Mental health among Asian and African immigrant working mothers: new vulnerabilities, old religious coping resources

Abstract: A qualitative research is presented to explore sources of psychosocial distress, expressive idioms, coping strategies, resilience resources, and experiences of mental-health services in Filipino, Sao Tomean and Indo-Mozambican migrant working mothers settled in Portugal. Findings suggest that shared gender roles and working conditions do not lead to similar modes of expressing mental distress. Particular manifestations take on cultural meanings in relation to specific vulnerabilities and stressors. Despite their higher level of psychosocial distress, these migrant mothers make little use of mental health services. Comparative analysis has brought to light how religious participation provides them with a variety of expressive and coping resources that support and guarantee the fulfilment of their gender and mothering responsibilities, thus triggering desired changes that affect the lives of their children and families in both the short and long term.

Keywords: mental health, gender, immigrant, religion, Portugal

Introduction

Considerable evidence shows that mental health and many common mental disorders (CMD) are shaped to a great extent by socioeconomic and environmental factors which are neither unique nor static. This is especially relevant in a changing world in which global rural-to-urban mobility and transnational migration may trigger adaptive psychological responses but also precipitate a variety of mental health disorders (Patel, Lund, Hatheril et al., 2010). Consequently, the impact of immigration on mental wellbeing continues to be approached as a controversial research issue rooted in the ‘healthy-migrant’ and the ‘migration-morbidity’ hypothesis, which may not be mutually exclusive. To validate either hypothesis, it is
necessary to take into account the prevalence of psychiatry morbidity in the country of origin of migrants (Jurado, Mendieta-Marical, Marínez-Ortega et al., 2014). Although the prevalence rates of CMD vary significantly in different migrant groups, these differences do not simply reflect the rates of psychiatry morbidity in their countries of origin. In fact, growing evidence confirms that the prevalence of specific types of mental health problems is influenced by the nature of the migration experience (before, during and after resettlement), and is generally found to be higher among migrant women than migrant men (Thapa & Hauff, 2005; de Witt, Tuinebreijer, Dekker, Beekman, et al. 2008; Del Amo, Jarrín, Garcia-Fulgueiras, Ibáñez-Rojo, et al. 2011).

Research on the rising demand for female immigrant workforce by Western economies has identified an increasingly globalized vulnerable group that has been largely ignored by mental health programs: migrant women-mothers from the ‘Global South’ that move to the ‘Global North’ to work in domestic and care markets as a result of the trend toward growing female employment and the care needs of an aging population (Parrenas, 2001; Ehrenreich & Hochschild, 2003; Hondagneu-Sotelo, 2007; Lutz, 2008). Labour instability, low pay, lack of regulation and invisibility, experiences of discrimination and inequality in the access of social and health care, make it harder for many migrant mothers who define themselves as caregivers and providers in a broad sense to manage work and care responsibilities at-a-distance or in the destination country (Dyer, McDowell & Batnitzky, 2011; Evergeti & Ryan 2011, Bonizzoni, 2014; Trovão, Ramalho & David, 2015). In line with a ‘determinants of mental health’ perspective these mothers present a high risk for psychological and mental health problems. In spite of this, rates of contact with mental-health services are substantially lower than expected (Ingleby, Chiarenza, Devillé et al. 2012). Just as it is important to understand factors that may constitute impediments, it is also important to
examine their resilience resources to overcome stressors and enhance mental and general wellbeing.

The close connection between religion and coping among migrant women has already been suggested. Previous research has stressed how religious beliefs and sharing performances provide discursive and emotional resources aiming at the reappraisal and adjustment to psychosocial distress (Nakonz & Shik, 2009; Beijers & Freitas, 2008). The role of religious places for mental health, spiritual, emotional and social quality of life amongst migrant families has also been recognized (Dyck & Dossa, 2007; Agyekum & Newbold, 2016). Moreover, several contributions have highlighted the importance of local and transnational religious networks as social capital generators for coping purposes (Levitt, 2007; Goulbourne, Reynolds, Solomos & Zontini, 2010). Some sources underline how religious ties and values of reciprocity may operate as platforms for the social mobility of migrant women (Anthias, 2007) while allowing them to negotiate specific inequality relations (Trovão et al. 2015). For other authors, religious participation can strengthen women’s social activism against prejudices, stimulating new forms of religious mobilization for citizenship (Erel, 2009; Trovão, 2012).

However, the different ways in which migrant women’s religious and gender identities are mutually constituted and might impact on their experiences of mental distress and coping strategies remain insuffciently articulated. This article attempts to fill this gap through a comparative analysis of three ethnographic study cases conducted among Filipino, Sao Tomean and Indo-Mozambican migrant mothers settled in Portugal. Its guiding questions are: what are the effects of culture-religious specific gender roles on migrant mothers’ experiences of psychosocial distress? To what extent do religious belonging and participation provide these mothers with resources for expressing, coping and managing psychosocial distress?
Can such resources become a conduit for the redefinition of their own gender identity constructions, expectations and practices?

Methods

This article is rooted in several distinct research projects we have undertaken involving Asian and African transnational migrant families. Cumulative findings underpinned our intent to develop a comparative (‘emic’) perspective of migrant mothers’ psychosocial distress, including expressive idioms, explanations of causes, coping strategies, resilience resources, barriers and facilitators in accessing mental-health services. For the purposes of the study, constructs such as “distress”, “cause”, “coping” were defined by the respondents themselves.

The comparative analysis relies on empirical data provided by a combination of biographical interviews and extended interaction with thirteen Filipino migrant mothers, fifteen from Sao Tomean, and another fifteen of Indian origin. Migrant associations, networks and communities of worship emerged as a strategic passage for the early ethnographic encounters. The interviewees were selected through snowball sampling, whilst ensuring varied profiles in terms of family dynamics, trajectories of integration and length of residence in Portugal. Settled in the Greater Lisbon area, all the participants were domestic and care workers in their mid-thirties to late forties. Mixing rural and urban backgrounds, their migration processes have been shaped by specific roles and expectations regarding gender and family. Despite the apparent gender egalitarianism in the division of labour in the Philippines, all the three groups of migrant mothers have incorporated discursive traditions and practices characterised by gender power inequalities. Additionally, some of them were active participants and upholders of various religious networks and organizations.

Ethnographic comparison was guaranteed by the following interviewing topics: migratory trajectories; intersecting opportunities, inequalities and discriminations encountered within the current nation-state of residence; culture-specific constructions of gender, family
and motherhood; transnational mothering and locally established work-care strategies; situated uses of religious participation and their impact on gender roles and self-narratives; major idioms of psychosocial distress; barriers and facilitators in the access of social and health care; resilience resources and alternative pathways to mental and general well-being. Interviews were carried out in English. Gujarati and Portuguese taking place either in the participant’s home and meeting places where private matters could be discussed. All interviews were recorded and transcribed verbatim. Empirical data were subjected to a qualitative content analysis.

Since religious participation was one of the key variables of the study, we also conducted complementary ethnographic observation in specific sites of the Greater Lisbon Area: the Sunday meetings of the “Free Believers in Christ Fellowship International” and “Couples for Christ”; the Radha Khrishna and Shiva temples; Catholic and Evangelical churches and networks known for a strong concentration of African migrants.

Results

“God is the only one who can protect my children anyway”: negotiating maternity and conjugality at a distance through affiliation in Christian charismatic groups

Despite the significant increase in Filipino work-related migratory fluxes to various Southern European countries, Portugal has only recently emerged as a destination for such groups. Resembling flows to Italy or Spain, Filipino migration to Portugal is markedly feminine and spearheaded by domestic workers. While some women arrived directly from the Philippines, others previously lived in places like Jordan, Egypt, Israel and Macau. Many consider moving to other European countries in the future. Coming from the regions of Visayas, Mindanao and, most frequently, Luzon, our interviewees have higher-level education and work experience in other sectors.
Their migration processes have been shaped by family-based gender roles. Filipino family relations are defined by strong reciprocity relationships, entailing moral and economic obligations with relatives. Socio-cultural expectations based on gender, in tandem with advantageous standing in the international job market, assign to women accumulated responsibilities of securing their family’s wellbeing. A number of respondents were also compelled to move by conflict or discontinuation of a conjugal relationship and the subsequent social stigma that separated women endure. However, reflecting the descriptions in the literature (Pe-pua, 2003; Asis et al., 2004; Parreñas, 2005; Nakonz & Shik, 2009; Zontini, 2010), their migratory move is essentially oriented to providing material comfort and “quality education” for the social mobility of their offspring.

In spite of a privileged standing in the Portuguese ethnically competitive domestic services market (due to a relatively high salary), Filipino migrant women’s idioms of distress provide insight on their stressful working situation, where the very nature of cleaning service, long working hours, little personal space, verbal abuse and humiliation emerge.

Once you are living in other people’s houses, in another country with another language, race, tradition... you are going to hear something that is going to hurt you. Once you are like acquired emotionally, you are going to be wrecked. I was crying a river because my boss said I am not good enough for her!

Cleaning all that stuff. Those things I have to do it for the other people! My capability of going into much better work, not as an empregada. So it’s very painful.

In addition, lengthy separations and worries about children and family left behind are particularly anguishing to women who define themselves as “very much family-oriented persons”. Moreover, the dilemmas stemming from their roles as caregivers, supporting one’s children by taking care of someone else’s offspring, lead them into depressive conflicting feelings. Although the main role of Filipino migrant mothers as providers of material
necessities makes their absence inevitable, their narratives reveal how ambivalently at-a-distance motherhood is experienced. Thus, a good mothering performance through migration not only can be perceived as leading to the disintegration of the nuclear family but may also pose at risk the very maintenance of the mother-child bond.

‘Oh God, I am feeding another children’ [sic] and my children I couldn’t take care of them! It’s painful. But I talk with them [CFC members] about this. We sometimes cry about it. We just tell each other to cheer up. And pray. I am doing like sacrifice. It’s how it is to be a mother.

My children grew up only with their dad or only with me when I went home, but without us. ‘When I grow up I want us to be a happy family’, they say. I just tell them: ‘I’ll make sure you will be happy. I’m very, very sorry if we can’t be together as a family’. I always feel positively that in 4 or 5 years they can be with me. Even if they don’t want to…

Economic costs and other cultural variables such as shame and stigma discourage Filipinas from seeking help from mental health professionals. As Christians, they often mobilize religious coping resources to overcoming hardships and obtaining protection against adverse life events (Nakonz & Shik, 2009). The Christian Charismatic organization we explore here is called Couples for Christ. Although CFC subdivides members into five “ministries” organized by roles played in the family (kids; youth; singles, (male) servants and (female) handmaids of the Lord), most respondents integrate into the network as “handmaids of the Lord”.

Besides providing a sense of belonging, religious networks figure into the ways Filipino respondents capitalize on their privileged access to waged work, which enables them to support their family. If the backing of a Christian organization enhances a reputable standing in the reproductive labour market, socializing with fellow handmaids provides not
only access to a support infrastructure for transnational and job mobility, but also assistance for integration in the current migratory context. Moreover, faith engagement and participation in the congregation help curtail countless difficulties associated with working conditions and the conflicting roles of caregiver while giving them religious significance. Sharing and mutual counselling add to the self-identification with “Jesus sufferance” and Christian perseverance or acceptance of hardships to consolidate a sacrificial ethos:

All depends on what the Lord wants for you. To follow him is very hard, but once you found him, He will not let you down.

Interlocking with the positions of mother, wife, and maid, becoming a handmaid further emphasizes the role of caretaker. Solidarity and bonding among handmaids ultimately supports the fulfilment of such roles while simultaneously fostering processes of partial negotiation of responsibilities associated with the at-a-distance roles of mother and wife. Given the impossibility of mothering physical presence, various interviewees accompany their children through material maternal care and mediated efforts to construct intimacy while delegating to God the protection and/or ultimate guidance of their offspring.

The biggest responsibility that I am having is the financial assistance for my kids. I always pray that God put them under His protection. Because what can I do? I am very far from them. Even [if] I am there, He is the only one who can protect them anyway.

Although the congregation sustains itself in the idiom of the united family, the feminine solidarity ties do not intransigently condemn alternative reconfigurations of conjugality at a distance. New relationships in the host context may be concomitant with matrimonial ties which, given legal and economic obstacles to divorce in the Philippines, often have been suspended only in practice. Some handmaids perceive such relationships as “second chances”
allowing them to invest in themselves, while emphasizing individual responsibilities towards God, and his divine powers.

I don’t think God wants me to be alone because I am already married. I had the opportunity to meet a good man: loving, caring. God really knows what is good for the person.

“Our Lady of Fatima who made this bridge”: coping with personal distress by helping other African migrant mothers

The Sao Tomean migratory biographies we followed cannot be separated from the multiple social changes that accompanied the period of political transition and market liberalization in São Tomé and Príncipe. Impelled to move by gender related responsibilities, their trajectories began in the regions of Pagué, Mé-Zóchi, Lobata and Caué, headed towards the capital city, and then turned to Angola, Gabon, Equatorial Guinea, Cameroon and Portugal. According to statistical data, the flows towards Portugal have been mainly performed by women.

The majority migrated driven by the desire of improving their families’ welfare. Some reunited with the father of their children. Others, separated or single mothers, left their children in the care of relatives while financing their subsistence and education – either ‘back home’ or in Portugal (when family reunification is finally achieved). However, their labour trajectories are often restricted to domestic service in private homes or in firms. Moreover, they have to deal with the most pejorative Portuguese imagery about foreign ethnic groups, which stresses the juvenile ‘delinquency’ of immigrant offspring of African origin.

Despite the difficulties experienced in terms of economic integration and social recognition, most interviewees agreed that migration did not bring any significant change to family relationships. Sao Tomean family structures have been simultaneously influenced by a patriarchal family model inspired by Catholic values and a family setting marked by the volatility of marital relations. Similarly to other Creole societies (Zontini & Reynolds, 2007;
Chamberlain, 2009; Åkesson, Carling, & Drotbohm, 2012), family patterns such as co-mothering, priority of the mother-child relation over the conjugal one and the extended family as a meaningful unit remain significant. Since men may have more than one female partner at the same time, while women must be serial monogamists, a high number of children do not grow up with their father. The absence of the biological father does not translate into the lack of male role models, as these are guaranteed by uncles and grandfathers. Mothers nonetheless are the “head of the family”, the ones who “give it all up for the benefit of their kids”.

Coupled with the uncertainties of immigration status, dire economic conditions, experiences of direct and indirect racism (involving perceived lack of opportunity to succeed), gender and marital problems, never-ending separations from children left behind, many difficulties in reconciling hard work with mothering care and, all this send a number of Sao Tomean migrant women into feelings of hopelessness and helplessness.

When I arrived with a suitcase and a sick child, without a roof and jobless, I suffered a lot. I actually became mad, the extreme stage of depression. I was like… garbage in the road. Jerónimo priest saved me from depression.

My greatest sorrow is to be away from my children. When I left, my youngest was 5 years old. I just return twice. God knows my pain. I always pray, asking him something to make me forget this feeling of loss. I put all my trust in him too. Nowadays, I'm taking care of young children (at the local church). This blessing has been sent from God.

Sao Tomean explanations of health and ill-health differ significantly from the biomedical framework. Their idioms for mental distress often involve supernatural phenomena rooted in a Christian repertoire in which people live in an ongoing spiritual “struggle” between “the forces of good’ and “the temptations of the devil”, traditionally interrelated with negative influences stemming from witchcraft, “unsatisfied spirits” and the evil eye. Understandably, several respondents have expressed their reluctance to talk about these issues
because they’re afraid of being accused of engaging with something evil. Nonetheless, the following narrative illustrates how witchcraft attribution may be considered an expressive mode of distress while simultaneously functioning as a coping strategy: a means of mollifying conflicting feelings by projecting them as a “devil’ work.”

My father put a curse on me: You're going to be like a ‘clock’ [sic]. This means that my life can improve but, as the clock goes around, I'm going back to the ordeal which I have to bear. In our tradition, a father or mother curse is forever. God doesn’t ask anyone to curse. That’s the devil’s work.

Despite their higher level of psychosocial distress, these migrant mothers make least use of mental health services. Limited access to care (only when someone is referred by a general practitioner) but also feelings of shame at being labelled mentally, fear of losing one’s children to authorities, and concern that maternal mental illness will burden or stigmatize the family (both in Sao Tome and the current context of residence) are common barriers to seeking mental health help.

Back home, people who suffer from mental disorders, they’re outcast. Families in our yard hurt my sister in any way they could. Once, she was hung in a tree, upside down, to be whipped! Nobody wants to reveal any depression they are going through because of the stigma.

As Christians and mothers, Sao Tomean respondents take on greater responsibilities (moral and pragmatic) in the development of the family-community, as well as within their own homes and extended families. The patterns and meanings of their religious-civic lives were progressively re-contextualized in Portugal. The various initiatives they promote (mainly in the fields of maternal, infant and elderly care, education and health) form part of a widened project of maternity rooted in religious values. Furthermore, they instil values of suffering, ideals of gift and personal sacrifice for the well-being of others within the local churches and networks of consolation and worship. Hence, praying for God’s direct help in
the problem-solving process often parallels with an understanding of the Divine intervention as mediated by human intermediaries who attempt to overcome the problem with a concrete support.

I was helped by many people who were not my blood family. They were the sisters of Jesus Christ sent by Our Lady of Fatima who made this bridge. They really helped me to move on with my life.

Sao Tomean men have three, four or five women. All our women are victims of this situation. Bringing them the Word of God, helping them to create a livelihood and not to take abuse from men is our main goal now. (…). It also helps me to cope with my own disappointment.

Reducing the distance between the broader public sphere and their community spaces, a number of them also take on roles which complement the scarce local care services by negotiating with several organizational structures which act as intermediaries with national government care programmes. No less importantly, they sustain informal multi-ethnic networks, operating both locally and beyond, at the national and transnational level, which involve obligations and expectations of reciprocity. Driven by gender, family and religious identities, their participatory modes of civic engagement should simultaneously be addressed as coping strategies by allowing them compensation for their own psychological and material vulnerabilities.

Each of us gives some money every month, here and there. We save it. When someone has problems, we help by using a part. When we have problems, someone will help us too.

“We learn to accept what God gives us”: crossing ethnic boundaries, transforming distress into devotion

Originating from Diu (part of the old Portuguese state of India), the forefathers of Indian women respondents migrated to Mozambique during the nineteenth century. Following
decolonization, the nationalisation process led to a peak in Indian emigration in the early 1980s. Most Hindu families from Diu chose Portugal as their destination. Once relocated, men soon became active in the construction industry and women restricted themselves to traditional caring responsibilities.

The entry of women into the labour market, especially in the cleaning and care work sector, was a widespread adaptation strategy to the unemployment of men as a result of a prolonged labour crisis in the Portuguese construction industry. The pioneers began to work as housemaids for “richer” Indian families. They rapidly realized that this was the “most underpaid” and “humiliating” option. Religious community did not (initially) approved the role reversal they have introduced within their families nor provided them ethic guarantees against exploitative mechanisms by co-ethnic peers. Encouraged by inter-ethnic neighbourhood networks, they began to prefer bagli [white] female employers. Other factors, such as the “trust” that they were earning (as nannies and caregivers of the elderly in particular) and the “respect” for their religious difference reinforced their option.

The religious repertoire they have reconstructed in Portugal was crucial for insertion within the domestic and caring service. These women learned and perform rituals which are traditionally carried out by male specialists. In parallel, they maintain specific female traditions for rites of passage, while recreating direct means of communication with the Hindu goddess through possession. Emphasising the incorporative, metamorphic and porous nature of all beings, as well as the fluid, mutable and reversible relations between them, female religious beliefs propose a contra-ethnicising logic that legitimates the process of crossing boundaries as an acceptable construction for the Hindu female self.

At that time, I was very proud. My husband was unemployed. But I always refused to work as a cleaning lady. Ma (mother goddess) brought that bagli woman to test me.
While avoiding confronting their male partners with the current failure of their gender-based responsibilities, these women gain an increased negotiating power against the constant pressures of the kin, caste, and ethno-religious community networks. They also win access to fields, networks and social intercultural capital, which offer new possibilities to express their own selves. By contrast with Filipino respondents, the start of domestic paid work marks a positive turning point in their process of self-construction:

When my mother-in-law and sisters-in-law poison my husband against me, I can answer back. I bring the bread you all eat. Do not mess with my life.

Influenced by Portuguese middle-class values, they begin to aspire to a more effective marital relationship, including friendship, companionship, and mutual respect. These expectations, however, are still deeply frustrated by husbands who remain rooted in traditional attitudes of satisfying such emotional needs with other men. Although they continue to observe the etiquette of wife-husband deferential and subordinate behaviour, many husbands resent female economic autonomy and attempt to reinforce male authority. Additional dissatisfaction occurs when husbands wander around the community irresponsibly, drinking, smoking, gaming, incurring in debts and disregarding the family reputation while “they are sacrificing”. Further frustration is experienced as the result of an unbalanced relationship whereby the husband fulfils the requests of his mother and establishes a relationship of veneration and obedience towards her. Nevertheless, the loss of spousal relationship was reported several times as the major cause of mental distress.

Words cannot explain how it is painful being dropped. It seems almost impossible to endure such pain and shame. Because a woman who doesn’t have a husband isn’t respected. There are sanctions against remarriage too.

Therefore, most interviewees tend to forgive and excuse their husbands for marital problems. They usually adopt a cultural idiom of distress according to which external
malignant influences provoked by close relatives (mainly mothers-in-law and husbands’ sisters) through black magic (jadoo) and the evil eye (nazar) prove to be the hidden cause of husbands’ behaviour towards their wives. Both processes are indeed attributed to jealousy, a heightened desire (without means of fulfilling) focused upon another person whose characteristics, goods and wellbeing are extremely valued. Additionally, jadoo may be also understood as a magical retribution stemming from situations in which the sufferers themselves have displayed valued items triggering destructive envy.

My sisters-in-law cannot stand to see their brother’s happiness. I call this jealousy because they are unhappy in marriage. They fill their brother’s head with poison. They throw jadoo in his food that causes him to be sad or very aggressive or make him physically ill and the doctors aren’t able to cure him.

One of the most sought after community-based solutions for Hindu women’s distress involves the temple priests-astrologers who are able to distinguish if it is a spiritual, psychosocial, mental or physical problem. Depending on the cause, they give an opinion on whether the problem (or the symptoms it created) could be treated (or not) by religious/spiritual healers or Western medical help (Hussain & Cochrane, 2002). The diagnosis of a spiritual or psychosocial causal factor often determines a primary religious treatment: a shanty puja “to take away the bad things” (kharab vastu) of the sufferer’s mind, body and home; the recitation of Gaiotrima and Hanuman Chalissa mantras over a number of weeks and on specific days; and in case of self-destructive behaviours and “visions of dead people” (who supposedly “call for” or “come get” the sufferer), the powerful death mantras (mutriyu ji na japh) performed by local or transnational religious healers. However, when the priests say “if God wills, you will improve”, this means that spiritual and psychosocial causes are excluded. It is necessary to seek urgent help in medical services and trust in God’s powers.
God has put us all on the earth. What we do, he does it through us. So, only if God wills, will the treatment work. The very doctors, Catholics, Hindus or Muslims, tell us to ask God’s help and put trust in him.

Other places of complementary diagnosis and treatment are the houses of worship in which a woman, chosen by the mother goddess as a temporary vessel, enables her to communicate directly with human beings. Female possession performances constitute a divinatory device which offers an aetiology of suffering. Spiritual explanations can be found in *karma*, ancestor and *buth* spirits possession (Hussain & Cochrane, 2002), or in the fact that some deity has not been properly worshipped. However, envy (by close relatives) is believed to be the major driving force behind processes of malignant influence. In parallel, possession cults also function as a therapeutic ‘talking’ forum for expressing conflict and distress while providing confidentiality and moral support from other women.

Additionally, the singing of devotional hymns to a certain deity and the participation in local devotional groups are also important female modes of expressing and transforming distress into devotion, and seeking blessings. By attending devotional meetings, some respondents have won a new support network where they are encouraged to share somatic ailments and personal sufferings, to recount problems resolved by faith and miraculous cures, as well as to express their gratitude to devotional figures who have performed on their request. Given the role played by gossip and envy prevailing within their immediate socio-cultural environments, both possession and devotional cults provide a strong interpersonal trust necessary to make these performances effective religious coping strategies.

**Comparative Discussion**

Comparative ethnography has highlighted the importance of being aware that common gender roles and working conditions do not lead to similar modes of expressing psychosocial distress among migrant mothers from different cultural background. Moreover, particular
manifestations of distress take on cultural meanings in relation to specific vulnerabilities and stressors such as the Filipino dilemmas stemming from the roles of caregiver, the strong ethos of Sao Tomean mothers as providers of their children needs or the dependence on the spousal relationship experienced by migrant women of Indian origin. Despite their higher risk for psychological problems, it most not be forgotten that an important number of our respondents are able to cope with repeated exposure to adverse events. Indeed, the three study cases have brought to light how religious participation provides them with a variety of expressive and coping resources that support and guarantee the fulfilment of their gender and family responsibilities.

As discussed, solidarity and bonding among Filipino women affiliated to Christian charismatic groups operate as coping strategies specifically tailored towards the psychosocial distress of migrant mothers, further allowing them to negotiate at-a-distance gender roles as socially acceptable self-constructions. Driven by a wider caregiving role, the religious mobilization for social activism carried out by Sao Tomean women confers emotional and material support for other African migrant mothers while also providing the caregiver’s emotional compensation and identity fulfilment. A religious conception of personhood enables Indo-Mozambican mothers to challenge the traditional work-family balance of gender responsibilities, though maintaining expected gender roles within extended family. Given the prominence of the belief in destiny, they have learned to live more effectively with conjugal distress and kinship conflicts through the confidential support of sharing forums such as female possession performances and devotional groups.

Adverse effects of ethno-religious ties have also been noted primarily connected with loyalty pressures, strong network control and breaches of confidentiality (Hussain & Cochrane, 2003). However, religious participation is experienced by all participants as a ‘way of life’ where gender and religious roles are inextricably overlapped, emphasizing a similar
female self-conception of caregiver (in a broader sense) developed against an individualized notion of personhood.

Answering the question of how do such religious lives become a conduit for the redefinition of self-narratives entails considering specific processes of making the self, socio-historically and culturally mediated. If we distance from the topography of gender equality / inequality (insufficient to account for biographies which are not necessarily captured in these terms), the religious female agency may be conceived from different angles and not only as a synonym of resistance, subversion or perpetuation of domination structures. In the end, what is more meaningful is the way the interlocutors use religion to acquire resources and negotiate them towards but inside specific gender inequality relations.

**Limitations and directions for future research**

This comparative study has some limitations that should be mentioned in interpreting its findings. Despite the limited number of respondents diagnosed to be suffering from CMD the remaining participants were much more likely to seek help for mental problems from other sources. It can be suggested that the multi-sited methodological strategy deployed limits the possibility of associating mental health needs with mental health services utilization. However, recruiting migrant participants from mental health services would have introduced a more important bias in the selection process, by including participants of more severe psychopathology.

It can be also argued that ethnographic fieldwork with participants with a strong religious orientation would highlight the importance of religious participation in their lives and its close connection with coping. Nevertheless, biographical interviews underscore how religious identifications are an integral part of the identity processes through which Filipino, Sao Tomean and Indian women fashion themselves as women and mothers. Understandably,
religious coping strategies and the added spiritual dimension of God are mobilized as adaptive responses to psychosocial distress.

Future research is urged to shed light on how gender roles might impact on mental-health needs (exacerbating existing problems or causing mental distress) and mental-health service underutilization among women of migrant background. We suggest starting with qualitative research to better understand the experiences, feelings and beliefs of migrant women in order to elaborate a more precise research tool for collecting comparative data. These findings would be useful to develop gender specific interventions for mental distress taking into account the positive effects of alternative coping resources, as well as to design effective gender sensitive mental-health promotion programs and prevention strategies.

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