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Portfolio for The Professional Doctorate in Counselling Psychology

I Am Enough:
The Multiple Roles of Second-Generation Indian Women within Traditional Family Scripts.

Dr. Felisha Anisha Sharma
Professional Doctorate in Counselling Psychology
Department of Psychology

City, University of London
July 2019

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To everyone who made me feel loved and supported, thank you for being part of my journey.

Declaration

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Preface

The following portfolio consists of three sections. The first piece of the portfolio presents a research study grounded in Interpretive Phenomenological Analysis. This section explores the population of second-generation working Indian women in the U.K. and their experiences in balancing their multiple roles. The second section consists of a publishable paper that reports the findings of the research study. The final section of the portfolio presents a client case study, exploring the importance of cultural sensitivity within clinical settings.

The portfolio consists of three bodies of work that are connected through one theme, the experiences of cultural implications on the mental health of Indian women in the U.K. In this portfolio, I explore the implications of traditional Indian culture and family on the roles and expectations of working Indian women in the U.K. The portfolio aims to contribute to developing greater knowledge within clinical practice in counselling psychology, psychology research and other health care sectors. Through the three pieces of work, I attempt to highlight the importance of cultural sensitivity when working with Indian immigrant populations, where cultural values and traditional family structures are seen to impact the experiences of mental health. Overall, the portfolio highlights the importance of establishing cultural sensitivity within clinical practices and the importance of cultural awareness within psychological literature.

The contents of the portfolio have a personal meaning, where I identify as a second-generation Indian woman within a western cultural society. I was raised in a household of strong, educated career women. I often think about my mother and my grandmother, who are the foundations of my family and are central figures in my life. Throughout my research process, I reflected quite a bit on how this research has impacted me, and I think, it has developed this feeling of awe towards the mother figures in my life. And in hindsight, I feel that my desire to honor them may have manifested in this interest that I have in working with women. While I was going through my research process, I ensured I engaged in continuous reflexivity, noticing my reactions, emotions and thoughts towards the participants` experiences and how I related to the content. I feel that this helped further understand my aims and ensure the quality of my interpretations. This interest has been central in my educational career, and was pivotal in my learning, clinical training and

practice as a trainee Counselling Psychologist. Throughout my training, I felt that there was a lack of cultural awareness within clinical practice. This further sparked my interest in pursuing this research exploration.

My motivations to contribute to existing literature in providing greater knowledge of cultural influences on mental health stem from my personal experiences as an Indian woman and from my role as a trainee Counselling Psychologist. I recognized that the importance of cultural sensitivity within clinical practice has been central to the aims of psychological literature for many years. There is an abundance of research exploring the experiences of minority populations within western countries. Existing literature often highlight and explore the heightened psychological distress and experiences of mental illness noted among Asian populations within western societies. However, I felt that there remained gaps within existing research in exploring the experiences of working Indian women and Asian women in general. By reviewing the literature and by drawing on my personal experiences, I was motivated to contribute to developing an understanding of the experiences of mental health among Indian women in the workforce, an area scarcely acknowledged within the existing literature.

The first section of this portfolio entails a research study, where I conducted Interpretative Phenomenological Analysis. The research study intends to explore the phenomenon of multiple role balancing among second-generation Indian women in the U.K., relying on my use of interpretation to make sense of participants' experiences. To date, no previous research exploring the experiences of working Indian women within the U.K. has been conducted. I hope that the findings of the research can contribute to existing literature urging for cultural sensitivity within psychological research and clinical practice. Furthermore, I hope to develop an understanding of the unique phenomenon of multiple role balancing among working Indian women within the U.K.

The second piece of work within this portfolio is a journal article written for submission to the Counselling Psychology Review, the Division of Counselling Psychology's peer-reviewed research publication. This section provides a summary of the research conducted and a brief review of the findings. This overview of the research allows for the work to be published and accessed by the wider academic community. In doing so, I hope to contribute to future research explorations, develop greater awareness of the importance

of cultural sensitivity within this field and to develop an understanding of the population of working Indian women that currently go unnoticed within existing research.

The final section of the portfolio is a client case conceptualization. This case was included in the portfolio as it demonstrated the implications of traditional Indian culture and familial expectations on one's psychological health. This case explored the experiences of second-generation working Indian women in the U.K. The constructs and themes elicited through this case conceptualization reflect the themes elicited from the research study. Both the findings of the research study and the themes within the case study demonstrate the implications of Indian culture on the mental health of women. I hope that in presenting this case conceptualization, the importance of cultural sensitivity and awareness of cultural implications within clinical practice may be highlighted. Furthermore, greater awareness and understandings may be developed through the exploration of the clients' experience of psychological distress.

Through the themes and findings elicited from this portfolio, I aim to provide insight for future research in exploring the cultural implications of mental health. Specifically, I intend to provide insight into the experiences of working Indian women within the U.K., acknowledging the unique cultural and gender-specific pressures that impact the health of women. The opportunity to develop and pursue this exploration has influenced my professional goals, where I hope to incorporate greater cultural sensitivity within my own clinical practice. This is central to my personal and professional values as a Counselling Psychologist.

I intend to publish my thesis because of the contributions and stories shared by the women involved in this study. The participants commonly expressed a desire to bring awareness to the experiences of mental, emotional, and physical health deterioration they experienced in the challenges of finding balance among their multiple roles. I hope to have represented the participants' experiences, stories and aims in participating in this study. I hope to bring value to this work and contribute to the existing literature.

No words can describe how grateful I am for this experience and to the participants of the present study in sharing their stories. It has been a privilege to hear your experiences. The participants' invaluable contributions were central to the development of this portfolio. I

hope that this portfolio contributes to future initiatives in supporting Asian women within the U.K., and I hopes that this work has done justice to the participants involved in the study.

PART 1:
THE RESEARCH

An IPA Study Exploring the Experiences of Multiple Role Balance Among Second Generation Indian Women.

Dr. Felisha Anisha Sharma
Professional Doctorate in Counselling Psychology
Department of Psychology

City, University of London
July 2019

Abstract

Previous literature suggests that Asian populations within the U.K. demonstrate increased levels of depression, anxiety and psychosocial distress (Syed, Bauluch, Duffy & Verma, 2012). Asian women, in particular, are highlighted in experiencing greater vulnerability to psychological distress attributed to pervasive cultural factors (Husain, Waheed, & Husain, 2006). Exiting literature yields inconclusive results in regard to the impacts of increased employment among Asian women. Furthermore, there is limited research in exploring the experiences of work-life balance among Asian women in the U.K.

The present study aimed to convey an interpretive exploration of the experiences of Indian women in balancing their multiple roles. The purpose was to gain an understanding of how Indian women make sense of their experiences in balancing their multiple roles concerning work and family. It aims to understand the unique experiences of this specific population and attempts to gain insight on a community that has been highlighted as a high risk for mental health-related illnesses (Bhugra & Bhui, 2003; Fazil & Cochrane, 2003).

Semi-structured interviews were conducted on eight Indian women across London. Participants were between the ages of 30-50 and had children between the ages of 10-25. I drew on Interpretive Phenomenological Analysis in developing an understanding of the phenomenon of multiple roles balancing among Indian women.

The study findings highlight the experience of cultural expectations on the roles of women in impacting ones' identity and experiences of health deterioration. The results highlight the challenges of breaking cultural and familial patterns that were considered unhealthy among the participants as they attempt to find balance among their multiple roles. Future suggestions are made in regard to the role of psychology research and clinical practice in developing greater awareness and cultural sensitivity.

CHAPTER I: Literature Review

1.1. Chapter Orientation

The present chapter aims to evaluate the selected literature on the experiences of mental health among Asian populations within the U.K. I first outline and provide a rationale for research within this area by exploring the community of interest. The limitations of existing literature in generalizing Asian populations as a collective are addressed, directing the focus of the present study to the Indian population. I then review the cultural factors previously highlighted in impacting the experiences of mental health among Indian communities. In exploring these cultural factors, the psychosocial factors contributing to the heightened levels of psychological distress among Indian women is addressed. Through this exploration, a gap within the existing literature is highlighted where there lacks an exploration of the experiences of Indian working women in the U.K. In concluding this chapter, I reflect on future considerations for psychological research and counselling psychology practice

1.2. Background: Defining the Population of Interest

A growing interest in psychology research is the role of cultural factors on the mental health of ethnic minority groups within the U.K. It is frequently reported across several literary articles that minority populations in western countries experience higher levels of psychological health-related issues (Bhui, Bhugra, Goldberg, Sauer, and Tylee, 2004; Fazil & Cochrane, 2003). However, migrant populations remain underrepresented in mental health services (Ahmed, Abel, Lloyd, Burt, & Roland, 2015). This emphasizes several concerns regarding both the population characteristics that restrict individuals from seeking professional help and the practices within services that may be unsuitable to specific minority population values. Counselling psychology has been developed through a western philosophical lens, which may be different from the collectivist values of many minority populations within the U.K (Fazil & Cochrane, 2003). Consequently, much of psychological research has been directed at exploring the experiences of minority populations in an attempt to develop cultural competency within counselling practices. By exploring minority population experiences, increased awareness and understanding of the populations' experience of mental health may be developed and applied within clinical practice.

Additionally, professionals can contribute to providing and developing services that directly relate to unique population needs. Acknowledging that there exist differential experiences across cultural groups is integral for professionals in the field of counselling psychology. This resonates with the ethos of counselling psychology, where the respect for an individuals' personal experience, and own frame of reference is of value within clinical interactions. The BPS guidelines for good practice highlight the importance of future initiatives in contributing to the development of culturally appropriate forms of formulation and mental health interventions. These guidelines underpin the rationale of the present research study.

Ethnic Groups, England And Wales, 2011

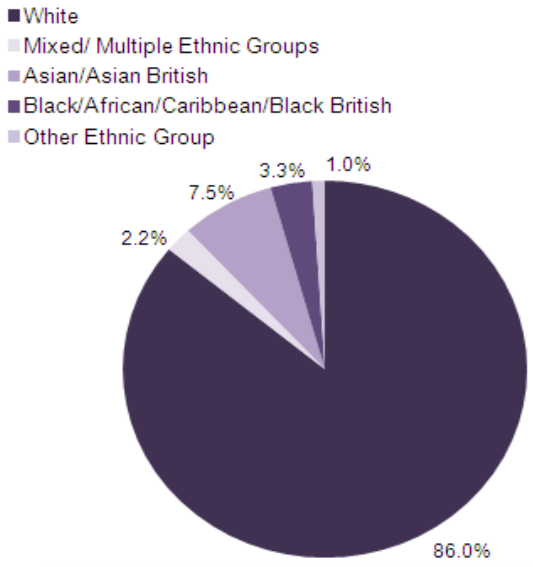

Figure 1.1. Sourced from the Office for National Statistics

Previous research studies have highlighted the Asian community as the largest minority population within the U.K., as seen in Figure 1.1. (Syed, Bauluch, Duffy & Verma, 2012; Office for National Statistics, 2011). The experiences of Asian immigrant populations have been of interest within research since the 20th century. Research has highlighted that the Asian community within the U.K. present with slightly increased levels of depression, anxiety and psychosocial distress when compared to the general population (Syed, Bauluch, Duffy & Verma, 2012). These findings present a concern for professionals in counselling psychology, where there is a gap in providing services to the largest minority population within the U.K. Previous research suggests that there may be reluctance in

seeking professional counselling help regarding mental health among Asian communities because the culture holds a high stigma towards mental illness (Ahmed, Abel, Lloyd, Burt, & Roland, 2015; Roberts, Mann, & Montgomery, 2016). Such stigmas include shame and the fear of impacting the family reputation. Moreover, it is reported that there is a lack of awareness regarding service availability and an overall poor understanding of mental illnesses within this community. This lack of representation of the Asian population within mental health services has been long-standing, and it is acknowledged that further research and insight on this phenomenon is needed. New research and awareness initiatives that aim to empower cultural sensitivity are vital for the future of the profession within western countries, where immigrant experiences of acculturation are prominent.

It is essential to acknowledge that the term Asian encompasses a breadth of different nationalities, cultures, religions and regions including India, Pakistan, and Bangladesh. Moreover, the phrase *Asian* is used to describe diverse populations in the US, Canada and in the U.K. As such, there is a variation in the literature reviewed in this chapter, where some citations refer to this population as South Asian, East Asian or Asian. In the context of the present work, I refer to this population as Asian, coinciding with the way the community is described in the U.K.

The present study focuses on the experiences of Sikh and Hindu Indian women that were born in the U.K. The decision surrounding the sample populations' characteristics are further explored in section 2.4.2 of the Methodology Chapter. Although the focus of the present study is on Indian women born in the U.K., the literature review conducted explores the experiences of Asian populations generally. Previous research often explores the experiences of Asian populations as a collective, as opposed to exploring the experiences of the subpopulations separately. This has been identified as a limitation of existing research and is expanded on in the section below. Through an exploration of Asian population literature, I was able to highlight inconsistencies within existing studies, that have been attributed to the understanding of Asian populations as a collective. I was mindful to include a significant amount of literature that explored Indian populations, and Hindu and Sikh populations to ensure the relevancy of the research. Secondly, I chose to explore the experiences of Sikh and Hindu Indian populations and did not include Muslim Indian populations as the cultural and religious practices of Sikh and Hindu Indian populations are significantly similar. I expand on my decision to exclude Muslim Indian populations in section 2.2.4. of the Methodology Chapter, and in the section below where

I discuss the limitations of existing research that define Asian populations as a collective.

By examining the experiences of the Asian population as a collective, existing research fails to recognize the variety of religious and cultural differences within this group. This suggests a lack of cultural sensitivity in exiting research. Future research should aim to explore the subcultures of Asian populations separately to develop more in-depth and accurate understandings. Bhui, Bhugra, Goldberg, Sauer, and Tylee (2004) ascertain that research exploring the cultural impacts on mental health should aim to explore cultural groups that have internal coherence, opposed to relying on variables pertaining to national, racial and ethnic classifications. In a meta-analysis, Bhui, Bhugra, Goldberg, Sauer, and Tylee (2004) highlight and allocate the inconsistencies within existing literature to the lack of cultural coherence among the participants of the Asian populations that are commonly sourced within the research. To highlight these inconsistencies, Bhui, Bhurgam Goldberg, Sauerm and Tylee reviewed multiple literature studies. Findings suggest that when compared to white U.K. populations, Asian populations reported lower rates of depression (Beliappa, 1991). Contradicting these results, Asian populations report significant distress and have higher reported physical health complications than white British communities (Balarajan, Yuen & Soni Raleigh, 1989).

Further demonstrating the inconsistencies within the existing literature, a survey in Pakistan identified high presentations of depression among the sample (Mumford, Nazir, Jilani, Baig, 1996; Mumford, Saeed, Ahmad, Latif, & Mubbashar, 1997). The inconsistencies among the literature demonstrate the limitations in understanding the phenomenon of mental health among Asian populations. The authors purpose that the differences among the literature findings can be explained by the lack of recognition of the differential risks, experiences, and understandings of mental health among Asian subgroup populations. These inconsistencies pose as a limitation among existing literature and provide a rationale for the population of interest in the present study.

Within the present study, I chose to focus on the experiences of Indian populations within the U.K. I use the term Indian populations in the present research and within the literature review referring to individuals born in the continent of India. In the literature review, the term Indian populations in the U.K. applies to individuals who have migrated from India to the U.K. I refer to Indian populations born in the U.K. as individuals who strongly identify with their Indian identity. I also refer to this population as second-generation Indian

populations within the U.K. British Indian populations refers to individuals who were born in the U.K. and strongly identify with the British population. The Indian population is of interest as they represent the largest ethnic group classified under Asian populations within the U.K. (Figure 1.2.). The Office for National Statistics notes that the Indian population is the largest ethnic group within England and Wales (Office for National Statistics, 2011). I felt that the Indian subgroup represented a large population highlighted as having a high risk for mental health-related illnesses and low representation within counselling services. These factors encouraged me to further explore this area of research.

Ethnic groups, England and Wales, 2011.

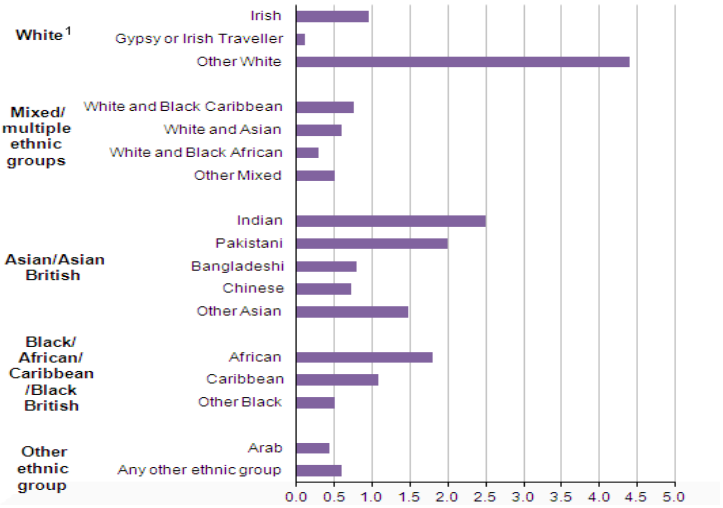

Figure 1.2. Sourced from the Office for National Statistics

In summary, this section highlights concerns for psychology research and clinical practice in exploring Asian minority populations within the U.K. Asian populations account for the largest minority population within the U.K. and present with high levels of mental health-related illnesses. Alarmingly, this population is under-represented within mental health care services. Previous literature has attributed these concerns partly to the lack of understanding of the unique cultures, religions and regions classified under the Asian subcontinent. Previous research relies on sampling the Asian population as a collective, limiting the knowledge, understanding and ultimately, the phenomenon of mental health in the contexts of the various subcultures. These concerns drive my interests and form the rationale of the present study in focusing on the Indian population in the U.K. In the following section, the literature pertaining to the experience of Asian communities will be

further explored and critiqued. I explore the cultural characteristics and factors highlighted by existing research concerning experiences of mental health-related illnesses among the Asian populations.

1.3. Asian Culture: Collectivist Culture and the Influences of Immigration

Existing literature suggests that Asian culture embodies a collectivist view. Collectivist cultures emphasize placing the needs of the whole over an individuals' desire (Chadda and Deb, 2013; Roberts, Mann, & Montgomery, 2015). Within Asian culture, there is an emphasis towards interconnectedness, where there is more influence, support and guidance from the family and community in an individuals' development. Previous literature studies propose that the family and community support central to Asian culture can provide benefits to individuals including connectedness to the original culture, maintaining cultural values and practices, and social support (Kulhara and Chakrabarti, 2001). Furthermore, the connectedness to extended family and society can serve as a mental health resource for individuals. For example, studies conducted by World Health Organization (WHO) have demonstrated that individuals diagnosed with schizophrenia showed improvements in India and other developing countries, this was attributed to increased family support central within Asian cultures (Kulhara and Chakrabarti, 2001). These findings suggest that family and community support exhibited by traditional Asian culture can be therapeutic, nurturing and supportive. Many studies have shown the positive effects of collectivist family structures and have considered this family structure a better source for mental health support (Chaddha and Deb, 2013; Kulhara and Chakrabarti, 2001). The evidence suggesting that collectivist cultural traits function as a mental health resource implies that the cultural characteristics of Asian populations may be therapeutic. This may perhaps explain the lower percentage of the Asian communities that seek professional mental health services within the U.K. Traditionally, the Asian family functions as a highly supportive and nurturing network, where there may not be a drive for individuals to seek external help. However, the experiences of immigrant populations adjustment in a different culture and the influences of western culture is proposed to impact the functioning of the traditional Asian family.

1.3.1. Acculturation

Acculturation is defined as a process of assimilation into a dominant culture and is said to

impact ones social and psychological well-being (Chadda and Deb, 2013). This is particularly relevant when referring to the migration of Asian collectivist populations to western societies characterized by individualism. Individualistic cultures prioritize the individual over the entire group (Chadda and Debb, 2013). With increased immigration and acculturation in western nations, the cultural value for the family to function as an individuals' support system is challenged. This can result in conflicting values within households, and perhaps limits the family and community support of Asian populations within the U.K.

In their literary review, Chadda and Deb (2013) describe multiple changes within traditional Asian family dynamics with greater integration of western cultures. The authors suggest that through integration with western culture, the traditional Asian family structure is subject to drastic changes. Significant changes within Asian families include a shift from a joint family structure to a nuclear family, changes in the roles of women with increased status and power with employment, increased stress and pressure on the family and increased vulnerabilities to mental and emotional disorders (Chadda and Debb, 2013; Klineberg, Clark, Bhui, Haines, Viner et al, 2006; Nadimpalli, Cleland, Hutchinson, Islam, Barnes & Devanter, 2016). Chadda and Deb (2013) propose that these changes result from the experiences of acculturation, immigration into western societies and generational differences that challenge collectivist cultural traits. The more significant influences from the individualistic culture of western host societies impact traditional collectivist family structures. The authors conclude that with increased globalization, immigration and acculturation, traditional Asian culture and traditional family dynamics reflective of collectivist cultures are challenged (Chadda and Deb, 2013). These challenges are proposed to have led to the experiences of cultural conflict, identified as significant in the experiences of elevated mental health related illness among the Asian population within the U.K.

1.3.2. Cultural Conflict

Cultural conflict describes the tensions in behaviors and social constructs that arise when cultural values and beliefs clash. (Chadda and Debb, 2013). The experiences of cultural conflict challenge traditional Asian collectivist traits, where western cultural ideals are dominant in society. Literature findings suggest that when individuals experience cultural

conflict, they encounter two opposing values, ideals and roles, leading to an increase in psychological distress (Chadda and Deb, 2013).

Furthermore, individuals might adopt some western cultural values that can be viewed as opposing towards traditional culture, evoking internal experiences of guilt, shame and disappointment (Roberts, Mann, & Montgomery, 2015). Exiting literature highlight internal feelings attributing to increased psychological distress among Asian populations. These include feelings of guilt, shame, disappointment and a fear of being scrutinized and judged by family and others in the community (Nadimpalli, Cleland, Hutchinson, Islam, Barnes & Devanter, 2016). Previous research suggests that these factors serve as a barrier for individuals in seeking professional counselling help, as there is a fear of being judged in a community and culture that values representation and family honor. Moreover, it limits what was once considered a supportive family dynamic as individuals struggle to relate to the traditional cultural values within their families. Individuals may experience feelings of guilt, shame and feel misunderstood as they struggle to connect to the traditional values central to their families. This may result in isolation as individuals struggle to find support, as they are reluctant in seeking professional help and simultaneously experience a decrease in family support. This phenomenon may explain the high levels of psychological distress reported in the Asian population. Literature findings suggest that with experiences of cultural conflict, there is an increase in mental health-related illnesses.

1.3.3. Cultural Conflict and Acculturation in Research

The following section explores current research that attempt to conceptualize the concepts of acculturation and cultural conflict among Asian immigrant populations in western societies.

The first research study explored aim to examine the experiences of stress and acculturation among Asian immigrant populations in the U.K. Furnham, and Shiekh (1993) examined gender and generational experiences of stress and acculturation. The authors interviewed 100 Asian immigrants from India and Pakistan regarding their experiences of psychological adjustment in the U.K. In their study, female participants had reported significantly higher levels of psychological distress compared to male participants. They found that participants who had the desire to adhere to the traditional family and cultural expectations while maintaining some aspects of individualism that defines western norms

experienced higher levels of distress. This was demonstrated through the higher levels of psychological distress reported by second-generation women within the study. These findings suggest that perhaps the expectations of the family from traditional Asian cultures impact individuals' adjustment, the experience of cultural conflict and ultimately, the individuals' psychological health.

Furthermore, the cultural ethos of maintaining the honor of the family poses pressure on individuals. For example, the expectations and roles of individuals within traditional Asian culture may oppose the roles and expectations of western societies. Western roles may be seen as opposing and challenging of traditional family values, and in adopting these values, individuals may impact the family reputation. This describes the internal and external conflicts that can rise with immigrant experiences pertaining to acculturation. Furnham and Shiekh (1993) posit that the increased levels of distress and mental health-related issues noted among the Asian population are attributed to the pressures of balancing the conflicting cultures of the traditional Asian family and that of the dominant western society. The findings from Furnham and Shiekh's study contribute to developing an understanding of the generational experiences of acculturation, cultural conflict and unique Asian immigrant experiences concerning psychological distress. The findings highlight the possible impacts of the conflicting values of western host cultures and traditional Asian cultures that are seen to influence the heightened levels of psychological distress among Asian immigrants. This study is significant in providing insight into the experiences of acculturation among Indian populations within the U.K.; however, there are many notable limitations. Firstly, the findings of Furnham and Shiekh's (1993) study may be outdated, and perhaps a recent account for these experiences may provide an accurate representation of the current population. This particular study is relevant in depicting an overall illustration of the experiences of mental health among the Asian communities concerning experiences of acculturation. It takes into account generational and gender differences and provides a foundation for future studies exploring Asian populations. Thus, it is essential for future research to replicate the study to ensure its applicability to the current community within the U.K. Another limitation of this study includes the lack of an in-depth exploration of Asian immigrant experiences. The study relied on self-report questionnaires, limiting the depth of the explorations and understandings of Asian immigrant experiences. The authors provide an extensive investigation of the challenges of acculturation among Asian immigrants, and future research can draw on these findings

to develop more depth in understanding the phenomenon. The third limitation refers to the limited sampling within Furnham and Shiekh's (1993) study, where the authors only accounted for Pakistani and Indian immigrants. The finding of this study may be limited in generalizing across all Asian immigrant experiences. Although it is beneficial that the study accounted for the unique subcultural experiences among the Asian population, perhaps future studies can aim to replicate the study with other Asian subculture populations. In doing so, the applicability and generalizability of the findings across Asian populations can be ascertained. The results from Furnham and Shiekh's (1993) study provide a foundation and direction for future studies to explore; however, limitations of depth and validity to the current population experiences need to be addressed in future studies.

In a more recent study conducted by Klineberg et al. (2006), the experiences of social support within a variety of ethnic groups among 2790 adolescents in East London were explored. This study expanded on Furnham and Sheikh's (1993) findings suggesting that individuals holding both traditional Asian family values and identifying with western culture leads to the experience of cultural conflict and higher levels of distress. The participants in this study were asked to complete a self-report questionnaire where social support was assessed. The findings highlighted the challenges of balancing the discrepancies of traditional cultural value and the western cultural ideals that are dominant in the U.K. The findings from this study suggest that the discrepancies between an individual's expected roles from the family, western society and ones' personal desires may manifest in increased vulnerability to psychological distress. As a result of these discrepancies, the authors noted a high potential for cultural tension and intergenerational problems among traditional Asian families. Klineberg et al (2006) further indicated that the participants who reported lower parental social support experienced a higher susceptibility to depressive symptoms. Perhaps, the experiences of cultural conflict among Asian populations results in decreased familial and parental support, explaining the high risk of mental health-related issues experienced by this population (Klineberg, Clark, Bhui, Haines, Viner et al., 2006). These findings are significant in highlighting that family social support is integral during the early teen years, and it demonstrates the impacts of generational differences and conflicts. The findings expand on the experience of family and social support and the implications this has on one's susceptibility to mental health-related illnesses.

Although these findings provide insight into the experiences of acculturation and cultural conflict, there are many limitations and lingering questions to the conclusions of Klineberg

et al. (2006) report. Firstly, the favored method of gathering data, and adopted within Klineberg et al. (2006) report has often relied on self-report methods. Roberts, Montgomery and Manns (2015) highlight a series of impacts that culture has on participant reporting in research. The authors suggest that acknowledging mental health illnesses and seeking mental health services is perhaps limited among Asian immigrants because of cultural characteristics that restrict disclosure. Such features are related to maintaining the family honor, presenting the self and ultimately, the family in a positive light, and fear from being scrutinized by the family or greater community. Individuals within the Asian community often underreport and false report due to cultural factors that stigmatize mental illness.

Moreover, the cultural trait of maintaining the family honor plays a crucial role in what individuals choose to report, and how much they disclose even if the data gathered is atomized. Roberts, Montgomery and Manns (2015) conclude future studies may benefit from a method that is sensitive towards the cultural characteristics that limit the disclosure. In an attempt to overcome this methodological flaw in many literature studies, an explorative approach that aims to understand individuals' unique experiences may be more impactful when exploring Asian family populations.

Further exploring the experiences of family support and mental health among Asian populations, Farver, Narang and Bhandha (2002) examined experiences of acculturation and cultural conflict among American –born Asian Indian populations and their immigrant parents (Farver, Narang, & Bhadha, 2002). Although this study reports experiences from America, it remains relevant in exploring British Indian experiences as American culture reflects a similar western cultural value. Furthermore, this study specifically examines the experiences of Indian immigrant families, which is particularly relevant in this exploration. This study explored the themes of acculturation, ethnic identity, and family conflict. Results indicate that parents who had a marginalized style of acculturation reported higher family conflict than those who reported more integration into the host culture. Children reported greater self-esteem and less anxiety when their parents were more assimilated into the host culture. This study indicates that parents' experience in the host culture directly influences children's psychological health experiences. When children do not share the same views as their parents, there is a risk of experiencing cultural conflict, a discrepancy between western and eastern culture (Farver, Narang, & Bhadha, 2002). Individuals face an internal struggle to balance western attitudes in the environment they

are raised in, and the expectation of traditional culture at home. This experience has been widely examined through various research articles, eliciting similar results. This study adds to the literature explored in this section and provides further insight into the relationship between family support and susceptibility to psychological distress.

This study is noteworthy in exploring how cultural conflict impacts family relationships and experiences of mental health in the context of acculturation and integration into western societies. However, there are many limitations to the generalizability of the findings that have been highlighted. Firstly, the results of the study are limited to first-generation Indian parents and second-generation American born adolescents. The findings cannot be generalized across generations, where there may be differential experiences of acculturation and cultural conflict. Secondly, the results are limited to the relationship between parents and adolescents. Perhaps future literature can further explore child-parent relationships, in the context of cultural conflict, acculturation and integration, in an individuals' adult life. This can also examine the experiences of family conflict and pressure on adults. Previous literature studies have indicated influences of western cultural ideals on immigrant families and have noticed a shift of the family structure representing the nuclear family that is more common among western cultures. The generational conflicts and impacts of culture noted in this study may change as children grow and develop their own families. It may be interesting for future research to explore how these experiences impact an individuals' mental health as they develop into adults and develop their own families.

1.3.4. Conceptualizing Cultural Conflict and Acculturation

There are multiple dimensions pertaining to acculturation and the experiences of cultural conflict that impact mental health. Various psychosocial stressors influence an individual's coping and transition into western societies, some of which include language barriers, rigid gender norms, family structure, and intergenerational conflicts (Ahmed, Abel, Lloyd, Burt, & Roland, 2015). Previous literature studies explored in this section demonstrate that the discrepancies between individualistic host culture and the collectivist traits practiced within the family may influence the increased experiences of mental health issues noted in Asian populations. Moreover, the cultural characteristic of collectivism within the family may limit individuals from seeking professional help regarding their experiences of mental illness and psychological distress. As Asian culture emphasizes family and community, children

are less likely to build healthy peer relations which can have detrimental effects on one's mental health (Bradby, Varyani, Oglethrope, Raine, White and Helen, 2007; Husain, Waheed, & Husain, 2006).

Furthermore, there is a decline in the support, that was once perceived as therapeutic, within the family as there are conflicting cultural experiences. This results in a reduction in the benefits and resourcefulness of the family in helping individuals with psychological health-related issues. The decline and lack of support within this community are three-folds where the cultural characteristics limit professional help-seeking, the cultural value in family results in reduced peer relationships, and there is a decline of social support from the family as there are conflicting cultural experiences. Perhaps these conflicts explain the elevated levels of psychological distress and illnesses noted within the Asian population. A lack of overall support and heightened levels of psychological distress is described throughout the research findings explored. Though these findings produce consistent results, many limitations have been highlighted through this exploration. Firstly, there is a sampling limitation of existing studies that often refer to Asian populations as a collective. The findings of the studies are generalized across the multiple religions, regions and cultures classified under Asian populations. The existing literature fails to recognize the differences that exist within the differential populations classified broadly under the Asian subcontinent. Secondly, there is a need for greater depth in understanding the influences and experiences of Asian cultures and cultural conflict within the U.K. Research studies need to go beyond self-report explorations, and to perhaps understand the experiential nature of Asian immigrant experiences. In doing so, research can aim to produce greater insight into the unique population experiences and to counteract the cultural influences that limit the disclosure. Future research studies should aim to explore smaller subsets of this population to achieve greater depth and understanding of the phenomenon.

1.4. Traditional Gender Norms within Asian Culture

Previous literature exploring the experiences of Asian populations highlight strict gender norms as a contributing factor in the heightened experiences of distress and mental health-related illnesses among this community. Asian women, in particular, have been identified as a population that is vulnerable and highly susceptible to mental illness within the U.K. (Bhui, Bhugra, Goldberg, Sauer, and Tylee, 2004). It is suggested that Asian

women experience greater vulnerability to psychological distress due to the traditional gender norms and family structure within Asian culture (Husain, Waheed, & Husain, 2006). Asian cultural traditions place greater emphasis on women to adhere to cultural and familial expectations. Additionally, experiences of distress resulting from the fear of being scrutinized and judged are common within Asian societies (Nadimpalli, Cleland, Hutchinson, Islam, Barnes & Devanter, 2016). This is especially common when women adopt western cultural practices that are considered shameful in traditional Asian culture (Roberts, Mann, & Montgomery, 2015). For example, individuals may adopt western individualistic values, where they place their personal needs before the family. This phenomenon is notable among Asian women progressing in education and career endeavors, whereas in Asian cultures, the traditional role of women is to care for the family. The multiple roles of women, including wife, daughter and mother, are central to the family, and there is pressure to demonstrate these roles with respect to the expectation from the greater culture and the family. Central to these roles is the pressure to maintain and protect the family's honor and reputation, which comes with numerous challenges particularly for those brought up in western host cultures where there are conflicts of assimilation and integration. This pressure to adhere to the expectations and perform a role to the standard of the family and cultural expectations has been highlighted by numerous literary studies as a significant contributor to the elevated experiences of mental illnesses among Asian women (Roberts, Mann, & Montgomery, 2015).

To further illustrate the heightened experiences of mental health-related issues among Asian women Bhui, McKenzie and Rasul (2007) found that the suicide mortality rates for Asian women were higher compared to four other ethnic groups around the U.K. and Wales in their meta-analysis. In their explorations, the authors found that the self-harm rates were notably higher among Asian women. Interestingly, in exploring various literary studies, Bhui, McKenzie and Rasul (2007) found that Asian women who experienced higher rates of suicide mortality and more significant self-harm were surprisingly less likely than White British participants to report depressive symptoms. These findings contribute to previous research results indicating that Asian women who appeared to have more significant mental health-related issues, were less likely to receive support from mental health services when compared to the White British sample (Cooper, Murphy, Webb, Hawton, Bergen et al, 2010; Cooper, Spiers, Livingston, Jenkins, Meltzer, Bhugra et al, 2013). These findings highlight a significant limitation in providing psychological health

services to a population that has been highlighted as highly vulnerable to mental illness. Bhui, McKenzie and Rasul (2007) further highlight various factors that increase the experiences of distress and more considerable reluctance in seeking professional counselling services among this population. In their study, it was reported that factors contributing to the participants' reluctance in seeking professional help included discrimination, lesser education, greater dependence on family, lack of social support, and more significant marital problems. These factors were also proposed in contributing to the higher psychological health-related issues among this population (Cochrane & Stopes-Roe, 1977).

The findings of Bhui, McKenzie and Rasul's (2007) meta-analysis suggests that Asian women are highly vulnerable and susceptible to mental health-related issues when compared to Asian men and other ethnic cultures. Alarmingly, the authors found a lower representation of Asian women within mental health services. These findings present a concern where Asian women experience heightened levels of mental health-related illnesses; however, remain unrepresented within mental health services. This demonstrates a need for further research to understand the experiences of the population of Asian women. There is a call for a more in-depth understanding of the experiences of Asian women, with a focus on exploring ethnic inequalities. A comprehensive analysis and understanding of the experiential nature of the heightened level of psychological and mental health-related illnesses among the population of Asian women should be explored within future research.

1.4.1. Asian Women in Western Societies

Relevant literature suggests that Asian women experience heightened levels of psychological and mental health-related illnesses within western societies (Robert, Mann and Montgomery, 2015). To explore this phenomenon further, I present a study conducted by Roberts, Mann and Montgomery (2015) who explored the elevated experiences of psychological and mental health-related illnesses among Indian women within western societies. The authors examined generational status, marital status, parental overprotection, cultural value conflict, and the effects of depression and self-esteem among Indian women in America (Roberts, Mann, & Montgomery, 2015). This study found that women reported elevated levels of anxiety and depression, whereas men reported levels that were in the normal range. They found a significant difference in the experiences

of mental health between American Indian men and women. To explore the correlates of depression experienced by women further, the authors examined the experiences of women who preferred to take the self-report test in their study in Punjabi and those who preferred to take the test in English. In doing so, the authors examined cultural identity and correlate of depression and anxiety surrounding acculturation. Results indicated that second-generation American Indian women, who were more likely to take the study in English, experienced higher levels of cultural value conflict. The authors propose that the female participants who took the survey in English were exposed to two conflicting cultures, which resulted in difficulty internalizing and balancing a cultural identity or belief. The authors suggest that an individuals' sense of self and their role was often defined by strict gender norms and the expectation of the culture and family. Roberts, Mann and Montgomery (2015) suggest that perhaps there is a discrepancy of two conflicting cultural expectations on the role of the individual. This results in conflicting desires, expectations of the self, and maybe even contradictory ways of performing a particular role. This study found that the experiences of cultural conflict led to unique pressures and expectations on the roles of women within the Indian culture.

Furthermore, when these roles and expectations of women differentiated from the host culture, there is more significant pressure, conflicts and elevated experiences of psychological distress. The participants from this study expressed difficulty in balancing their desires and the expectations of the family. Additionally, the findings of this study highlight the experiences pertaining to the heightened level of mental distress among Indian women who identified with Indian culture. These women had selected Punjabi as their preferred language in the self-report test and were more likely to have been first generations women in America. Issues highlighted with Punjabi speaking women pertained to isolation, leaving family behind in India and difficulty in the ability to integrate into society. Punjabi speaking participants expressed a connectedness with the Indian community, traditions and family, and reported that this was a positive experience. These findings highlight the differential experiences between first and second-generation American Indian women concerning their elevated levels of psychological distress. This study explored potential factors contributing to the heightened levels of psychological distress among American Indian women who identified with western culture and those who identified with traditional culture. Perhaps future research can aim to provide a more in-depth experiential account of the different factors contributing to elevated psychological

distress among Indian women who associate with western culture and those who associate with traditional Indian culture.

The authors highlight two essential themes. Firstly, the experiences of depression and anxiety are elevated among American Indian women compared to Indian men. This is accounted for by strict gender roles and the expectations placed on women within Indian culture. Secondly, this study highlights the differences in experience among first-generation American Indian women, those who had recently immigrated to western society, and second-generation American Indian women who have been raised in western society. Roberts, Mann and Montgomery (2015) highlighted the differences between women who strongly identified with Indian culture and women who identified as more assimilated within the western host culture. These findings suggest that perhaps Indian cultural traits considered a mental health resource are particularly relevant in supporting first-generation women who identify with the traditional culture. The traditional culture values provide women with a connection to their "home". The findings further demonstrate how traditional values of Indian cultures can be detrimental to the mental health of second-generation American Indian women, where traditional values can create pressure on women that lead to the development of cultural conflict. A limitation of this study is its applicability to the experiences of Indian women in the U.K. Though the experiences of immigrants in American society may be different to that of immigrants within the U.K., this study remains relevant as it highlights the experiences of acculturation into western cultures. It demonstrates the unique conflict that Indian women experience in balancing both traditional Indian values and more western ideologies. The findings suggest that the pressures of conforming to cultural and traditional gender ideals are more pervasive on women.

Furthermore, the pressures and the conflicting roles between family culture and societal culture perhaps have an impact on an individuals' identity. This pressure can be constricting and isolating, leading to greater susceptibility to adverse psychological experiences. However, these findings should be evaluated with caution, as the results are derived through self-report methodologies. The limitations of self-report methods within Indian populations have been previously discussed, where Indian cultural values may limit disclosure. Furthermore, the findings of this study were based on the experiences of first and second-generation immigrants from India. This study addressed the limitations of previous research in generalizing across Asian populations. Future research may aim to

develop a similar study across Asian populations to further investigate group differences. Perhaps future researcher may aim to engage in an in-depth exploration of specific cultural factors that have been highlighted by existing literature.

1.4.2. Implications of Shame on Adjustment and Psychological Health

Existing literature accounts for multiple factors highlighted in contributing to the heightened experiences of mental health-related illnesses among Asian women. Anand and Cochrane (2003) explored the experiences of shame among Asian women within the U.K., providing an in-depth exploration of a specific cultural factor proposed to impact mental health among Asian women. Anand and Cochrane (2003) conducted a study on ninety British Asian women from five cities in the U.K. Participants completed measures of self-report regarding cultural identity/acculturation, psychological distress and shame. Results from this study indicated that acculturation and cultural identity related to the experiences of psychological distress and depression among the participants. The findings from this study further suggest that shame posed as a mediator among the experiences of depression and cultural identity. The conclusions of this study indicate that participants who held a stronger identification of Asian culture were subject to more significant experiences of shame. Greater vulnerability to shame was further associated with higher psychological distress and experiences of depression. The findings concluded that the experience of shame among Asian women perhaps poses as a substantial contributor to the elevated experiences of psychological distress noted among Asian women.

The findings of this study contribute to the literature attempting to understand the heightened levels of psychological distress reported among Asian women within western societies. Anand and Cochrane (2003) review is among the first to provide evidence for the experience of shame among Asian women and its relationship to the populations' susceptibility to experiences of mental health and psychological distress. However, there are notable limitations within this study. Firstly, the sample within this study is unrepresentative of the general population as it consisted of primarily university students. By sampling from primarily university students, the findings from this study are limited as certain factors such as the expectations traditional culture and family hold regarding child-rearing, work-family balance and marital issues may not have been explored. As a result, the applicability of this study to the general populations is dubious. Perhaps future studies may consider the differential experiences across the lifespans that are influenced by

experiences of traditional culture and acculturation.

Furthermore, this study relied on self-report data and lacked an in-depth experiential exploration of the phenomenon. Future research can perhaps provide a greater scope of these experiences by engaging in a more exploratory, in-depth exploration of the experiential nature of the phenomenon. Limitations of using self-report data among Asian populations have been highlighted, where cultural characteristics limit disclosure. For this reason, future studies may perhaps aim to eliminate factors that are limiting in self-report data by providing a more in-depth exploration through an interview. This can provide a greater understanding of the experiences described to influence the heightened levels of psychological distress among Asian women. The final limitation noted is the sampling limitation noted within this study. Anand and Cochrane (2003) sampled Asian populations as a collective, failing to acknowledge the cultural, religious and regional differences that may impact the findings of the study. Therefore, the generalizability of these findings should be interpreted with caution.

1.4.3. The Conceptualization of Asian Woman's Mental Health Thus Far

To summarize the review of the literature within this section, it is notable that existing research suggests that Asian women have been identified as vulnerable to experiences of mental illness within western societies when compared to their male counterparts and other ethnic groups. Previous literature has found that the experiences of cultural conflict impact Asian women more severely when compared to Asian men. This has been attributed to the role's women have within Asian culture in maintaining the honor of the family, and in instilling cultural value for future generations. The literature explored in this section has demonstrated that culture has an implication on one's conception of the roles they adopt. This is particularly relevant to Asian women, where the roles of women hold cultural meaning and value in family honor. These roles are based on the culturally inherited contexts of the family, and often opposing the definitions of traditional roles are those that are transpired by the western host culture. As a result, individuals are faced with two opposing scripts or roles to follow. Previous literature suggests that these experiences may influence the heightened level of mental health-related issues that are commonly reported among Asian women. Existing research indicates that there is a more significant impact of cultural conflict and experiences of immigration on Asian women, as they hold an essential role within the culture. Asian women are regarded as maintaining

the honor of the family, where they instill the value and traditions of the culture to future generations. Previous literature has suggested that Asian women are often expected to place professional responsibilities second to family responsibilities (Varghese & Jenkins, 2009). They are exposed to a high degree of expectations to hold the family's honor by adhering to cultural values and abiding by strict gender norms. Taking into account the parallel context of U.K. culture, there has been an increase of Asian women participating within the workforce (Valk and Srinivasan, 2011). Consequently, the experiences of this population in balancing the divide between work-family obligations and its impact on an individuals' mental health is of interest for future research.

1.5. The Increased Presence of Women within Labor Markets

It is essential to recognize that women are subject to challenges that are not unique to specific cultures. These challenges are notable with an increasing number of women participating in labor markets. Women have historically experienced difficulties in the labour market, and the discrimination of women in the workforce can perhaps be partly attributed to the disproportionate share of domestic responsibilities (Sumer, Smithson, das Dores Guerreio & Granlund, 2008; Yarwood & Gemma Anne, 2016). Institutions reinforce gender norms and the roles of women as primary caregivers and homemakers. For example, the culture in the U.K. and the work policies prioritize full-time motherhood (Yarwood & Gemma Anne, 2016). Yarwood and Gemma Anne (2016) provides an example of this within U.K. society, where women's employment is often interrupted by childbirth.

In contrast, the roles of fathers increase in economically supporting the family with increased working hours. The role of women in the workforce has and continues to be significantly impacted by traditional gender roles, particularly stemming from the demand of women as homemakers and mothers. Many literary articles explore the experiences of women in the workforce and the challenges in balancing domestic responsibilities that are traditionally placed on women. However, these literary articles are limited, as they do not account for cultural implications on the experiences of women in balancing domestic responsibilities and their professional roles within the labour markets. Many literary studies ascertain that the challenges of assimilation into western cultures and the experiences of cultural conflict that particularly impact the roles of women are central to the heightened

levels of mental illness among Asian women. This suggests that there is a need for more significant literature on the experiences of women in balancing their identities pertaining to traditional family and western identities associated with an individuals' participation with labour markets. The following section expands on the literature exploring the growing involvement of Asian women within the labour markets.

1.5.1. The Importance of Social Support and Social Capital

It is suggested that Asian women are at a higher risk of mental illnesses as they are likely to be unemployed (Cooper, Murphy, Webb, Hawton, Bergen et al., 2010). This leads to economic and social isolation. Dutt and Webber (2009) suggest that two relevant psychosocial contributors to the heightened levels of distress noted in Asian women are factors pertaining to social support and social capital. In their explorations, they conducted a cross-sectional survey of Punjabi women in the U.K. Their results indicate that women who had greater access to social capital were associated with decreased psychological distress (Dutt & Webber, 2009). They ascertain that interventions for this vulnerable group should aim to improve the populations' access to social capital to promote recovery and prevent mental illness. This study is relevant in exploring the experiences of Asian workingwomen and reveals that with increased social capital, including employment, women experience decreased psychological symptoms.

Although this study provides a basis for possible interventions to address the heightened levels of mental health issues reported among Asian women in the U.K., there remains a lack of an in-depth understanding of the phenomenon. Previous works of literature have discussed the limitations of self-report studies, particularly with the Asian populations where cultural characteristics may impact disclosure. This suggests that future research should further explore the phenomenon of the impact of increased social capital in relation to experiences of mental health among Asian women. Furthermore, this study had limited generalizability due to low response rates. The results are, therefore, limited and replication or further exploration of the impacts employment has on the levels of psychological health should be the aim of future research.

Additionally, the majority of the participants in this study were unemployed, which limits the explorations of Asian women in the workforce and their experiences of mental health.

The findings of this study suggest that Asian women were often unemployed, which is contrary to many literary findings that indicate that Asian women are increasingly present within labour markets globally (Valk & Srinivasan, 2011). Contrasting the results that Asian women are likely to be unemployed, many studies have noted an increase in Asian women within labour markets. West and Pilgrim (1995) suggest that among British Asian women, there are high rates of employment in professional and managerial work. Globally, there is an increasing presence of women in labour markets, and issues pertaining to work-life balance have been increasingly present on the research platform. This research has not been inclusive of the experiences of Asian women. British Asian women that are employed are an increasing population within the U.K., and this population appears to be limited within psychological research. British Asian women have been highlighted as having a higher susceptibility to mental illness, and research exploring the populations' experience in the workforce is needed. Currently, existing research on employed Asian women in the U.K. is limited, raising concern for clinicians, academics and researchers in conceptualizing the experiences of mental illness among this population.

1.5.2. Cultural Influences on Work-Life Balance

There are limited studies exploring the cultural influences on work-life balance. In the following section, I present the existing literature examining the experiences of Asian women in the workforce.

To understand the unique experiences of Asian women in the workforce, Kaur Rana, Kagan, Lewis and Rout (1998) conducted semi-structured interviews on 17 British Asian full-time professional women. Their findings revealed significant themes and trends among the population in relation to work-family balance, accounting for cultural influences. Within their results, concerns were voiced regarding cultural influences on domestic responsibility, additional responsibility and commitments to extended family and community, work-family priorities, superwomen syndrome, the stereotype of role responsibilities at work, and experiences of discrimination (Kaur Rana, Kagan, Lewis &Rout, 1998). This study suggests that working women experience the same family, cultural and community expectations as non-working Asian women. Uniquely, working women often experience conflict between their work and domestic responsibilities and identities. This conflict appears to be exaggerated among working Asian women where,

due to cultural values, greater importance is placed upon family responsibilities. Many participants in the study expressed that families did not appreciate or understand the demands women faced at work.

Additionally, participants reported that their families expressed a lack of understanding regarding their work commitments, leaving them with little time for domestic chores or time for self-care. Participants expressed having to put the demands of the family before their careers and even before their welfare. Furthermore, women reported experiences of guilt as they deviated from traditional gender norms and had limited time and energy to provide to their families (Kaur Rana, Kagan, Lewis & Rout, 1998; Yarwood & Gemma Anne, 2016).

The findings from this study indicate that the roles and demands pertaining to work-family balance differ between White women and Asian women. This study accounts for the diverse cultural norms and expectations Asian culture imposes on women in their process of finding balance among their multiple roles. The authors of this study suggest that there are failures of research, clinical practice, and organizations to acknowledge the cultural dynamics impacting the experiences of work-family balance among Asian women — however, the findings from this study present with many limitations. Firstly, the study may be outdated, and future research should aim to explore themes with a current sample. This can account for any changes due to increased globalization and western cultural influence over the years. Secondly, this study did not explore experiences of mental health in relation to the cultural impacts on work-family balance. Perhaps this leaves a gap for future research initiatives to explore. Future research should aim to examine the implications of work-family balance among Asian women within the U.K. concerning the heightened experiences of mental health noted within this population.

To further explore the experiences of Asian women in the workforce, Patel, Patel, Khadilkar, Chiplinkar, and Patel (2017) conducted a cross-sectional study examining the prevalence of anxiety and stress among Indian working women. Participants included (n= 605) 18-50-year-olds from Gujarat, India that were randomly selected. The authors suggest that typically, the traditional roles of women are as homemakers; this is rooted in the values and culture of Indian society. This study demonstrated that there is a social change in India, and the traditional gender norms are being challenged. Interestingly, the study found that homemakers had higher stress and anxiety when compared to working

women. The research suggests that involvement outside the home might help women reduce experiences of stress and anxiety. Workingwomen reported feelings of independence and self- confidence with higher social connections and economic independence. These findings are consistent with literature within the U.K., where unemployed women were seen to have lower social capital (Dutt & Webber, 2009). Like previous literary studies, these findings provide insight into the experiences of low social capital among unemployed Asian women. However, there remains a lack of depth in exploring the experiences of working Asian women.

There are many limitations to this study. Firstly, there is the issue of the applicability of the findings within U.K. culture. India, in itself, is a transitioning society where traditional gender norms are challenged. Therefore, the results of this study remain relevant to consider as the challenges of working women may have some similarities across cultures. A second limitation of this study is the failure to examine the degree to which the employed participants were involved in traditional home responsibilities. The participants' investment in family life was not explored. Although there is an increase of women within the labour markets, and the benefits of this transition have been acknowledged within the literature, the challenges of balancing the new roles and responsibility of employment and the traditional cultural norms have seldom been explored. For example, South Asian culture emphasizes the responsibility of women to put family above occupation and self-development, and the challenges of balancing this have yet to be addressed within psychological research. One study concluded that women with greater job success than their husbands experience a higher risk for poor mental health, a trend that is not unique to South Asian populations (Kumar, Jevaseelan, Suresh, and Ahuija, 2005). Therefore, conclusions regarding the benefits of employment in improving psychological health among Asian women cannot be drawn. These results remain inconclusive, and future studies should aim to address the inconsistencies within the literature. These inconsistencies and contradictory results suggest a need for future research to explore the impacts of high family involvement on working-Asian women to provide greater insight into this phenomenon.

1.5.3. Summarizing the Literature on Asian Women in the Workforce

The research studies reviewed have highlighted key themes in exploring the experiences of Asian women in the workforce. Globally, there has been an increase in the female presence within labour markets, challenging the dynamics and traditional structures of Asian families. The present review elicited various discrepancies and gaps within the literature pertaining to Asian workingwomen. Some studies have demonstrated that employed Asian women have lower rates of anxiety and psychological distress when compared to unemployed women. The benefits of employment and increased social capital have been widely discussed. However, there are no previous attempts in exploring the impact culture has on women in balancing the responsibilities of work and family. Perhaps a more in-depth study recognizing the challenges of work-family balance and the unique cultural pressures that impact these experiences can contribute to developing a more consistent understanding of the experiences of Asian workingwomen.

Furthermore, future research should aim to explore the differential cultural, religious and regional influences among the Asian populations. It is more useful to explore smaller subsets of the population as opposed to generalizing Asian women because there may be differential cultural factors impacting the experiences of women within the workforce. For example, women in the workforce may have the responsibilities of bother work and family. The roles of women, influenced by cultural, social and religious constructs, may be perceived, valued and understood differently across the many subcultures grouped under Asian populations. In further exploring this phenomenon, future research can develop an understanding of the factors that influence the increased susceptibility to mental health-related issues noted among Asian women within the U.K.

1.6. The Literature Thus Far: Mental Illness Among Asian Populations

The following section aims to provide a summary of the literature exploring Asian populations. Through the exploration of previous research, the unique experiences of immigrant populations have been highlighted and should be taken into consideration in providing more culturally sensitive mental health services. Thatcher (2006) suggests that a lack of awareness and understanding of the unique minority group experiences and cultural differences within exiting psychological research and clinical practices imposes

social inequalities. Such inequalities and power imbalances maintain mental illness and psychological distress among minority groups. This is especially important when taking into account the high levels of psychological distress reported within minority populations, and particularly relevant within the U.K. is the heightened psychological distress described among Asian populations.

Previous literature has highlighted the Asian population as the largest minority group within the U.K. This population is described as having higher levels of reported psychological distress within the existing literature. However, this population remains under-represented within mental health care services. An exploration of the previous research has elicited cultural factors, a lack of knowledge and awareness of service availability and screening issues that may limit mental health service use among the British Asian community. The possible reasons for this include cultural factors pertaining to negative stigma regarding mental illness, responsibility to protect family honor, and lack of trust along with other factors (Ahmed, Abel, Lloyd, Burt, & Roland, 2015). Furthermore, existing literature suggests that cultural constraints inhibit individuals from seeking help within this community. Individuals from Asian communities are less likely to seek professional help for psychological distress and disorders until it reaches the point where it is no longer bearable. A study revealed that reasons of delay in help-seeking were due to social stigmas, obligations to stay silent and protect family's honor, children's well-being, lack of social support, and lack of knowledge of services and treatment (Ahmad, Driver, McNally, & Stewart, 2009). Within Asian communities, there is a high social stigma attached to mental illness, which results in hiding or denying conditions and symptoms (Conrad & Pacquiao, 2005). These findings suggest a variety of influences for the lack of representation of Asian populations with psychological services. Future research should further examine ways in which counselling and other mental health services can be applicable and available for this community. Additionally, future studies should aim to develop a greater understanding of the unique cultural characteristics that have been proposed to impact experiences of mental health among Asian populations within the U.K.

Existing literature examining the unique cultural characteristics of Asian populations suggest that the high degree of psychological distress within Asian culture may be linked to the experiences of cultural conflicts experienced among younger immigrants and second-generation immigrants. The literature proposes that individuals are faced with a struggle to gain an identity that conforms to the values and traditions of their native culture

while attaining a sense of belonging to the western host culture (Husain, Waheed, & Husain, 2006). Such challenges pose detrimental effects on immigrant populations, as described throughout this literature review. It is essential to recognize that many of these cultural norms are diminishing as more Asian immigrants assimilate and adapt to western culture. Therefore, not all Asian immigrants experience the same cultural and family responsibilities described in the studies above.

It should be noted that some Asian families are moving towards a more nuclear, western style family where there are fewer pressures from extended family and community (Kaur Rana, Kagan, Lewis & Rout, 1998). It is vital for future research to understand specific Asian group experiences within the U.K. in an attempt to maintain the validity of the data. Therefore, one must not generalize these findings to all Asian immigrants, and future research should aim to explore the unique differences within Asian populations, including the differential experiences among Asian subcultures.

A significant limitation noted in reviewing the existing literature is the lack of recognition of the full range of cultures, regions, and religions classified under Asian populations. The term Asian has been used to define smaller subsets of the population including Indian, Bangladeshi and Pakistani. Moreover, the different religions predominately referenced include Sikhism, Hinduism and Islam. Although these subcultures are similar in their traditions and values, in exploring the literature, many limitations have been highlighted in generalizing Asian population experiences. For example, the current research demonstrates contradictory findings that have been attributed to the potential differences in the experiences, the cultural understandings of mental health and the differences in cultural values among the subcultures within Asian populations. In acknowledging these differences within psychological research, more valid and appropriate perceptions of unique cultural experiences pertaining to mental health can be explored. By generalizing these populations, there is concern regarding the applicability of the literary findings. Valid and appropriate psychological research is essential in informing clinical practice and ultimately in improving the mental health of individuals. Future research should aim to explore and differentiate the specific experiences of each subset culture classified under Asian populations. This is to ensure that each culture is fairly represented to provide cultural knowledge and understanding to service providers.

In exploring the existing literature, Asian women have been reported by various studies

as having a higher risk for psychological distress (Bradby, Varyani, Oglethrope, Raine, White and Helen, 2007; Klineberg, Clark, Bhui, Haines, Viner et al, 2006; Husain, Waheed, & Husain, 2006). Some studies suggest that Asian women are more often unemployed and dependent on the income of their husband, which may contribute to higher levels of distress. It is proposed that when women are provided with greater independence and employment, they experience lower levels of psychological distress (Patel, Patel, Khadilkar, Chiplinkar, & Patel, 2016). Studies have found that with employment, women gain social connectedness within the host culture and greater independence. However, another study showed that women in higher jobs than their husbands were at increased risk for poor mental health (Kumar, Jevaseelan, Suresh, & Ahuija, 2005). Future literature should examine how Asian women, who experience more significant psychological distress from the demands of culture and family, cope with the additional stress of having a highly demanding occupation. There is limited literature examining work-family balance among Asian women. Based on this literature review, findings may demonstrate challenges in balancing traditional eastern values and the western roles of demanding careers. Future studies may perhaps examine the experiences of work-family balance among Asian women, in an attempt to address the inconsistencies and gaps noted in the literature.

As mentioned previously, Asian populations are highly underrepresented as service users. However, they exhibit higher levels of psychological distress compared to British White citizens (Ahmad, Driver, McNally, & Stewart, 2009; Lee & Hadeed, 2009). This demonstrates a limitation within the existing literature that may be remedied through more in-depth understandings of the population experiences. Furthermore, Asian women have identified as highly susceptible and vulnerable to mental illness. However, existing research on the population experiences within the U.K. is limited. The current literature pertaining to this population fails to account for the increased participation of Asian women within the labour markets and fails to recognize how this phenomenon may impact and challenge the traditional gender norms that are imposed on Asian women.

1.7. Theoretical Models

The following section explores the theoretical models considered while reviewing the literature in this chapter. These theoretical model support and emphasis on the importance of the researcher conducted.

1.7.1 The Importance of Cultural Sensitivity

In this section, the importance of including cross-cultural approaches and understandings of mental illness within counselling psychology practice, research and literature are explored. To begin, the issue of psychological practices and the foundations in western philosophy is explored, demonstrating how this impacts the applicability of services to minority populations within the U.K. Secondly, the impact of the western ideologies within clinical practice is discussed. Lastly, the recommendations for clinical practice, research and literature to be more inclusive of minority population experiences are considered. This section highlights the importance of cross-cultural sensitivity within western societies, where there is an increase in immigrant populations.

Kareem and Littlewood (2000) highlight that much of the psychological services available within Britain are directed toward western populations. The conceptual understandings of mental illnesses are rooted in western cultural perspectives of the mind and human experience (Fernando, 2010). With increased immigrant populations within Britain, there is a need for services to be more inclusive of ethnic minority experiences. The challenge of adopting the western approaches to the experiences of migrant populations has been of interest within research and clinical practice concerns in the field of psychology for many years. Lago (1996) suggests that the challenge of connecting to minority populations stems from the training experiences practitioners are exposed to early in their careers. Many of the theories introduced within psychological training are rooted in western history and philosophy. The foundation of the field in western philosophy limits the applicability of the practice to minority populations within the U.K. As counselling psychology practices, and theoretical models are derived through a western philosophical lens, the challenge of being inclusive of minority populations remains.

Psychological practice can be considered a system of knowledge, where it provides individuals with the resources for self-understanding (Fernando, 2010). Therefore, greater sensitivity and cultural awareness within the contexts of counselling psychology are highly essential, where the knowledge derived from western philosophy can result in misunderstanding and misdiagnosis of minority population experiences. Kareem and Littlewood (2000) suggest that the lack of knowledge of traditional family structures and influences within minority cultures can result in diagnostic and therapeutic errors within clinical practice. Furthermore, this lack of understanding can impact the therapeutic

relationship. Kareem and Littlewood (2000) suggest that the therapeutic relationship is one that must be sensitive to power imbalances where there is a high risk of racism and colonialism. The authors propose that practitioners should be mindful of an individual's experiences, taking into account the cultural factors that influence an individual's roles within their families, communities and social contexts (Kareem & Littlewood, 2000).

The adoption of intercultural therapy approaches within psychological practices can aim to reduce the risk of cultural insensitivity within clinical practices (Kareem & Littlewood, 2000). Intercultural therapy adapts western theories to new contexts, meaning and beliefs with the inclusions of the client's cultural lens. In this theory, the practitioners' knowledge is based on western theoretical models. However, the applications of the models are influenced by the cultural experiences and framework of the client. Adopting this approach may be beneficial within psychological practices where the issue of cultural sensitivity is rooted in foundations and training of the field (Lago, 1996). Fernando and Keating (2009) further recommend the inclusion of minority women's experiences and issues both in research and psychological practice. The authors suggest that issues concerning gender blindness and negative or stereotypical views of minority culture further contribute to the elevated experiences of mental health among minority women's health within Britain. These literary findings and recommendations guide the present study and inform my desire to explore and understand the experiences of minority Indian women experiences within the U.K.

1.7.2. Intersectionality and Feminism: Interlocking Systems Impacting Women

Intersectionality defines a theoretical concept that posits that there exists multidimensionality to social life, that intersect and create experiences for differential groups (Brown and Misra, 2003; McCall, 2005). This term is often referenced regarding the experiences of women and is rooted in feminist theories. The conceptualization of the experiences of women without any consideration of differential social structures is problematic. As seen from the literature review conducted in this chapter, the experiences of Asian women have multiple influences, including education, economic status, gender and race. Ultimately, to understand the experiences of Asian women, researchers, clinicians and other health care professionals must not think separately about multifaceted layers of an individuals' identity. It is vital to consider how these sperate aspects of an individual intersect and overlap concerning an individual's role within a social context. In

doing so, an understanding of an individual in the context of their “real lives” becomes possible (Berger and Guidroz). Adopting an intersectional view allows for the consideration of ones’ various identity traits and reflection of an individuals’ “lived experience”. Intersectionality considers the intersection, connection, relationship and overlap between an individuals’ multiple identity traits, which is central to exploring an individuals’ roles and positioning within their social contexts (McCallm 2005).

Intersectionality draws on the multiple layers that make up and individuals’ identity and examines the individuals lived experience within their social constructs (Shields, 2008). A theoretical foundation in intersectionality is reflective of qualitative research and for these reasons, it is essential to consider for the present study (Sheilds, 2008). Adopting an intersectional view is appropriate in the context of the current research, that aims to understand the multiple roles and identities of Indian women within the contexts of their social worlds. In the present research, I attempt to explore and how the multiple identities, roles and social constructs that make up an individuals’ lived experience relate, overlap and intersect.

Adopting this theoretic view was essential in developing the research question of the present study and the approach to the literature review. I was considerate of the possible barriers that may be experienced by different populations groups. Through the literature review, I attempted to be inclusive of the experiences of diverse populations, including Indian women born in the U.K or America, Indian immigrant women born in India, Pakistani and other Asian group populations, male populations, British White populations and others. By including multiple population experiences in the literature review, I was able to explore variations of identity combinations; for example, the population of professional working mothers in India, British White working women or professional Indian working mother. Exploring the variations and multifaceted layers to individuals’ identities made it possible to engage in diversity research and to be inclusive of homogeneity among populations.

Consideration of homogeneity and of the unique experiences among populations was central to developing the interview schedule of the present research. In developing the interview schedule, I tried to be open about the participants' experiences and in discussing the participants' multiple roles. I attempted to embody a holistic approach and to facilitate a reflection of the participants' multiple identities. I did not assume one explanation for the

participants' experiences of inequality and held an open refection of the participants lived experiences. (Bowleg, 2008).

Qualitative research and Intersectionality theories share an essential quality for research. That quality is reflexivity (Bowleg, 2008). In particular, intersectionality theories highlight the importance of the researcher's presence, which I reflected upon in detail under section 2.4.1 of the Methodology Chapter. Intersectionality theories suggest that there may be some benefits to the researchers' identity, social positioning, interests and experiences being relatable to the participants. In the context of the present study, I shared many similarities with the participants as I identify as a second-generation Indian working woman. As intersectionality theories suggest, this may have built greater trust and alliance between the participants and me. I was mindful of this quality in intersectionality research, and I often reflected on my interactions with the participants.

In the context of the present research, the multiple interlocking systems highlighted within the existing literature on Asian populations include sex, social structures, socioeconomic status and culture. Furthermore, the literary review has demonstrated how these systems interlock to influence the experiences of mental illness for this group. For example, the literature explored suggests that there is an increase in the presence of Asian women within labour markets. This change in role has challenged traditional gender norms and family dynamics within traditional Asian families (Kumar, Jevaseelan, Suresh, & Ahuija, 2005). These findings explore the interlocking systems pertaining to sex, socioeconomic status and culture. In doing so, researchers can understand the multiple levels of oppression that may perhaps impact individual groups mental health, and this information may serve to explain the heighted experiences of mental illness among Asian women populations in the U.K. With the inclusion of a feminist and intersectionality lens in psychological practices and research, future work within the field can adopt a holistic, inclusive approach to conceptualizing individual experiences.

1.8. Concluding Statement

A review of the literature has identified concerns within psychological research that remain inconclusive. Firstly, previous literature has explored and highlighted the vulnerability of Asian populations within the U.K. to mental health-related illness. The existing literature recognizes the lack of representation of this population within mental

health services, despite the elevated psychological distress that has been reported. These findings are concerning and suggest that psychological services are currently failing to provide services to this community. To overcome this limitation of psychological services further research initiatives are required in order to develop an understanding of the heightened level of distress noted among this population and to ultimately provide services that apply to the population experiences.

Secondly, previous works of literature have generalized experiences across Asian populations and fail to account for the differential subcultural experiences. Future research should aim to address this concern by increasing the awareness and understanding of the subcultures among the Asian populations. In doing so, greater depth and validity of the understandings of cultural influences of mental health may be established.

The third concern within existing literature is the limited explorations of the experiences of Asian women. Asian women have been suggested to have greater mental health vulnerability when compared to Asian males and British White populations. The factors highlighted in impacting the elevated psychological health experiences among Asian women have been attributed to cultural pressures, gender norms and experiences of acculturation. Furthermore, the experiences of women in the workforce have scarcely been explored in the previous literature. The literature that exists remains inconclusive and there are many discrepancies within the literature regarding psychological distress of women in the workforce. Future studies should aim to examine the experiences of working Asian women in greater depth.

Through this literature review, it has been established that no previous attempts in exploring the cultural factors on the experiences work-family balance among British Asian women have been explored. This is an important endeavor for future research and clinical practice in the treatment of Asian women; a population that has been highlighted as highly susceptible to mental illness and limited within psychological services within the U.K. Furthermore, further research on this topic may contribute to the existing literature, and attempt to explore an under-researched area. These limitations describe the motivations for the present study.

Chapter 2: Methodology

2.1. Chapter Orientation

The following chapter aims to provide a detailed account of the research process adopted within the present study. Firstly, I begin by presenting the rationale, aims and focus of the present study. Then a description of the theoretical underpinnings and a description of the research approach applied in the following study are presented. The following section presents the research design including the sampling methods, research procedures and methods of data collection adopted within the present study. A detailed description of the analytical method implemented in the present study, along with the analytical process I engaged in is then presented. I then reflect on the ethical considerations pertaining to the present research. In concluding this chapter, I present a reflexivity section.

2.2. The Research Study

The current study attempts to understand how second-generation Indian women in the U.K. make sense of the experiences concerning their multiple roles, and how these women experience balancing their multiple roles. In the context of this study, the sample will be referred to as Indian women as opposed to British Indian women. This decision is further explained in section 2.4.2.

2.3. Theoretical Underpinnings

In establishing the methodology adopted within the present study, consideration of the study's research paradigms was explored in depth. Research paradigms refer to the philosophical stance of ontology, epistemology and methodology underpinning a researcher's belief system that ultimately influence the development of the research study. Marsh and Furlong (2002) suggest that ontological and epistemological positions shape the theoretical and methodological approach adopted by a researcher. Methodology refers to the techniques and procedures adopted by a researcher to gain and analyze knowledge (Crotty, 1998). By exploring these philosophical stances, researchers can reflect on their world-view. These philosophical positions are essential to explore, as they define the basis of a researchers world-view and ultimately, the views influencing and underlying the research study. The following section will begin by exploring my ontological and epistemological positions that underpin the present research study. Then the

methodological position I have adopted will be explored, where I justify my methodological stance pertaining to the current study.

2.3.1. Ontological and Epistemological Position

Ontology refers to a researchers' view of the nature of reality (Tsilipakos, 2014). A realist ontological position assumes that there is one true reality and that all phenomenon are objective (Marsh & Furlong, 2002). Willig (2012) describes the realist ontological position in terms of the researchers' belief that their research aims to shed light on reality. In contrast, the relativist position assumes that reality is subjective. This view suggests that reality is influenced by the individual's experiences, interpretations and perceptions of the environment and social contexts. Within this position, the researcher aims to engage in making sense of an individual's experiences. Relativists hold that all phenomenon have diverse interpretations. Upon exploring and reflecting on my philosophical positioning, I believe that the world exists, and the processes of meaning-making occur within a reality. I assume that there is a reality to the phenomenon of interest. However, the phenomenon is influenced by the existence of cultural, historical and social contexts. Therefore, I take a position between the two stances described above, that of the critical relativist. This position recognizes the social, historical and cultural factors that are experienced individually and that help in creating the individuals' perception of reality (Ramey & Grubb, 2009). This stance describes my ontological positioning, which is inevitably related to my epistemological position. As Crotty (1998) describes, "to talk about the construction of meaning-making is to talk of the construction of meaningful reality" (Crotty, 1998, p.10).

Epistemology refers to the theory of knowledge and aims to understand what we can know of the world and how we know it (Tsilipakos, 2014). Similar to ontology, there are two opposite views regarding epistemology (Marsh & Furlong, 2002). The first position suggests that objectivity and the ability to gain knowledge about the world without any external influence is possible, similar to the realist ontological position. The second position, similar to the relativist ontological position, assume that the subjective constructions of reality influence observations. Upon reflection, I believe that the participants' process of meaning-making may influence the knowledge and understandings gained through the present study. Furthermore, the participant's processes of meaning-making may be influenced by their cultural, social and historical contexts. I acknowledge that my interpretations of the data may be influenced by my

exposure to social, historical and cultural factors. My beliefs as a researcher position me to assume that it is not possible to remain objective towards a phenomenon (Charmaz & Henwood, 2008). The philosophical assumptions and stance I take as a researcher suggest that the present study aligns with the interpretivist- constructivist epistemological position. I believe that my position as a researcher is to construct meaning through interpretation opposed to discovering ultimate truth. This position holds that a researcher and the subject of the research are conscious in interpreting and acting within the world that consists of multiple cultural, social and contextual meanings (Madill, Jordan & Shirley, 2000).

In summary, the interpretivist- constructivist paradigm permits differential perspectives on reality, and the critical relativist paradigm suggests that a world exists, however meaning is derived through independent consciousness. In the present study, I am interested in developing a meaningful understanding of the phenomenon of multiple role balance among second-generation Indian women in the U.K. Within the present study I am interested in understanding individual experiences and interpretation of the shared reality that contains social, cultural and historical influences. I acknowledge my role in developing the interpretations and meanings derived from the analysis and understand how my interactions with the phenomenon may influence this process. By developing this understanding concerning the aims of the present study, I further reflected on and developed my methodological position. I explored a methodological position that was sensitive to the external influences in my development of interpretations and meanings of the data.

2.3.2. Methodological Position: A Qualitative Approach

In the present study, I aim to understand the participants' experiences as they engage with social, historical and cultural factors (Smith & Osborne, 2008). Indian culture in the U.K. remains highly influenced by community, religion, culture, and historical or traditional roles (Klainin & Arthur, 2009; Varghese & Jenkins, 2009). I aim to understand how these factors are experienced and how they influence role negotiations concerning work-family balance. An in-depth and thorough investigation of the participant's experiences and the influences of cultural and social factors can be attempted through qualitative research design. Qualitative research aims to recognize and explore multiple interpretations of a phenomenon and attempts to explore the meanings behind such interpretations (Smith,

2004). Willig (2013) suggests that qualitative research aims to describe and explain experiences. For these reasons, a qualitative approach has been adopted within the current study.

My decision in choosing a qualitative approach over a quantitative approach is reflected in the essence of the purpose of the study. Adopting a qualitative approach can allow for an in-depth exploration and interpretation of the experiences of a particular phenomenon. (Smith, Flowers & Larkin, 2009). Qualitative research may be associated with interpretation or the constructivist paradigm where it is believed that people actively construct their reality (Willig & Stainton-Rogers, 2008). For the purposes of this study, data collection with the use of qualitative methods aims to be naturalistic, without any reduction or precoding of the participant's account of the experience or phenomenon (Willig, 2013). I felt that the aims of quantitative methods would not have resonated with this study, limiting the participant's opportunity to challenge the researcher's assumptions and fully explore their experiences of the phenomenon of interest (Willig & Stainton-Rogers, 2008). Quantitative research methodologies are concerned with exploring the facts pertaining to a social phenomenon.

Furthermore, the philosophical positioning of quantitative methodologies assumes a fixed and measurable reality. The conceptual and philosophical underpinnings of quantitative methodologies did not resonate with my ontological and epistemological paradigms. Furthermore, the aims of quantitative methodologies did not align with the aims of the present study. Therefore, as the aim of the study is to gain valuable insight on individuals' experiences, and to understand the participants' subjective representations of reality, a qualitative methodological approach is appropriate (Willig & Stainton-Rogers, 2008). Ultimately, given the more fluid nature of qualitative research, this was favored over a more fixed quantitative approach.

2.3.3. Interpretive Phenomenological Analysis

The adopted qualitative research approach within the present study is Interpretive Phenomenological Analysis (IPA), developed by Jonathan Smith as a means to explore the idiographic subjective experiences and social cognitions of individuals (Smith, Harré & Van Langenhove, 1995). This method was chosen as IPA examines an individuals' lived experience and explores how one makes sense of that experience through the process of

interpretation (Smith, Jarman & Osborn, 1999). This outlook resonates with the essence and aims of the present research study as the purposes of the study are to examine the experiential nature of the phenomenon of multiple role balancing among Indian women. The present study aims are to examine the experiences of individuals and to elicit meaningful interpretations that may guide further research and clinical practice in the field of psychology. IPA's theoretical underpinnings in phenomenology and hermeneutics further justify the use of these methods for the present study.

Phenomenology originated from Husserl's attempts to create a science of the consciousness (Crowell, 2013), which strives to understand how the world is formed by the conscious acts and experiences of an individual. Phenomenology is concerned with ones' subjective experience. It poses that the reality we live in is experienced through multiple engagements with objects and others (Smith, Jarman & Osborn, 1999). This view is adopted by IPA, an ideographic approach attempting to understand the individuals lived experience opposed to constructing a universal law (Smith, Jarman & Osborn, 1999). Further examining the notion of individual experiences concerning the construction of reality, Heidegger, drawing on phenomenological analysis of human existence, defines humans as a Dasein, translating to being-in-the-world (Ramsey, 2016). This suggests that an individual only knows the world as they experience it. It takes into account the individual's experiences of a phenomenon concerning the individual's lens that contains historical, cultural and societal influences. This is relevant to this particular study that takes into account sociocultural and historical aspects to the experiences of British born Indian women in the U.K.

Hermeneutics can further describe my position in interpreting the participant encounters and transcripts. Hermeneutics focuses on the meaning of texts, with its historical roots in the interpretation of religious texts (Smith, Flowers & Osborn, 1997). The "hermeneutical circle" describes the process of interpretation of texts; an attempt to understand a transcript with reference to previous knowledge from other literature. It poses that our interpretation is in fact, influenced by previous knowledge, literature and experiences. Heidegger suggests that this process, similar to his concept of Dasein is a circular structure. The interpreter will have previous knowledge and assumptions on the reality presented by the transcript, which may pose difficulties in the process of interpretation. An underlying principle of this concept is that reality is experienced and given meaning by the individual, and the researcher's goal is to interpret this meaning. Drawing on

hermeneutics, I reflected on and considered how the process of interpretation might impact the results of the study (Smith, Jarman & Osborn, 1999). I acknowledge the difficulty of the interpretive nature of qualitative research in setting aside assumptions and preconceived notions. This type of research emphasizes the use of reflexivity as an attempt to "bracket" any existing influences (Smith, Jarman & Osborn, 1999). The role of the researcher within this approach is to take a stance of non-interference and wonder, which is referred to as the phenomenological attitude (Finlay, 2002; Willig, 2013). Drawing on hermeneutics aligns with my philosophical stance and ultimately underpinning the philosophical nature of the present study. I am mindful of my own social, cultural and historical contexts that may influence my process of interpretations. By acknowledging that my own experiences may influence the interpretations made within the present study, the importance of intensive reflexivity to bring awareness of any impeding material is highlighted.

In exploring and understanding IPA's theoretical underpinnings of phenomenology and hermeneutics, I can explore how this method resonates with my philosophical stance and the aims of the present research study.

2.3.4. Other Qualitative Methods Considered

I considered the use of discourse analysis over IPA within the present study. Discourse analysis aims to understand how individuals use language to create meanings, identities and relationships (Starks & Brown Trinidad, 2017). In this method, language is seen to construct reality. It examines how stories are told and what relationships, meanings and identities are produced through language. This approach was considered as it explores systems of meanings, examining the interactional and sociocultural contexts related to a phenomenon (Wiggins & Potter, 2008). This appealed to me as I aimed to examine an individual's relationship to the sociocultural constructs of Indian culture, and Indian immigrant experiences within the U.K. The purpose of the present study is to explore the multiple roles among Indian women that may be influenced by cultural factors. In adopting discourse analysis as the methodological foundation of the present study, the influence of language in developing culturally meaningful roles may have been explored. Language is seen to define social roles and perhaps provides cultural meaning to the roles of Indian women. Furthermore, discourse analysis examines how individuals construct reality with the use of language, using the participant's accounts of their experiences. In doing so, the

multiple uses of language can provide variability of meaning and function to a specific phenomenon. (Potter & Wetherell, 1987; Wiggins & Potter, 2008). These factors describing discourse analysis were appealing for the purposes of the present study. However, as I engaged in further reflection, it was clear that discourse analysis did not align with my philosophical stance.

The fundamental stance of discourse analysis did not resonate with the purpose of the study and with my ontological and epistemological stance. IPA's use of social constructionism is based on symbolic interactionism as opposed to post- constructionist thought, which is what influences discourse psychology (Smith, Jarman & Osborn, 1999). Symbolic interactionism explains social behavior in terms of how people interact through the interpretation of meaning through symbols including language, actions and other social constructs (Duguid, 2014). Post-constructionism relies heavily on linguistics and discourse analysis. It assumes that all that exists in the world and reality, including inner experiences, are created by language. Through this assumption, meaning is derived from the analysis process with the use of language. This philosophical stance does not resonate with my stance on the purposes of this study. For example, I do not believe that all that exists within the world is created by language, but instead, I assume that language is part of the social, historical and cultural contexts that underpin individual's experiences of the real world. I feel that language, like all other constructs, are both experienced by individuals and also interpreted and given meaning by individuals. Within the context of the present study, I believe that the phenomenon of multiple role balancing among Indian women in the U.K. is both influenced by social, cultural and historical factors, but also maintained and given meaning by the individuals experiencing it. This resembles the stance of symbolic interactionism, which poses that people actively interact with objects and that they construct their social worlds (Willig, 2013). It argues that the individual is an active part of the construction of the world they experience and are active in the development of the sense of self (Willig, 2013). As my understanding of reality goes beyond the use of language and focuses on the experiences of the individual, IPA was the favored approach.

2.4. Research Design

In the following section, I present the research design beginning with an exploration of the potential impacts the researchers' presence may have in the current study. Within this section, I discuss the precautions and understandings developed prior to engaging with

the participants. I will then present and justify the inclusion and exclusion criteria of the participants. In concluding this section, the research procedure and data collection methods are presented.

2.4.1. The Researcher's Presence

In designing the present study, I reflected on how my presence might impact the interactions with the participant. This was important to consider, particularly in adopting IPA methodologies, where the impacts of the researcher's presence, preconceived knowledge, experiences and understandings are emphasized and reflected on. In the context of qualitative research, whether a researcher should identify with the population being studied has been widely debated. This was important for me to consider within the present study as I identify as an Indian woman. Dwyer and Buckle (2009) explored the implications of the "insider" and "outsider" stances of researchers. They found that there are both limitations and strengths to be an "insider" or an "outsider" in engaging in qualitative research. Dwyer and Buckle (2009) suggest that the middle ground between an "insider" and "outsider" status allows for an understanding of the other and understanding of the self (Dwyer & Buckle, 2009). Within the present study, I aimed to hold this position. I see myself as an "insider", where I am a Canadian born Indian woman.

Similar to the participants within the present study, I identify as a second-generation Indian woman within a western society. I have a distinctive accent, being a Canadian international student living in the U.K. that easily identifies me as a second-generation Indian woman. This information may have influenced the participants' regard towards me, where they may have assumed that I had similar experiences as a second-generation Indian woman in a western society. This may have also benefitted the depth of the relationship with the participants, where they may have felt better understood. The participants may have better related to me and felt acknowledged and understood within the interactions. As an "outsider", though my age was not revealed, it is valuable to note that I am younger than the participants that were recruited. This difference was visible, as the participants often commented on my age. The participants acknowledged that I had no experiences in balancing multiple roles pertaining to having the responsibilities of a family. My experiences are different from the participants as I am unmarried and do not have any children. I, therefore, have no personal experience of being a second-generation Indian woman that is married or with children. Holding this outsider perspective perhaps

allowed me to maintain my curious stance that is essential in IAP methodologies. I was open to developing an understanding of the impacts culture has on the experience of multiple role balancing. This balance between holding an "insider" and "outsider" perspective in the present study perhaps served to benefit me, where I was able to connect with the participants, understand their experiences, and maintain curiosity and openness concerning the phenomenon of interest.

To explore the influences of my identification as an "insider" and my position as an "outsider", I had engaged in reflexivity throughout the research process. This information is relevant in terms of reflexivity, which will be further explored in section 2.7 below. It is essential for me to consider how I may impact or influence participants. This is in line with IPA research design that acknowledges the challenges in interpretations particularly when the researcher holds previous knowledge pertaining to the phenomenon of interest.

2.4.2. The Participants

In line with the guidelines of IPA research designs, eight participants were recruited in the current study (Willig, 2013). This is to ensure an in-depth exploration of a small sample of the population of interest. To explore the experiences of balancing the identity of being a second- generation Indian women in the U.K., I decided to recruit participants who strongly identify with Indian culture. In the study advertisement, I deliberately chose to recruit participants that identified as "second-generation Indian women" opposed to "second-generation British Indian women". For this reason, I refer to the participants as Indian women opposed to British Indian women throughout this study. The participants were all employed, second-generation Indian mothers in London. The inclusion criteria had been amended through the process of recruiting participants. Initially, I had set the age range for participants as 30-40 with children between 10-18. However, I had amended these age requirements to include participants from the age of 30-50 with children aged 10-25. I found it difficult to recruit participants prior to making these amendments. The decision to recruit participants between these ages was in considering the level of profession the participants had reached the point. Additionally, the participant's children were between the ages where they required less consistent support from their parents. In recruiting participants within this age range and with children between 10-25, the participants had expressed various experiences and transitions in their roles as working mothers. This further allowed for the participants to account for their journey in finding

balance among their multiple roles.

Participants were British born, of either Hindu or Sikh religion. My decision to solely recruit participants of Sikh or Hindu religion was based on the limited research on this particular population in the U.K (Kaur Rana, Kagan, Lewis & Rout, 1998). The religions predominately referenced in previous literature include Hinduism, Sikhism and Islam that are clustered under the term Asian. In the existing literature, the term Asian refers to a wide range of cultures, regions, and religions (Ahmed, Abel, Lloyd, Burt, & Roland, 2015; Roberts, Mann, & Montgomery, 2016). Furthermore, the term has been used to define a smaller subset of the population, including Indian, Bangladeshi and Pakistani. Though these populations have similar cultural values, I felt it necessary to focus on one population initially. I chose to focus on the subcontinent of India within the present research and to be inclusive of both Hindu and Sikh populations. Individuals from Hindu and Sikh religions are very similar in traditions, practices and religious events. For example, both Hinduism and Sikhism are Dharmic religious, meaning that they originated in the Indian subcontinent. Additionally, both religions share some philosophical concepts such as Karma, Dharma and Moksha. Because of these religious, philosophical, traditional and cultural similarities, I felt that it would be beneficial to be inclusive of both Hindu and Sikh populations within the present research. India has a high Islamic population. However, I did not include Muslim Indians in the present study. Islam, unlike Hindu and Sikh religions, is not a Dharmic religion. Islamic faith does not share similar traditions and practices to Sikhism and Hinduism. For this reason, I did not include Muslim Indian populations within my research. I attempted to address and be mindful of the sampling limitations noted within previous literature regarding the generalizability of Asian subcultures in my decisions of sampling Hindu and Sikh Indian women.

Within the recruitment advertisement, I had decided to use the term “Second-generation Indian women”. The subcontinent of India entails various religions and four major religions that originated in India, including Hinduism, Buddhism, Jainism and Sikhism. According to the 2011 census, 80.5% of the population in India practices Hinduism, 13.4% Islam and 1.9% Sikhism (Census of India: Religion, 2001). I found it interesting that individuals who contacted me and demonstrated an interest in this study were from Hindu and Sikh religions. I wondered about the meaning of holding an Indian identity, and how it may be impacted by religion. This may be interesting to explore in future research.

A summary of the inclusion criteria for the study is as follows:

Inclusion Criteria:

- Female
- British Born
- Indian women of Sikh/Hindu religion
- Working mothers
- Aged 30-50
- Children aged 10-25
- Married women

Participants excluded from the study were those born outside of the U.K. This decision was based on my interest in understanding the experiences among Indian immigrant families concerning the process of acculturation and identification of ones' cultural identity (Roberts, Mann, & Montgomery, 2016). Various psychosocial stressors influence an individual's coping and transition into western societies, and for the purposes of this study, the focus was on second-generation women in balancing the cultural implications of the family and cultural implications of the participants' culture they were born and raised in.

Individuals considered vulnerable adults or those with chronic illnesses were excluded from the study, as the experiences of these individuals may differ from a broader sample of Indian women in the workforce. The term vulnerable adult refers to individuals who require community services because of disability or illness, such as severe learning disabilities or motor degenerative disorders (British Psychological Society Research Board, 2014). It includes individuals who are not able to protect themselves against significant harm or exploitation, those who have learning or communication difficulties, individuals in custody or probation, and people involved in illegal activities (The British Psychological Society Research Board, 2014). Moreover, it includes individuals with a mental disability such as bipolar disorder, schizophrenia, substance abuse disorder and addiction or cognitive deficits. The terms chronic illness refers to long-term medical conditions of 6 months or greater. This includes chronic pain, which interferes with an individual's daily life. The purpose of the exclusion criteria is to recruit individuals whose experiences of family and work balance are not influenced by experiences of health-related illnesses as described above.

Table 2.1. Participant Demographics

Participant	*Age*	*Marital Status/length*	*Living with In-Laws*	*Children*	*Employment*
Veena	48	Married 25 years	In-laws	2	Full-time
Babita	36	Married for 14 years	Maiden Family	1	Full-time
Nirmila	46	Married 21 years	In laws	2	Full-time
Premlata	42	Married 16 years	In-Laws	3	Full-Time
Sunita	34	Married 12 years	In-Laws	2	Own-Business
Lokesh	41	Married 13 years	Nuclear family	1	Full-Time
Sima	49	Married 22 years	Recently Nuclear, In-laws for 18	2	Own business
Anita	39	Married 14 years	Nuclear Family	1	Full-Time

2.4.3. Procedure

Participants for the following study were recruited via purposive sampling in order to meet

with the specific sampling characteristics of the study (Willing, 2013). The participants were initially recruited from Indian communities in East London where advertisements (Appendix A) were distributed at popular Indian women's salons and religious centers. There was a higher likelihood that the advertisements would be viewed in these locations, specifically targeting the population of interest. Organizations and religious temples were contacted and given advertisement posters and an information sheet (Appendix B) that further described the research study in detail. By doing so, the organizers of the centers were in a position to refer potential participants and get a better understanding of how this project may benefit the community. Advertisements were provided to place around the centers. Later in the research process, I amended the sampling procedure to include a Facebook group platform that targeted Indian working mothers in London. This was amended as I was struggling to recruit participants and targeting participants through a Facebook platform encouraged the circulation of the advertisement. This Facebook group allowed me to post the advertisement on their page anonymously (not via my private Facebook account). I monitored this post over the months of recruitment. It was interesting to see that this post had initiated a discussion among the Facebook group. This discussion demonstrated the importance of pursuing this study, as many women had expressed challenges in finding balance among their multiple roles. Through advertising on the online platform, I was able to reach out to other areas of London, and the parameters of participant recruitment were no longer limited to East London.

Individuals interested in participating in the study were advised to contact either the researcher or supervisor by telephone or by email correspondence. An information email template was created to ensure consistency in communication with potential participants (Appendix C). Once the participant selection process was complete, information regarding the study was emailed to those interested in participating. Potential participants were given a week to review the information sheet and proceed to book an appointment. Initially, interviews were conducted within room bookings at City University of London. Later in the research process, this was amended to include Skype interviews as I found it difficult scheduled in-person interviews. This challenge was attributed to the issues many participants expressed in finding time to travel and meet the demands of their personal lives regarding work and family. It was essential to be flexible with this sample of women as they experienced the challenge of balancing commitments to their work and family. The participants expressed feeling stretched across their multiple responsibilities and found it

challenging to allocate time in travelling and engaging in a 60-90-minute interview. Skype interviews were offered to participants who expressed a high interest in participating in the study; however, had difficulty attending the interviews. Once Skype interviews were included, the participants were eager to interview. In order to provide space to reflect on the interviews and in avoiding contamination of the interviews through previous discussions with other participants, I decided to complete one interview per week.

For this particular study, participants did not receive monetary incentives for their participation. The interviews were 60-90 minutes in length, accounting for breaks and allowing enough time for participants to explore their experiences in detail. Participants were provided with a consent form (Appendix D) describing the purpose of the study, consenting to audio recording the interview, addressing confidentiality and the participant's rights to withdraw from the study. The consent form was reviewed and signed in person or emailed and scanned back to me for the Skype interviews.

In concluding the interviews, the participants were provided with the debriefing form (Appendix E) that served to thank individuals for their participation in the study. It provided additional information on previous literature and the contact information of the supervisor of the study and my details if they required further information or assistance. The contact information of a member of the ethics team was also provided on this sheet if participants had further ethical concerns to address. After the interviews, I engaged in the process of phenomenological reduction, reflecting on thoughts and feelings that appeared while attending to the phenomenon (Willig, 2013). This allowed me to account for the experience of the phenomenon and process the interviews. Lastly, I considered the imaginative variation, a process whereby I engaged in identifying conditions associated with the phenomenon (Willig, 2013). This process of reflection across all interviews served to account for any areas in which my thoughts, experiences, and knowledge may have impacted the essence of the participant's phenomenon (Willig, 2013).

Box 2.1. Reflective Note:

I engaged in a reflective process after each interview and noted any emotions or thoughts elicited. These reflective notes were particularly significant in understanding the quality of the data collected. I was able to reflect on the rapport between the participant and myself. This was central in understanding how comfortable the participants felt in disclosing personal information.

Interestingly, I became aware of the difference in rapport and open communication between the interviews conducted in person and those conducted over Skype. I noticed that during the skype interviews, the participants were not as transparent, open and or at times, not as comfortable answering particular questions. I felt that the Skype interviews did not contain as much depth, reflection and openness as the in-person interviews.

I began to understand the skype interviews in terms of a screen relation, a term used to describe technological mediations of treatments (Russell, 2018). Screen relations, particularly pertaining to psychotherapy, have been highly effective in providing therapy to those who may not otherwise have had access. This echos the reason I adopted Skype interviews in this research. However, many concerns have been highlighted regarding the limitations of this type of relationship. Russell (2018) suggests that intimate relationships, where individuals communicate personal information, feelings, and emotions, rely on non-verbal cues that are not relayed over screen relationship. Through screen relationships, the element of co-presence is removed, which may impact the exploratory nature of the interactions.

These findings are relevant to the present research. I often felt that there was a connection, rapport and trust that was missing from the Skype interviews. This may have had an impact on the data collected, where some of the participants limited the information they shared. For this particular study, I noticed that participants were passionate about the research topic, which I believe counteracted the influences of a screen -relationship. However, I felt that there was a distance in the way the skype participants presented their pieces of information. When the skype participants reported their experiences, it felt as if it was a narrative. Whereas, the participants from the in-person interviews presented a lived experience. This may have impacted. The depth of experiences in the data collected.

2.4.4. Data Collection

It has been proposed that the most effective way to collect qualitative data for an IPA study is through the use of semi-structured interviews (Smith, 2010). Semi-structured interviewing was adopted in the present study allowing for a more flexible exploration of participant experiences. Semi-structured interviews allow participants to have the freedom to explore their experiences through their understanding of the phenomenon. It allows for an in-depth exploration of the phenomenon without the influence of other participant views. This method of data collection reduces the risk of tailoring the interview schedule to the researchers' assumptions of the phenomenon (Smith, 2010). This follows a phenomenological perspective, where the purpose of the interview design is to gain an understanding of the respondents' experiences (Smith, Flowers & Larking, 2009). The aim of the researcher within the interviews, in line with the aims of the phenomenological perspective and the aims of the study, is to set aside or "bracket" any preconceived knowledge and assumptions that have been acquired through the literature review or the researchers own personal experiences (Willig, 2013). Adopting this stance allowed me to gain insight into the world as experienced by the participant in each interview, allowing the essence of the phenomenon to be extracted (Willig, 2013). I attempted to perceive the information gained from the interviews free from previous influences, scientific explanations, and other interpretations (Willig, 2013). Epoche describes a state that I aimed to achieve, free from any preconceived assumptions or knowledge in the interpretation of the participant's account of the phenomenon (Willig, 2013). I attempted to adopt this state in order to be present at the moment with the participants and the phenomenon, which allowed for the interviewees' unique experience to be explored (Willig, 2013). As the aim of the study is to explore the experience of Indian women in the workforce and their experience of multiple role balance, it was valuable for me to maintain this openness and freedom in exploring the phenomenon.

In this particular study, interviews were 60-90 minutes in length. All interviews were audio recorded and later transcribed. The interviews were anonymized and were stored in accordance with the guidelines of the data protection act (1998). The interview schedule (see Appendix F) contained open-ended questions, allowing participants to expand and explore their personal experiences. The interview agenda consisted of 4 topping headings and relevant questions (Willig, 2013). Topic headings were useful in providing a template to formulate questions during the interviews (Wiling, 2013). The first topic heading referred

to the participant's life, and the aim was to gather information regarding family structure, dynamics, and lifestyle. This structure allowed for the participant to feel open to talk about their life with little guidance. The second theme focused on the participant's professional life. It examined the participant's choices in their career development and the importance of their careers. The third theme explored the experience of negotiations in work-life balance and the supports that the participant had. Lastly, I opened the discussion in exploring the multiple roles that participants held and what these roles meant to them. I opened a dialogue exploring the experiences of each role emotionally, physically, mentally, culturally and spiritually. This template allowed me to formulate questions throughout the interview, tailoring questions to the specific participant interaction. Moreover, it guided me in maintaining focus on the specific phenomenon of interest.

Throughout the interviews, I aimed to maintain an awareness of the participants, ensuring that they were comfortable in answering questions. Participants were aware of their rights to withdraw from the study or refuse to engage in any explorations, as discussed in the consent form and verbally in introducing the agenda to the participants. Some participants had difficulties in discussing and revealing personal family experiences. I was mindful of the findings of previous literature studies in exploring the challenges of disclosure of personal and family information experienced by this population. One participant had requested to exclude a particular section of her interview from the transcript, which I later did. It was vital that I encouraged a safe environment for the participants to reflect and explore their experiences, mainly working with this population where the importance of maintaining the family honor and the importance of representation has been highlighted by existing literature,

A notable challenge experienced throughout the interviews was the participants' assumptions that I already knew the answers to their experiences, based on my own identity as an Indian woman. At times this limited participants' responses, for example, one participant stated within the interview "well, I am sure you know what that is like". I often had to ask the participants to expand on their explorations. I felt that my position might have limited the depth of the explorations. To overcome this challenge, I often asked the participants to describe their explorations further. I also maintained curiosity and oppresses in my interactions with the participants, as I encouraged the participants to explore their experiences further.

At the end of each interview, I took some time to discuss the purpose of the study further while exploring the disclosure form with the participants. I revisited confidently, data storage, and how the data was going to be used along with the participant's rights. I encouraged the participant to contact either the supervisor or myself if any questions or concerns arose.

In completing each interview, I engaged in reflections, completing a diary entry with any observations, thoughts, ideas and considerations. I noted any non-verbal expressions, including physical gestures and facial expressions. I engaged in interpreting the interviews within the analytical phase.

2.5. Analytical Process

In the following section, the analytical process I engaged in within the present study is described. First, the rationale of the research strategy and analytical stance will be presented. Secondly, the analytical procedure will be discussed, exploring the steps I engaged in within the analytical process. In describing the analytical procedure, I aim to maintain transparency in the steps that developed the findings of the present study.

2.5.1. Rationale of The Research Strategy and Analytical Stance

In the current study, I aimed to understand the participants' experiences as they engaged with social, historical and cultural factors (Smith & Osborne, 2008). Interpretative Phenomenological Analysis (IPA) was conducted, relying on my use of interpretation. IPA is characterized by its ideographic, inductive and interrogative features (Smith, 2004). Its' ideographic feature refers to the interpretive, reflective and subjective process of understanding the participant's experiences (Smith, 2004). Reflecting this aspect of IPA within the analysis conducted, the participants' inner views were analyzed, and a table of themes was constructed. In line with the inductive feature of IPA, I did not establish any hypothesis before the analysis. Instead, any hypotheses were presented at the end of the analysis. I did engage in a brief preliminary review of the literature in order to identify existing limitations within current psychological literature. An in-depth exploration of the literature was conducted after the analytical process. This allowed me to take an exploratory stance as opposed to testing a hypothesis that already exists (Gough, 2017; Langdridge, 2007). Therefore, the research was limitless in terms of finding emerging

themes that were not previously considered. The inquisitive nature of IPA encouraged me to draw on and link the analysis to theory and to critically evaluate the data through the discussion phase (Smith, 2004). These are integral aspects of IPA, all of which are accounted for in the procedural, analytical and philosophical stance I have taken in this study. Though I attempted to maintain this stance, the process of analysis and interpretation of the data was quite challenging concerning IPA's philosophical nature.

In an attempt to maintain a stance true to IPA's philosophical nature and to remain faithful to the data, throughout the analytical procedure I engaged in a process described as moving between two perspectives, that of the emic and the etic perspective. I began the interpretation of the data taking the stance of the emic perspective, where I attempted to take the perspective of the subject while creating emerging themes. This was done by engaging in reflection, bracketing and acknowledging aspects that I potentially bought to the data. In this perspective, I attempted to stay true to participants' understandings by exploring the meanings derived from what is presented by the participant. As I moved towards adopting an etic approach, I engaged with my outsider interpretive perspective. This was achieved by interpreting the data through a psychological lens, drawing on psychological theory and literature to further understand the data. Here I engaged in a process whereby I link the subjective experiences of the participant to psychological theory and literature (Gough and Madill, 2012). This stance is presented in the summary of the findings and further elaborated on within the discussion chapter. The interrogative nature of IPA allows me to link theory, critically analyze and evaluate the data through the discussion phase (Smith, 2004).

This section provides a scope of my research strategy and stance within the analytical procedure. It demonstrates the literature and philosophy that guided me within the analytical process. The following section will aim to present the analytical procedure through a clear and transparent manner. I will describe the steps I engaged in to develop the findings of the following research.

2.5.2. Interpretive Phenomenological Analysis Procedure

Interpretative Phenomenological Analysis was conducted in the present study, relying on my use of interpretation to make sense of the participant experiences. I attempted for the inner views of the participants to be analyzed. Through the analytical engagement, I drew

on Smith, Flowers and Larkin (2009) who provide the four stages of IPA. The first stage required me to engage in the reading-re-reading text. The second stage directed me into Identifying and labelling emerging themes. I then arranged themes into meaningful cluster. The goal of the analysis was to identify and cluster themes in both individual interviews and those across the samples (Smith, 2004). Lastly, I produced a summary of the themes elicited by created a table of themes to represent the participant experiences. At the end of the analysis, I engaged in cross-referencing, looking for similarities or differences between the interviews and themes (Smith, Flowers & Larkin, 2009). These stages are presented in detail within the following sections.

Reading and Re-Reading the Texts

To begin the analytical process, I transcribed the interviews. Through this process, I first listened to the interviews and made notes of anything that initially stood out. I then engaged in transcribing the interviews. Once transcribed, I reviewed the transcriptions and audio recordings to ensure that the transcripts were accurate. I then reviewed the transcription with the audio once more to take any additional notes. I engaged in my reflective diary in taking notes of any expressions, changes in tone or tempo within the interviews. I then began the process of reading-re-reading the text in order to become more familiar with the material (Smith, Flowers and Larkin, 2009). I reflected on my initial thoughts and observations related to the text (Smith, Flowers & Larkin, 2009; Willig, 2013). These initial notes were organized in thoughts, descriptive, linguistic and conceptual observations (Appendix G). I used color-coding methods to organize the initial thoughts and observations.

Furthermore, I explored associations, questions, summaries and other reflective information that are observed through reading the text (Smith, Flowers & Larkin, 2009; Willig, 2013). The purpose of this stage allowed me to document initial thoughts when first reviewing the text. Furthermore, it allowed me to explore areas of the text that evoked powerful thoughts, emotions, or assumptions (Smith, Flowers & Larkin, 2009; Willig, 2013). This allowed me to reflect on how the material influenced or impacted me and helped me to understand the information I was engaging with. The initial thoughts were then considered in identifying and labelling any emerging themes throughout the texts.

Identifying and Labeling Emerging Themes

Within the second stage of analysis, I focused on identifying and labelling emerging themes. In this stage I engaged with the essential quality and meanings of the transcript, identifying emerging themes throughout the individual participants' scripts (Appendix H) (Smith, Flowers & Larkin, 2009; Willig, 2013). Throughout this process, it was essential for me to take into consideration the essence of the phenomenological approach, and refer to themes related to the nature, quality and meaning of the participants' experience (Smith, Flowers & Larkin, 2009; Willig, 2013). Any existing theory does not influence this type of analysis; however, my knowledge, epistemology, and views may have been of influence. To account for my personal views, I engaged in a reflective diary to note the potential influences surrounding the emerging themes. This further helped me to understand my potential influences in the interpretation of the data. I engaged in these reflections to help bracket my influences in developing the meaningful clusters of themes, further described within the following section.

Arranging Themes into Meaningful Clusters

The third stage of analysis required me to arrange emerging themes into meaningful clusters. I found this stage of the analysis to be the most difficult. Initially, I produced clusters that were too broad, and in consulting with the research supervisor, it was suggested to attempt to create more links to produce appropriate clusters that encompassed the participants' experiences. In the second attempt at producing the meaningful clusters, I printed out a sheet titled "The Emerging Themes lists" for each transcript (Appendix I). I then reviewed each participant emerging themes list one at a time, which ultimately led to the development of the meaningful clusters. In creating a list of emerging themes, I was able to organize the clusters more efficiently. The themes were clustered into superordinate, ordinate and emerging theme categories as seen in Appendix J. Through this process, I continued to reflect on how these meaningful clusters were developed based on my interpretation of the data. The reflective diary was used to explore my reflections, interpretations and ideas through this process. This stage provided structure to the analysis and allowed for each participant interview themes to be clustered concerning the essence of the phenomenon (Klainin & Arthur, 2009: Willig, 2013). Through this stage, the exploration of each participant interview led me to develop superordinate themes across each transcript. The superordinate themes were then

reviewed, analyzed and incorporated as the subthemes in creating the Master Themes table. This process is further described in the following section.

Master Themes

In the final stage of the analysis, I developed the Master Themes. In developing the Master Themes, I attempted to stay true to the participant experiences and to capture the variability of the experiences across all of the participants. I attempted to do this by engaging in reflection and accounting for any areas of possible influence that I may have had either through the interactions with the participants or through the process of analysis (Willig, 2013).

In producing the Master Themes, I was able to explore both individual scripts and compare any similarities and differences across the participant experiences. This was done by first creating a list of the individual interview superordinate themes. I then made notes on these lists to highlight the similarities and differences notable across each interview (Appendix K). I made a note of any unique experiences within the individual interview themes to ensure that this was accounted for within the final Master Themes table. Upon creating the notes and making reflections of the similarities and differences across each interview themes list, I developed a list of potential Master Themes (Appendix L). I then took a week away from the analytical process. I felt that by taking some space from the data, I could later review the interpretations I had made with greater clarity. I returned to the analytical process, reviewed my interpretations and finalized a Master Themes table (Appendix M). This table consisted of 5 Master Themes with the corresponding subthemes that were notable across all interviews.

I highlighted any unique participant experiences in an attempt to consider the subjective experiences of the participants. This was documented in a diary reflection, where I also highlighted any cultural, historical and societal factors that may have influenced the participants. I also engaged in a reflection on what I experienced and how I was impacted through the analytical process. This concluded the analytical procedure that I engaged in within the development of the findings of the present study.

2.6. Ethical Considerations

The present study received ethical approval from City, University of London's ethics

committee. I reflected on and explored the ethical considerations for developing the present study. In developing this study, I aimed to adhere to the BPS ethical –guidelines and City, University of London ethical guidelines in research ethics.

Following these guidelines, confidentiality and anonymity of participants were ensured by appropriately maintaining participant data. This was done by coding participant names, encrypting and storing identifiable information securely. Furthermore, the records of this study, including transcripts and audio recordings, will be destroyed once the purposes of the study are complete (Braun & Clarke, 2013; Willig, 2013). To ensure that data is protected, all the data was kept in a locked case during transportation and later stored in a locked filing cabinet. Data that was transported included recordings of the interviews and notes made during and directly after the interviews. I ensured to create a pseudonym for participants before the interviews and in creating the notes and recordings.

In pursuing ethical research, the study did not require the use of deception and written informed consent, and full disclosure was obtained from each participant. Participants were taken through the consent form verbally, and they were informed of their rights throughout their contact with me. They were taken through the purposes of the recording transcripts and were assured of the ethical storage, purpose, and rights of their shared information. Furthermore, they were informed of their rights to withdraw from the study up to the point of 3 weeks after the interview. Within the debriefing form presented at the end of the interview, further concerns and questions were addressed.

Health and safety risks had been considered prior to engaging in the study. In instances of distress or risk to either the participant or myself, it was agreed that the supervisor would be contacted who may provide guidance. The interviews took place in person on City, University of London's campus, and in case of immediate risk, campus security was to be contacted. Through Skype interviews, it was agreed that if any concerns arose, I would contact the supervisor or emergency services if needed. The supervisor was informed of when the interviews took place so that she would be contacted if any issue arose.

Reflecting on the potential risks of the present study elicited that the interview questions may touch upon emotional or sensitive issues relating to the respondent's personal life. I might have been able to identify such issues within the interview if the participant appeared distressed. In ensuring that the interviews did not trigger any participant distress, the

participant was informed of their rights to refuse to answer any questions and provide as much detail as they felt comfortable with. The participants were explicitly made aware, in reviewing the consent form, that there would be no penalty or harm in refusing to answer any questions, choosing to end the interview or refusing to disclose any information. This potentially helped to reduce touching upon issues that were too distressing for participants to discuss and ensured that the participants were comfortable within the interviews. There were a few incidents where the participants had not discussed specific issues as they felt it was too personal or too emotionally difficult to discuss. Moreover, within the debriefing form, contacts for local psychological counselling services were provided along with the contact information of the researcher and supervisor if the participants required any further details or assistance. This was explicitly discussed in reviewing the debriefing form.

In developing this study and reflecting on possible ethical consideration, I was mindful to pay attention to issues concerning child protection and safeguarding. Although the sample within the present study did not include any children, the participants were encouraged to describe and discuss family dynamics and care responsibilities. As such, concerns regarding child protection may have arisen. Participants were made aware that the information they shared was confidential, however, if any risk concerns regarding participant safety, the safety of others or child protection arose, I would have had to take protective measures that may have resulted in a possible breach of confidentiality. I was mindful of such issues through the course of the interviews and felt confident in consulting with my supervisor for guidance had anything arose. Although these precautions were considered, during the interview process, no concerns pertaining to safeguarding had arisen.

Reflecting on these ethical principles and potential areas of concerns helped to establish a protocol for the present study. This ensured the safety of those involved in the study and guided me in practicing to a professional and ethical standard.

2.7. Reflexivity

Reflexivity often differentiates qualitative research from quantitative research. In qualitative research, the researcher's subjective experiences and views are considered as a potential bias in the study, emphasizing the importance of reflexivity (Gough, 2017; Wilkinson 1988). It is one of the most important aspects of qualitative research and

especially crucial in regard to this particular study where I potentially bring influences from my identity and personal experiences as a professional Indian woman. Reflexivity allows the researcher to explore aspects that may influence findings through the interpretation and analysis of material and in the interactions with the participants (Gough, 2017; Gough & Madill, 2012).

Personal reflexivity refers to the researcher preferences, motivations and knowledge that influence the topic choice and the expectations of the study (Gough, 2017). My decision to pursue the study of understanding the experience of Indian women and their multiple roles in relations to work-family balance is primarily due to my personal experiences. I identify as an Indian woman born in western culture, and I have knowledge of the Indian cultural factors that influence role dynamics and responsibilities. Throughout the research process, I was reflective and mindful of how my personal experiences and assumptions may influence the analysis and development of the research project. I continuously explored any assumptions I held throughout the study and attempted to bracket this material from impeding on the participants' explorations and the analytic process. Within the phenomenological method, the researcher thrives on maintaining a state of epoche, where the researcher engages in a reflective process of bracketing any preconceived knowledge regarding the phenomenon (Willig, 2013). I aimed to adopt this stance throughout the research process.

Throughout this project, I reflected on any preconceived knowledge or experiences I had regarding the phenomenon of interest, particularly in regard to the cultural and gender norms of Indian populations. I acknowledged my assumptions and understandings of both gender norms and cultural norms that had been accumulated through previous explorations of literature and my personal experiences as an Indian woman. I attempted to maintain an open mind and recognize that many of these traditional cultural impacts are diminishing as more Asian immigrants assimilate and adapt into western culture (Kaur Rana, Kagan, Lewis & Rout, 1998). I recognized and reflected on how not all Asian women experience the same cultural and family responsibilities noted in previous literature. I attempted to take caution in ensuring that such stereotypes regarding traditional Asian culture were not implied or imposed on the participants in the current study.

Furthermore, I reflected on my own experiences as an Asian woman and recognized that my experiences were different from the literature at times. I explored and reflected on

these differences in my personal experiences as an Indian woman and the findings of the literature. These differences encouraged me to maintain a curious stance to explore the participants' unique experiences. Throughout the study, I engaged in reflexivity to understand my relation to the data and information elicited from the study. I was mindful in being open and curious throughout the research process.

The motivations in pursuing this study were to get a better understanding of a population that has been highlighted as vulnerable and highly susceptible to mental illness. As a practitioner, I felt that there are limited knowledge and understandings of this population within clinical practice. Through my clinical experiences and interactions with my colleagues, I have noticed little recognition of how different cultural values impact individual experiences and how this is reflected in psychological practice. This has driven me to explore culturally sensitive treatment options to improve counselling services for individuals of minority groups. In exploring the experiences of Indian women and highlighting any differences in the experiences of work-family balance, I hope to identify any emerging themes that may bring value to counselling services. I am aware that motivations for this study are driven both by observations as a practitioner, and my values and experiences as an Indian woman. This project is personal to me as an Indian woman, and therefore, it has been integral for me to maintain reflective throughout this process.

An essential aspect of reflexivity within IPA is to consider the implications of the researcher on the participants and vice versa. These reflections included how I perceived the participants and the dynamics of communication within the interviews. As I identify as an Indian woman, there was a potential for me to have an influence within the interactions with the participants. As mentioned, IPA emphasizes that the researcher brackets any impeding material or preconceived notions regarding the phenomenon in order to understand the participant's inner experiences (Willig, 2013). To ensure this, I was mindful of how I interpreted and understood the participant's accounts of the experiences and any bias that may influence the findings.

Moreover, it was necessary to recognize my influence as the researcher on the participant. This was done through engaging in reflection after each interview, and throughout the analysis of the data. I kept a reflective diary to record any thoughts, feelings or emotions that were evoked through the many phases of the study. I attempted to be mindful of how the participants reacted to me, in noticing my ethnic and cultural background. I often

reflected on how this may change the dynamic in the relationship between the participants and myself. Throughout my interactions with the participants, I attempted to be mindful of how I interacted or communicated with the participants and what influences this may have on the participant's experience or exploration of the phenomenon of interest. The participants' influences and effects on me were also reflected upon. It is possible that the participant shared experiences that were similar to my experiences, and I tried to understand how I may have reacted or responded within this dynamic. By maintaining a sense of self-awareness through the interviews, I aimed to better reflect on such influences.

I continuously considered professional reflexivity throughout the research process, referring to research practices and potential impacts of the study within counselling psychology (Gough, 2017). I made notes after each interview, reflecting on my understanding of the participants' experiences and interactions with counselling services.

I understand the multiple levels of influence that the study is subject to. This includes the potential influences of the researcher's bias and assumptions, the influences of the participant-researcher dynamics and the influence the participant may have on the researcher. Throughout the development of the project, I was mindful and reflective of these factors. In this process, I strived to hold openness and curiosity to understand the participants' experiences with little interruption of any personal assumptions. Furthermore, I maintained an openness as I reflected on and attempted to understand my personal views or experiences and how they have an impact on the study. This was particularly challenging and relevant within the analytical process described in the following chapter.

Chapter 3: Analysis

3.1. Chapter Orientation

This chapter will begin by presenting the data as analogous to a journey. In presenting the master themes in this way, I attempt to conceptualize the process and experiential journey embedded in each of the participant interviews. Each participant described a process or journey, accounting for the chronological nature of their development in creating balance among their multiple roles as Indian women. Consequently, presenting the themes in this way was particularly relevant in accounting for the subjective experiences of the participants.

The four master themes and associated subthemes derived from the analysis are presented in table 3.1. The first theme attempts to capture the experiences of cultural and familial scripts in relation to the process of multiple role balancing described by the participants. This section includes expectations and predetermined definitions of the assumed roles of working women within the context of Indian culture and family. The second theme explores the impact culture and family scripts have on the participants' sense of self in relation to the multiple roles the participants assume. Within the third theme, I sought to capture the participants' process of balancing their multiple roles and the implications this had for their health. This section explores the implications on the participants' emotional, mental and physical health and their experiences of burnout. The final theme aims to capture the journey described by the participants' up to the point of the interviews. The participants illustrate greater self-awareness, self-acceptance, and moving away from the unhealthy patterns culture and family had imposed. The participants described a change in their family patterns and advocate for awareness of these issues within the community and health care services.

3.1. Master Themes Table

Master themes	WHO I AM EXPECTED TO BE AND THE SCRIPTS I FOLLOW	WHO I WAS / WHO I AM	I WAS DETERIORATING	BREAKING THE PATTERNS
Subthemes	"UNSAID RULES" REPRESENTING THE FAMILY/ PERFECTIONISM	FINDING BALANCING: AM I ENOUGH THE "PIVOTAL FOUNDATION OF THE FAMILY" LOSS OF SELF	MENTAL AND EMOTIONAL HEALTH PHYSICAL HEALTH BURNOUT: CHANGE AS LAST RESORT	ENOUGH WAS ENOUGH FAMILY SUPPORT

Within the following sections, I provide a detailed exploration of the master themes and subthemes.

3.2. Analysis

Master Theme 1: Who I Am Expected to Be and The Scripts I Follow

The essence of this theme aims to explore the expectations and responsibilities of the roles of working Indian women. Indian culture highlights the importance of family and community involvement. Family involvement comes with many benefits, but as described by the participants, it can also lead to aversive effects. The roles of women were experienced as predefined by the expectations and values of Indian culture. This section attempts to explore where these definitions originate. The following subthemes aim to reflect on what each participant experienced in regard to the expectations and responsibilities attached to their roles as Indian working women. Ultimately, this section describes the external influences of culture and family on the participants' journey in finding a balance among their multiple roles.

Subtheme Theme 1.1. "Unsaid Rules"

In discussing the phenomenon of multiple role balancing, the participants commonly expressed the impacts of "unsaid rules" within their family and cultural scripts. These

“unsaid rules” were described as definitions and expectations that dictated the participants’ roles pertaining to their gender-specific identity. This persistent and impactful phenomenon was described as detrimental to the experiences of women. In the following interview extracts, I present the impacts of these “unsaid rules”.

The participants were asked to reflect on their experiences of multiple role balancing within the context of culture and family. Through this explorative interaction, the participants commonly accounted for the expectations of women within Indian culture, and how they experienced this in their process of finding a balance among their multiple roles. In the extract below, Anita elaborates on this phenomenon.

“There are aspects of traditional culture that are detrimental to the roles of women. There are certain aspects of the culture that categorize women in a certain way or expectations of women to prioritize family.”(8, 42)

Anita’s choice of words is striking, as she expressed being “categorized” as a woman. There is a feeling of being powerless and bound as one is limited to the cultural scripts and expectations imposed on women. Anita feels that the “unsaid rules”, that define and categorized the roles of women are embedded within familial and cultural scripts. Anita feels that the needs of women are secondary to the needs and desires of the family, perhaps further imposing an imbalance of power. The participants feel devalued and unrecognized. Anita described the “unsaid rules” that categorize and dictate the roles and responsibilities of women as an aspect of traditional culture.

This phenomenon was mirrored across participants, who experienced the expectations and “unsaid rules” as an integral aspect of their upbringing and family values. Consequently, the participants experienced finding balance among their roles extremely challenging. The participants commonly felt that challenging the expectations went against their family and personal values. In the extract below, Rajani describes the expectations that are ingrained her family values and upbringing.

“I think looking back you know as a young bride, I was 22 when I got married, you are fed especially in this culture this idea of what the wife is and what her role is and I just followed it, I didn’t

question it this is just what I was taught "(7,29)

Although the participants felt that the expectations of women within their cultural and familial scripts were detrimental, they maintained integral to the participants' upbringing and values. For Rajani, questioning the expectations felt like challenging the cultural meaning the roles embodied. Rajani felt that the expectations of women were ingrained in an individual from youth and are experienced as part of one's self-concept. This may explain the feelings of value the participants held towards their roles as women. Questioning these roles felt like going against one's personal and cultural values. The participants experienced their roles as externally influenced but internally valued.

The participants felt that their roles were integral to the functioning of the family. There was a sense of duty and responsibility to the roles. The participants commonly felt that without the pivotal roles of woman, the family would suffer. Babita expands on this concept in the following excerpt.

" It's like an unsaid rule you have to just carry on and you deal with it the best way you can you know; it's keeping busy you have your family and keep busy with the things you have to do. I mean otherwise you spiral down, and it impacts the whole family." (2, 4)

There is a sense of defeat in how Babita presents her experience as if she was left with no other option. Babita experienced a pressure where she felt the survival of her family depended solely on her ability to maintain her roles. This pressure was experienced as a constraint that held the participants to their roles. Babita felt that an unwillingness to adhere to the expectations of her roles would result in her family to "spiral down". This communicates desperation, where she performed her roles as a means of survival. There is a sense of self-neglect where Babita felt that to avoid impacting her family, she had to "carry on" and "deal" with the consequences. Babita experienced the meaning of the roles of women as pivotal to the survival of the family, and unfulfilling these roles were equated to neglecting her family. This experience amplified the lack of choice, sense of duty and desperation Babita communicates.

The participants commonly experienced the responsibilities to their families as overwhelming and consuming. Anita illustrates this experience in the following extract.

" The family is your responsibility and all-encompassing of you."
(8, 46)

There is a feeling of being isolated in this experience, where Anita feels consumed by her responsibilities. Experiencing a role as "all-encompassing" communicates the loss of all other roles. This suggests a feeling of self-neglect, where the roles, duties and responsibilities to the family take priority. The participants commonly experienced the responsibilities as "all-encompassing", where there is a feeling of becoming engulfed by the roles pertaining to their family.

The phenomenon of "unsaid rules" illustrates the participants' experiences of the roles of women within Indian culture and family scripts. Traditional culture and family scripts contain predetermined expectations of women to be the "pivotal foundation" of the family. The participants commonly present a feeling of being restrained by the responsibilities pertaining to their families. This was experienced as limiting where the participants felt powerless as they were confined and categorized in their roles. They felt isolated and consumed as they experienced the pressures to provide to their families. The expectations of their roles translated into a feeling of duty, where the participants felt accountable for the survival of their families. The participants described an awareness of the detrimental implications of these pressures, however, there is an adherence to the expectations. These expectations form part of the participants' upbringings and have cultural meaning and value. In the next subtheme, I take this exploration into another phase, where the expectations and scripts of the family are described as having meaning, status and power within the community.

Subtheme 1.2. Representing the Family/Perfectionism

In describing their journey in finding a balance among their multiple roles, the participants commonly discussed the phenomenon of representing the family. Within this phenomenon, the participants felt pressure to raise the "perfect family". This was experienced as a duty for women, and any failures would be attributed towards one's flaws or inabilities. These pressures were commonly experienced among the participants and were reflective of Indian culture that was experienced as honour based. This subtheme addresses the external and internal pressures, influenced by Indian culture, to adhere to

the expectations of perfectionism ascribed to the roles of women. Through the following extracts, I attempt to illustrate the participants' experience of representing the family and the "Asian trait" of perfectionism.

In the following extract, Veena illustrates the pressure of perfectionism that is embedded in the Indian culture.

> *"As a culture, there is an expectation for things to be perfect or appear perfect…perfect daughter in law, perfectly dressed, and perfect family dynamics. This pressure, to do all of that, all of which is external to show the community." (1, 44)*

Veena experienced the cultural ideals of perfectionism as highly detrimental, where she felt pressured to perform her duties to a high standard. There is an uneasy feeling in Veena's account where she acknowledges the multiple judgments and criticisms imposed on her every move. This can result in self-doubt and low self-esteem. The participants commonly described these pressures, where they often questioned their abilities and felt incapable of meeting the standards of their families. There is a feeling of loss or defeat as Veena describes striving to meet the unattainable expectations. Veena's use of language is striking in her phrase "external show", demonstrating perhaps the disregard of the challenges she experienced internally. It appears that these cultural patterns teach individuals to mask their internal experiences. This may result in feelings of isolation, shame and low confidence as the participants disregard their experiences and continue to strive to meet the expectations of their families.

In the following excerpt, Sunita expressed feeling judged and criticized as she strives to maintain the expectations of her family.

> "You know it's really old traditional cultural stuff; it's about honor, how you present yourself, how you talk, walk, dress, and great people, cooking skills housework skills everything is judged" (5, 117)

Sunita described an environment of feeling monitored, watched and judged in her abilities. It felt as if this experience resulted in feelings of being inadequate, unintelligent and

incapable as the participants were constantly fed instructions and criticisms on how to perform. There are pressure and fear that pushes the participants to perfect their roles to avoid being judged and criticized. There was a tone of feeling overwhelmed as Sunita described these experiences. I recall Sunita's expression in this excerpt, where it felt as if she was constantly worried about making a mistake. An inability to achieve perfection in their roles led the participants to experience criticism from immediate family, extended family and from the community. Similarly, Veena recalls being "criticized publicly" when she was unable to meet the expectations of her roles. I felt as if these experiences manifested in feelings of shame, self-criticism and low self-esteem. The judgemental environment described by the participants further isolated and mitigated the voices and detrimental implications the participants commonly experienced.

These pressures translated into self-criticism, self-doubt and feelings of being a failure. In the following section, Premlata expands on her experiences of self-criticism stemming from the expectations of women within Indian society.

"*We are so self-critical and expect too much out of ourselves and society expects too much out of women." (4, 27)*

Premlata highlighted the challenges she experienced in finding a balance between her multiple roles. Premlata felt she had internalized the pressures and expectations Indian culture imposes on women. Premlata begins to self-criticize and expects too much out of herself as she strived to maintain the unattainable expectations her family impose.

The participants commonly described not being able to meet the expectations of their families. As a result, they experienced judgements, criticisms and pressures from their families and the Indian community. This led the participants to internalize the judgements as described by Nirmala in the excerpt below.

"I think it's the self-criticism…never feeling like enough and the expectation that you want to do it all be the best at it for everyone " (3, 78)

Nirmala described her desires, embedded in her cultural values, to provide to her family. Nirmala alludes to the impact this has on her self-esteem, where she feels incapable of maintaining the expectations imposed on her roles. The expectations and cultural scripts

described by the participants pose a detrimental effect on women, where they attempt to meet the unattainable expectations of their roles and neglect their own needs, desires and health as illustrated by Seema in the following excerpt.

"I have lived my life in the past for everyone else
I think it's just so much responsibility you lose sight of yourself,
time for yourself." (6, 54)

The participants described the initial process of their journey in finding a balance among their multiple roles, as they strive to attain the unreasonable expectations society imposes on the roles of women. They attempt to conform to the family scripts to avoid being criticized and judged. In doing so, the participants describe losing their sense of self, which is further explored in the following master theme.

Master Theme 2: Who I Was / Who I Am

The following master theme aims to explore the expectations Indian culture poses on women, and the impact this has on one's sense of self. First, the challenges the participants experienced in balancing their multiple roles are explored. The next section attempts to explore the participants' roles as mothers, central to the participants' sense of self and enforced as a priority through cultural and familial scripts. Within the final subtheme, the participants describe a complete loss of self as they struggle to find balance among their multiple roles. This master theme explores the significance of the professional self, and how the participants balance their professional identity and that of the assumed identity culture and family impose on women.

Subtheme 2.1. Finding Balance: Am I Enough?

In exploring the phenomenon of multiple role balancing, the participants described wearing "multiple hats" and feeling stretched across their responsibilities. The following subtheme explores the challenges experienced in balancing the expectations and responsibilities of working Indian women.

The participants commonly experienced challenges of finding a balance between the expectations of their families and their personal desires. Each participant described this challenge as particularly relevant in developing their own educational and career

endeavors. These endeavors were described as vital to the participant's sense of self, separate from their roles and responsibilities to their families. In the quote below, Veena illustrates this challenge.

> *"Trying to balance the expectations of the family and my own expectations and desires for myself in my education and career, there is always going to be that battle. I find myself in that position often trying to find that balance between myself and my roles." (1, 10)*

Veena emphasized the importance of her desire to excel in her education and career. I wonder if this desire reflected a desire to have a greater purpose, and to be recognized for more than just her responsibilities to the family. Throughout the interviews, the participants' professional roles were experienced as significant in building one's self-esteem, self-concept, and identity separate from the family. Most striking in Veena's comment is her use of the term "battle" which signifies the challenge the participants commonly felt in meeting the expectations of their roles and in pursuing their own desires.

The participants commonly account for the "battle" they experienced in finding balance among their multiple roles. Seema further illustrates her experience in the following excerpt.

> *"…You are juggling and trying to keep everything the balls were just up in the air all the time." (6, 32)*

There is a sense of urgency and anxiety in Seema's depiction of balancing her multiple roles, where all her responsibilities are competing for her attention at the same time. She depicts no break between her responsibilities where she manages one thing after another. There is also a sense of fear, where any mistake could result in her responsibilities to plummet. This depicts the anxiety and stress the participants commonly experienced in finding a balance between their multiple roles.

The participants stretched their resources in their attempts to meet the expectations of their families and maintain their personal and professional desires. Babita demonstrates her desperation to find balance as she recognizes the importance of her professional role.

"I need that balance to take care of my son and enjoy with him but to hold part of me and continue working." (2, 81)

Babita discusses the pull between the expectations and responsibilities attached to her role as a mother and her desire to progress in her career. There is a feeling of desperation in Babita's tone as she emphasizes the "need" to find balance. The participants commonly account for the experience of feeling obligated and responsible to care for the family while they struggled to maintain their own desires. Babita's choice of words illustrates the depth of this pull, where she described a desire to "hold part of" herself. This demonstrates the meaning of the professional identity, which separates the participants from their roles pertaining to their families. Nirmala further elaborates on this experience in the extract below.

"My sole purpose and responsibility has been my family for the past years and my career gives me my independence and it gives me a purpose." (3, 59)

Nirmala illustrates the immensity and sacrifice made in her role as a mother, where it becomes her "sole purpose". Nirmala contradicts herself in this comment demonstrating her internal challenge. Motherhood holds cultural and personal values but her own desires and professional role provide her with independence and purpose outside of the responsibilities attached to the family. She experienced both these roles as central to her purpose, further illustrating the challenges experienced in finding a balance between the multiple roles of women.

In the following excerpt, Seema expands on the value of her professional role.

"It drives me, and I feel of value, I feel confident and intelligent and I think without it I would have really struggled to feel these things." (6, 49)

The professional role fosters feelings of value, confidence and self-worth. Through this role, Seema feels that her intelligence and abilities are acknowledged. The participants commonly account for the benefits of the professional role in improving their self-esteem, confidence and self-value. However, they also experienced a sense of feeling trapped, as

they were unable to manage the resources and energy to maintain the responsibilities at home and develop in their professions.

In the excerpt below, Babita further expresses the challenge she experienced in finding a balance between her multiple roles.

"I think a lot of the pressure women go through and the stress women have balancing work and children and their own happiness is overlooked." (2, 34)

I recall Babita's tone saddened by the realization that she felt devalued and neglected. There is a sense of isolation in this experience, where women go through these pressures alone and are subject to sacrificing their own happiness for the sake of the family. It feels as if the roles of women are undervalued, where they are subject to enormous pressures and where their own desires are subsidiary to the family. It feels like the needs of women are not even considered by their families, and they fail to recognize the challenges that the participants experienced in balancing the multiple expectations and demands of their roles.

The participants came to realize that they alone were not enough to maintain these expectations as described by Sunita in the following excerpt.

"I tried to do it all, it's impossible." (7, 82)

There is a sense of defeat in Sunita's expression. Her tone expressed a feeling of being depleted as she strived to maintain the expectations of her roles. The participants commonly realized that they were unable to meet the multiple expectations of their roles and that ultimately they alone were not enough.

The roles of mothers and one's professional identity had been described as a priority for each participant. Both of these roles were described as draining and demanding in their time and energy, however, the participants felt that these roles were significant aspects of their sense of self. However, the participants experienced balancing the responsibilities at work and home challenging, as they felt depleted of their mental and physical resources. However, the pressure to fulfill their duties to their family remained. The participants felt a desire to provide for their children in particular as Indian culture and family values place

them as the “pivotal foundation of the family”. This concept is further elaborated on within the following subtheme.

Subtheme 2.2. The “Pivotal Foundation of The Family”

The participants experienced both the roles pertaining to their family and work as valuable to their sense of self. However, in exploring this phenomenon through a cultural lens, feelings of guilt, shame and disappointment were elicited when participants had to compromise with their role as mothers. The following subtheme illustrates why the participants sacrificed their careers for their roles pertaining to their families in their journey in finding balance among their multiple roles.

The role of a mother was experienced as central to the participants’ sense of self, where it held cultural, personal and familial meanings and values. Seema described her experience as a mother in the following excerpt.

“It’s the most important role for me and I don’t think there is anything like being a mother.” (6, 38)

Seema experienced her role as a mother as central to her responsibilities. Her expression and tone suggest a connection to this role that is rooted beyond the responsibilities it comes with. There is value, love and a desire to fulfill this role that is central to Seema’s purpose. She expressed a value for this role but also alludes to the level of pressure there is within this role. Motherhood is a priority among all other roles and commitments.

The participants experienced motherhood as a significant aspect of their sense of self. However, this role was also consuming as it entails tremendous pressures stemming from Indian cultural and familial expectations. Nirmala explores this experience within the extract below.

“I think as a mother you are the central pivotal foundation of the family really; you are the giver of everything, you are giving anything and everything you have to those kids as well as having that family structure secure for them. ” (3, 36)

Nirmala illustrates a pressure where her role as a mother was central to the survival of the

family. The participants commonly felt as if they were burning through their resources in they attempted to fulfill their roles as mothers. The weight of this pressure is highlighted in this excerpt. There is a sense of desperation, as Nirmala illustrated her responsibilities to give everything to her family. Nirmala described a sacrifice, where all her resources are invested in her family's security. There is a feeling of loss in this sacrifice, where Nirmala described a consuming and overwhelming pressure. Nirmala alluded to a feeling of detachment in this experience, perhaps as the participants perceived this role as a duty that was performed without any consideration. This suggests a sense of urgency, as the participants pushed to meet the standards and expectations of this role, disregarding the experiences of exhaustion and depletion the participants described. This experience presents a lack of choice, and it feels like a selfless act where any repercussions were disregarded.

The pressure the participants experienced pushed them to give everything into their roles as mothers. Through the texts, it can be interpreted that women take on a majority of the responsibilities towards the family as a means of avoiding conflict and providing security within their families. The participants described taking a more passive stance and putting the desires and needs of the family before their own. In the extract below, Premlata expands on this experience further.

> *"I feel guilty you know, if I don't do it, you feel that it's your responsibility, that why even when I'm exhausted I just do it." (4, 18)*

This extract explains how the participants commonly felt trapped in their responsibilities. The participants described feeling obligated and responsible to maintain their duties. Premlata experienced "guilt" for not attending to the expectations of the family, illustrating the meaning and value the roles pertaining to the family held. The "guilt" was experienced as a pressure that pushed the participants beyond their physical, emotional and mental capacities. Premlata felt that the guilt of not being able to fulfill her duties to her family pushed her to the point of exhaustion.

The participants commonly described the feeling of "guilt" as an internal pressure that pushed them to work beyond their abilities. The internal value of motherhood and the pressures and expectations Indian culture and familial values imposed appear to create a

feeling of obligation for the participants. These pressures leave the participants in a position where they neglect their own needs and fall into a “trap” of unhealthy patterns. Although the role of motherhood was prioritized and valued by each participant, the professional role was described as vital for the participants in maintaining a sense of self. Babita expands on the difficulty she experienced in sacrificing her professional identity for her role as a mother.

> *“I never wanted this lifestyle it wasn’t me I was you know different I am not a house person I took pride and joy in my work life, but it had gone so down the line that I felt trapped, I felt that I couldn’t get out.” (2, 52)*

Babita voices the consequences and difficulty she faced in sacrificing her professional identity. Babita expressed a feeling of shock or disbelief of the unhealthy patterns she was trapped in. The participants commonly felt surprised at the extent their sense of self and personal desires were consumed by motherhood and family expectations. Babita expands on the importance and value of her professional role, which made her feel happy, satisfied and confident. However, the feeling of being trapped in the unhealthy patterns restrained her from pursuing this role. There is a sense of suffocation, where Babita is unable to escape the unhealthy patterns. Babita expresses a feeling of being imprisoned by her own life, home and family.

This subtheme illustrates the personal, cultural and family values of the roles of mothers as the “pivotal foundation of the family“. The participants felt value in their roles as mothers, which ultimately led them to sacrifice their own careers and personal desires. The participants struggled to maintain the expectations of their roles, and experienced feelings of guilt when they were unable to provide to their families. The participants felt overwhelmed, trapped and suffocated in their struggles to find balance among their multiple roles. Although they found their professional roles as significant to their sense of self, the participants felt obligated to sacrifice their careers. The following master them describes the participants’ experience of sacrificing their careers, and the meaning of their careers.

Subtheme 2.3. Loss of Self

In exploring their journey of finding balance among their multiple roles, the participants reflected on how their responsibilities to their families had dominated their sense of self. They experienced a loss of self and felt that their personal desires were made subservient by the roles and responsibilities to their families. In their journey in finding balance among their multiple roles, the participants accounted for a period in their lives where they were completely immersed in their responsibilities and roles pertaining to the family.

The participants commonly experienced their personal and professional desires as secondary to the responsibilities attached to their families. In the extract below, Sunita expresses the "downside" in fulfilling her multiple roles pertaining to her family.

> *"I think that's the only downside that I can see from fulfilling all these roles is not fulfilling my desires as me, as an individual."*
> *(5, 62)*

Sunita felt that in her attempts to find a balance between her multiple roles and to provide to her family, she had neglected her own desires. Sunita's expression and tone suggest a sense of loss as she pointed towards her-self, deeply feeling a lack of acknowledgement of her individual desires and needs. The participants commonly accounted for a similar experience where they felt that there was no negotiation or balance in their roles and that the responsibilities to their families were experienced as overpowering.

The participants felt consumed by the overpowering roles pertaining to their families. In the excerpt below, Seema reflects on this experience.

> *"I realized I lost my identity, I wasn't me I was a wife, a mother, a daughter but I wasn't me I was these many roles, but I was not me." (6, 57)*

Seema's comment is significant in exemplifying the impacts of the roles and responsibilities of Indian women. Most striking in Seema's comment was her expression in the phrase "I realized I lost my identity". Her tone and mannerism were as if she had

suddenly become conscious of “playing the role”, illustrating the extent to which she felt consumed by the all-encompassing responsibilities to her family. There is a feeling of numbness, as the participants expressed feeling unaware of these patterns until they manifested in physical, mental, and emotional implications. As Seema states, “I was not me”, expressing detriment in her tone and in her body language. There is a sense of loss, where the participants had spent many years engulfed in these patterns. Each participant felt that by fulfilling the expectations of their roles as mothers, daughters and wives they had lost sight of who they were.

In the following quote, Babita illustrates the experience of feeling adrift among the responsibilities and roles pertaining to her family.

“You know when you’re in it …you’re in it you don’t see it you …I don’t know...your just lost.” (2, 41)

This excerpt exemplifies the sense of loss, confusion and numbness that was commonly experienced by the participants. Babita expressed feeling intensely immersed in her roles pertaining to her family, to a point where she had become lost within the process. There is a sense of shock and confusion as Babita attempts to understand how she had lost her sense of self. Babita described feeling detached from reality, as she focused on the expectations within her family.

Sunita reflects on the impacts of the experience of losing her sense of self in the following quote.

“ When your confidence and independence is stripped from you, you feel useless, I didn’t even know who I was, you don’t have your own identity, you’re living for others for how they want to live, and not how you want to live. “ (5, 72)

Sunita expressed anger as she felt her rights and voice had been stripped. There is a feeling of loss and injustice in Sunita’s account, as she was unable to maintain a sense of self as she struggled to balance the expectations of her family. Sunita felt “useless”, which impacted her self-esteem and sense of worth. It appears that she felt unappreciated and unsupported in this process. There is a sense of entrapment, where the expectations of

the culture and family impose pressures that belittle and disempower individuals. In concluding her statement, Sunita expresses how she had been living for others for many years, which was commonly expressed across all interviews. This further made the participants feel belittled, where their desires and rights in how they wanted to live were secondary to the family's desires.

To accommodate the responsibilities required to fulfill the expectations of their families, the participants commonly took leave from their careers. Babita illustrates the impact of this experience in the following excerpt.

" You know it was a blow leaving work, I feel like I was pretty much dead for 6 months, I mean I felt powerless and weak ". (2, 26)

Babita's comment emphasizes the importance of the professional identity. I recall Babita's woeful tone in the above excerpt, as she reflected on this difficult period in her life. Her emphasis of feeling "dead" was striking, illustrating how disheartening it felt to leave work. She further expressed feeling powerless and weak, demonstrating the value of ones' professional role. Perhaps the professional role provided women with value and purpose outside of their roles of motherhood. There is little feeling of acknowledgement or value in the efforts of women within their families. Whereas, professional responsibilities are acknowledged at work and at home where it provides an additional income. This may account for the value and power that is perceived in ones' professional role. Babita highlights a fundamental difference in her identity as a mother and her professional identity where she received a feeling power and independence from her career. The participants commonly accounted for these experiences where their professional identity provided a sense of purpose.

This master theme served to explore the impact of the expectations of culture and family on the participants' identity and sense of self. The responsibilities associated with the roles of women were experienced as consuming. The participants described feeling guilty when unable to meet the expectations of their roles as mothers, resulting in the participants to feel stretched and exhausted. The expectations of culture and family meant that the participants' professional identity and personal desires were treated with an obsequious difference. The participants commonly described their professional identity as central to

their sense of self. However, the participants struggled to maintain both a professional identity and to meet the expectations of their roles as women within Indian culture. This meant sacrificing the professional identity and becoming completely consumed by the roles pertaining to the family. This led the participants to lose their professional identity and ultimately lose their sense of self. The participants felt purposeless, weak, and "dead". The mental, emotional and physical consequences of this are described in the following master theme.

Master Theme 3: I Was Deteriorating

The basis of this master theme aims to explore the deterioration of the participants' emotional, mental and physical health as a result of the expectations and responsibilities associated with their multiples roles. First, an exploration of the participants' emotional and mental health will be presented. Secondly, the physical health implications experienced by the participants will be explored. Lastly, I engaged in an exploration of the participants' experiences of burnout. This theme represents the turning point in the participants' journey in finding a balance among their multiple roles, where they ultimately reached their limit in adhering to the unattainable expectations and pressures rooted in Indian culture and family scripts.

Subtheme 3.1. Mental and Emotional Health

The participants commonly account for the deterioration of their mental and emotional health. The participants experienced anxiety, depression and other mental health illnesses. The participants illustrate these experiences below.

"It was so hard, mentally I went through depression…" (3, 23)

"Mentally I have days where I can't function, I am so drained…" (7, 48)

)"The stress women have balancing work and children and their own happiness is overlooked, it's sad really. " (2, 35)

" Not really having a purpose and I think that's what got me into depression." (5, 23)

The participants expressed feeling unhappy, exhausted and suffering from mental health related illnesses. They felt "buried" in their responsibilities and consumed by the roles pertaining to their families. In the extract below, Seema expands on this experience.

"Mentally and emotionally, like I said I experienced depression and let myself go, I lost myself." (6, 82)

Seema relates her experiences of depression to losing her sense of self through the pressures attached to the roles of women to prioritize the family within Indian culture. There is a sense of loss in her expression. The participants felt a strain on their emotional and mental health, where they felt consumed by their roles pertaining to their families. However, Seema presents a sense of power and autonomy in this comment. I feel that she expresses a realization that she had the control over her own happiness.

The participants realized that they were unable to live up to the expectations of their roles. Nirmala reflects in this in the following comment.

"The expectations really have an impact on your health. " (3, 74)

The participants' expressed extreme mental and emotional exhaustion in their attempts to live up the expectations of their roles. I recall Nirmala's expression of disbelief, as she grasped the extent to which her health was impacted, and how much suffering she had endured. Nirmala expands on her mental and emotional health deterioration in the comment below.

"I really suffered mentally and emotionally, I went to the deep end, I felt judged, I felt lost, I felt incapable and I felt I wasn't good enough. I felt that I couldn't go on any longer. I felt so trapped … I attempted to commit suicide." (3, 82)

Nirmala depicts the depth of her suffering. She felt that the pressures pushed her to "the deep end", suggesting a dark and difficult emotional and mental state. The participants expressed feeling unable to meet the expectations ascribed to their roles, feeling judged, and losing themselves in their fight to survive. Nirmala's feelings of being "incapable" manifested into low self-esteem and sense of self- worth. The participants expressed feeling pushed to their limits and hopeless in achieving any success in their roles. I felt

that in her comment, “I couldn’t go on any longer”, Nirmala captured the sense of loss, defeat and exhaustion experienced through this phenomenon. Her experience of attempted suicide illustrates Nirmala’s cry for help and depth of suffering she endured. There is a feeling of desperation and hopelessness in her account. The severity of the mental and emotional fatigue described by Nirmala captures the intensity of the mental and emotional suffering commonly experienced by the participants.

The participants’ account for feeling trapped as they experienced severe emotional and mental health difficulties. Once these difficulties reached a high severity, the participants began to realize the impacts of the unhealthy cultural patterns described. Sunita further expands on this realization.

“It was making me sick I was struggling with my emotional health but my overall health as well. Well, my health well pretty much suffered.” (5, 78)

I recall Sunita’s expression of disbelief as she voiced the realization of her deteriorating health. The awareness and acknowledgement of the participants deteriorating health were commonly experienced once their symptoms presented with high severity. This feeling of disbelief was mimicked across all participants, as illustrated in the excerpts below.

“I realized, I mean all of a sudden I felt slow and sluggish, I felt ugly, I was so sad I stopped caring about myself…”(3, 27)

“Until recently did I realize that the toll it was taking on me.” (7, 30)

“…Once I began to wake up and got to get stronger ” (2, 47)

“… I wasn’t me … I haven’t actually been me… “ (6, 61)

“ There is a disconnect, you just role-play, until you snap back. “ (1, 58)

The participants expressed the depth to which they suffered emotionally and mentally, where they felt depressed, isolated, detached, experienced emotional numbing, lack of self-worth and extreme mental fatigue. The participants commonly experienced a realization of their deteriorating health. It felt as if the participants snapped back into reality,

where they became aware of their deteriorating health.

This subordinate theme captured the mental and emotional health implications experienced by the participants in their challenges of finding a balance among their multiple roles. The participants described experiencing severe mental health implications, presenting with anxiety, depression, isolation, low self-esteem, loss of identity and suicidal thoughts. There was a sense of hopelessness, as the participants expressed the depth and intensity of their suffering. The participants commonly accounted for experiences of physical exhaustion, deterioration, and illnesses that are explored in the flowing subtheme.

Subtheme 3.2. Physical Health

The following subtheme aims to capture the physical health deterioration experienced by the participants in their journey in finding a balance among their multiple roles. Within this subtheme, the participants account for the internal desire to do more than physically possible, resulting in physical exhaustion. Ultimately the participants acknowledge their own limitations in maintaining the destructive patterns they describe.

The participants account for the experiences of feeling physically exhausted and incapable of maintaining their "duties". In the excerpt below, Premlata illustrates the physical health challenges commonly experienced by the participants.

> "*Physically I'm exhausted! I can't even understand how I'm still going. Physically I was deteriorating, my physical health was omg! I had so many issues I was deteriorating" (4, 87)*

I recall Prelate's expression of shock as she attempted to understand how she had pushed her body to the point of exhaustion. Premlata alludes to her deteriorating health and experiences of illness that resulted from physical exhaustion. This further demonstrates the severity of the implications of the unhealthy patterns described throughout this chapter. Many of the participants reflected on chronic illnesses that they felt were likely to be caused by extreme stress and exhaustion they experienced. The participants account for the internal desire to do more than physically possible, resulting in physical exhaustion. They experienced pushing their bodies to work beyond the point of exhaustions to meet the expectations Indian culture imposed on their roles. This resulted in severe health complications for many of the participants.

Although the participants had developed an awareness of their physical health deterioration, they expressed a desire to fulfill their family's needs. Seema further explores this in the excerpt below.

> *"*Mentally, emotionally and physically I'm just drained in all these areas, *but its' that desire to do more than physically capable that is exhausting and draining." (6, 73)*

Seema's tone felt deflated as she expressed the impacts of the overwhelming demands of her roles. What strikes me is Seema's personal desire to fulfill the needs of the family. She recognized her inability to fulfill her roles, as she felt physically depleted. However, Seema expressed a connection to her roles pertaining to her family. She felt incapable of maintaining her roles and but struggled to let go of them. The participants commonly experienced this desire to fulfill their family's needs and found it challenging to let go of their responsibilities.

At this point in their journey of finding a balance among their multiple roles, the participants were aware of their deteriorating health. They recognized that the expectations of their roles were physically impossible to fulfill. The participants felt incapable of maintaining their responsibilities as they recognized their depleted physical resources. However, the participants experienced letting go of their responsibilities as challenging, as their desire to maintain their roles remained. As a result, the participants experienced a greater decline in their health, which ultimately led to the experiences of burnout.

Subtheme 3.3. Burnout: Change as A Last Resort

The following subordinate theme aims to explore the experience of burnout accounted for by each of the participants. Initially, the participants described an awareness of the unhealthy patterns and expectations of their roles. However, their value for family and culture sustained the participants' drive to provide to their families. This desire resulted in a greater decline of the participants' health as they pushed themselves beyond their emotional, mental and physical limits. The participants ultimately experienced burnout and realized their inability to maintain their roles. This experience was highlighted as the endpoint for each participant, where they could no longer maintain the unhealthy patterns and expectations attached to their roles as working Indian women.

In the following excerpt, Anita describes her experience of burnout.

> *"It was burnout and trying to manage everybody's expectation of me really. I didn't have any me time, I was constantly doing stuff and it was hard, never-ending responsibility." (8, 54)*

Anita felt emotionally, physically and mentally exhausted from the prolonged stress and demands she had endured. Anita described feeling overwhelmed by the constant demands and expectations of her family. There is a feeling over overwhelming anxiety in her tone as she describes the experience of "constantly doing stuff". It feels suffocating, as she is consumed by the "never-ending responsibilities". I feel a sense of despair and hopelessness in her account where she feels stuck in these unhealthy patterns. There is also a sense of defeat, where she acknowledges her suffering and her inability to maintain the expectations of her family.

The participants held a desire to fulfill the expectations of their families. However, they experienced physical, mental and emotional exhaustion, inhibiting their abilities to fulfill their roles. In the extract below, Rajani elaborates on this experience.

> *" It definitely made me realize that you can't be a super human and there are days where you have too many pressures that mean your ability to constantly be available is not there." (7, 68)*

Rajani acknowledged she was not "super-human" and felt that she could not maintain the unattainable expectations of her roles. She continued to feel the pressures of her roles but acknowledged her own limitations. I felt that Rajani began to care for herself as she acknowledged her own needs. I felt that by recognizing her own limitations, Rajani put less pressure on herself to fulfill all the expectations of her roles. This initial display of kindness, empathy, and understanding of ones' limitations was experienced by all of the participants after the point of burnout. This marked the start of the participant's movement towards greater self-care, ultimately creating healthier family scripts.

The participants commonly account for the experiences of their deteriorating mental emotional and physical health. They illustrate how the expectations of culture and family, and their internal desires to provide to their families led to the experiences of burnout. The

participants described experiencing depression, anxiety, suicidal ideations, worthlessness and hopeless as they strived to meet the unattainable expectations of their roles. The participants felt exhausted from the demands of their roles. They felt trapped and overwhelmed by the pressures and expectations of their roles. The participants described reaching their limit, where they could no longer physically, mentally or emotionally maintain the unhealthy patterns described throughout the analysis. This initiated a change within the participants, where they began to acknowledge their own needs, displaying kindness, understanding and empathy towards themselves. Ultimately, the participants initiated breaking the unhealthy patterns within their families.

Master Theme 4: Breaking the Patterns

The following master theme aims to explore the participant's experiences in "breaking the patterns" within their households. After reaching the point of burnout, the participants became aware of the detrimental impacts of the cultural and familial expectations on the roles of women. First, an exploration of the participants' reflections as they initiated a change within their family dynamics is presented. The second subtheme will explore the how the participant's families experienced the changes within the family scripts.

Subtheme 4.1. Enough Was Enough

The participants recognized that the unhealthy patterns in their family and cultural scripts were causing emotional, mental and physical illnesses. The participants feared that maintaining these scripts would result in severe physical and mental illnesses. The participants commonly described reaching an "endpoint", where they felt they had sacrificed and suffered many years of their lives. The following subtheme aims to explore the participants' experiences as they began to break the unhealthy patterns within their families.

The participants commonly felt that they had lost themselves in their journey in finding a balance among their multiple roles. They felt that they had lost many years of their lives living by the expectations and desires of their families. In the excerpt below, Veena elaborates in these experiences as she realized the need to break free from the unhealthy patterns.

"Enough was enough, that's when I decided there has to be a change. It's so important to speak up and have your own voice, I lost mine and I know how it impacted my health and my happiness for 18 years." (1, 129)

I recall Veena's expression as she voiced, "enough was enough". I felt that Veena expressed a disbelief that she had suffered many years living in an environment she felt was unhealthy, oppressive and limiting. She felt that she had lost herself for 18 years. Veena expressed losing her voice, where she felt powerless, useless and vulnerable. It feels as if Veena experienced psychological growth, as she understood the importance of her own voice and autonomy. Throughout this excerpt there was a hint of pain and sadness for the loss Veena had experienced. The participants commonly expressed similar feelings, where they had reached an endpoint and recognized that they could no longer live under the expectations of others. Although this change was important for the participants it was also challenging as it went against their cultural and familial values as illustrated by Veena in the following excerpt.

But could I do that, which goes against my values again? (1, 117)

Within this moment, Veena felt an internal struggle as she explored her experience of breaking the unhealthy patterns within her own family. Her expression alludes to the difficulty she experienced in making these changes and demonstrating the personal value and attachment to the roles of women. There is a hint of guilt and confusion in Veena's expression, demonstrating the internal conflict that is experienced within this phenomenon. In the excerpt below, Sunita further describes this phenomenon.

"I made a stand and had to sacrifice a lot, it was very difficult, as it went against what I was raised to think is right, against my values but had I not done it I would not be where I am today." (5, 98)

Sunita expressed the challenges she experienced in breaking the unhealthy patterns that had been central to her life for many years. She expressed a sacrifice, perhaps referring to the cultural meanings underpinning the roles of women and abandoning her personal and cultural values. There was a feeling of guilt and shame in Sunita's tone as she expressed going against her values. There is a sense of desperation as Sunita felt she

had reached her limit. Sunita expressed fear, as she emphasized the importance of this change for her own wellbeing and safety. It feels that if Sunita had not made these changes, there would be a risk to her life, health and safety.

Similar to Sunita's experience, Anita described the difficulty she faced in breaking the unhealthy patterns.

> *"…The role of the mother as the core of the family, you know we keep everything together, it has personal meaning, cultural and traditional meaning it was very hard making that decision to step back from this but if I hadn't I don't know…" (8, 76)*

Anita felt that her role embodied personal, cultural and traditional value and meaning. Anita's expression demonstrated the feeling of guilt and shame she experienced in breaking the unhealthy patterns. She presents a feeling of obligation and duty. The participants commonly felt a sense of duty in supporting their families in their roles as mothers. However, Anita alludes to a sense of fear in her comment. Her tone and physical expression, as she shook her head, suggested reluctance in even discussing what might have occurred had she continued these patterns.

The participants expressed desperation to break free from the unhealthy patterns within their families. However, the participants experienced an internal conflict, where their roles held personal, cultural and familial value. The participants felt vulnerable and trapped in this experience, as they struggled to break free from the unhealthy patterns. Ultimately, the participants feared that maintaining the expectations of their roles would pose a high risk to their health. The participants felt that they had no choice but to break the unhealthy patterns within their families. The participants felt that if they did not make a change, their mental, physical and emotional health would continue to suffer. In the following subtheme, the participants explore their experiences of family support as they break the unhealthy patterns and expectation on their roles within their households.

Subtheme 4.2. Family support

The following subtheme aims to explore the participants' experiences of family support in breaking the unhealthy patterns. The participants described feeling fearful that their families would suffer or resent them in changing the family dynamics. To many of the

participants' surprise, their families had acknowledged the difficulties they had endured and supported them in their process of healing. In the excerpt below, Babita reflects on her process of breaking the unhealthy patterns and her family's supportive response.

"They compromised when I was at my lowest point, we all adjusted but this did change a lot, I mean I didn't expect it." (2, 96)

Babita felt that her family had compromised once she had reached her lowest point, initiated change in the family dynamics and expressed her suffering vocally and through her health deterioration. Perhaps before this, Babita had suffered silently and her family had not recognized the need to support her. Once she had expressed her suffering, they felt a need to support Babita in her process of healing. As with all of the participants, Babita did not expect her family to support her and felt that this transition would be challenging for her family. The participants described feeling a sense of guilt, believing that their families would struggle to break the unhealthy patterns. This feeling made it more challenging for the participants in making a change. Consequently, this change only occurred after the participants experienced burnout and externally demonstrated their deteriorating health. In the excerpt below, Premlata further expands on this process.

"I think after that stressful period where I took time off work, there was more negotiation in our family, before that it was just I and I don't blame them, I mean I took on that responsibility from the start." (4, 86)

Premlata felt that her experience of burnout initiated the process of breaking the unhealthy patterns in her family. She felt that after her experience of burnout, her family acknowledged her suffering and they stepped in to support her healing. There is a sense of letting go and breaking free in Premlata's account. It feels as if Premlata broke free from the pressures of balancing her multiple roles, the expectations of culture and family and the internal guilt to provide to the family. Premlata expresses an acceptance and process of forgiving her family for not recognizing her suffering over the years.

The participants commonly felt that without the support and adjustment of their families, they would have struggled to carry on. Rajani further expands on this experience in the

excerpt below.

"I think a lot of it depends on the support you have in your family and if they acknowledge what you are going through and help you heal; I know some families who don't." (7, 83)

Rajani felt that she had received support from her family, which helped her through her process of healing. She felt that her challenges were acknowledged and that her family understood her suffering. However, Rajani felt that not all families were as understanding and supportive of what she had experienced. Rajani felt that some families did not support women in this process.

Nirmala described the challenges she faced where her extended families were unsupportive of what she had gone through.

" But my husband and in-laws still expected me to do so much. It made me angry that even after that, how sick I had become…. So, I told my husband what it was… I distanced myself from my in-laws and I told my mother in law as well now I just say what it is" (3, 86)

Nirmala felt a lack of support and understanding from her family. She felt angered and her tone suggested a feeling of hurt and shock. It felt as if she was puzzled at how her family could reject her suffering and continue to impose pressures and expectations as she continued to deteriorate in health. There was a sense of acceptance, where Nirmala felt that these patterns and expectations would remain in her family. This led Nirmala to set boundaries forcefully. This demonstrates the variations of the participants' experiences in finding a balance among their multiple roles. For Nirmala, finding a balance and breaking the unhealthy patterns meant forcefully setting boundaries in her family. In the extract below, Nirmala further comments on the variation of family patterns, and how the family she had married into held traditional expectations. This further posed as a challenge Nirmala faced in finding a balance between her multiple roles as an Indian woman.

"There are different types of families, some that are traditional and others more modern but like for example my mother in law, she was working full time, but she would wake up in the morning

cook and have all those traditional responsibilities. That isn't me." (3, 94)

Nirmala felt that her mother-in-law had a different concept of the roles of women and attempted to impose her views on Nirmala's life. She was able to sympathize with her mother-in-law, understanding the difficulties she had in supporting Nirmala in breaking her unhealthy patterns. Nirmala was able to conceptualize her experience in this way, where it felt that Nirmala was able to let go of her pain and hurt. She was able to develop an acceptance and move forward in creating a healthier family structure.

Similar to Nirmala's experience, many participants felt it was necessary to make changes within their family dynamics, however, they felt challenged by their families. Veena expands on this experience in the following excerpt.

"The women in the extended family however, put me down and found it very difficult." (1,82)

"…It was very apparent that most of the elders in the family did not approve" (1, 84)

Veena continued to experience criticism from her family and felt that her challenges were unrecognized. She expressed a feeling of isolation, where her struggles were disregarded. There is a sense of feeling devalued in this experience, where Veena's challenges were disregarded by her extended family. Facing societies judgment and the extended family's disapproval meant that the participants had to go through a process of self-acceptance to demonstrate kindness towards themselves. The participants came to accept that people will continue to judge, and they will never be seen as enough. The participants recognized this as central to the ideal of perfectionism in Indian culture. This acceptance led the participants to feel a sense of freedom and enable them to let go as described by Babita in the following excerpt.

"I notice it and feel it, but I am learning to let go that's the only way and once you do, once in a while it's like freeing!" (2, 79)

This theme explored the participants' process of breaking the unhealthy patterns within

their cultural and familial scripts. The participants felt that they had suffered and endured severe health consequences from the expectations and pressures on the roles of women within Indian culture. The participants felt that they had reached their limits and initiated changes in their family dynamics. This was challenging for the participants as they felt they were going against their values. However, the participants were desperate to alleviate their suffering. Many of the participants experienced support from their families in initiating these changes. The participants felt acknowledged as their families supported them through their process of healing. Others were subject to greater criticism and pressures from their families. The participants' felt angered and rejected as their suffering was disregarded. These participants had to forcefully set boundaries in order to protect their health and wellbeing. There is a sense of psychological growth, where all participants experienced acceptance of their limitations and learned to set boundaries with their families. They also acknowledged the cultural patterns and scripts that were central to their families over the generation. In conceptualizing their experience in this way, the participants were able to heal, let go of their anger and develop a greater understanding of the cultural pressures.

3.3. Summary of findings

Throughout the analysis, I attempted to provide a description of the experiential themes. I will now provide a summary of the relationship between the themes, to capture the essence of the participants' journey in finding a balance among their multiple roles.

The participants began their explorations describing how they were "fed" a description of the roles and expectations they would ultimately fulfill as working Indian women. They explored how family and cultural expectations imposed the definitions of the roles of women. The participants experienced these definitions as "unsaid rules" that they felt compelled to follow. Indian cultural values and the participants' upbringing led them into feeling obligated to "perform" their predefined roles. The cultural value of representing the family and the ideals of perfectionism further required the participants to fulfill their predefined roles. The participants felt obligated to conform to the family scripts to avoid being criticized and judged.

In the second phase of their journey, the participants described prioritizing their predefined roles pertaining to their responsibilities as mothers, wives, daughters and daughters-in-laws. The participants question their abilities, feeling guilty and self-critical when they are unable to meet the expectation of their roles. As they struggle to maintain a sense of self, they explore the importance of their professional identity which gave them meaning and purpose outside of the family. Ultimately, they are unable to maintain their professional role and experience detrimental impacts on their identity, self-esteem and sense of self.

In the next phase, the participants describe a deterioration of their mental, emotional and physical health. The participants felt unable to attend to their own needs and personal desires, resulting in self-neglect. This led the participants to experience anxiety, depression, physical illnesses and suicidal ideations. The participants felt that they could no longer cope with the expectations and guilt of not being able to provide to their families. The participants commonly experienced burnout as they reached their emotional, physical and mental limit. They could no longer carry on with the unhealthy patterns and expectations Indian culture had imposed on them.

In the final phase of finding a balance among their multiple roles, the participants initiated a change within their family dynamics as a last resort. After reaching the point of burnout, the participants became aware of the implications of the expectations of their roles as working Indian women. To their surprise, some of the participants' families had acknowledged the challenges and adapted to help the participants in their process of healing. Others reflected on how family and community members continued to enforce the unhealthy expectations on their roles. The participants chose to let go of their feelings of guilt and shame and forcefully set boundaries.

At the time of their interviews, the participants held a desire to bring awareness of these issues to health care professionals and to the Indian community. The participants hoped to advocate for change, greater support and greater awareness of the experiences of Indian working women. Seema and Rajani express the importance of this within the excerpts below.

“I think there is an issue here with these views on the roles of women, particularly in this culture and I hope we address it or bring awareness of it, so people understand.” (6, 89)

“I think Asian women; Indian women are underrepresented we have a social responsibility to bring more awareness and highlight the experiences of this population to healthcare professional.” (7, 112)

Chapter 4: Discussion

4.1. Chapter Orientation

In the present study, a phenomenological approach was adopted in exploring the unique experiences of second-generation Indian women in balancing their multiple roles. Through the analysis, four emerging themes were elicited and described. Within this chapter, I begin by presenting the findings of the analysis concerning existing literature. After presenting a discussion and interpretation of the findings, an evaluation and the procedural credibility of the study will be presented. This section will draw on Yardley's (2000) criteria in assessing the credibility of research studies. Implications of the present research on clinical practice and future research will be addressed along with the relevance of the present study to counselling psychology. In concluding this chapter, I present my reflections concerning the process and findings of the present research study.

4.2. Discussion and Interpretation of The Data

In the following section, I present the findings of the current study and further develop an understanding of the core themes elicited in relation to existing literature. I present this exploration through the initial themes that had been developed through the analysis of the data.

4.2.1. Who I Am Expected to Be and The Scripts I Follow

The first theme elicited within the analysis relates to the expectations and responsibilities attached to the roles of women and how these are influenced by Indian culture. Findings from the analysis highlight the impact culture has on the traditional structure of Indian families, and ultimately on the roles of women. Similar to previous literature, the findings from this study suggest that the traditional Indian family structure provides support in child-rearing. However, it also imposes greater responsibility and pressure on women in performing their roles. Within the theme of "Who I am Expected to be and the Scripts I Follow", the experiences of "Unsaid Rules" and "Representing the Family" were central in dictating the participants' roles and responsibilities they assumed within their families and formed the subthemes under this section. The experiences of cultural rules and the

cultural value of family honor served to define and maintain the unattainable expectations and responsibilities on the roles of women. Findings from the present study indicate similar results to existing literature, where the impacts culture and traditional Indian family structure have on defining the roles of women are elicited. The following sections expand on the findings within this theme.

“Unsaid Rules”

The subtheme of "unsaid rules" explores the expectations of Indian culture and family that dictate the responsibilities pertaining to the roles of women. The participants reflect on "unsaid rules" within their family scripts and cultural scripts that define the roles of women throughout the analysis. The participants described how these "unsaid rules" were never explicitly stated but exist in the form of values and meanings within the culture and family structure. These "unsaid rules" define women as the "pivotal foundation" of the family, as described by the participants. The participants describe feeling "categorized" and confined to the expectations of their roles as women. The responsibilities of women are seen as central to the success and functioning of the family, and the roles pertaining to women hold cultural and familial meaning. The findings presented within this subtheme highlight the expectations culture and family pose on women in providing to the family and upholding domestic responsibilities. Such domestic responsibilities described include care for the elderly and extended family, attending community social events, responsibilities of child-rearing, cooking, cleaning, and maintaining all other domestic responsibilities of the household. The participants explain how these expectations are predominant to their family and cultural scripts. They describe how women are central in maintaining the functioning of the household and in the caring responsibilities for the entire family. The expectations of women are described as ingrained within the family and cultural scripts over many generations. The findings of the study suggest that the cultural and familial values prescribed to the roles of women are instilled within the individual throughout an individuals' life, creating a personal value to the responsibilities attached to the roles of women. The participants describe how the personal values attached to the roles and responsibilities of women results in feelings of obligation towards fulfilling the expectations of their roles. The findings also suggest that the expectations of the roles and responsibilities of women within Indian culture are often extensive and unattainable. The participants' account for pressure within their families to maintain a responsibility to their

roles despite the challenges they experience, that were seen to impact one's mental health. The findings suggest that there are cultural values attached to the roles central to womanhood, where cultural and familial scripts define the roles of women. Furthermore, the values of culture and family maintain the expectations of the roles of women. The expectations become central to the concepts of womanhood within Indian culture, which further dictates the structure of the family.

The findings in this section contribute to the existing literature by providing an exploration of the impacts of family and cultural expectations on the roles of Indian women. It accounts for traditional gender norms and family structures typical of Asian culture as salient in the development of mental health-related illnesses among Asian women highlight in existing literature (Husain, Waheed, & Husain, 2006; Nadimpalli, Cleland, Hutchinson, Islam, Barnes & Devanter, 2016). The results from this subtheme have highlighted the impacts of gender-specific roles defined by Indian culture and the impacts this has on mental health-related illnesses among the population of Indian working women within the U.K. The findings elicited from this subtheme are similar to the findings of existing literature. Cultural values, family structure and strict gender norms were seen as contributing factors to the heightened experiences of mental health-related illnesses among Indian women (Varghese & Jenkins, 2009). The Indian women within this study had similar experiences of cultural implications as Asian population samples from previous studies. This included the expectations of women to prioritize family, maintain domestic responsibilities and caring responsibilities for the family, among others. This leads me to question whether Asian populations can be clustered together. I believe that further explorations are needed to draw any conclusions. I value the importance of understanding and exploring the unique cultural experiences within the Asian population, particularly within counselling psychology. The findings within this subtheme serve to develop insights to the cultural influences of the roles and responsibilities of Indian women, and the impacts of family structure on the heightened levels of psychological distress accounted for among this population. The findings of this subtheme have mirrored and further developed existing literary findings pertaining to cultural and familial impacts on the roles of women within Indian culture.

“Representing the Family”

Elicited from the analysis are the cultural value of maintaining family honor and the importance of representing the family. This concept, central to the values of Indian families, as described by the participants within the present study, serves to maintain the expectations of the roles of women. The findings of the present study suggest that family honor and family representation sustains the roles and expectation of women. The participants describe feelings of fear in letting one's family down, being subject to criticism and feeling judged by family and community. The participants further describe the fear of being judged, criticized and dishonoring their families as a drive that pushes them to fulfil their responsibilities even after the point of exhaustion. They experienced pressure to conform to the responsibilities of their roles as a means of self- preservation and protecting the family honor. The findings of this subtheme elicit a cultural desire of perfection. The participants within the present study express that regardless of their well-being, they felt obligated to fulfil their responsibilities of the "perfect wife, daughter, daughter-in-law, and mother." One participant, in particular, discusses the cultural value of representing the "perfect family", where women are expected to adhere to the traditional expectations of their roles and fulfil their obligations to the family. The cultural values of family representation and perfectionism described by the participants enforce pressure on women in fulfilling their roles as expected by their family and cultural scripts. The Indian cultural value for family honor is prominent in the participants' account of the challenges they experienced in finding balance among their multiple roles.

The influence of the Asian cultural trait of family honor is commonly explored throughout the existing literature. Similar to the interpretations made in this subtheme, Furnham and Shiekh (1993) highlighted the Indian cultural ethos of maintaining the honor of the family to explain the impact of the unhealthy cultural patterns commonly experienced among Asian participants. Within the present study, Indian culture was described as an honor-based culture, particularly impacting the roles of women. The participants commonly felt that the community and Indian culture expected too much out of women, which contributed to the participants' challenges in finding balance among their multiple roles. The participants felt that they were often judged and subject to the unattainable expectations to their roles as working Indian women. The findings of the subtheme suggest that Indian families did not understand or value the participant's careers. The resources put into the

participants' careers was not acknowledged, and the participants had to maintain their duties within the home regardless of how depleted they had felt. This demonstrates the cultural incompatibility, lack of supportive community and family, pressures from the family and traditional values described in the previous literature as contributing to the heightened levels of mental distress among Asian women (Bhui, McKenzie and Rasul, 2007). These findings are similar to the explorations within the present study, where the family values of honor and expectations of women created an unsupportive environment for the participants. The participants within the present study describe these expectations that ultimately define the roles of women, as embedded in one's self-concept. The participants felt that they had internalized these roles, responsibilities and pressures. This manifested in a challenge in balancing one's multiple roles and impacted their sense of self.

4.2.2. Who I Was/Who I Am

A persistent phenomenon interpreted within the analysis was translated to the master theme "Who I was/Who I am". This theme was interpreted from the participant's account of the impacts culture and family has on one's sense of self. Within the first subtheme, the participants commonly questioned "am I enough?" as they consider their challenges in finding balance and their abilities in fulfilling their multiple roles as defined by Indian culture and family structure. The second subtheme addresses the challenges the participants face in the expectation that Indian culture has on women to prioritize the family over the participants' personal and professional desires. Lastly, findings within this theme suggest that the participants experience a loss of self in their challenges of finding balance among their multiple roles. The participants within the present study explore their multiple roles in the context of their sense of self. They distinguish aspects of their self and aspects of their identity they felt was predefined by Indian culture. This is further explored in the subthemes below.

Finding Balance: Am I Enough

The participants describe wearing multiple hats and feeling stretched across their multiple roles and responsibilities at home and within their professional roles. Most evident across all participants' accounts was the challenge of maintaining a professional role and pursuing educational or career endeavors while attending to the expectations of family

and Indian culture. The findings elicit the importance of the professional role in providing meaning and purpose outside of family responsibilities. In exploring the experiences of multiple role balancing among Indian women, the professional role adds a unique pressure that limits an individuals' time and energy to maintain their expectations and responsibilities to the family. The participants express feeling exhausted and stretched in their attempts to meet both the expectations of their roles within the family and their professional roles. This demonstrates the unique pressures Indian working women experience in finding balance among their multiple roles. The findings of the subtheme suggest that the professional role may be central to Indian women in maintaining a sense of self. The professional role provides Indian women with social resources outside of the family and community, and more significantly it provides a purpose separate from the predefined expectations Indian culture imposes. The participants expressed the importance of their professional identity in providing self-worth, value and independence. Without the professional roles, the participants were solely confined to the expectations and responsibilities defined by the family and culture. However, the participants commonly accounted for the challenges they experienced in balancing their multiple roles. The expressed feeling exhausted and drained in fulfilling both the responsibilities of their professional identity and that of the identity attached to their family and culture. The participants felt unable to cope with the responsibilities of their roles.

Further relating to the findings within this subtheme, Kaur et al. (1998) conducted semi-structured interviews revealing themes pertaining to the experiences of working Asian women. The authors explored the challenges women experience in maintaining their professional roles while subject to the traditional responsibilities of the family. The authors suggest that working women experience the expectations imposed by family, community and culture on their roles similar to non-working Asian women. However, working Asian women had additional responsibilities in their careers. This reflects the findings elicited from the current research. The present study contributes to these findings, providing insight on the health implications of the challenges faced by Indian working women. In the current study, the participants reflected on their deteriorating mental, emotional and physical health. Furthermore, when the participants attempted to balance their responsibilities by taking leave from their jobs, they experienced a significant decline in their overall health as they fell deeper into depression. The findings in this subtheme suggest that despite the greater level of responsibilities experienced as working Indian

women, transitioning into non-working women led to more considerable health deterioration.

The "Pivotal Foundation of The Family"

The challenges of work-life balance are explored in the following subtheme, where the participants account for the value and meaning of their roles pertaining to their families. The findings suggest that in the challenges of finding a balance between the professional roles versus the role pertaining to the participants' family, the family was always prioritized. The participants within this study describe the role of a mother in particular as holding value and meaning to their sense of self. Motherhood was described as having cultural and personal value. The role of a mother was central to the participants' purpose, where mothers were considered the foundation of the family. Culturally, motherhood has significant meaning, and mothers are labelled the "givers of everything". The findings from this study suggest that the central role of mothers as the pivotal foundation of the family not only held cultural value, but it was central to the participants' sense of self. Within Indian culture and traditional family structure, the sole purpose of the roles of women is their responsibility to family, as described by the participants. However, the findings suggest that this title, definition and purpose prescribed onto the roles of women by traditional culture and family structure can be detrimental to the health of women and results in self-neglect. The participants felt exhausted and stretched across their roles and responsibilities and expressed feeling unable to cope. In an attempt to achieve more balance in their lives and to improve their health, the participants neglected their professional roles. As a result, the participants expressed feeling purposeless, "dead", and experienced a loss of self. The findings suggest that the challenges faced in finding a balance between the professional role and roles pertaining to the family are detrimental to an individual's health. Indian cultural values and family structure place greater responsibilities and pressures on women to be the sole foundation for the family. However, leaving one's career does not reduce the pressure experienced by Indian women but instead leads to the further loss of self as one becomes entirely and solely immersed in the roles and responsibilities pertaining to the family. In sacrificing their careers, the participants experienced a loss of self as their entire purpose pertained to their responsibilities to the family. The present study contributes to the existing literature suggesting that with the addition of employment and social-capital is perhaps essential in

improving the mental health among Indian women. However, the findings from the present study also acknowledge the challenges that are faced with the addition of career responsibilities to the expectations family and culture impose on women. This suggests that there is a need to focus on promoting work-life balance among this population.

Similar to the findings in the present study, Chadda and Deb (2013) found that the collectivist views dominant within Indian culture places the families' needs before the Individuals. This is reflected within this study, where participants placed their roles pertaining to their families before their professional roles and ultimately, before their health and personal desires. The findings of the present study elaborate on the literature findings exploring the cultural value to place the family's needs before the individuals' needs. In the present study, the participants further describe experiencing feelings of guilt as they struggle to balance their roles. This further influenced the participants in neglecting their professional roles, as they felt that the additional responsibilities limited their time, energy and commitment to their families. The findings of the present study suggest that the experience of guilt stems from the values embedded in Indian culture and family structure. The experiences of guilt for not being able to fulfil the responsibilities pertaining to the family stems from the cultural ideals of the roles of women as the pivotal foundation of the family. Anand and Cochrane (2003) research suggests that an individuals' experience of shame mediates the conflicts between acculturation and mental health. In their study, women who related to an Asian identity were vulnerable and susceptible to experiences of shame concerning the expectations culture imposed. Anand and Cochrane (2003) concluded that shame operated to regulate an individual's behavior and reinforced the unhealthy cultural patterns. This is reflected within the present study, where participants expressed feelings of guilt when they were unable to meet the expectations culture and family had imposed on their roles. This led the participants to neglect their health, emotional difficulties, personal desires and professional roles. Ultimately, the participants experience a complete loss of self as they strive to meet the expectations of their roles.

Loss of Self

The following subtheme explores how the participants' felt they had lost their sense of self in their process of finding balance among their multiple roles. The participants describe the roles of women within Indian culture as all-encompassing and confining. The

participants' desire, professional roles and sense of self were subservient to the responsibilities and expectations of their roles pertaining to their families. The participants describe how they become consumed by the role of a mother, a wife, a daughter and daughter-law. The participants described becoming immersed in these roles, "mindlessly" following the scripts and patterns imposed by Indian culture and family. Through this process, the participants experienced a loss of self.

The participants further expressed feeling useless, undervalued and worthless, as they no longer held any personal or professional aspirations. Furthermore, as the roles pertaining to the family are expected of women within Indian culture, the participants described feeling unacknowledged for their sacrifices and efforts. The participants describe numbness within these experiences. The findings within this subtheme suggest that with the implications of family expectations on the roles of women and unemployment, perhaps Indian women experience a loss of self. The predefined definitions of the roles of women within Indian culture perhaps influence this experience.

The findings elicited from this subtheme contribute to existing literature pertaining to the impacts of unemployment among Indian women. Copper et al. (2000) suggest that Asian participants who were unemployed were likely to be at a higher risk of mental illness. Cooper et al. (2000) propose a possible explanation for this phenomenon was the greater economic and social isolation experienced by unemployed Asian women. However, there are many limitations to these findings and most salient is the low participation of employed Asian women. Furthermore, Cooper et al. (2000) did not consider and evaluate the impact of culture and family responsibility on the employed Asian women within their study. The present research expands on these findings and attempts to address the limitations described. The current findings propose that when participants were unemployed, they experienced a loss of their professional role, which formed an essential and valuable aspect of their sense of self.

Professional identities are described as valuable in providing participants with a purpose. It develops the participant's self-esteem, a sense of purpose and feelings of self-worth. Without their professional identities, the participants expressed feeling purposeless and numb after leaving their jobs. However, this role, along with their desires, was placed secondary to the responsibilities of the family. Through their journey, the participants felt

that they experienced a loss of their sense of self by neglecting their professional goals. The participants within the present study describe the challenges in finding balance among their multiple roles as a battle, as they struggle to fulfil the multiple responsibilities they face pertaining to their responsibilities at home and their responsibilities in their professional roles. Previous studies have found women's experiences of cultural and familial value conflict to impact the heightened levels of psychological distress among Asian women. Within the present study, this conflict was described as a divide between ones' career endeavors and the expectations of cultural and familial values imposed on the roles of women. The experiences of mental health deterioration may be related to the conflicting sense of self pertaining to the professional role and the role defined by the Indian family structure. These results are similar to research findings from Husain et al. (2006) where the authors explain how individuals face an internal struggle to balance the western attitudes and the expectation of traditional culture. Within the present study, the participants experienced a challenge in balancing their professional role, which had value and meaning for their sense of self, self-esteem and psychological health. The pressures and expectations of traditional cultural and familial expectations resulted in the participants sacrificing their careers, sense of self and ultimately sacrificing their health.

4.2.3. I Was Deteriorating

The findings of this theme suggest that the implications of culture and family on the multiple roles of Indian women lead to a deterioration of mental, emotional and physical health. The participants within the study reported challenges in finding balance among their multiple roles and responsibilities as defined by Indian culture and family structure. The findings suggest that in their attempts to meet the expectation of their roles, the participants within this study neglect their own needs and desires. In doing so, the participants describe experiencing a loss of self as they become immersed in the roles defined by Indian culture and family. The findings of this theme suggest that overtime these experiences lead to burnout. The findings of the study elicit the mental, emotional and physical health implications experienced by the participants within the study. These implications are attributed to the years of feeling overworked and exhausted as the participants strive to meet the expectations of their multiple roles that are culturally defined. The findings of the study indicate the unique experiences of burnout among this

population that is influenced by traditional familial structures within Indian culture. The following sections further elaborate on these findings.

Mental and Emotional Health

The following subtheme explores the mental and emotional health deterioration experienced by the participants. The participants attributed the decline in their mental and emotional health to the unattainable expectations of the roles of women within Indian culture. The participants' account for experiences of anxiety, depression, emotional exhaustion, mental exhaustion and suicidal ideations. The findings suggest that Individuals become subject to isolation as they are confined to the "never-ending duties to the family", resulting in a loss of self. The findings further suggest that women are unable to meet the unattainable expectations ascribed to their roles, resulting in judgments by the Indian community and extended family. The experiences of identity loss, isolation, judgments, criticisms, internalized feelings of inadequacy and the pressures of the expectations family and Indian culture imposed were identified as contributing to the experiences of mental and emotional health deterioration among the participants. The participants within the present study describe suffering in silence for many years, experiencing feelings of hopelessness and other aversive psychological health implications.

The findings of the present research support existing literary findings that suggest a higher prevalence of mental health problems among Asian women (Bhugra & Bhui, 2003; D'Alessio & Ghazi, 1993; Fazil & Cochrane, 2003). Often, existing literature attributes the heightened psychological health prevalence among Asian women to the strict gender norms and expectations of women in maintaining family honor. These findings are supported within the present research study, where the participant's experiences of psychological health deterioration were attributed to the expectations of women in fulfilling their role as the pivotal foundation for the family. Expanding on these findings, Klineberg et al. (2006) found that lower parental social support led to higher susceptibility of future depressive symptoms. The findings from the present study contribute to these reports, presenting a new lens in exploring the implications of lower familial, social support within the context of working Indian mothers. Perhaps, lower social support within a marriage and family can predict the susceptibility of future depressive symptoms among working

Indian women. The participants within the present study attributed their emotional and mental health deterioration to the lack of support perceived by their families. The pressures and expectations Indian culture impose on the roles of women is similar to the lack of family support Klineberg et al. (2006) highlight in contributing to elevated experiences of depression among their participants. For the participants in the current study, their families posed significant pressure and provided little support. The lack of support experienced by the participants within the current study was seen to result in severe health deterioration.

Physical Health

The following subtheme highlights the experience of physical exhaustion and illnesses attributed to the challenges the participants experienced in finding balance among their multiple roles. The findings suggest that the cultural values defining the roles of women within Indian culture impose pressures and unattainable expectations on women. The participants pushed themselves to meet unattainable expectations and neglected their own physical health needs. These unhealthy patterns described by the participants have shown to have severe consequences on the physical health of Indian women. The participants within the current study describe a deterioration of their physical health over the years of accepting and suffering in the unhealthy family and cultural patterns. The participants describe feeling overworked and feeling pushed to work more than physically possible. The findings suggest that the stress evoked from the pressures within Indian culture and family structure on the roles of women may lead to the development of long-term physical illnesses. Previous research has explored the implication of long-term stress on an individual's physical health and refutes the findings within the present study.

Previous literature has explored the implications of long-term stress and psychological illnesses on the risks in the development of chronic diseases (Cohen, Janicki-Deverts, & Miller, 2007). Previous findings suggest that psychological distress and illness may increase one's susceptibility to physical health illnesses in the future. These findings are reflective of the experiences of physical health deterioration described by the participants within the present study and are related to existing literature exploring mental health illnesses among Asian populations. Existing research studies exploring the experiences of Asian populations suggest that Asian populations within the U.K. report higher physical

health complications when compared to white British populations (Balarajan, Yuen & Soni Raleigh, 1989). The findings from the present study may serve to connect these literary findings, where it demonstrates both the high susceptibility of Indian women in experiencing heightened mental health-related illnesses and ultimately, the experiences of physical health deterioration. The current study posits that the heightened experiences of psychological distress reported among the participants led to future risks of physical health illnesses. These findings can contribute to existing works of literature that have reported higher levels of both mental and physical illness among Asian populations. Asian women, in particular, have been identified as a vulnerable population, highly susceptible to mental illness within the U.K. (Bhui et al., 2004). It is suggested that Asian women experience greater vulnerability to psychological distress due to the traditional gender norms and family structure within Asian culture (Husain, Waheed, & Husain, 2006). These findings are reflected within the present findings, where Indian cultural values and family structure impose significant pressures on the roles of women, leading to experiences of self-neglect. These experiences ultimately led to the participants' psychical, emotional and mental burnout.

Burnout: Change as A Last Resort

The participants illustrate reaching their mental, emotional and physical limits in their fight to maintain the responsibilities and expectations imposed by Indian culture and family structures. Through this process, the participants neglected their physical, emotional and mental health needs. The participants describe burning through their resources and reaching a point of exhaustion. Upon reaching the point of burnout, the participants within the present study begin to acknowledge their limits and realize that they are not “super-human”. The findings suggest that the experience of burnout and severe health deterioration initiated a change in the participants, where they acknowledged the need to “break the unhealthy patterns” imposed by traditional culture and family structure. This realization resulted from severe health deterioration; a pattern commonly accounted for within previous literature. The patterns of initiating change as a last resort have been previously highlighted in exploring the help-seeking behaviors of Asian women.

Existing literature may serve to help understand the delay in help-seeking and in initiating change that was reported within the present study. Previous literature suggests that

individuals from Asian communities are less likely to seek professional help for psychological distress and disorders until it reaches the point where it is no longer bearable (Ahmad, Driver, McNally, & Stewart, 2009; Lee & Hadeed, 2009). Existing literature suggests that within Asian communities, there is a high social stigma attached to mental illness, which results in hiding or denying conditions and symptoms (Conrad & Pacquiao, 2005). Within the present study, the findings suggest that there was a delay in participants seeking help or "breaking the unhealthy patterns" pertaining to their expectations and responsibilities to their families. Within the present research, external help and instilling change within the family structure was only sought as a last resort when the participants' health had significantly declined. The participants in the present study reflected on the years they had spent suffering in silence, and only after experiencing burnout and significant mental, emotional and physical health deterioration they sought help and initiated change within the unhealthy patterns of their families. These findings are similar to what the existing research has explored, where seeking help and acknowledging mental, emotional and physical suffering is only addressed as a last resort.

Previous literature suggests that cultural constraints inhibit individuals from seeking help within this community. In the present study, these cultural constraints were described as cultural values, maintaining family honor, fear of being judged and criticized and the cultural expectation of women as the pivotal foundation of the family. Women were seen to be responsible for the functioning and success of their families, and perhaps these characteristics restricted women in seeking help and instilling change. As mentioned previously, Asian populations are highly underrepresented as service users. However, they exhibit higher levels of psychological distress compared to British White citizens (Ahmed, Abel, Lloyd, Burt, & Roland, 2015). Previous literature findings have suggested reasons for this, including negative stigma regarding mental illness, responsibility to protect family honor, lack of knowledge of available services, lack of trust, and lack of understanding of mental illness along with other factors (Ahmed, Abel, Lloyd, Burt, & Roland, 2015). The present study highlights the impact the family and cultural expectations on the roles of women have in inhibiting help-seeking. The following study explored how the roles of women and the cultural value of these roles served to maintain unhealthy patterns and restrict help-seeking. Furthermore, the participants felt inadequate, judged and criticized when they were unable to maintain their predefined roles and responsibilities. These factors related to the cultural characteristics noted within

previous studies regarding family honor and self-preservation. These factors further restricted help-seeking and challenging the unhealthy patterns within the family structures the participants in the present study described. However, as noted within the existing literature, the participants within the present study-initiated change and sought help when they had reached their limit.

4.2.4. Breaking the Patterns

The findings suggest that after the point of burnout, the participants experienced an awareness of the implications of the cultural and family patterns, as they became aware of their deteriorating health. The participants took a stance as they realized “enough was enough” and that they could no longer maintain the unattainable expectations of their roles. However, the participants found it challenging to break these patterns, as their roles as mothers were central to their purpose and values. The findings suggest that at this point, the participant’s families had acknowledged the deteriorating health of the participants, and some family members served as a source of support. The finding suggests that the shift within the family was in some instances accepted, while other times it was more challenging for the families to adapt to the new family structure and distribution of responsibilities.

“Enough Was Enough”

The findings from the present study suggest that after reaching the point of burnout, individuals begin to recognize the unhealthy patterns and expectations within the Indian family structure. At this point, there is change within the individual, where they recognize they can no longer maintain the many expectations of their roles as women within their family structure. The participants recognize that "enough was enough" and they begin to initiate changes and let go of some responsibilities. The participants described this shift where they begin to "break the patterns" as a means of protecting themselves from their deteriorating health. However, the participants struggled to make these changes, as they felt they were going against their cultural values and neglecting their families. In regard to the theme of "breaking the patterns" elicited from the analysis, the participants describe a process of omitting their responsibilities to their families. The participants describe feeling guilty that their families, particularity their children, would suffer in adapting to the changes in responsibilities within the family. The participants commonly expressed that

they did not feel that their families would support them in seeking help or in acknowledging the difficulties they experienced.

Furthermore, some of the participants felt that they would experience criticism and judgment for breaking the patterns and omitting their responsibilities. Making a shift towards greater balance was challenging, as the participants felt responsible and ashamed of not being able to fulfil their duties. In particular, the participants struggled with the meaning and value of their roles as mothers, the "pivotal foundation of the family. The participants expressed feelings of shame and guilt as they felt that they were going against their family, cultural and personal beliefs. The roles of women were deeply rooted in the participants' sense of self, values and beliefs. The participants within the present study account for the challenges and internal conflicts they experienced in breaking the unhealthy patterns that are central to Indian cultural values and family structures. These internal conflicts were described as feelings of guilt as the participants felt they were going against their values, culture and traditions by neglecting their families.

Existing literature refutes similar findings, where the role of shame and guilt noted within the present study is explored. From their findings, Greenwalk and Harder (1998) suggest that Asian culture operates within the dynamics of shame. The role of guilt and shame is evident within the findings throughout the present study, where the participants describe feeling unsupported, judged and criticized in their inabilities to achieve the unattainable standards and pressure family and culture place on the roles of Indian working women. The lack of support perceived by their families and criticism they experienced led the participants to internalize experiences of shame. In this research, the participants expressed feeling inadequate and guilty for not being able to maintain the expectations of their roles.

Further exploring the implications of shame within Asian populations, Anand and Cochrane (2003) suggest that shame operates to regulate the expectations and cultural patterns common to Asian communities. The findings within the present study are similar to the findings of existing literature, where shame, criticism from the family and community and the Asian cultural value of family honor were highlighted as factors that sustain unhealthy family patterns. These challenges are salient in the participants' account of their process of breaking the family patterns. However, as the participants reached their limits, they describe a sacrifice as they choose between their health over the values and

relationships within their families. The participants describe a feeling of acceptance towards the judgments, criticism and at times, loss of relationships in initiating a change in breaking the unhealthy family patterns. The findings suggest that there is a shift of regard towards oneself, where there is an acceptance of not being "perfect" and greater leniency and self-care towards one's limits and needs. The shift towards greater self-acceptance and acknowledgement of one's limits had developed in order for the participants to protect themselves from their deteriorating health. The findings of the present study suggest that once reaching this point, the participants choose to place their health before the needs of the family.

Family Support

The findings from the present study suggest that family is central to Indian cultural values. Traditional Indian culture provided the participants and their families with a sense of togetherness and support. Previous research has accounted for the therapeutic benefits of the collectivist traits within Asian populations. Chaddha and Deb (2013) highlight the importance of family and community within Asian cultures and the support and benefits that it can provide. The present study refutes these findings and suggests that central to the therapeutic experiences accounted for by the participants was the Indian cultural value for family and community. The participants within the present research describe becoming immersed into the cultural traits of art, history, celebration and cultural customs. There are beauty, meaning and significance within the cultural practices as described by the participants. Indian culture brought families and communities together in celebration. Many of the participants described Indian culture as therapeutic and valued for the emotional connection and spirituality it brought to them. The participants experienced the importance of family within Indian culture as a buffer against the negative implications of the expectations and responsibilities of the roles of women.

However, despite acknowledging the supportive family cultural traits, the participants within the present study commonly felt trapped in the unhealthy family patterns pertaining to the roles of women. The findings from the present study found that family support was not always received for women in finding balance among their multiple roles. As a result, the participants did not expect to find support from their families when they were unable to meet the responsibilities attached to their roles. The findings of the present study suggest that many family members had noticed the deterioration of the participant's health

and had stepped in to support the participants in their process of healing. Others experienced difficulties in "breaking the patterns" and challenged the participants' stance. Many of the participants' highlight conflicts with their husbands and in-laws in particular, who were often described as unsupportive in the changes within the family dynamics. However, over time, most members of the family had adapted to the new family structure. Once the participants had reached their limit, where they felt that if they continued these unhealthy patterns, they would not survive, the participants took a stand and made a change. Many of the participants were challenged and did receive various criticisms in "neglecting their family". However, to many of the participants' surprise, they had received support from their families in their recovery. Over time, all of the participants described a gradual shift to healthier family patterns. The findings suggest that the participants had become more confident in taking a stand and not accepting the criticism and pressures that had once consumed them. There was psychological growth, where the participants focused on their health, developing an acceptance of the unhealthy patterns that remained within Indian culture and society. They no longer let these pressures influence them as they prioritized their mental, emotional and physical health. The participants felt deeply that there was a need for awareness of this issue within mental health services, other health professionals and within the community.

4.3. Evaluation of The Study

In the following sections, I present the strengths, credibility and limitations of the study with reference to the research evaluation criteria described by Yardley (2000).

4.3.1. Sensitivity to Context

Particularly relevant in assessing the credibility of a study in qualitative research is the context of existing literature. Yardley (2000) suggests that awareness of relevant literature is central to all investigations, but caution must be taken when considering the analytical process of qualitative research. Within the chosen methodological approach, IPA, there is an emphasis on the interpretations of the data by bracketing any preexisting knowledge. To ensure the credibility of the interpretations made within the analysis, I initially engaged in a brief exploration of relevant literature. This preliminary review served to guide me in developing my research interest. During the analytical phase, I reflected and brought

awareness to my existing knowledge that may have served as a potential bias within the analysis. This process enabled me to bracket and reflect on the potential biases of my interpretations and promotes the credibility of the analysis conducted. During the analytical process, I drew on hermeneutics, where I was reminded of my role as a researcher concerning the texts. I acknowledged the difficulties I had in interpreting the meaning of the data at times and emphasized the importance of "bracketing" any external impeding thoughts or concepts. I further reflected on my personal experiences or understandings of the key themes that were elicited from the analysis. In doing so, I was able to acknowledge my thoughts, which allowed me to separate my material from my interpretations of the data. Further promoting the credibility of my study, I engaged in reflecting on the relationship with the participants, considering any interactions that may have impacted the interpretations and explorations.

Yardley (2000) accounts for the sensitivity to the social contexts in assessing the credibility of research studies. In regard to the relationship between the participants and researcher, I aimed to ensure a power balance within all interactions. This aspect of the relationship weighs heavily on the ethical credibility of the research study. At every stage of the research process, I aimed to carefully consider any influences of power imbalance. I did this by ensuring the participants were aware of their rights, both in terms of confidentiality and use of data. My behavior and mannerism was polite and considerate of the participants within the study, demonstrating respect for my participants. Lastly, I attempted to take the stance of curiosity as opposed to representing myself as the "expert". By adopting an ethical and considerate stance, I hoped to mitigate any power imbalances within the participant interactions.

Further exploring the criteria of social contexts, a possible limitation notable within the present study is my influence as a researcher who identifies as an Indian woman. This meant that my presence within the interviews might have impacted the participants. I recall the participants commonly relating to my Indian identity and limiting their reflections as they presumed that I was aware of the cultural implications and phenomenon being explored. A common phrase among all interviews was "you know what it is like" referring to my awareness and knowledge of the phenomenon. This limited my position and stance of curiosity that is significant to IPA methodological and philosophical underpinnings. I was

no longer viewed as curious, but rather, it was presumed that I already had the knowledge and similar experiences to the phenomenon of interest.

Additionally, the participants often held back in their responses, particularly at the start of the interviews. Perhaps this was related to the Indian cultural trait of honor and perfection as described within the existing literature and in the current study. I often reflected on how the participants' responses may have been different had they not identified and associated me with Indian culture. Perhaps, they may have disclosed in greater detail, as the presumption that I had previous knowledge of the phenomenon would be eliminated.

4.3.2. Commitment, Rigor, Transparency

Commitment within this section refers to prolonged engagement and competency to the methods adopted within a research study (Yardley, 2000). I aimed to engage with a variety of literature pertaining to the research methods adopted, furthering the credibility of the research findings. The aim was to demonstrate quality research by meeting the standards of ethical and informed research. The works of Willig (2008) and Smith (2009) have guided my process within this study and provided me with greater knowledge within the chosen methodology.

Yardley's (2000) concept of rigor refers to the completeness of the data collection. Within the present study, IPA was adopted to focus on exploring a phenomenon in depth through a smaller sample size. There exists a rational, theoretical and methodological justification of the reason for the small sample size within the present study, where individual experiences could be explored in greater depth. Rigor can also refer to the completeness of the interpretation of the data (Yardley, 2000). This was addressed within the present research study by providing interpretations of the variations to the phenomenon explored. Participant quotes were provided to explore and understand the multiple interpretations and meanings behind the phenomenon of interest. The quotes presented an attempt to represent and include all the voices and interpretations of the participants' experiences.

Yardley (2000) draws on the criteria of transparency and coherence in assessing the credibility of a research study. To ensure the credibility of these criteria, I ensured the unity among the research question, philosophical stance, methods and analysis adopted within

the present study (Yardley, 2000). I engaged with multiple texts and sought guidance from my supervisor in developing logic and consistency throughout the research study. I provided a convincing account of the transparency of the study by providing details of the data collection process, interpretations and analysis and in my reflections throughout the study. I provide an audit trail, accounting for the methods used, and analytical and interpretive choices. Further ensuring the credibility of transparency of the project, my supervisor provided feedback throughout the research process.

4.3.3. Future Research and Clinical Implications

Yardley's final criteria in assessing the credibility of the research study refer to the impact and importance of the study. The present study aimed to provide an idiographic investigation of a population that has been underrepresented within research and mental health services. This area of study is vital, as Indian women have been identified as highly susceptible to mental health-related illnesses; however, are limited in mental health service usage. The findings of the current research study contribute to the existing literature in understanding the unique cultural factors that impact second-generation working Indian women in the U.K. The findings provide an experiential view of the phenomenon of the cultural implications to mental health in exploring Indian workingwomen, contributing to existing literature and opening pathways for future research. In pursuing the explorations within the present study, I hoped to provide greater insight into the experiences of this population. I hoped to add to the existing body of literature in understanding the possible causes of the heightened levels of mental illness among this population and to stimulate future areas of investigations. As of the idiographic nature of the present study, future research may aim to adopt a differential methodological procedure that can further explore the generalizability of the findings within the present study and to address the issues of the impact I may have had, as the researcher, on the analytical and explorative process.

In regard to clinical implications, the findings of the present study advise for greater knowledge and understanding of the experiences of Indian women within clinical settings. Greater clinical knowledge can be achieved through further research initiatives in understanding the unique pressures Indian women experience. Previous literature suggests that one of the barriers contributing to the lack of representation of Indian women

within mental health services may be attributed to the lack of understanding of unique cultural pressures among this population (Ahmad, Driver, McNally and Stewart, 2009).

Perhaps psychological practice and training can overcome these barriers by developing an understanding of unique population experiences. The BPS guidelines for good practice highlight the importance for future initiatives to aid in the development of culturally appropriate forms of formulation and mental health interventions (British Psychological Society, 2017). These guidelines should be considered in clinical research, clinical practice and mental health policymaking. Greater knowledge of unique population experiences pertaining to culture, religion and gender is recommended. These conclusions are supported by the underpinning philosophy of counselling psychology rooted in humanistic theories (Rogers, 1961). Humanistic theories argue that an understanding of an individual should be based on subjective experiences and the unique social contexts individuals operate within (Rogers, 1961). These concepts were central to the aims of the present study.

The findings of the present study highlight the importance of developing an understanding of unique population experiences. The participants within the present study often felt isolated and alone in the challenges they experienced with their mental health. The participants endorsed the feelings of being misunderstood by health care practitioners and having their unique cultural experiences unacknowledged in the healthcare they received. These findings support the recommendation of greater inclusivity of unique population experiences within psychological practices, research, training and policymaking.

The findings of the present study elicit the implications of family and culture on the health deterioration of Indian women in the U.K. The findings suggest a limitation within existing mental health care systems in supporting the experiences of this particular population. Perhaps the development of interventions that focus on the family relationships, family and cultural dynamics, and work-life balance may provide support in improving the psychological well-being of this population. Furthermore, providing education on the experiences of burnout, mental health and work-life balance techniques may serve as a preventative measure for the psychological challenges experienced by this population. The findings further elicit that there is a lack of awareness within Indian communities on the detrimental health implications of traditional family structures. Possible interventions

can include community programs to educate women on the unhealthy patterns elicited within this study. Such educational programs may ultimately serve to prevent the experiences of burnout and health deterioration elicited from the current study.

The findings in the present study provide a direction for future research, possible community interventions and greater knowledge on a population considered highly susceptible to mental health-related illnesses in the U.K. and that remains unrepresented within health care services. The knowledge gained through this exploration hopes to inform future and current mental health care practitioners, mental health care training initiatives, community outreach programs and the Indian population in the U.K.

4.4. Theoretical Considerations

In this section, I reflect on the theoretical concepts underpinning the present research study. I begin by exploring intersectional feminist theories and in the following section reflect on cross-cultural perspectives.

4.4.1 Intersectionality and Feminism: The Interlocking Systems in The Present Research

Understanding the phenomenon explored in the present study through a perspective rooted in intersectionality demonstrates how the overlap of multiple conflicting identities can impact ones' experience of mental illness. In the present study, the participants lived experiences were explored by understanding the participants' multi-layered identities in the context of the participants' unique social worlds (Sheilds, 2008). This exploration takes into account the intersection of the participants identification as professional women and identification with their traditional cultural practices. This intersectional experience, where the participants' identities of motherhood and their responsibilities to their families overlap with their professional identities, demonstrates how the traditional roles of women within the family can result in conflicting ideas of self, internal conflicts, conflicting identities and relational challenges. In the context of the present study, the participants higher socioeconomic status, independence and professional employment conflicts with their roles pertaining to their families. At this intersection, there exist tensions that appear to impact an individuals' mental health and may ultimately serve as a disadvantage to the

population. The participants' multifaceted identities overlap and intersect, and within the context of the participants' social system, their predefined roles and responsibilities can be viewed as a disadvantage or sources of inequality. This exploration was central in understanding the participants' multiple roles and their positioning within their social contexts (McCallm 2005).

4.4.2. Cultural Sensitivity in the Present Study

An essential purpose of the following study was to exemplify how cultural considerations within mental health practices are vital for the future of the profession within a growing, diverse and globalized society.

I found it striking that all of the participants in the present study felt strongly of sharing their experiences and advocating for greater knowledge of the cultural experiences that had impacted their mental health. This demonstrated how the existing system may be failing to provide mental health treatment to individuals of diverse cultural backgrounds and experiences. Furthermore, it suggests a lack of cultural sensitivity in current psychological practices. Kareem and Littlewood (2000) suggest that psychological services in Britain are based on western philosophy and directed towards western populations. Lago (1996) suggests psychological practices and theoretical models in psychology are based on a western philosophical lens. The foundation of training, practice and policymaking in mental health-related fields are imbedded in western philosophy. The challenges of cultural sensitivity in psychology are deep established. To overcome these challenges, knowledge and awareness of diverse cultural experiences are vital.

If the practice of psychology is considered a system of knowledge (Fernando, 2010), the present study findings contribute to knowledge and cultural awareness. Greater knowledge and cultural awareness may further promote an understanding of diverse cultural experiences of mental health. The lack of cultural sensitivity in existing mental health practices result in misdiagnosis, mistreatment and treatment errors as experienced by the participants in the present study and supported by existing research (Kareem and Littlewood, 2002; Fernando, 2010). The participants in the present study endorsed feelings of being judged, experiences of stereotyping and feeling misunderstood as of their cultural identification. This experience is supported by Kareem and Littlewood (2000) who

suggest that a lack of cultural awareness results in power imbalances and risk of racism in psychological services.

A central aim of the present study was to provide knowledge and depth in understanding of the experience of mental health among Indian female populations in the U.K. Ultimately, the aim was to provide knowledge for clinical practices, psychological research, mental health policy and training in psychology.

4.5. Reflexivity

Central to the methodological approach adopted within this study and noted within Yardley's criteria in ensuring the credibility of research, is my process of reflection as the researcher. My engagement in the reflective research journal was central to ensuring the quality and validity of the present study (Smith et al., 2009). Pivotal to the methodological approach and particularly relevant within this research study was the relationship between the participants and researcher. In the following section, I present a summary of the critical reflective narratives throughout the research process pertaining to the relationship between the participants and myself as the researcher.

My identity as an Indian woman was highly influential in my desire to pursue the exploration of the experiences of Indian women. My identity and passion for cultural psychology influenced the knowledge I had entering this project. I felt that I was in a position where I had significant experiences and knowledge of the traditional culture the participants discussed throughout the interviews. This meant that there was a need to engage in extensive reflexivity to separate my previous understandings and relationship with the data from that of the participant's experiences. As a result, I found it highly challenging to form the themes during the analytical process. I found it challenging to separate myself from the data I was analyzing and interpreting. In IPA terminology, this refers to the double hermeneutics and the phenomenological reduction. I found this process particularly challenging as I felt that the participants had provided a great deal of meaningful data in their explorations. There were many constructs and meanings interpreted, and I often felt a deep connection to the material presented. Upon reflection, perhaps my identification with the themes made this process more difficult.

To account for these challenges, I engaged in extensive reflections throughout the analysis process, exploring my thoughts and feelings elicited from the interactions with the participants. To my surprise, in the process of interpreting the data, a significant emotion that arose was anger. I felt that there was an injustice in the experiences the participants presented and explored. It felt unfair that women within Indian families are subject to such high expectations. Furthermore, I felt that at times, religion, cultural value and familial values were used as a means of manipulating women into adherence to the unattainable expectations and roles. It was apparent that many of the participants presented with the same feelings of injustice; however, there was also an understanding of the cultural values and family values. I maintained a curious and open stance by engaging with these feelings and reflecting on them throughout the analytical process to ensure that they did not impede on the participants' accounts.

I also reflected on feelings of pride that emerged through the interactions with the participants and within the analytical process. Many of the women accounted for the challenges they faced, and yet their tremendous educational and professional advances were inspiring. I also felt pride in the participants' development as they described their journey in finding balance among their multiple roles. I experienced awe, as the participants described what they had gone through, and how they resurfaced, regaining their emotional, mental and physical health.

Perhaps, my personal experiences with my family, that promote the independence and education of women has influenced the feelings elicited throughout this process.

I felt a connection with each of the participants, as they all demonstrated a desire to bring awareness to the issues experienced among Indian women. This further developed my passion and inspiration in pursuing this research. I felt that there truly was an issue within counselling psychology in reaching out to this population. Through this process, my passion to be inclusive of cultural experiences and implications within my practice has further developed. This process has influenced the direction of clinical practice and hopefully future research I hope to engage in.

4.5. Concluding Statement

The aim of the present study, in relation to clinical practice within the field of psychology, is influenced by the works of Thatcher (2006). Thatcher (2006) poses that we are among an inequitable, oppressive and discriminatory society, and these power inequalities are notable within psychology research and psychological practices where there is a lack of knowledge towards minority experiences. To bridge this power gap within psychological research and psychological services, professionals can aim to gather greater knowledge of cultural influences within western societies. Thatcher (2006) suggests that the lack of awareness within psychology and therapeutic practices leads to a power imbalance, resembling the societal inequalities that lead to an individual's experience of mental illness. Thus, a lack of awareness of minority group experiences and an individual's cultural framework leads to discriminatory and oppressive therapeutic environments. Greater sensitivity to the unique cultural experiences and the impact on mental health and treatment may encourage minority groups to seek services that acknowledge and relate to their cultural values.

This chapter concludes that a more detailed exploration of the unique influences and characteristics of smaller subsets of minority groups should be explored in future studies. This will foster the development of greater in-depth cultural understandings that may impact mental health experiences and knowledge in the development of future research and services. This can further benefit services and practitioners in providing information that can be used to adopt more culturally sensitive approaches in therapy.

In concluding this piece of work, I quote Veena who has eloquently spoken of the ultimate aims of the present research study.

"I think there is an issue here with these views on the roles of women and I hope we address it or bring awareness of it, so people understand. I think Asian women, Indian women are underrepresented we have a social responsibility to bring more awareness and highlight the experiences of this population to healthcare professional, employers, services"

Appendices

Appendix A: Recruitment Advertisement

Department of Psychology
City University of London

PARTICIPANTS NEEDED
RESEARCH IN *Counselling Psychology*

We are looking for volunteers to take part in a study on *the experiences of multiple role balance among second generation Indian women.*

Looking for:

Second generation Indian women aged 30-50 who are married with children between the ages of 10-25.

Participants will be invited to an interview

Your participation would involve *ONE* session, approximately 60-90 minutes

For more information about this study, or to take part, please contact:

Felisha Sharma
Psychology Department
[redacted]

or

[redacted]

This study has been reviewed by, and received ethics clearance through the Research Ethics Committee, City University of London
Reference: PSYETH (P/L) 16/17 131

Appendix B: Participation information Sheet

An IPA study exploring the experiences of multiple role balance among second generation Indian women.

We would like to invite you to take part in a research study. Before you decide whether you would like to take part it is important that you understand why the research is being done and what it would involve for you. Please take time to read the following information carefully and discuss it with others if you wish. Ask us if there is anything that is not clear or if you would like more information.

What is the purpose of the study?

The study is an aspect of completion of the Professional Doctorate in Counselling Psychology at City University London.

The purpose of the study will explore how Indian women experience balancing multiples roles related to work and family. This population is of interest within counselling psychology research as they have one of the lowest representations within counselling services and has otherwise been underrepresented in literature. This study aims to gain valuable insight on individual experiences (Langdridge, 2007; Willig, 2013). The goal of the approach is to identify the nature of a specific phenomenon, in this case, the experiences faced by Indian women balancing their multiple roles.

Why have I been invited?

You have been invited for interview as you meet the sampling criteria for this specific study. A small sample of 6-8 participants will be selected for interview. The sample will include British born Indian women who are employed and have children from the ages of 10-25. Participants will be aged between 30-50.

Do I have to take part?

Participation in this study is voluntary.

If you do decide to participant in the study, you will be asked to sign a consent form. Participants may choose to withdraw at any stage of the interview phase. Within the interview stage, participants have the right to avoid answering any questions that they find intrusive or too personal, and this will not disadvantage the participant in any way.

What will happen if I take part?

- Invitation to interview
- The interview will last maximum 1.5 hours
- There is only one interview
- Semi-structured audio-recorded interviews will be conducted. You will be asked to reflect and explore their experiences
- Research Method
    - Phenomenological research takes a constructivist stance, where it considers the participants account of their experiences, thoughts and feelings.
    - This aims to understand individual experiences and realities within the context of culture, language and history.
    - The purpose of the interview design is to gain an understanding of the respondents' experiences.
- The location of the interviews will be at City University London or Skype Interviews.
- The researcher will analyze the data; all indefinable information will be modified to protect participant identity.
- Recordings will be appropriately stored and destroyed following the procedures of the Data protection Act.

What do I have to do?

You will be asked to attend a scheduled audio-recorded interview. During the interview, respondents will be asked a series of questions which they are to expand on. The researcher is interested in individual experiences, and an in-depth account of the phenomenon will be discussed.

What are the possible disadvantages and risks of taking part?

Possible harms from participation have been considered. Sensitive topics may lead to some distress to the participant. To minimize this, you have the right to refuse answering any questions, and will be provided with the contact information for supportive services. The researcher may be contacted post interview if you require any further information or assistance regarding this matter.

What are the possible benefits of taking part?

The benefits of participating in this study are many; some of which are direct to the participant, others may benefit the wider community and knowledge within counselling psychology literature and services. You may gain from participation in this study greater reflection and knowledge of your experiences of multiple roles balancing with the high demands of parenthood and employment within the context of a greater society and community.

What will happen when the research study stops?

Through the entire research process, confidentiality and anonymity of participants will be ensured by appropriately maintaining data. When the research project is complete, an article reviewing the findings of the study will be published. This will be available in City University of London's library facilities and may be further published in an academic journal. All recordings and transcriptions which are no longer needed for the purposes of the study will be destroyed.

What will happen if I don't want to carry on with the study?

If you wish to leave at any point of the interview phase, you may do so without any explanation or penalty. Participants have 14 working days after the interviews to withdraw their data from the study.

What if there is a problem?

If you have any problems, concerns or questions about this study, you should ask to speak to a member of the research team. You can do this by contacting the researcher or the research supervisor (details given below). If you remain unhappy and wish to complain formally, you can do this through the University complaints procedure. To complain about the study, you need to phone 020 7040 3040. You can then ask to speak to the Secretary to Senate Research Ethics Committee and inform them that the name of the project is:

Experiences of burnout: An IPA study exploring the experiences of multiple roles among second generation Indian women.

You could also write to the Secretary at:
Anna Ramberg
Secretary to Senate Research Ethics Committee
Research Office, E214
City University of London
Northampton Square
London
EC1V 0HB
[redacted]

[redacted] University of London holds insurance policies which apply to this study. If you feel you have been harmed or injured by taking part in this study you may be eligible to claim compensation. This does not affect your legal rights to seek compensation. If you are harmed due to someone's negligence, then you may have grounds for legal action.

Who has reviewed the study?
This study has been approved by City University of London Research Ethics Committee

Further information and contact details

Researcher
Felisha Sharma
Department of psychology
[redacted]

Supervisor
Kate Scruby
Psychology Department
[redacted]

Thank you for taking the time to read this information sheet

Appendix C: Participation information Email

An IPA study exploring the experiences
of multiple role balance among second generation Indian women.

Dear Participant,

This email contains information regarding your interest in participation in a City University of London research study. Thank you for taking the time to contact us. Attached is further information on the purpose of the study and the participant inclusion criteria. Please take the time to read it carefully and do not hesitate to get into contact for further information.

You have 7 days from the day of this email to contact the researcher confirming your participation in the study and scheduling an interview date.

Kind Regards,

Felisha Anisha Sharma

Appendix D: Participant Consent Form

An IPA study exploring the experiences of multiple role balance among second generation Indian women.

Please initial box

1.	I agree to take part in the above City University of London research project. I have had the project explained to me, and I have read the participant information sheet, which I may keep for my records. I understand this will involve • Be interviewed by the researcher • allow the interview to be audiotaped • make myself available for a further interview should that be required	
2.	This information will be held and processed for the following purpose(s): For the purposes of a research publication in Counselling Psychology I understand that any information I provide is confidential, and that no information that could lead to the identification of any individual will be disclosed in any reports on the project, or to any other party. No identifiable personal data will be published. The identifiable data will not be shared with any other organization.	

3.	I understand that my participation is voluntary, that I can choose not to participate in part or all of the project, and that I can withdraw at any stage of the project without being penalized or disadvantaged in any way.	
4.	I agree to City University London recording and processing this information about me. I understand that this information will be used only for the purpose(s) set out in this statement and my consent is conditional on the University complying with its duties and obligations under the Data Protection Act 1998.	
5.	I agree to take part in the above study.	

Name of Participant	Signature	Date
Name of Researcher	Signature	Date

Appendix E: Participant Debrief Form

An IPA study exploring the experiences
of multiple role balance among second generation Indian women.

DEBRIEF INFORMATION

Thank you for taking part in this study. Now that it's finished we'd like to tell you a bit more about it.

The purpose of the study was to examine how family and work responsibilities interact in relation to the experiences of multiple role balancing among second generation Indian women in the U.K. It explores the experiences of this population that have otherwise been underrepresented in literature and within counselling services. The study aims to fill the gaps within literature and get a better understanding of factors that may serve to positively effect Indian women in the workforce and those factors that create greater psychological health. Moreover, it hopes to improve counselling services by taking into consideration factors of psychological distress unique to the population of Indian women in the workforce. The study aims to provide counselling services with information to take into consideration in making services more accessible to this underrepresented population.

During the course of your participation in the study if you have any concerns that have been raised please contact the researcher or project supervisor (contact information below). If you require any additional support, contact the local counselling service or you may contact your GP.

We hope you found the study interesting. If you have any other questions please do not hesitate to contact us at the following:

Researcher
Felisha Anisha Sharma
Department of Psychology
[redacted]

[redacted]

Supervisor

Kate Scruby

Psychology Department

[redacted]

Ethics approval code: PSYETH (P/L) 16/17/131

Appendix F: Interview Schedule

- What made you decide to take part in this study?

Participant life (work, home, family, life-style) - Can you tell me about your family? (structure, dynamics, closeness to

extended/community)

- Can you please explain your life-style? (activities you engage in, what a week would look like in your family, how the responsibilities are negotiated, how the family is run)

- What are the different roles in your life? (mother, wife, daughter, employee)

- What do you enjoy about your role as a mother?

- What does being a mother mean to you, and how you understand motherhood? What are some challenges you face or have faced and how do you overcome them? Work related

- what is your occupation and how long have you done this? How did you get this position (education)?

- What are your working hours like? Have they always been like this (possibly changed with parenthood)?

- What made you choose this job?

- How important is your job to you? Negotiating roles and support

- How are the decision surrounding your multiple roles negotiated?

- Do you negotiate these roles with others (family, husband, community)?

- What support do you have in your multiple roles? (work support, family support, community support)

- What did you expect it would be like, shuffling these roles? What is like?

- Describe any challenges you face managing personal life and work life? How do you experiences these challenges. (emotions, physical experiences)
Multiple roles

- how do you experience your roles emotionally, physically, mentally, culturally, spiritually?

- How does your family experience your work commitment or demands?

- How do your extended family experience it?

- What are your experiences with role negotiation within the family? How do you experiences your level of responsibilities within your home family and greater community?

- How do you relate to tradition Indian culture/what are your experiences and practices? How would you describe your role as an Indian woman and what meaning does that have for you?

- Upon reflection, what is your experience as a British born Asian women regarding multiple role balancing and negotiating?

Appendix G: Initial transcript Commentary

Emerging Themes	Transcript	Comments
GUIDE	ThoughtDescriptiveLinguisticConceptual	
Disadvantage Limited Different from western oriented women Influence of family and culture Attachment to family Attachment to culture Cultural clash Demanding Socially demanding Commitment within culture Obligation to be present Obligation to participate in the community	**Lets begin with what made you interested in participating in this study?** 1 *Well I guess when I saw your ad I thought about my choices and decisions in pursuing my career and starting school at the age of 40.* 2 *There were so many issues that had come up that other women on my course, some of which were also mothers, did not experience.* 3 *Western orientated women don't have to worry too much about family and cultural issue.* 4 *Culturally there are lots of events... are you Punjabi or Guajarati?*	(2) Others don't experience this The participants' experience was different from others, these were aversive experiences, perhaps putting her at a disadvantage from others who did not experience this Term issues suggest aversive experience Others were also mothers but did not experience this, her unique experienced based on culture What makes her different from other women on the course? (3) - Difference between western oriented families - The influence of family and culture Difference between Western and eastern traditions The attachment to family and the cultural issues that rise with this attachment Cultural issues, the participant allocates her struggles to the differences in culture She highlights that there is a difference from what she experienced as a Asian women and how that is different from western oriented women who do not experience cultural clash (4) Demand for time and presence socially Asian culture and society events demands presence

Appendix H: Emerging Themes

Family expectations Balance Pursuing education and a career Own desires vs. expectation of family Balancing responsibility Balancing expectations Demands of family On going battle to find balance Western oriented women vs. eastern oriented women Limited with the cultural expectations and pressures Pride	7 *You have to go with the flow to keep peace. I mean in other ways it's therapeutic for the family.* 8 *Some cultural events do have therapeutic effects but the way the family is and expectations that are held makes a difference.*	(7) Participating to keep peace within the family. Therapeutic for the family, there are benefits of holding to the traditionalism and maintaining peace with the family She continues to participate to keep the family happy, to keep herself happy, instead of opposing and causing fights She has found some benefit from the traditions, and finds it therapeutic Go with the flow to keep the peace – suggests that abiding with certain expectations for the mere purpose of avoiding conflict. Not necessarily forced to attend to maintain the traditions, but keep up with the expectation opposed to challenging it to maintain peace. Therapeutic for the family- suggests that many of these events perhaps bring the family together and allow for collectiveness. Keeping peace, adding to the theme of obligation to present and attend events for the family Therapeutic – seeing the benefits in certain cultural practices (8) Back to the theme of differential experiences of families and the way in which the traditions are practiced within each family, or the family an individual is married into impacts their experience of the traditions as therapeutic and aversive. Depends on the family and the expectations, the cultural expectations can be therapeutic depending on the family and the expectations – perhaps she has experienced both therapeutic and aversive effects of the cultural expectations Way the family is and expectations that are held – this suggests again that there are differential experiences and the particular family expectation makes a difference Differential experiences based on family expectations

Appendix I: Emerging Themes List

Emerging Themes list

Participant Interview 1

Disadvantage

Limited

Different from western oriented women

Influence of family and culture

Attachment to family

Attachment to culture

Cultural clash

Demanding

Socially demanding

Commitment within culture

Obligation to be present

Obligation to participate in the community

Lack of choice

Traditional families

Adapting to traditions you are married into

Pressure to perform

Representing the family

Keeping the peace

Therapeutic

Collective

Avoiding conflict

Expectations

Different families different traditions

Levels of ridgidness determines whether it is aversive or therapeutic

Cultural expectations

Family expectations

Balance

Pursuing education and a career

Own desires vs. expectation of family

Balancing responsibility

Balancing expectations

Demands of family

On going battle to find balance

Western oriented women vs. eastern oriented women

Limited with the cultural expectations and pressures

Pride

Multiple roles

Eldest

Appendix J: Individual Interview Themes

Individual Interview Themes

1. Superordinate Themes
    - 1.1 Ordinate Themes
        - 1.1.1 Emerging Themes

2 Cultural and Family expectations
- 2.1 Attachment to family
    - 2.1.1 Representing the family
    - 2.1.2 Respect for family and respect for family traditions
    - 2.1.3 Instilling and presenting values
- 2.2 Attachment to culture and Social demands
    - 2.2.1 Obligation to be present
    - 2.2.2 Participation in community
- 2.3 Committed to the family and the expectations
    - 2.3.1 Preforming the role
    - 2.3.2 Striving for perfection
- 2.4 Similar scripts within families
    - 2.4.1 These have been encouraged within the culture
    - 2.4.2 Other women who have experienced this

3 Expectations attached to being a women
- 3.1 Uphold the honor of the family
    - 3.1.1 Instilling values
    - 3.1.2 Teaching children
- 3.2 Perfect in each role
    - 3.2.1 Perfect mother, daughter, daughter in law, sister, wife
- 3.3 Responsibilities to maintain the house hold
    - 3.3.1 Take are of the family

4 Respect for Family traditions
- 4.1 Honoring the traditions abiding them

Appendix K: Cross Referencing Interview Themes

Appendix L: Initial Master Themes List

Appendix M: Master Themes

Master themes	WHO I AM EXPECTED TO BE AND THE SCRIPTS I FOLLOW	WHO I WAS / WHO I AM	I WAS DETERIORATING	BREAKING THE PATTERNS
Subthemes	"UNSAID RULES" REPRESENTING THE FAMILY/ PERFECTIONISM	FINDING BALANCING: AM I ENOUGH THE "PIVOTAL FOUNDATION OF THE FAMILY" LOSS OF SELF	MENTAL AND EMOTIONAL HEALTH PHYSICAL HEALTH BURNOUT: CHANGE AS LAST RESORT	ENOUGH WAS ENOUGH FAMILY SUPPORT

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PART 2:
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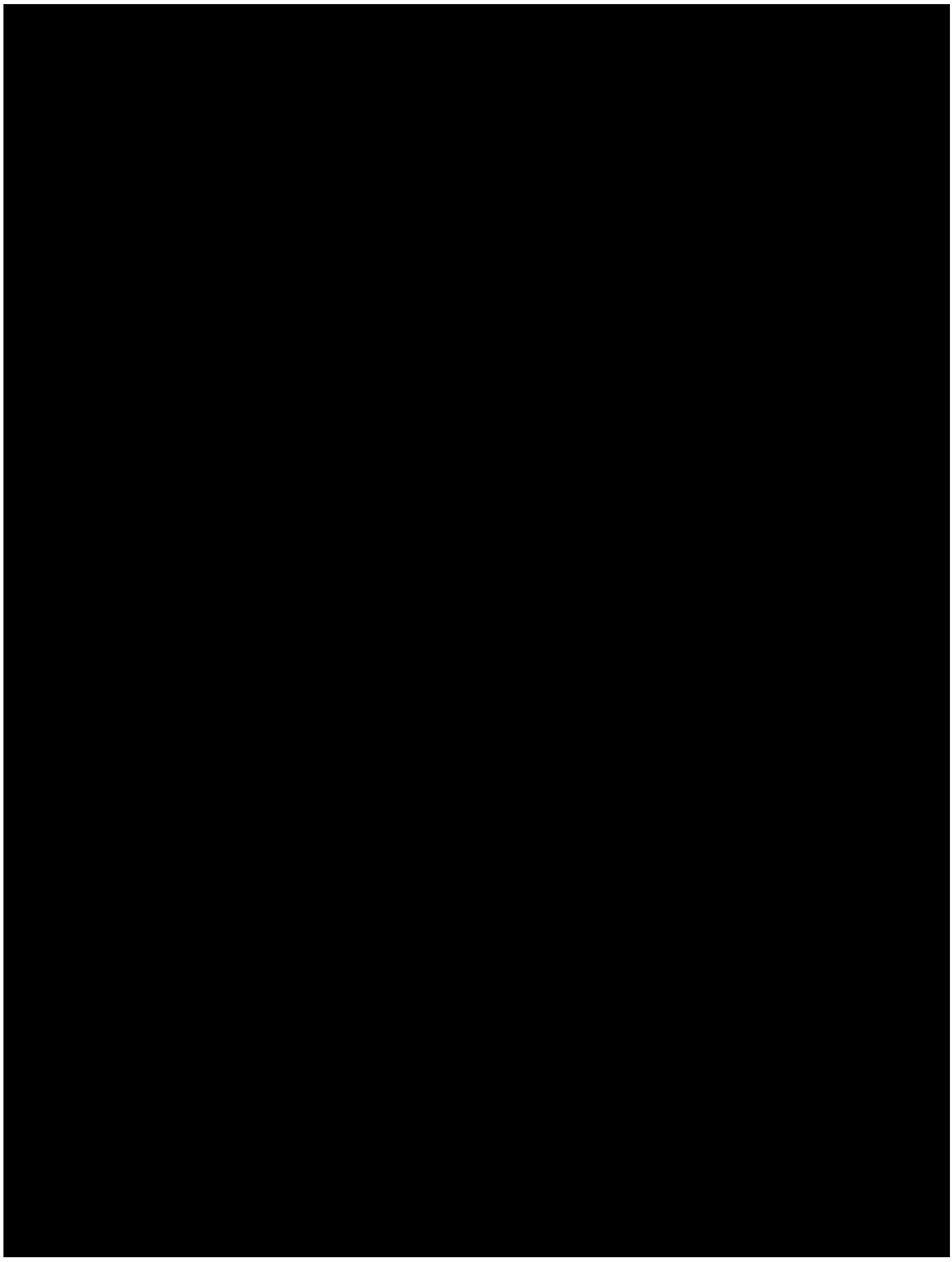
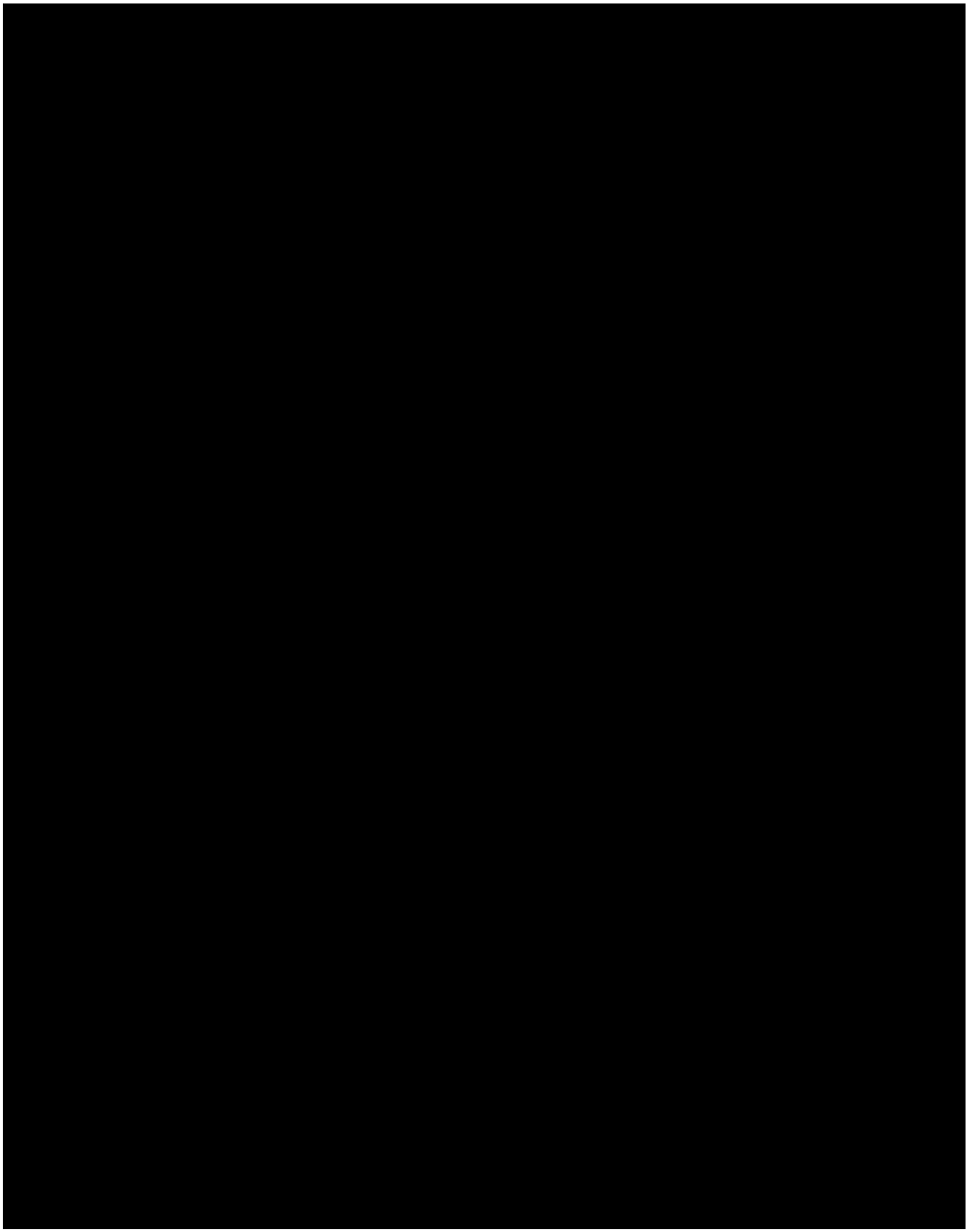
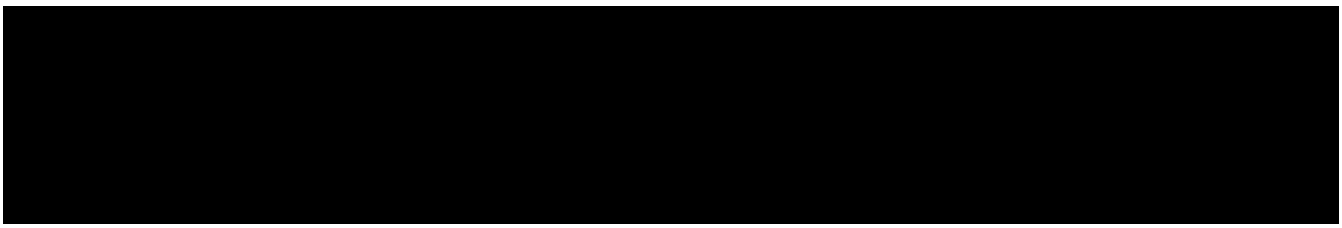
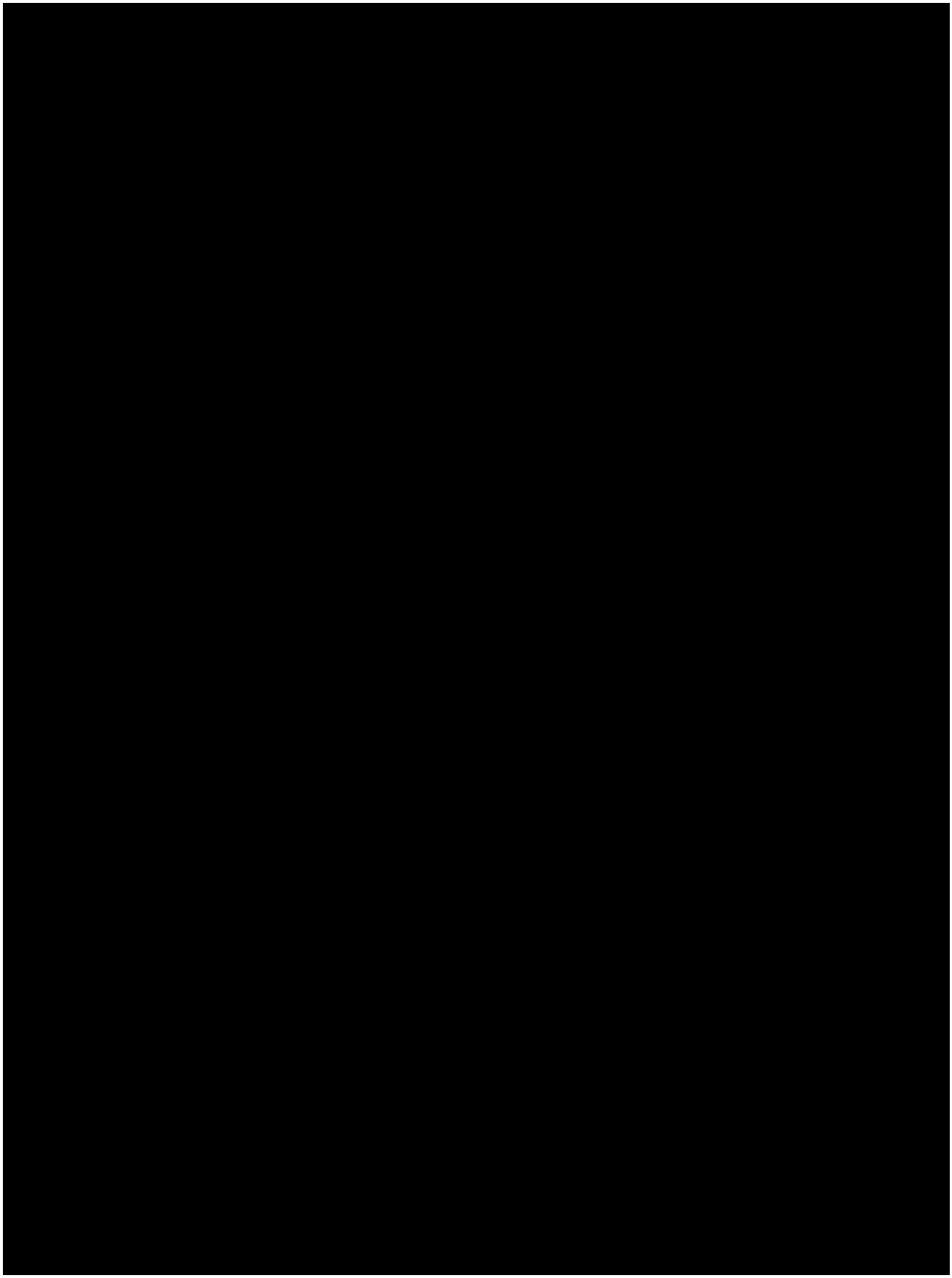
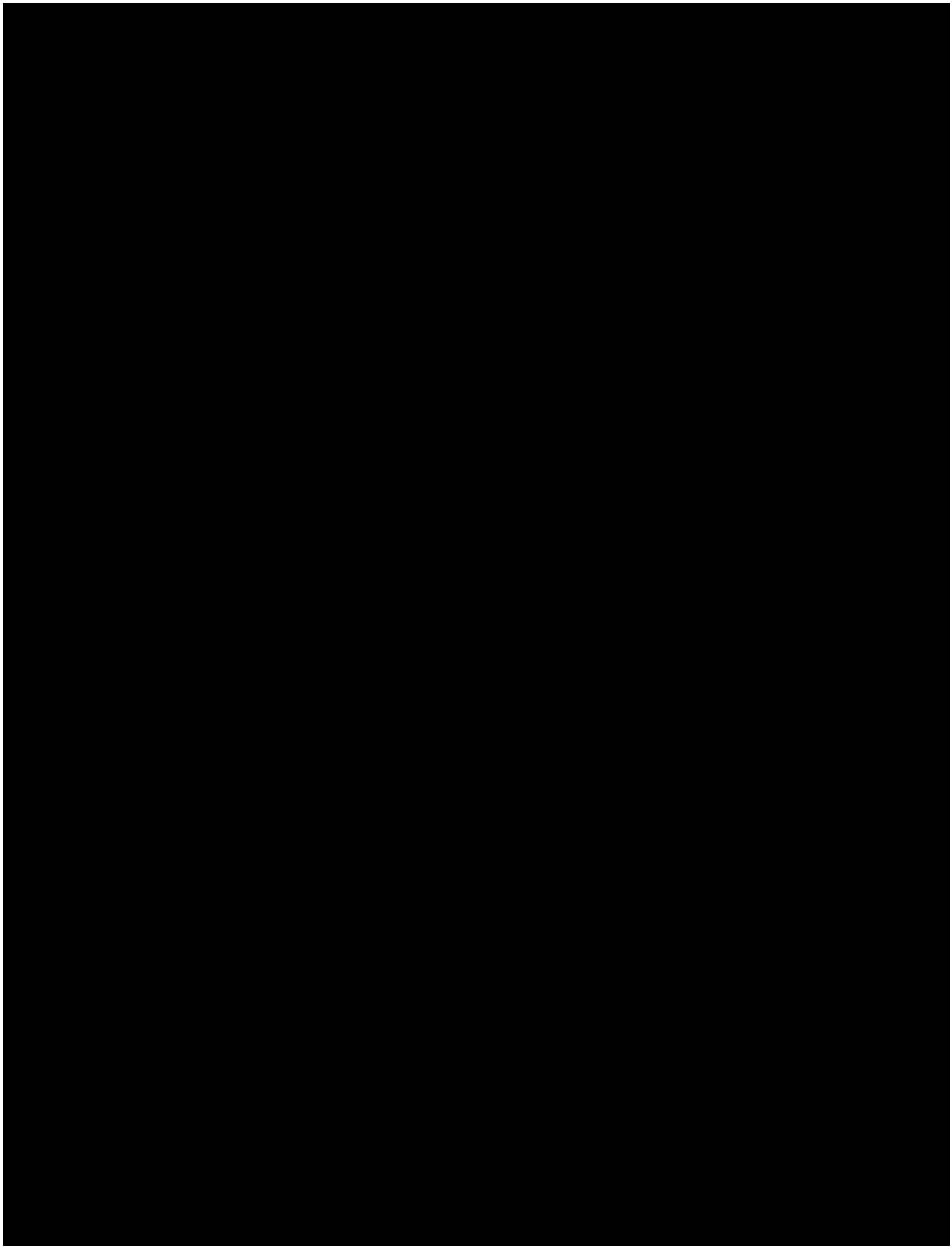
Part 2: publishable paper pages 168-188

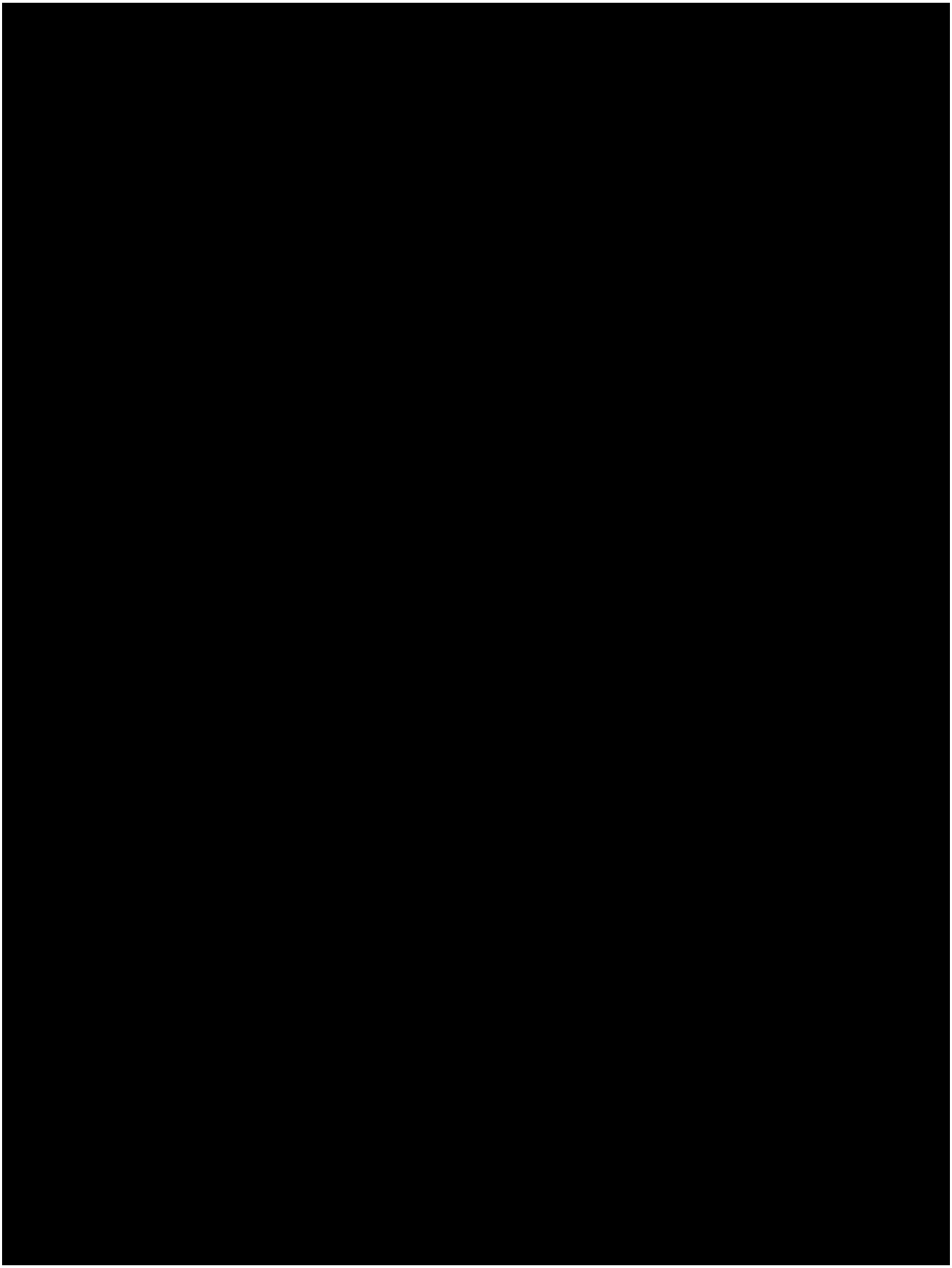


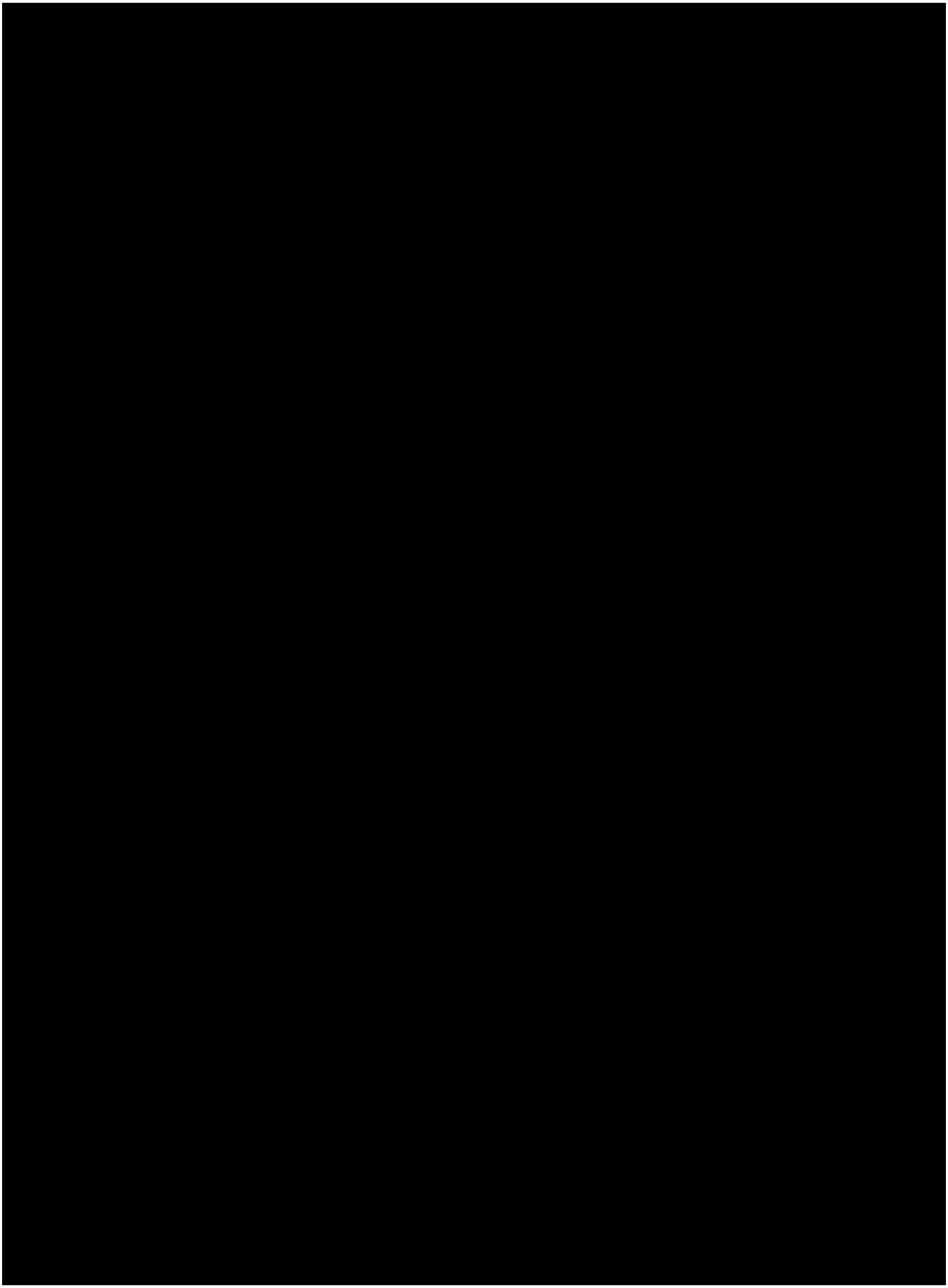


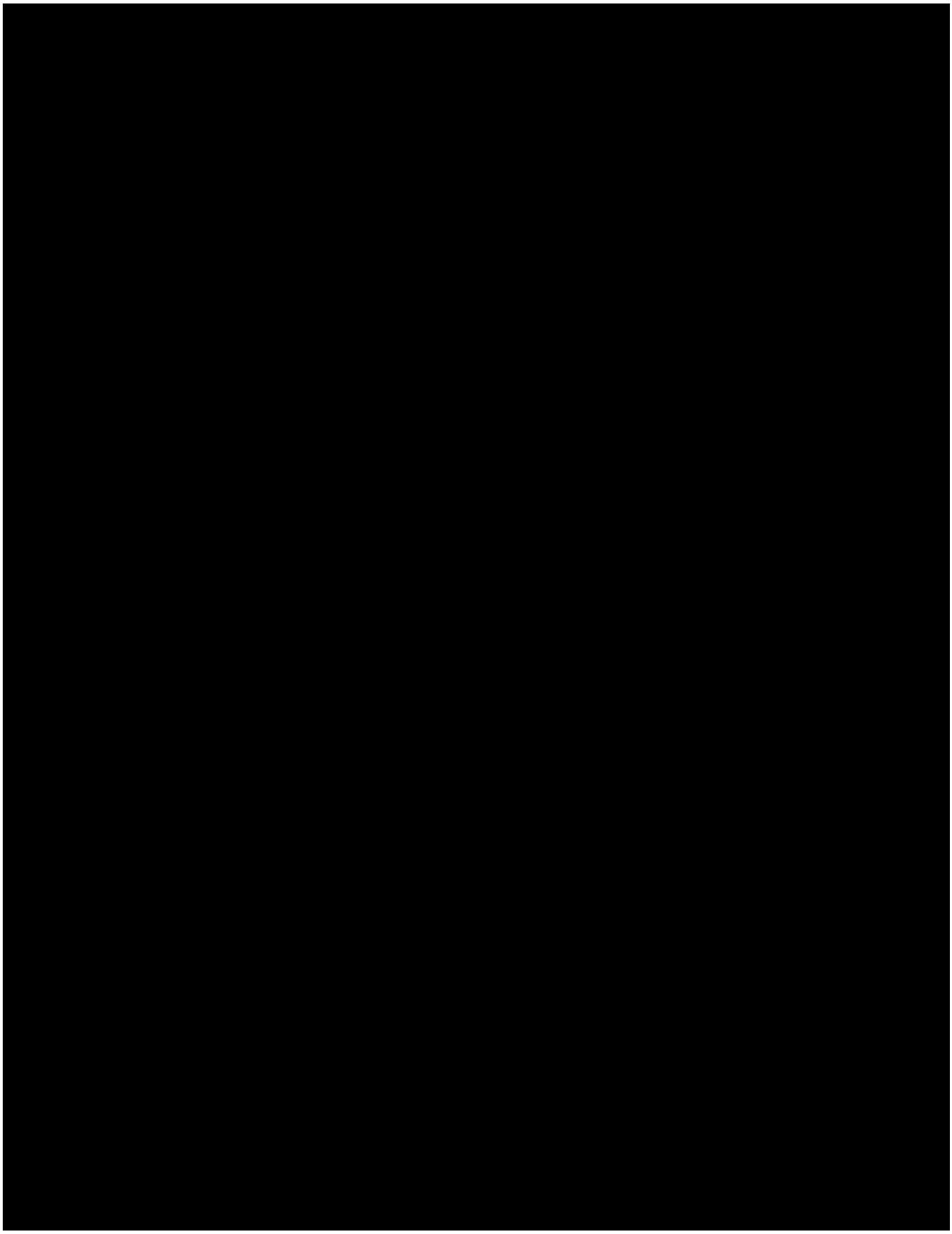


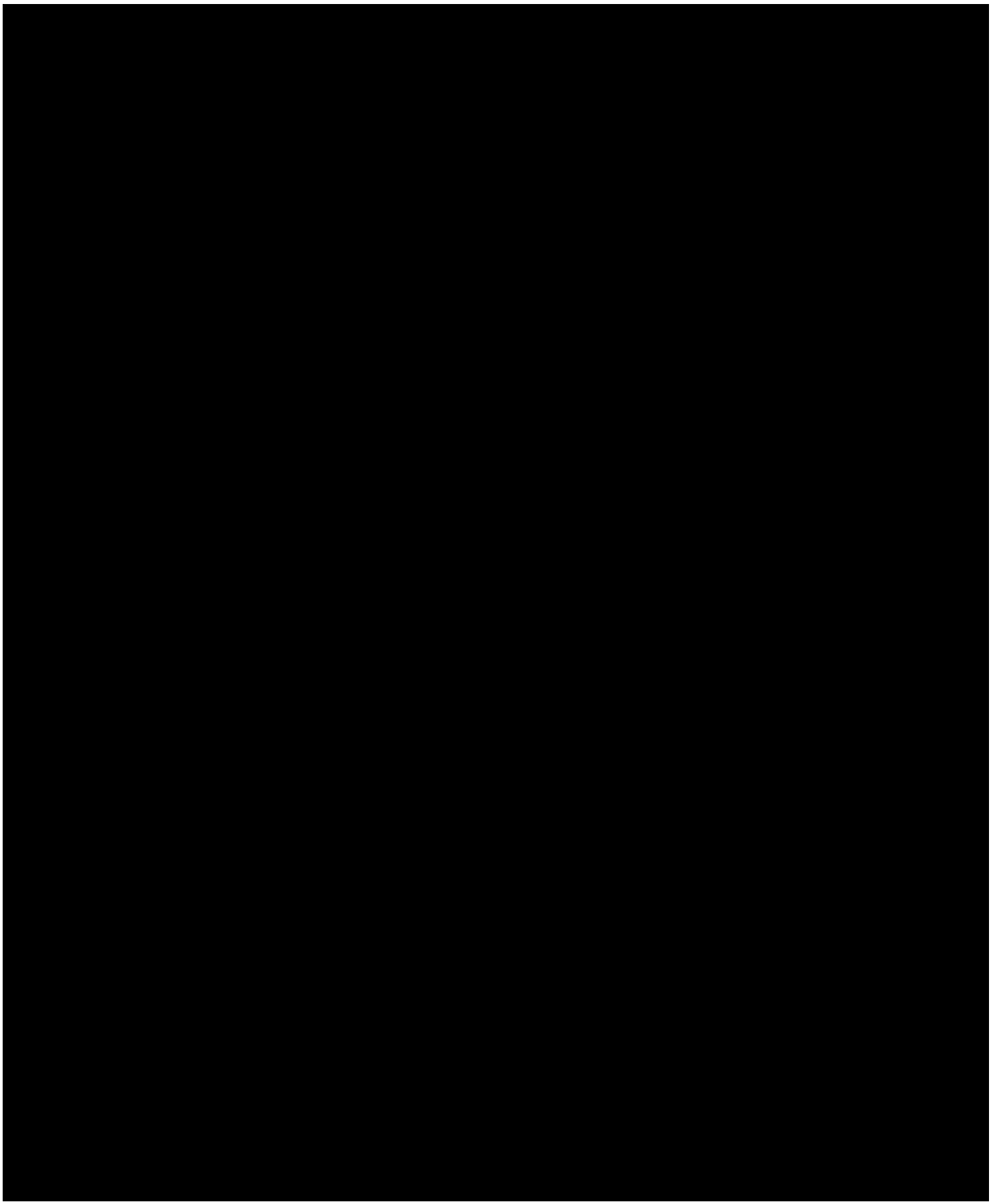


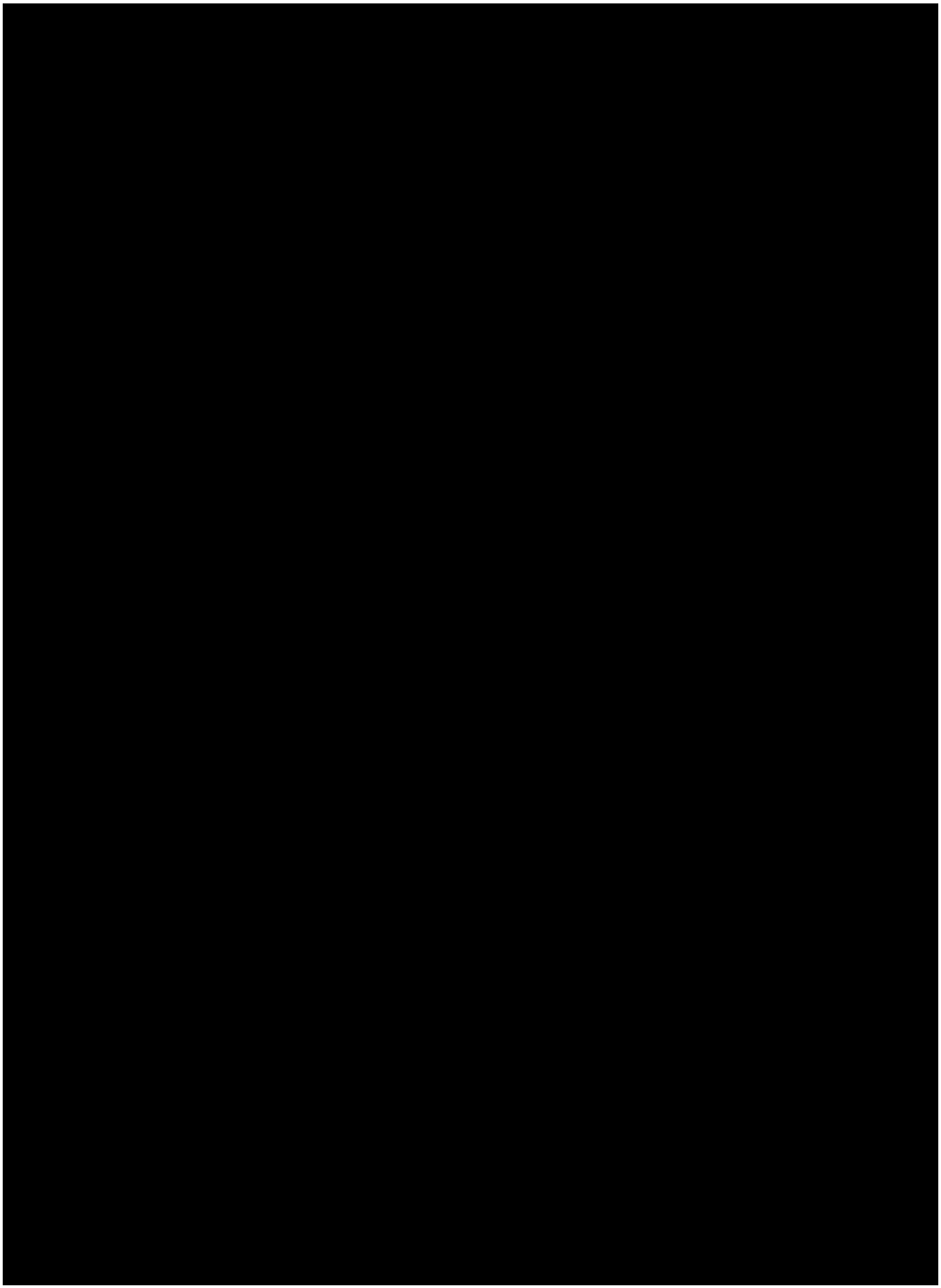


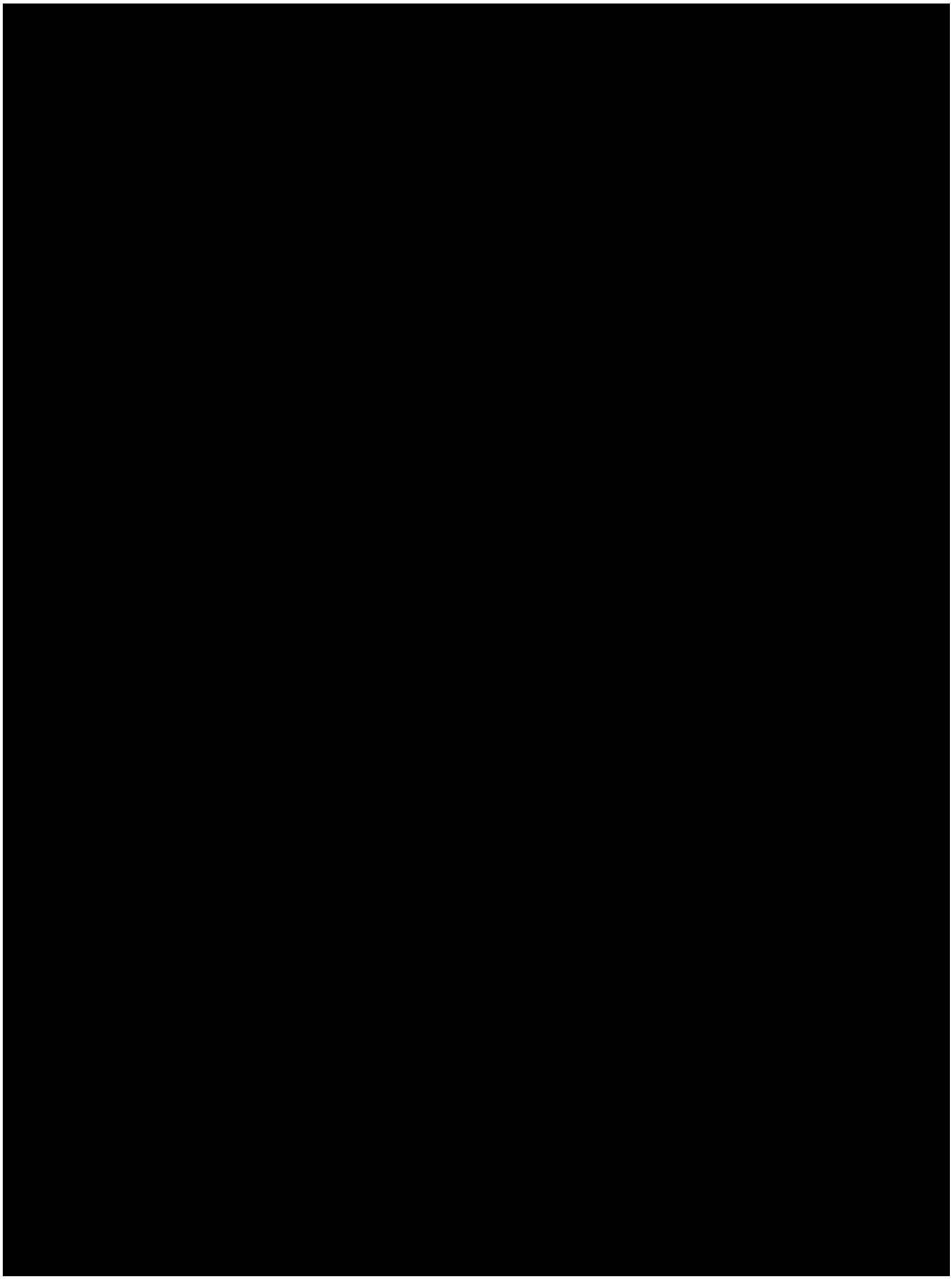


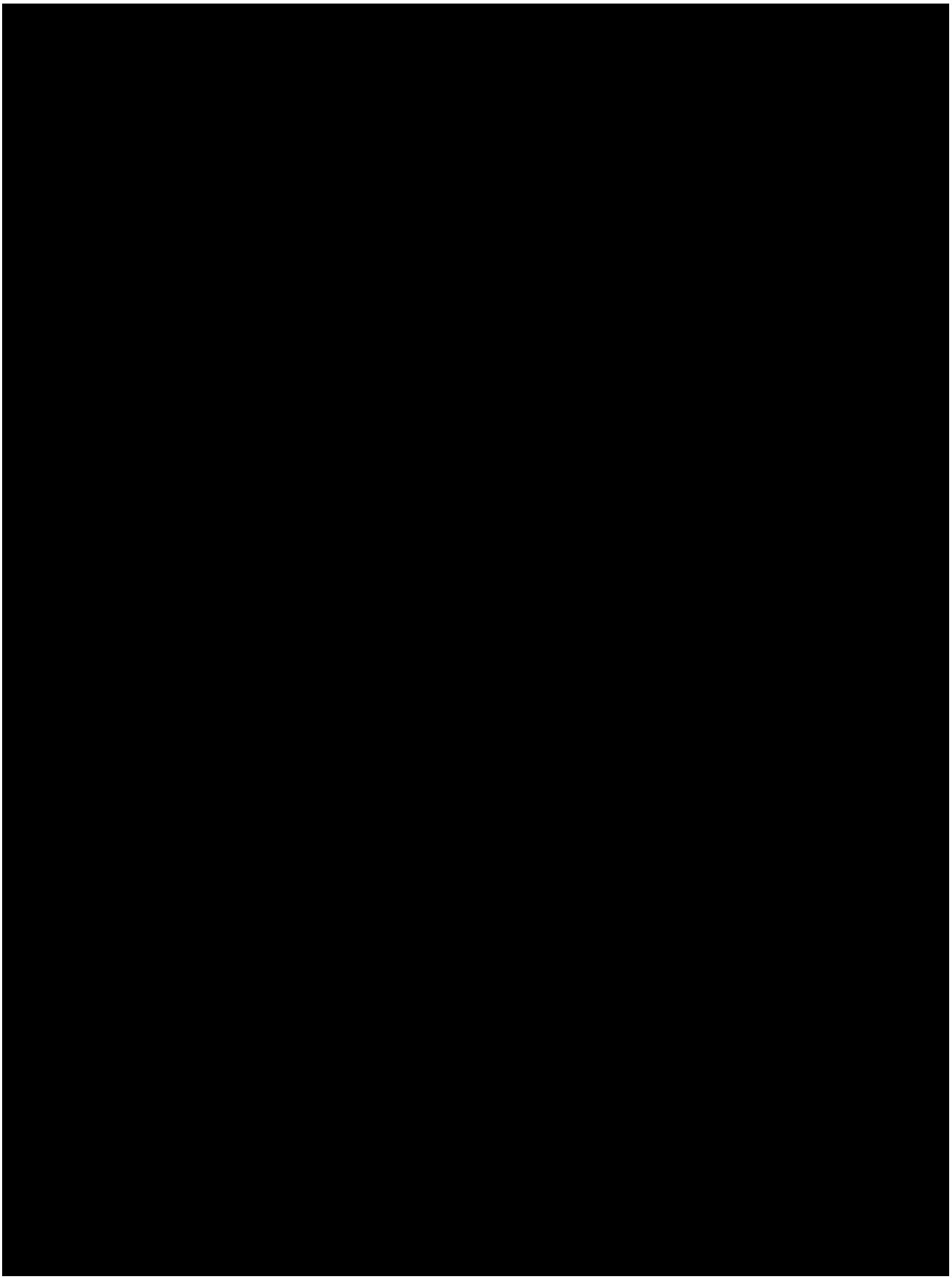


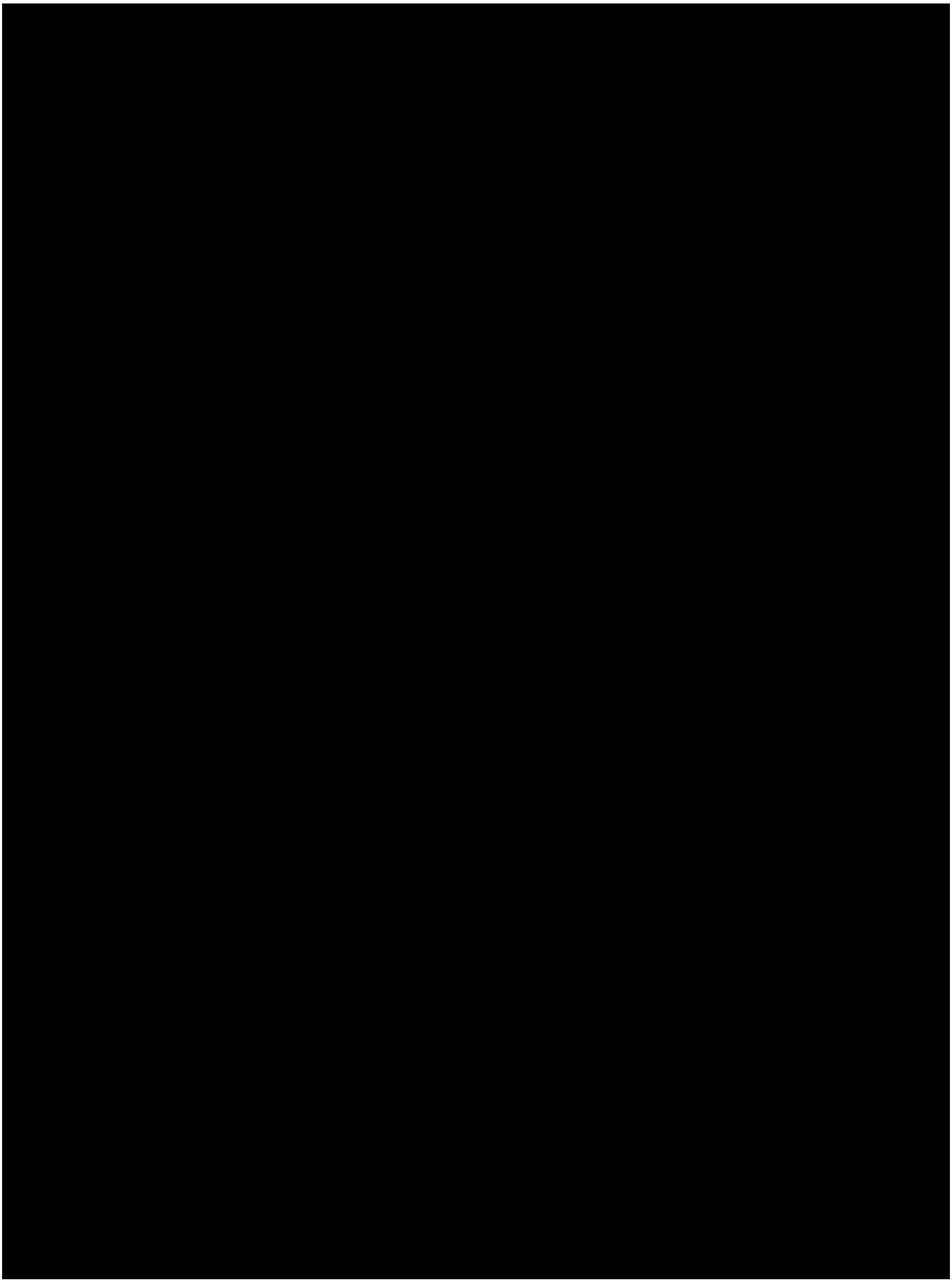


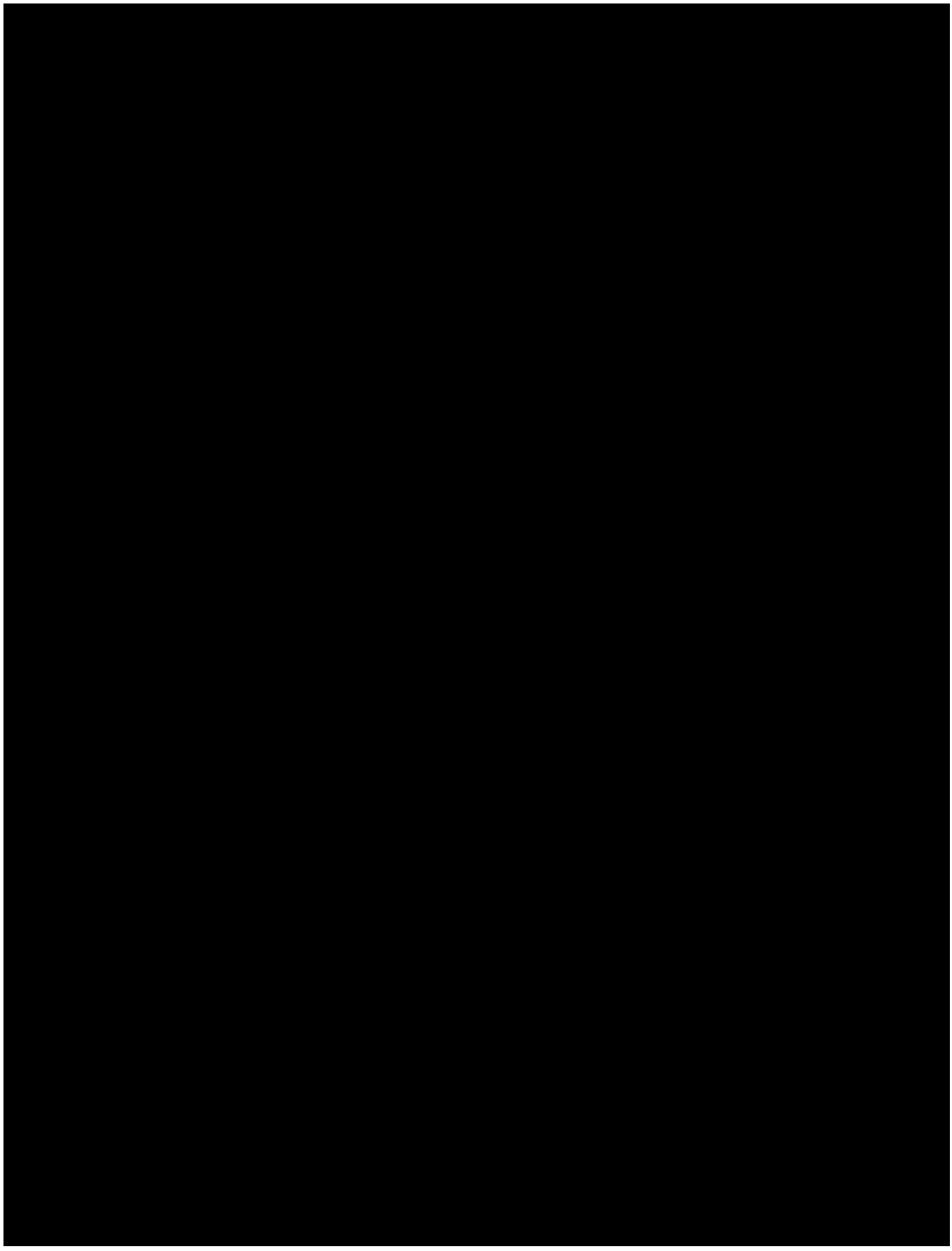


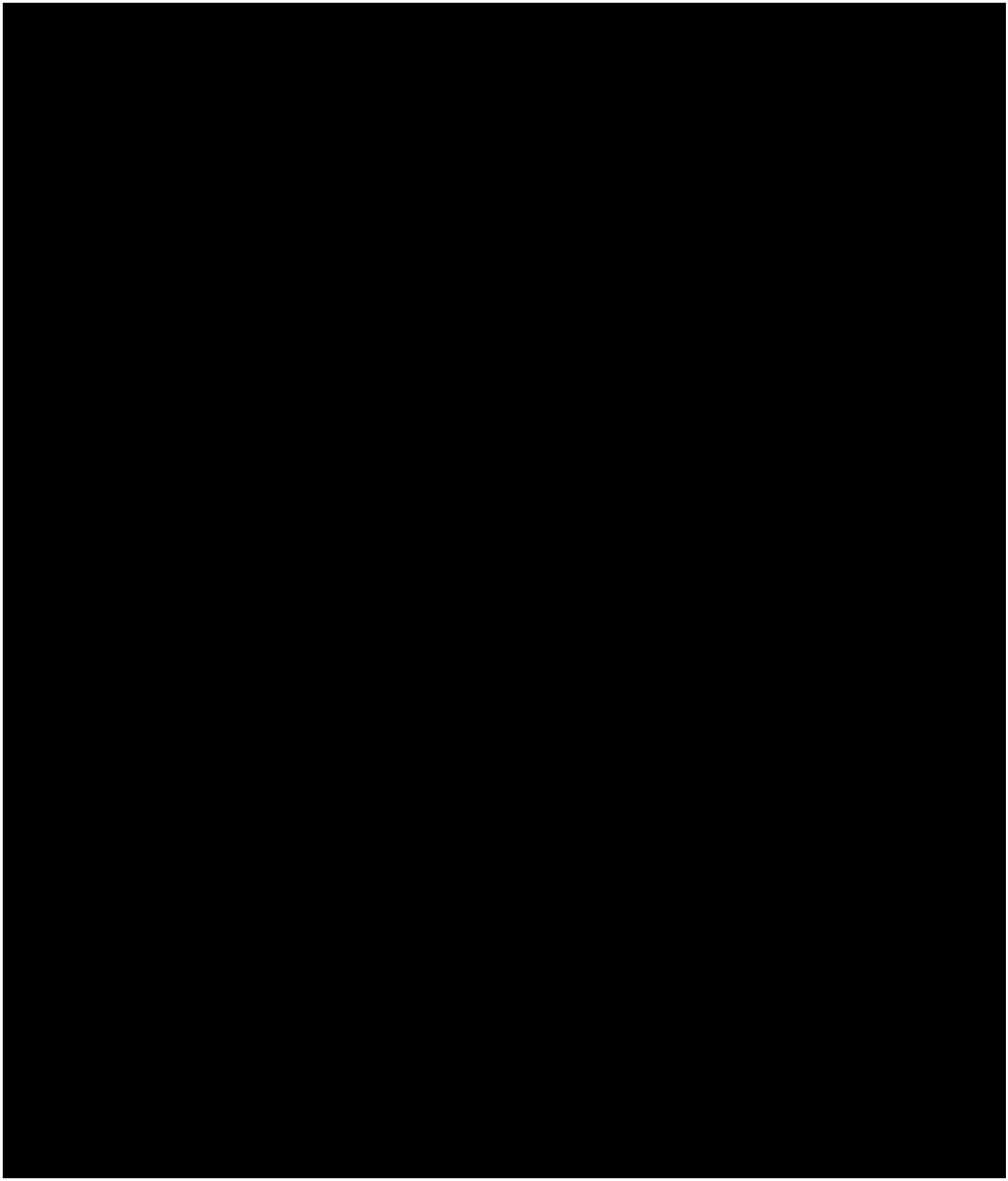


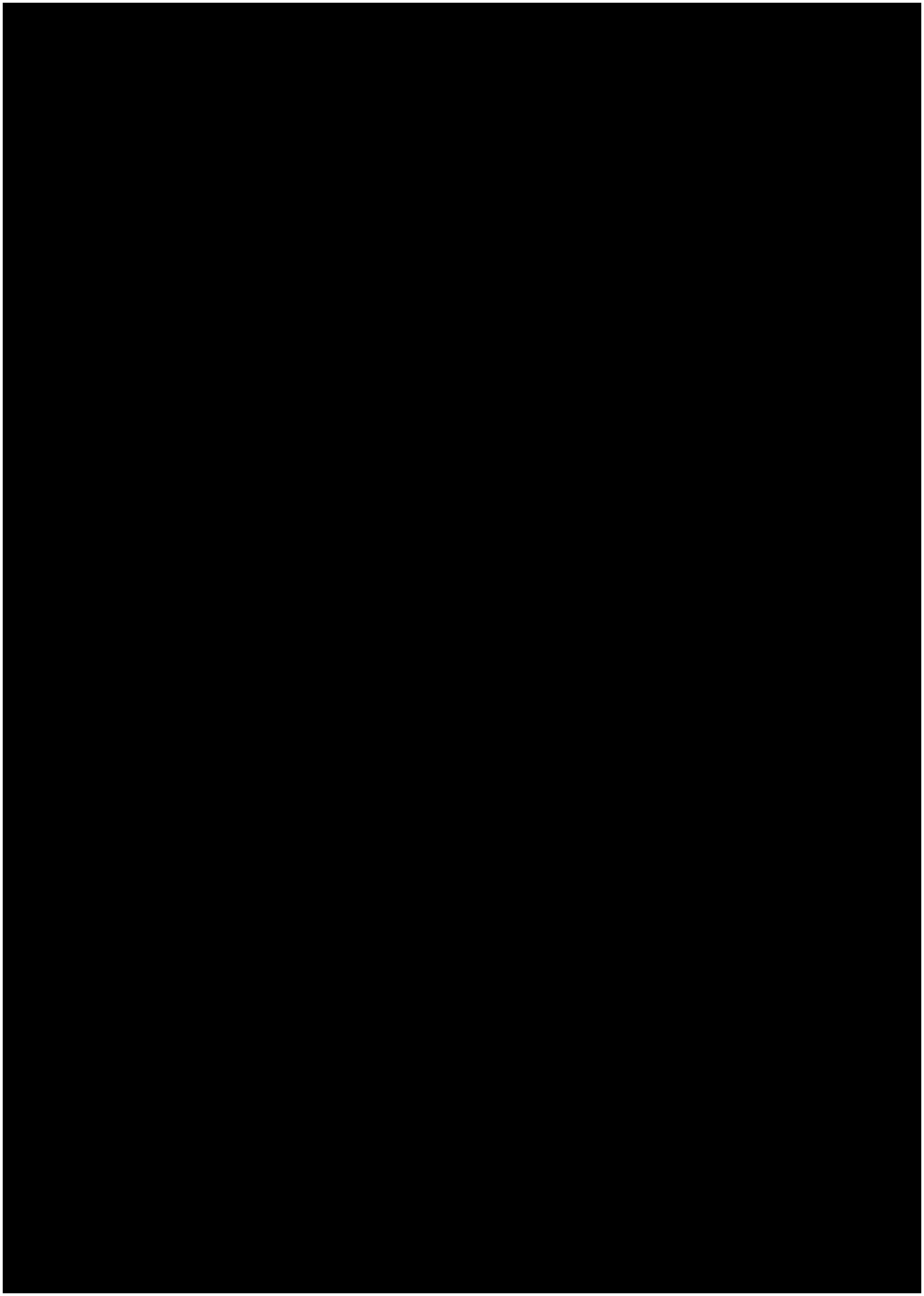


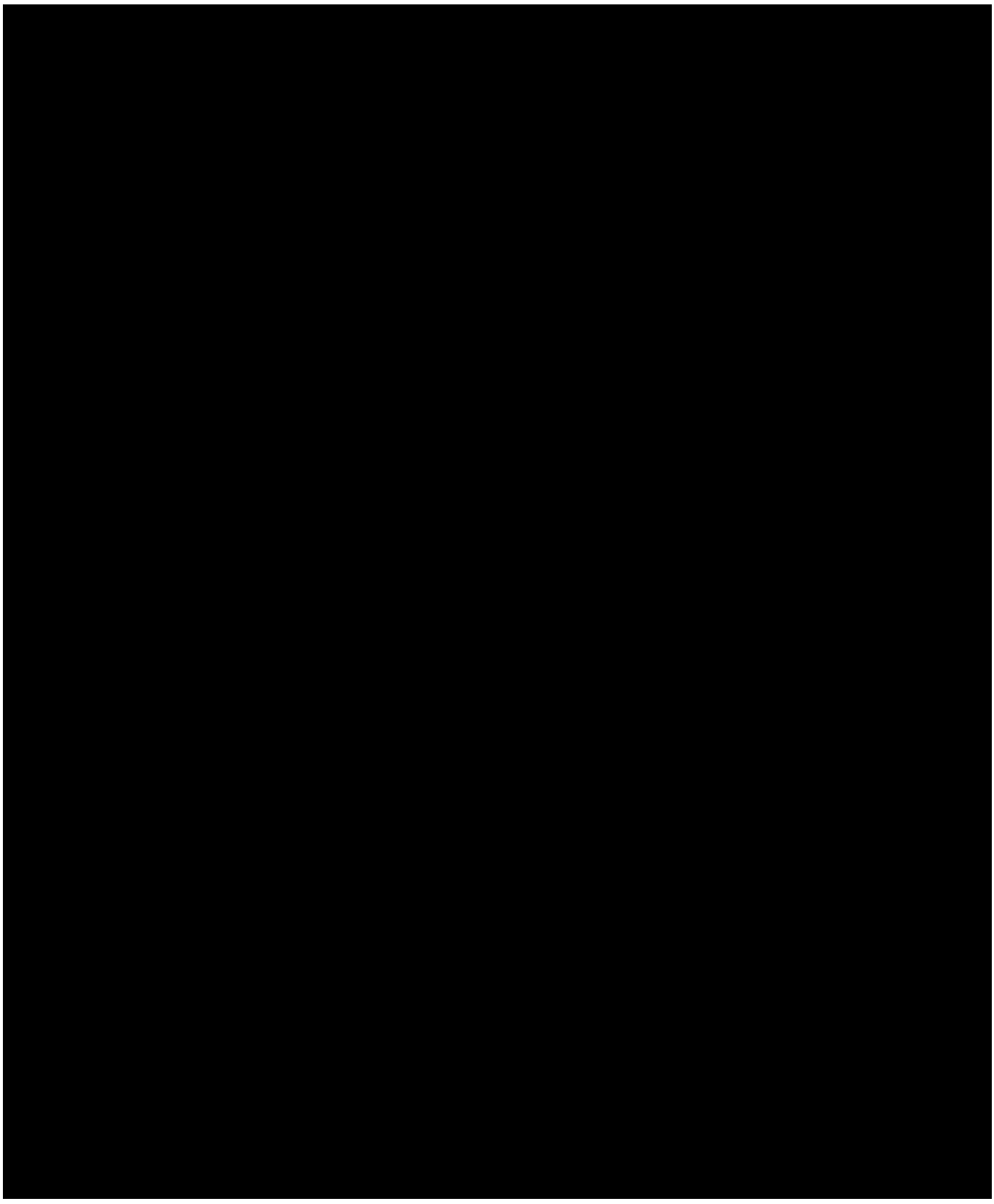


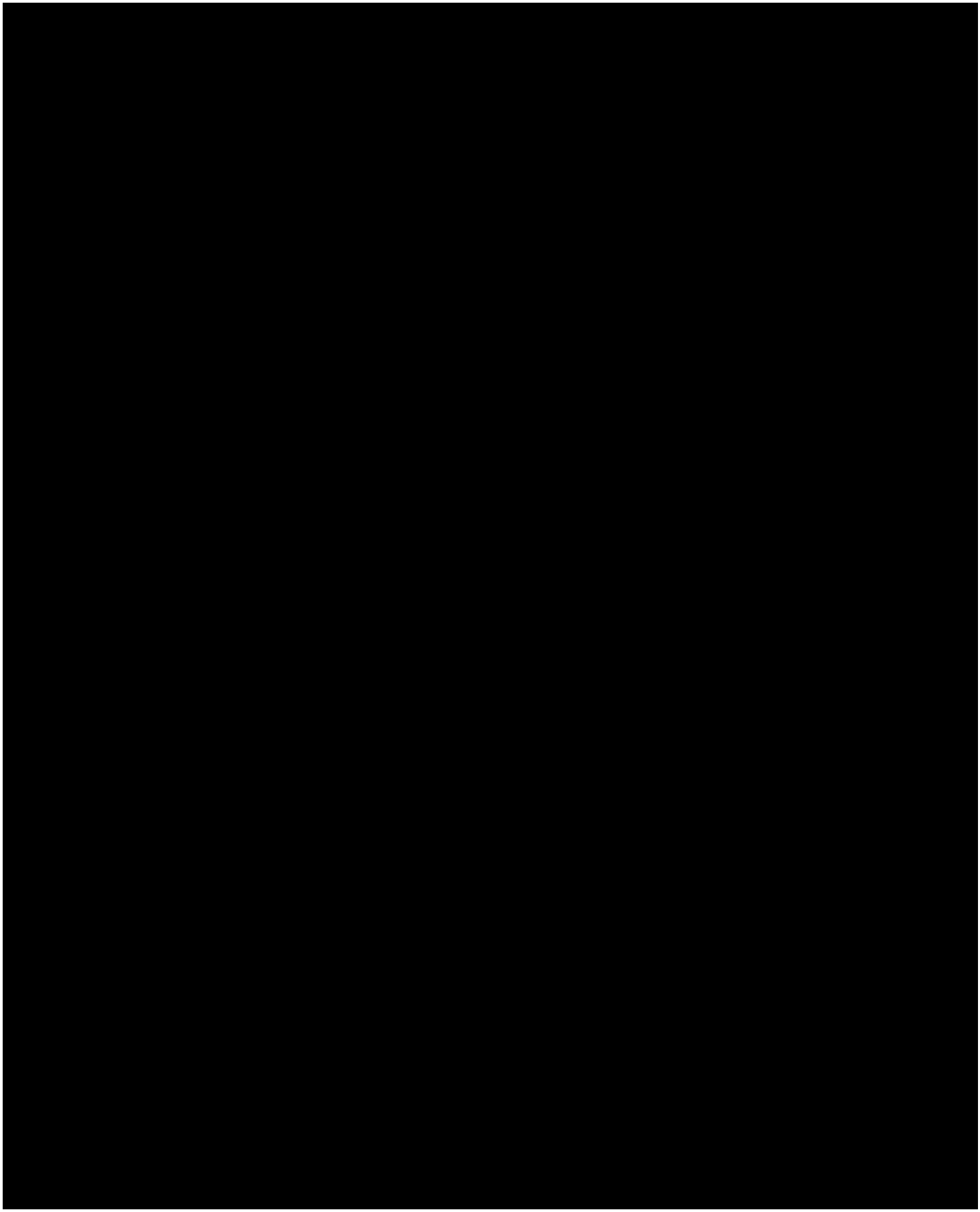


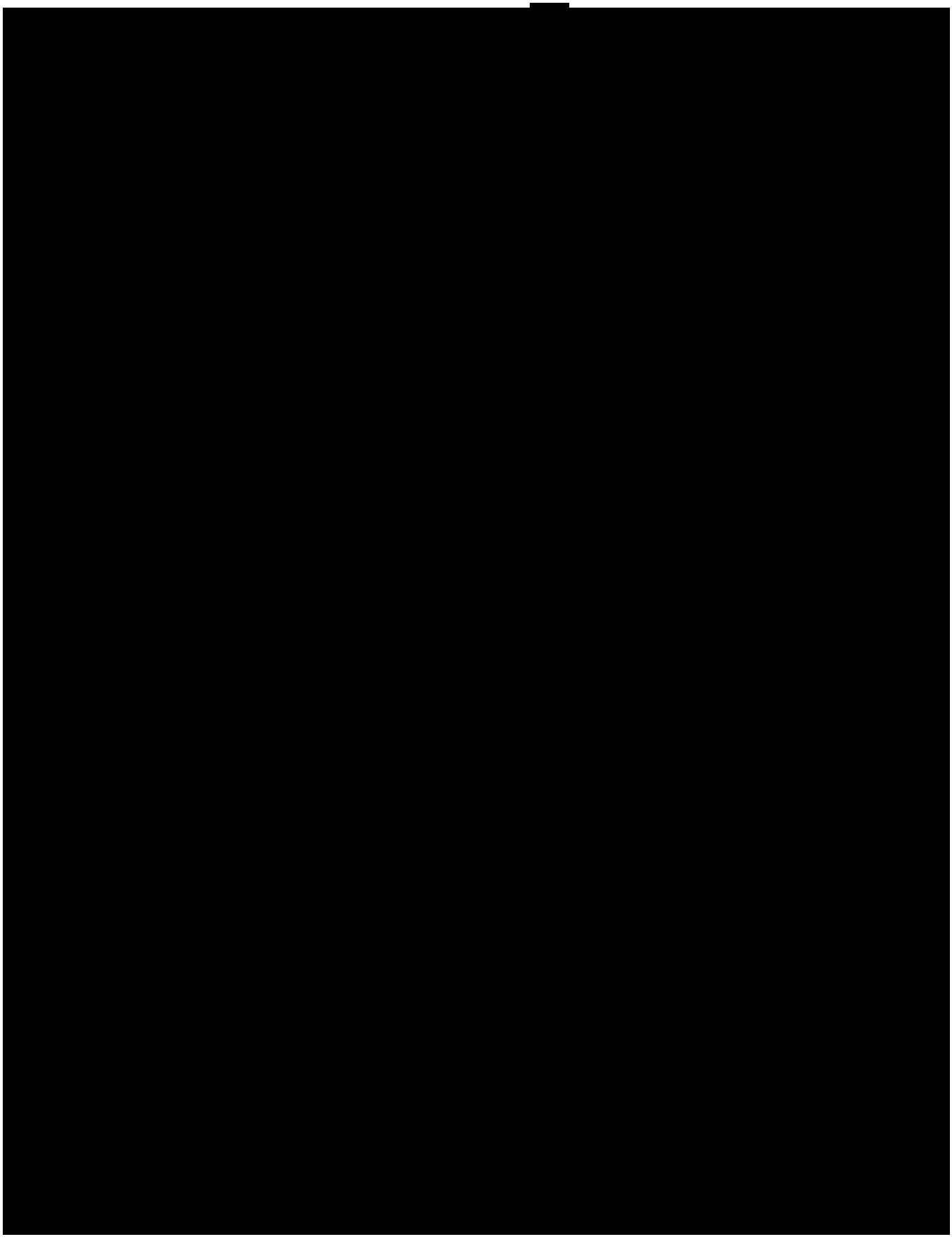


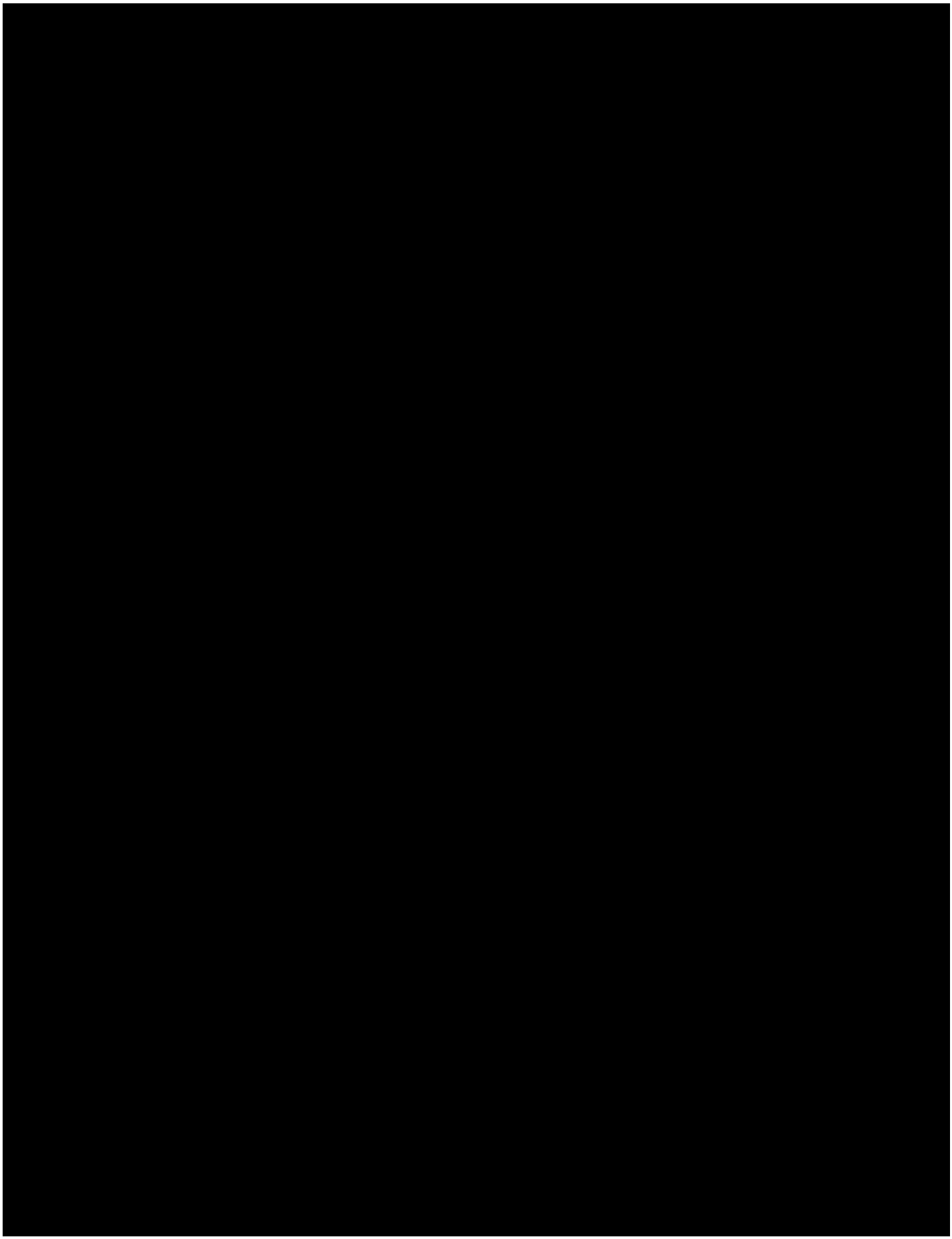












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PART 3:

THE CLIENT STUDY

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