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Understanding How British Pakistani Women Speak About Resilience Through the Lens of the Resilience Portfolio Model

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Abstract

The aim of this study was to gain an in-depth understanding of the way British Pakistani women speak about resilience during the COVID-19 adversity. It draws upon in-depth narrative interviews with 13 British Pakistani women, aged between 38 and 69. The analysis is grounded in the Resilience Portfolio Model developed by Grych and colleagues. The Resilience Portfolio Model proposes that each individual has a unique “portfolio” of strengths and protective factors which consists of “assets” (regulatory strengths, interpersonal strengths, and meaning-making strengths) and resources available to individuals. Just like many people across the globe, women were impacted by the pandemic in different ways; nevertheless, they maintained resilience through regulatory behaviours of walking and enjoying nature, engaging in praying, and reading the Quran. Women invested in positive relationships that supported the development of social capital within their community and allowed them to connect with others in meaningful and reciprocal ways. Their religious beliefs and identity not only were key in their ability to make sense of the pandemic but also promoted a sense of belonging which enabled them to engage with their community resources. Findings show that women’s assets worked in tandem with their resources to promote their overall wellbeing during the COVID-19 adversity. This highlights the need for practitioners to combine individual “strengths” and community resources when developing preventative and responsive interventions for ethnic minority women who have experienced adversity and for policy initiatives to consider recreational resources that help to minimise isolation in ethnic minority communities.

Keywords Adversity · British Pakistani women · COVID-19 · Ethnic minority women · Religion and faith · Resilience Portfolio Model

Introduction

The COVID-19 pandemic created a devastating impact across England and in many parts of the world. In England, studies, news reports, and anecdotes point to the disproportionate impact the pandemic had on those from ethnic minority communities (e.g. Phiri, Delanerolle, Al-Sudani, & Rathod, 2021). For example, reported deaths resulting from COVID-19 were generally higher among ethnic minority communities when compared to the white British population. This was found to be a result of poverty, location, poor housing, nature of jobs, underlying illness, and

reluctance or barriers in accessing health services (Mamluk & Jones, 2020). Of the 11 regions in England, the Northwest was found to be one of the areas most impacted by the COVID-19 pandemic. Furthermore, according to a report by the Institute for Fiscal Studies, Lancashire, a local authority in the Northwest of England and the site for this study, was named as one of the most local authorities impacted by the health-related, labour market, and family-related vulnerabilities during the pandemic (Davenport, Ogden, & Phillips, 2021). Given these disparities, it is important to focus research in understanding not just the impact of the COVID-19 pandemic on ethnic minority communities but how people from these communities develop and maintain resilience in the face of adversity.

Whilst ethnic minority groups refer to all ethnic groups except the white British group (Gov. UK, 2021), this study focused on women from Pakistani heritage living in Lancashire, the Northwest of England. The results of the 2021

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census show that at 1,587,822 million, Pakistanis make up 2.7% of the population in England and Wales, with women making up nearly half (49.8%) of this population, thus making them the second-largest ethnic minority population in the UK (Office for National Statistics [ONS], 2021, 2022). The growing population of Pakistanis in the UK began following India's independence and the creation of Pakistan. Whilst many Pakistanis were forced to migrate to their new homeland around the 1950s and 1960s, others took advantage of Pakistanis' membership of the Commonwealth of Nations and migrated to the UK (Satter, 2008). The influx of Pakistanis during this time was also attributed to the desire to establish a better life. Although many took on manual jobs in industrial towns and cities (Werbner, 2005), recent data shows that the largest Pakistani communities in England and Wales are London (290,549), Birmingham (195,102), Bradford (139,553), Manchester (65,875), Kirklees (54,795), Redbridge (44,000), and Luton (41,143). On the whole, the Northwest of England holds the third largest number of Pakistanis in England, with Lancashire, home to about 31,618 Pakistanis, representing 2.1% of all usual residents of Lancashire (Lancashire County Council, 2023; Office for National Statistics [ONS], 2022). This research focuses on this group; in particular, it seeks to give voice to British Pakistani women in Lancashire who are often impacted by social and cultural barriers and are not always well represented in different arenas including in research studies (Malik, 2022). By examining how British Pakistani women speak about resilience during the COVID-19 adversity, this study makes an important contribution to the resilience literature and strength-based preventative and responsive approaches to promoting wellbeing during an adversity.

Resilience

The definition and understanding of resilience have evolved over time. Resilience can be conceptualised as a personal quality, an outcome, and a process. When viewed as a personal quality, it is seen as an "adaptive stress resistant personal quality" (Ahern, Ark, & Byers, 2008, p. 32) that can play a major role in interactions that support adaptation over time (Griffin, Phillips, & Gully, 2020). As an outcome, Masten (2001) argues that it is "a class of phenomena characterised by good outcomes in spite of serious threats to adaptation or development" (p. 228). This is similar to Rogerson and Emes's (2008) view that resilience is an "ability to rise above adversity in the face of numerous challenges" (p. 1). Others have argued that resilience is not a "static characteristic of an individual, but a dynamic process across contexts and throughout the life span" (Gartland, Bond, Olsson, Buzwell, & Sawyer, 2011, p. 1), thus implying that resilience is embedded in the interaction between an individual

and their environment (Masten & Wright, 2010). It further suggests that different factors including biological, psychological, social, and cultural will co-construct an individual's ability to be resilient (Southwick, Bonanno, Masten, Panter-Brick, & Yehuda 2014).

On the whole, the discourse on resilience has shifted its focus to understanding the process through which individuals overcome adversities (Fletcher & Sarkar, 2013). To this end, Grych, Hamby, and Banyard (2015) developed a framework called the Resilience Portfolio Model to provide a more comprehensive understanding of how individuals survive and even thrive after a traumatic experience. The Resilience Portfolio Model is rooted in theory and research on resilience. It also draws insights from the fields of positive psychology, posttraumatic growth, and coping to provide a more comprehensive understanding of factors that could contribute to improved health and wellbeing following a traumatic experience (Grych et al., 2015). The model proposes that each individual has a unique "portfolio" of strengths and protective factors which consist of "assets", that is, the characteristics of the person that promote healthy functioning, and "resources", which refers to sources of support outside of the person. Assets are grouped into three categories of strengths: regulatory strengths, interpersonal strengths, and meaning-making strengths. Regulatory strengths involve "sustaining and supporting goal-driven behaviour both in the immediate situation and over longer periods of time". Interpersonal strengths are characteristics that enable individuals to establish, maintain, and strengthen close positive interpersonal relationships. Meaning-making strengths refer to individuals' capacity to make sense of traumatic events in their life by integrating the events into their broader beliefs and values about the self and the world (Grych et al., 2015, pp. 346–347). Thus, the authors argue that an individual's psychological health after a traumatic event is a product of the characteristics of the adversity, their assets, the resources available to them, and how their assets and resources interact in response to the traumatic event (Grych et al., 2015). By extension, the model also allows for the examination of the intensity of the strengths and the variety of strengths called poly-strengths contained in an individual's unique "portfolio" of strengths (Hamby, Grych, & Banyard, 2018).

Similarly, van Breda (2018a, 2018b) proposes a resilience model comprising of three components, "adversity, mediating processes, and better-than-expected outcomes", arguing that it is not possible to research resilience without taking into consideration all three of these components (p. 4). van Breda (2018a, 2018b) thus defines resilience as "the multilevel processes that systems engage in to obtain better-than-expected outcomes in the face or wake of adversity" (p. 4). This definition suggests that resilience could be present both during and after an adversity and involves processes that may follow different pathways. These processes are said

to be located within social and environmental factors. The outcomes are defined by individuals themselves, suggesting that “a good outcome” could be interpreted differently by different people depending on their context and situation (van Breda, 2018a, 2018b). van Breda (2018a, 2018b) acknowledges that adversity can have a significant impact on people’s lives which can extend over a lifetime, therefore, arguing that mediating processes should be central when studying resilience in people. Although as suggested by van Breda (2018a, 2018b), the centrality of the role of mediating processes has been observed in both quantitative and qualitative studies examining resilience (see Smith, 2023; van Breda, 2018a, 2018b); this current study adopts the Resilience Portfolio Model (Grych et al., 2015) to understand how British Pakistani women speak about resilience during the COVID-19 adversity. Whilst the Resilience Portfolio Model has been utilised in quantitative studies to offer insight into trends and patterns of resilience (see Gonzalez-Mendez, Ramirez-Santana, & Hamby, 2021; Hamby, Taylor, Mitchell, Jones, & Newlin, 2020), as far as the author knows, no previous work has used this model to qualitatively explore how British Pakistani women or indeed other ethnic minority women speak about resilience during adversity, therefore, providing an original contribution to knowledge.

The relevance of the Resilience Portfolio Model for British Pakistani women lies in its primary goal to inform prevention and intervention efforts (Grych et al., 2015). Similar to van Breda’s (2018a, 2018b) model, the Resilience Portfolio Model emphasises the need to acknowledge that the presence of both adversity and wellbeing is a true reflection of human functioning. Arguably, the Resilience Portfolio Model further allows for the adoption of a broader perspective in unpacking both intrinsic and extrinsic factors that contribute to resilience in individuals. As would be seen later in this paper, the women in this study present intersecting identities that influenced their lived experiences; thus, the different domains of the model will illuminate the multi-layered strengths embedded within their identities. The regulatory strength domain of the model offers a way of exploring and understanding those malleable behaviours that are unique to women’s identities which enabled them to maintain focus, motivation, and wellbeing during the COVID-19 adversity. Ethnic minority communities are known to forge friendships with others who share a similar cultural background and language to create a sense of belonging (Mirza, 2017); thus, the interpersonal strength domain of the model provides the avenue to explore those behaviours that help to establish and sustain positive relationships that support wellbeing and how these processes occur. It is also important to examine how women make meaning of adversity from the perspective of those beliefs and values that are integral to their identities. This is captured within the meaning-making strengths’ domain of the model and extends our

understanding of cultural beliefs and values that support resilience processes. Furthermore, works involving ethnic minority communities have included the recognition of their sociocultural context as a valuable resource in promoting integration and wellbeing (Theron, Ungar, Cockcroft, & Fouche, 2023). A focus on women’s resources brings to bear the ways in which women’s “strengths” interact with their sociocultural contexts to promote resilience during an adversity (Grych et al., 2015).

There is a growing research literature focusing on resilience and ethnic minority women. For example, Thurston, Howell, Kamody, Maclin-Akinyemi, and Mandell (2018) study with 57 Black mothers living with HIV in the US found that mothers who can rebound quickly from life stressors may be less likely to experience depression in the context of co-occurring adversities. Those examining specific factors that promote resilience have found that family and interpersonal relationships (Miller, Stevens, Lowell, & Hobfoll, 2022); a collective cultural, religious, and ethnic identity, gratitude (Abraham, Lien, & Hanssen, 2018; Fernando, 2012; Tippens, Roselius, Padasas, Khalaf, Kohel, Mollard, & Sheikh, 2021), and faith (Kaur & Basra, 2022) can foster resilience in ethnic minority women. Others find that women who report experiencing violence make use of the concept of motherhood, friends and friendship groups, support groups, and religious activities as their coping mechanisms (Ajayi, Chantler, Radford, 2021, 2022; Femi-Ajao, 2018; Kanyeredzi, 2018). To contribute to this literature, this article presents the voices of British Pakistani women living in Lancashire, the Northwest of England, as they speak about resilience during the COVID-19 pandemic. Approaches to supporting ethnic minority women have oftentimes relied on identifying factors that constitute barriers to their engagement with services. These include, for example, poor access to information, communication/language, and cultural barriers (Smith, Lawrence, Sadler, & Easter, 2019). Whilst it is important to attend to these barriers, this also means that very little is known about the factors and processes that promote positive wellbeing and resilience for women. This study will be relevant for practitioners working with Pakistani women and other ethnic minority women in different contexts and will inform a culturally competent strength-based preventative and responsive approach to intervention.

Methods

This study was approved by the Research Ethics Committee of the author’s University. The aim was to examine how British Pakistani women construct their narratives of resilience in the context of the COVID-19 pandemic. Women were recruited through an organisation that delivers bespoke workshops to ethnic minority women in the Northwest of

England. Detailed project information was made available to gatekeepers to help in suggesting potential participants and to ensure follow-on support if needed. Working via gatekeepers, potential participants were provided with written information about the study in addition to speaking to women in groups about the study. A total of 13 British Pakistani women, aged between 38 and 69 years old, were recruited for this study and all women resided in the same geographical cluster. Although this sample size and the age range which excludes women in the younger age brackets could be seen as a limitation of this study, nonetheless, rich data was generated from the 13 interviews and provided in-depth insight into how British Pakistani women speak about resilience during the COVID-19 adversity. Future qualitative studies could examine how younger women from ethnic minority communities speak about resilience during and after an adversity.

Informed consent for participation and for the use of data in publications was renegotiated before the commencement of the interviews and obtained via a consent form signed by both the participant and researcher. Ten interviews were conducted in English and three in Punjabi, which was later translated into English by the undergraduate intern working on the project who is also fluent in Punjabi. All interviews were conducted between June 2022 and July 2022 and lasted between 30 and 60 min. This study utilised narrative inquiry which is a form of discourse for telling others about significant experiences and making meaning of them (Edvardsson, Rasmussen, & Riessman, 2003). Clandinin and Caine (2008) state that narrative inquiry can be conducted by listening to individuals tell their stories and/or living alongside participants as they live their stories. This research utilised the telling of stories through conducting narrative interviews. Narrative interviews allow for an in-depth study of individuals' experiences over time and in context (Clandinin & Caine, 2008) and "seeks to generate detailed accounts rather than brief answers or general statements" (Reissman, 2008, p. 23). This approach is appropriate for this group of women because storytelling is a skill relatively independent of education and language competence (Jovchelovitch & Bauer, 2000).

The narrative interviews were guided by an interview guide which contained details of background questions for building rapport. Although the same interview guide was used for all participants, follow-on questions were asked as they emerged from individual narratives (Hill, Knox, Thompson, Williams, Hess, & Ladany, 2005). The question posed to women was, "Is there anything about how the Covid-19 pandemic affected you and how you managed during this time that you feel comfortable telling me about?" Interviews were audio-recorded, and each participant received a £20 gift voucher as a "thank you" for sharing their story. Safeguarding measures included

ensuring women were prewarned about the sensitive nature of the study through the gatekeeper. The interview protocol included intermittent checks to ensure women were ok to continue and offering regular breaks. Follow-on questions were asked in a supportive manner and carefully phrased to ensure women had control over how much information they wished to offer. At the end of the interview, women were debriefed using a debrief sheet which contained information and contact details of three legitimate, relevant, and accessible sources of help in case they required support.

Positionality

Undertaking research in a sensitive topic or indeed other types of inquiries is not a linear process. Different factors may enable or inhibit the process. One of such factors is the researcher's social positioning in the research process. Thus, the concept of positionality which acknowledges the fluid and multiple nature of our identity in various contexts (Collins, 1986; Kezar, 2002) opens up possibilities for researchers to consider how the identities they bring into the research, including social class, ethnicity, age, gender, religion, and professional affiliations, may be interpreted and acted upon by potential participants (Alcoff, 2006). The fieldwork was conducted by a Black academic of Nigerian heritage and an undergraduate intern of Pakistani heritage. Brownlie (2009) notes that it is not always easy or indeed possible to predict how potential participants view the commonality or the difference researchers bring to the research study. In this study, the undergraduate intern's identity in relation to race, gender, religion, and country of origin may have afforded her an "insider" position; thus, as Dwyer and Buckle (2009) note, this supported acceptance and ease of access to the women in this study. As a Black academic of Nigerian heritage, I could be seen as occupying a dual position, an "insider" and "outsider". Due to my shared ethnic minority identity, I may have been perceived as an "insider". On the other hand, since I do not belong to the Pakistani heritage, and considering social factors like class, education, and other experiences (Ganga & Scott, 2006), I could therefore be seen as an "outsider". However, it is possible as Kaufman (1994) notes that individuals might feel more at ease in discussing sensitive aspects of their lives with strangers who are not part of their community than with those who they are familiar with. This is true in this study, as women did not hold back in their interviews with me. Indeed, some of my transcripts contained richer data compared to the undergraduate interns', although this could also be attributed to my research/data-generating experience.

I was also aware of the imbalance of power that exists between the researcher and the researched and how this could influence the data collected (Cullen, Bradford, & Green, 2012). Hamilton (2020) has written about the need

to adopt intersectional reflexivity as a tool for negotiating power in the qualitative research process. She argues that intersectional reflexivity allows the researcher to be attuned to how different social identities interact in complex ways to influence the power dynamics in research. Therefore, I recognised the privileges I bring to the research with regard to class, education, and so on, and how these might tilt power in my favour; thus, the research was conducted in a way that minimised this imbalance. For example, the narrative approach to data collection gave women the ability to decide the direction and content of their narratives. Although questions were used to clarify points raised by participants, however, care was taken not to push them beyond how much they wanted to disclose (Creswell, 2013). I was also aware that the undergraduate interns' gender and shared cultural identity may impede "full knowing" (Reissman, 1987, p.189). This is because as Dwyer and Buckle (2009) note, researchers who share the same cultural identity with their participants may run the risk of missing out on relevant information due to participants assuming collective knowledge. This was remedied by the use of follow-on questions to clarify relevant themes that emerged during the interview.

Data Analysis

The audio-recorded interviews were transcribed and assigned a pseudonym to protect women's identity. Working with one transcript at a time, interesting features of the data were identified in a systematic fashion across the entire data set and coded into themes based on the three components of the Resilience Portfolio Model. These are (1) the characteristics of the adversity, (2) assets (regulatory strengths, interpersonal strengths, and meaning-making strengths), and (3) the resources available to women (Grych et al., 2015, pp. 346–347). I then gathered all data relevant to each component of the Resilience Portfolio, and during this process, care was taken to retain the interactional context in which the words were spoken (Squire, 2008).

Although the research process presents complex power relations that are constantly changing, Cotterill (1992), however, points out that the final shift in power is always in favour of the researcher. Therefore, because I recognise that given women's minorities and intersecting identities, there are structural and interpersonal factors that interact in unique ways to create dimensions of disempowerment in their lived experiences (Crenshaw, 1991); I was obligated to represent women in an empowering way, and the adoption of the Resilience Portfolio Model as an analytical lens offered this important support.

Findings

The Women

Thirteen British Pakistani women, aged between 38 and 69 years old living in Lancashire, the Northwest of England, participated in this study. All the names listed in the table below are pseudonyms (Table 1)

The migration histories of the women in this study are mostly similar. All except one woman (Nabila) identified as first-generation migrants. This is in keeping with the data from Lancashire County Council (2023) which shows that of all usual residents of Lancashire, people born in Pakistan make up the second largest group after people born in England. All the women in this study identified as Muslims, thus, reflecting the overall picture reported in the Office for National Statistics [ONS] (2023) in which over 90% of Pakistanis living in the UK identified as Muslims. Although women's employment status was not a focus of this study, however, information voluntarily offered during their narratives show that majority ($n=7$) stayed home to look after their children, and three of the women in their 50s were living with their children and grandchildren. One woman explained that she has a mental health disability and was being supported by welfare. The oldest in the sample was retired but talked about having had a "good career". Only one woman, Nabila, talked about her career as an educator. Although the circumstances surrounding women's employment status were not explored, it seems to align with the view that Pakistani communities in the Northwest of England are disproportionately affected by unemployment, with women being far less economically active compared to men (Nazroo & Kapadia, 2013; ONS, 2014). It may also provide an insight into how the gendered expectation of being the primary caregiver for the children and family members can impact on Pakistani women's economic mobility (Evans & Bowlby, 2000; Veen & Shakeel, 2019).

Table 1 Participants in this study

Women	Age
Saima	45
Amina	53
Farah	68
Zulaika	50
Aisha	65
Saiqa	53
Humaira	52
Halima	69
Nabila	38
Huma	62
Rukshana	38
Sadia	53
Kashf	45

Based on the Resilience Portfolio Model, the following section is presented under the headings: “Characteristics of the Adversity” and “Assets” (“Regulatory Strengths”, “Interpersonal Strengths”, and “Meaning-Making Strengths”), with resources integrated across the themes (Grych et al., 2015, pp. 346–347).

Characteristics of the Adversity

Similar to the findings from previous studies (e.g. Branquinho, Kelly, Arevalo, Santos, & Gaspar de Matos, 2020; Hassan, Ring, Tahir, & Gabbay, 2021; Singh, Roy, Sinha, Parveen, Sharma, & Joshi, 2020), the COVID-19 pandemic affected the women in this study in several ways. For example, the interaction between the COVID-19 pandemic and how cultural norms position women as housewives amplified some women’s experiences of economic hardship. This is succinctly captured in this extract from Amina whilst explaining the financial hardship her family experienced when her husband became sick with COVID-19. She states, “it was hard for us as we couldn’t get any support as when he doesn’t work no income comes in”. Two women experienced loss of loved ones, “Covid was quite difficult as we lost our brother” (Saima), and “my brother passed away from Covid” (Halima). One other woman talked about losing an aged mother during the pandemic and the impact of not being able to attend the funeral or to support her family in the process. She states, “even when my mum passed away it was really hard as we couldn’t get together, my brother was left alone, I am the eldest and it was hard for me as I really wanted to be there for him” (Amina). Speaking on behalf of her community, Humaira’s narrative concurs with the literature highlighting an increase in domestic violence and abuse during the pandemic (e.g. Ertan, El-Hage, Thierree, Javelot, & Hingray, 2020; Kourti, Stavridou, Panagouli, Psaltopoulou, Spiliopoulou, Tsolia, & Tsitsika, 2023). She concisely explains how intersectional factors contributed to the increase in cases of domestic violence and abuse in her community. She states “they (men) were home more, and they (women) need space as it got invaded by the men. So, women are more under pressure and financially strained as well. Men couldn’t go out to mosques which impacted their mental health which then impacted their wives as they are taking it out at home”.

All women suffered a range of mental health difficulties as shown in these extracts. “I started to have panic attacks when I noticed all the deaths. It was really hard for me as I was going through a lot” (Zulaika). Some women suffered depression as Halima and Sadia state, “this Covid has taken my whole life. I was in a very deep depression” (Halima) and “Covid made my depression worst” (Sadia). Another said, “I felt so lonely and felt I really went psych” (Humaira). Saiqa described the intersectional factors that may have contributed to the

experiences of isolation for some women. She said, “...due to language and cultural barriers, old mentality about women not allowed out, and mental and physical health issues”. To tackle loneliness and social isolation beyond the COVID-19 pandemic, 69-year-old Halima urged the council “to arrange some social events for the elderly to bring everyone together, once’s a month, something to look forward to”. Although women experienced these adversities, they drew upon their “strengths” and resources embedded in their strengths to maintain resilience during the pandemic (Grych et al., 2015).

Assets

Regulatory Strengths

This section presents those activities and practices that enabled women to be active agents in regulating their emotions during and after the pandemic (Grych et al., 2015). Some (3 out of 13) spoke about walking and exploring nature as activities that they enjoyed during the pandemic. This is succinctly captured in this extract from Nabila as she states, “In the first lockdown, we went on so many walks. I really enjoyed the quietness, freedom and the weather was beautiful. I loved exploring nature.. There was a peaceful sense” (Nabila). However, most women (12 out of 13) spoke about practices that supported the maintenance of their faith as key to their resilience during the pandemic. The spiritual practices of praying and reading the Quran were observed at different points in women’s narratives where they used phrases like: “I kept myself busy with prayers and reading the Quran” (Zulaika); “We would always pray which really helped us” (Amina); “... we used to pray, read, and have faith” (Farah). Kashf acknowledged the fact that adversity can be disorienting and stated, “reciting Quran helps you to relax and focus attention” (Kashf). These types of behaviours and routines linked to faith appear to foster hope and perseverance which is known to generate strength during an adversity (Satici, 2016) as succinctly captured by Zulaika, “... and my Allah, as I know, He will make everything better”.

Interpersonal Strengths

Women exhibited personal qualities that are valuable for developing and maintaining relationships that promote resilience. Some women invested in positive relationships as Saima states, “my sister lives around the corner, I go there, she comes here...” Also commenting on investing in positive relationships, Saiqa explains, “normally we would all visit everyone but now we would cook and deliver the food”. Saiqa further commented that they continued to celebrate birthdays, albeit, remotely, “...And on birthdays we deliver the cake and video call so we can all eat cake the same time”. This could be related to a type of social capital supported

by geographical clustering which is the case with women in this study. Their ability to invest in positive relationships was also supported with making conscious efforts to call friends and family and “talk” as captured in Humaira’s statement, “I loved talking and reassuring others”. This was facilitated by the use of social media as Amina states, “thankfully we have phones and social media as I would talk daily to my family, and we will always video call on Watts app”. This also points to women’s ability to ruminate with friends and family and appears to have supported positive relationships and resilience during the pandemic. This is similar to the type of behaviour reported in Hildon, Smith, Netuveli and Blane (2008) where participants drew upon social and individual resources in the face of adversity to help in bringing about stability and continuity. This quality of investing in positive relationships may be seen to embody humility and the ability to be vulnerable with one another as Amina states, “my sisters really helps me as there are four of us”. It appears that Amina acknowledged her vulnerability and the need to be dependent in this relational landscape; thus, she accepted support from her sisters.

Some spoke about the importance of their religious community as Farah points out, “community has been brilliant in helping, even when I go to the mosque all the members followed the rules properly. The mosque even used to give out food and do shopping for people who were alone”. She concluded, “we do have a Muslim community who has helped each other”. Saiqa explains in the following extract how they further developed this community resource to support people in understanding the importance of taking the COVID-19 vaccines. She stated, “during the first year we set up a project to help people in the community, like a helpline to communicate through WhatsApp. We then did a project to gather feedback regarding the covid vaccination and we were giving out the information about it”. This type of community spirit described by women arguably supported women’s emotional wellbeing and helped them to maintain a sense of belonging which is also known to promote resilience (Hill, 2006).

Meaning-Making Strengths

The ability to make sense of life situations using held beliefs and values is believed to support resilience during adversity (Applebaum, Kulikowski, & Breitbart, 2015). Most women’s meaning-making was grounded in religious beliefs and teachings. Women’s resilience narratives were told with a sense of certainty and positive expectation in their belief that adversities do not last forever as captured in this statement by Amina. “Bad times come and go, and in Islam, God says that after bad times, good times comes”. Rukshana used a metaphor to convey this belief as she said, “after every storm there is calmness, when something good gets taken away, it’s going to be replaced by something better”. Some expressed

the belief that everything came from God. For example, Humaira, whilst speaking about practices that supported her resilience during the pandemic, stated, “...praying, reading, and believing that everything comes from God really helped me a lot”. Similarly, Halima believed it was a plague as stated in the Quran and that “everything comes and goes as a destiny”. Based on these extracts, it could be argued that relinquishing control of the outcome of an adverse situation could indeed reproduce strength as Kashf stated, “my believe in God made me stronger and to know that God is looking after us”. Nabila, a second-generation British Pakistani woman, on the other hand, drew meaning from her love for nature. Earlier in her narrative, she had spoken about her love for “walking and exploring nature”. Further, she drew upon her attachment to nature to make sense of the pandemic as she states, “I thought it was more of nature, I questioned that more. I thought it was nature’s way of resetting, that was my argument. Eat less, fly less, and consume less”. It is therefore possible that people generally make sense of an adversity from what they identify with and are attached to.

Discussion and Implication for Practice

The aim of this study was to gain an in-depth understanding of the way British Pakistani women speak about resilience during the COVID-19 adversity. It draws upon in-depth narrative interviews with 13 British Pakistani women, aged between 38 and 69. The analysis is grounded in the Resilience Portfolio Model developed by Grych et al., (2015, pp. 346–347). The Resilience Portfolio Model proposes that each individual has a unique “portfolio” of strengths and protective factors which consists of “assets” (regulatory strengths, interpersonal strengths, and meaning-making strengths) and resources available to individuals. Just like many people across the globe, women were impacted by the pandemic in different ways; nevertheless, they employed their assets and resources to maintain resilience. Walking and exploring nature were identified as activities that supported the regulation of some women’s emotions during the pandemic, thus, aligning with previous studies that suggest a positive relationship between walking, the natural environment, and wellbeing (Antonini Philippe, Schwab, & Biasutti, 2021; Saunders, Laing, & Weiler, 2013; Wells, 2021). Another important behaviour identified in this study was women’s ability to continue to engage in practices that supported the maintenance of their faith. The majority of the women devoted themselves to the practice of praying and reading/reciting the Quran. These practices acted as a consistent available protective factor for the women in this study. Studies have shown that such religious practices can promote resilience and wellbeing and should be considered when planning different forms of interventions (e.g. Ab Rahman, Mohd Noor, Kashim, Saari,

Hasan, Pa'ad, & Mohammed, et al., 2020; Borges, Malagris, & de Freitas, 2022; Chew-Abdullah, Olagoke, Ab Razak, Perveen, Pang, Wider, & Abdullah, 2023). It also appears that reciting and meditating on the Quran fostered hope and helped to promote healthy functioning during the pandemic. Thus, practitioners should consider the mediating role of hope and where hope could be drawn from when working with women who have experienced an adversity.

Religious practices and beliefs have been recognised as important drivers in connecting with others (Parekh, 2006; Ysseldyk, Matheson, & Anisman, 2010). The shared practices of praying and reading/reciting the Quran identified in this study promoted positive interpersonal relationships which allowed women to connect with others in meaningful and reciprocal ways. Just like in Theron et al.'s (2023) study, women in this study connected with family and friends during the pandemic through the use of social media. This is similar to what Masten (2001, p.235) described as “ordinary magic”. Women used ordinary everyday tool to strengthen their community resource and resilience during the COVID-19 adversity. This indeed supported the development of a sense of belonging and, in turn, social capital within their community. This type of social capital defined by Putnam (2000, p.22) as “connections among individuals that result in trust and reciprocity” is known to contribute to healthy functioning and wellbeing during adversity (Southwick et al., 2014; Streit, McGinley, & Carlo, 2023; Uekusa & Matthewman, 2022). Women may have exhibited what Putnam called “bonding social capital” which is important in developing and maintaining positive relationships and functions as a resource for effective support among members of a community (Putnam, 2000, p. 23). Therefore, it is possible that women's need for interdependence improved their wellbeing and psychological functioning (Richards, 2022).

Positive interpersonal relationships also supported women's ability to ruminate with friends and family. Although some forms of joint rumination and discussion on adverse events can have negative impacts on a group's resilience (Knipfer & Kump, 2022), Lancaster, Klein, Nadia, Szabo and Mogerman (2015) argue that deliberate rumination can predict posttraumatic growth (PTG). This appears to be the case with the women in this study and may be as asserted by Koopman (2008) that in the interaction with others, and by sharing their lives, women found meaning in life and in their existence. Also, it was found that women's secure attachment to their religious beliefs and teachings enabled them to make meaning of the COVID-19 pandemic. Research has found that meaning-making rooted in religious beliefs and practices produces hope (Theron et al., 2023). Women believed that after a bad season, comes a good season; thus, they persevered with patience. This accords with other research findings that are of the view that religious anchor can provide strength for individuals in difficult times,

especially with regard to sustaining their optimism for life and overall wellbeing (Borges et al., 2022; Chew-Abdullah et al., 2023). Some women in this study also believed that everything comes from God. Apart from using this belief to make meaning of the pandemic, it seems that this disposition served as a coping mechanism. They invariably surrendered control to God (Kaur & Basra, 2022) which according to Chew-Abdullah et al. (2023) releases people of the anxiety associated with the outcome of an adversity. Another finding of this study shows how one woman, a second-generation British-born Pakistani woman, chose an alternative construct to base her meaning-making. She drew meaning from her love for nature which is argued to also be an act of spirituality that can provide a valuable tool for meaning-making (Borges et al., 2022). This differing construct for meaning-making during adversity aligns with the view that individuals base their meaning-making about life events on the identity they use in defining themselves at any given time (Singer, 2004). The women in this study had multiple intersecting identities—British, Female, Muslim, Pakistani, and so on, and it seems that they made meaning through the identity they most associate themselves with and what matters to them the most. This finding points to the need for practitioners to explore this link in their practice in addition to listening to and validating meaning-making narratives. The ability to explore and accord significance to such links could promote engagement and a culturally sensitive practice (Borges et al., 2022).

Taken together, the findings of this study revealed the variety of strengths called “poly-strengths” contained in women's “portfolio” of strengths (Grych et al., 2015, p. 346). These “strengths” seemingly influenced women's ability to thrive during the COVID-19 adversity. Findings also map on well to the idea of the intensity of strengths (Hamby et al., 2018). This is supported by the emergence of religion and faith in all domains of the Resilience Portfolio Model and is the core strengths that appear to hold the most potential in promoting women's overall wellbeing during the adversity. Furthermore, women's secure attachment to their religious identity, maintained through praying and reading the Quran, was crucial in their ability to make meaning of the COVID-19 adversity. Their shared religious identity also promoted positive interpersonal relationships which interacted with the resources within their community to create a sense of belonging known to support wellbeing during adversity (Parekh, 2006).

Conclusions

This study contributes to the growing recognition that a strength-based approach is a powerful avenue not only for understanding and promoting wellbeing after an adversity but also for potentially informing more effective preventative and responsive strategies (Hamby et al., 2018). Findings

support preventative and responsive approaches that are inclusive, strength-based, and culturally sensitive. Findings show that women's assets (regulatory strengths, interpersonal strengths, and meaning-making strengths) worked in tandem with the resources available to them (religion, religious community, friends, and family) to promote their overall wellbeing during the COVID-19 adversity (Grych et al., 2015). This draws attention to the resource-dependent and multi-dimensional nature of resilience, and more importantly, cautions against the location of the burden to be resilient on individuals whilst ignoring the role of intersectional discrimination and structural inequalities in influencing lived experiences, especially that of ethnic minority people (Uekusa, 2018). To this end, policy makers and funders must consider investing in infrastructures that promote personal development, interpersonal relationships, and a sense of belonging in ethnic minority communities. Such initiatives should acknowledge and address the intersectional factors that contribute to the experiences of disadvantage and isolation by ethnic minority women and other members of their communities. Other community groups can benefit from the findings of this study through creating opportunities that increase capacity and promote interpersonal connections that lead to a sense of belonging. Overall, preventative and responsive approaches that combine individual "strengths" and community resources will have greater benefits in supporting the resilience of ethnic minority communities during and after an adversity (Ungar & Theron, 2020).

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Author Contribution NA.

Data Availability UCLanData allows researchers at the University of Central Lancashire to store research data securely and ensures data can be discovered and shared on an open access basis.

Declarations

Ethics Approval This study was performed in line with the principles of the Declaration of Helsinki. Approval was granted by the Ethics Committee of the University of Central Lancashire (Date: 06 June 2022/ No: BAHSS2 0339).

Consent to Participate Informed consent was obtained from all individual participants included in the study.

Consent for Publication The author affirms that human research participants provided informed consent for the publication of their anonymised data.

Competing Interests The author declares no competing interests.

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