruit participants able to meaningfully reflect on the study's focus (Patton, 2015). The inclusion and exclusion criteria for participant eligibility are outlined below. Research with minoritised communities highlights challenges relating to trust, accessibility and perceived relevance, shaped by historical marginalisation and concerns around stigma and confidentiality (Hussain-Gambles et al., 2004; George et al., 2014). Rather than framing South Asian communities as "hard to reach", these barriers were understood as shaped by how research is approached and communicated. Recruitment materials therefore emphasised transparency, confidentiality and study purpose, and were shared via accessible and familiar platforms. The

researcher's insider positioning also supported trust and engagement, considered reflexively.

The study focused specifically on second-generation women who were born and raised in the UK. This cohort occupies a distinct sociocultural position characterised by ongoing negotiation between inherited cultural traditions and contemporary British contexts. Although second-generation individuals are often presumed to be culturally assimilated, research suggests that identity negotiation remains complex and relational, particularly for women navigating gendered expectations within diasporic communities (Bhatia & Ram, 2009). Focusing on this group allowed the study to examine cultural continuity and intergenerational meaning-making within diasporic life, rather than first-generation migration adjustment alone.

The final sample comprised 18 participants. Within narrative research, sample size is guided by analytic depth and narrative richness rather than statistical representativeness or formal saturation (Riessman, 2008; Smith, 2016). Narrative inquiry requires sustained engagement with each individual account, preserving temporal coherence and attending to how stories are structured and performed. The chosen sample size enabled detailed idiographic analysis while also allowing identification of cross-narrative patterns relating to identity construction and intergenerational transmission. The aim was conceptual representativeness rather than demographic proportionality, consistent with qualitative research conventions.

Overall, the research design prioritised relational depth, temporal coherence and conceptual alignment. It reflects integration between epistemological stance, methodological choice and research aims, supporting examination of how second-generation South Asian women construct, inherit and negotiate identity within culturally and historically situated contexts.

3.6. Procedure

3.6.1. Recruitment

Participants were recruited between January and November 2025 using purposive sampling to engage second-generation South Asian women who were willing and able to engage with questions of cultural identity and intergenerational experience. Recruitment occurred primarily through Instagram

and LinkedIn, which were selected as accessible platforms for reaching potential participants and sharing research information within relevant social and professional networks. Their selection was therefore a pragmatic recruitment decision based on their accessibility and potential reach, rather than on a formal assessment of platform use among South Asian women in the UK.

Recruitment materials were intentionally framed in culturally resonant and non-clinical language, challenging the persistent assumption within psychological research that South Asian women constitute a "hard-to-reach" population (Bhopal, 2010). Such categorisations have been critiqued for obscuring structural barriers and institutional mistrust rather than reflecting community disengagement (George et al., 2014). The large response to recruitment suggested that when approached respectfully and without deficit-based framing, women were willing to participate and share their narratives.Interested individuals contacted the researcher directly and were provided with the Participant Information Sheet (Appendix D) and Consent Form (Appendix E). A brief preliminary conversation confirmed eligibility, clarified questions and ensured informed decision-making prior to interview scheduling. The criterion concerning willingness to engage with cultural identity and intergenerational experiences reflected the nature of the narrative interview, which involved potentially personal discussions of cultural identity, race and intergenerational experiences. It was not assessed using a formal measure; rather, participants were informed of the topics to be discussed and had the opportunity to ask questions and indicate whether they felt comfortable engaging with these areas. This ensured that participants understood the focus of the research and were voluntarily choosing to engage with these conversations, rather than being required to demonstrate a particular level of prior reflection or insight.

3.6.2. Inclusion and exclusion criteria

Participants were required to self-identify as South Asian or British South Asian, consistent with Marshall and Yazdani's (1999) definition, encompassing Indian, Pakistani, Bangladeshi, Sri Lankan and Nepali heritage. Self-identification was prioritised to avoid imposing externally defined ethnic classifications and to acknowledge the fluidity of diasporic identities.

Participants were aged between 25 and 45, resided in the UK, and were willing to engage in a

narrative interview exploring cultural identity, intergenerational histories and wellbeing. The age range was selected to focus specifically on second-generation women, typically understood as individuals born in the UK to parents who migrated from South Asia, most commonly during post-war migration waves from the 1950s onwards (Bhugra & Becker, 2005). The lower age boundary of 25 was intended to capture participants with sufficient adult life experience to reflect on identity across different contexts and transitions, while the upper boundary of 45 was used to maintain conceptual coherence within the sample and reduce the inclusion of substantially different generational and migration cohorts. Selecting participants within this age range ensured participants could reflect on identity across key adult transitions (Bhatia & Ram, 2009), supporting conceptual coherence and narrative depth.

Exclusion criteria were limited to individuals outside the specified heritage groups, men, and those experiencing acute psychological crisis at the time of recruitment. The latter criterion was included to minimise potential distress associated with in-depth narrative reflection on emotionally sensitive topics. This decision reflected ethical consideration rather than diagnostic gatekeeping, as the study did not require participants to meet clinical thresholds or hold formal mental health diagnoses. These criteria were applied to ensure safety and alignment with the study's aims.

3.6.3. Patient and public involvement (PPI)

Patient and Public Involvement (PPI) was embedded throughout the study rather than confined to the initial design phase. In line with INVOLVE (National Institute for Health and Care Research, 2021) guidance and recommendations for participatory approaches in research involving racially minoritised communities, a British South Asian woman with relevant lived experience was consulted at multiple stages of the research process.

The PPI contributor was a woman in her mid-30s who identified as Punjabi Sikh and worked as a clinical psychologist. She was approached through my research supervisor and existing professional connections, providing a pragmatic route to identifying someone with relevant lived experience who was willing to engage with the research. However, the use of a single contributor meant that her perspective could not reflect the diversity encompassed by the broad South Asian

category. Ideally, PPI would have involved a broader group of British South Asian women from different regional, religious, socioeconomic and migration backgrounds. Funding and resource constraints limited the feasibility of establishing a larger PPI group within the scope of the project. Her professional background also brought a psychological perspective that may have shaped how she engaged with the research, representing both a strength and a limitation. Her contribution was therefore understood as one situated perspective rather than representative of British South Asian women more broadly.

At the design stage, PPI informed the framing of recruitment materials, the Participant Information Sheet and the interview schedule. Early drafts were reviewed to identify language that risked replicating clinical, pathologising or culturally incongruent terminology. For example, initial phrasing referred to “mental health difficulties” and “symptoms”, which were felt to carry clinical connotations and potentially deter engagement. These were revised to more open terms such as “emotional wellbeing”, “life experiences” and “personal journeys”, and questions framed around “family conflict” were softened to “family expectations and relationships”. This process led to refinement of phrasing and tone, ensuring the study was positioned as an exploration of lived experience and identity rather than an assessment of psychological deficit. Such involvement is particularly important in research with South Asian populations, where stigma surrounding mental health, mistrust of institutions and histories of misrepresentation may shape engagement (Bhopal, 2019; George et al., 2014).

PPI involvement extended beyond design. Emerging themes and interpretive tensions were discussed in a consultative capacity to explore whether interpretations resonated culturally and whether particular framings risked oversimplification or unintended pathologisation. Initial interpretations of emotional restraint were reconsidered following discussion, shifting from a potential framing of avoidance towards understanding this as shaped by relational expectations, care and protection within family contexts. This did not constitute formal co-analysis; however, it functioned as a reflexive checkpoint within the meaning-making process (Finlay, 2002). These discussions supported sensitivity to idioms of distress, understood as culturally specific ways of expressing and

communicating emotional suffering (Nichter, 1981; Kirmayer et al., 2011), intergenerational silence and gendered expectations that may not be visible within dominant Western psychological frameworks.

Ongoing PPI consultation acted as an epistemic safeguard against interpretive imposition (Fricker, 2007), aligning with postcolonial feminist commitments to relational accountability and the co-construction of knowledge (Mohanty, 1988). Consultation took the form of iterative discussions at key analytic stages, allowing emerging interpretations to be explored and challenged. The PPI contributor was reimbursed for their time, recognising the value of lived experience and aligning with more equitable and anti-oppressive research practices. While the contributor did not participate in data coding or theme generation, her involvement strengthened cultural resonance, helped identify potential interpretive blind spots and enhanced reflexive rigour across the research process. However, this level of involvement remained consultative rather than fully co-productive, and therefore did not fully redistribute power within the research process or meet more participatory or anti-racist ideals. Greater involvement of experts by experience in earlier design stages and analytic decision-making may further strengthen collaborative knowledge production.

3.6.4. Interviews

The semi-structured interview schedule was developed iteratively and grounded in literature on South Asian cultural identity negotiation (Bhatia, 2011; Bhatia & Ram, 2009), intergenerational trauma transmission (Danieli, 1998; Kirmayer et al., 2011), and narrative theory (Bruner, 1990; Riessman, 2008).

Following PPI consultation, terminology shifted away from diagnostic constructs towards culturally grounded phrasing such as “stories passed down”, “things not usually spoken about” and “experiences that have shaped you”. This was consistent with narrative and culturally responsive research principles that caution against imposing Western psychological categories onto culturally mediated experiences.

Two pilot interviews were conducted to assess how well the questions supported storytelling,

clarity and emotional engagement. Reflecting on these interviews led to small changes in how questions were phrased. For example, more general questions about “emotional experiences” were adapted to prompts such as “Can you tell me about a time when…”, which encouraged participants to speak in more concrete and narrative ways. The pilot interviews generated rich and conceptually aligned data and were retained within the final dataset in accordance with qualitative methodological guidance (van Teijlingen & Hundley, 2001).

Interviews were conducted via Microsoft Teams at mutually convenient times and ranged from 60 to 90 minutes. Online interviewing reduced geographical barriers and allowed participants to speak from familiar environments, which may attenuate certain power differentials (Lupton, 2022). However, the absence of physical co-presence may limit access to embodied and non-verbal aspects of experience. To mitigate this, interview prompts explicitly invited reflection on bodily and emotional experiences, and reflexive notes were recorded after each interview to capture my own embodied and emotional responses.

Interviews began with brief demographic questions before moving into narrative exploration. Broad domains included family migration histories, cultural belonging and conflict, intergenerational stories and silences, gendered expectations, and understandings of wellbeing.

Interviews were guided by participants’ accounts, allowing women to shape the emphasis, pacing and direction of their narratives. While a semi-structured schedule provided prompts, participants were encouraged to lead the conversation, with questions used flexibly to follow their stories rather than direct them. This meant allowing space for participants to introduce topics, move between past and present and spend more time on experiences that felt most significant to them.

The researcher remained attentive to how stories were told, including shifts in tone, emotion and positioning, while avoiding imposing interpretations during the interview itself. Instead, prompts such as “can you tell me more about that?” or “what was that like for you at the time?” were used to support elaboration without redirecting the narrative. This approach is consistent with narrative methodological principles, which prioritise participants’ meaning-making while recognising the

interview as a co-constructed process (Riessman, 2008).

Given the potential sensitivity of discussing family histories and inherited emotional patterns, emotional safety was prioritised throughout. Participants were reminded of their right to pause, redirect or withdraw without consequence, and periodic check-ins supported agency and pacing, consistent with trauma-informed qualitative interviewing practices (Dickson-Swift et al., 2007). Recognising that in some South Asian cultural contexts discomfort may not always be communicated directly (Kirmayer et al., 2011; Karasz, 2005), time was taken at the beginning of interviews to explore how participants might indicate the need for a pause or change in direction. This included inviting both verbal and non-verbal cues, such as hesitations, changes in tone, or shifts in engagement and normalising indirect forms of communication in order to reduce barriers to expressing discomfort and support participants' sense of safety and control.

Culturally specific idioms of distress were explored within participants' own interpretive frameworks rather than translated into diagnostic terminology. This is important as distress may be expressed through culturally meaningful or embodied language rather than Western psychological terms (Nichter, 1981; Raguram et al., 1996). Participants often described experiences using phrases such as feeling "pressure" or "carrying a lot", or spoke about family expectations and emotional burden without framing these as anxiety or trauma. This reflects wider literature on South Asian idioms of distress, such as the Punjabi expression "sinking heart", which conveys emotional suffering through embodied and relational experience (Krause, 1989). This approach aimed to preserve cultural congruence and avoid imposing Western conceptualisations of mental health.

Following each interview, participants were offered a debrief sheet containing culturally relevant support resources. No interviews required termination due to distress.

All interviews were audio-recorded using encrypted software and stored securely on the university server. Automated transcripts were manually reviewed and corrected while listening to recordings to ensure accuracy and facilitate immersion in the data.

Paralinguistic features, including pauses, hesitations, laughter and shifts in tone, were

preserved where analytically relevant (Jefferson, 2004; Riessman, 2008), as narrative meaning often emerged through affective and structural shifts rather than content alone.

Reflexive field notes were written after each interview to document relational dynamics, emotional responses and emerging analytic insights. These notes formed part of the audit trail supporting transparency and rigour.

3.7. Participants

The final sample comprised 18 second-generation South Asian women aged between 26 and 45 years, all currently residing in the UK. No participants withdrew from the study following interview completion. Demographic data of the participants can be viewed in Table 4 below.

Participants represented a range of South Asian ethnic, linguistic and religious backgrounds, including Indian, Pakistani, Bangladeshi, Sri Lankan Tamil, Nepali and mixed South Asian heritage. One participant identified as mixed Burmese–Indian and self-identified as South Asian, describing cultural practices and intergenerational narratives aligned with the study's focus. Inclusion was therefore determined through self-identification and conceptual relevance rather than rigid categorical boundaries, consistent with critiques of fixed ethnic categorisation in diaspora research (Brah, 1996; Bhatia, 2011). Religious identifications included Hindu, Sikh, Muslim and non-practising backgrounds. Several participants described familial migration histories that included routes through East Africa prior to settlement in the UK, reflecting established diasporic trajectories.

Occupational backgrounds were diverse and included healthcare, psychology, education, law, civil service, marketing and community-based roles. Participants were geographically distributed across England, including London, the Midlands, Yorkshire and the South East.

Table 4

Sample demographics

Demographic		Frequency
Age	25-30 years	7
	31-35 years	6
	36-40 years	4
	41-45 years	1
South Asian heritage	Indian	6
	Pakistani	3
	Bangladeshi	2
	Sri Lankan	1
	Nepalese	1
	Mixed South Asian heritage and/or East African heritage	5
Religion	Hindu	8
	Muslim	5
	Sikh	3
	Not religious	2
Relationship status	Married / in a relationship	14
	Single	4

The sample was not intended to be statistically representative of all second-generation South Asian women in Britain. Rather, it was conceptually representative, capturing diversity across ethnicity, religion, migration histories and professional contexts in order to explore variation in how cultural identity and intergenerational narratives are constructed and negotiated. This approach is consistent with qualitative research in which depth and contextual richness are prioritised over numerical generalisability (Smith, 2016; Yardley, 2000).

As a British South Asian researcher, shared cultural heritage may have influenced both participation and disclosure. Several participants commented that they felt reassured speaking with someone who understood cultural references without extensive explanation. While this may have facilitated narrative depth and relational trust, it may also have shaped the type of participants who felt comfortable engaging with the study. This possibility is acknowledged as part of the study's reflexive positioning.

3.8. Data analysis

The interviews were analysed using a thematic narrative analysis informed by dialogic positioning theory (Riessman, 2008; Bamberg, 2004; Frank, 2012; Smith & Sparkes, 2009). This analytic orientation integrates attention to recurring narrative patterns with close examination of how identities are constructed, positioned and negotiated within relational and cultural contexts. Consistent with narrative methodology, analysis prioritised preserving the integrity and temporal coherence of each participant's account before engaging in cross-case interpretation.

Analysis began with immersion in each transcript as a complete narrative. Transcripts were read and re-read alongside the audio recordings to retain sensitivity to tone, pacing, hesitations and affective shifts. Reflexive field notes written after interviews were revisited to contextualise relational dynamics and researcher positioning. At this stage, the focus was not coding but holistic familiarisation, allowing each story to be understood in terms of its structure, emotional arc and internal tensions.

For each interview, an interpretive narrative case summary was constructed. This involved mapping the temporal progression of the account, identifying key turning points, tensions and narrative ruptures, and noting recurring metaphors and culturally specific idioms. Particular attention was paid to positioning processes in line with Bamberg's (2004) framework: how participants positioned themselves in relation to significant others; how they positioned themselves within broader cultural and gendered expectations; and how they oriented to dominant discourses surrounding duty, autonomy, honour and belonging. Silences, softening language, contradictions and moments of fragmentation were treated as analytically meaningful rather than incidental. Attention was directed not only to what was narrated, but to how narratives were structured, sequenced and emotionally performed.

After each case had been examined holistically were recurring narrative patterns explored across interviews. These patterns were identified not on the basis of frequency alone, but through conceptual coherence and recurrence across multiple accounts. Attention was paid to shared narrative

tensions, such as autonomy and obligation, silence and expression, inheritance and resistance, while also preserving divergence and variation. Movement between within-case and cross-case analysis was iterative, with emerging interpretations repeatedly tested against the original transcripts to ensure that analytic claims remained grounded in participants' narrative constructions rather than abstracted prematurely.

Although the analysis was primarily inductive, interpretation was informed by scholarship on South Asian diasporic identity (Bhatia, 2011), intergenerational transmission (Kirmayer et al., 2011), and feminist narrative theory. These frameworks functioned as sensitising concepts rather than predetermined analytic categories. Where interpretations felt culturally intuitive or overly seamless, transcripts were revisited to guard against over-identification and ensure analytic plausibility.

Rigour was guided by Yardley's (2000) principles of sensitivity to context, commitment and rigour, transparency and coherence. Interpretive claims were evaluated for internal coherence within individual narratives and for plausibility across cases, consistent with narrative criteria of credibility (Riessman, 2008). An audit trail was maintained comprising transcripts, narrative case summaries, analytic memos and evolving pattern maps, enabling transparency of interpretive development. Rather than pursuing saturation in a positivist sense, analysis prioritised depth, narrative integrity and contextual resonance.

3.9. Ethical considerations

Ethical considerations were foundational to the design and conduct of this study, particularly given its focus on second-generation South Asian women and the exploration of intergenerational trauma, cultural identity and family silence. Research with racially minoritised communities requires heightened ethical attentiveness due to the historical production of deficit-based narratives and risks of epistemic misrepresentation (Mohanty, 1988; Spivak, 1988; Fricker, 2007). Ethical integrity in this study therefore extended beyond procedural compliance to include relational, cultural and representational responsibility.

Ethical approval was granted by the University of Essex Ethics Sub-Committee 1 (Appendix G). A full risk assessment was completed and reviewed as part of the ethics process to identify potential emotional risks associated with discussing intergenerational trauma and culturally sensitive experiences. The study adhered to the British Psychological Society Code of Human Research Ethics (2021), the Health and Care Professions Council Standards of Conduct, Performance and Ethics (2016), and the General Data Protection Regulation (2018).

Informed consent was conceptualised as an ongoing and dialogic process rather than a single procedural formality (Guillemin & Gillam, 2004). Participants received a detailed Participant Information Sheet outlining the purpose of the research, voluntary participation, confidentiality safeguards and potential emotional risks. Written consent was obtained prior to interview and verbally reaffirmed at the outset of each interview. Participants were reminded that they could pause, decline to answer questions or withdraw without consequence. Withdrawal remained possible until transcripts were anonymised.

Given the sensitive nature of the topic, interviews were conducted in accordance with trauma-informed qualitative principles (Campbell et al., 2009). Emotional safeguarding strategies were embedded throughout the interview process, including regular check-ins, flexible pacing and participant-led direction of disclosure. Distress was responded to with validation and containment rather than redirection or reassurance that might inadvertently silence participants. Although no interview required termination, contingency plans were in place should emotional risk escalate. Following each interview, participants were offered a debrief sheet containing culturally relevant support options, including national helplines, GP services and South Asian community-based wellbeing organisations. While several participants described the interview as affirming or cathartic, care was taken not to conflate narrative research with therapeutic intervention.

Confidentiality was maintained through pseudonymisation during transcription and secure storage of all data on encrypted, password-protected university systems. Identifying information was stored separately from transcripts. Audio recordings were deleted following transcription and verification in accordance with GDPR principles of minimisation and secure retention.

Ethical practice also extended to questions of representation and power. Feminist and postcolonial scholars caution that research involving South Asian women can inadvertently reproduce colonial tropes of oppression or cultural dysfunction (Mohanty, 1988; Brah, 1996). To mitigate this risk, analytic interpretation situated narratives within sociocultural and historical contexts rather than framing experiences as individual pathology. PPI contribution throughout the study strengthened cultural resonance, challenge potentially pathologising interpretations and enhance accountability to the community represented (INVOLVE, 2012; Brett et al., 2014).

Researcher wellbeing was also considered integral to ethical conduct. As a British South Asian woman engaging with narratives that resonated personally and culturally, ongoing reflexive journalling and regular supervision were used to monitor emotional impact, countertransference and interpretive bias (Etherington, 2007; Chavez, 2008). This supported both researcher containment and analytic integrity.

Participants received a £20 Amazon voucher as a gesture of appreciation. The amount was intentionally modest to avoid undue influence and was clearly framed as recognition of time rather than inducement. Reimbursement also reflects ethical considerations in research with racialised communities, where concerns around the extraction of lived experience have been highlighted (Tuck & Yang, 2014). Compensation can therefore be understood as part of more equitable research practice.

Ethical integrity in this study was therefore conceptualised as multi-layered: regulatory, relational and representational. It encompassed institutional compliance, participant safety, cultural accountability and reflexive responsibility across the research lifecycle.

3.10. Plan for dissemination

Dissemination was conceptualised as an ethical continuation of the research process rather than a final procedural step. Qualitative and feminist scholars have emphasised that research does not end at analysis, but extends into how knowledge is circulated and whose interests it ultimately serves (Fine, 1994; Bhattacharya, 2017). Given the study's focus on second-generation South Asian women and intergenerational narratives, particular care was taken to consider how findings would be

represented and shared without reinforcing deficit-based or culturally reductive framings. Narrative research carries responsibility not only for analytic rigour but for the social life of the stories it circulates. Dissemination was therefore guided by principles of cultural sensitivity, contextual nuance and accountability to the communities represented.

Academic dissemination will include submission of findings to peer-reviewed journals within qualitative psychology, cultural psychology or counselling and psychotherapy domains. The study's methodological approach and culturally situated focus position it well for journals that publish narrative and interpretive work. Findings may also be presented at relevant professional conferences, such as those hosted by the British Psychological Society Division of Clinical Psychology or qualitative research networks. Academic dissemination aims to contribute to scholarship on diasporic identity, intergenerational transmission and culturally attuned narrative practice.

Community dissemination was considered equally important. Participants will be offered an accessible summary of the findings written in non-technical language. This reflects recommendations for public involvement and reciprocal knowledge sharing in health research (INVOLVE, 2012; Brett et al., 2014). The summary will avoid diagnostic or pathologising terminology and foreground narrative complexity and heterogeneity. Where appropriate, findings may also be shared with South Asian community organisations or informal networks engaged in discussions of wellbeing and cultural identity. The aim is not to present the research as definitive or representative of all South Asian women, but to offer situated interpretations that may resonate with lived experience and support dialogue.

Clinical dissemination will involve consideration of how the findings can inform culturally responsive practice. Insights regarding intergenerational narratives, culturally embedded silence and gendered expectations may be integrated into teaching, supervision or service development contexts. Such dissemination aligns with calls for greater cultural humility and reflexive awareness within psychological services working with racially minoritised communities.

Throughout dissemination, care will be taken to preserve anonymity and avoid identifiable narrative detail. Particular attention will be paid to resisting homogenising portrayals of South Asian women, recognising the diversity of ethnic, religious and migration histories within the sample. Findings will be framed as situated interpretations rather than universal claims, acknowledging the politics of representation inherent in qualitative research (Spivak, 1988).

Dissemination is therefore understood not solely as knowledge transmission, but as an extension of relational and cultural ethics. By prioritising respectful representation, reciprocity and accessibility, the study aims to contribute constructively to both academic and community conversations while remaining accountable to those whose narratives underpin the research.

3.11. Chapter summary

This chapter has outlined the methodological foundations and procedures underpinning the study. Situated within a contextualist critical–realist epistemology and informed by postcolonial feminist scholarship, the research adopted a qualitative narrative design to explore how second-generation South Asian women construct and negotiate cultural identity and intergenerational narratives within the UK context.

Reflexivity was positioned at the centre of the research process, acknowledging the co-constructed nature of narrative inquiry and the influence of insider positioning. Recruitment, inclusion criteria and interview procedures were designed to support culturally sensitive engagement, and PPI contribution throughout the study strengthened relevance, resonance and ethical accountability.

Eighteen second-generation South Asian women participated in semi-structured narrative interviews. Interviews were conducted in accordance with trauma-informed principles, with careful attention to emotional safety and cultural nuance. A thematic narrative analysis informed by dialogic positioning theory was employed, preserving the integrity of individual accounts while examining recurring narrative patterns across cases. Rigour was supported through reflexive journalling, supervision, analytic transparency and alignment between epistemology, methodology and interpretation.

Ethical considerations were understood as multi-layered, encompassing regulatory compliance, participant wellbeing, cultural sensitivity and representational responsibility. Dissemination plans reflect the study's commitment to both scholarly contribution and community accountability.

Having established the methodological and ethical framework of the research, the following chapter presents the narrative findings. It outlines the recurring patterns, tensions and positioning processes through which participants constructed cultural identity and made sense of intergenerational inheritance within their lives.

4. Results

4.1. Chapter overview

This chapter presents the findings from the narrative analysis of participants' accounts. It begins with brief case narratives that provide contextual grounding for each participant's story, preserving the integrity of participants' accounts and situating their experiences within broader relational, cultural and historical contexts.

The analysis then identifies five narrative patterns capturing recurring ways participants constructed and made sense of their experiences. Within each pattern, sub-patterns illustrate variation in how similar experiences were narrated. Rather than discrete categories, these are understood as overlapping narrative orientations through which participants interpreted identity, wellbeing and intergenerational experience.

Each pattern concludes with an analytic synthesis that draws together narrative features across participants and reflects on the meanings produced through these storytelling practices. Particular attention is paid not only to what participants said, but how experiences were narrated through features such as pauses, metaphor, hesitation, humour, shifts between languages and moments of silence. These elements were treated as analytically meaningful, offering insight into how participants negotiated culturally sensitive experiences, relational loyalties and emotional vulnerability.

4.2. Participant story summaries

Before presenting cross-case narrative patterns, brief summaries of each participant's story are provided to honour individual experiences. While the analysis identifies shared narrative processes, the meanings attached to these processes differed across accounts. Each narrative was shaped by distinct migration histories, family dynamics, religious and cultural identifications, gendered expectations and experiences of mental health. The summaries therefore foreground both recurring concerns and the different ways participants positioned themselves in relation to them. These summaries foreground the central tensions and identity negotiations structuring each account. Extended extracts are available in Appendix H.

Bhavna's story

Bhavna's narrative centres on negotiating a layered Kenyan Indian British identity and the emotional labour of moving between cultural worlds. She described early learning to "stay quiet" when difference felt difficult to explain and when questioning gendered norms was framed as disrespect. Tensions between school environments encouraging independence and family contexts shaped by obedience intensified her self-monitoring, particularly following racialised experiences in further education.

She situated her family within migration histories of endurance, where survival cultivated strength alongside emotional restraint. Within her community, mental health was often reframed as "stress" or left unspoken, contributing to a sense that vulnerability was unsafe.

Influenced by clinical training and marriage, Bhavna described recognising and naming her emotional experiences. Her narrative moves toward cultural pride and intentional reclamation, retaining ancestral strength while questioning inherited silence and advocating culturally responsive services attentive to complexity.

Naina's story

Naina's narrative traces living between cultural worlds and carrying the emotional inheritance of migration. She situated her story within her parents' move from Delhi, describing a home that was culturally Indian yet geographically British. As an emotionally attuned daughter, she learned to monitor her feelings within a family where grief and homesickness were rarely spoken. Silence shaped her understanding that emotions were to be contained rather than expressed.

She described a persistent sense of in-betweenness, feeling neither fully Indian nor fully British. Gendered expectations of the "strong South Asian woman" reinforced quiet endurance and prioritisation of family needs, which she internalised before recognising their psychological cost.

Motherhood marked a turning point. Postnatal anxiety prompted reflection on inherited emotional patterns and a desire to interrupt cycles of silence for her child, while remaining loyal to

her parents' sacrifices. Her narrative positions mental health as embedded within intergenerational, cultural and relational histories.

Alia's story

Alia's story foregrounds rupture, resistance and emotional silencing within a second-generation British Pakistani context. Growing up in Bradford within a large Pakistani community, she described early ambivalence towards her cultural identity, at times feeling embarrassment. It was only upon entering predominantly white university spaces that she began to feel pride in being Pakistani, although this coexisted with internalised racism and awareness of stereotypes portraying Pakistani women as oppressed or submissive.

Within her family, silence functioned as the dominant coping strategy. Significant relational ruptures, including her mother's divorce and marital abuse and Alia's own adolescent suicide attempt, remained largely unspoken. Emotional expression was gendered: men expressed distress through anger, while women endured quietly. She linked this culture of silence to relational distance, resentment and beliefs equating vulnerability with weakness.

Alia positioned herself as a cycle breaker, resisting expectations of submissiveness, marriage prioritisation and collectivist silence. Her work in community mental health and domestic abuse services strengthened her cultural connection while placing emotional demands on her as a bridge between services and community. She framed her generation as undertaking psychological work that previous generations could not.

Aanya's story

Aanya's story unfolds through generational comparison and negotiated integration. Drawing on her family's migration from Sindh through East Africa to the UK, she positioned herself as second generation and comparatively less burdened than her parents. She framed first generation migration as marked by overt racism and economic sacrifice, while her generation navigated subtler adaptations, including language loss and educational negotiation.

Following her mother's death, she described renewed engagement with cultural and religious practices, particularly through her children. Mental health emerged through themes of privacy and stigma, including her own illness, which she linked to broader patterns of silence. Her account resolves around balance: sustaining cultural pride while integrating into British society without romanticising or rejecting her heritage.

Hafsa's story

Hafsa described growing up between a traditional British Pakistani Muslim home structured by gender roles and a wider British environment in which she sought belonging. Rather than centring dramatic rupture, she framed generational trauma through small silences, emotional stoicism, pride and the belief that vulnerability is a luxury. She linked her adult anxiety to inherited pressures to be grateful, high achieving and undemanding.

Therapy marked a significant turning point, allowing her to understand her distress as part of a broader family story. Her narrative moved toward integration, holding faith, culture and autonomy together while consciously loosening shame based silence for future generations.

Aarushi's story

Aarushi's story foregrounds cultural literacy, generational positioning and active identity curation. Rooted in Gujarati and Maharashtrian heritage, she grew up in multicultural Leicester where Indian identity felt abundant rather than marginal.

She described herself as someone who interrogates rather than passively inherits culture. A key turning point occurred during wedding planning, when uncovering inaccuracies in her caste history prompted reflection on how narratives are transmitted and reshaped across generations. She positioned herself as a "cycle-adjuster" rather than a cycle-breaker, encouraging therapy for her mother, recognising neurodivergence within her family and addressing intergenerational communication patterns.

Mental health was framed through high expectations and communication dynamics rather than explicit prohibition. Her account situates British Indian identity within migration histories while positioning her generation as more psychologically reflexive.

Aman's story

Aman, a British Punjabi Sikh woman, anchored her identity in ancestral histories of Partition and the Jallianwala Bagh massacre, framing them as inherited legacies of survival, reverence and silence. Family storytelling was fragmented and emotionally restrained, transmitting vigilance and a model of "quiet strength" in which endurance eclipsed expression.

As a daughter, she internalised *izzat* and the imperative to be a "good girl", absorbing emotional labour while suppressing vulnerability. University intensified tensions between British individualism and Punjabi Sikh expectations, positioning her as a bridge between worlds yet fully at home in neither. Becoming a solicitor represented culturally sanctioned success: respectable and safe.

Over time, she reinterpreted inherited silence as survival strategies that had outlived their context. Her narrative shifted towards redefining strength as vulnerability and breaking intergenerational silence, alongside advocating for culturally contextualised mental health services attentive to collective trauma and gendered expectations.

Imaan's story

Imaan's narrative was organised around rupture, multiplicity and the reconstruction of identity following familial and cultural dislocation. Identifying as Kenyan–Pakistani with a Punjabi background, she described growing up negotiating racialised expectations in predominantly white spaces alongside restrictive gendered norms within her family. A central turning point was her parents' divorce at 17, experienced not only as familial breakdown but as cultural severance. Leaving an emotionally abusive environment with her father and his side of the family meant losing access to wider family and symbolically, cultural belonging.

Across her story, identity was destabilised through language loss, racialised schooling, body policing and silence around queerness, yet rebuilt through dance, selective cultural reclamation and

alignment with her mother's post-divorce reinvention. She positioned herself as both inheritor and transformer of generational patterns, honouring women's educational legacies while resisting patriarchal control and conditional belonging. Her narrative foregrounded the psychological cost of cultural rupture, framing distress as intertwined with grief, isolation and the loss of cultural home.

Jahin's story

Jahin's story was organised around intergenerational trauma, inherited silence and the embodied experience of "heaviness" as a Bangladeshi Muslim woman in Britain. She located her family history within the violence of Partition (1947) and the Bangladesh Liberation War (1971), framing these as psychological inheritances rather than distant history. Silence within the family functioned as a survival strategy shaped by war, displacement and fear. She described growing up absorbing vigilance, emotional restraint and the belief that pain should be "kept in the heart".

Experiences of racism, Islamophobia and hijab-based harassment were positioned as contemporary echoes of historical marginalisation. Faith operated as both anchor and constraint, offering comfort while sometimes limiting emotional expression. Motherhood marked a turning point; postnatal depression disrupted inherited stoicism and prompted efforts to break cycles of silence. Jahin described distress as embodied heaviness, linking personal experience to generational grief, gendered expectations and cultural surveillance. Her narrative moved towards integration, reframing inherited trauma as story rather than burden and articulating a desire to pass forward cultural pride without emotional suppression.

Manpreet's story

Manpreet, the daughter of Punjabi Sikh migrants in Leicester, situated her identity within layered histories of Partition, migration and survival, describing family stories as "invisible threads" that commanded reverence but rarely invited emotional dialogue. Childhood was marked by her father's drinking and her mother's quiet endurance, creating what she termed a "chaotic and quiet" home. She positioned herself as the responsible daughter, internalising hypervigilance, restraint and the duty to uphold *izzat*.

Silence operated as both protection and constraint. Living between community scrutiny and British stereotyping, she described inhabiting “two worlds” while absorbing unspoken rules about strength and composure. Over time, her narrative shifted towards integration: retaining cultural resilience and spirituality while questioning the psychological cost of suppression. She reframed inherited silence as a survival strategy that had outlived its context and committed to greater emotional openness across generations.

Mithila’s story

Mithila described negotiating Tamil identity, British belonging and gendered responsibility within a family shaped by displacement during the Sri Lankan civil war. As the eldest daughter, she carried parental sacrifice and expectations of dignity. She recalled living “in translation,” minimising visible Tamil identity in predominantly white spaces while performing propriety at home, where greater freedom was afforded to her brother.

Forming Tamil peer connections and later marrying a Punjabi partner marked turning points that initially disrupted but ultimately expanded cultural possibility. Mithila linked her perfectionism, burnout and difficulty resting to inherited survival narratives and emotional containment. Her story moved towards integration as she sought to model for her son a Tamil identity that includes agency, rest and self-compassion rather than endurance alone.

Navneet’s story

Navneet’s narrative centred on layered displacement and what she later named inherited vigilance. As a British Punjabi Sikh woman with Ugandan-born parents and Partition-affected grandparents, she described identity as multi-generational and shaped by migration and expulsion anxieties. Across generations, trauma was narrated factually but without emotional language, leaving grief present yet unspoken. She positioned herself as the high-achieving “good daughter,” internalising perseverance and self-containment, which became embodied as chronic vigilance and anxiety during medical training.

The birth of her son with Down's syndrome marked a rupture, unsettling narratives of perfection and exposing cultural silences around disability. Experiences of shame and isolation prompted her to redefine resilience as emotional honesty rather than endurance. Her story moved towards intergenerational repair, retaining pride while rejecting silence as the measure of worth.

Shivani's story

Shivani traced her experience through inherited urgency and pressure to prove worth. Raised in North London, she described a hybrid identity, translating between a Gujarati home and predominantly white school spaces. Central to her account was the "good girl" script of obedience, academic success and marriageability, linking approval to achievement and shaping secrecy around relationships.

She reframed migration trauma as a survival mindset rooted in fear of slipping backwards, embodied in productivity, difficulty resting and guilt around self-care. Emotional suppression was normalised, with mental health positioned as secondary to survival. Burnout marked a turning point, prompting her to question inherited guilt and redefine rest as culturally legitimate rather than indulgent. Her narrative moved towards generational change, imagining parenting grounded in trust rather than fear and daughters who need not earn love through perfection.

Nimisha's story

Nimisha's story centres on multiplicity within a layered Gujarati, Burmese, Muslim and British identity. She described moving fluidly across contexts, negotiating different versions of herself as daughter, trainee psychologist, partner and community member. Early religious othering shaped her awareness of difference and a temporary distancing from her Asian identity, followed by gradual reclamation through food, fashion and intergenerational connection.

Her account foregrounds female respectability and the emotional labour of avoiding disappointment, with shame operating as a regulatory force. A newly uncovered story of infidelity in a previous generation marked a turning point, allowing her to reinterpret patterns of anger and anxiety among women in her family as historically rooted rather than individually flawed. She positioned

herself as interrupting inherited distress while retaining community strength, and critiqued individualistic mental health models that overlook communal identity and layered shame.

Sandhya's story

Sandhya's story explored invisibility, gendered endurance and conscious reclamation. Identifying as British Nepalese Hindu, she described herself as "the other within the other," positioning Nepalese culture as under-recognised within broader South Asian discourse. Family migration narratives centred on survival and sacrifice but were emotionally muted, shaping the belief that strength meant silence. She internalised responsibility and containment, absorbing gendered expectations that later shaped her first marriage, which became emotionally and physically abusive.

Divorce represented both relational rupture and communal shame. Motherhood marked a turning point, prompting her to leave to avoid passing on silence as love to her child. Remarrying a white British man created further tension and distance from parts of her community. Her narrative moves from invisibility and endurance towards authenticity and emotional safety, while advocating for culturally attuned services that recognise silence as a strategy and the communal cost of leaving harmful relationships.

Serina's story

Serina's story explored assimilation, conditional belonging and the gradual thinning of cultural connection within a Kenyan/Ugandan Gujarati British context. Raised predominantly in white spaces in Essex, she described her South Asian identity as present but peripheral, located in family rituals and older generations rather than everyday life. The death of her grandparents marked a rupture, intensifying feelings of language loss and cultural disconnection.

Adolescence involved efforts to fit in, including distancing herself from her heritage, later understood as shaped by internalised racism. Intergenerational narratives of endurance framed distress as something to tolerate, contributing to the minimisation of her own pain. Academic achievement became a source of conditional approval, with worth closely tied to performance. She also described gendered asymmetry within the family and emotional restraint across generations. Her account

foregrounds the quiet grief of assimilation without dramatic rupture, highlighting how identity, belonging and expectation intersect in shaping mental health.

Priya's story

Priya positions herself as a British Gujarati woman living between cultural endurance and British individualism. As the eldest daughter, she describes inheriting a legacy of sacrifice in which strength meant suppressing vulnerability and prioritising family. This model of quiet martyrdom shaped both her relational patterns and professional identity, where emotional restraint and high performance were reinforced.

This endurance culminated in anxiety and panic attacks that disrupted her narrative of self-sufficiency. Therapy, boundary setting and selective openness with her partner and mother marked a turning point, enabling her to redefine strength as emotional acknowledgement rather than silent coping. Although guilt and cultural pressure remain, Priya describes a gradual generational shift towards integrating resilience with psychological wellbeing. She emphasises the importance of culturally informed services that recognise intergenerational trauma, saving face and the relational context of distress for second generation South Asian women.

Samira's story

Samira's story is organised around performance, silence and the tension between endurance and selfhood. As a British-born Sylheti Bangladeshi Muslim woman, she described growing up in a context where humility, hard work and emotional restraint were moral imperatives. Her father's message that she must work harder to be accepted in British society shaped her understanding of worth. She positioned herself as the good daughter and high-achieving medical professional who equated endurance with strength and rarely permitted vulnerability or rest.

Cultural expectations around marriage, humility and gendered sacrifice intersected with racialised experiences of constant evaluation. Silence functioned as both protection and constraint; emotions were framed as a luxury, and distress was suppressed to avoid appearing weak or ungrateful, including within her profession.

Over time, Samira began redefining strength as vulnerability rather than perfection, experimenting with therapy, boundaries and self-compassion. Her narrative moves from survival through performance towards integration, imagining generational healing grounded in emotional permission and rest.

Table 5

Overview of emerging narrative patterns and sub-patterns

Narrative pattern	Sub-pattern
1. Living between worlds: "It feels like I'm constantly translating"	1.1 Translation as protection and competence 1.2 Calculation, surveillance and exhaustion 1.3 Integration and narrative re-authoring
2. Silence as survival: "Strength was defined by silence"	2.1 Silence as historical survival 2.2 The regulation of distress 2.3 Gendered emotional governance 2.3 Re-authoring silence
3. Proving worth: "You have to work harder and be better"	3.1 Achievement as repayment 3.2 Hyper-competence under racialised scrutiny 3.3 The "good daughter" performance economy 3.4 When the body interrupts proof
4. Distress under scrutiny: "It was too painful for anyone to even see my suffering"	4.1 Distress as reputational risk 4.2 The cultural translation of mental health 4.3 Help-seeking as rupture and negotiation
5. Rewriting inheritance: "I don't want to pass this on"	5.1 Interrupting inheritance 5.2 Expanding what is possible

4.3. Narrative pattern 1: Living between worlds: “It feels like I’m constantly translating”

Participants constructed identity not as a stable descriptor but as an ongoing relational negotiation. Rather than describing themselves as simply “British Asian” or “second generation”, women narrated identity as movement across spaces, audiences, expectations and histories. This movement was repeatedly described through the language of translation, hybridity, calculation and performance.

Naina’s formulation became emblematic of this pattern: “being a British Indian woman is hard. It feels like I’m constantly translating. I translate myself for white people. I translate myself for my parents. I translate myself for aunties”. Translation here operates as both metaphor and labour. The rhythmic repetition of “I translate” emphasises the ongoing work of navigating multiple audiences, positioning Naina as an active mediator rather than a passive cultural subject. Identity is performed in response to anticipated misunderstanding, situating the self within multiple dialogical audiences and illustrating how belonging is co-constructed rather than internally secured.

4.3.1. *Translation as protection and competence*

For many participants, translation was initially narrated as adaptive and necessary. Several described learning early that belonging required modification. Mithila recalled hiding visible markers of Tamil identity at school: “I remember hiding my pottu before school and reapplying it before going home”. This small embodied act illustrates positioning within a racialised story world, as she navigates environments in which visibility carried risk. Mithila positions herself as both cultural daughter and socially cautious pupil. Her narrative does not frame this act as rebellion or shame, but as strategic adjustment. The sequential nature of removing the pottu (a coloured dot or sticker worn on the forehead for religious or cultural purposes) before school and reapplying it before returning home, suggests a deliberate calibration of visibility across social contexts. Rather than describing confrontation or rejection, Mithila presents this as routine and pragmatic, reflecting awareness of differing expectations across school and family spaces. Identity markers are not abandoned but temporarily managed in response to anticipated scrutiny. Her matter-of-fact delivery, without overt

emotional commentary, may reflect the normalisation of such practices within everyday identity negotiation.

Similarly, Nimisha described religious othering in childhood: “I would have my hands open to pray and I remember a teacher coming up behind me and closing my hands. I grew up trying to be white”. Here, identity suppression is externally regulated, with the teacher’s intervention acting as embodied correction. Nimisha’s desire “to be white” reflects the internalisation of social hierarchy, illustrating how translation can move from protective adaptation to identity fragmentation.

Serina’s adolescent minimisation of racism, “…was that actually racism?”, further illustrates how translation extended into cognitive reinterpretation. Downplaying hurt functioned as psychological containment, with translation often preceding explicit recognition of harm. In this sense, translation was not only a response to external expectations but could also involve navigating societal conflict between competing expectations and internalising aspects of the stigma or hierarchy embedded within those expectations. Where racialised or cultural difference was repeatedly positioned as something requiring adjustment, participants could come to monitor or question aspects of themselves, potentially reproducing within the self the scrutiny encountered from others.

Although these accounts converged around the need to negotiate cultural visibility across different social contexts, the meanings attached to this negotiation were not uniform. For Mithila, managing the visibility of her Tamil identity was narrated primarily as a pragmatic adjustment between school and family contexts. Nimisha’s account involved a more explicit experience of religious othering and the internalisation of dominant norms, while Serina described a more gradual process of recognising and reinterpreting racialised experiences that she had initially minimised. Thus, translation operated as a shared process of navigating social expectations, but its emotional and identity implications differed across participants.

Crucially, participants rarely framed this negotiation as weakness. Instead, translation was narrated as competence. Bhavna described “switching versions of myself depending on where I am”, positioning flexibility as skill rather than fracture. This ambivalence, adaptation as both strength and

strain, recurred across narratives.

4.3.2. *Calculation, surveillance and exhaustion*

While translation was often normalised, it also carried emotional cost. Several participants described identity management as calculation.

Imaan articulated this explicitly: “You’re fighting on both fronts… you’re your own ambassador and the victim at the same time. It’s a lot of energy to maintain two identities. Privilege is not having to calculate yourself”. Her framing shifts the focus from individual identity confusion to structural inequity, defining “privilege” as cognitive ease. Through this positioning, she situates herself within broader racialised discourse while also describing personal fatigue. Identity work becomes continuous vigilance.

Similarly, Aman described belonging as precarious: “Am I really British, or am I just someone living here, caught in between?”. The rhetorical questioning positions belonging as conditional, she does not assume entitlement to Britishness but she interrogates it. This uncertainty echoed across participants who described being “not quite Indian enough” and “not quite British enough”, highlighting how identity is regulated both externally and within communities.

Shivani’s account of being “a hybrid version of myself” illustrates this internalisation. At school she described performing “Englishness”, while at home she enacted “Indianness”. The use of “performing” suggests identity as situational rather than stable, enacted in response to different audiences. In narrating Englishness as a performance, belonging within British spaces becomes conditional and effortful. The contrast between school and home organises identity as segmented across spaces, requiring continuous calibration across environments. Nimisha similarly described identity as “convoluted”, shifting depending on audience.

Across these accounts, calculation was closely linked to exhaustion. Nimisha noted, “It takes a lot of your mind… it’s a lot of stress”. The emotional labour of translation was rarely acknowledged, rendering it largely invisible. Participants described organising themselves around an anticipated gaze, adjusting in advance of correction, exclusion or stereotype. Identity work therefore

became preventative rather than expressive.

Across experiences, belonging was experienced as conditional rather than assumed. Participants described anticipating misrecognition and adjusting accent, clothing, religiosity and emotional tone before being known. Translation therefore extended beyond bicultural negotiation to include racial self-surveillance within predominantly White environments.

The experience of cultural in-betweenness was not, however, consistent in form or intensity. For some participants, such as Aman and Shivani, movement between family and wider British contexts was experienced as an active process of performance and uncertainty. Others described stronger cultural connection or greater ease in inhabiting multiple identities. Aarushi, for example, situated her Indian identity within a multicultural environment in which cultural identity was more readily available to her, while Aanya narrated integration as an additive process rather than a division between cultural worlds. Despite these differences, a shared feature across the narratives was the need to negotiate how different aspects of identity could be held together across contexts.

4.3.3. *Integration and narrative re-authoring*

Despite fragmentation, many participants narrated a later shift toward integration. This shift did not involve rejecting culture, but redefining the terms of belonging.

Priya articulated this clearly, “I don’t have to fit into a box. I can be both British and Gujarati… It’s okay to live in the grey areas”. The “grey areas” metaphor resists binary cultural logic. Rather than translating for others, she reclaims authorship over identity construction. This marks a dialogical shift: instead of positioning herself as mediator between fixed worlds, she reconstructs the boundaries themselves.

Aanya similarly resisted polarisation, stating “Be proud of your culture. And not just Asian culture, but your British culture as well”. Her narrative reframes second-generation identity as additive rather than split. Integration becomes generational evolution rather than betrayal.

Jahin echoed this movement, stating “I can hold both”. This concise declaration contrasts earlier narratives of being forced to choose, reflecting narrative agency in which the self is no longer

divided but able to contain multiple positions.

For some, this re-authoring was catalysed by rupture. Imaan described cultural exclusion following her parents' divorce as a tearing of identity, while Sandhya described remarriage as stepping "outside of everything I knew". Yet both ultimately reconstructed identity through selective reclamation. Integration here emerges not from harmony, but from intentional boundary-setting.

4.3.4. *Analytic synthesis*

Across participants' accounts, living between worlds functioned as a foundational pattern shaping narratives of gender, achievement, silence and help-seeking. Identity negotiation was embodied, relational and emotionally regulated rather than abstract.

From a dialogical perspective, participants positioned themselves in relation to multiple audiences, including family, community and wider society. The self-emerged as multi-voiced, not fragmented but layered in response to social complexity.

Variation within this pattern was significant. For some, translation remained protective; for others, it became exhausting or destabilising before shifting toward integration. "Living between worlds" therefore operated as a developmental process rather than a fixed state.

This pattern complicates deficit accounts of bicultural conflict. Participants neither rejected heritage nor fully assimilated, but negotiated belonging through competence, calculation, resistance and integration. Tension and fluency coexisted.

This pattern was also reflected in how stories were told. Participants frequently used metaphors of translation, hybridity and movement, alongside repetition, rhetorical questioning and shifting audience references ("parents", "aunties" and "white people"). These features suggest that identity was constructed dialogically in response to anticipated judgement and ongoing negotiations of belonging.

4.4. Narrative pattern 2: Silence as survival: "Strength was defined by silence"

Across accounts, silence emerged not as absence but as something structured and active. It

operated as an organising principle within families shaped by migration, war, displacement, racism and economic precarity. Emotional restraint was rarely described as neglect or emotional coldness, but as something moral, protective and necessary. Within these contexts, strength was often constructed through the capacity to contain distress, endure difficulty and continue functioning without visibly showing vulnerability. Silence therefore became one way in which strength could be enacted and recognised. However, these narratives also revealed that maintaining silence required emotional labour and could carry significant psychological costs.

Silence was therefore not experienced as wholly voluntary or imposed, but occupied a more ambiguous position between expectation, necessity and protection. For some participants, remaining silent reflected an internalised sense of responsibility to protect family members, preserve dignity or avoid adding to existing burdens, while for others it appeared to be shaped by expectations that emotional difficulties should be contained rather than openly expressed. In this sense, silence could function as both a relational and moral practice, where speaking openly risked being experienced as disloyal, burdensome or inconsistent with expectations of strength and endurance.

Within this pattern, silence operated across three interconnected layers: historical survival, gendered emotional governance and the moralisation of endurance. At the same time, silence was also being reworked across narratives. What had once functioned as protection was increasingly recognised as having a cost.

4.4.1. *Silence as historical survival*

Emotional silence was often traced to collective histories of rupture: Partition, war, East African expulsion, racial violence and economic uncertainty. These events were often narrated factually, but without affective or emotional elaboration.

In Aman's account, stories of Partition and state violence were transmitted as fragments:

> "There were stories we heard growing up, but they were fragmented… 'we lost everything, you don't know how lucky you are, this happened and it was brutal but we survived'. We were left with pieces, just fragments of pain and trauma, wrapped up in silence and really it

was just surface level".

Here, trauma is compressed into declarative endurance. Aman's use of short phrases such as "we survived" mirrors the condensed storytelling style she attributes to her family. Brutality is acknowledged but not dwelled upon, and silence becomes a boundary around pain that protects against collapse while preventing integration. In this way, fragmentation itself becomes a mode of transmission, with grief circulating atmospherically rather than narratively.

Aman later reframes these inherited scripts as "survival strategies that outlived their original context", positioning herself not as rejecting her ancestors but as reassessing the continued relevance of silence. This highlights how survival is honoured without being universalised.

Similarly, Jahin situates silence within war and displacement: "I'll never forget hearing my mum saying 'we don't speak of pain Jahi, we keep it in the heart'. Silence was almost sacred in our house. Strength was defined by silence. Love meant pretending everything was fine".

The directive "we don't" constructs silence as a collective rule rather than an individual preference. The metaphor of keeping pain "in the heart" positions suffering as internalised and private, while the sacralisation of silence suggests moral value and reverence. Silence here is relational; to speak risks disrupting harmony or dishonouring sacrifice. It becomes an ethical stance. Jahin makes the relationship between silence and strength particularly explicit, positioning silence not simply as the absence of emotional expression but as evidence of endurance, loyalty and the capacity to withstand pain without disrupting the family.

Navneet described Partition and East African expulsion anxieties as "a silent inheritance", noting that trauma was "told… but not emotionally". In her words, "survival becomes the culture". This signals a shift from survival as historical experience to survival as identity. Emotional restraint becomes not only a response to trauma but a defining cultural pattern embedded within family life.

Across these accounts, silence functioned as historically situated protection, enabling families to rebuild in contexts where emotional collapse may have felt dangerous or unaffordable. At the same time, participants described how these silences were carried into the present. Navneet referred to "that

tight chest" she had long normalised, later reframing it as "emotional weight passed down". Historical silence thus becomes embodied vigilance, with ancestral grief carried in the nervous system.

4.4.2. *The regulation of distress*

Beyond historical survival and gendered containment, participants described a pervasive process: the regulation of distress. Emotional expression was not only discouraged, but hierarchised, compared, reframed and at times erased. Vulnerability was often positioned as indulgent, risky, or incompatible with survival, such that distress required justification.

As Samira stated, "emotions were a luxury. There was no space for weakness". Framing emotion as "luxury" situates vulnerability within an economy of scarcity. In contexts shaped by migration hardship and racial scrutiny, emotional collapse was narrated as unaffordable. Strength was not merely admired; it was necessary as visible fragility risked compounding marginalisation. Emotional restraint functioned as social armour.

This logic extended inward. Participants described measuring their pain against ancestral suffering, with comparison shaping what counted as legitimate distress. Shivani recalled hearing "at least you have a job" and "your problems don't qualify", while Serina remembered being told to "just grow up". Everyday anxiety or sadness was reframed as overreaction or immaturity, becoming valid only when it met a threshold of severity.

Naina described how her postnatal anxiety was dismissed as tiredness, with expectations that she should simply rest while continuing to meet everyday demands. Emotional distress was translated into physical depletion, rendering it practical rather than psychological. Similarly, anxiety was often reframed as "thinking too much", and depression as irritability or stress. This narrowing of emotional vocabulary shaped how distress could be recognised and expressed.

For Alia, the consequences of this system were acute:

> "I actually attempted suicide and that was never spoken about afterwards. It was almost as if it was too painful for anyone to even see my suffering that they pretended it didn't' exist. I think I remember even after coming home from hospital after my attempt, my mum said in

Urdu ‘it’s happened now let’s move past it’ and my dad was only bothered about what was for dinner that night”.

Alia delivered this account slowly, with pauses that conveyed the weight of an experience that remained largely unspoken. The silence that followed was not neutral. It signalled that her distress threatened the family’s sense of coherence. Mental health difficulties risked being read as weakness, shame, or reputational damage. Her suffering became something to contain rather than explore.

Within her story-world, Alia is positioned as the daughter whose crisis disrupts collective composure. In the interview, however, she repositions herself as recognising the cost of silence. By seeking support, she steps outside inherited expectations, exposing the limits of containment when distress becomes life-threatening.

Priya’s panic attack represents a less acute but similarly revealing rupture. During a hospital shift, she recalled telling herself, “just get through this, this is what being strong means”. This internal command reflects how deeply strength had become equated with endurance and the suppression of visible distress. When her body no longer complied, the panic attack disrupted this logic. Only later did she reinterpret the experience, recognising that “strength doesn’t mean never breaking down”. Distress became information rather than failure.

Navneet similarly described normalising chronic vigilance: “I thought that tight chest… was just normal”. What was later recognised as anxiety had been absorbed into her baseline functioning. Here, the regulation of distress operates somatically. Silence is not simply communicative absence but it is embodied constraint.

Across accounts, emotional expression was shaped by an implicit hierarchy. Anger, particularly in men, appeared more permissible, while sadness, anxiety and vulnerability were more tightly regulated. Women described crying privately, minimising their needs or feeling guilty for seeking support. Emotional containment became a relational responsibility, where to burden others risked destabilising family equilibrium.

Importantly, participants did not describe their parents as uncaring. Rather, they situated these

patterns within histories of hardship. Emotional restraint was often modelled through love, where strength was communicated through perseverance. Within those contexts, focusing on emotional experience may have felt impractical. However, participants also recognised that these were "survival strategies that outlived their original context" (Aman).

Within the interview, participants began to question whether inherited restraint remained adaptive. They did not reject resilience, but reconsidered its dominance. Mental health was reframed not as weakness but as relational and historically shaped distress. Therapy became positioned as expansion rather than betrayal, and emotional articulation as care for future generations.

This sub-pattern shows how silence extends beyond the absence of speech into the regulation of feeling. Distress may be compared, minimised, translated or concealed. Yet across narratives, moments of rupture, including suicidal crisis, panic, postnatal anxiety and chronic vigilance, exposed the limits of this system. What once protected families also constrained psychological wellbeing.

From a dialogical perspective, participants initially positioned themselves within narratives where strength required endurance and concealment. Within the interview, they repositioned themselves as interpreters of these scripts, recognising both their historical function and their cost. At a broader level, their accounts implicitly critique both cultural stigma and individualised models of distress that overlook its relational and intergenerational context.

The regulation of distress therefore sits at the intersection of migration history, racial surveillance, gendered responsibility and meaning-making. Silence is not only inherited but enacted through everyday interactions, comparisons and embodied responses. Yet it is also being reconsidered. Participants were not seeking permission to collapse, but permission to feel.

4.4.3. *Gendered emotional governance*

Although silence was narrated as intergenerational, its enforcement and expectation were distinctly gendered. Women were repeatedly positioned as emotional stabilisers, moral anchors and bearers of family honour. Emotional containment was not simply encouraged but embedded within constructions of respectable womanhood. To be a "good daughter" or "good wife" was to absorb

distress without destabilising the family system.

Mithila described the performance of containment as an acquired skill: “I’ve become an expert at looking fine even when I’m not. I’ll cry in the shower, not in front of family. Silence is how we cope. Rest felt like something you must earn”. The language of expertise is striking. Containment is not incidental but learned. The relocation of vulnerability into the shower signals the privatisation of distress, where emotion is managed offstage. Rest is framed as conditional and morally evaluated, suggesting that care for the self must be justified against productivity and duty. Silence therefore operates as both discipline and labour, sustaining familial equilibrium.

Sandhya reflected on how this script shaped her first marriage: “You just stayed silent, even when you were dying inside. Divorce wasn’t even an option in my mind. It felt like I’d be losing everything”. Here silence operates not only as internal regulation but as relational preservation. To speak risks not just disagreement but communal rupture. Divorce is positioned not only as relational breakdown but as moral and cultural transgression. The stakes of articulation are collective, involving not only a partner but wider kinship and belonging.

The gendered dimension of silence intersected with expectations of modesty, marriageability and sacrifice. For Samira, achievement and humility coexisted with an expectation that she not “take up too much space”. For Priya, guilt accompanied even small acts of self-prioritisation. In these accounts, silence extends beyond emotional restraint into relational labour. Women absorbed distress to stabilise the family, minimising pain and enduring in order to protect honour.

Across narratives, women were described as “pillars”, “the strong ones” and those who “endure”. These metaphors position women as structural supports within the family. To crack publicly would risk collapse. Emotional restraint therefore becomes a moral responsibility. Participants frequently described mothers and grandmothers as enduring silently in contexts of migration hardship, domestic instability and social surveillance. In this way, women are positioned as the emotional shock absorbers of intergenerational trauma.

In contrast, men’s distress, when referenced, was more often externalised through anger,

withdrawal or alcohol use. Women's distress was more likely to be internalised and concealed. This suggests not only differences in expression but differences in permission. Emotional expression for women was tightly regulated by expectations of modesty, composure and relational harmony.

Across their accounts, participants positioned themselves in relation to broader discourses of honour, respectability and moral womanhood. At the societal level, silence aligns with ideals of patience, humility and sacrifice. At the story-world level, daughters learn that their behaviour reflects on family reputation. Within the interview context, however, participants begin to question these norms, naming silence as labour and articulating its psychological cost.

Silence therefore operates as gendered emotional governance. It regulates not only what can be felt, but who one is allowed to be. Femininity becomes tied to composure, where emotional expression risks being read as selfishness, disrespect or weakness. In this way, silence functions as both protection and constraint, preserving honour while limiting selfhood.

4.4.4. *Re-authoring silence*

Across cases, silence was not dismantled in a revolutionary or oppositional way. Instead, it was carefully re-authored. Participants did not reject ancestral resilience but sought to contextualise it. Survival was honoured, but no longer elevated as the only permissible form of strength.

Hafsa described this shift as relational rather than oppositional: "I started realising that my anxiety wasn't just mine, it was a family story playing out through me. And I needed to realise that healing isn't betrayal, that's why I started to get support". The phrase "family story playing out through me" reflects a dialogical awareness of distress as intergenerational rather than individual. Crucially, "healing isn't betrayal" highlights the emotional work required to pursue change. Seeking support involved reworking loyalty, reframing vulnerability not as defiance, but as care for herself and those who came before her. In this shift, Hafsa moves from inheritor to active narrator, able to revise the script without disowning its origins

Similarly, Aman stated, "strength doesn't have to mean silence". This concise reformulation unsettles a longstanding link between endurance and virtue. Rather than abandoning strength, she

expands it, repositioning silence as historically meaningful but no longer universally necessary.

Samira articulated this shift in future-oriented terms: “I don’t want to just survive anymore. I want to thrive”. The contrast between “survive” and “thrive” marks a temporal reorientation. Survival is acknowledged, but no longer sufficient. Thriving introduces rest, expression and relational openness, with strength becoming generative rather than defensive.

Participants repositioned themselves in relation to inherited expectations. They moved from describing themselves as dutiful daughters shaped by endurance, to reflective interpreters of those expectations, able to question their origins and consequences. Importantly, this shift did not involve rejecting culture, but reframing it. Change was positioned as evolution rather than rupture.

Priya described redefining strength following her panic attack, moving from “just get through it” toward selective openness with her partner and mother. Sandhya reframed leaving her marriage not as failure, but as protection for her child, while Jahin described learning a “new emotional language” after postnatal depression disrupted inherited scripts of composure. Across accounts, participants did not replace collective survival with individualism, but widened the emotional repertoire within their families. Therapy, boundary-setting, naming abuse and rest were positioned as ways of preventing the repetition of unprocessed grief.

What emerges across cases is not the abandonment of ancestral scripts, but their revision. Silence is re-situated as historically intelligible yet constraining in the present. Participants retain reverence for survival while creating space for emotional expression. In this sense, silence becomes a flexible inheritance: its structure remains, but its meaning is renegotiated.

4.4.5. *Analytic synthesis*

Across narratives, silence functioned simultaneously as a survival strategy, a gendered regulatory system and a framework through which distress was interpreted and managed. It transmitted ancestral grief atmospherically, shaped embodied vigilance, regulated femininity and organised notions of worth and composure.

These patterns were also reflected in how stories were told. Participants often narrated family

histories through fragments, short declarative statements or indirect references to suffering, mirroring the silences described within their families.

Silence was not emptiness but infrastructure. It preserved dignity under precarity and cohesion after rupture. Yet for this generation, that infrastructure is being recalibrated. Participants are not dismantling cultural foundations, but reworking them, retaining resilience while expanding what strength can include: vulnerability, therapy, relational honesty and emotional articulation.

The movement within this pattern is subtle but significant. Survival shifts from unquestioned virtue to historically situated adaptation. Silence moves from ethical ideal to context-dependent strategy and endurance becomes one expression of strength rather than its sole definition.

Participants make sense of generational trauma and cultural identity not through rejection, but reinterpretation. By situating silence within histories of migration and marginalisation, they honour its origins while resisting its dominance, creating new relational possibilities for themselves and those who follow.

4.5. Narrative pattern 3: Proving worth: “You have to work harder and be better”.

Across participants’ narratives, achievement emerged not simply as ambition, but as strategy. Success functioned as repayment, legitimacy and insulation against vulnerability. In families shaped by migration, sacrifice and racial marginalisation, and within a society where belonging was often conditional, worth was rarely presumed but demonstrated. Performance became a relational contract; to achieve was to stabilise belonging.

This pattern unfolded across four interwoven strands: achievement as intergenerational repayment, hyper-competence under racialised scrutiny, the gendered economy of the “good daughter” and moments where the body interrupted the demand to prove worth.

4.5.1. *Achievement as repayment*

Many participants described education and career success as extensions of ancestral sacrifice rather than purely individual aspirations.

Navneet captured this intergenerational positioning: “You’ve been handed this torch… and you can’t drop it”. The torch metaphor frames achievement as an intergenerational relay, conveying both honour and burden. It suggests something sacred yet heavy that must be carried forward, implying both continuity and precariousness. The fear of “dropping it” signals that failure would represent not only personal disappointment but symbolic betrayal of ancestral endurance.

Similarly, Mithila described academic and professional success as validation of parental struggle: “If I did well, my parents could claim their sacrifices were worth it”. Achievement here functions as narrative repair, retroactively justifying hardship and rendering worth relational. In this formulation, worth becomes circular: parents suffer, the daughter succeeds and suffering becomes meaningful. This logic was also reflected in Shivani’s account, where migration was reframed as urgency rather than adjustment: “there was no time for emotional processing, it was about pushing forward. It’s rooted in survival”. Here, productivity is experienced as a learned pace, where forward movement is normalised and stillness becomes difficult to tolerate.

Across accounts, achievement was tied to gratitude. Participants frequently compared their struggles to parental hardship, minimising their own distress in its shadow. In this way, ambition shifted from desire to obligation.

4.5.2. *Hyper-competence under racialised scrutiny*

While familial narratives shaped performance, participants also located achievement within racialised contexts of conditional belonging.

Samira recalled her father’s instruction: “The world will never see you as British, you have to work harder and be better”. This statement explicitly links legitimacy to effort. Britishness is not assumed but must be earned, positioning hyper-achievement as a pre-emptive defence against exclusion.

Serina recalled academic praise as conditional attachment:

> “I was told a lot of the time, like, you’re really smart… and then that made me feel loved and accepted. When it wasn’t easy and I struggled academically, it felt like I wasn’t loved

> anymore by my family, but even from people around me I thought I was losing the acceptance I had fought so hard for, everyone expected me to be smart because I am brown. Even within the Asian community if I wasn't smart, I was letting everyone down and a disappointment".

In this narrative, intelligence becomes currency. The ellipses and pauses in her speech signal emotional weight, as though recalling a script she has rehearsed. The pauses also created space, suggesting that recalling these experiences required careful emotional positioning within the interview. Love and acceptance are tied to performance, with struggle experienced as loss of attachment rather than explicit rejection. Worth becomes conditional through association, where achievement stabilises belonging and difficulty destabilises it.

Her statement that "everyone expected me to be smart because I am brown" situates her within racialised discourse, where intelligence functions as both stereotype and burden. Success must be sustained to avoid confirming deficit narratives. In this way, hyper-competence operates defensively, protecting against both intra-community disappointment and external racial judgement. Performance becomes anticipatory, working to pre-empt doubt.

Across narratives, participants were acutely aware of the risk of being stereotyped as lazy, ungrateful, too loud, too visible, too Muslim, too different or not smart enough. Excellence was framed as a pre-emptive defence against these stereotypes, with participants internalising the expectation that any visible failure would confirm racialised assumptions. Hyper-competence therefore functioned as protection against being read as incompetent, ungrateful or undeserving of belonging. Over time, these expectations became internalised, such that the need to prove oneself persisted even in the absence of explicit scrutiny.

4.5.3. *The "good daughter" performance economy*

Achievement was also gendered. Many participants described embodying the "good daughter" script: modest, high-achieving, marriageable and non-disruptive.

Shivani described herself as "…basically a walking matrimonial advert". The humour masks

regulation. Success is not only academic or professional, but also reputational. Priya described guilt accompanying self-prioritisation: “there’s a nagging voice in my head that says I should just deal with it on my own”. Here, endurance reinforces worth, while need threatens it.

Nimisha articulated the cognitive labour of constant relational calibration: “I would always worry and ask myself who am I going to piss off in this moment?” Worth is negotiated through minimising disruption, with approval functioning as a basis of belonging. Success generated warmth, pride and security, while struggle risked withdrawal, comparison or shame. Within this economy, self-worth was earned through reliability, modesty and output rather than assumed.

Across accounts, approval was experienced as safety and disappointing parents carried significant weight. Worth was demonstrated through obedience, competence and self-restraint. Participants positioned themselves within story-world narratives as daughters whose value lay in reliability and success. Yet within the interview space, they began analysing these scripts as constructed rather than natural.

4.5.4. *When the body interrupts proof*

Despite its adaptive origins, proving worth through performance was not indefinitely sustainable. Several participants described moments in which their bodies disrupted the very scripts that had secured belonging. These episodes were not random symptoms, but moments of rupture that exposed the strain of organising identity around constant competence.

Priya’s account of a workplace panic attack illustrates this clearly. During a hospital shift, she recalled telling herself, “just get through this, this is what being strong means”. Here, strength is equated with endurance rather than capacity. The imperative to “get through” reflects an internalised productivity ethic in which distress is subordinated to output. When her body refused, the panic attack did more than interrupt her shift, it destabilised her identity as reliable and self-sufficient. In this moment, the body becomes a counter-narrator, articulating limits that had been suppressed.

Navneet described a more chronic form of disruption. She normalised “that tight chest” for years, assuming vigilance was her baseline. Only later did she reinterpret this tension as inherited

pressure rather than personal deficiency. Here, proof operates not only through achievement, but through sustained hyper-alertness. Anxiety becomes the physiological cost of conditional worth.

Shivani's reflections on burnout deepen this pattern. She linked exhaustion to inherited urgency, describing rest as "betrayal". This framing reveals that slowing down is not simply uncomfortable but relationally threatening. If productivity is tied to sacrifice, rest risks appearing ungrateful. Burnout, in this context, reflects the collision between finite bodies and ongoing obligation.

Across narratives, these disruptions exposed a central tension. Achievement promised security, but required constant maintenance. Belonging was stabilised through output, yet never secured by it. Collapse therefore did not signal weakness, but saturation.

Participants did not frame these moments as personal failure alone. Within the interview space, they began to reinterpret distress as understandable consequence rather than pathology. Panic, burnout, chronic vigilance and exhaustion were framed as outcomes of prolonged self-surveillance and relational responsibility. The body's refusal to continue performing revealed the limits of an identity organised around proof.

From a dialogical perspective, these episodes mark a shift in positioning. Participants moved from presenting themselves as competent daughters who absorb pressure without visible strain, to interpreting these ruptures as meaningful signals. At a broader level, these accounts also critique productivity cultures that equate worth with output, particularly for racialised women navigating conditional belonging.

The body, then, does not merely collapse. It interrupts the relational contract of performance. It forces a reckoning with the unsustainability of tying identity, attachment and legitimacy to perpetual proof. In doing so, it opens space for renegotiation. Distress becomes not evidence of inadequacy, but information about the cost of constant proving.

4.5.5. *Analytic synthesis*

Within this pattern, productivity operates as relational glue. Achievement stabilises belonging within both family and nation, with success narrated as insurance against disappointment, stereotype and loss of respectability. It functioned as repayment for migration sacrifice, protection against racialised scrutiny and alignment with gendered expectations. Yet across accounts, cracks appear in the promise that excellence guarantees safety.

Participants did not describe themselves as driven by vanity or competition, but as seeking security. Excellence promised safety within family systems and within a society where belonging was not unconditional.

Narratively, achievement was often framed through metaphors of burden, inheritance and obligation. Images such as “the torch”, “carrying expectations” and “not dropping it” positioned success as intergenerational responsibility rather than individual accomplishment, embedding it within family narratives of sacrifice and endurance.

From a dialogical perspective, participants initially positioned themselves as reliable daughters who absorbed expectation without visible strain. Within the interview, however, they began to interrogate the origins and costs of this positioning. At a broader level, these accounts implicitly critique the equation of productivity with legitimacy within both migrant narratives of gratitude and racialised narratives of conditional citizenship.

Proving worth was not simply ambition but adaptation. Yet as with silence, what once functioned as protection required recalibration. The movement here is not rejection of excellence, but disentangling identity from constant proof. When identity, belonging and attachment are tied to continual proof, anxiety becomes understandable rather than pathological. Distress was often narrated not as disorder, but as the consequence of prolonged vigilance and conditional worth.

4.6. Narrative pattern 4: Distress under scrutiny: "It was too painful for anyone to even see my suffering"

Across participants' narratives, distress did not emerge as a purely private psychological experience. It unfolded within relational, cultural and reputational contexts, where emotional pain was rarely individualised but entered shared space to be interpreted, managed, translated and at times rendered unspeakable.

While previous patterns illustrated how silence and performance organised emotional life, this pattern examines what happens when distress disrupts those scripts. When anxiety, panic, depression, suicidal ideation, burnout or relational rupture surfaced, participants encountered not only their own suffering but the interpretive systems surrounding it.

Across accounts, distress was subject to scrutiny. It was compared to ancestral hardship, reframed as tiredness or stress, spiritualised, minimised or redirected into productivity. Mental health difficulties were not only experienced but evaluated.

This pattern explores three interconnected processes: distress as reputational risk, the cultural translation of mental health and help-seeking as rupture and negotiation.

4.6.1. *Distress as reputational risk*

Across the participants' stories, distress was narrated as socially dangerous. Mental health struggles were defined as carrying reputational implications that extended beyond the individual and into the family, community and future prospects. Suffering was narrated as something that could destabilise the collective image. The silence that followed Alia's suicide attempt was not described as cruelty, but as avoidance. Her words, "too painful for anyone to even see my suffering", suggest that acknowledgement itself threatened something beyond the event. The distress disrupted the family's narrative of composure and endurance and was therefore sealed off rather than metabolised collectively. The return to routine, asking about dinner, signalled a restoration of normality. When Alia quoted her mother in Urdu, the linguistic shift appeared to carry cultural weight, signalling both intimacy and authority within the family narrative.

Alia later described how CAMHS appointments were reframed as “doctor’s appointments”, translating psychological support into something medically neutral and more acceptable. The concern was not solely her wellbeing, but how she might be perceived. She recalled fears that she would be seen as “crazy”. Here, mental health becomes reputational liability.

This pattern extended beyond acute crisis. Aanya described how her cancer diagnosis was often accompanied by instructions such as “don’t tell people”. Disclosure was controlled and strategic. Even when not psychiatric, secrecy functioned to protect collective standing, with mental health struggles particularly vulnerable to concealment.

Navneet reflected on how disability and psychological vulnerability carried undertones of shame, shaping how families were evaluated within community networks. Mithila similarly linked mental health to marriage scrutiny, noting that distress could affect perceived suitability. Nimisha’s question, “who am I going to piss off in this moment?”, captures the anticipatory dimension of this scrutiny, where emotional expression is weighed against relational consequence.

Hafsa also described how daughters’ behaviour was intertwined with family reputation. Distress was not isolated from identity but reflected back onto parenting, honour and communal perception. Within this system, emotional difficulty could be read as parental failure or moral lapse rather than psychological experience.

Across accounts, mental health was narrated as socially consequential. Suffering entered a web of honour, surveillance and collective evaluation. The stakes were not only personal safety or wellbeing, but reputational coherence. Distress threatened the family’s standing within both South Asian communities and wider British society.

Importantly, participants did not position their families as uniquely oppressive. Many located these dynamics within histories of migration, marginalisation and racial scrutiny. For families navigating conditional belonging, visible instability may have felt dangerous. Maintaining composure protected against external judgement. However, the cost of this protection was internal containment.

From a dialogical perspective, participants initially positioned themselves within story-worlds

where distress had reputational consequences. In the interviews, they repositioned themselves as observers of that system, recognising how their suffering had been managed not only for their benefit, but for collective preservation.

Distress here is not only painful but risky. It is socially legible and capable of altering how one is read as daughter, wife, mother, Muslim, Hindu, professional or British citizen. Under these conditions, silence functions less as absence and more as damage control.

This sub-pattern therefore addresses what happens when suffering threatens collective image. Across cases, it is minimised, reframed, medicalised, hidden or absorbed, not because it is trivial but because it is consequential.

4.6.2. *The cultural translation of mental health*

While the previous sub-pattern illustrated how distress could threaten collective image, this sub-pattern examines how distress is linguistically and culturally reshaped to make it tolerable. Across narratives, participants described not only silence but reinterpretation. Anxiety, depression, panic and overwhelm were translated into alternative idioms that rendered them less destabilising.

Distress was not denied outright but reclassified. Naina's account of postnatal anxiety is illustrative: "All I kept hearing was 'you just need more rest', but then I was expected to not be lazy". Her distress was reframed as fatigue, making it practical and solvable. Rest is acceptable, anxiety is more ambiguous. Yet the expectation not to be "lazy" reveals the tension: the psychological dimension disappears while performance expectations remain. Distress becomes physiological depletion rather than emotional overwhelm.

Similarly, several participants described anxiety as "thinking too much", recasting distress as cognitive excess rather than affective pain and implying controllability. Bhavna described mental health within her family as "stress", a culturally acceptable container that acknowledged strain while avoiding the stigma of psychiatric labels. Stress could be attributed to life or work and did not threaten identity in the same way as depression or anxiety.

Samira's statement that "emotions were a luxury" further captures this broader framework.

Emotion is positioned within an economy of scarcity, where attending to internal states may feel indulgent in contexts shaped by migration hardship and racial marginalisation. Within this logic, anxiety becomes excess sensitivity rather than illness.

Jahin described suffering as sometimes spiritualised, framed as test, fate or spiritual struggle. This does not necessarily minimise distress but relocates its meaning from psychological to moral or spiritual terrain. While this offers coherence within existing belief systems, it can also sideline psychological intervention.

Shivani's reflection that "our problems don't qualify" illustrates how comparison operates as an interpretive filter. Distress is assessed against ancestral hardship and downgraded if it does not meet that threshold. Similarly, Navneet described chronic chest tightness as "just normal", showing how intergenerational vigilance can become baseline functioning and lose diagnostic visibility. What might clinically be labelled anxiety is experienced as personality or temperament.

Across accounts, mental health was not absent but translated into idioms of tiredness, stress, overthinking, spirituality or personality. These translations reduced stigma, preserved family honour and aligned distress with culturally intelligible categories. However, they also narrowed the emotional vocabulary available. Limited language constrained recognition, which in turn delayed support.

From a dialogical perspective, participants initially positioned themselves within story-worlds where distress was explained through culturally available frameworks. In the interview, they began to analyse these as interpretive systems rather than truths. Anxiety became more than "thinking too much", depression more than tiredness, panic more than weakness.

Importantly, participants did not reject cultural interpretations. Many valued spiritual meaning-making and collectivist frameworks. What they questioned was exclusivity. When distress could only be understood as spiritual, physical or comparative, psychological dimensions were marginalised.

This sub-pattern therefore addresses how suffering is understood and what language is

available to describe it. Across cases, mental health became culturally intelligible through translation. Yet as participants gained new vocabulary through therapy, education, motherhood or rupture, they began to expand that lexicon. Distress was no longer solely tiredness, stress or fate, but anxiety, trauma, relational strain and intergenerational inheritance. This shift was not only linguistic, it altered what became possible.

4.6.3. *Help-seeking as rupture and negotiation*

If the previous sub-pattern examined how distress is made culturally intelligible, this one explores what happens when women act on that recognition. Across narratives, seeking support was rarely straightforward. It involved negotiation with family expectations, community surveillance, religious frameworks and internalised loyalty.

Help-seeking was not simply access to care but a relational event. Hafsa articulated this clearly: “I started realising that my anxiety wasn’t just mine, it was a family story playing out through me. And I needed to realise that healing isn’t betrayal, that’s why I started to get support”. This narrative highlights the emotional stakes of healing. Therapy risks being interpreted as rejection of parental strength, cultural values or family privacy. Hafsa does not disown her inheritance but reframes healing as continuity rather than rupture.

Alia’s experience showed how psychological support was initially rendered as medical to make it acceptable. Ultimately, however, she stepped outside this containment. Seeking support required resisting the expectation to minimise distress and protect reputation. In doing so, she shifted from being positioned as a disruptive daughter to an agentic decision maker, refusing the script that suffering should remain private.

Naina described postnatal anxiety as a turning point. When her distress was repeatedly reframed as tiredness, she experienced isolation within the family system. Seeking professional support became both practical and symbolic, acknowledging that her distress could not be resolved through endurance alone. Yet disclosure remained careful and selective, with help-seeking occurring alongside relational preservation.

Priya similarly described therapy as gradual. Following her panic attacks, she began opening up selectively to her partner and later her mother. Disclosure was calibrated, and therapy framed not as rebellion but as learning new ways to cope. Psychological support was positioned as additive rather than oppositional.

Aarushi's account reflects a more explicit generational shift. Rather than crisis-driven rupture, she framed mental health awareness as differentiation: "My whole life has been dedicated to making sure I don't become like my mum". Aarushi positions therapy and diagnosis as tools unavailable to previous generations who "didn't have time to think about themselves". Her narrative suggests that help-seeking becomes evolution rather than rebellion.

Across narratives, help-seeking was shaped by practical constraints. Leaving home was often not viable, financial independence varied and confidentiality was carefully managed. Some participants concealed counselling from extended family, others disclosed selectively. In each case, seeking support required balancing autonomy with belonging.

From a dialogical perspective, participants moved across positions. Within their story-worlds, therapy was initially framed as risky, unnecessary or culturally incongruent. In the interview, they repositioned it as protective, preventive and relationally responsible.

Importantly, participants did not frame help-seeking as rejection of collectivism. Many resisted individualistic models of mental health, instead situating distress as relational, historical and structural. Therapy was not about separation from family but about widening emotional possibilities within it.

Help-seeking required a reworking of vulnerability from moral failure to relational responsibility. The movement here is not dramatic rebellion but careful recalibration. Participants sought support while remaining daughters, named pain while maintaining connection, and engaged in therapy not to abandon culture but to prevent the repetition of unprocessed grief.

4.6.4. *Analytic synthesis*

Across participants' accounts, distress was not simply an internal state but socially situated,

culturally interpreted and relationally consequential. Suffering was not only experienced but negotiated within systems of honour, migration history, gendered expectation and racialised surveillance.

Participants often narrated distress through indirect language, metaphor or comparison with ancestral suffering, reflecting the culturally mediated ways emotional pain became speakable within their narrative worlds.

Distress carried reputational implications. When emotional pain became visible, it risked destabilising family image, marriageability and collective dignity. Participants described acute awareness that their mental health could be read as weakness, shame or failure. As a result, suffering was managed with discretion, not as apathy but as protection. Distress became socially dangerous.

Emotional suffering was also reshaped to fit culturally available frameworks. Anxiety became "thinking too much", depression became tiredness, irritability or stress, and panic became physical exhaustion. Psychological vocabulary was often limited, replaced by somatic, spiritual or pragmatic explanations. These translations reduced threat, preserved coherence and maintained relational stability, but also constrained emotional articulation, leaving participants without a shared language to name distress.

Help-seeking emerged as a site of negotiation. Seeking therapy, accepting diagnoses or naming abuse required navigating loyalty, guilt and fear of misinterpretation. Participants did not describe therapy as simple empowerment but as careful repositioning. Some hid appointments, some reframed therapy as medical, others differentiated themselves from parental avoidance or contextualised earlier generations as lacking time or language rather than care. Help-seeking was not framed as rejection of culture but as expanding emotional possibility without severing belonging.

Taken together, this pattern shows that mental health is neither purely individual nor purely cultural. It sits at the intersection of intergenerational trauma, racialised belonging, gendered responsibility and communal surveillance. Distress is scrutinised not only by others but by the self who has internalised these frameworks.

From a dialogical perspective, participants initially positioned themselves within story-worlds where emotional composure safeguarded family cohesion and public respectability. In the interview, they repositioned themselves as interpreters of these frameworks, recognising both their historical function and contemporary cost. At the level of broader discourse, they implicitly critiqued both cultural stigma that equates vulnerability with shame and Western individualism that isolates distress from its relational and historical context.

Importantly, distress was not rejected as weakness but reframed as understandable. Anxiety, burnout, postnatal depression, suicidal crisis and chronic vigilance were narrated not as personal deficiency but as consequences of prolonged regulation, performance and inherited silence. Participants moved from self-blame toward contextual understanding.

"Distress under scrutiny" therefore captures not only stigma but the layered processes through which suffering is evaluated, translated, contained and renegotiated. What emerges is not a simple story of repression or liberation, but an ongoing negotiation between protection and expression, loyalty and self-preservation, history and possibility.

4.7. Narrative pattern 5: Rewriting inheritance: "I don't want to pass this on"

Across participants' narratives, a future-facing shift became visible. Having negotiated identity, silence, performance and distress, many women began articulating an intentional relationship to inheritance. Rather than asking how to endure what had been passed down, they asked what to continue, reinterpret and interrupt.

This pattern captures how participants re-imagined generational transmission. Cultural values, resilience and sacrifice were not rejected but re-evaluated. Participants described expanding emotional language, reconsidering strength and consciously reshaping what they wished to pass on to children, partners and future selves.

Where earlier patterns illustrated adaptation and regulation, this pattern foregrounds authorship. Participants positioned themselves not only as inheritors of intergenerational narratives but as agents within them.

4.7.1. *Interrupting inheritance*

Across narratives, interruption did not emerge as rebellion for its own sake. It was prompted by moments where inherited scripts of silence, endurance, comparison and conditional worth no longer felt protective but harmful.

For some, motherhood marked a turning point. Naina described standing "at crossroads", recognising "that's the cycle I want to break". Sandhya similarly reflected, "I couldn't raise them to think that silence… was acceptable", while Shivani rejected conditional love, stating her children "don't have to earn love through perfection". In these moments, participants repositioned themselves not only as daughters shaped by inheritance but as mothers responsible for altering its trajectory.

For others, rupture came through crisis. Navneet described her son's Down's syndrome diagnosis as the moment "something cracked open", with silence around disability becoming "louder than anything". Sandhya's abusive marriage similarly exposed the cost of endurance: "You just stayed silent, even when you were dying inside". Leaving required redefining strength away from silence and toward protection.

In some accounts, interruption emerged through anger and disillusionment. Alia positioned herself as "the one that's sort of breaking cycles", while acknowledging "it's quite a scary thing because you don't really have a road map". Her refusal was rooted in resentment toward female endurance and emotional absence. Silence was no longer sacred but relational rupture.

For others, the shift was epistemological. Aarushi framed awareness as catalytic: "History is just the story that you're told… when you know what it means to you, you can know what's yours". In this reframing, inheritance becomes selective rather than passive. Identity is not discarded but edited. Manpreet articulated a similar movement, urging, "honour the past, but do not let it dictate how you live" and "carry the resilience without the secrecy". Resilience is retained, secrecy is not.

Across narratives, interruption was also relationally prompted. Imaan described her mother's post-divorce transformation as revealing that "there isn't language for separation. For freedom". This destabilised inevitability and showed that scripts could be rewritten.

In several cases, interruption was quieter. Bhavna described pregnancy as a moment of recalibration. Nimisha spoke of “seeing what still serves us and what doesn’t”. Priya framed change as “a small, quiet shift”. These are not dramatic revolutions. They are incremental refusals.

What unites these turning points is not the nature of the event but the recognition that inherited patterns, silence, minimisation, comparison, gendered endurance and conditional approval, need not be reproduced. This does not involve rejecting culture but shifting from unconscious repetition to deliberate selection.

Across cases, the language moves from inevitability to agency. Participants described “breaking the cycle”, asserting that “healing isn’t betrayal”, and rejecting the idea that silence equals resilience or that loving one’s culture requires self-loss. Interruption becomes an ethical stance, holding both loyalty and differentiation.

Importantly, interruption is not framed as abandonment but as protection. The refusal to pass on silence, shame or conditional worth is narrated as care for the next generation. Inheritance becomes negotiable.

4.7.2. *Expanding what is possible*

Following interruption came reconstruction. Participants did not simply reject inherited norms, they re-authored them. What emerged was not cultural abandonment but reinterpretation. Strength, resilience, faith, belonging and womanhood were not discarded but renegotiated.

Resilience was often the first concept to shift. Where earlier generations equated strength with silence, endurance and self-sacrifice, participants articulated a quieter but firmer alternative. As Manpreet reflected, “honour the past, but do not let it dictate how you live”, while Navneet noted, “resilience doesn’t have to mean silence”. These shifts did not reject ancestral survival but questioned its continued necessity in unchanged form.

Several participants reframed endurance as context-bound rather than morally superior. Shivani described migration as shaped by urgency and trauma, recognising how “being productive means being valued” had informed her sense of worth. Samira similarly disentangled achievement

from identity, reflecting that “strength doesn’t mean being invincible”. Productivity and perfection were reinterpreted as inherited armour rather than intrinsic virtue.

This re-authoring extended to emotional legitimacy. Naina’s statement, “you’re allowed to feel”, captured a wider shift: distress no longer required comparison to war, migration or sacrifice to be valid. Mithila resisted the moralisation of exhaustion, asking how one tells someone taught that self-sacrifice is virtue that rest is acceptable. Here, rest became both personal necessity and cultural revision.

Participants also reconfigured cultural belonging. Rather than choosing between British and South Asian identities, many described integration as intentional. Aarushi framed identity as something one can “pick and choose”, while Jahin emphasised, “I don’t have to choose”. Cultural inheritance became interpretive rather than fixed.

Importantly, expansion did not mean uncritical Westernisation. Several participants resisted individualistic models that sever relational ties. Alia critiqued therapeutic approaches that overlook collectivist realities. Imaan reclaimed cultural practices as chosen rather than imposed, while Aanya described seeking “a balance where you can”. Expansion involved selective continuity rather than assimilation.

Faith was also renegotiated. Where earlier accounts described spiritualisation as silencing pain, participants described integrating spirituality with emotional processing. Jahin combined prayer with journalling, situating healing beyond purely clinical models while maintaining articulation.

Across accounts, the future orientation was marked by intentionality rather than rebellion. Participants positioned themselves not as cultural outsiders but as custodians of evolving legacies. Aman captured this shift: “We carry their stories, but not their burdens in the same way”. This captures the thematic movement from survival to conscious adaptation.

If interrupting inheritance marked rupture, expanding what is possible reflects authorship. The movement was measured and relational rather than oppositional. Participants described permitting softness without rejecting resilience, integrating faith without silencing distress and claiming

belonging without erasing complexity. In this way, inheritance was not preserved or abandoned but recalibrated.

4.7.3. *Analytic synthesis*

These sub-patterns illustrate a generational shift that is neither wholesale rejection nor passive continuation. Participants did not position themselves as cultural deserters but as interpreters of legacy. Where earlier generations were shaped by survival, migration, war, racism and economic precarity, this cohort described a different task: deciding what to carry forward and what to release.

Participants often drew on the language of authorship and revision, describing themselves as "breaking cycles", "rewriting" and "choosing what to carry forward". These formulations position them not only as inheritors of intergenerational stories but as active narrators reshaping them.

Interrupting inheritance involved recognising silence, shame, comparison, conditional worth and endurance as historically grounded yet psychologically costly. Expanding what is possible involved redefining resilience, strength, faith and belonging in ways that allowed emotional legitimacy. The movement was not toward individualism but toward integration. Culture was not abandoned but renegotiated.

Crucially, this shift was framed as relational rather than oppositional. Participants described honouring parents while revising inherited scripts. Change was often subtle and iterative, embedded in everyday practices rather than dramatic rupture. Generational transformation emerged as quiet but deliberate authorship.

If earlier patterns showed how distress is regulated and scrutinised, this pattern shows how meaning is re-authored. Survival is examined, silence is named, resilience is redefined and inheritance becomes conscious rather than automatic.

5. Discussion

5.1. Chapter overview

This chapter interprets the findings of the present study in relation to existing literature, theoretical perspectives and the wider sociocultural context in which second generation British South Asian women navigate their mental wellbeing.

It begins by summarising the key findings, followed by discussion of their contribution to current understandings of South Asian women's mental health within the UK. Particular attention is given to the relational and cultural processes shaping how distress is experienced and negotiated, alongside reflections on mental health services and culturally responsive care.

The chapter then considers strengths and limitations, followed by implications for clinical practice, service provision, community engagement, and future research. It concludes with dissemination plans and reflexive considerations.

5.2. Summary of findings

The present study explored how second generation British South Asian women narrate their experiences of mental wellbeing in relation to cultural identity and generational narratives. Narrative analysis identified a set of interconnected patterns that illuminate the relational and cultural contexts shaping how emotional wellbeing is understood, expressed and negotiated.

A central pattern involved navigating multiple cultural contexts. Many women described living between the expectations of their South Asian family environments and wider British society, often adapting behaviour, language or aspects of identity depending on context. Within family settings, values of respect, modesty and responsibility were emphasised, while social and educational spaces reflected different norms. Identity therefore emerged not as fixed, but as something continually negotiated across relational and social environments.

Gendered cultural expectations also shaped how emotional experiences were understood and expressed. Narratives highlighted implicit expectations around family reputation, relational harmony

and culturally valued forms of femininity. These were rarely described as explicitly imposed, but embedded within everyday interactions. Within this context, responsibility for maintaining emotional balance within relationships was often internalised, influencing how openly distress could be expressed.

Generational narratives and migration histories further shaped understandings of mental wellbeing. Stories of migration, sacrifice and resilience were central to family identity and often emphasised endurance. These narratives influenced how emotional difficulties were interpreted, with comparisons to earlier generations sometimes creating tension between acknowledging personal distress and maintaining gratitude.

Emotional distress was frequently communicated indirectly. Rather than being openly discussed, difficulties were often managed privately or expressed through humour, physical sensations, fatigue or pressure, rather than explicit psychological language. This suggests that emotional expression was shaped by relational expectations and cultural norms around how distress should be communicated.

Navigating these expectations sometimes generated internal conflict. Participants described tensions between personal autonomy and responsibilities towards family and cultural values, with decisions around boundaries, wellbeing or help-seeking often accompanied by guilt or hesitation.

Reflections on mental health services highlighted the importance of cultural understanding within therapeutic relationships. Experiences were more supportive when practitioners demonstrated openness to cultural context and family dynamics. In contrast, a lack of cultural awareness could create additional emotional labour, particularly when participants felt required to explain the relational contexts shaping their distress.

Importantly, participants' narratives also reflected resilience, adaptability and agency. The ability to move between cultural contexts, reinterpret generational narratives and critically reflect on inherited expectations highlights forms of cultural competence and psychological resourcefulness. Many women described actively questioning what they had been taught and expressed a clear

intention not to pass on certain patterns to future generations, instead creating space for greater emotional openness and alternative ways of relating. In this way, participants can be understood not only as shaped by cultural and generational narratives, but as actively reshaping them.

Collectively, these findings address the aims of the present study by demonstrating how second generation British South Asian women make sense of their mental wellbeing through ongoing negotiations of cultural identity, generational narratives and relational expectations. Emotional distress is understood not solely as an individual experience, but as embedded within interconnected contexts. These findings contribute to a growing body of research emphasising the importance of situating mental health within cultural context, while also highlighting individuals' active role in reworking these narratives across generations. The following sections explore these dynamics in greater depth, drawing on relevant theory and literature.

5.3. Negotiating cultural identity and bicultural tensions

A prominent feature across the interviews was the ongoing negotiation of cultural identity while living between South Asian family environments and wider British society. Many women described adapting behaviour, language or self-presentation depending on context. Within family settings, expectations of respect, modesty and responsibility were emphasised, while educational and social spaces reflected norms more aligned with wider British culture. These shifts were not framed as inauthenticity, but as pragmatic ways of navigating multiple expectations in everyday life.

Identity was often described through metaphors of movement and hybridity. Participants spoke of "*switching*" between contexts or being a "*hybrid*", suggesting identity was experienced less as fixed and more as fluid, relational and context dependent. Moments of humour and hesitation when discussing tensions between personal preferences and family expectations highlighted the relational sensitivity involved in maintaining both authenticity and loyalty.

Berry's acculturation framework (1997) offers one way of interpreting these experiences. While participants' accounts broadly reflect integration, maintaining aspects of heritage culture while engaging with wider society, the findings complicate this model. Identity was not experienced as a

stable orientation, but as fluid and continually negotiated across contexts. This challenges the notion of fixed acculturation "strategies" and instead supports critiques that diasporic identity is shaped through ongoing social interaction and relational positioning (Dwyer, 2000; Rajiva, 2006). In this study, identity negotiation was embedded within family relationships, gendered expectations and broader discourses of belonging, rather than operating as an individual-level process.

These processes should also be understood within the contemporary sociopolitical context in which participants were living. Wider political and media discourses concerning immigration, race, religion and national belonging may contribute to the conditions under which cultural identities are experienced as visible, scrutinised or contested, potentially shaping whether aspects of cultural identity are experienced as sources of belonging and pride or as sites of uncertainty and othering.

Social identity theory (Tajfel & Turner, 1979) offers a complementary perspective, suggesting that identity is shaped through group membership, social comparison and processes of belonging. For second generation British South Asian women, identity is negotiated across intersecting positions such as ethnicity, nationality and gender, requiring ongoing navigation of differing expectations across family, community and wider social contexts. However, Social identity theory may risk implying relatively bounded in-group and out-group positions, whereas participants' accounts suggest that identities may be blended, fluid and context-dependent rather than organised around clear group boundaries. The theory also focuses primarily on psychological processes of categorisation and belonging, offering less attention to the structural, socioeconomic and historical conditions through which these identities are produced and experienced. Intersectionality therefore provides an important complementary lens, recognising that gender cannot be considered separately from ethnicity, class, migration and other social positions, and that these dimensions interact to shape women's experiences of identity and wellbeing (Crenshaw, 1991).

These dynamics are often understood through distinctions between collectivist and individualist value systems (Markus & Kitayama, 1991). However, such frameworks risk oversimplifying the complexity of participants' experiences. Rather than navigating two opposing value systems, women described moving fluidly between relational expectations and personal

preferences, suggesting that these values coexist and are continually negotiated within specific contexts.

Gender also appeared to shape how these cultural negotiations were experienced. Expectations surrounding modesty, family reputation and relational responsibility were particularly salient. Postcolonial feminist perspectives highlight how diasporic women navigate intersecting pressures of culture, migration and gender (Mohanty, 1988; Brah, 1996). In this study, identity negotiation often involved balancing autonomy with culturally embedded expectations of femininity and belonging.

Existing research shows that second generation South Asian women in Western contexts often navigate tensions between family expectations and wider societal norms, with implications for psychological wellbeing when these demands conflict (Dwyer, 2000; Rajiva, 2006; Causier et al., 2024; Pindolia & Vargo, 2025). However, while literature frequently frames bicultural identity as a source of conflict, the present findings suggest a more nuanced picture. Alongside tension and uncertainty, participants described moving between cultural contexts as a form of adaptability and cultural competence. Identity negotiation therefore functioned both as a source of strain and as a resource for navigating multiple social worlds.

These findings extend the meta-ethnographic synthesis in Chapter 2, which identified bicultural identity negotiation as central to South Asian women's mental health, particularly in relation to gender roles, family expectations and reputation. The present study offers a novel contribution by demonstrating how these tensions are not confined to moments of explicit distress, but are woven into everyday interactions and relational dynamics. In doing so, it moves beyond conceptualisations of bicultural identity as a primarily conflict-based experience, highlighting instead its fluid, context-dependent and relational nature. Cultural identity negotiation therefore emerges not as a singular challenge, but as an ongoing process through which belonging, autonomy and continuity are continually renegotiated.

Clinically, these findings suggest that psychological distress in second generation South Asian women cannot be understood solely through individual frameworks. Emotional experiences are

embedded within relational and sociocultural contexts that shape identity, belonging and responsibility. Culturally responsive psychological formulations therefore requires attention to how identity negotiation unfolds across family relationships, community dynamics and wider social environments.

The following section builds on these insights by examining how generational narratives and family histories further shape understandings of emotional wellbeing.

5.4. Generational narratives and intergenerational expectations

Alongside cultural identity, generational narratives and family histories played a key role in shaping how emotional experiences were understood. Many women described growing up in families where stories of migration, hardship and sacrifice were central to identity. These narratives emphasised perseverance and endurance, functioning as moral frameworks through which personal experiences, including emotional struggles, were interpreted. Such accounts align with research on diasporic family narratives, which highlights how migration and sacrifice shape identity and belonging across generations (Brah, 1996; Ballard, 1994; Gardner, 2002).

Respect for these histories was often accompanied by implicit comparison. Participants described evaluating their own distress against the hardships of earlier generations, creating a hierarchy of suffering in which their struggles could feel less valid. While such comparisons can foster perspective and gratitude, they may also constrain emotional expression by positioning distress as something that should be tolerated rather than acknowledged. Within South Asian family contexts, migration narratives have similarly been shown to shape how emotional vulnerability is interpreted and responded to (Gilbert et al., 2004; Chew-Graham et al., 2002; Pilkington, Msetfi & Watson, 2012).

Family histories were also embedded within broader histories of displacement, including Partition and the expulsion of South Asians from East Africa. These collective memories foregrounded survival, resilience and adaptation. While they fostered pride and continuity, they also shaped how vulnerability and emotional expression were understood across generations. Postcolonial

scholarship situates these patterns within wider histories of displacement and upheaval that continue to inform identity and belonging within South Asian diasporas (Brah, 1996; Butalia, 2017; Peach, 2006).

These dynamics can be understood through intergenerational trauma, where the psychological effects of collective trauma and migration are transmitted through family narratives, communication patterns and relational expectations (Danieli, 1998; Kellermann, 2001; Kirmayer et al., 2014). Emotional restraint and perseverance may have been adaptive in contexts of instability and loss, but when embedded within family narratives, they continue to shape emotional norms long after those conditions have changed.

Systemic perspectives further explain how these patterns are maintained. Family systems theory proposes that beliefs, emotional norms and coping strategies are transmitted through everyday relational patterns and expectations (Bowen, 1978; Minuchin, 1974). Families develop shared emotional scripts that shape how vulnerability, resilience and distress are interpreted. In this study, endurance, gratitude and emotional restraint functioned as such scripts, guiding how emotional experiences were understood and communicated.

Mental health was often described as largely unspoken within families. Emotional difficulties were minimised or framed as private and were often internalised before being reconsidered later through personal distress or exposure to psychological discourse. Research on South Asian mental health similarly documents how concerns about reputation and social judgement can contribute to concealment (Moller et al., 2016; Mafura & Charura, 2022; Gunasinghe et al., 2019).

However, rather than locating this solely within stigma as the existing literature does, the present findings suggest that emotional silence is also rooted in generational narratives of migration, sacrifice and resilience, shaping expectations of strength and endurance. At the same time, participants' accounts indicate that these narratives are not fixed, but remain open to reinterpretation. Women described questioning and renegotiating inherited expectations, suggesting that generational narratives function not only as mechanisms of transmission, but as sites of ongoing interpretation and change within contemporary contexts.

Narrative features within the interviews reflected the sensitivity of these dynamics. Participants often softened reflections on parental attitudes through humour or qualification, and hesitated when describing tensions between personal needs and family expectations. Such strategies can function to preserve relational harmony when discussing sensitive topics (Riessman, 2008; Phoenix & Sparkes, 2010).

Generational narratives were also closely tied to expectations of success. Academic achievement, professional stability and financial security were framed as ways of honouring parental sacrifice. While this could foster motivation and responsibility, it also contributed to pressure to achieve and avoid vulnerability. This is consistent with literature highlighting how migration narratives of upward mobility shape expectations of educational and professional success (Inman et al., 2007; Sandhu, 2016).

For second generation British South Asian women, these dynamics sit at the intersection of differing cultural frameworks of emotional expression. Exposure to more open conversations about mental health in education or professional contexts may contrast with family narratives emphasising resilience, gratitude and emotional containment. Navigating these frameworks can create tension between contemporary understandings of wellbeing and inherited expectations of strength.

Understanding these generational narratives is central to the aims of this study. Emotional distress emerged not only from individual experience, but from the broader historical, relational and cultural narratives through which it is interpreted and communicated. The following section builds on this by examining how distress is expressed and managed within these contexts, with particular attention to silence, stigma and culturally shaped expressions of distress.

5.5. Cultural expressions of distress and emotional silence

Emotional distress was often communicated indirectly within family and cultural contexts, where it was minimised, reframed or left unspoken. Rather than representing absence, this silence functioned as part of a broader relational and cultural framework through which distress was managed and made meaningful.

Anthropological and cultural psychiatry literature has long shown that distress is communicated through culturally shaped idioms rather than universal psychological language. Kleinman (1980) introduced the concept of idioms of distress to describe culturally meaningful ways of expressing suffering that may not align with Western psychiatric categories. Participants' accounts reflect these dynamics, illustrating how distress is communicated through culturally intelligible forms rather than formal psychological language. Nichter (1981) further argued that these idioms provide socially intelligible ways of communicating distress within specific contexts. Within many South Asian communities, psychological distress is often described through bodily sensations such as fatigue, headaches or gastrointestinal discomfort rather than explicit emotional terms (Bhui & Bhugra, 2002; Karasz, 2005).

Feelings of stress, pressure or overwhelm were often initially interpreted as tiredness or the demands of daily life. Distress was frequently recognised as psychological only in retrospect, particularly after exposure to psychological language through education, professional settings or contact with services. Where culturally familiar language for distress is limited, emotional experiences may remain difficult to identify or articulate.

The embodied nature of distress was also evident. Krause (1989) describes the Punjabi idiom "*sinking heart*" as involving heaviness in the chest, fatigue and emotional depletion. Such experiences are not purely physical, but reflect the interplay of emotional strain, relational pressure and social context. Cultural psychiatry literature further highlights how distress is often embodied within narratives linking emotion to relationships, moral expectations and everyday pressures (Kirmayer, 2001; Kirmayer et al., 2014).

In this study, indirect expressions of distress were closely tied to relational expectations of emotional restraint and family harmony. Where open disclosure carried risk of misunderstanding or judgement, expressing distress through the body or humour offered more acceptable forms of vulnerability. These expressions can therefore be understood as culturally meaningful strategies for negotiating emotional experience.

Research on South Asian mental health often describes this as somatisation, where

psychological distress is expressed through physical symptoms (Bhui & Bhugra, 2002; Karasz, 2005). However, this framing has been critiqued for pathologising culturally shaped expressions of distress. Kirmayer and Young (1998) argue that bodily expressions should instead be understood within the cultural frameworks that make distress meaningful and communicable. The present findings support and extend this critique, suggesting that what is often labelled as somatisation may be more accurately understood as a culturally situated mode of expression, shaped by relational expectations, generational narratives and social context rather than a deviation from normative psychological functioning.

These dynamics also intersect with stigma surrounding mental health within South Asian communities. Research has identified concerns about family honour, community judgement and confidentiality as key influences on disclosure and help seeking (Chew-Graham et al., 2002; Gilbert et al., 2004; Moller et al., 2016; Mafura & Charura, 2022). However, the present findings suggest that silence is sustained not only by stigma, but by inherited patterns of emotional communication. This shifts the understanding of silence from a purely prohibitive force to a culturally embedded way of managing emotional experience.

For second generation British South Asian women, navigating distress involves moving between different cultural frameworks of emotional expression. Exposure to psychological language through education, work or media may enable reinterpretation of distress, while family contexts continue to emphasise resilience, endurance and containment. This creates tension between contemporary understandings of wellbeing and inherited expectations of strength.

Understanding culturally shaped expressions of distress is therefore crucial for responsive mental health support. When distress is communicated indirectly or through embodied language, it may remain unrecognised in clinical encounters. Greater awareness of idioms of distress can support more culturally attuned assessment and intervention. The present findings suggest that these expressions are not simply barriers to recognition, but meaningful forms of communication shaped by relational and cultural contexts. Recognising this challenges deficit-based interpretations and supports a more nuanced understanding of how distress is experienced and expressed among second generation British South Asian women.

The following section builds on this by examining how stigma, community judgement and concerns about confidentiality shape help-seeking.

5.6. Stigma, community judgement and barriers to help-seeking

Concerns about stigma and anticipated community judgement shaped how emotional distress was disclosed and managed. Emotional difficulties were often positioned as private matters, particularly where disclosure was perceived to risk family reputation or social standing. Decisions about sharing distress were therefore negotiated within relational contexts, shaped not only by individual need but by anticipated responses within family and community networks.

Within many South Asian contexts, family reputation and collective identity are closely intertwined. Ideas of honour, respectability and responsibility influence how personal difficulties are communicated. Emotional distress may be understood not only as individual experience, but as something that reflects on the family as a whole. Disclosure can therefore carry perceived risks of gossip, judgement or damage to family standing, positioning help-seeking as a relational rather than purely individual decision.

A substantial body of research identifies stigma and community judgement as key barriers to help seeking among South Asian populations, particularly in relation to concerns about family honour, confidentiality and social perception (Chew-Graham et al., 2002; Gilbert et al., 2004; Moller et al., 2016; Mafura & Charura, 2022; Gunasinghe et al., 2019). However, framing help-seeking primarily through stigma risks oversimplifying the more complex relational and contextual processes shaping disclosure. The experiences shared in the present study reflect similar dynamics, but also highlight the nuanced ways in which women actively navigated these constraints. Decisions to seek support were carefully negotiated, with disclosure often delayed, selectively shared or confined to trusted individuals rather than wider family networks. This suggests that help-seeking is not simply inhibited, but strategically managed within relational contexts (Cauce et al., 2002; Rickwood et al., 2005).

Barriers to help seeking were also shaped by expectations of mental health services. Research highlights concerns that practitioners may not understand the cultural and relational contexts

influencing distress (Gupta et al., 2007; Phillips & Andriopoulou, 2021; Aktar & Tribe, 2024). Anticipating such misunderstandings may lead to hesitation in accessing support, even where services are available.

Minority Stress Theory (Meyer, 2003) provides a further framework for understanding how social marginalisation may contribute to psychological distress. The theory distinguishes between distal stressors, such as discrimination, prejudice and social exclusion, and proximal stressors that arise through individuals' expectations of rejection, identity concealment and internalised stigma. For second generation British South Asian women, these processes may operate alongside cultural and gendered expectations, with concerns about judgement or rejection shaping how aspects of identity are expressed across different social contexts. Identity concealment may therefore function as a strategy for navigating competing expectations, while repeated exposure to stigma or negative stereotypes may also become internalised, influencing self-perception and wellbeing. However, minority stress should not be understood solely in terms of vulnerability. Participants' accounts also highlighted resilience and agency, including drawing on family and community relationships, cultural belonging and supportive networks to navigate marginalisation and negotiate identity.

Structural inequalities further reinforce these patterns. UK research demonstrates disparities in access to care, pathways and treatment experiences among minority ethnic groups (Bhui et al., 2015; Nazroo et al., 2020). Experiences of racism and marginalisation may contribute both to distress and to mistrust of services. Barriers to help seeking should therefore not be located solely within communities, but understood in relation to structural inequalities within mental health systems (Fernando, 2010; Kirmayer, 2012).

Taken together, these findings suggest that help seeking among second generation British South Asian women involves navigating intersecting relational, cultural and structural factors. Decisions about whether to disclose distress may be shaped by family expectations, community dynamics and perceptions of mental health services. The present study extends existing literature by demonstrating that help-seeking is not simply constrained by cultural stigma, but actively negotiated within complex social contexts, where women exercise agency in determining when, how and to

whom distress is disclosed. Understanding these influences is therefore essential for developing more culturally responsive mental health care.

The following section considers how these dynamics influence experiences of mental health services, with particular attention to cultural understanding within therapeutic relationships.

5.7. Cultural understanding and mental health services

Although the findings primarily centred on how women narrated identity, cultural expectations and emotional distress, many participants also reflected on their experiences of mental health services and what practitioners should understand about South Asian women's lives. While not forming a distinct narrative pattern, themes of cultural understanding, trust and expectations of care recurred across accounts, warranting consideration within wider debates on culturally responsive practice.

Across interviews, uncertainty emerged about whether practitioners would recognise the cultural and relational contexts shaping distress. Emotional difficulties were described as closely tied to family expectations, community dynamics and negotiations of identity. Engagement with services therefore depended not only on willingness to seek support, but on expectations of being understood within these broader contexts.

Existing research highlights the importance of cultural understanding in shaping South Asian service users' experiences of therapy. Engagement has been shown to be influenced by practitioners' awareness of family dynamics and sociocultural context, while concerns about misunderstanding or oversimplification may act as barriers to accessing support (Gupta et al., 2007; Phillips & Andriopoulou, 2021; Mafura & Charura, 2022). Concerns related to stigma, family honour and confidentiality further shape how and when individuals seek help (Moller et al., 2016; Gunasinghe et al., 2019; Aktar & Tribe, 2024).

At the same time, critiques of this literature caution against locating these challenges solely within culture. Explanations centred on stigma or cultural difference risk oversimplifying more complex relational and structural dynamics, and may place responsibility on minority communities

while overlooking how services respond to diversity (Fernando, 2010; Bhui et al., 2003; Nazroo, 2014). The present findings extend this critique by illustrating that engagement with services is shaped not only by cultural factors, but by whether individuals feel understood within their relational and sociocultural contexts.

Participants' accounts also challenge assumptions that cultural understanding requires shared ethnicity between practitioner and service user. While some valued cultural similarity, others prioritised empathy, openness and willingness to listen. This aligns with the concept of cultural humility, which emphasises reflexivity and openness rather than assumed cultural expertise (Hook et al., 2013). Within this framework, culturally responsive care involves recognising diversity within communities and remaining attentive to how cultural narratives shape individual experience.

In contrast, positive experiences of therapy were described when practitioners demonstrated openness to cultural context and created spaces where participants felt understood. These accounts suggest that culturally responsive care depends less on practitioner background and more on the ability to engage with service users' narratives in a respectful and reflexive way.

These findings have important implications for how mental health services conceptualise distress. Where emotional experiences are embedded within relational and cultural contexts, individualised approaches may be insufficient in capturing the complexity of service users' lives. Ecological perspectives emphasise the need to consider how wellbeing is shaped across interconnected systems, including family, community and institutional contexts (Bronfenbrenner, 1979), highlighting the limitations of models that locate distress solely within the individual.

Overall, the findings show how second generation British South Asian women navigate mental health services within complex cultural contexts. The present study highlights that culturally responsive care requires more than awareness of cultural difference; it requires active engagement with the relational and sociocultural contexts through which distress is experienced and communicated. Developing responsive services therefore requires moving beyond basic cultural awareness towards deeper recognition of how identity, migration histories, family relationships and community expectations shape distress.

The following section critically evaluates the strengths and limitations of the present study.

5.8. Strengths and limitations

This study has several strengths. It addresses a gap by focusing on second generation British South Asian women's experiences of mental wellbeing, cultural identity and help seeking. Much existing research centres first generation migrants or broader ethnic groups, often overlooking the distinct experiences of those navigating bicultural identities (Bhugra & Becker, 2005; Inman et al., 2007). This focus allows for a more nuanced understanding of how cultural expectations, generational narratives and wider sociocultural contexts intersect to shape wellbeing.

A further strength lies in the use of narrative analysis. This approach enables exploration of how individuals construct meaning and how personal stories are shaped by wider cultural narratives (Riessman, 2008; Murray, 2003). Attending to both what participants said and how they said it, including language, metaphor and positioning, provided insight into how experiences were located within narratives of sacrifice, resilience and stigma (Phoenix & Sparkes, 2010).

The study also benefitted from the depth of participants' accounts. Interviews generated rich reflections on identity, family expectations and emotional wellbeing, allowing findings to be interpreted within broader relational and sociocultural contexts. Participants' narratives also reflected processes of reflection, adaptation and change, offering insight not only into experiences of distress but into forms of resilience and agency within this population. This depth offers clinically and theoretically relevant insight into the mental health experiences of British South Asian women for clinicians, researchers and policymakers.

A notable strength of the study is the recruitment process. Interest was high, with participants engaging rapidly following online dissemination. This challenges assumptions within the literature that South Asian populations are "hard to reach" in research contexts (Hussain-Gambles et al., 2004), instead indicating that perceived relevance and cultural resonance may play a key role in facilitating engagement.

Several limitations should be acknowledged. While online recruitment can increase

accessibility and reach, allowing participants from a wider geographical and social range to engage, it may also have led to the overrepresentation of individuals who are more comfortable discussing mental health or familiar with psychological language (Topolovec-Vranic & Natarajan, 2016). Online recruitment may also favour those who are more educated or digitally engaged, limiting the diversity of perspectives within the sample (Bonevski et al., 2014; Whitaker et al., 2017). As a result, the findings may reflect the experiences of those already more able to articulate and engage with mental health discourse, rather than the full range of perspectives within British South Asian communities.

More broadly, recruitment challenges within minority ethnic research are well documented. Stigma, confidentiality concerns and mistrust of research institutions can shape participation (George et al., 2014; Yancey et al., 2006). Ethnic minority groups may therefore be underrepresented within psychological research due to structural barriers, lack of culturally appropriate recruitment strategies and perceptions that research is not relevant to their communities. As a result, the sample may reflect those more able or willing to engage, rather than the full range of experiences within British South Asian communities (Hussain-Gambles et al., 2004).

A further limitation concerns the use of the category “South Asian”. While commonly used, it encompasses diverse cultural, linguistic and religious groups, and may obscure important differences (Bhopal, 1997; Nazroo, 1997; Salway et al., 2009). Variation in mental health experiences and help seeking across these groups is well established (Bhui et al., 2003; Dogra et al., 2013), and religious frameworks may also shape understandings of distress (Leavey et al., 2007; Cinnirella & Loewenthal, 1999). The findings should therefore be interpreted with caution in relation to the broader diversity of South Asian populations.

In addition, the use of online interviews may have limited the extent to which embodied, relational and non-verbal aspects of participants’ narratives were captured. Narrative research attends not only to spoken content but to pauses, affect, bodily cues and the relational atmosphere of the interview (Riessman, 2008). These elements may be less accessible in virtual settings, where screen-mediated interaction can reduce immediacy and depth of interpersonal connection. This may be particularly relevant within South Asian cultural contexts, where communication is often relationally

and contextually embedded, and meaning is frequently conveyed through tone, gesture and subtle interpersonal cues rather than explicit verbal expression.

The study also focused exclusively on women. While this was intentional given gendered expectations around identity, family roles and emotional expression, the absence of male perspectives means the findings reflect one gendered viewpoint. Research suggests South Asian men may experience different pressures around emotional disclosure and help seeking (Galdas et al., 2005; Hussain & Cochrane, 2004).

Finally, as with all qualitative research, the findings are interpretative rather than statistically generalisable. Narrative interviews are co-constructed, shaped by the interaction between participant and researcher (Riessman, 2008; Mishler, 1991). Although reflexive practices were used to support transparency, the analysis represents one possible interpretation of participants' accounts.

Overall, despite these limitations, the study offers new and valuable insight into how second generation British South Asian women narrate their mental wellbeing. By situating these accounts within cultural, relational and generational contexts, it contributes to a growing body of research on mental health in culturally diverse populations.

5.9. Implications for practice, services and communities

The findings have implications for psychological practice, service development and community engagement. Emotional wellbeing among second generation British South Asian women is shaped by interactions between cultural identity, generational narratives, community expectations and wider sociocultural contexts. As such, it cannot be understood solely at an individual level.

5.9.1. *Implications for psychological formulation and therapeutic practice*

A key implication is the need for culturally informed psychological formulations. Distress was often embedded within family expectations, migration narratives and concerns about reputation. While cognitive behavioural formulations have strong empirical support, scholars have argued that emphasis on individual cognitions, behaviours and responses may overlook the relational and cultural contexts shaping emotional experience within minority ethnic communities (Bhui & Bhugra, 2002;

Fernando, 2010). The present findings suggest that distress among second generation South Asian women may emerge at the intersection of individual processes and relational expectations.

From a systemic perspective, culturally responsive formulation may involve exploring how family narratives, generational experiences and community expectations influence how individuals interpret and respond to distress rather than conceptualising distress solely within the individual (Bronfenbrenner, 1979). This also involves recognising the strengths and adaptive strategies participants described, including their capacity to reflect on and renegotiate inherited expectations within their relational contexts.

Recognising culturally shaped expressions of distress is also essential. Participants often described distress through exhaustion, bodily discomfort or pressure rather than explicit psychological language. Cultural psychiatry literature describes such idioms of distress, including embodied expressions like Krause's (1989) "sinking heart". Failure to recognise these may contribute to under-recognition in clinical settings.

The findings support culturally adapted therapies. Adaptations that incorporate cultural values, family dynamics and spiritual beliefs can improve engagement and outcomes (Hinton & Jalal, 2014; Rathod et al., 2019). Culturally Adapted Cognitive Behavioural Therapy (CaCBT), integrates culturally relevant explanatory models, family dynamics, religious and spiritual beliefs and collectivist values within the therapeutic process (Naeem et al., 2024). These adaptations enhance the cultural relevance of CBT for South Asian service users; however, UK-based evaluation remains limited, as much of this work has been developed in international contexts.

Other therapeutic frameworks may also offer valuable perspectives. Narrative therapy emphasises how individuals make sense of experience through personal and cultural stories (White & Epston, 1990), and may support exploration and re-authoring of inherited narratives around migration, sacrifice and resilience. Compassion focused therapy may also be relevant, particularly where distress is shaped by shame, self-criticism and social evaluation (Gilbert, 2010), as reflected in participants' concerns about family reputation, community judgement and expectations of resilience.

However, literature on culturally adapted therapies has also been subject to critique. Culturally adapted approaches must avoid rigid or essentialised assumptions about culture (Fernando, 2010). The diversity within participants' accounts highlights the need for flexible, individualised exploration.

Finally, therapeutic relationships grounded in cultural humility are crucial. Participants valued clinicians who showed openness and genuine curiosity. Effective care depends less on shared ethnicity and more on reflexivity and willingness to engage with lived experience (Hook et al., 2013).

5.9.2. *Implications for mental health services and policy*

While the previous section focused on therapeutic practice, this section considers implications for service organisation, accessibility and policy. Improving engagement with South Asian communities requires change not only at the level of individual therapy, but also within service design, workforce development and wider health systems.

A key implication is the need for culturally responsive service environments that recognise the relational and sociocultural contexts shaping distress. Participants often expressed uncertainty about whether professionals would understand family expectations, intergenerational dynamics and community judgement. Previous research has identified similar concerns, with fears of cultural misunderstanding acting as barriers to help seeking (Gupta et al., 2007; Moller et al., 2016; Mafura & Charura, 2022). These findings suggest that services must move beyond surface-level cultural competence and engage more meaningfully with the contexts shaping service users' experiences. This includes recognising not only barriers to engagement, but also the existing strengths, resources and support systems present within South Asian communities.

Recent NHS policy has increasingly prioritised addressing inequalities in mental health care. The NHS Long Term Plan highlights improving access and outcomes for marginalised groups (NHS England, 2019), while initiatives such as Advancing Mental Health Equalities aim to reduce disparities in access to psychological therapies (NHS England, 2020). The present findings reinforce the relevance of these priorities, illustrating how stigma and anticipated misunderstanding can shape engagement with services.

Workforce diversity may support trust and understanding, particularly where shared cultural or linguistic backgrounds are present (Bhui et al., 2007; Bansal et al., 2014). However, shared ethnicity alone does not ensure cultural sensitivity, given the diversity within South Asian communities. Diversity should therefore be complemented by training that promotes cultural humility, reflexivity and openness to service users' lived experiences.

Barriers related to stigma, confidentiality and community judgement highlight the need for more accessible pathways into care (Chew-Graham et al., 2002; Gilbert et al., 2004; Gunasinghe et al., 2019). Community outreach, partnerships with culturally relevant organisations and services delivered in community settings may provide more acceptable entry points. Such approaches may also improve mental health literacy, with culturally tailored psychoeducation shown to reduce stigma and increase understanding (Rathod et al., 2017; Islam et al., 2015).

At a broader level, these findings highlight the need to address structural inequalities within mental health systems. Disparities in access, care pathways and outcomes among ethnic minority groups in the UK are well documented (Bhui et al., 2015; Nazroo et al., 2020), and were further emphasised in the Independent Review of the Mental Health Act, which identified racial inequalities in detention and treatment (Department of Health and Social Care, 2018). In response, NHS England introduced the Patient and Carer Race Equality Framework (PCREF) to improve accountability and support collaboration with racialised communities to address these inequalities (NHS England, 2023).

Overall, improving mental health support for South Asian communities requires a multi layered approach that extends beyond individual therapy. Integrating culturally informed training, strengthening community partnerships and addressing structural barriers will be key to developing more equitable and responsive mental health services.

5.9.3. *Implications for South Asian communities*

The findings also have implications beyond clinical and service contexts, particularly for how mental health is understood and discussed within South Asian communities. Participants' accounts reflected emotional silence, expectations of resilience and concerns about community judgement,

suggesting that mental health is shaped by broader cultural narratives emphasising endurance, family responsibility and reputation. Previous research has similarly identified stigma and concerns about social reputation as significant influences shaping attitudes towards mental health within South Asian communities (Pilkington et al., 2012).

Within many South Asian contexts, distress is understood through relational and collective frameworks rather than individual models. Family narratives of migration, sacrifice and perseverance shape how emotional struggles are interpreted (Peach, 2006; Butalia, 2017). While these narratives foster resilience and intergenerational connection, they may also contribute to expectations that distress should be tolerated rather than openly expressed. Encouraging more open dialogue may therefore help reduce stigma and support help seeking. Community-based initiatives, including engagement with cultural organisations, faith groups and familiar community spaces, may offer accessible and culturally relevant ways of increasing mental health literacy (Mantovani et al., 2017; Henderson et al., 2013).

Generational change also shapes evolving understandings of mental health. Several women described shifts in perspective over time, often through exposure to mental health discourse in educational or professional contexts. Research on diasporic identity similarly suggests that younger generations reinterpret cultural norms across multiple social contexts (Rajiva, 2006; Dwyer, 2000), contributing to gradual changes in how mental health is understood and discussed within families and communities. Participants' accounts also reflected an emerging intention to reshape these narratives, with many describing a desire to create more open, validating environments for future generations.

However, efforts to increase awareness must avoid deficit-based narratives that position culture as inherently problematic. Such framings risk pathologising communities while overlooking structural determinants of wellbeing (Kirmayer, 2012; Nazroo, 2014). South Asian communities also possess important protective resources, including strong family networks, collective support and community solidarity, which may play significant roles in promoting wellbeing. Participants' accounts further reflected forms of resilience, adaptability and relational strength, as well as the intergenerational transmission of values such as perseverance and care. These resources highlight that

South Asian communities are not only sites where distress is experienced, but also where strength, connection and meaning are actively sustained.

Representation and visibility may contribute to shifting conversations around mental health. Exposure to narratives from other South Asian individuals who have spoken openly about psychological distress was described as influential in normalising discussions about mental wellbeing. Research demonstrates that increasing the visibility of lived experience narratives can reduce stigma and encourage help seeking behaviours (Corrigan & Watson, 2002; Thornicroft et al., 2016). Increasing the representation of South Asian voices within mental health advocacy, media and public discourse may therefore help foster more open and supportive discussions surrounding mental wellbeing.

Overall, improving mental health outcomes within South Asian communities requires engagement within the broader cultural and social contexts in which individuals live. Supporting open dialogue about mental wellbeing, acknowledging the contextual and generational influences and building on existing community strengths may help reduce stigma and promoting more supportive environments for individuals experiencing psychological distress.

5.10. Suggestions for future research

This study contributes to a growing body of literature on the mental health experiences of South Asian women in the UK. However, the findings also highlight several areas for future research to further develop understanding of mental wellbeing within South Asian communities.

One important direction is the exploration of mental health experiences among South Asian men. While this study focused on women due to gendered expectations around family roles, identity and emotional expression, research suggests that South Asian men may face distinct pressures relating to masculinity, responsibility and emotional restraint (Galdas et al., 2005; Pilkington et al., 2012). Examining how men narrate distress may offer valuable insight into gendered patterns of coping and help seeking.

Future research should also attend to the diversity within South Asian populations. Although

widely used, the term “South Asian” encompasses heterogeneous groups with differing cultural traditions, languages, migration histories and religious identities (Bhopal, 1997; Salway et al., 2009). Variation exists not only between national groups such as Indian, Pakistani, Bangladeshi and Sri Lankan communities, but also within them, including regional and linguistic identities such as Punjabi, Gujarati, Tamil and Sylheti groups (Ballard, 1994; Peach, 2006; Gardner, 2002). Exploring specific subgroups may therefore provide more nuanced insight into culturally shaped experiences of wellbeing.

Another important area involves examining experiences across multiple generations within South Asian families. Participants frequently referenced migration, sacrifice and resilience, suggesting that generational narratives shape how distress is understood and communicated. Research on intergenerational trauma indicates that such histories can influence emotional communication across generations (Danieli, 1998; Kirmayer et al., 2014). Including multiple generations may therefore illuminate how attitudes towards mental health evolve over time.

Methodologically, future research may benefit from complementing narrative approaches with ethnographic or participatory methods to further explore how mental health is negotiated within family and community contexts (Riessman, 2008).

Finally, further research is needed to inform the development of culturally responsive mental health interventions for South Asian communities. Although interest in culturally adapted therapies is growing, much of the evidence base remains limited and is often drawn from non-UK contexts (Naeem et al., 2024; Rathod et al., 2019). Research examining the acceptability and effectiveness of such interventions within British South Asian populations is therefore needed.

5.11. Dissemination and impact

The findings of this study have implications for clinical practice, service development and community engagement. Dissemination will therefore target both academic and applied audiences. It is anticipated that the findings will be submitted for publication in a peer reviewed journal focusing on cross cultural mental health or community psychology. Presentation at professional conferences

may also support engagement with clinicians and researchers working in cultural psychiatry, community mental health and psychological therapy.

Dissemination within clinical settings is important for supporting translation into practice. Sharing findings with NHS psychological services, perinatal and community mental health teams, and training programmes may increase awareness of the cultural and generational factors shaping South Asian women's experiences of distress and help seeking. Translating research into practice is a key component of knowledge mobilisation within healthcare (Greenhalgh et al., 2004).

Given the relevance of this research to South Asian communities, dissemination beyond academic and clinical settings is also important. Sharing accessible summaries through community organisations, cultural groups and community events may support wider conversations about mental health. Community based dissemination has been shown to increase engagement and improve the relevance of health research for minority communities (Israel et al., 2010; Wallerstein & Duran, 2010). Increasing the visibility of research that centres South Asian voices may also contribute to reducing stigma and encouraging more open dialogue (Thornicroft et al., 2016).

Overall, dissemination aims to raise awareness of the cultural and relational contexts shaping South Asian women's mental health and to support more inclusive, culturally responsive services.

5.12. Reflexivity

Reflexivity is a core component of qualitative research, recognising that researchers inevitably shape the research process through their perspectives, identities and experiences (Finlay, 2002). As a South Asian woman and trainee clinical psychologist, my cultural background and professional interests informed the development of this study. My focus on South Asian women's mental health emerged from both personal and professional observations of how cultural identity, family expectations and stigma shape conversations about wellbeing. This positionality may also have contributed to the sense of safety with which participants engaged in discussing culturally embedded experiences.

At the same time, shared cultural identity required ongoing reflexive awareness. While it may

have facilitated rapport, it also risked assumptions or over-identification. Care was therefore taken to remain grounded in participants' accounts rather than imposing shared meanings. Reflexive journalling and repeated engagement with the data supported critical reflection on how my perspectives might shape interpretation.

Engaging with participants' narratives also prompted ongoing reflection on the role of culture, identity and generational narratives in shaping mental health. These accounts highlighted both the diversity within South Asian experiences and the importance of approaching cultural narratives with curiosity and humility. This reflexive process has informed my development as a clinician and researcher, reinforcing the need to remain attentive to the cultural, relational and social contexts shaping psychological distress.

5.12.1. *Personal reflections*

Conducting this research involved ongoing personal and relational reflection. Listening to participants' narratives highlighted both the depth of their experiences and the care with which these were shared. At times, I was struck by the resonance between participants' accounts and wider cultural narratives within my own personal and professional contexts, prompting reflection on my assumptions and positioning. This also created tensions in navigating my dual position as both insider and researcher, where familiarity could support understanding while requiring care to avoid assumption or over-identification. Engaging with accounts of distress, silence and unmet need carried emotional weight, and at times I felt sadness at the extent to which participants experienced marginalisation within systems intended to support them. There were also points where participants' experiences echoed aspects of my own or those within my wider community, which felt both disheartening and, in some ways, quietly validating in recognising shared and collective experiences.

These reflections deepened my awareness of the structural and cultural contexts shaping South Asian women's mental health, and strengthened my motivation to contribute to more culturally responsive and inclusive support. At the same time, participants' expressions of resilience, adaptability and intentions to create change for future generations were particularly impactful. Their willingness to question inherited expectations and open space for dialogue prompted reflection on

possibilities for change within South Asian communities, and influenced my development as a clinician by reinforcing the importance of holding both cultural sensitivity and a belief in individuals' capacity for agency and transformation. This research therefore involved a degree of reciprocity, where I was not only interpreting participants' experiences, but was also shaped by the perspectives, strengths and insights they shared.

5.13. Conclusion

This study explored how second generation British South Asian women narrate their experiences of mental wellbeing within cultural and generational contexts. Through narrative analysis, the findings highlight the complex ways cultural identity, family expectations and generational narratives shape how emotional distress is understood, communicated and managed. Participants' accounts illustrate the ongoing negotiation of identity within bicultural contexts, alongside the influence of migration histories, family narratives of resilience and concerns around stigma and community judgement.

The findings emphasise that South Asian women's mental health cannot be understood through individual psychological frameworks alone. Emotional experiences are embedded within relational, cultural and historical contexts that shape how distress is recognised and expressed. By foregrounding participants' narratives, this study contributes to a more nuanced understanding of how second generation British South Asian women make sense of their wellbeing and underscores the importance of culturally responsive practice, community engagement and continued research.

Centring the voices and lived experiences of South Asian women is therefore not only necessary for understanding distress, but essential for developing more inclusive, culturally responsive and meaningful approaches to mental health.

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Appendices

Appendix A: Characteristics of included studies

Study	Population / Cultural Context	Methodology	Findings	Implications	Quality appraisal
Aktar & Tribe (2024)	UK South Asian women with self-harm	Semi-structured interviews; IPA (N=8)	Self-harm as hidden, shameful and sinful; tension between coping and cultural/religious prohibitions	Culturally sensitive understandings of self-harm that address shame and secrecy	High
Causier et al. (2024)	Young Pakistani women with severe MH problems	Semi-structured interviews; Reflexive TA (N=8)	Help-seeking shaped by stigma, bicultural tensions and low MH literacy; religion can facilitate help-seeking	Culturally informed services, MH literacy and distinguishing religion from cultural stigma	High
Gask et al. (2011)	British Pakistani women with depression	Semi-structured interviews; TA (N=15)	Isolation, and loss of control maintain depression; distress rooted in relational conflict	Interventions must address relational and systemic factors	High
Gunasinghe et al. (2019)	Young Pakistani Muslim women	Semi-structured interviews; IPA (N=6)	*Izzat* shapes distress, silencing and barriers to help-seeking; distress often tolerated to preserve honour	Consider honour-based cultural dynamics in assessment and intervention	Moderate–high
Gupta et al. (2007)	Second-generation South Asian women	Semi-structured interviews; IPA (N=6)	Identity conflict, community surveillance and restricted autonomy contribute to distress	Understanding acculturation and intergenerational tensions in clinical work	Moderate–high
Mafura & Charura (2022)	UK South Asian women with self-harm	Semi-structured interviews; IPA (N=12)	*Izzat* and shame underpin trauma and self-harm; self-harm as communication and control	Culturally attuned formulations of self-harm as relational and communicative	High
Moller et al. (2016)	Second-generation British South Asian women (mostly no counselling experience)	Open-ended qualitative survey; TA (N=82)	Stigma, stereotypes and distrust; counselling viewed as culturally incongruent	Community-level interventions to reduce stigma and improve trust in services	High
Phillips & Andriopoulou (2021)	South Asian women accessing MH services	Semi-structured interviews; TA (N=16)	Cultural understanding shapes engagement and outcomes	Culturally competent, person-centred care and practitioner reflexivity	High
Pindolia & Vargo (2025)	Gujarati women in London	Semi-structured interviews; TA (N=10)	Identity splitting, gender inequality and communication barriers within acculturation	Gendered cultural expectations and need for culturally sensitive support around identity	Moderate–high

Appendix B: Example of translation of second-order constructs

Study: Mafura & Charura (2022)		
Study finding (second-order construct)	**Initial interpretation**	**Emerging concept**
Self-harm described as a way to distract from overwhelming psychological pain	Emotional regulation; coping with distress; survival strategy	Self-harm as functional coping
Women described tension between British identity and South Asian cultural expectations	Conflict between cultural identities; feeling "in-between" cultures	Bicultural identity tension
Experiences shaped by *izzat*, shame, and family honour	Pressure to uphold reputation; internalised cultural expectations	Cultural expectations and honour
Accounts of limited autonomy and control within family relationships	Entrapment; lack of agency; coercion	Relational control and powerlessness
Self-harm used to express distress when unable to verbalise experiences	Non-verbal communication of pain; unmet emotional needs	Distress as communication
Feelings of guilt, shame, and self-blame following distress and self-harm	Internalised stigma; moral judgement of self	Internalised shame and self-blame
Participants felt misunderstood or misinterpreted by mental health services	Lack of cultural understanding; misattunement by professionals	Barriers within services

Appendix C: Reflective journal entry

Participant: [redacted]

This interview with [redacted] has really stayed with me. There was something about her story that felt immediately familiar, especially the way she described growing up between two worlds and carrying that pressure to be a certain kind of daughter. I noticed quite early on that I felt a sense of recognition, almost like I could map parts of her experience onto my own. That feels important because it may have shaped how quickly I felt I understood her story, rather than fully sitting with how she was making sense of it in her own way.

Her narrative felt quite heavy to sit with at times. The way she spoke about always needing to be productive, and how rest felt uncomfortable or even wrong, really stayed with me. There was something quite sad about how deeply that sense of urgency seemed embedded, like it had been passed down and internalised over time. I also felt a lot of admiration for her insight and the way she is trying to unlearn these patterns, but I wonder if that admiration changed the way I responded.

Looking back, I feel like I could anticipate where she was going, particularly when she spoke about the good girl expectations and linking approval with safety. That familiarity felt like a bit of a pull, almost like I was stepping slightly ahead of her story. I had to consciously slow myself down and refocus on her wording, her pacing and how she was choosing to tell it. Need to remember that meaning she is making of it is specific to her.

I also noticed how she positioned herself throughout the interview. She came across as very reflective and articulate, almost like she had already done a lot of the meaning making work. At times it felt quite cognitive (maybe intellectualising?), like she was explaining and analysing her experiences rather than sitting fully in them. I wonder if I contributed to that, whether I was inviting a more reflective account rather than a more emotive one.

There were points where I found myself nodding more, especially when she spoke about stigma, comparison and the idea that mental health is seen as a luxury. I think I was signalling agreement and understanding, but I am aware that this might have shaped the direction of the narrative, reinforcing certain themes as more important or acceptable to expand on. It brings up that idea that the story is co-constructed in the interview, not just something she is telling independently.

Something else that stood out to me was how she spoke about independence and breaking cycles. Her version of this felt slightly different to mine, more grounded in being able to rest and take up space without guilt, rather than just autonomy in a general sense. I almost glossed over that at first because I was focusing on what felt similar, but actually the differences feel really important and I want to pay closer attention to that in the analysis.

When I go back to the transcript, I want to focus more closely on how she tells her story, not just the content. The way she frames things like urgency, productivity and survival, and how she moves between describing her parents and herself. I also want to notice where I might be filling in gaps or over-interpreting because something feels familiar to me.

I also keep thinking about how this is another participant who has come away with the sense that NHS mental health services are not really built for South Asian women. It feels quite disheartening that this is becoming such a consistent thread across interviews. It wasn't always said directly, but it sat underneath how she talked about mental health being dismissed, misunderstood, or framed as something that doesn't quite fit within her cultural context. It makes me think about how these broader systems are being woven into personal narratives of distress, and how that might be shaping not just help seeking but also how people make sense of their struggles in the first place.

This interview feels like a reminder of how easy it is to slip into shared cultural narratives, especially when there is overlap in background. I need to keep holding that balance between feeling that connection and staying curious, so I can hear [redacted] story as her own, not just as something that feels familiar to me.

Appendix D: Participant information sheet

University of Essex

Participant Information Sheet

Project Title

Exploring the experiences of cultural identity and generational trauma and their impact on mental health in young South Asian women

Thesis research team

Reianna Pandya, Trainee Clinical Psychologist
Jasmeet Kaur Bassi, Clinical Psychologist

My name is Reianna Pandya and I am a Trainee Clinical Psychologist at the University of Essex. I would like to invite you to take part in my thesis research project. Before you decide whether or not to take part, it is important for you to understand why the research project is being done and what it will involve. Please take some time to read the following information carefully. If you would like to ask any questions before taking part, please email me at [redacted].

Purpose and aims of the study

The research project investigates experiences of cultural identity and generational trauma in South Asian women between the ages of 24 and 45 living in the UK and how these factors may have contributed to their mental health. This will be done through hearing your experiences of being a young South Asian woman in the UK and what this has meant for you through an interview either face to face or online. It is my hope that this study will give South Asian women a safe and non-judgemental space to shed light and reflect upon their experiences. I hope that the findings from this research will help services have a better understanding of how to help young South Asian women when they face difficulties with their mental health and consider factors such as cultural identity and generational trauma. Your input in this study will have an influence in health professionals becoming better informed and learning what to look out for when working with South Asian women. This research project is being undertaken in relation to the Doctorate in Clinical Psychology.

For the purpose of this study, cultural identity is defined as feeling of belonging to a particular culture, therefore the extent to which you identify with your South Asian culture as well as the British culture. Generational trauma (also referred to as intergenerational trauma) refers to difficulties or trauma that is experienced in one generation and passed on to following generations.

Why have I been invited to participate?

You have been invited to participate in this research study due to reaching out after seeing the recruitment advertisement and meeting the participant criteria. This study has been advertised online through social media platforms and in community group halls and events.

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Participation

It is your choice whether or not you wish to take part in this research project, your participation is entirely voluntary. If you decide to take part, you will be asked to provide consent through signing a consent form. You are free to withdraw at any time by cancelling your interview or requesting to terminate the interview at any time for any reason and without explanation or penalty. Any data recorded up until your withdrawal will not be used. If you decide to withdraw part way through your interview, your data will be discarded and not used in the research write-up. Withdrawal of data would only be possible up to the point of termination of the online or face to face interview/data recording due to anonymisation. If you wish to withdraw your participation, you can inform me via email at [redacted]

What will happen if I take part?

If you get in contact after seeing the advertisement, to give you more information on the project, you will be sent this participation information sheet as well as a consent form either via email or by post. If you then consent to taking part in the study, a convenient time will be arranged to meet, individually, with myself (Reianna) either online or face to face. If this call is online, you are welcome to have your camera off. The interview will last approximately 60-90 minutes, and there will be the option to conduct the interview over a few shorter meetings. You will be asked questions that relate to cultural identity, what it means to be South Asian woman in the UK and generational trauma. The interviews will be audio recorded, to aid with data analysis at a later stage. Once the transcription is completed, the original recording will be destroyed.

Risks and benefits of the study

There are no anticipated risks to you taking part, neither is there any direct benefit to your physical or mental health, however, the nature of the conversations may be emotional and may cause some distress, but this is not expected as a direct risk. However, your participation will help with informing care for South Asian women.

What information will be collected?

Information will be collected from our interviews through audio recording of the conversation. The topics we will be talking about will include your stories and experiences of being a young south Asian woman in UK, generational trauma and challenges as well as how these impact your wellbeing and mental health. You will also be asked general demographic questions such as age, immigration generation and ethnicity. All the information that is collected will be anonymised.

Confidentiality and data storage

The information collected during this study will be treated as confidential. Your information will be anonymised and any identifiable information will be stored separately from your responses. Basic demographic information which will be anonymised will also be included in the final write-up, including age and ethnicity. As

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well as this, quotes of your experiences may be used in the final write-up, but all the information enabling this to be identifiable will be removed.

All identifiable data will be used in the research study and will be electronically stored and retained securely until the end of the research project when it will be destroyed. The data will be stored securely and files will be encrypted or password protected.

The anonymised data collected may be used to support other research in the future, and may be shared with other researchers. The anonymised transcripts and audio recordings will be deposited into The University of Essex Research Data Repository enabling them to be available for future research and learning activities.

Our legal basis for processing your data is that you have consented to it. The Data Controller is the University of Essex; the University's Information Assurance Manager can be contacted on [redacted]

What should I do if I want to take part?

If you are happy to continue with participating in this research study, please read and sign the consent form provided and return it to me via email at [redacted] or if we agree to conduct the interview in person, you can bring this with you then. Please contact me through the methods stated on the recruitment advertisement or on the social media platform on which you have seen the advertisement to express your interest in taking part and we can arrange for a phone call to discuss a time to meet for the interview.

What will happen to the results of the study?

The results of this study will be used in my doctoral thesis and therefore will be deposited in the Essex Open Access Research Repository. There is also the hope that this research will be published as a journal article in a public academic journal. At this point, any results will be anonymised and so will not be identifiable. A copy of the findings of the study will be available for each participant should you want one.

Who is funding the research?

This research study is being funded by The University of Essex and is being conducted as part of the Doctorate in Clinical Psychology (DClinPsy).

Who has reviewed the study?

This study has been reviewed by Ethics Sub Committee 1 at the University of Essex Ethics Committee and been given a favourable ethical opinion.

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Complaints

If you have any concerns or complaints about any aspect of the project, please contact the principal investigator of the research project, Reianna Pandya ([redacted]).

If are still concerned, you think your complaint has not been addressed to your satisfaction or you feel that you cannot approach the principal investigator, please contact the Essex University Director of Research Prof. Sheina Orbell ([redacted]) or the Director of Research for the department of Health and Social Care, Camille Cronin ([redacted]). If you are still not satisfied, please contact the University of Essex Research Integrity Manager, Mantalena Sotiriadou ([redacted] Please include the ERAMS reference which can be found at the foot of this page.

Please do not hesitate to contact me should you have any further questions about the study.

Reianna Pandya - Trainee Clinical Psychologist
[redacted]

Supervised by Jasmeet Kaur Bassi – Clinical Psychologist
[redacted]

[redacted]

Appendix E: Consent form

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Consent Form

Title of the Project:	Exploring the experiences of cultural identity and generational trauma and their impact on mental health in young South Asian women
Research Team:	Reianna Pandya, Trainee Clinical Psychologist, Jasmeet Kaur Bassi, Clinical Psychologist

Please initial box

1. I confirm that I have read and understand the Information Sheet dated 26th April 2024 for the above study. I have had an opportunity to consider the information, ask questions and have had these questions answered satisfactorily. ☐
2. I understand that my participation is voluntary and that I am free to withdraw from the project at any time without giving any reason and without penalty. I am aware that any data recorded up until my withdrawal will not be used and if I decide to withdraw part way through the interview, my data will be discarded and not used in the research write-up. I have understood that withdrawal of data will only be possible up to the point of termination of the online or face to face interview/data recording due to anonymisation, therefore data cannot be identified. ☐
3. I understand that the nature of the conversations involved in this research may be emotional and may cause some distress, but this is not a highly anticipated risk. ☐
4. I understand that the identifiable data provided will be securely stored and accessible only to the members of the research team directly involved in the project, and that confidentiality will be maintained. ☐
5. I understand that my fully anonymised data will be used for the final write-up of the research including any potential publications. ☐
6. I understand that the data collected about me will be used to support other research in the future, and may be shared anonymously with other researchers. ☐

7. I give permission for the anonymised transcripts and audio recordings that I provide to be deposited in The University of Essex Research Data Repository so that they will be available for future research and learning activities by other individuals. ☐

8. I agree to take part in the above study. ☐

Participant Name	Date	Participant Signature
_____	_____	_____

Researcher Name	Date	Researcher Signature
_____	_____	_____

Appendix F: Interview schedule

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Interview schedule

General

1) Age
2) Profession
3) Where were your parents born / what type of South Asian identity to you identify with?

Cultural identity

4) Can you tell me about your family background and tell how your parents came to live in the UK?
5) Can you explain what being a second-generation South Asian woman in the UK means to you?
6) Can you share a moment when you felt most connected to your cultural heritage?
7) Can you describe a time when you felt conflicted between your South Asian heritage and your British identity?
8) Can you recall a time when you felt like your cultural identity was misunderstood or challenged by others? How did you respond?
9) Can you tell me your experiences of your cultural identity impacting your daily life, positively or negatively?
10) How do you feel the broader British society views South Asian women and how does this perception affect you?
11) Do you ever feel pressure to conform to certain cultural stereotypes or expectations in either the South Asian or British communities?
12) Are there elements of your cultural identity that are strengths? And some that need to be hidden?
13) How do you think your cultural identity has changed over time?

Generational Trauma

14) Have you heard any stories from your parents or grandparents about their experiences growing up or coming to the UK? How do you think these stories impacted you?
15) Are there things in your family that people don't really talk about but that you feel have had an impact?
16) Do you feel there are ways of coping, reacting or expressing emotions that seem to repeat across generations?
17) Have you ever noticed patterns in how emotions are expressed or not expressed across generations in your family?
18) What kinds of emotions felt most common or allowed in your family growing up?
19) What's your experience of topics that aren't spoken about or are too painful to speak about in your family?
20) Have you heard any stories about the women in your family? Do you think there are any similarities between your experiences and theirs?
21) What are your experiences of the expectations and roles placed on women in your family? How have these been passed down?
22) What are your experiences of talking about mental health in your family? How has this impacted you?

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Future

23) If you were to pass on one story or lesson from your experience to future generations, what would it be and why?
24) What do you think mental health services need to know about mental health in south Asian women?
25) How has it been sharing these stories today?

Appendix G: Ethical approval

University of Essex

03/09/2024

Miss Reianna Pandya

Health and Social Care

University of Essex

Dear Reianna,

Ethics Committee Decision

Application: ETH2324-1116

I am pleased to inform you that the research proposal entitled "Exploring the experiences of cultural identity and generational trauma and their impact on mental health in young South Asian women" has been reviewed on behalf of the Ethics Sub Committee 1, and, based on the information provided, it has been awarded a favourable opinion.

The application was awarded a favourable opinion subject to the following **conditions**:

Extensions and Amendments:

If you propose to introduce an amendment to the research after approval or extend the duration of the study, an amendment should be submitted in ERAMS for further approval in advance of the expiry date listed in the ethics application form. Please note that it is not possible to make any amendments, including extending the duration of the study, once the expiry date has passed.

Covid-19:

Please note that the current Government guidelines in relation to Covid-19 must be adhered to and are subject to change and it is your responsibility to keep yourself informed and bear in mind the possibility of change when planning your research. You will be kept informed if there are any changes in the University guidelines.

Yours sincerely,

REO Research Governance Team

Appendix H: Extended case summaries

Bhavna's story

Bhavna's narrative centres on negotiating a layered Kenyan Indian British identity and the ongoing emotional labour of moving between cultural worlds. She described early experiences of learning to stay quiet when cultural differences felt difficult to explain, particularly in childhood contexts where her home life did not align with the expectations of her peers. Questioning gendered norms was often framed as disrespect, shaping an early awareness of when to speak and when to hold back. These tensions were especially evident between school environments that encouraged independence and self-expression, and family contexts grounded in obedience, respect and tradition. Over time, this contributed to a heightened sense of self-monitoring and adaptation across contexts.

Experiences of racialisation during further education marked a key shift in her narrative. Being in predominantly white spaces heightened her awareness of difference and introduced a sense of vigilance in how she presented herself. This period appeared to deepen her sensitivity to how her identity was perceived by others, alongside a growing recognition of the unpredictability of how her cultural background might be received.

Bhavna situated her family within broader migration histories shaped by endurance and survival. These narratives were described as fostering resilience and strength, but also contributing to patterns of emotional restraint. Within this context, mental health was often reframed as stress, externalised or left unspoken altogether. Emotional expression, particularly sadness or vulnerability, was minimised, contributing to a sense that such experiences were not easily understood or held within family relationships. Despite describing close familial bonds, she reflected on limits in seeking emotional support in the ways she might need.

Influenced by her clinical psychology training and her marital relationship, Bhavna described a gradual shift towards recognising, naming and making space for her own emotional experiences. This marked a movement away from inherited patterns of silence towards greater emotional awareness and intentionality. At the same time, she maintained a strong sense of respect and

connection to her cultural background, highlighting the importance of holding both critique and appreciation together.

Her narrative ultimately moves towards cultural pride and intentional reclamation. She emphasised the importance of understanding South Asian women's experiences as nuanced and shaped by multiple intersecting factors, including migration histories, language, generational position and context. Bhavna advocated for culturally responsive services that move beyond assumptions and rigid frameworks, instead prioritising curiosity, collaboration and attentiveness to individual experience. Her story reflects an ongoing process of negotiating identity, honouring intergenerational strength while gently questioning the emotional costs of inherited silence.

Naina's story

Naina's narrative traces the experience of living between cultural worlds and carrying the emotional inheritance of migration. She situated her story within her parents' move from Delhi, describing a home that was culturally Indian yet geographically British. Within this context, she positioned herself as an emotionally attuned and observant daughter, learning from an early age to monitor her feelings in a family where distress was rarely spoken about directly. Silence around grief, loss and homesickness emerged as a recurring pattern, shaping her understanding that emotions were to be contained rather than openly expressed.

She described a persistent sense of in-betweenness, feeling neither fully Indian nor fully British, which contributed to a need to adjust herself across different contexts. This ongoing negotiation appeared to involve a degree of self-monitoring, particularly in relation to how she expressed herself emotionally. Gendered expectations of the strong South Asian woman were also evident in her account, where endurance, self-sacrifice and prioritising family needs were positioned as central. Naina reflected on how she had internalised these expectations, while also becoming increasingly aware of their psychological impact over time.

Motherhood marked a significant turning point in her narrative. Experiences of postnatal anxiety prompted reflection on the emotional patterns she had inherited, bringing into focus the

limitations of family frameworks that had minimised or overlooked mental health. This period appeared to open up space for a different way of relating to emotions, alongside a growing desire to interrupt cycles of silence for her child. At the same time, she expressed a strong sense of loyalty and gratitude towards her parents, highlighting the tension between honouring their sacrifices and wanting something different for the next generation.

Naina also reflected on wider cultural narratives surrounding mental health within South Asian communities, noting how distress is often reframed as tiredness or overthinking, which can make emotional experiences harder to recognise and legitimise. She emphasised the importance of culturally responsive support that prioritises trust, takes time to build relationships and avoids assumptions about people's experiences. In particular, she highlighted that many South Asian women carry intergenerational stories alongside their own, and that these need to be understood within their relational and cultural contexts.

Naina's narrative positions mental health as embedded within intergenerational, cultural and relational histories rather than located solely within the individual. Her story reflects an ongoing process of negotiating identity, holding both the weight of inherited silence and the possibility of change.

Alia's story

Alia's story foregrounds rupture, resistance and emotional silencing within a second-generation British Pakistani context. Growing up in Bradford within a large Pakistani community, she described an early ambivalence towards her cultural identity, at times experiencing embarrassment and a desire to blend in. It was only upon entering predominantly white university spaces that she began to feel a sense of pride in being Pakistani. However, this shift was not straightforward and coexisted with internalised racism and an awareness of stereotypes positioning Pakistani women as oppressed, uneducated or lacking agency. These experiences appeared to shape how she navigated her identity across contexts, at times anticipating how she might be perceived by others.

Within her family, silence functioned as the dominant coping strategy, particularly in relation to distress and relational rupture. Significant experiences, including her mother's previous divorce, ongoing marital abuse and Alia's own adolescent suicide attempt, remained largely unspoken. Emotional expression was described as highly gendered, with men expressing distress through anger and confrontation, while women endured quietly or withdrew. Within this context, vulnerability was not openly legitimised and was often associated with weakness. Alia linked these patterns to feelings of relational distance, difficulty expressing affection and a sense of carrying unresolved emotional experiences.

She positioned herself as a cycle breaker, particularly in relation to gender roles, expectations around marriage and openness about mental health. While she continued to feel pressure to conform to cultural norms, she described actively resisting narratives that prioritise submissiveness, silence and endurance. Her account highlighted an ongoing negotiation between maintaining cultural connection and challenging aspects that felt restrictive or harmful.

Alia's work in community mental health and domestic abuse services played an important role in shaping her narrative. Through this, she described a strengthened connection to her community alongside the emotional demands of acting as a bridge between services and those she supports. This position appeared to carry both a sense of purpose and responsibility, as well as an awareness of the gaps within existing services. Drawing on both personal and professional experience, she emphasised the importance of culturally responsive approaches that recognise the role of family, stigma and trust in shaping help-seeking.

Alia framed her generation as undertaking psychological and emotional work that previous generations may not have had the space or language to engage in. Her story reflects a movement from silence and endurance towards resistance, self-definition and a gradual reclaiming of voice within both personal and cultural contexts.

Aanya's story

Aanya's story unfolds through generational comparison and a process of negotiated integration. Drawing on her family's migration from Sindh through East Africa to the UK, she positioned herself as second generation and comparatively less burdened than her parents. She framed first generation migration as marked by overt racism, economic sacrifice and pressures to assimilate, while describing her own generation as navigating more subtle forms of adaptation, including language loss, name changes and educational negotiation. These comparisons highlighted shifting experiences of belonging across generations, alongside tensions around what it means to be culturally authentic.

She presented herself as culturally balanced and pragmatic, describing an approach that neither rejects nor romanticises her heritage. Her narrative suggested an ongoing process of integrating aspects of her cultural identity into everyday life in a way that felt manageable and contextually appropriate. At times, she reflected on differences within South Asian communities, particularly between earlier migrant generations and more recent arrivals, pointing to variations in how culture is maintained, expressed and valued.

Following her mother's death, Aanya described a renewed engagement with cultural and religious practices, particularly through her children. This period appeared to mark a shift in how she related to her heritage, with greater intentionality in passing on cultural and religious values to the next generation. Her children became a key site through which cultural continuity was maintained and reworked.

Mental health emerged in her narrative through themes of privacy, stigma and concealment. She described how distress is often kept within the family and not openly discussed, linking this to wider cultural patterns of silence. Drawing on her own experience of illness, she reflected on how difficult conversations are often avoided, reinforcing the idea that emotional or physical struggles should be managed privately. Compared to other accounts, her narrative was less focused on emotional introspection and more oriented towards observation of generational and community patterns.

Her account centres on maintaining a sense of balance, holding onto cultural pride while integrating into British society in a way that feels sustainable. Rather than positioning herself at either end, she stays somewhere in the middle, adapting, negotiating and making sense of what to carry forward.

Hafsa's story

Hafsa described growing up between a traditional British Pakistani Muslim home structured by clear gender roles and a wider British environment in which she sought belonging. She positioned herself as living "in between," navigating different expectations across contexts while trying to maintain connection to both. Early experiences of restriction, particularly around reputation and female behaviour, shaped an ongoing tension between obedience and autonomy, alongside a sensitivity to how her actions might reflect on her family.

Rather than centring dramatic rupture, Hafsa framed generational trauma through more subtle and cumulative experiences. She described "small silences," emotional stoicism, pride and an underlying belief that vulnerability is a luxury that cannot easily be afforded. These patterns appeared to be carried across generations, shaping how emotions were understood and expressed within her family. She linked her experiences of anxiety in adulthood to these inherited pressures, particularly the expectation to be grateful, high achieving and undemanding. Feelings such as guilt and self-questioning seemed to emerge when prioritising her own needs, reflecting how deeply these messages had been internalised.

At the same time, Hafsa's narrative was not framed through rejection of her family or culture, but through a more compassionate and reflective stance. She acknowledged the protective intentions underlying these patterns, while also recognising their emotional impact. Therapy marked a significant turning point, allowing her to understand her distress as part of a broader family story rather than something located solely within herself. This shift appeared to create space for a different relationship with her emotions, where rest and vulnerability no longer needed to be justified in the same way.

Her narrative moves towards integration, holding faith, culture and autonomy together rather than positioning them in opposition. She described a desire to preserve the warmth, connection and sense of community within her culture, while loosening the hold of shame and silence for future generations. In doing so, she positioned herself as gently interrupting inherited patterns, not through rupture but through small, intentional shifts. Her account also highlighted the importance of culturally attuned support, particularly approaches that recognise the relational nature of decision making, the role of family and the ways in which emotional experiences are often expressed indirectly.

Aarushi's story

Aarushi's story foregrounds cultural literacy, generational positioning and active identity curation. Rooted in Gujarati and Maharashtrian heritage, she grew up in multicultural Leicester where Indian identity felt abundant rather than marginal. Within this context, cultural practices, language and community were normalised, contributing to a sense of ease and familiarity in relation to her identity rather than conflict or concealment.

She described herself as someone who interrogates rather than passively inherits culture, approaching her identity with curiosity and intention. This was reflected in her active engagement with family history, religious practices and cultural traditions. A key turning point occurred during wedding planning, when uncovering inaccuracies in her caste history prompted reflection on how narratives are transmitted, reshaped and at times distorted across generations. This moment appeared to deepen her awareness of the constructed nature of cultural knowledge and reinforced her position as someone who questions rather than accepts inherited accounts.

Aarushi positioned herself as a cycle-adjuster rather than a cycle-breaker, emphasising subtle shifts within existing family systems rather than outright rupture. This included encouraging therapy for her mother, recognising neurodivergence within her family and attempting to address intergenerational communication patterns. Her account suggested that while her family was open in some respects, there were limitations in emotional reflection and psychological language, which she has sought to expand through her own understanding.

Mental health was framed less in terms of explicit stigma or prohibition and more through the impact of high expectations, family dynamics and communication styles. She linked distress to patterns within the family, including pressure to achieve and difficulties in expressing or processing emotions, as well as emerging understandings of neurodivergence. Compared to other narratives, her account placed less emphasis on silence as absence and more on gaps in emotional literacy and reflection.

Her story situates British Indian identity within longer migration histories, acknowledging the role of settlement, racism and adaptation in shaping present day experiences. At the same time, she positioned her generation as more psychologically reflexive, drawing on therapy, language and increased awareness to make sense of these inherited patterns. Her account reflects an ongoing process of engaging with culture critically and intentionally, shaping what is carried forward while remaining grounded in a strong sense of cultural belonging.

Aman's story

Aman, a British Punjabi Sikh woman, anchored her identity in ancestral histories of Partition and the Jallianwala Bagh massacre, describing these not as distant events but as lived legacies carried across generations. Family storytelling was often fragmented and emotionally restrained, passing down accounts of survival, loss and endurance without space for emotional processing. Through this, she described inheriting a sense of vigilance alongside a model of quiet strength, where resilience was prioritised and vulnerability remained largely unspoken.

As a daughter, she internalised *izzat* and the expectation of being a good girl, shaping how she navigated relationships, behaviour and emotional expression. This involved carrying a degree of emotional labour while suppressing her own needs, alongside an awareness that her actions were tied to wider family reputation. University marked a period where these expectations became more visible, as tensions between British individualism and Punjabi Sikh values intensified. Within this, she described feeling positioned between worlds, able to move across them yet not fully at home in either.

Her professional pathway reflected these dynamics, with becoming a solicitor representing a form of culturally sanctioned success that was both respected and safe. This appeared to align with expectations while also limiting the extent to which she could explore alternative identities or directions. Across her narrative, there was a sense of carefully navigating what was acceptable, while holding an awareness of what remained unexpressed.

Over time, Aman described a shift in how she understood these inherited patterns. Rather than viewing silence and emotional restraint as purely restrictive, she began to reframe them as survival strategies that had developed within specific historical and cultural contexts. At the same time, she recognised the ongoing impact of these patterns, particularly in how they shaped emotional expression and wellbeing. This created space for a different understanding of strength, one that allowed for vulnerability alongside resilience.

Her narrative moves towards breaking intergenerational silence in a way that remains connected to her cultural and familial roots. She described a growing willingness to acknowledge and give language to emotional experiences that had previously been carried without expression. Alongside this, she emphasised the importance of mental health services that are able to recognise collective and historical dimensions of distress, including the role of trauma, honour and gendered expectations, rather than locating difficulties solely within the individual.

Imaan's story

Imaan's narrative was organised around rupture, multiplicity and the ongoing reconstruction of identity following familial and cultural dislocation. Identifying as Kenyan–Pakistani with a Punjabi background, she described growing up negotiating racialised expectations in predominantly white spaces alongside restrictive gendered norms within her family. Her account conveyed a constant negotiation of identity across contexts, often involving a degree of calculation in how she presented herself.

A central turning point in her story was her parents' divorce at age 17, experienced not only as a familial breakdown but as a form of cultural severance. She described her father as a key link to

extended family and community, meaning that leaving an emotionally abusive environment also resulted in losing access to wider kinship networks. This rupture was experienced as both relational and cultural, contributing to a sense of disconnection from parts of her identity and heritage.

Across her narrative, identity was described as repeatedly destabilised through experiences such as language loss, racialised schooling, body policing and silence around queerness. These experiences appeared to shape a sense of not fully belonging in any one space, alongside an awareness of the conditions under which acceptance was granted. At the same time, her story also foregrounded active processes of rebuilding. She described reclaiming aspects of her identity through creative expression, particularly dance, as well as through more intentional and selective engagement with cultural practices such as hospitality and adornment.

Imaan positioned herself as both inheritor and transformer of generational patterns. She drew on narratives of strength within her family, particularly her grandfather's support for women's education and her mother's process of reinvention following divorce, while also resisting aspects of patriarchal control and conditional belonging. Her account highlighted a tension between honouring these legacies and redefining them in ways that allowed for greater autonomy and authenticity.

Her narrative foregrounded the psychological cost of cultural rupture, describing distress as intertwined with grief, isolation and the loss of cultural home. This sense of loss extended beyond immediate family relationships to include language, community and continuity. She emphasised that for some South Asian women, mental health cannot be understood solely in relation to external experiences such as racism, but also through the impact of internal disconnection and estrangement from cultural belonging. Alongside this, she highlighted the importance of services recognising the complexity of these experiences, including family rupture, identity reconstruction and the emotional labour involved in rebuilding a sense of self outside traditional structures.

Jahin's story

Jahin's narrative was organised around intergenerational trauma, inherited silence and the embodied experience of heaviness as a Bangladeshi Muslim woman in Britain. She located her family

history within the violence of Partition (1947) and the Bangladesh Liberation War (1971), framing these events as ongoing psychological inheritances rather than distant history. Within her family, silence functioned as a deeply embedded survival strategy shaped by war, displacement and fear. She described growing up absorbing vigilance, emotional restraint and the belief that pain should be held internally rather than expressed.

Jahin's own experiences of racism, Islamophobia and hijab-based harassment were positioned as contemporary extensions of these historical legacies, creating a sense of continuity between past and present forms of marginalisation. This contributed to an ongoing awareness of being seen and monitored, alongside a need to navigate visibility carefully in public spaces. Faith played a complex role within her account, operating as both a source of comfort and a framework through which distress was managed, while at times limiting opportunities to openly process emotional pain.

Motherhood marked a significant turning point. Experiences of postnatal depression disrupted inherited patterns of emotional suppression and prompted a shift towards recognising and naming distress. Jahin described this as learning a new emotional language, moving from silence towards expression while remaining connected to her cultural and religious values. Distress was conceptualised as a form of heaviness, understood not only as an individual experience but as an accumulation of generational grief, gendered expectations and ongoing cultural pressures.

Jahin's account reflected a gradual shift towards integration, where inherited trauma was understood as part of a shared story rather than something to be carried solely as burden. She expressed a desire to retain cultural pride and connection while creating space for emotional openness, particularly for future generations. This included advocating for approaches to mental health support that recognise the role of history, faith and family context, and that prioritise listening, cultural understanding and the meanings behind how distress is expressed.

Manpreet's story

Manpreet, the daughter of Punjabi Sikh migrants in Leicester, situated her identity within layered histories of Partition, migration and survival, describing family stories as "invisible threads"

that commanded reverence but rarely invited emotional dialogue. Childhood was marked by her father's drinking and her mother's quiet endurance, creating what she termed a "chaotic and quiet" home. She positioned herself as the responsible daughter, internalising hypervigilance, restraint and the duty to uphold *izzat*.

Silence operated as both protection and constraint. Living between community scrutiny and British stereotyping, she described inhabiting "two worlds" while absorbing unspoken rules about strength and composure. Over time, her narrative shifted towards integration: retaining cultural resilience and spirituality while questioning the psychological cost of suppression. She reframed inherited silence as a survival strategy that had outlived its context and committed to greater emotional openness across generations.

Mithila's story

Mithila described negotiating Tamil identity, British belonging and gendered responsibility within a family shaped by displacement during the Sri Lankan civil war. As the eldest daughter, she carried a strong sense of responsibility tied to her parents' sacrifices and expectations of dignity, positioning herself as someone who needed to uphold family respectability. She recalled living "in translation," minimising visible expressions of her Tamil identity in predominantly white spaces while performing cultural propriety at home, where greater freedom was afforded to her brother. These early experiences shaped a pattern of self-monitoring and a sense of needing to adapt across contexts.

Gendered expectations were central to Mithila's account, with clear differences in what was permitted for sons and daughters. She described internalising ideals of being responsible, composed and high achieving, linking this to a deeper sense of needing to justify her parents' sacrifices. Emotional expression within the family was limited, with distress often contained privately and endurance positioned as a valued trait.

Forming Tamil peer connections later in life, alongside marrying a Punjabi partner, marked important turning points. These experiences initially disrupted established expectations but also opened up new possibilities for cultural integration and expansion. Marriage in particular required her

to actively navigate and reconcile different cultural systems, moving towards a more flexible and self-defined sense of identity.

Mithila linked her perfectionism, burnout and difficulty resting to inherited narratives of survival, sacrifice and emotional containment. She described these patterns as deeply embedded, shaping how she related to herself and others. Over time, she began to question the sustainability of constant endurance, recognising the need for a different way of being.

Mithila's account reflected a shift towards a more integrated position, where cultural identity could include both responsibility and self-compassion. She expressed a desire to model for her son a version of Tamil identity that allows for agency, rest and emotional openness rather than endurance alone. She also highlighted the importance of culturally sensitive support that recognises silence as a form of survival, and that creates space for South Asian women to move beyond expectations of constant strength.

Navneet's story

Navneet's narrative centred on layered displacement and what she later named inherited vigilance. As a British Punjabi Sikh woman with Ugandan-born parents and Partition-affected grandparents, she described her identity as multi-generational and shaped by histories of migration, instability and expulsion anxieties. She positioned herself as existing across multiple cultural and historical layers, often feeling a sense of partial belonging rather than full rootedness in any one place. Across generations, trauma was communicated factually but without emotional language, leaving grief present yet largely unspoken.

Within this context, Navneet positioned herself as the high-achieving "good daughter," internalising values of perseverance, responsibility and self-containment. Achievement became closely tied to worth, shaped by a sense of carrying forward her family's sacrifices. Over time, this survival orientation became embodied as a persistent state of vigilance, which she later recognised as anxiety during medical training. She described this as a constant underlying alertness, shaped not only by her own experiences but by patterns passed down across generations.

The birth of her son with Down's syndrome marked a significant rupture in her narrative. This disrupted inherited ideals of perfection and exposed cultural silences around disability, bringing experiences of shame, blame and isolation into sharper focus. She described how this moment challenged deeply held assumptions about success, worth and what it means to live a "good" life within her cultural context.

Through this disruption, Navneet began to reconsider the meanings attached to resilience. Rather than equating strength with endurance and silence, she moved towards understanding resilience as involving honesty, emotional expression and the ability to acknowledge difficulty. This shift opened up space to reflect on the limitations of inherited survival strategies and their impact on wellbeing.

Navneet's account saw a movement towards intergenerational repair, where cultural pride and respect for her family's history could coexist with a rejection of silence as the measure of strength. She expressed a desire to create a different legacy for her children, one in which emotional expression is permitted and supported. She also highlighted the importance of mental health services recognising that silence does not necessarily indicate coping, and that distress for South Asian women is often embedded within layered histories of migration, trauma and cultural expectation.

Shivani's story

Shivani traced her experience through inherited urgency and pressure to prove worth as the daughter of Gujarati migrants. Raised in North London, she described a hybrid identity, translating between a culturally rich Gujarati home and predominantly white school environments. She positioned herself as someone constantly navigating expectations across contexts, learning early on how to adapt and perform different versions of herself. Central to her account was the "good girl" script of obedience, academic success and marriageability, which shaped her relational choices and reinforced a strong link between approval and safety.

Shivani reframed migration trauma as an ongoing survival mindset rooted in fear of slipping backwards, experienced not as a single event but as a persistent sense of urgency. This was embodied

in her drive for productivity, difficulty resting and underlying guilt when prioritising herself. Within her family, mental health was often positioned as secondary to survival, with emotional suppression normalised and distress minimised. She described how this contributed to an internalised pressure to keep going, even at personal cost.

Burnout marked a significant turning point in her narrative, disrupting patterns of constant striving and prompting her to question inherited beliefs around worth and productivity. This period led to greater awareness of how deeply these expectations were embedded, alongside a growing intention to unlearn them. She began to reconsider rest and self-care not as indulgent or culturally incongruent, but as necessary and legitimate.

Shivani's shifted towards redefining what strength and success look like for her. She described a desire to move away from performance-based worth and towards a more grounded sense of self that allows for rest, autonomy and emotional expression. This extended into her vision for the future, where she imagined parenting grounded in trust rather than fear, and creating space for daughters who do not need to earn love through perfection. Her reflections also highlighted how generational trauma can manifest not only through silence but through relentless striving, comparison and the moralisation of productivity.

Nimisha's story

Nimisha's story centres on multiplicity within a layered Gujarati, Burmese, Muslim and British identity. She described moving fluidly across contexts, negotiating different versions of herself as daughter, trainee psychologist, partner and community member. She positioned herself as someone constantly adapting to her surroundings, with identity shifting depending on who she was with and what was expected of her. Early experiences of religious othering shaped her awareness of difference, contributing to a period of distancing from her Asian identity before gradually reclaiming it through food, fashion and intergenerational connection.

Her account foregrounds the pressures of female respectability and the ongoing emotional labour involved in avoiding disappointment. She described a persistent awareness of how her actions

might be perceived by others, with shame operating as a powerful regulatory force within both family and community contexts. This contributed to a sense of cognitive and emotional load, where decisions were rarely made in isolation but in relation to wider expectations and potential consequences.

A key turning point emerged through the discovery of a family history of infidelity in a previous generation. This allowed Nimisha to reframe patterns of anger, anxiety and emotional intensity among women in her family as historically rooted rather than individual failings. This shift created space for greater compassion and understanding, while also highlighting how distress can be transmitted across generations in ways that are not openly acknowledged.

Nimisha positioned herself as attempting to interrupt these inherited patterns while maintaining a connection to her cultural and community values. She described a careful balancing act between preserving collective support and challenging norms that no longer felt helpful. Her reflections also extended to mental health support, where she critiqued individualistic models that overlook communal identity, relational expectations and the role of shame.

Nimisha's story reflected an ongoing process of negotiation, where identity, belonging and wellbeing are shaped across multiple contexts rather than fixed in any one space. She emphasised the importance of culturally responsive approaches that recognise this complexity and create space for curiosity, flexibility and alternative ways of understanding distress.

Sandhya's story

Sandhya's story explored invisibility, gendered endurance and conscious reclamation. Identifying as British Nepalese Hindu, she described herself as "the other within the other," positioning Nepalese culture as under-recognised within broader South Asian discourse. Family migration narratives centred on survival and sacrifice but were emotionally muted, shaping the belief that strength meant silence. She internalised responsibility and containment, absorbing gendered expectations that later shaped her first marriage, which became emotionally and physically abusive.

Divorce represented both relational rupture and communal shame, carrying the weight of perceived failure beyond the individual and into the family and wider community. Sandhya described

her silence within the marriage not as unawareness but as culturally patterned endurance, where leaving felt both unthinkable and disloyal. Motherhood marked a turning point, prompting her to reconsider these inherited meanings and prioritise emotional safety for her child.

Remarrying a white British man introduced a further layer of complexity, creating distance from parts of her community and raising questions about belonging and cultural loyalty. She described this as both loss and expansion, navigating grief alongside a growing sense of autonomy and self-definition.

Sandhya described moving towards greater authenticity and emotional safety, where strength could include vulnerability and boundary-setting rather than silent endurance. She expressed a desire to hold on to cultural connection while challenging aspects that contributed to harm. Her reflections also highlighted the importance of culturally attuned support that recognises silence as a strategy shaped by context, and that understands leaving harmful relationships as involving wider communal loss as well as personal change.

Serina's story

Serina's story explored assimilation, conditional belonging and the gradual thinning of cultural connection within a Kenyan/Ugandan Gujarati British context. Raised predominantly in white spaces in Essex, she described her South Asian identity as present but peripheral, located in family rituals and older generations rather than in everyday life. The death of her grandparents marked a significant rupture, intensifying feelings of language loss and cultural disconnection, and highlighting the fragility of her connection to heritage.

Adolescence involved efforts to fit in, including distancing herself from her heritage and at times joking about her "brownness," which she later understood as shaped by internalised racism. She described an ongoing tension between assimilation and grief, particularly as she entered adulthood and began to reflect more consciously on identity, belonging and cultural continuity. Intergenerational narratives of endurance framed distress as something to tolerate, contributing to the minimisation of her own emotional experiences.

Academic achievement became a key site of conditional approval, with worth closely tied to performance within the family. She also described gendered asymmetry, with greater freedom afforded to her brother and expectations of emotional responsibility placed on women. Emotional expression remained constrained across generations, with distress often individualised rather than understood within wider cultural and relational contexts.

Serina's account foregrounds the quiet grief of assimilation without dramatic rupture, where loss is gradual and often unspoken. She highlighted the importance of recognising how identity, belonging and family expectations intersect in shaping mental health, and the need for services to move beyond surface-level understandings of culture to engage with these more subtle experiences of disconnection.

Priya's story

Priya positions herself as a British Gujarati woman living between cultural endurance and British individualism. As the eldest daughter, she describes inheriting a legacy of sacrifice in which strength meant suppressing vulnerability and prioritising family. This model of quiet martyrdom shaped both her relational patterns and professional identity, where emotional restraint and high performance were reinforced and closely tied to a sense of worth, responsibility and approval.

She described how these expectations were underpinned by ideas of "saving face" and not burdening others, making it difficult to acknowledge distress openly or seek support. Emotional needs were often minimised, both internally and within her family context where coping was framed as getting on with things. Over time, this endurance became embodied, culminating in anxiety and a workplace panic attack that disrupted her internalised narrative of self-sufficiency and control and marked a point where these inherited ways of coping no longer felt sustainable.

Therapy, boundary setting and selective openness with her partner and mother marked an important shift, allowing her to begin redefining strength as emotional acknowledgement rather than silent coping. She described learning to tolerate vulnerability and recognise her own needs without immediately framing them as selfish or excessive. Rather than rejecting her cultural values, Priya

worked to integrate them in more flexible ways, holding onto resilience and loyalty while creating space for emotional expression and support.

Although guilt and cultural pressure remain present, she reflected on change as gradual and relational, with small shifts in communication and understanding beginning to emerge within her family. Her account highlights the complexity of navigating loyalty and change simultaneously, particularly as an eldest daughter. Priya emphasised the importance of culturally informed services that recognise intergenerational trauma, the significance of saving face and the relational context of distress and that support South Asian women in making sense of their experiences without positioning culture as inherently problematic.

Samira's story

Samira's story is organised around performance, silence and the tension between endurance and selfhood. As a British-born Sylheti Bangladeshi Muslim woman, she described growing up in a context where humility, hard work and emotional restraint were moral imperatives. Her father's message that she must work harder to be accepted in British society shaped her understanding of worth, positioning success as something that had to be earned through constant effort and self-discipline. She described internalising this as the "good daughter" and high-achieving medical professional, equating endurance with strength and rarely permitting vulnerability or rest.

Cultural expectations around marriage, humility and gendered sacrifice intersected with racialised experiences of constant evaluation, contributing to a heightened self-awareness and sense of being continually "read" by others. Silence functioned as both protection and constraint, where emotions were framed as a luxury and distress was suppressed to avoid appearing weak, ungrateful or inadequate. These patterns were reinforced within both family and professional contexts, particularly in medicine, where endurance, self-sacrifice and emotional containment were normalised and mirrored the values she had grown up with.

She described how this led to a persistent pressure to maintain composure and perform competence, even when struggling internally, with little space to acknowledge emotional difficulty.

Over time, she began to question these inherited expectations, recognising the psychological cost of constant performance and the limitations of a model of strength rooted solely in endurance.

As she reflected on her experiences, Samira described beginning to relate to herself differently, becoming more aware of her emotional limits and the impact of sustained pressure. Rather than continuing to push through, she spoke about tentatively allowing herself to pause, to notice her internal experiences and to consider alternative ways of responding that did not rely on constant self-sacrifice.

Samira described a shift towards redefining strength as vulnerability rather than perfection, moving away from survival through performance and towards a more integrated sense of self. She articulated a desire for a different future, one grounded in emotional permission, rest and the possibility of thriving rather than enduring, while still maintaining a connection to her cultural values in ways that felt chosen rather than imposed.

Appendix I: Example interview transcript

I: Yeah, started recording. OK, cool. So I guess I just wanted to ask you your age and what type of South Asian you identified with?

P: So I'm 27 and I identify as a Pakistani.

I: OK, thanks. What do you do for work or are you working at the moment?

P: I'm a community engagement worker.

I: OK, that sounds interesting, how is that?

P: It's really good. It's so interesting. I work with the South Asian community, so my own community, so I guess it's very rewarding. But also I see like the barriers and some challenges with my own community as well. And sometimes it's quite hard to step outside that.

I: Yeah, that's so interesting. I'd love to hear more about your role if that's ok?

P: So I'm working on a new project which is developing a mental health service for those that have severe mental illnesses, so it's trying to engage them into the service and sort of raise awareness on like severe mental illnesses. And I'm employed by a domestic abuse organisation so there's that as well; the domestic abuse aspect and the mental health, so it's, yeah, there are challenges.

I: Yeah. Wow. That is so interesting. Yeah. Oh, I'm sure I'll end up picking your brains about that

another time. OK, could you tell me a little bit kind of about your family background and how your parents came to live in the UK?

P: Yes. So my dad came to the UK when he was around two and my mum was born in the UK. So my dad found it quite hard to adjust to the UK culture and like the Western culture. And he still does, to be honest, I speak to my dad in English, but he speaks to us in Urdu, Punjabi and my mum just speaks to us in English and she was brought up here. So she's very familiar with like the Western culture. So sometimes there is a bit of a clash with them both like in terms of understandings and then also like the way we were brought up as well, their different views.

I: Yeah. I guess I'm wondering how that showed up for you, the different views growing up?

P: I think for me, I think for me, I'm at a point where I'm the one that's sort of breaking cycles, things that have happened in the past, that like I don't sort of agree with. So say for example, I was the first in my family from the girls to go to university, so my mum didn't go. It was their own choice, but also it wasn't really something that they really spoke about. It wasn't a priority back then. Anyway, my grandma never went. So it's kind of paving the way for my siblings as well because I've got a younger sister. Even in terms of working like my mum used to work but she stopped when she had kids, so we never really saw her working growing up, so I didn't really have a role model of, you know, what's a working woman like. It's always men around me that are working and even like I didn't have a big sister. I'm sort of the one that's paving the way for my siblings and like I guess generations to come as well on like what the standard is. Even within our community, there's so many things like the way like my parents sometimes think about for example like marriage or how a girl should be like the one cleaning up and cooking around the house and I'm like, no, it should be the boys as well. Like so there's a lot of cultural things, cultural norms that I'm sort of challenging. And I think for me that's what being a second generation like Pakistani woman means. It's quite a scary thing as well because

you you don't really have a road map I think and like doing things as I go along. But I also find it empowering as well and I've have that because my parents, like my mum, never had that.

I: Yeah, that's amazing. But yeah, so courageous because it is so scary, especially when you've got no one else to mirror what that should look like and be the first to break that cycle. I'm sure it comes with some backlash as well. I can hear you share that you're trying to break cycles, how does that sit with your connection to your culture? Do you still feel connected to your culture?

P: Oh, yeah definitely it comes with backlash. And in terms of my culture, I do think I would say when I was at university I probably felt most connected, because growing up, I never really felt connected to my culture and I think because the city I live in, there's a lot of South Asians around so I kind of just took it for granted like food, the clothes that I wear, I'd never really appreciated it. In fact, I was actually embarrassed. But when I was at university and I was surrounded by a lot of white people, my course was predominantly white. My friends were all white. That was when I sort of felt like I didn't want to fit in with them. I didn't want to have to change myself. And when I actually started coming in and like wearing my own like cultural clothing, or even just talking about my culture and the food like around my white friends. That was for me very, that was a very proud moment because my friends actually took an interest. I didn't really feel ashamed or embarrassed to share my food with them or talking about what we do on Eid and like how we connect over food and how food is such a big thing in our culture. I think for me at university, that was probably this time when I actually felt most proud to be like Pakistani because it was something that made me different. And I think because I was born and brought up in a city where I'm surrounded by Pakistani and like people that are from the South Asian culture, I never really saw how valuable that was when I was until I was placed in a situation where I wasn't. I grew up in [redacted], so obviously there's a lot of people from the South Asian community there.

I: And it's interesting because when you were saying that when you're around other kind of Pakistani people, you don't feel like you didn't really appreciate your culture until you kind of left. And that's interesting because a lot of people when they're surrounded by white people might feel inclined to try and fit in with them. And I guess dim their culture a bit, but it sounds like you kind of did the complete opposite. Has there ever been a time where you felt conflicted between your identity as like a Pakistani young woman versus kind of like a British woman?

P: I think once I left university it was that thing of what do I want. So for me wanting to work, wanting to focus on my career and obviously there's of the cultural pressures of you know, you should get married now. You should start settling down. And for me it was like should I? Like should I be doing that? Should I not like work, like all my life I've been working towards this moment where I want to start my career and like I want to do things for me, whereas I'd always sort of feel conflicted that to I always sort of felt conflicted to sort of conform and feel like, OK, maybe I should settle down now. I should maybe conform to my role as a Pakistani woman and, you know, do what everyone else my age is doing. What my, my, like, other family members have done. Like I should maybe do that. But for me, I've just sort of always pushed against that and kind of again, it's that thing of breaking the cycle. I don't want to repeat that. I want to do it in a time where I feel comfortable, not because I'm being pressured to. And I think as well, sometimes at university, when I was with my friends, sometimes it would be difficult to sort of stay true to my roots, especially when like we'd go out and there'd be quite a big group of us and I was surrounded by a lot of white people. It sometimes feel like I don't want to be the odd one out, even though at times it was empowering to be the one that was you know different, but I think sometimes, sometimes, I think I would get like the ideas of, like racist remarks or things that people think about me in my head and I think, oh, that's what they're thinking about me. I don't want to be labelled as like certain things.

And I think sometimes that would make me feel like, oh, should I hold back a little bit and think for

me that was a little bit of a conflict because I sort of internalised what other people I would have thought.

I: So there would be times you would internalise how you thought others saw you? Have you ever had, like, experiences where people have misunderstood or kind of challenged your identity or kind of yourself as a Pakistani woman?

P: Yeah. I think growing up because I wore the hijab quite early, I wore it when I was in year seven. So around 12 or 13 years old, and people sort of misunderstood me putting the hijab and obviously I know this isn't like a cultural thing, that this is more of a religious thing why I wore it.

People sort of assumed that it's because I was being oppressed, or that my, you know, my family were oppressing me. And they sort of misunderstood that in the sense that, you know, it wasn't my choice. I think as well, they also sort of labelled me as like, you know, she's just she's just a ‘paki’ like she's just got her shawl on her head like they didn't really understand the real reason behind that. And they sort of mix the culture and the religion together.

I: It’s like people stick to their own narratives without the curiosity and often culture and religion does get merged into one. Do you think your experiences of your own cultural identity on a daily basis, do you think that they impact you positively or negatively?

P: I say my job sort of biases me with that question because I work with the Community and in my role like I'm sort of promoting my culture, like speaking to my community and sort of breaking like myths and norms around things that go on in our culture, and with that, it's like empowering the community. So I think for me, like my job sort of really influences that, but I feel like if I didn't go

into a role like this, I probably would just shy away from the culture again just because I don't, I don't, I don't actually know why, I think because I just don't have much of a strong link at home with it because obviously my upbringing has mainly been more westernised than it has been Pakistani and I think for me it's about when I went to university and sort of left, that's when I sort of started tapping into my roots and started understanding more about who I am as a Pakistani woman, what the history behind, you know, like the Pakistan, India, like what the divide was like that sort of stuff sort of connected me to who I am. And then also the language as well. And then going into this job was just sort of reinforced all of that.

I: Yeah, sounds like your job really helps. You kind of feel connected to your identity, which is so great because, yeah, a lot of people kind of have to choose between their identities when they're at work or when they're out of the house. So yeah, it's great that work gives you a space to do that.

P: Yeah, I think as well, like for me, I don't have many much family here and especially growing up it was literally just my immediate family. So I didn't really connect with other South Asian people in Bradford with it despite being such a big like South Asian community in terms of like having close connections. So I think this role as well like it, it gives me that to be ability to connect with people that I can share that understanding with because it has such a big impact on who you are as a person.

I: Yeah, yeah, definitely. Aside from the wider Asian community, how do you think, the wider British society views South Asian, Pakistani women, and how do you think that affects you?

P: Umm. I think for me, with my experiences, it's always been the thing of like these women are covered or you know when you wear your South Asian clothing, they just seem to think that you're oppressed or that you don't have much freedom or like you're, you're not educated like a lot of times, I just I don’t know. But even when I'm out in the supermarket and I'm sort of at the till and I'll see, like, a white cashier treat someone that is a white person, totally different to someone that is like an elderly

South Asian woman who sort of can't speak the language as in her own cultural clothing, very differently to the point it's kind of like they treat them as if they're a child, like they don't know anything. Like they're dumb and it's kind of that perception of these women that they don't, they're just like, I don't know, uneducated or again, it's that thing of oppression. I feel like there's this very big misconception of like Pakistani women are not allowed out of the house or that sort of stuff.

I: And do you feel like ever pressure to conform, I know we spoke about kind of getting married and that sounds like quite a big narrative in the South Asian community, in the Pakistani community. But do you ever feel the pressure to conform to certain like cultural norms or expectations in either Pakistani or British communities?

P: I think sometimes there's that norm in our community that we should respect elders and, you know, elders deserve respect regardless. And you know, you should be quiet and just let things slide if we don't agree with things you shouldn't really challenge the narrative because if you do, then you know you're seen as like the black sheep. Or you know don't, don't be so disrespectful if you in that sort of sense. I think sometimes I feel like I have to conform to that, even if I find something is not aligning with my beliefs. For example, in our community, being a divorced woman is such a taboo and I am employed by a domestic abuse support organisation. So sometimes when I hear narratives in my own family or within the community where they talk about divorced women in like such a horrible manner or this say things like ‘you know she can't get married again’ if someone's divorced and ‘oh look she's got married again’, they'll talk about her. And I'm just like, like, that's when I'd want to challenge that. But sometimes I feel like because I don't want to be disrespectful. I don't want to answer someone back etcetera. Like I feel like I have to conform to that respect your eldest thing, but also on the flip side, I do challenge those norms within the community that that talk around ‘a woman should be a certain way’.

I: It’s such a hard balance to get isn’t it. I guess thinking back to kind of when you were younger, how do you think your cultural identity has changed over time?

P: When I was younger, I wasn't really aware of like other cultures, it was because I was all always surrounded by like my mum and dad and my siblings, who would sort of wear the same clothing like we'd all wear like South Asian clothing. It was more when I was going into like secondary school when I had more of an awareness of all people wear western clothing. I want to wear that too. I don't want to be the odd one out. I feel embarrassed. I think when I was younger, when I was probably like under five, I would speak the language. But as I was growing up, I sort of lost that and I thought it'd be awkward if I spoke like Urdu Punjabi with my friends, but now that I'm an adult, I sort of miss that. Like I, I sort of regret not knowing it because my Urdu Punjabi is so broken now and I actually feel embarrassed being in my community not knowing how to speak it. But when I was younger, that was the last thing I wanted to do. But again, I feel like that was because I, I conformed to just the norms of the community. I didn't want to be out and about speaking Urdu or Punjab because I didn't want people to think, oh, what like you know? What's she going on about sort of thing like? I don't want them to judge me.

I: Yeah, yeah, it's interesting, isn't it how when you're older, you start to realise that actually, I wish I had done those things. I wish I had not worried so much because now I want those things, especially language. I think it's a big thing and it's a big way for us to feel connected within the community.

P: It's just sometimes at work when I'll be speaking to someone that's a South Asian woman or someone in the community, I'll have to use an interpreter. And I feel so embarrassed. Like it's literally my own community, like someone that is Pakistani and I can't communicate.

I: Are there parts of your Pakistani culture that you feel are strengths but also do you feel like you might need to hide?

P: So the, the strengths of our community is that it's very well, well knit, like everyone's very closely connected. For example, in Bradford, you can come in and you'll be treated like family by anyone because I guess you're all from the same community. Like everyone's very welcoming and they're very caring as well.

I don't know where in my community like they will take you in as their own. I think on the flip side of that, the things that I struggle with is the way women are treated.

And sort of the, the outlook men have on women where they feel like they treat women as their property, or I'm not saying this is every man, but I think there's this cultural thing of women should just be at home and they should just be like house, like housewives, or they should just like they should take that care of the house and the children and men should provide. And if you go against that, you're seen as like the black sheep or you know, you're seen as the one that's quite 'chalaak' or like quite evil, like cunning. And like the whole narrative of how women are always the problem as well. Like, say, if there's a breakdown in a relationship, the man will never be questioned. It'll always be the woman. Like, what did she do to break this down? Or is there's always this target on women and it's not only men like it'll be women within the community who talk about women in such a horrible way because it's that cultural norm. I think for me, I really struggle with that. And, and I also struggle with sort of, again, I'm going back to my job, but because I feel like for me personally, like mental health has been a very big thing for me. A very, very big challenge for me throughout my life. And I've always seen, like, for women, we tend to we can't speak about it. And generally like, if you talk about emotions, it's seen as I guess, OK, like you can talk about it, but for men on the flip side, like especially in our community, if a man talks about his mental health, it's kind of seen like, he's not a man. You just need to get on with it. And I feel like culture supports that narrative. It supports that narrative because they're seen as breadwinners, and it's kind of that thing of, well, you're just you're

just very weak. You shouldn't speak about your emotions. And I have siblings as well, younger siblings, and I've got a younger brother who's very he's very soft. He's very caring and he's very in touch with his emotions, but he gets picked on at school because of it because he's not like the other boys. And he's such a sweetheart. Like he cares about people's feelings, but for him he feels like he has to hide that now because all his South Asian friends are like you're not a man. And again, it's that narrative like even children are now saying. It's feeding into like how children are seeing things, not even like older men. And yes, so for me I struggle with that, that that thing of the expectations that role of the expectations of what a man should be and what a woman should be in their roles.

I: Yeah, I completely understand that it's very rigid. I'd love to hear about some stories that you've heard from like your parents or grandparents and their experiences growing up coming to the UK and how those experiences might have impacted you as well.

P: So with my grandparents, they came to the UK when they were very young, probably around 16 or 17 and they struggled a lot when they came, so there were barely any Pakistani people when they came to Bradford. Well, they've actually moved to London first. And they stayed there for a bit and there was barely anyone, and they experienced a lot of racism. There was barely any halal meat, so they struggled with food. I think there was probably 1 fish and chip shop that they used to love and then they found out that it was fried in like beef drippings and it wasn't halal. So for ages they really struggled to find like things that they could eat. Even when they would go out in the supermarket, my grandma would always wear her South Asian clothes like shalwar kameez that she would sew herself, and she was so proud of it. But she'd get weird stares. Or, like, she just was the odd one out and she couldn't speak the language either. And then when she did eventually learn English, it was with an accent so she would be treated differently, especially when she'd go to the shops like people are trying. They're trying like overcharge her or she wasn't sort of treated fairly like she wanted to return something with the shop and they wouldn't really understand what she's saying. And even to this day like she still gets that when she goes to the shops now as an elderly woman. With my granddad, he

was a lot more bubbly, so when he came because he mingled a lot with the white people and like he was quite like chatty and talked with them, he he was fine. Even like if they laughed at him, he would turn into a joke. So I feel like he adapted a little bit better, but he also owned his culture because my granddad and grand grandma and granddad had their own little food caravan and they would sell food like Pakistani food and they were probably the only ones there that would sell South Asian foods. They were a big hit. And my granddad used to speak to a lot of the white people there and talking about, like the food that they sell was like samosas, chaat and kebabs, all of that sort of stuff. But my grandma did struggle, and she was one that was usually making the food. And then my granddad would be the one that would sort of conversate with people. With my mum, I'd say she'd had more of a white upbringing, to be honest, because she wasn't very in touch with her culture and she was obviously brought up by my grandparents. But her friendship circle growing up was very white. She didn't have any South Asian friends and like she was very in touch with the Western culture, although she could speak her own language, she just didn't choose to go down that route. And I guess as well it was also because of the area they were living at the time. There weren't many South Asian people growing up but saying that, I think outside of her like social life at home, she was very in touch with her culture in the sense that she would wear her South Asian clothing and she would speak the language with my grandparents and like, share the culture. And she still has that in her compared to like our generation, like my siblings, I'm probably like the last sibling out of my siblings that actually knows the language that can understand it. At least I can have a broken conversation with someone, but my younger siblings cannot. So I feel like because of my mum's upbringing, because she didn't really, she wasn't as in touch with her culture, it kind of influenced us as well because we kind of just went off that. So yeah.

I: Yeah, that's it's really interesting, I guess how much the culture's in your home, that influences how much you take from it as well. Yeah. And the things in your family that, like people don't really talk about, how do you think that not talking about those things impacted you and the family?

P: Yeah. So my mum, she's divorced. She had a marriage before this and I only really found out, like, six years ago. And that was never spoken about. And that's had a huge impact on everyone's relationships because it's kind of like this elephant in the room, like something that no one can talk about, but if you know, you know. But like, we don't know why it's happened. We don't know what the story was like. And because of that is, is impacting my relationship with her because it is kind of like you've not told us certain things about you, and I think the relationship that I've now got with my dad, so her next husband, her next marriage, is not a very healthy one. And the relationship with my dad, is a quite an abusive I'd say relationship in the way that she's being trapped. But she feels like she can't leave because culturally, if she gets divorced again, it's kind of like looked down upon and that's impacted her relationship with her children because we're all like, well, why did you put your children through this? Why did you put yourself through this now that your children are older? And like we never understood. But again, it was never spoken about like these things. We just watched it growing up. It was, there were never conversations had around this because if you did, you were seen as disrespectful. You were seen as you know, you're a child, you know. You shouldn't really question the adults and their decisions, and again, like going back to her first marriage, even to this day like nobody knows why. And I think as well like being a girl. And obviously, if I do think about marriage, I'd want to know like, what did you learn from yours? Like, that's something but that’s the thing not talked about. So instead of going to my family, I'd go to my friends about that sort of thing. So sometimes for me, it's difficult because I think like I see my friends have that relationship with their parents and their mums and it's kind of like it's something that I've missed out on. I think for me sometimes I hold resentment because of that.

I: Yeah. Yeah, because there's that lack of openness and like transparency, yeah.

P: And I think, well, it's, it's not entirely my mum's fault because I know, like, my grandma's marriage wasn't the best either, but she just stuck through it and it wasn't, it wasn't until my granddad, like,

passed away that people found out that, you know, things weren't great. So she endured all of that, and it's kind of like that generational thing of I'll just put up with it, you know, and you did it, but now we've got to the point where I'm now in that I'm that generation, I'm like I don't think so, this doesn't sound right. And I think for me it's kind of put me off the idea of marriage, just seeing all of these things. It's like that doesn't sound like a bit of me. Like I don't want to go through that even though I know full well that's. I've got a better understanding, but I think it's just kind of this traumatised me in a way.

I: Yeah, yeah, of course. Like the women in your life, their relationship with marriage and their experiences in marriage haven't been positive or fulfilling for them. And you've actually just seen women have to put up with it really. You spoke about kind of like how women have to kind of just get on with it, do you feel like there are ways of like coping or reacting or like expressing emotions that seem to repeat across generations?

P: I think it's, I think one of the ways is silent treatment, not silent treatment, but silent treatment as a way of sort of reacting to situations and not actually speaking about and then not speaking to the person as well, but also just silence in a sense as well because say, for example, if something does go on, it's kind of the way things go. It's kind of like it hasn't happened. So things are just brushed under the carpet and everything's you know, they just act like everything's normal. I think that's a pattern that I've seen repeat quite a lot. Like if something is like a major argument that's happened in the house. And a normal functional family would sit down and talk about it, or just address the situation. But I feel like especially my family, it's kind of just a thing of, OK, it happened. What's for dinner? Like, it's not even addressed. I think as well, anger is a way of coping. If someone's upset, it's not a matter of we talk about it, it's just you, shout like there's just shouting so much shouting and sometimes it's there's no need for it. And I think as well, like for me from like a male side of things, it's always been like shouting and like seeing it from the male's side in my family that I've sort of the way there was like shouting and like, slamming, hitting things, but never speaking about it. Like I

don't think. That words are just not a thing. And then from the like from looking at the women in my family, it's always been silence. So again, there's never, like open communication. So yeah, anger. Anger, and I guess sadness, but only if you could see the reason why you were crying. So say for example, if I fell down and I was actually injured. But if I was crying because I was sad that I didn't feel like, you know, my parents loved me, it'd be like, grow up. You know, you're overreacting like a thing that you can't see. If I cried about my mental health. That was something like, what are you talking about? Like, what is your mental health? That was not a thing, that wasn't even a possibility to even cry. And I thought it wasn't a thing that you could cry about. It was always that thing of, you know, you need to be tough. And I feel like on the flip side of that, feelings of like, love or affection, they were all it's kind of felt like it was a taboo. Like, you couldn't really, you couldn't really feel those things, not even in, like, a romantic way. But even towards siblings, but like I think it feel like it's had an effect on the way I personally am like, expressing, expressing affection to people like I can't hug people because I find it weird because I was never exposed that growing up.

I: Do you feel as though affection is, is one of those things that doesn't really happen in south Asian communities?

P: No. And especially like for myself, seeing it between parents. That was, I don't even think I've seen my parents hold hands. Never mind, like, hug each other. So, you know, in a relationship, I'm like, what's going on even between friends.

I: Yeah, yeah. I hear that. And are there topics kind of within your family that are too, like, painful to speak about in your family or like aren't spoken about? I know obviously we spoke about kind of divorce, but there are other kind of topics that are just not spoken about?

P: I wouldn't say painful. I'd say very much taboo, but like pregnancy, like that, word's not even said.

It's always like that person's ill. That's the way about it. I'd also say mental health as well, and so I couple years back now, I actually like attempted suicide, and that was never spoken about afterwards. And that was all that was just something, something that was very forbidden, like Islamically as well. And it was seen as shameful. So that's something that's. Yeah. Not really even spoken about the way I was after that, like, my recovery that was never spoken about it because it was very uncomfortable because they didn't understand it. And even I think now like just talking about mental health openly just saying, like, today's not a good mental health today. It's not a thing, not a thing at all. I can do that with my friends. Like, that is a norm for me. But I think the impact of that is that I just don't speak, I just don't have a, a good relationship with my parents because of that, because I can't be myself.

I: Thanks for sharing that 'cause you didn't have to share that. So I do appreciate that and your bravery to share that

P: It's OK, it's quite it's one of those things that when I say I'm like, did I, I'm just sort of like trauma, dump there. But for me, I think because it's so norm, like it's such a norm to me. It's just a part of who I am. I just, I'm not really fussed. But I shut myself off from it a bit cause I wasn’t allowed to talk about it.

I: Yeah, it's, it's it's a lot that you can't even kind of speak about it after. Did you ever kind of get support for your mental health?

P: Yeah. So I went through the NHS like talking therapies at the time it was I went through CAMHS. So I did get the support. It wasn't the best in terms of like being culturally responsive. They didn't understand how things were. Hence why I've landed myself in the job that I am now, because I've been through that. So it's I've got the understanding of what not to do basically.

I: How was it kind of when you were getting support like was it, was it spoken about like if you had appointments and stuff or like, how did the family adjust to that?

P: At first it was kind of the thing of why does she need to go to these appointments at the at the time was therapy. Why does she need to go there like they didn't understand? But I think the way I said it was, I think I said something like the doctors said I have to go, otherwise I'll be taken into care. Something like I had to say something really extreme for them to say. OK, like she needs to go and then they would take me, but they've they never asked me, like, how was it? What do you talk about? Like, I don't think they understood what it was. Not that they tried and I didn't have the words to explain at the time what it was, because I don't think I even understood what I was going through. I just knew that I was going through something. I didn't have the language to explain it to people that didn't understand.

I: It sounds like you almost had to give them a bit of an ultimatum or like you kind of had to give them an excuse as to why you had to go, is that right?

P: Yeah. And I think as well within the South Asian community generally like social services that the people that you need to stay away from because they think that they're going to take your kids away when that's the last thing they want to do. That is the last thing they want to do. But for me, I was like, OK, that's what I need to say to them.

I: Yeah, because it's a thing that I guess people are the most scared of. Yeah. Yeah. I guess hearing the stories of kind of the women in your family, do you think there's any similarities between your experiences and theirs?

P: I think there are lots of similarities, but I think the way I've sort of dealt with them is different in the sense of like I still feel the the expectations of a woman like what I should be doing. I still sometimes feel like I'm being looked down upon because I'm like a woman and I'm lesser than, but for me, I sort of push past that and I think I have more freedom to express myself and like be more independent, whereas I think the women in my family didn't have that, didn't have an option. It was you're in survival mode, whereas I feel like I'm sort of out of that. I have that I have the capacity to be able to think beyond I think for myself and not putting the needs of others first, because that's all the women in my family have done, like put everyone before them so they don't even know what it means to care for yourself.

I: Yeah, exactly. And I guess you're speaking about kind of the expectations. Do you feel like the expectations that are placed on women have been like passed down in your family? Like, do you think that that's expected of even? Like even though you push back, it's still expected of you.

P: Yeah, I think so. I think not only from like my immediate family, but even like the wider family, the women in my family it's kind of like, well, you get married and have children and then you take care of your children. That's what your life is.
What do you mean you want to have a career for yourself or like you want to do things for yourself? Like that's kind of seen as selfish rather than living because I feel like like other women in my family, all they've ever seen is, is that, you know, take care of your children. That's it. You've lived a fulfilling life. Take care of your family home and you've done your bit.

I: Yeah, yeah. Have any of your family members ever spoken about like the partition or ever kind of lived through the partition of India and Pakistan?

P: So my dad used to talk about it quite a bit, but growing up I never understood what it was. He used to speak about how when he came to England he had a lot of racism as well, but he does he he really struggled with people that were Indian and he sort of had, like hatred towards them, because of everything that happened and knowing what his dad went through as well, his dad really struggled in Pakistan and they lived in poverty and then obviously, obviously everything that happened with the partition as well. For him, when he came here, he really he really struggled to sort of adapt because of all of these things. And then on top of that, the Western culture as well adding to the mix, I think to this day as well like he just he just really struggles to sort of put that behind him like seeing everything that his people went through, he I think now he sort of limits himself and who he mingles with. Like he really struggles to make friends with people that are from India. Like there's just this thing of “no I can't do that”.

I: Yeah, it's really interesting, isn't it? I almost feel like there is an underlying and unspoken thing between India and Pakistan, isn't it? And it sounds like your dad also holds onto what generations before him went through?

P: Yeah. Yeah.

I: How do you think not being able to speak about your mental health openly in your family impacted you?

P: I feel like it's impacted my relationship with my family members. I can't be myself. I think for me it's taught me that talking about your mental health makes you weak and it's it's like instilled that core belief within me which now has, which now I'm trying to unravel. And it's taking so much work and so much healing to sort of fight that core belief. And that's something that's been ingrained in me and

everything I do. So even, like with friends, I'll struggle to open up because I never opened up at home and then it's that thing of accepting help. It's taught me that I can't accept help from other people. I have to just do it all myself because I didn't have that help from home. So I think for me it's it's it's taught me things that I've I'm trying to unlearn things like unhealthy coping mechanisms.

I: Yeah. It's really admirable that you're trying to do the work on yourself, and heal parts of yourself that have been ingrained in to you but you know aren't right.

P: Yeah, thank you. I guess second generation south Asian women are trying to do the work our parents should have done really. Yeah, I think as well for me when I'm at home, I always find that I'm like a very angry person. I'm very mean and it's kind of like that built up resentment I have towards everyone. And I'm like, why is it me that's always having to do everything? Why am I having to carry the burden? Like, why does nobody understand me but when I'm outside the house and I'm with my friends, I'm like a totally different person and it's like my family see this side of me and I'm like, I promise I'm I am a nice person, but you bring this side out of me.

I: Wow yeah, so like a really different energy when you're in your house. If you were to pass on like one lesson or story from your experience to future generations what would it be?

P: Don't be afraid to put yourself first. I think because growing up all I've ever seen are women who put themselves last. For me. It's only been in the last year or two where I've put myself as and I've done things for myself and it's not as scary as it seems and I think brushing past that thing of don't be scared. Don't be afraid of what people will think of you either because putting yourself first also puts you at risk of people saying you're selfish or whatever. But it's not like that isn't normal. So yeah, don't be afraid to put yourself first.

I: That’s so powerful. And what do you think mental health services kind of need to know about mental health in South Asian women or Pakistani women?

P: I think they need to be aware of like not women in general, but just the culture as a whole because I think especially with my experience of mental health services, they will give advice, but it's not really appropriate for the culture. For example, when I was in services, I was told to just leave home. Now that's, that's not going to work like that will just add more problems. I think just generally being aware of the dynamics of how does the South Asian community like, how does it work, how do the families work? They're very well, well knit. They're very close connected. We're a collectivist culture and understanding that, like imposing individualistic ideas is not going to work like you can't, you can't separate someone from their family like that. And I think as well, understanding being having an understanding approach with South Asian women because when it comes to mental health, they've never, that’s never something that's spoken about. They've never had an outlet, so being patient and not giving up on them as well. Because I think for women especially, and men as well, equally so, they struggle to engage with the services because again, they're putting themselves first when they do that. So how would they? How would they do that?

I: Yeah. And maybe you have a bit more insight because of your work but what do you think helps engage a community more?

P: I think someone from their own culture and community working with them and building trust with them informally first. So a lot of what I've done in my work instead of going in and like asking them questions straight away about services, I will go to sessions, I'll go to groups, I'll talk to them informally for months, like I'll build that relationship with them so they know who I am. And then they can trust me. And then maybe, like a couple months and I will ask them questions that I need to for my job and do what I need to do. But it doesn't feel exploitative. It doesn't feel like I'm just taking things from them. In fact, they actually open up to me and then. From that, they do engage with

services because I can recommend something for them and I'll say, OK, look, I wouldn't say if I didn't think it was good or if I didn't think you'd benefit from it and they do take my word from it and because I'm from the community, they won't even think twice.

But then again that comes with a lot of pressure because you feel like you're carrying so much and like at the end of the day, I live in the city that I work in. So I will see people that I work with out and about. So I'm kind of never getting away from it, but definitely building trust is a huge thing.

I: OK. Yeah, yeah. And what other barriers do you see that impact engagement other than kind of like not being able to build that trust?

P: I think another would be where, where these services are located because for some people that are going through mental health, they don't even have access to a car like public transport or they're struggling financially. So for them it'd be they'd have to choose between travel or food that week because services are so like far away or they're inaccessible. So that's one barrier and I think most services that I have come across, they don't really cover travel. So then they feel like they can't really engage with services. I think as well with services, it's the language they use because there's a lot of like jargon out there that people sometimes like even being in the profession. You're like, what does that mean? What, what you talking about? What, what does that even refer to? And for someone that's very poorly someone that's got a mental illness, they're not going to understand, and they just disengage.

I: Yeah. Yeah. And I guess especially even in the South Asian community, like we don't really have words for, like, mental health, anxiety or depression. Like, we don't have words for that. So I guess people from our, like our backgrounds won't know how to engage with even those terms because they don't know them I guess. And also I'm thinking if they've never really been exposed to talking about

mental health or seeking help It's probably quite tricky for them to be able to kind of even entertain the idea of it.

P: Exactly. And even when you try to somehow translate, mental health is translated to like “disease of the brain”. And I think that's speaks volumes in itself about how mental health is viewed in our community.

I: I'm fascinated. I've lived and grown up in a place where there's not a huge South Asian population. So I guess there's never really a need for commissioning for these kind of services, but like I've seen community engagement services for South Asians and I'm always so fascinated. I'm actually really grateful that there are services like that out there because I think it's needed. Is it well staffed?

P: Yeah. Not really, not at the moment. I think the project that I'm working on, there's been a lot of challenges and it's all come from like the management, they've not really been the most organised or so well, they're thought out of how this project is going to run. So we've had a lot of staff that have left. Which has impacted the whole project as a whole I think because it's such a big project and there's so much pressure and there's so much need for it, they sort of rush through it and they haven't really thought about how it would run. So now it's having an impact.

I: Yeah, that’s a big shame. How is it like kind of with, like with South Asian women and kind of domestic abuse like are people forthcoming with kind of trying to get out of domestically abusive kind of relationships or is there still kind of like a lot of fear around it?

P: There's definitely a lot of fear around it. I feel like when people come into service, it's only when the sort of life is at threat or when there's a like a fear of their children being take taken away. It's never really at the start of the abuse or when they sort of noticed red flags. It's usually a good couple

of times like after that instance have happened where they come in and I guess that's that thing of this population they're scared to sort of open up and talk about it even when they do come into services, they only want they're they only come for sort of the thing that they want to say. For example, if it is like a child protection order, if they're wanting support around that, it'll be around, never really wanting to leave. There's only like, the very few minority that do come in wanting to do that and I guess as well there's that thing around the family, they don't really have support and it's, you know, they're scared of being looked down upon. But saying that we have had, we have had women that do show that strength, but it does come with the fact that they're isolated afterwards, they lose their family support. They don't really have anyone to turn to, but from that they're out of an abusive relationship.

I: Yeah, I think it's. I think it's brilliant. The work that you do. And yeah, I think even just kind of sharing your experiences with me this evening. It's been so like brave. And you've been so open. So thank you so much. How have you found it? Kind of like just sharing your experiences.

P: It's been nice and refreshing to openly speak about it, especially with someone that understands like just being able to talk about cultural things and not having to over explain yourself. It's nice. I think a lot of the time I do do that and naturally just It comes to you when you do talk about your culture like, oh, and you have to explain every little bit so they understand. I've enjoyed. I've enjoyed talking to you, it's been really meaningful.

I: I'm really glad to hear that. Really nice for me to just chat to you. Yeah. Do you have any questions for me?

P: No, I'm just interested to have a read of like the results and stuff when it's all done

I: Yeah, sure. I'll definitely keep you updated.

P: Thank you and best of luck with your work