Narratives of War: how Somali women story their experiences of war

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To my handsome and beautiful son Osman.

To my mother, friends, colleagues and supervisors. Special thanks to Dr Trishna Patel, Dr Maria Castro, Dr Nimisha Patel, Dr Neil Rees and Dr Kenneth Gannon who supervised this thesis at different stages. Also, thanks to Mohamed Hassan (Alto), Ahmed Yussuf and Asha Mohamoud for their help and support.

To the community of neighbours and all those who believed in me.

To Britain.
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Somali proverb

ABSTRACT

Background:

The literature on refugee experiences of war is problem saturated, viewing these experiences as ‘traumatic’, leading to a range of “mental health problems” including post-traumatic stress disorder (PTSD), and those who experience them as ‘victims’. This is based on Western worldviews and ignores local and community constructions of experience. Resilience theorists provide a relative departure from problem-based constructions of refugee stories but rely heavily on the concept of trauma, privileging powerful medicalised Western worldviews legitimatised by “scientific claims”. Research specifically exploring the narratives of refugees’ first-hand experience of war is scarce.

Methodology:

This research used a narrative analytic methodology from a feminist social constructionist perspective to understand how four Somali women refugees who have not used services in the UK, recount their experiences of war.

Findings:

Participants’ personal injury did not mean as much to them as did their views about shattered Somali identity, loss of belonging, neighbours and community. They linked recovery to mended relationships with God and community and put emphasis on forgiveness and their roles as peace makers and witnesses to gross human rights violations. The conceptual and semantic challenges of these findings to Western culture, based on concepts of self and resilience, are discussed. The implications for psychology practice, research and policy are also explored.
1. INTRODUCTION

The experience of war is thought to lead to a range of severely traumatic experiences, such as feeling that one's life is endangered, witnessing extreme violence, separation from family, and detention in a concentration camp (Dahl, Mutapcic, & Schei, 1998). The impact of war is suggested to continue throughout the journey to safety, when individuals encounter further traumas such as lack of adequate shelter, loss of livelihood, secret escape over borders, sexual and economic exploitation, and risk of capture, torture and death (Bernier, 1992; Mowafi, 2011; Patel, 2003; Patel & Mahtani, 2007; Tribe, 2002). As a result of these extreme experiences, individuals and communities are thought to suffer from prolonged and multiple traumas that can result in illness (Bracken, Giller & Summerfield, 1995; Osman, Klinberg-Allvin, Flacking & Schön, 2016). The current research focuses on refugees, specifically Somali women.

‘Refugee’ is a legal term defined under the Immigration and Nationality Act (2002) as a person fleeing their home country due to a well-founded fear of persecution because of race, religion, nationality, membership of a particular social group, or political opinion.

1.1. Somalis in the UK

According to the Refugee Council (2017), the UK received 6,172 asylum applications, none of them was from Somalia, which contrasts with the preceding years, where refugees from Somalia and Eritrea accounted for one-third of new refugees (UNHCR, 2013). This change may be due to the marked advances in state building and conflict containment efforts in Somalia.

An estimated 90% of Somalis living in the UK live in Greater London; Tower Hamlets, Camden, Islington, Haringey, Ealing, Brent, Newham and Redbridge are the largest areas of settlement (Khan & Jones, 2004; Harris, 2004; Open Society Foundations, 2014; Vertovec, 2007). The latest 2011 Census for England and Wales reported 101,370 people giving their country of birth as 'Somalia', and 51,724

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¹ A deeply distressing or disturbing experience.
giving their ethnic group as 'Somalia' or 'Somaliland'. However, official estimates are thought to be conservative because of the complex histories of forced and voluntary, internal and international migration as well as limitations on data collections and categorisation (Adfam, 2009; Avis & Herbert, 2016; Bristol city council, 2013).

The current inflow of refugees directly from Somalia has dwindled dramatically; new arrivals are ethnic Somalis from other European countries and are thought to re-join their families who were separated by the war (Harris, 2004). Other reasons for those moving to the UK from Europe are better employment prospects, business opportunities, familiarity with the language due to the colonial link, and British multicultural status for those escaping prejudices and discrimination elsewhere in Europe (Change Institute, 2009).

1.1.1. The invisible status of Somalis in the UK

The Somali community in the UK has been labelled by policy makers and service providers as ‘invisible’, ‘uncommunicative’ and therefore ‘hard to reach’ (Harris, 2004; Open Society Foundations, 2014). Yet, these terms contradict how the community sees itself. For example, Harris (2004) mentioned that the Somali community sees itself as research fatigued and overly scrutinised. Yap, Byrne and Davidson (2010) assert that research largely ignores how refugees perceive themselves. They suggest a relationship between social power and the level of access to discourse, where powerful social groups have ‘speaking rights’: through the media and producing academic research, they decide who gets interviewed and who is studied. Refugees’ lack of speaking rights, they add, results in them being oppressed, discredited and stigmatised.

1.1.2. Somali women refugees

One third of people applying for asylum in the UK each year are women (Refugee Council, 2012) and the recent inflow of Somalis is mainly women and children (Harris, 2004). According to the Refugee Council (2012), refugee women are more affected by violence than any other female population in the world, due to the multiple situations of vulnerability in which they find themselves.
Somali women in the UK face high unemployment (39.1%), although this is not significantly different to the unemployment rate for Somali men (Bristol city council, 2013). While linguistic and cultural barriers are cited as limiting Somali integration in the UK, experiences of Somalis in more assimilated cultures such as Denmark suggest that assimilation does not necessarily lead to a sense of belonging or citizenship (Sporton, Valentine & Neilson 2006).

The current study will focus on Somali women refugees; first because Somali refugees form a large section of the refugee population in the UK, particularly in London where the study is located. Second, in spite of this, little is known about Somali women’s experiences of war and wellbeing and they are known to under-utilise mental health services. There is therefore little knowledge with which to inform clinical practice (Bhui, et al., 2006).

Previous research focuses on refugees’ difficulties with little engagement with strengths, inadvertently promoting the idea of refugees as a problem or burden (Hughes, 2013). The challenge for health professionals is how to build on communities’ strengths without becoming overwhelmed by the magnitude of structural difficulties when our historically monoculturally designed systems meet multiculturalism. By investigating Somali women’s narratives of war experiences, I hope that mental health services will be able to achieve their vision of cultural attunement by promoting individuals’ social capital and cultural resilience. I use social capital here to describe aspects of social networks and social support such as relations, trust, and power, as a function of the individual or their geographical location (Kirmayer, Dandeneau, Marshall, Philibs & Williamson, 2011).

However, as mentioned above, there is limited information about Somali women’s locally lived social and political realities that is reflected on psychological processes and the construction of selfhood, as Timimi (2010) argues, the two are interdependent. I will, therefore, attempt to address this vacuum in the following section, by outlining some of the social and political scripts that were available to the post-independence generation to which the research participants belonged.
1.1.3. Somali women in historical context

Somali women’s lives have been influenced by complex, often conflicting social, cultural, and political narratives that are relevant to understanding the stories of the current study. Narrative psychologists suggest that cultural and social scripts available to individuals provide them with alternative stories to resort to in times of high distress (such as constraint from social, cultural and political dominance) and offer an opportunity for future action (White & Epston, 1990). Western scripts about Somali women are dominated by powerful stories of vulnerability due to gender or refugee status, with little space for individual voices to be heard (Hughes, 2013). A closer listening to Somali tradition, allows for counterbalancing such narratives: storytelling plays an important role in African tradition, particularly Somalia where harsh environmental factors and limited resources cause conflict and displacement. Stories are used to transmit important cultural and moral values of personhood between generations (Crossley, 2000). They also provide a way of talking about stressors and change that can enhance resilience while reinforcing social connections (MacDonald, Glode & Wein, 2005). The breakdown of storytelling due to war, displacement and isolation from the culture can therefore threaten wellbeing (Kimondo, 2013).

Somali history tells of women in leadership positions outside of their homes, in the literary, business and political arenas. In business, Fadumo Dahir Afqura (a nurse) grew her family business to make her the richest woman in Somalia. Other prominent women include the Matan sisters, from an affluent background, who gained prominence in literature, particularly poetry, a field that was previously reserved for men. They remained very influential, and some were exiled by the dictator, due to their defiant poetry against the erosion of Somalia’s young democracy after the military coup in 1969. Others include Hawo Tako and Timiro Ukash, anti-colonial activists, and important figures in the Somali Youth League. The latter was accused of murdering a high-ranking official of the Italian administration, and her hundred-day trial and subsequent birth of her first child in prison have attracted media attention in Italy and Somalia.

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2 Initially known as the Somali Youth Club (SYC), was the first political party in Somalia. It played a key role in the nation’s road to independence during the 1950s and 1960s.
During the 70s and 80s, Somalia was not immune from the waves of civil rights influence of this period. For example, the socialist regime was the first in Africa and the Muslim world to pass gender equality laws in 1975, giving equal rights to women in all social spheres (education, politics and family law, especially inheritance). Even though welcomed by the European educated elite, these laws shocked a population that remained largely conservative. The law was coupled with movements to eradicate illiteracy and promote women’s education, allowing Somali women prominence in fields such as security and the military, achieving the rank of Colonel. Somali women continued to pursue success and rights beyond the limits of their immediate environment. This was more evident in the popular culture, where young prominent female artists in the 80s joined with male playwrights turned their back on the social order by publicly rejecting traditional gender roles. Practices such as female genital mutilation (FGM) and child marriage persisted outside the public domain and scripts of gender vulnerability were culturally unavailable. The 1991 collapse of Somalia’s last central government and the ensuing war led to a complete reversal of the gender advances of the preceding years.

In the psychological literature, the role of women during war has been almost exclusively related to victim status (Summerfield, 2000a). However, Somali women have themselves been perpetrators too, participating directly and indirectly in war making. For example, they fed militiamen after battles, raised funds and spread propaganda through performing arts and poetry (Kapteijns, 2012). This is not uncommon in war times, for example Ramanathapillai (2006) showed how ruthless factions among oppressed people such as the Tamil exploited the pain and suffering of the entire group, through the narration of painful stories to create new combatants and a new Tamil consciousness. Historically, Somali women were used in peace-making (Lewis, 2002); participating in clan wars is a new phenomenon particular to the 1991 warfare, and its roots may be linked to the militarisation of society during the dictatorship. The first victims of changing alliances in Somalia’s war were also women, as those who participated in the war became victims fleeing the country at some point.

As the militia disintegrated after the fall of the regime, southern-based forces launched well-planned, concerted attacks from multiple fronts on the civilian population (Kapteijns, 2012). In that population exodus, food became scarce and those who escaped death were caught in a dire humanitarian situation and mass
starvation, prompting the International Committee of the Red Cross (ICRC) to declare Somalia as ‘the world’s most urgent tragedy’ (Peterson, 2001, p 41). As a result, the US initiated operation ‘Restore Hope’ in 1993, which later ended abruptly and violently. Those who made it to supposed safety in refugee camps in neighbouring countries of Kenya, Ethiopia and Yemen, suffered further gross human rights violations, with reported sexual violence and domestic slavery. According to Kimondo (2013), displacement denies women and girls the protection a community usually provides through customs, male kin or legal institutions. Abuse, lack of food, inadequate health care, isolation, and severe emotional trauma result (Cardozo, Talley & Crawford, 2004). Many Somalis went beyond Africa to countries such as the UK, where refugees generally face dehumanisation and discrimination, negative stereotypes and hostility from the media and the general public (Hughes, 2013). Zabaleta (2003) writes of the suffering of refugee women who have lost their professional and personal identity, which is exacerbated by government policies that effectively restrict them to housekeeping and childrearing.

1.1.4. The trauma discourse

As presented in the above sections, Somali women bring with them a complex past, dominated by the struggle for identity and life. Across the psychological literature, such experiences are referred to as ‘trauma’. The term has Greek origin, meaning a piercing of the skin, and was introduced by Freud (1920) to demonstrate how the mind, like the skin, could also be pierced and wounded by experiences (Rassool, 2008). Others see trauma as attacking the meaning of life, destroying a sense of continuity, and inducing madness or a breakup of whatever existed at the time of the trauma (Alford, 2013; Winnicott, 1965c). According to Summerfield (1999), however, traumatisation is widely used to refer to war-induced psychological problems, but there is no consistent definition of the term. Even though this term was developed in the West, it tends to be applied universally and its social and cultural validity is accepted at face value. By consequence, there is a tendency to focus on pathology, with expectations of disjointed lives and social dysfunction (Hutchinson & Dorsett, 2012). However, Summerfield (1999) suggests that the presence of a phenomena in different social settings, does not imply a shared meaning. He adds that not questioning the trauma discourse risks validating

3Subjective negative emotional response to witnessing a distressing or disturbing event/s.
expectations rather than discovering a universal truth. The purpose of the current study is not to find or refute a universal truth, but to stay close to the narratives being told by participants. Nevertheless, I will be reflecting back on the challenges of the trauma discourse in later sections (from page 16 onwards).

Research shows that individuals who have recently emigrated from areas of social unrest and civil conflict are especially prone to developing mental health problems such as anxiety disorders and the diagnostic category of Post-Traumatic Stress Disorder (PTSD)\(^4\) (Cohen, Mannarino & Deblinger, 2017; Knaevelsrud, Stammel & Olff, 2017). Many cross-cultural studies support this (Farhood & Dimassi, 2011; Jaeckle & Georgakopoulos, 2010; Johnson & Thompson, 2008; Murphy & Lakshminarayana, 2006). Research also suggests that age and gender are predictors of mental health difficulties post war (Badri & Van Der Borne & Crutzen, 2013; Kroll, Yussuf, & Fujiwara, 2011; Kronick, 2017; Suarez, 2013), with women more affected than men (Hynie, 2017; Luitel et. al, 2013).

1.2. Literature review

1.2.1. Search terms and exclusion criteria

This review examines literature that is relevant to understanding the experiences of Somali refugee women. The search method was divided into primary research, involving key areas such as war, women, trauma and the UK Somali population. Psychology, psychiatry, sociology and anthropology databases were searched using PubMed (including CINAHL, Medline and PsycINFO) and SCOPUS using the following keywords: women, gender, female, war, war-torn, conflict, battle, war zone, mental illness, mental health, trauma, psychological distress, psychological wellbeing, post traumatic growth, resilience, coping, protective, Somali, Horn of Africa and East Africa. Thirty-eight peer reviewed articles were retrieved from scholarly journals, none of which involved Somali refugee women in the UK, but ten of which are reviewed for comparison with refugees of other ethnic groups and gender. A further search using Google Scholar retrieved nine scholarly books and papers, also

\(^4\) PTSD is a clinically-diagnosed condition listed in the Diagnostic and Statistical Manual of Mental Disorders DSM-5 as an anxiety disorder caused by very stressful, frightening or distressing events. Someone with PTSD often relives the traumatic event through nightmares and flashbacks, and may experience feelings of isolation, irritability and guilt.
reviewed here since they retrospectively evaluated the impact of war. Much of the current knowledge about refugee women's responses to wartime trauma is derived from research using psychiatric constructs such as PTSD. In this review, I will not change the medicalised language used by the authors, but I identify several critical issues on pages 16-24.

A secondary search explored areas that are important to understanding the primary literature and the rationale for the current study, such as self-concept, selfhood, personhood, self-esteem, self-worth, self-image, autonomy, agency, individualistic cultures, collectivists cultures, shame, culture and oral traditions.

1.2.2. Reviewing the literature

1.2.2.1 Generic literature on war and mental health

The literature shows a connection between mental health and war, though it is hard to separate the experience of war from other variables. For example, Steel et. al. (2009) carried out a meta-analysis of 181 studies involving 80,000 refugees and found that witnessing and surviving violent war atrocities leaves many refugees with significant symptoms of psychological distress, including PTSD and major depression. However, huge variation in the rates of PTSD and depression (0%-99% and 3%-85.5%) was described, suggesting inter-survey variability. The authors added that methodological factors accounted for 12.9% and 27.7% of PTSD and depression respectively.

Bhui et al. (2006) used a culturally adapted MINI Neuropsychiatric Interview to assess ICD-10 mental disorders among 143 Somalis recruited from GP registers and community sites in London. They also looked at the associations with demographic and economic characteristics, sampling venues, cultural and migration related risk factors. The study found a higher risk of mental disorders among Somalis who used khat, a plant based stimulant, those who had sought asylum in the UK, and recruits from primary care rather than from community sites. A lower risk of mental disorders was found amongst Somalis in employment, and those educated in the UK and Somalia. Thirty-six percent of participants had no mental health problems; 33% and 40% met the criteria of mental disorders and PTSD respectively.
Molsa et al. (2014) compared the mental and physical health of 128 Somali refugees between 50-80 years of age with Finnish natives, pair-matched by gender, age, education, and civic status. The authors used standard instruments to measure depression, psychological distress, health-related quality of life, sleeping difficulties, somatic symptoms and somatisation, hypochondria, and self-rated health. They found that exposure to traumatic events before immigrating to Finland was associated with higher levels of mental distress and poorer health status, health-related quality of life, and subjective quality of life among Somalis. However, this study relied heavily on psychometric testing, which may not be valid when used on Somali refugees who are from oral traditions and those with less education (Ellis, Murray & Barrett, 2014). Additionally, norms and cut-off scores may be unavailable for this population (Hughes, 2013).

Priebe et al. (2013) assessed the long-term mental health consequences of war in refugees eight years after the war in former Yugoslavia. They found that psychological symptoms in refugees remained high many years after the war. The authors used psychiatric tools to assess trauma-related psychological symptoms and found that paranoid ideation and anxiety were the most severe symptoms in the sample. The authors found that older age, various specific war experiences, more traumatic experiences after the war, migration stressors and temporary legal status in the host country were all positively correlated with higher levels of both general psychological and post-traumatic stress symptoms in both samples.

### 1.2.2.2. Specific literature on war and women

Generally, evidence suggests that men are more likely to be exposed to traumatic events than women but that women experience higher prevalence of PTSD and psychiatric disorders (Murphy & Lakshminarayana, 2006; Norris, Foster & Wieshaar, 2002).

Schmidt, Kravic and Ehlert (2008) carried out a quantitative study on the impact of

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5 Similar symptoms to PTSD experienced immediately after the distressing event. The only difference between PTS and PTSD is the intensity and the duration; PTS is seen as a normal reaction to adversity. PTS symptoms should subside a few days after the event and won’t cause any prolonged meaningful interference with one’s life.
exposure to war on psychological adjustment of Bosnian women. They compared PTSD and self-concept in refugee women (n=29) with women who were internally displaced persons (IDP; n=26) and settled women (n=32). The investigators collected data using the Bosnian Trauma Questionnaire and four scales assessing self-esteem, perceived competence, externality of control attribution, and persistence. The authors found that IDPs scored significantly higher on PTSD symptoms and lower on self-esteem and that level of education most strongly predicted PTSD symptom severity, followed by the type of displacement, and exposure to violence during the war. Refugees had more positive adjustment than IDPs: 10% of refugees met the criteria of PTSD, compared to 73% of IDPs. These results support previous findings stating that, in the long run, refugees show better mental health than IDPs, and that witnessing violence is a traumatic experience strongly linked to the development of PTSD symptoms. However, this study has many methodological issues: it was not a longitudinal study neither it involved repeated groups. Additionally, it is difficult to control for factors such as mental status prior to war and contextual difficulties.

Badri, Crutzen & Van den Borne (2012) explored the association between war-related exposure and PTSD symptoms amongst a sample of 123 Darfuri female university students in Sudan. Darfur experienced deaths of hundreds of thousands and the displacement of around three million civilians. The authors used an adapted version of the Harvard Trauma Questionnaire (HTQ) and also assessed war-related exposures and PTSD symptoms. Approximately 42% of participants reported being displaced and 54% experienced war-related traumatic exposures as victims or witnesses. There was a strong association between experiencing war-related trauma and the full symptom of PTSD.

Kimondo (2013) used narrative enquiry to investigate Liberian refugee women’s accounts of the effects of war on motherhood. She suggested that one major effect of displacement by war, and subsequently living in a refugee camp, is the disruption of social, cultural, economic and legal institutions of communities, which affects their experiences of being women and parents. However, the study involved four participants, which limits generalisability.
1.2.2.3. Difficulties in the literature on war trauma and mental health

1.2.2.3.1. The de-contextualisation of individuals

The trauma discourse, as in the above studies, seems to amplify the experience of war, obscuring the overall impact of social inequalities. This impedes the development of a theoretical understanding of refugee experiences, particularly in women and war (Summerfield, 2001; Yule, 1992). According to Kleinman (1980), the medicalisation of trauma tends to transform politicised refugee experience into a series of micro, medicalised experiences, inappropriately disconnected from the wider contexts of their creation and the political commitment required for their resolution. However, as shown in the literature review, a combination of experiences of injustice and violence in their home countries, severe post-resettlement stressors, family trauma and loss, and vast differences in culture of host countries, can lead refugees to develop persistent psychological and physical sequelae that are challenging to engage and treat through standard health services settings (Alegria, Vallas, & Pumariega, 2010). In some cases, daily challenges were found to mediate psychosocial outcomes more directly than trauma did (Araya, Chotai, Komproe & de Jong, 2007; Ellis, Lincoln, MacDonald, & Cabral, 2008; Farhood & Dimassi, 2011; Rasmussen 2008; Schweitzer, Robert, Steel & Zachary, 2008). Nevertheless, research from this knowledge base has some utility. For example, in documenting the nature, extent, and impact of human rights abuses on refugees, and in acknowledging vicarious traumatisation in mental health professionals (Finklestein et al., 2015). Others suggest that the biomedical model usefully presents victims as survivors who need specialised care and support (Schweitzer, Robert, Steel & Zachary, 2008). At times, however, a dominant Western model of deficit that defines refugees as ‘traumatised victims’ overshadows survival (Hutchinson & Dorsett, 2012; Papadopoulos, 2001; Patel, 2013). Additionally, Schweitzer, Melville, Steel and Lacherez (2006) showed that only a minority of their participants were concerned about mental health, and their research was unable to capture the mechanisms that led to high levels of wellbeing in that group. These authors suggested that the failure to capture person-centred refugee experiences is due to methodological, ethical and diagnostic challenges, some of which will be outlined in the following paragraphs.

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6 Emotional residue workers with trauma affected individuals experience as a result of hearing the stories of trauma and becoming witnesses to the pain, fear and terror experienced.
The standarised instruments used in quantitative research rely on assumptions that endorse a Eurocentric ontology and value system; at the heart of these is the diagnosis of PTSD (Bracken, Giller & Summerfield, 1995; Ibrahim & Hassan, 2017). It has been suggested that DSM-IV and ICD-10 lack validity and that the symptom cluster identifying specific categories overlap greatly (Boyle, 2002). Concerns have also been raised about the broader societal consequences of PTSD diagnoses, such as pathologising normal psychological reactions to distressing situations (McHugh & Treisman, 2007). Additionally, trauma discourses perpetuate stereotyped beliefs about culturally diverse people from refugee backgrounds into a singular needy identity, lacking resilience and self-determination (Hughes, 2013). Focussing on pathology and vulnerability may lead practitioners to overlook strengths, skills, coping mechanisms and the human capacity to negotiate and survive human rights abuses (Papadopoulos, 2001). Furthermore, according to Ussher (2011), the diagnosis fails to encapsulate the experiences of historically marginalised groups such as women by endorsing the superiority of a particular masculine truth that deviates from the material inequities inherent in women’s lives, while legitimising the drug companies who profit from biochemical cures.

The socio-political context of research also raises ethical dilemmas, particularly when considering the hostile political environment in which the rights and needs of refugees are often misinterpreted and devalued (Hughes, 2013). This point is highly relevant to the current research in the current political climate, with the revival of far-right ideas that incriminate refugees by virtue of seeking refuge in a foreign land. A sense of suspicion and madness meets refugees on arriving in the UK, where their safety-seeking journey is named as “asylum” seeking, a word that has been associated with fugitives and mental health institutions in Greek and English languages. Traditionally, people with mental health problems attracted indignation, condemnation and marginalisation (Bentall, 2003) and associating refugees with asylum might produce a similar response. Further, the policy language of “detention” and “dispersal” criminalise the efforts of people searching for better and safer lives. Home is sacred in the English culture (Cieraad, 1999) and proverbs such as ‘no place like home’ may condemn leaving as unnatural; similar idealising proverbs in Arabic and Somali cultures exist. In the UK, further linguistic differentials between voluntary and involuntary, genuine and bogus asylum seekers, appear as human rights movements confront societies (Patel, 2003).
Yet, it seems that migration has been a ‘natural’ alternative for all kinds of species, in pursuit of needs for food, safety, education, shelter, and freedom. These dominant social discourses can position refugees as disloyal and their leaving as illegitimate, despite evidence of the dire human rights situations that force many to risk their lives in search of a better life. Foucault (1980) describes how the prevailing social discourses and power structures in society shape relationships, and it is in this context that it is important to reflexively declare and monitor my own position as researcher in relation to refugees.

1.2.2.3.3. Controversy surrounding cultural translation of emotional states

The application of the PTSD diagnosis, commonly used in war context, to refugees from non-western societies is controversial (Chakraborty, 1991) because the meaning and construction of emotional states varies across cultures (Ibrahim & Hassan, 2017). Many emotions commonly described by Western cultures such as anxiety and shame, have no linguistic equivalent in other cultures. Ussher (2011) suggests that if there are no emotions outside of language and culture, the same is logically true of psychopathology as, like emotions, cultures vary in the meanings they impart to the experience of illness and distress (Kleinman, 1980). The definition and acceptability of certain experiences such as aggression, hallucinations and delusions differ between Western and non-Western cultures. Indeed, even though there is no literature on shame in Somali culture, I am aware of it being a positive characteristic to possess, one of strength and a source of pride, compared to an undesirable trait and symptom of an illness in Western cultures; this is similar in Chinese culture (Kim, Young & Hwang, 2006).

Other research has shown that Somalis have a distinct way of conceptualising mental difficulties, rooting them not in innate individual vulnerabilities, but within social discord of poverty, homelessness, devastation of war and separation from family (Loewenthal et al. 2012). Equally, coping styles are also influenced by culture; Asian American groups tend to not dwell on upsetting thoughts, believing that reticence or avoidance is better than outward expression, and emphasising suppression of affect and self-reliance (Kleiman, 1980). This conflicts with a Western construction of avoidance as a maintaining factor in psychological problems such as anxiety disorders including PTSD (Fernando, 2002).
1.2.3.4. Trauma and the concept of resilience

The concept of resilience has received attention over the last 40 years, and provides a construction of refugee experiences that is less problem-saturated (Luthar, Cicchetti, & Becker, 2000). According to Papadopoulos (2007), resilience is the ability of individuals to endure adversity and emerge with pre-existing positive qualities intact. Positive adaptations are suggested to be employment and academic pursuits (Fletcher & Sarkar, 2013). Traditionally, there has been a tendency to assume that negative life circumstances inhibit positive adaptation; however, there is evidence that people with some history of adversity report better mental health outcomes than people with no such history (Seery, Holman, & Silver, 2010; Updegraff & Taylor, 2000). Some authors have suggested that positive adaptation has also been defined from a Western viewpoint (Ungar, 2011; Ungar & Liebenberg, 2011), which is important in the context of refugees’ experiences, for whom access to education and employment can be limited due to structural barriers; thus, finding other measures of positive adaptation may be necessary.

Additionally, in the psychological literature, the approach to resilience is individually centred, and the lack of sensitivity to social and cultural contexts, including interaction with others and the environment is equally problematic in refugee populations (Kirmayer, et al., 2011). Kirmayer, et al. (2011) investigated the indigenous aboriginal communities of North America, who were undergoing radical changes, displacements and reconfigurations in response to colonisation. The authors argue that people are social beings, living usually in groups with social norms and values through networks and socialisation. The oral communities in North America use storytelling, metaphors and models to reinforce aspects that allow them to face, live with, manage and overcome challenges. Even when community resilience is incorporated into definitions of resilience, MacKinnon & Derickson (2012) argue that the concept remains flawed as it fails to account for structures inherent in the global capitalist system that expose people to vulnerabilities, such as inequality in the distribution of wealth. They add that this defers responsibility to individuals and communities ‘to further adapt to the logics and implications of global capitalism and climate change’ and to develop ‘responsibility without power’ (Peck & Tickell, 2002: 386). The question of what kind of communities and social relations we want to create is masked (Swyngedouw, 2007: 266). MacKinnon and Derickson (2012) introduce resourcefulness (as opposed to resilience) suggesting
that its focus on envisioning alternative social relations built on the principles of social justice and inclusiveness, and paying attention to the uneven distribution of resources within and between communities, maintains an openness to the possibility of community self-determination and independence through local skills and folk knowledge.

In terms of refugee communities affected by war such as the Somalis, the concept of community resourcefulness can be undermined by the experiences of war itself and the absence of repentance narrative required for forgiveness within the folk knowledge impacting on the ability to form within and between community relationships. Hughes (2013) suggests that the main purpose of forgiveness is the re-establishment of a relationship broken by wrongdoing, and requires a moral reassessment of the wrongdoer by the victim. In the Somali context, the so-called forgiveness between faction leaders during peace processes was confused, as Alfrod (2013) puts it, by seeking power instead of reunion. Repentance is central to forgiveness, and the lack of an elaborated narrative on one's offence and its effect on the victim, which is central to repentance, makes it difficult for the community, especially for those who feel they have been wronged, to give up anger.

1.2.2.3.5. Western psychology and the self-concept

Similar to diagnostic categories, the concept of self that underpins Western psychology has also been criticised. The self is defined as the knowledge, feelings, and attitudes we have about our uniqueness and functioning (Argyle, 2017) and according to Summerfield (1999), is the single most important unit of study around which individual development revolves. This unified self may be divided into many measurable components that change as the person encounters unique experiences across the lifespan. These components include the sense of being distinct from others (the existential self); the sense that one is an object in the world (the categorical self); the self-image or the subjective perception of oneself; self-esteem; self-worth and ideal self – what one aspires to be (Argyle, 2017; Rogers, 1959).

In their trauma theory of shattered assumptions, Janoff-Bulman (1992) and Janoff-Bulman & Frieze (1983), argue that individuals have three fundamental assumptions: the world is benevolent, the world is meaningful, and the self is
worthy. These core assumptions enable individuals to understand a world that otherwise can be chaotic and overwhelming, while providing a sense of safety and self-worth. The theory suggests that trauma disintegrates these beliefs and that people resort to self-blame in an attempt to accommodate brutality. This leads to depression and anxiety, and their resolution is dependent on the ability to restore these beliefs (Lazarus, 1993).

However, the concept of self is contested, and cultural differences in self-construal necessarily foreclose the psychological processes believed to be implicated in trauma models (Jobson, 2009). Individualistic cultures promote the self as independent and emphasise self-reliance and competitiveness as opposed to collectivist non-western cultures that promote group membership and interdependence (Dwairy & Van Sickle, 1996; Eshun & Gurung, 2009).

Social constructionists propose a different understanding of the self that is fluid and inextricably dependent on language and cultural structure (Crossley, 2000). The narrative perspective, for example, suggests that the self is intrinsically connected to temporality, interactions with others and, ultimately, morality (Taylor, 1989). Ricoeur (1991) adds that coherence is achieved through the process of autobiography; trauma is thought to disrupt and disconnect the sense of time and identity, but individuals engage in rebuilding them through story telling (Crossley, 2000). Story telling is central to communal dialogue, drawing together a series of events in order that they make sense in relation to one another (Carr, 1986). In this way, Carr (1986) argues, the self is constituted through ‘webs of interlocution’ in a ‘defining community’ without which one could experience incoherence.

Kanagawa, Cross and Markus (2001) suggested that the need for self-consistency after a traumatic event is culturally variable. For example, Suh (2000) claims that internally coherent self-identity over time is required in independent cultures where the individual rather than the situation is the anchor for behaviour, thoughts, and feelings.

Suh adds that the decontextualised individuals in such cultures will need to employ internal sources to guide behaviour and drive its meaning and purpose in repairing the self. This is not the case in interdependent cultures where the self is an extension of the group and thus concepts such as self-worth, self-esteem and self-consistency
are derived from group membership and group comparison (Tajfel & Turner, 1979). This is important in the Somali collectivist context, where the oneness of Somali culture, language, religion and the community were privileged. For many decades, there has been a struggle to unite Somali people who do not reside within a Somali border (Saalax, 2009). Civil war, therefore, may be interpreted as a rejection from the group with a profound impact on the wellbeing of individuals, given the collectivist background.

Somasundaram (2010) researched the impact of war on the Tamil community and found a focus on the collective explained how family, social support networks, relationships and a sense of community were pivotal protective factors for the individual. The researcher argues, since the boundary between the self, individual identity and the collective identity are blurred in the traditional Vanni collectivist culture, the family comes together in solidarity during times of traumatic experiences, to face the threat as a unit and provide mutual support and protection.

1.2.2.3.6. The notion of power and the ‘psy’ professions

The operation of power within individuals’ lives is an overlooked issue in the ‘psy’ professions (Afuape, 2011). The term ‘psy’ professions was used first by Foucault (1977) as a collective term to refer to psychiatry, psychology, psycho-analysis and other psychotherapies – describing them as a form of social control. Foucault (1977) suggested that for a long-time public scrutiny was reserved for the elites, however, as new forms of government were introduced new techniques to shape, and control the population at large appeared. He suggested that these professions became charged with producing the kind of populations liberal democracies want. ‘Psy’ professions, as Foucault (1988; 1994) puts it, are power instruments that are concerned with getting the population to behave in a certain way without the use of direct physical violence and, preferably voluntarily, because they have to come to believe these behaviours to be true and good.

Power is important to the participants of this research. As Hughes (2013) suggests, refugees spend most of their lives in a struggle for identity, and that necessitates particular attention to power. According to Prillentensky and Nelson (2002), power refers to the capacity and opportunity to fulfil or obstruct personal, relational or
collective needs. They distinguish between power to strive for wellness, power to oppress, and power to resist oppression and strive for liberation. The exercise of power can apply to self, others and collectives. Afuape (2011) examines power in poverty, describing it to be society’s most pervasive manifestation of power as a form of oppression and its ‘greatest crime’ (p. 24). She further says that it is difficult to work in mental health services without coming face-to-face with the disastrous consequences of social deprivation.

Women, she adds, are particularly vulnerable as they are more likely to live in poverty, and that the true extent of their poverty is hidden. Skin colour complicates access to resources in the world, as according to Afuape (2011), societal discourses of racism and misogyny make it harder for the world population to break the cycle of poverty. She argues that the darker the skin, the more likely one is to be exploited by powerful white nations, and within countries such as Brazil, the more likely one is to die from violent deaths, the less likely one is to go to university and the poorer one is likely to be. Discourses, she proposes, are the processes of interaction between people and the products of these interactions. Bur (2015) adds that discourse constructs meaning, shapes behaviour and upholds structural inequality. For example, Afuape (2011) asserts that stereotypes about the violence of black men legitimise their social exclusion, while stereotypes of women as sexual objects legitimise sexual exploitation and violence towards women and children. She argues that meaning-making and control over language are important resources held by those in power. Even though there is evidence linking social deprivation to psychological distress, this is largely ignored by the ‘psy’ field, as is the effect of abuses of power such as domestic violence, child sexual abuse and torture. Therapy itself, Afuape argues, upholds the interest of dominant social groups by influencing people to accept and fit into pre-existing norms of acceptable behaviour. The role of the therapist therefore becomes one of enforcing compliance rather than change or challenge.

This is based on a view of people as autonomous, with responsibility to make themselves feel better despite limiting social structures, and the work is therefore to help them develop personal agency. Such a world view is culture- and place-specific, and hence is divorced from the collectivist world view to which the current research participants belong. The risk is to assume that individuals who don’t subscribe to such a view have little agency and are unable to reflect in a way that is required for psychotherapeutic intervention.
Power, as defined above, is relevant to the participants of the current research as they are black women Muslim refugees. These identities mean that many forces hold the power to define them, construct their life stories, determine their needs, and render them voiceless. Even though I share the above identities, I also belong to a ‘psy’ field that has historically constructed and promoted Western ideas about the kind of knowledge and truths about distress and cure that may be considered valid.

At this stage it is important to consider and identify policies and guidelines that inform psychologists’ work with refugees and asylum seekers in the UK; for working with interpreters; and for treating complex post traumatic disorder.

1.2.2.3.7. Guideline for psychologists working with refugees and asylum seekers in the UK (BPS, 2018)

The aim of this guideline is to equip individuals, organisations and communities with the knowledge, skills and understanding they require to intervene in the complex refugee context. The document acknowledges that arrival in the UK is not usually the end of individuals’ difficulties yet recognises the strength and resilience refugees have shown by fleeing their country of origin and making their way to the UK. The guideline looks at pathways to care and attends to barriers to access such as anxieties about dealing with government agencies and stigma. It puts much emphasis on using clear language and interpreters in order to make individuals feel valued.

The type of community support refugees require is often assumed without consultation with the refugee population. The guide recommends that psychologists build partnerships with community organisations and regional co-ordinators, who will be able to contribute to information for managers, commissioners and funders.

Besides recommending evidence-based interventions for assessment and treatment of refugees, the guideline also privileges intersectionality: the need to avoid treating refugees as a homogenous group and to provide specialist support sensitive to race, gender and sexuality.
The guideline perhaps paints refugees as a challenging group, vulnerable by virtue of their status, and with significant and complex health needs; a view that justifies the call for special treatment. The authors mention, however, albeit towards the end, that the prevailing assessments of needs are loss-focussed, which can inadvertently reinforce a ‘victim identity’. They argue that this can lead to a view of the individual as passive and without agency. The authors make a distinction between individuals undergoing adverse circumstances and a ‘victim identity’.

However, I would like to argue for a distinction between being a ‘victim’ and being a ‘problem’ or being considered ‘vulnerable’. The victimhood identity is as problematic as being seen as challenging (Tribe & Patel, 2007).

1.2.2.3.8. Working with interpreters: Guidelines for psychologists (BPS, 2017)

Generally, working with interpreters can increase psychologists’ knowledge of wellbeing, idioms of distress, explanatory health beliefs and world views (Tribe & Lane, 2009). The guidelines consider interpreting from the point of contact, during, and beyond the therapy session. They note that subtle cultural meanings may be difficult to translate, and call for caution in using psychometrics due to issues of validity and reliability.

Of particular importance to refugees from Somalia is the suggestion of matching individuals by country and dialect, whilst considering that some service users may prefer to work with a foreigner who speaks their language, rather than from their country of origin. This is because they may have experienced torture or discrimination from other Somalis. They may also come from a close community where they fear their affairs will be known to others.

The guidelines attend to the emotional needs of interpreters, who may have encountered circumstances similar to the service user, and could experience vicarious trauma as a result of their involvement.

The guidelines are comprehensive in their main focus on language as a medium to access important psychological knowledge. It doesn’t subscribe to the prevailing victimhood discourse, instead empowering service users by giving them choices, while considering interpreters as equally important in the working relationship.
1.2.3.9. Guideline for the treatment and planning of services for complex post-traumatic stress disorder (CPTSD) in adults (Psychological Trauma Society, 2017)

This guideline highlights that CPTSD is not yet a formal diagnosis, while considering similarities between CPTSD and PTSD. There is a further overlap between CPTSD and diagnoses of borderline personality disorder (BPD), emotionally unstable personality disorder and dissociative disorder.

The guideline is based on a bio-psychosocial approach and therefore attends also to physiological changes in people with CPTSD. Additionally, it notes a correlation between CPTSD, repeated childhood trauma, mental health difficulties, and likelihood of social and forensic problems. The guideline presents evidence based phased psychological interventions for treating CPTSD. It suggests that treatments must address cognitive, affective and sensorimotor domains, and suggests narrative exposure, CBT, compassion focused therapy and dialectical behaviour therapy. The guide relies heavily on prevailing psychiatric norms, and shows that diagnostic categories overlap greatly, with no meaningful distinctions (Boyle, 2002). It can be argued that treatments linked to these diagnoses, therefore, depend on individuals accepting these norms and approaching services for treatments. However, Somali refugees under-utilise services, suggesting a lack of knowledge of available treatments, or a mismatch between worldviews of the causes, courses and consequences of mental ill health (Bhuei, et al, 2006). Indeed, studies show that Somalis have a different language for mental health problems, and what they consider effective ways of dealing with them is shaped by the community’s historical, cultural and social contexts (Pratt, et al, 2016).

1.2.3.10. Recent developments: The power threat meaning framework (BPS, 2018)

A group of psychologists developed a framework to move the profession away from its over-reliance on psychiatric diagnosis, and the over-attention to the individual’s innate characteristics, seen as inadequately responding to external stimuli. This results in questionable labels that are blaming, individualising, stigmatising and hard to get rid of (Patel, 2003).
The framework is a new way of conceptualising why some people experience varying distress, confusion, fear, despair and troubled or troubling behaviour, without conforming to established psychiatric beliefs. It examines how the misuse of power threatens individuals, the meanings people make of these threats, and the responses people develop to manage these threats. It recommends that we look at how messages from wider society can increase people's feelings of shame, self-blame, isolation, fear and guilt. The framework links meaning-based threats, like betrayal, abandonment and physical danger, with meaning-based responses, such as hypervigilance, self-injury and rituals. It places them in the wider context of power and ideology, to identify broad patterns organised by meaning rather than biology. It suggests that such common patterns are culture-specific and that people are likely to show them in response to certain kinds of threats, such as being excluded, rejected, trapped, coerced or shamed. These patterns can help promote acceptance and validation and assist in designing services that meet people's real needs, while suggesting ways of accessing support and resources that do not depend on diagnosis.

By posing questions in a different way, the authors aim for stories or narratives that integrate reactions that are currently regarded as symptoms, with alternative narratives that consider causatory factors such as poverty, discrimination and inequality, rather than merely diagnosis. The framework offers a new perspective on distress that takes us beyond the individual, showing that we are all part of a wider struggle for a fairer society.

The framework is in its early stages and it is hard to predict how this will shift how individual’s stories are conceptualised within the wider systems. However, for the participants of the current research, it offers an opportunity to examine the role of power on political and societal levels, and within families and communities, and places their survival stories, reactions to their experiences, and skills they have developed on an equal footing to the difficulties they have faced.

1.3. Summary

It is well established that trauma can cause disruption to all aspects of life, and that a wide range of intense emotions and reactions ensue in the aftermath of traumatic
events. This is compounded by problems encountered during the journey of displacement, and difficult experiences in host communities.

There is a long-standing tradition in the ‘psy’ professions and amongst policy makers that, regardless of culture and context, exposure to traumatic life experiences is sufficient to cause PTSD and other mental health problems (Litz, 2014). The author also suggests that this approach has attracted criticism, arguing that it leads to a one-size-fits-all style approach to the care of victims of trauma and loss. Additionally, there is a tendency for such narratives to push a ‘victim identity’ onto refugees, one which sees them as lacking agency and control over their lives. These narratives overlook refugees’ strength, resilience, resourcefulness and survival skills enabling them to cope with and overcome extreme adversity (Hughes, 2013). Moreover, it can deepen the sense of learned helplessness experienced by refugees, which worsens suffering and psychiatric morbidity (Almoshmosh, 2016). For example, the author suggests, depression and other mental health problems may result from a perceived absence of control over the outcome of a stressful situation.

Unfortunately, psychological literature on trauma is often based on the above understandings, medicalising normal reactions to extremely negative events such as war and ignoring the impact of social exclusion, discrimination and isolation resulting from the break-up of family and support networks (Patel, 2003). It also reinforces an idea that distress may only be alleviated with therapy and medication. Psychology policies and guidelines offer treatment options that stem from this. Generally, there is a lack of research on refugees’ experiences, particularly women’s narratives, and the current narrative research question laid out below is an attempt to address this. Such narratives can provide an understanding of the meaning women ascribe to their experiences and the resources they draw on to enable them to survive and rebuild their lives.

**1.4. Rationale and aims of the current study**

Despite the increasing number of Somalis in the UK, particularly women, research into their experiences of war is scarce. It is known that Somalis in the UK underutilise mental health services, but little is known about their psychological needs (Bhui, et al., 2006; Harris, 2004; Khan & Jones, 2003; McCrone et al, 2005). Additionally, this group often lacks employment, an identified indicator of positive
adaptation and enhancer of mental health and wellbeing (Institute for Public Policy Research, 2007; Leibowitz, 2010; Luthar, Cicchetti & Becker, 2000; Masten & Reed, 2002).

Moreover, there is little empirical research focusing on the narratives of Somali women who experienced war prior to settling in the UK, but who have not accessed mental health services. The aim of the research is to contribute to the growing theoretical knowledge related to psychological work with refugees, particularly women from Somalia, and to inform how services might address their mental health, psychosocial and resettlement needs.

1.5. The study will answer the following question:

How do Somali women story their experiences of war.
2. METHODOLOGY

2.1. Epistemology

The proposed research takes a post-modernist social constructionist stance, contending that reality does not exist outside of social context, which shapes it and gives it meaning (Ekdawi, Gibbons, Bennett & Hughes, 2000). Knowledge generation is seen as a modelling process that comes to us through other similarly constructed models, and refers not to an independent world “out there”, but to our own constructing processes (Bur, 1995). This conceptualisation stresses the ongoing mass building of worldviews by individuals in a dialectical interaction with society within a time, a social narrative, and a discourse rooted in consensus (Galbin, 2014). I particularly lean towards the narrative paradigm, which focuses on how individuals tell their stories, and sees these narratives as fluid, co-created through interactions and language; some of these stories are dominant while others are not (White & Epston, 1990). Moreover, I am using a critical realist ontology within the social constructionism epistemology, viewing the data I collect as informing but not directly mirroring reality. As such, there is a need to go beyond the text by situating accounts in their wider contexts (Harper, 2011). The current study involves a historically subjugated group, and I feel that in order to do justice to the data, it is important to account for cultural and historic aspects. Additionally, because the topic under investigation is war between different tribes, participants may not be aware of factors informing their experiences such as which side they belonged to, their earlier cultural beliefs and family history (Harper, 2011). According to Harper, adapting a social constructionist epistemology to a critical realist ontology may create inconsistency and selective relativism. Problematising some phenomena in the analysis and leaving others unproblematised has been referred to as ontological gerrymandering (Woolgar & Pawluch, 1985). Nevertheless, Reissman (2000) suggests that all research is potentially subjective and therefore it is important to declare the choices researchers make.

Even though my particular stance is social constructionist, I am intending to situate participants’ narratives within the mechanism of gender and power. I will draw on third wave feminists’ theoretical perspectives that go beyond civil rights, to challenge the structures of oppression by retelling women’s stories through the eyes of women (Andrews, 2002; Fine, 2012; Henwood & Pidgen, 1995).
However, I am aware that Somali culture, as I experience it, is patriarchal in nature and that some participants may not share my own views of women’s oppression. It is therefore important to attend to the issue of difference and power imbalance between myself and participants, committing myself, to the best of my ability, to the integrity of the expressed viewpoints and the cause of feminism, which will involve re-examination of my own understanding of meaning and location in this process (Andrews, 2002). The latter will be discussed in more detail in the reflexivity section (see Appendix 1).

2.2. Reflexivity

My epistemological position means that I begin this journey with a set of beliefs about the nature of research. I take the position that the process of engaging with the literature, the kind of questions I asked, the places the project took me to, the knowledge produced and the style of writing were all flavoured with who I became in each stage of the research and beyond. I am a trainee clinical psychologist, who came to the UK 26 years ago as a Somali refugee, and my choice of topic was due to an underlying desire to learn more about the subject in which I had long-standing professional, academic and personal interest. Throughout the years, I worked with the Somali community and other minority groups in different capacities and have developed an interest in issues related to social justice. As a psychologist, I believe that human affect and behaviours can only be understood in their social and cultural contexts, and in order to alleviate distress, that we need to participate in the wider movement for social change. As a result, I am committed to contributing to the growing knowledge in this field. I am aware of the impact of these experiences on my role as a researcher, as I am not a neutral observer (see Appendix 1 for full reflexivity). According to Ruby (1980), the process of reflexivity is an attempt to identify, do something about, and acknowledge the limitations of the research. Willig (2008) suggested two types of reflexivity, personal and epistemological, which I accounted for. Personal reflexivity involves reflecting upon the ways in which our own beliefs, experiences, political commitments and social identities have shaped the research, and how the research may have affected us.

Epistemological reflexivity encourages us to reflect upon the assumptions that we have made in the course of the research and their implications for the research and
its findings. I kept a research diary, where I recorded my thoughts and feelings on my research journey.

2.3. Narrative methodology

The current research question is ‘How do Somali women story their experiences of war?’ I feel the best way of addressing this question is by adapting a narrative methodology, which will provide rich information about how participants view their personal experiences and how these link to trauma discourses.

Narrative methodology is a qualitative method that investigates the perception and meaning of events, rather than trying to obtain an objective account of what happened. Unlike other qualitative methods such as discourse analysis, a narrative approach focuses on story telling itself, and offers no automatic starting or finishing points, no overall rules about suitable materials or modes of investigation, nor the best level at which to study stories (Andrews, Squire & Tamboukou, 2013). This lack of rules offered me a degree of freedom and flexibility. I feel that this approach resonates with the culture I share with the participants, in which story-telling plays an important role in rallying people around social and cultural ideas, laying foundations for present and future actions. Narrative analysis helps me to examine issues of self-presentation in an overall way, which grounded theory and discourse analysis might miss in their focus at different levels (Burch, 2005). Data for the current study will be collected through interviews, which is suitable for my epistemological position and the research question that involves a narrative account of a past event (Willig, 2008).

2.4. Recruitment

Two inner London organisations that advocate and empower women to enhance community cohesion and strengthen the community, were earmarked as possible recruitment locations. Initially, I approached the first two organisations for permission to recruit from their centres, providing full details of the study and my approach. In order to build trust with potential participants, I attended four consecutive weeks of meetings so that women could speak with me if they were interested in the study. However, having attended the two organisations for two consecutive weeks without
a positive response, it became necessary to open up other options for recruitment. I approached two other inner-London organisations, where I distributed information leaflets to staff. In the first and the second organisation, I was introduced to possible participants as they arrived, and I explained the purpose of the research to those who showed interest and checked their eligibility to participate. Eventually, four participants were recruited from the first organisation; three proceeded to interview. The fourth did not, as she appeared tearful and in emotional and physical pain, and it transpired that she was being prescribed psychotropic medicine by her GP. None came through the third or fourth organisations.

A further four participants were recruited by snowballing, which involved briefing key individuals in the community about my research, who were known to me in previous professional capacities, or known to a family member or a friend. Potential participants who agreed for their names and contact details to be passed on to me were contacted by me via telephone, to ensure they were clear about the purpose of the research, met the inclusion criteria, and were consenting to be interviewed. I interviewed these participants in their homes, as they preferred. Since they were recruited through third parties, the third parties were notified about the dates of the interviews, the venues and the end of the contact as well.

The research used purposive sampling: selecting participants because of characteristics that enable learning a great deal about the central issues being studied (Patton, 1990; Willig, 2008).

2.5. Participants

The inclusion criteria for participants were: being a Somali woman aged 18+; who has experienced the civil war in Somalia; and has never been in contact with mental health services in the UK. Interviews were conducted with seven Somali women; details of the participants and the interview settings are summarised in table 1 below.

There is no upper or lower limit guideline as to how many participants are sufficient for narrative inquiry; different researchers used varying sample sizes. Indeed, many studies that use narrative analysis are based on single case study designs (e.g. Frosh and Emerson, 2005), or sample sizes ranging from two cases or more (Creswell, 2013). I kept on interviewing participants as they kept on coming and this felt feasible at the time. However, in discussion with my supervisor, it became clear that in order to
balance a large amount of data with the in-depth analysis required in narrative analysis, given the time and resource limitations, the collected data was deemed excessive. We decided to use the data from a sample of four out of the seven interviews, which whilst not ideal, was agreed that it was enough to generate sufficient in-depth, textually rich data to answer the research question (Joyce, 2015). As stated above, a sample of four or less, has been considered sufficient enough in the narrative literature (Cottrell & Schulz, 1993; Kimondo, 2013). There was no particular characteristics in which the choice of data to be destroy was based on. As I was analysing data in the order they came in, those later interviews that were waiting for me to analyse were destroyed immediately. In retrospect, however, and as a way of good practice, I should have altered the sample size once I realised that recruitment was going to take longer than expected rather than progressing to interviews and collecting data that I was unable to use. Altering sample size prior to collecting data for practical reasons is a common approach in qualitative research (Silverman, 2010).

From a reading of the BPS’s code of ethics and conduct (BPS, 2018) and code of human research ethics (2014), the destruction of data solicited from participants, does not necessarily breach ethical guidelines. However, privileging the research’s pragmatic needs over the participants who wanted their voices to be heard raises ethical questions. The latter is important as participants were from a marginalised group whom data is often missing from health research and as modern health agencies actively seek involvement and recruitment of marginalised and vulnerable groups in research to maximise benefits to the society as a whole. The ethical principles that were reflected on during supervision and guided the decision making were: the issue of power within the respect principle of the code of ethics and conduct (BPS, 2018); I have been honest and open about the decision making process and reflected on these decisions and their implications here and in the limitation section. We also looked at the principle of responsibility and the value of psychologists accepting appropriate responsibility for what is within their power, control or management. Within the constraints of the research at the time (e.g. time constraints) and in discussion with my supervisor, a decision to destroy the data was reached as keeping unused data was seen as unethical. The tensions between the ongoing negotiations between ethical practice and pragmatism was reflected upon during the research process and will be revisited in the limitations section.
<table>
<thead>
<tr>
<th>Participant Number</th>
<th>Recruitment method</th>
<th>Age</th>
<th>Education</th>
<th>Marital status</th>
<th>Children</th>
<th>Employment</th>
<th>Family members</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Word of mouth</td>
<td>50</td>
<td>University level</td>
<td>Widower</td>
<td>Has a daughter in university</td>
<td>Employed as a carer</td>
<td>No family members were lost to war - All family members in the UK</td>
</tr>
<tr>
<td>2</td>
<td>Community organisation</td>
<td>40</td>
<td>Unknown</td>
<td>Married</td>
<td>Has three children</td>
<td>Employed as a carer</td>
<td>Born to a family of ten, lost three members of her family to war and a brother who died four years ago</td>
</tr>
<tr>
<td>3</td>
<td>Word of mouth</td>
<td>65-70</td>
<td>University level</td>
<td>Widower</td>
<td>Two sons one of whom is adopted</td>
<td>Self-employed</td>
<td>Husband, two sons and some members of her extended family are in the UK</td>
</tr>
<tr>
<td>4</td>
<td>Community organisation</td>
<td>40-50</td>
<td>University level</td>
<td>Married</td>
<td>Six children</td>
<td>Employed as a carer</td>
<td>Immediate family and some members of her extended family are in the UK</td>
</tr>
</tbody>
</table>
2.6. Equipment and materials

Materials included a recorder to audio record the interviews. A password protected computer and encrypted flash drives were used, the latter were stored in a locked filing cabinet along with consent forms. In consultation with research supervisors, it was agreed to obtain a professional translation of the participant information sheet to ensure accessibility. The translated versions were reviewed for readability and completeness by service users, friends and family. Only grammatical errors required correction.

2.7. Procedure

2.7.1. Ethical considerations

The British Psychological Society’s code of ethics and conduct (2009) was followed, a summary of which is detailed below. Ethical approval was obtained from the University of East London (see appendix 7). The research was registered with the University of East London research board.

2.7.1.1. Obtaining fully informed consent

All potential participants, community organisations and other recruiters were fully informed about the research project and given information sheets and the researcher’s contact details for further discussion if they wished (see Appendix 2). Participants were informed of their right to withdraw from the research, including during the interview, until three weeks after the interview. The latter was explained to participants prior to and during the interviews. Participants were required to countersign a consent form alongside me.

2.7.1.2. Anonymity and confidentiality

Confidentiality statements were given to all participants. All interviews were transcribed to ensure confidentiality by using pseudonyms and changing potential identifying details such as street names, clan names, and the names of relatives and acquaintances. Audio records were destroyed after transcription.
Participants were informed that only the research supervisors and examiners would have access to the anonymised interviews. Scripts and consent forms were stored separately in locked cabinets.

2.7.1.3. Protection of participants and researcher

Participants were informed that they could take breaks if they experienced elevated stress levels or discomfort due to the interview content, but neither breaks nor emotional support were required. Participants were encouraged to contact their GP practice or community organisation if they experienced distress following the interview. I did not anticipate a physical risk to me, but I informed a friend of my whereabouts and called them before and after the interviews. I agreed to discuss emotional risks with research supervisors and course tutors as necessary.

2.7.2. Interviews

Interviews were preceded by a five-minute briefing to participants about the research, addressing consent and withdrawal from the study; no participants wished to withdraw. In order to balance power (Riessman, 2008), questions were given to participants as prompts only and I asked them to tell stories in any way they liked (see appendix 6).

In order to make the study accessible, it required me to consider the need for interviews to be conducted in the participant’s own language (Ritchie & Lewis, 2003). Therefore, the interviews were carried out in Somali, the participants’ first language. I am a bilingual researcher and a practitioner familiar with mental health concepts. I listened to each interview several times before translating them to English.

Tribe (1999) suggests that language is a spoken culture, with inherent codes and expectations, and bilingual practitioners act as cultural translators, delivering, at best, an approximation of participants’ statements. Additionally, Triandis (1994) argues that although some words in languages from the same family have the same roots, they may have different meanings. This is relevant to Somalis, where people may speak the same language but mean different things in the Northern and Southern dialects. I am fluent in both dialects; however, I sought clarification from
participants when necessary during the interviews. Demographics were also collected during interviews (see table 1).

Time was taken after the interview to address any issues raised through participating, answer any questions arising, and to sign post participants to appropriate services if necessary. I am an experienced community worker with up-to-date information about statutory and voluntary services in the area where participants were recruited. I also reiterated to participants what will happen to the interview data and that I would feedback the results to them after writing the thesis.

2.8. Data analysis

Narrative analysis takes as its object of investigation the story itself, which is seen as the organising principle of human action and experience (Reissman, 2000). Even though I had some theoretical ideas about narrative research, I was open to this part of the research being a learning process, in which my own understanding and interpretations would be shaped through participation and interaction with participants and the data (Reissman, 1993).

Reissman (2008: 1) suggests three ways of engaging with the narrative data. Thematic - the focus is on the content of a text: “what” is said more than “how” it is said, the “told” rather than the “telling”. Language is considered a direct route to meaning, and similar to grounded theory, conceptual groupings are inductively created from the data. Narratives are organised by theme, with vignettes providing illustration. Structural - emphasis shifts to the way a story is told; how a teller, by selecting particular narrative, makes a story persuasive. Language becomes an object for close investigation over and beyond its referential content. Interactional or dialogical analysis - here the emphasis is on the dialogue, where storyteller and questioner jointly participate in conversation. The approach requires transcripts that include all participants in the conversation.

Although I considered different narrative analysis methods, for the purpose of the current study, I used thematic narrative analysis. In the thematic narrative analysis, content is the exclusive focus (Riessman, 2008). Thematic narrative analysis sees language as a direct and unambiguous route to meaning. While the latter fits the social constructionist approach that underpins the current research, the critical realist
ontology I adapted within social constructionism means that I open up to the wider influences on the meaning made. As that of William's (1984) thematic analysis, my interview excerpts also take the classic, temporally ordered narrative form. Analysis of formal properties such as the structure of the stories and the dialogue with myself as the researcher are not attempted.

Narrative thematic analysis is slightly different to qualitative thematic analysis in that the latter is predominantly a coding exercise, a deductive approach in nature in which the interest is primarily in what topically and thematically surfaces in the realm of a story’s content (Braun & Clarke, 2006). In the narrative thematic approach, the data is engaged with narratively from the on-set and the idea is that we don’t lose sight of the story that is being told. The themes are constructed and interpreted through the lens of narrative theory while being sensitive to temporality, continuity, identity construction and coherence as directed by narrative theory (Reismann, 2008).

Data analysis was informed by Ritchie and Spencer’s (2002) framework for applied research, adapted to the nature of narrative research. The framework begins with familiarisation, where I immersed myself in the raw data by listening repeatedly to the audio, then read the transcripts, in order to list key ideas. The second stage is identifying a thematic framework: finding common elements across participants’ stories and the events they report. Here, I first identified scenes in each story that symbolised plots and turning points. The emergent scenes are listed, and the process is repeated for all participants. This is important as this is narrative analysis and I did not want to lose sight of the stories being told in order to preserve the uniqueness of individuals. The third stage is indexing, whereby the thematic framework is applied to all the data; at this stage themes within the scenes were identified. The fourth stage is charting, whereby all data were rearranged according to the identified scenes. In line with narrative analysis, a general narrative, relying on the interpreted voice, is presented, interspersed with short excerpts to set the scene and long pieces to capture the richness of turning points. The final stage was mapping and interpretation. This stage involved interpreting the content of each scene followed by bringing these scenes together through the identification and discussion of concurrent themes and sub themes answering the research question and highlighting points of similarity and divergence (see appendix 11 for an example of an analysed transcript).
When data analysis was concluded, I sought input from an expert in narrative analysis within the clinical psychology department in University of East London, to ensure that the interpretations I made corresponded well with the actual quotes presented. When I received the comments back, data was tidied up further accordingly (see appendix 13).

The validity of the analysis was evaluated under ‘assessing the quality of the research’ (page 96) according to Reisman’s (1993) criteria of: persuasiveness, correspondence, coherence and pragmatic use.
3. ANALYSIS

See (appendix 5) for transcription guide and details of the Somali clan system.

3.1. Participant 1 (pseudonym - Ayan)

Scene 1

‘I was in Mogadisho’

Ayan begins her story by claiming her witness status, then sequencing a number of things according to their importance. First, the unexpectedness of war, described as a ‘play’ since it is a divergence from the otherwise ordinary day it could have been, when her husband goes to work. Ayan then describes being at home with helpers, attending to guests, as a homemaker. These events were interrupted by a government-enforced curfew. Ayan describes bewilderment, as war is unusual in city dwellings (particularly in the capital, Mogadishu) and to her family, though common in nomadic life. She describes four adults including a watchman coming together in one place, hearing screams of people caught in crossfire, their cries for help, people being dragged away from the road, dodging for survival and the shadowy figures of the warring sides, whose identities were not as important as the imminent danger. By the mention of the ‘watchman’ and ‘tv’, she also reveals her social status, a change of which will impact Ayan.

(1) I was in Mogadisho when the war started

(6-29) on that day when the war started it did not reach us, but we all went to work the next day ... he (husband) was away in the city centre of Mogadisho, on his way back home, the area where he was passing (street name) that goes to (Sinai) was closed ... that was the road to my home, he called us around 2pm, he said he can’t pass through, the road was blocked and that fighting erupted, the government enforced a curfew ... he said he will go to a hotel and wait there, he was expecting visitors at home, so he asked me to inform them that he was not coming
and to tell them to go because there was chaos in the city centre, ok when it was 7 o’clock in the evening, the fight erupted in our area, it was near Mogadisho tv and the entrance to the city, the main road from Jowhar town, we heard the heavy artillery, we were not able to see the fighting sides ... we were inside the home but we could hear the gun shots, we heard screams of the injured and saw injured people being dragged away from the road, like men screaming ‘help me’, people saying ‘take these people away’, things like that, you could see the injured and I remember we were watching the tv then and we never experienced gun fire in Hamar (another name for Mogadish) before, we were not people accustomed to gun shots, we all dropped on the floor ... we were four people all together, an older man who is our watchman, then all of us came together in the same place, from 7pm to early morning the fire shots were continuous

Scene 2

‘I had to then come back for my father’

At this stage of narrating, the threat posed required the family to immediately seek safety away from the physical home, though the family decided to leave the city nine days later. Ayan also demonstrates her faith in the government and in a social order that might survive the collapse of the existing one. This faith seems to have delayed leaving the city and was perhaps mediated by a belief in the goodness of human spirit, that society is inherently good and harmonious.

Ayan eventually paints a picture of the difficulty in deciding to leave, owing partly to missing family members. In her search for her father, a number of events will happen before a decision is taken by the family to leave the city. Ayan leaves the home where she sought sanctuary for the first time a few days after the war began and sees the damage caused by the indiscriminate shelling. She reaches her father who was held hostage by the militiamen, and vividly describes their odd appearance which emphasise immorality, while picking upon their display of tools of power (bullets) across their chess in her screening for danger signs. The danger is compounded by the content of a telephone conversation she has with a childhood
friend, as well as an experience at a roadblock controlled by militiamen, which sway things for Ayan and her family. Ayan describes how the militiamen were murdering those from the wrong clan; Ayan and her companion survive by claiming that they belonged to different clans (Habar Gidir and Isaaq) respectively. This is important historically, since the targeting of people for their identity seems to have begun earlier than is described by the armed groups and the literature. The threat became real from then on for Ayan, and it seems that Ayan played a role in convincing the family to leave, which is unusual in Somali culture, where there is a hierarchy for decision-making based on age and gender. Older male members of the family usually gather information to aid their decision-making but, in the absence of men, older women take charge of decisions.

Ayan uses 'I' throughout her story of the journey to find her father, and there is no mention of 'we' until she leaves her father and gets stuck in the roadblock. The function of 'I' seems to claim ownership of her decisions, embodying agency; even though Ayan was accompanied by a friend in her journey to find her father, she does not appear until Ayan mentions the separation of people by clan affiliation. However, the decision to walk back to her house is made private with 'I'. Ayan uses 'you could see the dead', sharing with the other both the witnessing and the guilt associated with surviving by not sacrificing oneself for anyone else (Langer, 1991).

(60-62) I didn't take much out of the home, let it be, I will come back, because what was in my mind was there is a government and that even if one goes another one will replace it, but that we will leave like that

(79-84) we went to the other house; we went to the airport seven days into the war [...] I had to then come back for my father because I felt it was not possible to leave without knowing anything about my father's whereabouts

(117-120) the USC, they were forcing him to treat their injured [...] they (militiamen) told me that he was not going anywhere that he was not leaving

(91-93) we went to the airport seven days into the war [...] I had to then come back for my father because I felt it was not possible to leave without knowing anything about my father's whereabouts

(117-120) the USC, they were forcing him to treat their injured [...] they (militiamen) told me that he was not going anywhere that he was not leaving
Of course, these men did not look like normal people, you can see they came from the jungle [... they were not even in uniform, they were all red eyed and were chewing khat, you can see that the person was above you (intoxicated)

They were wearing bullets across their chest, and wore (ma’awis – traditional garment) [...] people you can see came from the bush and that they were not the city’s people, and you get scared because they are carrying guns [...] I was scared of them, I had to leave my father [...] I was accompanied by another woman so I decided to walk to my house, to go back to the home I left, after a while we walked to a road block which no-one could pass through

The militia already divided the city, this area was controlled by (Hawiye subclan) the other was controlled by (another Hawiye subclan) [...] it was my worst fear, we were asked to identify ourselves by clan, the women who accompanied me said (Habar Gidir – Hawiye), she claimed to be from her grandmother’s clan who brought her up [...] I had to myself claim to be from (Isaaq clan). I am not (Isaaq clan) but my mother is, to safe (incomplete - myself)

On that day you could see so many dead, of all kinds, men, children and women, all kinds, they laid on the ground unrecognisable and you don’t want even to recognise, you don’t want to risk your life, it’s that day when we decided to leave

Scene 3

‘my husband is the real refugee....’

As she continues to story her experiences, she defines refugees as an umbrella term, but distinguishes between ‘real refugees’ and herself. The former includes her husband and his family, who she left behind and were targeted for killing and looting due to their membership to a clan. Refugees like herself are defined by:
loss of social status and future aspirations; loss of feeling safe in the city where she lived; and uprooting of families and looting their properties. These losses not only make Ayan a refugee, but also disconnect her ‘belonging’ to the place ‘Mogadisho’. Ayan continues to describe the betrayal inherent in targeting a particular clan, by using an example of a close neighbour who transpired to be part of the armed group, providing first aid for the militiamen. A community of neighbours is important in Islamic teaching, in which Somali culture is rooted, the closest neighbour being more deserving of one’s kindness. However, Ayan’s close neighbours not only betrayed this tradition, but their actions meant that Ayan’s home and husband were marked as legitimate targets; similar acts were reported in Nazi Germany and Rwanda. Ayan uses the name of a person, a witness to the truthfulness of her story. She also describes her inability to go home, which used to be Mogadisho, and loss of belonging due to inequitable access to place and space.

(233-241) but those who were behind me, such as my husband is the real refugee [...] anyway those who were held hostage in Kismayo were him and others but I left earlier, but you can imagine someone who had a life, business and assets, I was in the university then, my husband was self-employed (Bayic Mushtari - a trader) and my dad owned his own hospital

(283-296) ok you left (Hamar) you left your home, your money [...] you would not leave if you felt safe ... but this created fear in me [...] I never saw myself, that (Hamar) belonged to others more than me because I went to school, born and raised there [...] so I thought it was my home but now I saw that I was not safe [...] you see people who were like me, who I went to school with, we were friends but those families who now live in (Hamar) who go back and forth, because you see that they still have families there who are safe but me I have nothing there now

(314-324) our watchman [...] he told us that the family (first neighbours) were giving first aid to the injured militiamen [...] that day I told you I was planning to go back to my house, I spoke to a lady who I am told is now in the Parliament, who was (Hawiye clan) [...] who knew those providing the first aid (first neighbours), I told her I wanted to go back to my house, she told me you cannot go back to your house [...] she said they (militiamen) put
a mark on your gate because she was able to visit as she was from (Hawiye clan)

Scene 4

‘(the head of the aid agency) said that they (husband’s clan) brain washed me’

In this scene, Ayan returns to Kenya to visit her husband who was awaiting family reunion there, and stories her encounter with someone from the Hawiye clan, who occupied an important job as the head of an aid agency. The function of the story seems to be to demonstrate the mechanisms at play in silencing victims. He notices her fear of Mogadisho and becomes curious about the clan of her husband, thus dismissing her own experience and fear. This dismissal is in the context of a culture where women run the home, but men are left to deal with everything beyond it. Women are seen as having no access to information to develop an idea of their own about what is happening on the macro level and, thus, become subjects to male, particularly husbands’, analysis. This serves to deny her own status as a witness to what happened in Mogadisho, and that people were ever killed in Mogadisho. Ayan also describes the inherent power, wealth and influence he had access to by offering bribes to the Kenyan immigration officers to issue her an entry visa.

(383-387) He then recognised the family (husband’s family) and said that he did not like them and that they (husband’s family) brain washed me and filled my brain with their clan’s propaganda, he said ‘who told you people are killed in (Hamar)’ he said that ‘no one gets killed in (Hamar) and that he will take me there.

(394-396) he decided to help me, he helped me get the visa in that way, he paid (immigration officers) under the table, he bought them a huge bottle of alcohol, they let me enter Kenya this way...

Scene 5

‘no, I did not have dreams’
I asked Ayan, influenced by a particular Western understanding of the impact of war events, about having dreams (nightmares). This led her to talk about the enablers of wellbeing rather than symptoms of ill health. Ayan explains reunion with family as something that enabled her to integrate quickly into British society, seeing integration as a protective factor. She also, considers her young age as something that helped her to stay well. Resisting my attempts to medicalise her experiences, she describes how she threw herself into making a new life for herself in the UK. Ayan minimises her experiences of war by likening her own journey for survival as an ‘adventure’. She also compares the flight to a ‘curse’ since people engage in activities that they otherwise would not, like the family abandoning expensive vehicles at the Kenyan border.

Also, in this scene I ask Ayan how she sees the war, which prompted a persuasive response listing number of things before declaring her position. She begins with the targeting of civilians because of clan affiliation and the double injustice, first by the government and then by militiamen. Ayan then describes the destruction of war, allying herself with the dominant discourse of good and bad, defining the latter as the collective punishment of citizens because of their clan identity. Ayan then returns to a conversation I had before the interview with her friend, a Somalilander, who asked me about my views about the warring sides in Somalia. In my response I tried to be neutral, which did not resonate well with Ayan, who had strong ideas about who had been wronged and took it upon herself to educate me.

(402-404) In fact when I came to (Britain), I came to join my mother and my family, they were stable here, they were, we came then, my father was with me, we became accustomed to the life here straight away

(442-444) but I did not have a disturbed sleep, this may be the age, you could imagine when you are young and you come to a lively city, a fun city, you go to cinema and you just start enjoying your life

(422-423) I started going to college, when you try hard in another life, frankly you will be busy a lot
but I was in an adventure during that time (the flight), from one car to another

Hamar natives have spilled a curse on us, something forced us to run away

first no one liked Siad Barre’s government, when we talk about Mogadisho, the majority of people, even those who were being discriminated against when we mention clan of Mohamed Siad (the deposed dictator), these clans (darood), I lived in their home, as I told you I was married to that clan (majerteen – darood subclan) but you can’t say someone from this clan (majerteen) liked Siad Barre’s government, he would see it as disastrous government. I am a person who came from there, I saw that people who held this belief, who did not like the government and they themselves were targeted by the government for their sub-clan ….I see it as unfairness, you can see that the militiamen were unjust, they were not after building something, yeh, their plan was a clan attacking another clan, I especially, I believe that the problem that continues in Hamar is related to the crimes committed against the country, people who did not harm anyone, who did not harm people because of their clan, were being killed because… because they were seen Mohamed Siad’s relations….

Scene 6

‘I was a refugee, I became British’

This scene is dedicated to the importance of the refugee identity for Ayan, and the sense of being ‘othered’ by society, including her daughter, who identifies herself as ‘British’. Ayan feels degraded when her daughter repeats dominant discourses about refugees, and an intergenerational conflict surfaces around the damning status of refugees, with whom her daughter clearly does not want to identify. Ayan, however, understands her daughter’s distance as her inability to imagine the desperation that leads people to ‘throw their lives in the seas’, as her daughter puts it. Ayan distances herself from the dominant discourse by opening a new category of ‘refugee’: that of her and her family being treated favourably because of their social
position, her father being a physician. Ayan attaches particular importance to her refugee identity throughout her interview, her daughter’s denial of which seems to disallow her space to mourn the loses inherent in being uprooted and dislocated. There is also a denial of her resilience and extraordinary journey of survival, evident in her ability to make a new home for herself despite the negative discourses (Marlowe, 2010). The psychosocial literature on displacement, overemphasising past or future, pays little attention to the process of home making going on in the present. Ayan resists this by making me consider the here and now.

(499-515) always though me and my daughter hold two different ideas, I am a person who knows always that I was a refugee, I became British, but that I arrived in the country as a refugee ... but she has no idea about being a refugee, she is a young girl who was born in this country, it is the case that when I hear her talking about refugees I tell her to listen that her root is refugee and that she should not talk about refugees in that way, I tell her that I am a refugee who had her, she responds by talking about refugees in a degrading way before saying ‘me, I am British’ ... she sees it as something amazing (meant here as - amusing) she has some cousins who arrived recently through Turkey, she interviews the young girls, ‘why do you come here?, what brought you here?, what made you to come all that way?’, things like that ... asks ‘how could they throw their lives in the seas?’, so I tell her they are looking for a life, a better one to what there is

(521-527) I remember when I came to the immigration (UK) I was with my father, frankly, we did not face a lot but when we were interviewed, my father was interviewed, they asked my father if he came here previously and he said yes and that he was a doctor, frankly my father had all his documents (qualifications) with him... they (immigration officials) treated us very well, they welcomed us, they even offered to call a cab for us
3.2. Participant 2 (pseudonym: Hawa)

Scene 1

‘I lived in Mogadisho’

Hawa sets the scene by asserting ownership of the story to be told; she used the pronoun ‘I’ twice in the first line, it appears once again in the second statement and is then replaced with ‘my’ twice. This paragraph is then concluded with laying the foundations for the war story to be told, using ‘I’ and ‘my’ again. This seems to have been in response to my earlier conversation with Hawa, who felt that nothing major happened to her during the war, and was unsure about how useful her story was to the research. I felt that her use of ‘I’ and ‘my’ positioned her character as central to the story, limiting my role in the interview. Hawa actively minimised her experiences throughout the interview, which seems to act as a coping strategy to enable her to feel well.

Hawa opens by saying “I lived in Mogadisho prior to the war, I was a young person”. These two statements are important: the first qualifies her as a first-hand witness, whilst being young will be key to her journey later. In the following sentence, Hawa connects happiness with closeness of a community of neighbours and friends, perhaps sharing her dissatisfaction with the lack of community closeness in the UK. She then concludes by saying that she lived with her extended family prior to the war, perhaps communicating the loss of being in the same home as her family.

(4-7) I lived in Mogadisho prior to the war, I was a young person. Prior to the war I was very very happy, my neighbours, my friends, we were very close, we were very happy together. The Somali war then started, and on that day that I fled our home when it started I was living with my family, and extended family

Scene 2

‘we thought we should come back very soon’
Hawa lived in (Madina), a new residential area near the airport mainly inhabited by the darood clan, that of the departing president. It is the Southern exit of Mogadisho leading to Kismayo on the southern border with Kenya. Madina was the last part of the city to fall to the rebels, where a heavy and decisive battle took place there. This may suggest that Hawa was an acute refugee, who did not plan for the journey by taking food supplies and clothes and was simply trying to get out of harm's way (Stein, 1980). It later transpires that the proximity of the war and contact with neighbours assisted the family’s decision to flee, which appeared to have been delayed by disbelief about the turn of events, only for the family to be hurried out by the closeness of death. Hawa hands over the ownership of the story to the collective ‘we’ at the beginning of her fleeing. It seems that the war eroded individuality, rendering her voiceless; there was no mention of individuals during the journey to safety, family, neighbours and others all came together as a unit.

(69-72) but we heard that people died in nearby areas and the guns were so loud, and later it reached people who lived behind our home and many people died, then a family decision was reached to leave along with our neighbours, we decided to seek safety on that day

(40-43) Yes, we heard the gun fire and we thought, we did not take much, just few supplies of water and food, just very few, we did not even take clothes (laughter at the absurdity), we thought that we should go to nearby areas, we thought we should come back very soon

Scene 3

‘I recovered from the suffering’

The use of ‘I’ reappears once Hawa leaves Somalia and reaches Kenya, which Hawa considers as a recovery zone. Basic needs include food, shelter, support and a refugee identity card, which is emphasised here twice; perhaps this was an acknowledgement of the suffering experienced thus far. But, she also relates that with respite there was an initial period of physical ill health and ‘madness’. Recovery was possible with sustained support from the UN over a period of time. Hawa also mentions transitioning through Ethiopia, where she explains (in a later excerpt) that she went to
search for family members from whom she had been separated during the war but was held up in Ethiopia for many years before resettling in the UK.

Hawa describes reliving experiences, nightmares and flashbacks in Kenya of the ‘terrifying’ appearance of militiamen, and intense fears that she locates in the past. She shifts to a survival story, describing how fortunate she was compared to those who were raped or did not survive. Hawa roots this experience in destiny, perhaps to mitigate survivor guilt.

(403-411) in that camp we found basic needs covered, identity card was issued to us, they assembled new tents for us, I stayed there for few years, they gave us food, we lived there for a while, then I left to Ethiopia, but I lived many years in that camp, some of the residents were evacuated to US, some became mad, others became ill with malaria, the UN assisted us, they gave us a lot of support, I recovered from the suffering in my journey up to that point, alhamdulilah (thanks to God)

(485-492) I had for a long time dreams of the militia men who I saw in the way with their masks, heavy artillery and their terrifying appearance, sometimes I used to feel that they were following me, sometimes I felt I was followed by them [nervous giggle] I used to scream and people used to ask me what I was screaming for. I used to feel as though I was in the middle of the war, then, somehow, I survived, people, young women of my age were raped and then killed, a lot of people relatives died, sometimes I feel sad and others, I appreciate my survival while others did not

(615-616) but everyone is destined for things, I feel sad for them, but I appreciate my survival

Scene 4

‘as a human, as long as you live you will face so many problems’
Hawa sees misfortune as part of life, highlighting patience, acceptance and not dwelling on difficult events as central to health, an understanding she roots in her beliefs. She attempts to be self-compassionate by introducing the concept of a common humanity, one that is flawed (Neff & Tirch, 2013). Hawa mentions for the first time a story of physical injury, which she describes as a slap, but her trying to get medication might indicate that it was more serious. The minimising serves a function whereby survival overweighs everything that has happened, not only in the event itself, but also in memory and re-storying.

(522-530) This understanding comes from Allah, I read the Quran...when you read the Quran, you gain a lot of knowledge, that in life sometimes you have, others don’t, and that as a human as long as you live you will face so many problems, what it is, even if you are rich you will face problems, so you have to be patient, sometimes now when I face problems or watch the tv and see others in bigger problems I feel that I have a lot, I see all that I faced as nothing at all, I am alive, I eventually got clothes and life, I overcame these problems, so when you say why is when you become in emotional troubles...I even remember I got slapped in the road, you know, you understand

(693-695) The slap was so hurtful, it left a mark in my face for a while, I tried to get medication for that but I just kept quiet

Scene 5

‘if you hate people you bring illness to yourself’

Hawa speaks of misfortune as a rumination, that repeatedly going through negative experiences enables the growth of negative emotions. Hawa elaborates on its effect on herself and others. First, it will make her ‘hate’ others, something she identifies as ‘illness’. Second, it will position her as somehow ‘better’ than those who did not survive. Hawa identifies going over negative such as the targeting of clans, as playing on others’ emotions. The latter is seen as having the potential to lead to war and to collective punishment.
(700-707) I didn’t talk about it (war) because when you talk about problems and ruminate it gets bigger, they grow on you, if I talked about a clan, I may include people amongst them who never hurt anyone and I hate them on that basis, if you hate people you bring illness to yourself, I was protecting myself from this illness

(715-723) that day when I was slapped my mum was on my side, she said this is not a problem, she said people were shot at and asked me if I am better than those killed, I said no, she told me to move on and to never repeat this story and that this will be my cure, you compromise because if I play on people’s emotions and say that I was targeted for my clan affiliation, it happens in Somalia, people will get arms and fifty people may get killed , you cause even a bigger problem

Scene 6

‘we must forgive’

By using ‘we’ in the scene below, Hawa places war within the collective, who she believes are destined to bring misery on themselves as a result of their actions of rejecting God’s gift of peace. Hawa here taps into the ideas of fate and divine retribution, the presence of a punishing Allah. Hawa also considers forgiveness a collective act, including me as the audience. She defines forgiveness as letting go:

not holding individuals responsible for their actions, giving up emotions linked to the loss of loved ones to war. However, she also sees forgiveness as a two-way transaction, both sides committed to letting go and achieving compromise. This involves making concessions with regards to losses by devaluing one’s own life experiences, something Hawa did throughout the interview by comparing to those who were less fortunate than her. Here, Hawa levels all sides, using the idea of compromise, linked to responsibility; the language of victims or perpetrators is not used. With compromise, Hawa, opens a window for a sense of togetherness, which is important for Hawa, and a hopeful future.
Now, I understand that this is destined to be, people bring misery on themselves, the country was peaceful, we rejected Allah’s gift to us

Yes, we can compromise, yes a lot and nicely, for example if I lost someone to the war, if I say that the person is not coming back so we must forgive, if I say that I forgive those who looted and I don’t hold anyone responsible, that is compromise and the other side says the same, we can come back together and we can rebuild the country, I have that belief, it is the lack of compromise and forgiveness that people are still dying, women and children
3.3. Participant 3 (Pseudonym: Samira)

**Scene 1**

‘clannism started then’

Samira revisits events prior to the war, first highlighting the supposed purpose of the war by speaking on behalf of Somalis. She idealises the prior situation, emphasising the oneness of the Somalis against the dictatorship. As a collectivist society, the oneness of the group is important, but by positioning the population as the in-group, the regime becomes the out-group, and is denied a Somali identity. A further distinction is made within the regime: Mohamed Siad Barre, president of the dictatorship regime, is positioned as the outsider along with ‘his faction’. The identity of the faction is undisclosed, but by using the possessive pronoun ‘his’, a Siad’s ownership is implied. I felt that Samira was avoiding mentioning Barre’s clan, which she knew I also belonged to. I was concerned not by the avoidance itself, but for the implication of Siad’s ownership of his clan on my relationship with Samira, particularly that undesirable out-group characteristics to Samira such as ‘bringing clannism to Somalia’ are attributed to the regime. Yet, Somalis have been always divided along clan lines, however, Samira was born in the 1950s, when anti-colonial movements began emphasising Somali unity; individuals at the time used the prefix (x) to their names indicating the abandonment of the disunity of clan affiliation. Post colonialism, Somalis wanted to unite Somali clans in the horn of Africa and went to war with Kenya in 1960 and Ethiopia in 1977 to achieve it. Samira uses ‘shock’ and ‘ashamed’ to indicate injury to the collective, causing dishonour, as a result of the mention of clans’ names. Dishonour gains even more weight if one is a modern, educated Somali woman who took up unconventional jobs and travelled outside the country. The harmonising role of women matches the traditional culture where women are seen as peacemakers, occasionally being married to rival clans to bring about lasting peace between warring clans.

(2-19) prior to this year (1990) there were problems but the Somali population thought then that it was a change of the existing regime Mohamed Siad Barre’s government, Somalis are said to be divided along ethnic lines now but then they were one, one side being the Somalis, against Mohamed Siad Barre and his faction... hmm... in 1969,
when Mohamed Siad Barre’s revolution arrived, and the duration of his time in power, clannism started then but people used to be ashamed of it prior to that, people never mentioned their clan, if a Somali person is to be asked about who their clan affiliation was, that used to send shock to the person, us the educated, especially the women, we never thought about that, secondly we used to go to work and go outside of the country

Scene 2

‘the whole world melted at that point’

Samira then describes difficulty deciding to leave while in the midst of disbelief and hoping for peace and speedy reconciliation. In traditional Somali culture, peace-making is structured in the fabric of everyday clan dealings, which the civil war seemed to have failed to live up to. It also seems that the hope was connected to Barre’s departure, since he was identified as the out-group. Samira uses metaphor: ‘the whole world melted’ to refer to extreme unexpected catastrophic outcomes, namely the dissolution of the army and the country’s constitution. Samira’s example of looters walking away with personal property symbolises the collapse of formal law and order, which is significant for an educated and urbanised family who did not rely on clan membership for protection, hence the use of the term ‘world’.

(60-65) after two months what happened was ‘the last thing happened’– (a metaphor to refer to the worse that could happen) but still I was hopeful, in my heart, I had hope, I was telling myself Mohamed Siad left and these people will make peace, but people were forced out of their homes, the constitution was dismissed and the Prime Minister ordered the army to leave their bases and join their respective clan armies, the whole world melted at that point
Scene 3

‘the country is my country but the people’

Samira describes disbelief and powerlessness in the face of the chaos of war, a desperate situation in which escape is possible only through divine intervention. Samira lays claim on the country, but disassociates herself from the looters. This is important for her as she is from a Hawiya subclan, and therefore shares an umbrella clan with the looters. Those carrying out the looting are familiar; this symbolises estrangement within her community and indicates that nothing could stop harm by others. Watching others looting life investments without being able to stop them is significant for Samira, and is followed by her leaving the country for the UK.

Samira then tells a story of transition to Kenya, positioning those who fled to Kenya as the ‘civil people’, opposite to those who remained in the country, particularly the rebels, whom she also describes as enviers elsewhere in the interview. Descriptors for the armed groups changed a few times during the 1990s, first called rebels, suggesting legitimacy of cause; then ‘mooryaan’ (looters) to delegitimise their cause in response to their acts of banditry. They have also been labelled as ‘abnormal’ or ‘incomprehensible’ to imply deviation from cultural norms in the northern part of Somalia, where culture holds strong. The urban inhibitors, such as the Banidiris also refer to them as reer baadiye (wild people), indicating lack of civility or (enviers of city dwellers).

(155-162) When we entered Kenya, all the intellects or the civil people who lived in Mogadisho came to Kenya, what came to us, what happened to people is give me the shoe (an expression of running away for safety), just run and reach somewhere peaceful, all met in Kenya

Scene 4

‘there is no place, for I was this woman’
This scene is dedicated to life in Britain, beginning with the positives; Samira is determined to start again by finding a job, while she acknowledges unrecognised previous qualifications. Two things become prominent: becoming a breadwinner and supporting those who were left behind; these aspects function to reassert Samira’s values as part of an educated generation who recognise the collectivist cultural heritage of support in times of crisis. Samira describes herself as an academic, but also has a realistic understanding of life as a refugee. Claiming benefits does not seem to be an alternative; she describes them as ‘Ayr money’ (destitution money), a term developed in the diaspora to refer to state benefits. Somalis are unfamiliar with the benefit systems, the nearest comparison they can draw on is the support that was available for those affected by the starvation during the 70s hence the word ‘Ayr”. Samira contrasts her earlier social status, emphasising her wages and describing temporary rehousing in a hotel by the council, but also comparing to life in Kenya.

(242-243) I was given status in 2000 I knew, I started working instead of claiming benefits from the job centre and claim Ayr money

(247-248) I said I can’t sign on, there were people waiting for my support who saw the horrors I saw

(254-259) The first job, there is no place for I was this woman, I am an academic’ …I went hurriedly to get things done, I saw a parking attender job and I saw road workers, I said I can’t fix roads (laughter) but I will prefer the former, yeh, it pays £5.50 p/h who cares, as long I get my bread and I become a breadwinner

(270-272) the hotel … used to be a school, it’s roofless (loud laughter) bird droppings used to come through the roof (very loud laughter) but it is better than being out there in the African wild

Scene 5

‘I had symptoms of fear’
Samira then describes how things changed for the worse for her. First, her loneliness, exacerbated by her husband’s chronic illness. She uses the present tense, suggesting current feelings of loss and the word ‘collapsed’, implying an unexpected and heavy burden of losses. The trauma of caring alone for a chronically ill husband in a foreign land, with little financial support, took its toll on Samira. She became caught between her husband’s needs and her responsibility towards those her mother left behind, leading to what she describes as ‘stress’, again in the present tense, indicating its continuation. Her husband’s emotional and financial dependency does not fit the cultural roles expected of women as easily as caring for elderly mothers, which can partly explain Samira’s dissonance. She gives an example of the excessive worry she developed, such as fears of damaging her council home, which she describes as provided for her as a ‘welcome’. Samira uses ‘they’ to refer to the wider British society, while her use of ‘welcome’ positions her as a guest.

(297-306) you are thinking of her (mother) and you want to help your husband, I then became stressed … I had symptoms of fear (holding her stomach to describe where the feelings were) it’s like someone electrified you … I have no brain (metaphor to describe preoccupation with thoughts), when I put the cooker on, I worry [...] I thought I should not burn what they provided for me as a welcome

Scene 6

‘I used to hear that people are equal in London’

Samira’s emotional wellbeing took a turn for the worse in the form of extreme fear of leaving her flat, connected to Islamophobia from neighbours here. However, a tipping point appears to be a negative experience with police in 2002, which caused Samira to consider going back to Somalia. She uses the present continuous tense ‘I am saying sorry’ to bring one of these experiences to life but also shows disappointment, since the police’s treatment of her did not meet her expectations of equality. Samira uses ‘swallowed my tongue’ to imply silencing her revelations.
about London which surprised her, although she is ‘thankful to my English
brothers’, emphasising the earlier guest position. Samira also describes overcoming
her fears by choosing to exercise agency in looking after own wellbeing and that of
her husband, who needed her to stay strong. Her decisions were supported by: the
availability of positive scripts in the family, comparing herself to those less
fortunate than her, acceptance of the new reality (such as unrecognised former
qualifications), faith, forgiveness, and building strength through experience, such as
caring for her husband. Her decision to focus on strengths and positives also
brought laughter to the current interview. Samira described worrying as making
herself ill and ends the interview with a positive note, demonstrating her agency. I
noticed that she used ‘we’ and ‘us’ in relation to forgiveness, and I wondered if she
was also asking me to forgive.

(342-351) in another day, I brought my husband home and she
(neighbour) came to knock on my door about 6 o’clock (which for
Southern Somalis mean 12 midnight), ‘why aren’t you sleeping’ she
said, I told her ‘I am caring for a sick person, go and sleep and we will
sleep we just came out of hospital’ we said, I am saying sorry, I
repeatedly said sorry, while saying sorry she invited herself into the
home...she got in ‘wawawa’ (makes a screaming sound), she was
screaming, I closed the door and I rang 999... the police came, two
women white police officers, when they saw me wearing headscarf, they
ordered me to go on the back of their van

(370-380) I swallowed my tongue, I used to hear that people are equal; I
used to hear that people are equal in London […] God’s willing I am
going back to Somalia next week, I will go back to my farm, I am very
thankful to my English brothers, I thought I will be better in England
from 2002 till now I live in fear

(391-392) I had to make happiness for myself, I make myself happy, to
not to show him (husband), to build his morale, that I was strong today

(437-447) I tell myself: your mother who lives in such hardship says
that God is around, to what extent she is positive, she said ‘think
positive’. I read a book for Napoleon Hill ... think and grow rich, think positive and forget everything

(490-491) what couldn’t kill me in that 14 hours of running around for my husband, nothing will harm me

(500-516) there are many people who saw even more hardships, especially our women who were raped [...] if I haven’t had my legs cut and I am mobile [...] I wouldn’t be here to talk to you today, isn’t it (laughter) see the positive, if you focus on the bad things you will not have any good things remaining, we have to forgive those people who did that to us
3.4. Participant 4 (Pseudonym - Sahra)

Scene 1

‘no one anticipated that things will become this big’

Sahra opens this scene by reasserting her sense of betrayal in the unexpected shift of the war. Sahra does not distinguish herself from others at the beginning, and then makes a first attempt to separate her family from others by saying 'but we did not stay in all truths' and describes a family tragedy by using ‘those of us who got killed’. Since she did not die, I understood her use of the plural as aligning herself with the civilian victims. She then described several family tragedies. The family first congregated in the eldest uncle’s home. Sahra then describes the subsequent actions taken by the men (e.g. deciding to get fuel for the cars) leading to the first family loss and a brutal separation from a loved one. She mentions that her uncle ‘worked for a private company’, emphasising his civilian status and giving weight to the betrayal implied earlier. She brings to life her younger uncle's desperate survival attempt and in her first use of 'I' appears to claim ownership of her internal reaction to news of the unexpected brutal murder of her uncle. Yet she describes this as ‘I have a soft heart’, a minimisation that mitigates stress and survivor guilt. She mentions a quick burial, followed by 'he was left there', introducing the idea of no return, as only the living can return to a grave. Her statement that the dead oldest uncle was a new father enabled me to picture the gravity of the loss.

(19-47) no-one anticipated that things will become this big, most people who were citizens and not part of the government [...] but we did not stay in all truths, we decided to escape to towns near Hamar hoping to come back when things calm down, those of us who got killed, like my uncle who we stayed in his house, he worked for a private oil company [...] he said that he would go to get oil from the company [...] he asked us to prepare ourselves to leave, two of my other uncles went with him, when they reached (the Square) they were shot at [...] my uncle who was driving, fell dead, my younger uncle said that he suddenly saw his brother lying back on the seat and the car
was driving fast off lane [...] he (younger uncle) took over the steering and drove back in a state of shock [...] he came home with blood dripping out of everywhere in the car, I did not look at the car when they came back, I have a soft heart, I heard that my uncle (name) his dead body was in the car, the person who was just with us, I run away, I run far, I went to the neighbour’s house, to avoid seeing the blood, they quickly took him to burial, they washed the car, my uncle was left there, he (the dead uncle) just had a new baby, his first baby

Scene 2

‘I had a little child’

Once Sahra crosses the border to Kenya, a personal story emerges and the use of ‘I’ reappears, coinciding with the loss of family. It is here that Sahra first mentions her young child, who was with her throughout the journey out of Somalia. Having a child at young age does not seem to have been an issue previously, with the support of the family, but at this point, the losses incurred and the disintegration of the collective hit hard a young woman who grew up in a conservative environment. In this scene, Sahra demonstrates the loss of her wealth and sheltered life.

(133-134) I had a little child because I married when I was very young by the age of 17 years old, I already had a child

(135-146) we run out of filtered water, we used all of it [...] I was very young and my family helped look after the baby with me [...] I went to a private English school [...] so I asked to go to a private doctor with the baby immediately

Scene 3

‘maybe I was not normal myself’
In this scene, Sahra describes a private story of the madness inherent in the moment of the death of her child, worsened by loneliness and isolation from family and other Somalis. At that point, the importance of regrouping with the collective becomes clear, and in the absence of Somalis, the Oromo family seemed respond and step in voluntarily as a caring family. Oromos, like Somalis, are Cushitic speaking pastoralist people who live in the horn of Africa, particularly the Oromo region of Ethiopia. They share physical features, and 48% of them are Muslim. Sahra then describes in detail her journey to regroup with the Somali community. Unlike earlier participants who emphasised survival, Sahra interrupts her narration of the tragedy with a statement about her belief in the divine, followed by humour and laughter, the function of which is to mitigate stress. Considering an earlier comment about not wanting to bother me with talking about her tragedy, I wondered if this was also directed at me. Despite her young age, Sahra was resourceful, determined and able to regroup with the collective. She started by identifying any Somali congregation, using her clan affiliation to connect with clan members, who then helped her find her extended family. The clan members then brought closure to her tragedy by burying her child. In Islam, the dead must be buried speedily following specific rituals, hence the rush to find someone to help her achieve this, yet burial seems to be particularly important to Sahra, as will be shown later. With the burial, Sahra brings to a close her time in Kenya:

(168-211) When he (the doctor) said he died, maybe I was not normal myself, when he told me he died, that is the last time I remember I fell from my chair, I came back and sat and asked for my baby, they (hospital staff) told me he was dead, I run from one corner to the other inside the hospital, like a crazy person, just to see if I can see a Somali face, none, then a family that looked like Oromos, got hold of me, they put a mattress in the floor, held me and put my head down and said that I needed to get some rest and that it was late at night and that when it gets to the morning they will get some Somalis to me, when it got to the morning I started running to look for Somalis, I run outside, I remembered the area, I asked a bus if they knew Easleigh and he said he was going there, you have to run and hop on the bus while it moved, if you lose balance you might end up dead (laughter), I met some older men who were relatives, I did not know before I spoke to them that we
were, I told them I was looking for people, so they asked who I was (the clan serves as an ID), they pointed at an older man and said that he is from the same clan as me, so he approached me to inquire about who I was, I told him the story, and that I didn’t know where the child (body) was taken to, the old man felt so bad for me, I was given a helping hand, the child’s body was brought and he was buried, we were given a place to stay, all in all, I left there after three months

Scene 4

‘people were eaten’

Sahra links the impact of war to ill health, using words such as ‘crazy’ and ‘abnormal’ but describes Nairobi as a recovery zone. She then describes the unfolding events as ‘people were eaten offshore and inshore’. Sahra uses the metaphor of cannibalism, the eating of human flesh, in different parts of her story to describe savagery in its most vicious and primitive form, and an indignation of the offense against religious and cultural morality. Sahra, therefore, locates the war as the moral opposite of civility, condemning the experience as a ‘dark history’. She follows with ‘I can’t say anything else’, implying being silenced by the gruesome human savagery, although she roots this in destiny. Sahra then describes talking about her war experiences as ‘complaining’. In Somali culture, repeated talk about negative events is linked to negative personal and relational consequences and, therefore not included within the parameters of conversation. While Sahra acknowledges the civilian shelling of the north (modern day Somaliland) by the former regime, the damage caused by Southern Somalia’s civil war is represented as heavier by cannibalism, here defining the slaughter. Sahra signs to her elbow to describe the slaughter tool’s dimensions, suggesting a machete (a long straight metal blade with a single cutting edge, usually attached to a wooden handle) rather than a knife or sword, which are more commonly used in war. There are no previous reports of the use of machetes in Somali clan warfare, and while there are reports of machetes used during the war, they are agricultural tools; shorter tools associated with animal slaughtering might purposely suggest de-humanisation. Also, mutilation of the dead is historically uncommon in war in Somalia, as well as being forbidden under Islamic law. Nevertheless, mutilation has been reported in the south as a
weapon of psychological warfare used against Somali opponents and later against
the US elite rangers during the (restore hope operation) in 1993.

\begin{quote}
(330-332) for much of the time, people looked abnormal, especially
those in Nairobi, they settled a little later
\end{quote}

\begin{quote}
(338-350) we were faced with a disaster, people were eaten onshore
and offshore, in all truths, this was a very dark history, it was destined
for these of us to go through this, I can’t say anything else, I can’t say
anything else, when people evacuated North Somalia during the war
there, at least they were not met with those who waited on the side road
just to slaughter people
\end{quote}

\textit{Scene 5}

‘Alhamdulilah, you just have to accept’

Sahra uses a complex mixture of dipping into painful events while dipping out by
outlining strengths. She first reasserts her faith by saying ‘alhamdulilah’ (thanks to
God). As the first verse in the Quran is dedicated to showing gratitude to God, this
symbolises being grateful and accepting life, good and bad, as do all of God’s
creatures. She then describes the pain of the loss of childhood connections and the
collective (family, friends, and neighbours) but adds that ‘you grow out of things’,
implying that her young age during the war is a protective factor. Culturally,
dwelling on bad memories after a period of time has lapsed is called‘Gu’asho’
(rumination), and is weakness of character. However, applying this wisdom to the
hugeness of the war seems to be ineffective, as Sahra’s losses continue to haunt
her with news of the death of her loved ones and through television news
coverage of wars. She then describes her husband and the lack of domestic
problems as a source of strength for her. Sahra regards herself as ‘naturally
happy’; macro and micro cultures collude here to describe happiness as ‘natural’,
making ‘sadness’ unnatural, and thus imposing double silence. However, Sahra
does not use the term ‘sad’, she uses ‘sensitive’ as the opposite of happiness, but
’sensitive’ has negative connotations, since it may imply exaggeration. She
acknowledges the impact of war on psychological wellbeing, and her resources
seem to derive from the interplay between faith, acceptance, personality and
support from her husband, who was unaffected by war. The husband is positioned as Arab, and her children second generation British, which Sahra considers protective factors. She also takes up a victim identity, the feelings about which are exacerbated by the lack of recognition and reparation needed to restore dignity. Sahra also tries to compare her misfortunes to others such as children and minority clans, to emphasise survival and minimise loss.

(359-379) Alhamdulilaah (thanks God), you just have to accept, alhamdulilah, for me, I was much younger than now when I went through this hell...but I still have a vivid picture of everyone, I vividly remember my neighbours, we used to share things, eat together, we used to play together, you know your childhood and where you grew up, you know your people, you know your neighbours, you know everyone, you know your siblings, but you grow out of things truly, we changed the environment, but you continue hearing the news, but I have to forget but my tolerance level is so low, when I see something scary I cry immediately, but my personality is that I am naturally a happy person so I get to go on and forget easily as well, but I cry easily and forget easily, that’s how I survived, because my husband was not affected, maybe if he was affected and I had family problems maybe I would have had problems

(405-415) he (husband) is originally from Somalia but he loves Arabia more because he grew up there he identifies himself as being from there, just like our kids here in Britain, Britain is their country and people, that is who they know and understand, that’s just the same...

(427-429) you remember the problems and at the top of that no-one is saying sorry, at least if someone says ‘sorry for what I did to you’ that is a lot
4. DISCUSSION

The analysis demonstrates that there is no uniformed way of storying a shared phenomenon. Although the participants of the study had shared points, ones that unite them with other refugee populations, there were also points of divergence in the importance they imparted to particular aspects of their journeys, preserving the uniqueness of individuals. In this section I discuss my analysis in relation to the research question 'how Somali women story their experiences of war', and the resources they draw on when they do so.

4.1. The importance of the witness testimony

The participants approached the research as though it were an opportunity to give a testimony, beginning with their presence in the city, in order to legitimise their witness status. This seemed important to this group, because despite the Somali war being one of the most politicised in the world, the focus until recently has been largely on understanding the mechanisms of governance and state building after the collapse of the political system, rather than personal experience. According to Hackett and Rolston (2009), structures of political transition can produce an official story that erases or marginalises the stories of victims, since, in the case of a failed state as Somalia, victims’ stories may interfere with state building and immediate security needs. Within that, women, who are traditionally marginalised, become even more so. The result is the mass silencing of witnesses of gross human rights violations, which in turn impedes understanding of the interface between systems and populations. By narrating their story as testimony, participants wanted the audience, including me, to bear witness to the acts of brutality they themselves witnessed. Testimony allows the survivor a public space to condemn, record suffering, and warn against future occurrences. Felman and Laub (1992) emphasise that the unique narrative of the survivor provides therapeutic release from silence; by telling, the eyewitness shares moral burden. According to Siegal (2011) bearing witness is therapeutic in constructing a public narrative out of seemingly unfamiliar and chaotic experiences. The latter, he argues, introduces a tension between the desire of the sufferer to regain agency, and to forget.

Additionally, we can observe how culture, at micro and macro levels, shapes the roles women take and their social actions. Participants in this study resume multiple
identities, including the victim identity related mainly to the forceful acquisition of refugee status. Worden (2008) defines a victim as someone subjected to physical or psychological injury as a result of a conflict-related incident. According to Hackett and Rolston (2009), the victim status carries social expectations of passivity, which creates confusion when victims exercise strong agency, such as survivors pursuing healing. The participants of this study heal through a repaired relationship with the divine, and they emphasise survival while incorporating multiple individual, community and societal needs. For example, the notion of social responsibility helps understand participants’ sensitivity to how they tell their stories and to whom; their desire to emphasise their peace-making role, minimises the risk of retaliation. Taking up this role also serves a function of helping them feel well and happy after the disruptive experiences of war.

4.2. The disbelief about the war

Flaskas (2002a) argues that the intersubjective construction of meaning, the relationship of meaning to language, and the extent to which meaning constructs both behaviour and observation, are relevant themes in social constructionist and narrative ideas. Here, the use of “no one anticipated” used by all participants in the opening of their narration, describes a state of disbelief, a negation of what was going on. In reality, everything in the country indicated that war, or at least a collapse of the regime, was somewhat inevitable. By 1990, the rest of the country was out of the reach of government control, with different parts falling to their respective opposition movements: the north to the SNM, the north-west to DSSF, central and south to a number of groups, most importantly the USC⁷. Economically, the country was in a state of disarray, with high deficits and inflation, culminating in the rise of powerful black markets. Also, there was an indication of social collapse, with groups of young men from both extremes of the economic spectrum committing violence from rape to robbery. So, the war itself can be thought of as the end of a process, rather than a cause. Therefore, the disbelief that accompanied participants’ narration is associated not with the idea that Somalia was unbreakable, but the meaning of the war. The war was a place so unfamiliar, disconnected from anything that participants had known. On the individual level, people including the vulnerable found themselves walking barefoot. On the family level, urbanised

⁷Somali National Movement (SNM), Democratic Somali Salvation Front (DSSF) & United Somali Congress (USC).
families had to regroup under a clan banner for protection, to fill the vacuum left by a disintegrated security apparatus. The message of being kind to neighbours and acquaintances is central to Islam, yet during the war they turned on each other. Dead bodies were left on the ground without appropriate and speedy burial. The culture of elder mediation and reconciliation was inapplicable, which in practice meant that nothing could stop the violence. In terms of behaviour following meaning, disbelief due to the incongruence between the nature of the collective and rebels’ actions on the ground, interfered in the decision-making process around the departure to safety, putting participants and their families at great risk.

The fact that participants carry with them, 28 years after the war, feelings of shock and disbelief, common first reactions to trauma and grief (Herman, 2015), highlights the importance of witness testimony and the provision of a space to process trauma. Participants are still mourning the losses incurred through war and being uprooted; remembering and telling the truth about terrible events are prerequisites to both the restoration of social order and for healing of individual victims (Herman, 2015).

4.3. On home and belonging

It is where emotional connections are shaped; where and how we live can be an important determinant of social position, physical health and wellbeing (Cieraad, 1999). For participants, home is family connections and neighbours supporting each other. It is also a symbol for their social position, demonstrated by the mention of helpers, watchman, TV set, and more than one car being parked in front, something that not everyone had access to. In the context of the current study, belonging can be thought of as the sociocultural structures that enable people to trust the consistency of home safety, despite temporary failures that seemed to have been tolerated.

Safety and security are closely linked here as well; Burns, McDermid & Dobson (1992) define both safety and security in terms of system failure, and the short-and longer-term consequences of such failure. According to the authors, a safety critical system is one whose failure could do immediate and direct harm, whilst a security critical system is one whose failure could increase the ability of others to harm us. All participants noted that their departure from their homes was due to immediate safety needs based on assessing risk and motivated by self and family preservation. Risk assessment related to safety was based on the loudness of gunshots while at home and unusual
mass movements in the streets, implying a system failure enough to initiate family
departure. This failure was initially believed to be temporary, since there was still trust
in government and law and order, a belief in the cultural and social structures that make
the Somali identity, and the ability to foresee social repair, replacing one government
with another. However, their journeys out of their homes involved more intense risk
screening; in their way out they picked up on cues from the environment such as the
awkward, seemingly misfit appearance of the militiamen, (e.g. men in traditional
garments but wearing their tools of power across their chest; their red eyes are
described, indicating intoxication; some wearing masks hiding their identity).

Moreover, risk related to place is assessed, suggesting estrangement and collapse of
formal justice systems. I used ‘place’ here to refer to a town, city or country and its
boundaries (Mallett, 2004). Identified risks associated with place included unburied
dead bodies scattered in the streets; people not stopping to help the injured; looting of
properties; road blocks; and the targeting of civilians because of their clan identities.
All participants agreed that clan cleansing (Kapteijns, 2012), often denied
historically, commenced at the start of the war. These cues suggested to participants
that nothing would stop others from harming them and their families and played a
big role in their feelings of insecurity. It is at the end of this process that participants
questioned their sense of belonging to the place. Ayan makes an explicit attempt to
link belonging to an aspect of social justice: having an equal right to a place, the
public space, in which the private, the home, is located (specifically Mogadisho
where she witnessed human rights violations).

However, it seems that participants managed to piece back together the
fragmented collective identity in a way that enables them to continue to be
Somali in the journey through the recovery zone, Kenya, and the diaspora,
with a new negotiated shape. The reconciliation with the Somali identity is
mediated by giving up the idealised whole that preceded the war, and
accepting and later forgiving the bad parts of humanity; “bad” here meaning
flouting social, cultural and religious norms. Despite the losses and injury to
the collective, hope and deep belief in Somaliness prevail, at least
psychologically. The participants manage to achieve psychological
reconciliation with their Somali identity, while assuming a new identity in the
UK. This is an identity of first-generation migrants and their children as
second-generation British, and making space within this identity to claim
refugee experiences. Two participants talk about Islamophobia and discrimination due to being a refugee, however, these are not enough to make them decide to leave Britain. An encounter with the police sways things for Samira, but she still does not wish to return to Mogadisho. The rights of individuals to feel safe and secure in their communities is guaranteed by the Universal Declarations for Human Rights 1948, specifically freedom from torture, and cruel, unusual punishment. Yet, the definition is vague and does little to explain the different forces at play, and the various spheres involved in safety and security, and does not help understand violence and its connection to broader systems of privilege and oppression (Patel, 2013; Sutton, Morgen & Novkov, 2008).

4.4. How the participants see the war

There is agreement between participants that the war was not capable of resolving the social justice grievances that preceded it: the organised state violence. Participants were able to empathise with some of the arguments that led to war, but the process was seen as having caused great injustices. However, once war took place, experiences were located within parameters of destiny and Godly control. Participants introduced the idea of lessons to be learned, including how this experience should be dealt with and talked about. Survivors then become responsible for the retelling, adding complexity to the burden of talking already experienced by survivors of war. According to Nutkiewicz (2003), many things can restrict talking about experiences of political violence. For the participants, seeking to protect others, family and community from the horrors they have experienced, and protect oneself from ‘hate’, and what is seen as its direct consequence, ‘illness’, were most important. Another constraint was the desire not to evoke emotions that could lead to collective punishment, which is immoral for the participants. Samira, who is from Mogadisho, was also frightened of repercussions for loved ones left behind.

A lack of emphasis on positive aspects by focusing on losses has the potential to delegitimise participants’ experiences, which some participants identified as rumination. This has roots in Somali culture and in Islam. Although the participants chose to be part of the research, indicating their acknowledgement of the importance of retelling in a contained space with a mental health practitioner, they demonstrated their ability to contain emotions by the structuring of their story.
Generally, participants described the war as something ‘bad’, due to the collective punishment of an entire clan. Recovery was therefore linked to community reconciliation, adherence to culture and faith, and group work rather than individual responsibility.

4.5. Wellbeing in the context of war

The use of language played an important role in participants’ narration of their experiences. They drew on their understanding of Somali culture, religion and their awareness of the impact of retelling on the audience, providing insight into how they manage the effect of their experiences on theirs and others’ health and wellbeing. Participants also repeated ‘I don’t want to bother you with talk’, indicating that talking should be purposeful and succinct. Participants seemed to accept the absurdity of the war and its inevitable impact on health. Madness, for example, is not seen as an abnormal, isolated phenomenon in itself, but as a normal and direct consequence of social disturbance.

Despite the many disempowering structures around them, participants attempted to exercise power in striving for wellness, liberation and resisting oppression (Afuape, 2011). There was an obvious attempt to resist my questions about disturbed sleep; followed by relocating the emotional impact of war into social context. This contradicts a biomedical traumatology discourse that positions the impact of war experiences as a mental disorder happening only to particular people. According to Szasz (1960), the myth of mental illness renders more palatable the bitter pill of moral conflict in human relations. These participants, though, resisted separation of their emotional reaction from the environment, not only to past events but also to media broadcasts about war in the present. They also connected the intensity of their emotions to the proximity of the war; the participants introduced the concept of emotional recovery, first in the recovery zone in Kenya or settlement areas such as the UK, when a space to reflect and respite was provided. Secondly, recovery was connected to efforts to rebuild a fragmented personhood, such as reuniting with family, work and God (Hutchinson & Dorsett, 2012).
Participants’ focus on being positive and happy may relate to mechanisms of power structures in society, namely the intersection of gender, culture and politics. The current societal emphasis on happiness positions it as a choice people make, ignoring social and material inequality. In this context, the agency of the women participants is questionable. However, this is not the whole story; Hoffman (1990) suggests that our beliefs about the world are social inventions and the development of knowledge is a social phenomenon evolving within a cradle of communication within society. Here, participants adopt a new negotiated position to manage and deal with their knowledge of the war itself while not undermining their own agency. Their position is informed by their awareness of their own retelling powers as mothers and wives and the role they can play in war making.

Three out of four participants also mentioned forgiveness, acceptance and common humanity as a way of dealing with the emotional burden associated with trauma such as anger. Deep anger from injustices is thought to lead to a lack of trust in general, thwarting potentially uplifting relationships and causing mental health problems such as depression and anxiety (Enright & Fitzgibbons, 2015).

Psychological literature presents multiple theoretical agreements on the benefits of forgiveness as a way of neutralising anger and resentment, and reducing arousal, negative emotions and stress response (Everett, Worthington & Scherer, 2004). Positive psychologists propose that forgiveness is a moral virtue of exercising goodness; this, they add, does not require an apology from the offender (Enright & Fitzgibbons, 2015). It is also suggested that people often conflate forgiveness with reconciliation, the latter is thought to require commitment from both sides, the victim and the offender, and involves receiving an apology. This is important for the current study participants, particularly in the absence of repentance narrative or a formal apology from those who they feel had wronged them. One of the participants chose to apply the concept of common humanity to achieve forgiveness. Common humanity is seen as an important pathway to cultivating empathy towards those who wronged us and hence been linked to forgiveness (McCullough, Worthington, & Rachal, 1997; Witvliet, Ludwig & Vander Laan, 2001). However, evidence shows that common humanity reduces the motivation to engage in collective action undermining victim groups’ efforts to achieve social change (Greenaway, Quinn & Louis, 2011). Research also shows that common humanity as a vehicle to forgiveness may have a negative impact on the perpetrators by
decreasing their remorsefulness and empathy towards victims (Greenaway, Louis & Wohl, 2012). These findings may form a dilemma for the current participants between their need for personal recovery and their aspiration to achieve social change through forgiveness.

Additionally, participants mentioned acceptance; acceptance of destiny, its negative and positive aspects without judgements is a pillar of Islam. Acceptance also is a growing psychological concept encompassing treatment strategies. This refers to a person's ability to understand the reality of a situation, recognise negative process or condition without attempting to change it or protest. This is seen to enable individuals to live a more fulfilling and meaningful life. In the absence of repentance narrative, acceptance may provide a way of working with survivors of trauma. Acceptance does not need forgiveness or letting go negative emotions, it means coming into terms with things one cannot change. According to Patel (2019), however, psychological work with trauma survivors focuses primarily on the restoration of personal safety and health, forgiveness and acceptance being one way of achieving that. She adds that safety is not only a human need, and that along with health and dignity, it is ultimately a human rights issue, violation of which requires the restoration of justice and reparation.

4.6. The conceptual and semantic challenges to self-concept

Janoff-Bulman’s (1983) and Janoff-Bulmann and Frieze's (1992) notion of shattered beliefs about self, world and others, and the impact of this on people's sense of safety and self-worth, is limited to the influences of primary care givers in accounting for the development of these concepts during childhood. The western world's concepts of early socialisation differ from the African socialisation pattern. As the African proverb goes, 'it takes a village to raise a child' (Seymour, 2013). The result being that the African child learns from early on that the group is fundamental to their identity. In contrast, people from individualistic cultures learn the value of developing individual personal identity (Triandis, et al, 1988; Markus & Kitayama, 1991). The shattered assumptions theory falls short of considering the role of community and faith in identity development in a collectivist society such as the Somali African society. In this society, the group is considered an extension of the self, and the survival of the group is paramount for the survival of the self (Suh, 2000). Participants' views of the goodness of the collective Somali identity have been challenged as shown in this research, delaying their decision making about the
departure to safety, thereby exposing themselves and their families to danger. Also, the process of reconstructing their fragmented identity seems to have been instrumental to participants’ personal recovery.

Moreover, the identity theories of shattered beliefs imply a separation of self from world. This is rooted in Western positivism, but for the research participants, the world is not a separate entity out there, it is made of self, people, environment and God, all interacting to create a sense of safety and security (Rasmussen, 2008).

There is also a question of which of the many ‘selves’ one is referring to. This, in turn, raises a question of whether components such as self-worth, implicated in trauma discourse, can be lost once they are achieved. Assertiveness is one form of measuring self-worth or self-esteem (Lorr & More, 2010), and the current research participants described a number of situations where they had asserted their needs and made decisions for themselves and others. Another form of self-esteem or self-worth is the ability to value oneself by claiming autonomy, independence and trusting oneself. The current research participants spoke of self-government and self-direction by acting on their own motives, reasons and values (Kagitcibasi, 2005).

Their autonomy can be seen through decisions such as looking for their father, leaving the country having assessed risk, resuming the responsibility of the head of the family by seeking employment and becoming “breadwinners” in order to support loved ones and husbands who had become limited in their ability to fulfil these roles due to war and displacement. I use autonomy and agency here as the two overlap in the psychological literature (Kagitcibasi, 2005), and both are used to refer to motivated action, with a sense of efficacy, towards a desired outcome (Bandura, 1989). For the participants, this was to restore a sense of safety and security. If the self is described as assertive, independent, capable of making independent, agentic decisions, without the environment, it connects indirectly to the ‘I’ in Western individualistic culture (Rasmussen, 2008). Yet, the current research participants were able to use the ‘I’ to claim agency and their own inner emotions, while sharing the hardships inherent in their journey to safety with the group, as evident from their use of ‘we’. This suggests that participants are aware of when to separate from the group, and the emotional function this serves; also, that the divide between collectivist and individualistic cultures can be arbitrary, and that people may be influenced by both depending on the situation.
4.7. Revisiting resilience

According to Papadopulos (2007), trauma can affect the resilience and resourcefulness of individuals. He developed a trauma grid to show all possible outcomes of exposure to trauma. These include negative outcomes such as PTSD and positive ones such as resilience. The grid suggests that some individuals can emerge from trauma unscathed psychologically because of their individual resilience. However, Hughes (in press) suggests that individual resilience is often used to shift responsibility: for individuals to learn to cope with unacceptable social conditions. She adds that recovery from trauma needs to include both personal and social resources, and the building of resilient communities. Papadopulos (2007) suggests that no person is alone and that the impact of family, community and cultural contexts inform the meaning making of individuals and cannot be ignored.

Additionally, the participants can be viewed as dynamic, adapting to a changing reality, rather than regaining an earlier functioning state. For example, participants were able to adapt to a changing family concept, from extended to nuclear, and a community, defined by new relationships rather than idealised old ones. These changes allowed them to feel well and attend to day-to-day demands. Since three of the four interviewees did not work prior to the war, it is difficult to consider employment as a marker of resilience or earlier functioning. The concept of resourcefulness may be more suitable to describe participants’ adaptability, since they were able to draw from folk knowledge and religion to enable forgiveness, reunite with family members, and re-establish their lives while reassessing their relationship with the wrongdoer, despite the absence of a collective narrative of forgiveness and repentance (Alford, 2013).
5. CONCLUSION AND IMPLICATIONS

In this section I will present my conclusions and the implications of the research for practice, research and policy.

The purpose of the current study was to explore how Somali women, who have never come into contact with mental health services, story their experiences of war. As expected of the generation who volunteered, all were educated women, who had pursued employment. The findings tell us that the self is not static, but flexible, able to adapt to different environments. Additionally, participants showed how being part of a community provides social support, assisting in resource sharing, but more importantly functions as safety and security in critical times, to share the burden of crisis management.

The findings also show the limitations of the theories of shattered assumption and resilience when it comes to individuals from collectivists societies such as the current participants. For example, identity theories of shattered assumptions tend to be individually focused; this makes recovery as a result, a personal one. In the case of the study participants, the self is defused with the collective, the impact of the fragmented collective identity and the views about the nature of the group tend to have a far-reaching consequence for their personal wellbeing. The current research also supports the notion that resilience needs to incorporate more than personality and innate characteristics. Ungar (2005) drew from sociological and multi-disciplinary studies to argue that an individual’s resilience was co-dependent with their social ecology. Indeed, the findings of the current research have shown the importance of the connections between people and places, and values and beliefs.

Home and belonging are understood as linked to safety and security. The ability to feel secure by trusting the consistency of safety at any given time in a particular place is crucial to belonging. Lacking justice systems, both formal and cultural, exposes people to harm from others and produces loss of belonging.

Participants saw the research as an opportunity to testify in a contained space. Their testimony is not about personal healing, which they achieve through mending their relationship with the divine and accepting the fallibility of humanity, enabling them to reconcile with Somali identity. Mending the relationship with the other
seems to be at the heart of social recovery, and storying, reframed here as testimony, is instrumental. Participants acted with agency, agreeing to take part in the research, but also taking charge of what, how and to whom the story is told. Their desire to testify as witnesses of human rights violations, in the form of lessons to be learned, positions them as agents for social change.

5.1. Implications for clinical psychology (CP) practice and service development

5.1.1. Theories underpinning CP practice

Despite the on-going attempts to test their universal validity, it’s important to acknowledge that psychology theory and practice is rooted in time and place (Naidoo, 1996). Taking this knowledge predicated on one world view at face value and not examining their applicability to different cultural contexts can amount to cultural oppression (Trimble & LaFromboise, 1987). This can also deprecate the value and usefulness of indigenous modes of intervening (Naidoo, 1996). In privileging our own construction of what clients bring to us in therapy, CPs risk ignoring the significance of context (Patel, 2008). CPs need to commit to self-reflections and explorations of their world views in order to develop depth and sophistications that would allow them to acknowledge their own biases and assumptions about refugee people and one’s own ethnic/political history (Patel, 2008). Additionally, the critical role of culture, particularly the individualistic and collectivist nature of different groups and their influence on the self-perception, affect, goals and aspirations need to be recognised. Clinical practices based on individual cultural views may inadvertently assume that individuals from other cultures prioritise individually oriented outcomes. For individuals from collectivist cultures such as the participants of the current study, reconciling with the group and renegotiating their position within it may be more important than work on the self. The role of CPs is not to turn clients to their own cultural views but to enable them to live a fulfilling life within their communities based on choice and collaboration.

5.1.2. The social is the personal

According to Hackett & Rolston (2010), storytelling is a process which engages the collective; consequently, it is not considered an individualised process. Responsibility
for change motivated by story-telling, therefore, resides with the collective rather than the person. Chung and Bemak (1998) highlight the importance of culture in shaping valued roles, and outline how the acceptability of social roles within cultures differs according to factors such as age and gender. The women I interviewed were aware of their roles as mothers, wives and daughters as bearers of social harmony within the Somali community, not only during wartime but also subsequently. They were also aware of the inherent power in such roles, particularly the implications of their story telling, which necessitated compromise between their personal needs for justice and the needs of their community. This complex negotiation between personal and community needs has implications for a clinical practice that puts much emphasis on personal healing and recovery, based on prescription of symptoms, only some of which were shown by participants. For participants, personal recovery is closely linked to collective recovery; it does not generally need to be either/or. Work on the personal level can accommodate taking on social roles and other enablers of personal and social wellbeing such as faith, social networks, social support, and the mobilisation of culture-related resources for resilience to repair the rupture caused by violent displacement (Kirmayer et al., 2011). Research shows that both social networks and support mitigate the impact of social crises and enhance wellbeing (Brown & Harris, 1978). In the narrative language, the latter can support the sharing and development of old and new scripts for dealing with and managing life crises. Additionally, the study participants used the research as an opportunity to testify. It is therefore important that CPs recognise that symptoms themselves tell a story about power and injustice which need to be heard, witnessed and acknowledged (Fernando & Keating, 2008). Patel (2019) emphasises the importance of bearing witness to clients’ accounts of their experiences prior to and within the UK; the testimony method has been recognised as an important therapeutic and human rights tool.

5.1.3. Taking psychology to the community

Participants’ happiness seeking and awareness of the impact of their mood and behaviour undermines the notion that they are ‘not psychologically minded’, often used by services to justify lack of culturally appropriate services. The absence of refugees from Somalia in formal clinical settings supports the belief that these settings are alien to refugees. Community-based services may be one way of overcoming this. Structured community psychology programmes emphasising preventive and promotive in addition to curative interventions may well be the
vehicle to make psychology more accessible, acceptable, and user-friendly (Naidoo, 1996). Services can deliver, for example, collective narrative practices, which are narrative interventions that seek to respond to groups and communities who have experienced significant social suffering in contexts in which ‘therapy’ may not be culturally resonant (Denborough, 2012). Collective narrative practices, rooted in the narrative traditions of White and Epston (1990), tend to respond to trauma and social hardships in a non-retraumatising ways that make people stronger and more resilient. Collective narrative practices also provide space to marginalised explanations and culturally congruent ways of coping. Initially, these group practices encourage talking about individual stories through the use of metaphors, songs and folk knowledge. The group is then brought together to explore collective skills and strengths, thus affirming individual voices within that collective space. The significance of these methods lie not only in their attempt to draw on local practice and folk culture but also in their ability to theorise beyond the collectivism/individualism divide drawing attention to the existence of collective and individual speech patterns and the possibilities they create if we notice and follow them in our practice (Denborough, 2008). Specific collective narrative therapy such as the Kite of Life project (Denborough, 2010a), can also help bridge and transform the intergenerational conflicts such as those that had surfaced between participants and their children who were born and acculturised in the UK to one of alliance. The Kite project was developed by the Dulwich Centre Foundation to help ease relationships between young people and their parent and grandparents that became strained by the process of migration. This project combines narrative therapy and art therapy ideas in order to find new ways to address intergenerational conflict.

The above work can be delivered in partnership with community organisations and faith groups. However, the delivery of such work faces many challenges most importantly the lack of a common understanding of what is meant by mental health or illness. As mentioned earlier, services’ roles and functions are poorly understood by Somalis in general. Mental health services need to engage in promotional programmes that take psychology to communities in need where they can open a dialogue to renegotiate what is meant by mental health, identify help seeking behaviours and provide choices as to where healing centres should be located.

For example, I personally led on increasing access of the Somali speaking community to psychological services in Camden, by taking psychology to the community to promote wellbeing. Instead of attempting to colonise cultures and
experiences, which may occur as a result of globalising a particular world view inherent in my Western training as a mental health practitioner, I invited conversations about how the community perceives mental wellbeing. I held these workshops in community organisations, in GP practices, and in cafés where Somalis congregate. These attempts led us to collaboratively with the community develop a mental health glossary that professionals can use in clinical practice. They also led to more individuals accessing the service directly or being referred by their GPs. Additionally, I held workshops within the Trust to enhance professionals’ understanding of how the community perceives mental health and their help seeking behaviours. I believe the success of these attempts were partially due to the fact that I was a bilingual practitioner who was familiar with the community conceptualisation of unwellness. Training bilingual staff can support the development of new ways of doing things that are culturally congruent. Funding for such specialist work ceased with the shift to manualised treatments and the wish that all mental health practitioners should be culturally competent. Whilst I agree that cultural competency should be incorporated into professional training programmes, I am less convinced that this work can start in clinical settings. Also, issues of stigma and trust resulting from discrimination for becoming a refugee need to be addressed in more creative ways; individuals cannot necessarily overcome these barriers without organised support and a cultural shift on how services are organised.

5.1.4. Is talking to God enough?

Faith seems to be key for current study participants wellbeing. Also, there is increasing psychological evidence of the positive role of spirituality and religious beliefs in coping with and managing varying mental health problems; many now consider religion as an area important enough to be considered in therapeutic interventions (Cornah, 2006). In fact, the British Psychological Society’s publication The Psychologist recognised this and dedicated an issue of the journal (April 2011) to Psychology, Religion and Spirituality. In theory, there is a reported positive correlation between lower levels of depression and belief in transcendent being (Bonelli, et al, 2012). Similarly, a positive physical and mental health outcome has been reported for anxiety disorders (Forouhari, et al, 2019). A review of the association between symptoms of PTSD and religiosity found that positive religious coping, religious openness, readiness to face existential questions,
religious participation, and intrinsic religiousness are typically associated with improved post-traumatic recovery (Cornah, 2006). This evidence merits more calls for accommodating faith in clinical interventions; psychologists need to promote their interventions as a complement rather than supplement to religion and spiritual beliefs. In fact, there are recent moves to incorporate religious cognition in the most promoted models of therapy such as CBT, particularly integrating religious cognitions surrounding trust and mistrust in God and monitoring their impact on tolerance or intolerance of uncertainty (Rosmarin, et.al, 2011). Psychological acceptance can also complement faith-based values. In Acceptance and Commitment Therapy (ACT), there is an emphasis on clarifying and articulating important life values, linking achievable goals to those values, and aligning one's behaviour with respect to these values and goals (Herbert & Brandsma, 2014).

5.1.5. Addressing stigma

The stigma associated with having mental health difficulties can be an added barrier for the faithful, such as the current study participants, who may also fear being perceived as spiritually weak and may be burdened by worries about confidentiality breaches. The latter could exacerbate refugees’ feelings of shame and could lead to further exclusions from their communities (Fernando & Keating, 2008). Additionally, the history of political repression, the belief that talking doesn’t help and lack of knowledge of and fears related to mental health services can all add to the burden of talking (Shannon et.al, 2015). Talking itself requires a level of trust often affected by the experiences of trauma and complicated by all the above-mentioned issues. Additionally, refugees may fear mental health services for many reasons, some of which are legitimate (Patel, 2019). As evident in this study, and as Patel (2019) highlights, ‘trauma’ is not a single event, located in the past, but an ongoing experience in everyday life beyond refugees’ original countries. De-contextualising symptoms and fitting clients into systems that are Eurocentric and are alien to their understanding of self and others may itself be discriminatory. CPs’ duty under the Race Relations Act (2000) as well as under Universal Declaration of Human Rights is to provide services that fit the communities they serve, and not the other way around. In order to achieve the latter, CPs can make best use of service user involvement movements to help redesign services that are relevant. Additionally, in order to address stigma and the legitimate fears of services as well as misconceptions about talking, CPs can also get involved in public campaigns. Public campaigns such as those to combat stigma and encourage treatment seeking
have shown to be helpful (Borschmann, Greenberg, Jones & Henderson, 2014), however it is necessary not to fall for the one size fits all approach. These campaigns to change attitudes towards mental health and treatments need to be targeted to specific groups including refugees.

5.1.6. Working with forgiveness

As mentioned previously, the study participants chose forgiveness as a way to seek wellbeing. This is in line with emerging psychological evidence that shows the virtue of forgiveness. However, as participants also take up roles as change agents, it is important that therapy doesn’t seek to disempower their desire to achieve it. CPs’ role in therapy may be to help unpack what clients seeking wellbeing mean by concepts such as acceptance, forgiveness and common humanity; to explore what function they will be serving; examine what personal goals clients want to achieve in relation to these terms; and what outcome do they want for their families and communities. CPs need to ensure that clients, in their pursuit of forgiveness, are aware that human rights violations mean that they are also entitled to justice and reparation (Patel, 2019). The psychologist’s role, Patel adds, is not to diminish the latter and foreground the former. Patel (2019) proposes that psychological approaches, which promote forgiveness, such as compassion focused therapy, may ignore in their focus, the human rights aspect of refugee experiences, like the need for redress and reparation. Instead, Patel (2019) suggests the adaptation of a human rights based approach (HRBA). She describes HRBA as an approach that locates human rights (safety, security, social justice, equality and non-discrimination) at the heart of health care delivery from policy, research, practice and monitoring, all of which proved to be important for the current research participants. In this approach CPs become practitioner activists that not only look at the adverse impact of social inequalities but also consider the adverse impacts of psychological models, practices, and institutions on each individual, their family/carers, and communities. According to Patel (2019), CPs in this role engage in delivering justice based practice while using their knowledge to actively seek change in the status quo. In this role, CPs also become advocates, working collaboratively with others such as lawyers engaged in the promotion of human rights and are defending against their violations.
5.2. Implications for research

Generally, research with refugees is overly symptom-focused, heavily constructing war experiences within the parameters of abnormality (Tribe & Patel, 2007). There is scarce research that prioritises refugees’ voices about their own experiences and their stories of personal recovery and wellbeing. Even though Somalis can feel over-researched, they hold invisible status within services. According to Yap, Byrne and Davidson (2010), this may be explained by refugees’ lack of speaking rights, where their life stories are censored to satisfy the interest of powerful agencies who control the production of knowledge, often recreating the language of othering. While quantitative research with refugees is abundant, qualitative research is scarce, but important to tell us more about refugees’ lived experiences and enable them to articulate their stories.

5.3. Implications for policy

At the policy level, the current study provides insight into a journey to safety, wellbeing, and restoration of faith and belonging, one that has implications for the reintegration of refugees in resettlement areas. Safety by itself is insufficient, as participants of this study crossed oceans for security, which encompasses functions such as having equal access to a place and culture of respect for human rights throughout society, including formal and informal justice systems. In order for refugees to feel safe and secure in their host country, integration programmes need to include referrals to community organisations that can attend to their needs of being part of a community, as well as their psychological needs. CPs are trained in best evidence-based practice, including leadership and consultancy models. As a result of this training they are well equipped to promote a culture of equality and respect in society and at policy levels. This is particularly important in times where austerity, de-industrialisation and competitions over resources possibly feed fears of the other. This may have also motivated the eventual Brexit outcome. Clinical psychologists have a good understanding of the power that a population/group exerts on an individual and the reasons why some people may prefer inequality (Starmans, Sheskin & Bloom, 2017). They also know that, ultimately equality, is beneficial for the society as a whole, and not just in terms of income but in terms of outcomes for every area of public welfare (Wilkinson & Pickett, 2009). Wilkinson and Picket (2009) showed how people in equal income and social environments are
happier; the trust and the quality of community life is better, and these communities tend to have reduced mental illness, obesity, imprisonment, teenage births and premature deaths rates. The BPS has recently published its declaration on equality, diversity and inclusion (BPS, 2017) in which it highlights its commitment to “Advocate for the importance of equality, diversity and inclusion and being accountable for improving practice and communicating psychological knowledge of equality, diversity and inclusion to our membership and other stakeholders” p.1. CPs need to capitalise on this will and get actively involved in the wider movements for social change. There are movements within clinical psychology, such as Psychologists for Social Change, who describe themselves as being ‘interested in applying psychology to policy and political action’ (Psychologists for Social Change, 2020).

5.4. Reflexivity

In order to become conscious of the assumptions I made, I carried a research journal (see appendix 9 for an example of an extract), which allowed me to pause, step back from and reflect on my thoughts and emotions. The reflective process increased my confidence in engaging with participants and the data.

It became apparent that prior to the interviews, I naively over-identified with the potential participants: I was also a Somali, woman refugee who came to live in Britain about the same time as the participants. Even though I anticipated some difference based on clan affiliation, education and class, I did not pay much attention to it. However, these aspects were important as they influenced how we saw events leading up to the war, the war itself and how we understood the concept of forgiveness. According to Goodman & Freeman (2015), psychologists need to do their best to become aware of aspects of their identity and identifications that are defensive and made from conditions of cultural inequality. According to the authors, such defences obstruct the capacity to acknowledge the ways in which we and others are different or similar.

My father’s disagreement with the Somali dictatorship regime aside (see appendix 1), his clan lineage, his military title and his high education level meant that we belonged to the ruling class in Somalia. My clan affiliation is that of the Majeerteen subclan of the Darood: the last ruling monarchy in Somalia before colonisation. The clan played an important role in the pre and post-independence era and produced
many elite writers, doctors, prime ministers, businessmen and military personnel. The clan received much envy and resentment that is still felt today; members were particularly targeted by the socialist military regime and many went into exile forming the first opposition party in the country. They were also particularly targeted after the fall of the dictatorship regime in 1990 and were subject to the subsequent clan cleansing (Kapteijns, 2012); first, because they shared the same umbrella clan as that of the departed dictator, and second, their association with the former king, both belonging to the Darood clan. Because Somalis are a close community, it is very likely that participants either knew my family, or at least knew my clan prior to attending the interview. Some may have omitted information to avoid hurting me since I belong to the losing side, or may be fearful of speaking out generally due to fear of persecution and the realities of living under dictatorship.

Regardless of internal disagreement within the regime, my family's class and proximity to power had given us access to resources, especially information. During the interviews, I was surprised at the degree of mismatch between my knowledge of what was going on in the country prior to the collapse of the regime and that of the participants, who disbelieved this turn of events.

According to Freire (1975), the culture of violence and the internal culture of silence is operated through social inequity, instilling a passive and supressed self-image onto the oppressed, which perpetrates powerlessness. The regime in Somalia did that through violence, arrest and murder of dissidents, regional mass murder due to harbouring those who spoke out, education, and a complete media blackout about the state of the country. The media often aired praising the ruling elites and telling people to conform, songs such as dadkaaga dhinac ka raac (which means to conform, be adherent or do not deviate from the norm), which I see as an implicit threat to discourage people from voicing their concerns. These experiences were compounded by war, where people were targeted for who they were, making being seen or heard even more dangerous. Moreover, the shame and guilt associated with witnessing atrocities and surviving while others did not, may add to silencing. Participants of this research were silenced at many levels: socially, culturally and by the sheer enormity of what they witnessed and were subjected to. However, they mainly belonged to the educated middle classes, and their disbelief may serve another function, which is discussed on p. 73.

Participants chose forgiveness to deal with their experiences. While their agency can be questioned, given the many levels of silencing, Alfrod (2013) argues that those
who we consider traumatised are capable of representing their experiences, and that we should listen more and theorise less. But their ability to represent their experiences does little to heal them. He adds that forgiveness may be seen by practitioners as a way of avoiding mourning, but also as a virtue that, in the classical sense, recognises human vulnerability. He also suggests that forgiveness has conditions: the wrong-doers coming together with the wronged to mend broken relationships and create a narrative of repentance. Repentance is immensely important in Islam too, as a condition for forgiveness. It’s clear that participants are observant Muslims and may draw their belief in forgiveness from their religion; for a faithful Muslim, repentance is crucial in rectifying one’s life and amending one’s wrongs. It requires that a person gives up the act, shows regret and remorse, resolves never to return to it, returns property taken from others, and makes amend with those wronged or asks for their forgiveness. Unlike South Africa (following the collapse of the apartheid regime) or Rwanda (after the civil war), acts of forgiveness and repentance have not been established as a way of mending community relations in Somalia. The militias that committed the clan cleansing claim their acts were justified based on grievances against the dictatorship regime, and to date, a clear command structure of those who ordered the looting and mass murder of unarmed citizens is not established. Personally, I see no clear grounds for forgiveness; it took me and my family many years to mourn the loss of a country, a home, a community, belonging and lives. Of course, I reflected deeply on the effect that this difference in dealing with our histories had on the research process. I chose to represent participants’ views as they are, without passing professional judgments, nor arguing that one view is more valid than another. Also, despite participants’ material inequality from their status as black Muslim women refugees in the UK, the participants exercised agency and power by striving for wellness in the way they chose. For example, drawing from folklore and divine strength to focus on survival rather than losses, and seek liberation through forgiveness. As Afaupe (2011) said, the exercise of power is invisible to people in power. I had to question whose interest I serve in my position as a clinical psychologist, and commit to the integrity of the expressed views and choices while not colluding with the systems that deprive them of meaning.

For full reflexivity (see appendix 1).
6. LIMITATIONS

Narrative study relies heavily on the use of language, not only semantics, but also considering structure and grammar to enable access to memories of events and places. The use of past and present tenses to describe an event are both grammatically correct in the Somali language; it was difficult to distinguish between when this reflected an emotional process, and when it aimed to persuade the audience to a particular conclusion.

Being of similar ethnicity and gender to the participants may have enhanced my understanding of cultural and political influences at play. At the same time, however, this may have added to the burden of expectations in participants who said that this was the first time they had shared their experiences. I wondered if they wanted me to share responsibility for change that I inferred from their persistent use of the ‘we’ when talking about forgiveness. I felt the use of the ‘we’ was a call for the collective, including me as a Somali, to help bring together the fragmented Somali identity, and that this influenced the outcome of our encounter.

Moreover, employing bilingual practitioners and researchers is often recommended in work with minority groups (Patel, 2008; Horst, et al, 2012). Bilingual researchers, and those of similar ethnicity to their participants, should not minimise the impact and the intersectionality of values and assumptions inherent in other signifiers of difference such as age, class, professionalism and politics. For me, ignoring these aspects have led to over identification with participants. Upon reflection, however, I have come to recognise sameness and difference with study participants.

Undoubtedly, minority groups are underrepresented in psychological research. In order to better serve multicultural Britain, more representation is needed to enable the generation of relevant knowledge. Muting the voices of those who already lack a voice within the health research, by destroying data solicited from them, can be considered unethical. A reported concern is the possibility of producing biased information. However, this is most pertinent when the research is seeking participants to be representative of the general population. The current study is done with the same minority group and its findings should not be considered representative of a wider population of refugees.
Indeed, the intention of the current research was not to generate a single generalisable truth, but to sign up many narratives of Somali refugee women who told their individual stories according to what was important to them as seen in the analysis section. That is not to say, that there were no points of similarities, not only amongst themselves but also points that link them to other refugee populations. I am hoping that these narratives could be added to the ongoing examination of the global applicability of dominant western mental health models.

Having said that, my overenthusiasm meant that I overlooked the time and resource limitations leading me to alter the sample size having collected the data. As mentioned earlier, instead of destroying collected data, I should have altered the sample size once it had become clear that the process of recruitment was going to take more time than anticipated in the planning stage; altering sample size in the planning stage is a common practice in qualitative research (Silverman, 2010). I acknowledge that destroying collected data and privileging my own practical research needs, was ethically problematic as in this way, I inadvertently disempowered those who I had sought to empower and disallowed their voices to be heard. It is important, therefore, for psychologists to reflect upon the power they hold and exercise as researchers particularly when it comes to underrepresented groups such as the current study participants. In the process of research, I have reflected openly and honestly on the issue of sameness and difference, on my interests, and on the many ways in which my ideas and beliefs were challenged, as well as the decisions made during the research, by doing so I hope I minimised bias and ensured the integrity of the research. However, I accept that I should have contacted participants to inform them that their data was not going to be used instead of letting them assume that this was the case. Moreover, I acknowledge that keeping participants in the dark, was disrespectful, as a result, I am committing to continuous professional developments in research and ethics.

Narrative inquiry within the qualitative research family, does not seek a representative sample, rather, the focus is on the individual story and the unique personal experience of human nature (Reissman, 2008). This gives participants a defined identity rather than being subsumed into an anonymous part of a larger whole (Robinson & Smith, 2010). This is not to say that the low sample size does not impact the robustness of the current research. Particularly when it involves doing justice to the much needed evidence that is emerging from individual stories. This, in return, can provide ideas to other researchers interested in the formulation of appropriate theories and to those who design relevant evidence based interventions for minority groups.
One way of assessing the quality of qualitative research is to consider validity and reliability. I followed a rigorous methodology, with a clear design and procedure and an approved ethical standards to ensure that the research question was attended to. Riessman (1993) presents four ways of checking validity in narrative work: persuasiveness, correspondence, coherence, and pragmatic use.

Persuasiveness is the ability of the reader to make informed judgements based on evidence provided and its interpretation. This was realised by using interpretations backed up by actual quotes from participants. Persuasiveness was further enhanced by seeking input from an expert in narrative research within the clinical psychology department of the University of East London, ensuring that interpretations corresponded appropriately with actual quotes in order to enhance persuasiveness. The expert was generally happy with the interpretations and evidence presented, but asked me to: delete areas where there was no strong evidence for my interpretations, and suggested, if necessary, to add these interpretations to the discussion section. The expert also noted a couple of quotes that I needed to expand on their interpretation while suggesting that I removed demographics from the analysis. I made these corrections by deleting, where necessary, and expanding the interpretations as noted and tidied up further. The final analysis was then re-presented to the expert and was approved (see appendix 13).

Correspondence refers to taking findings back to interviewees to see if they fit with participants’ experience. First, I spoke with participants on the phone to tell them that I was about to email excerpts of their interviews and my interpretation for their comments on accuracy and resonance (see appendix 12). The relevant tidied-up analysis was sent to each of the participants. I did not receive any corrections. Even though it is tempting to interpret lack of response as validation, it is possible that other factors contributed to it. For example, Barbour (1998) suggests that respondent validation makes considerable demands on participants’ time and may even be exploitative or distressing depending on content and topic under study.

According to Agar and Hobbs (1982), there are three kinds of coherence: local, global and themal. They point out that in narrative research, coherence must be as thick as possible and ideally relate to all levels: continuous process of initial hypothesis modification about beliefs and goals (global coherence) in light of the
structure of particular narratives (local) and recurrent themes that unify the stories
(themal) is recommended. I ensured that the convergence and divergence in the
data made theoretical sense within a framework of socially constructed knowledge,
bringing stories together under theories in a way that enables others to make
coherent sense of the large amount of data I collected.

Pragmatic use refers to the extent that the study can be used by other
investigators; how useful it is to others. For example, participants in this study
prioritised piecing together the fragmented personhood (faith, family and
belonging to the group) over their personal needs. Future research can look at the
limitations of the theory of shattered assumptions, which unlike the current
participants, may give more value to work on the self.

Additionally, although usefulness is difficult to predict, we can provide
information that can help others to determine the trustworthiness of a study,
by making available detailed procedures (Reisman, 2008). The researcher’s
personal and cultural identity as well as their theoretical beliefs impact on the
research process (Lapadat & Lindsay, 1999; Reissman, 2008). I continuously
reflected on my assumptions and values that were similar and different to the
participants. By bringing these into consciousness, I minimised their influence
on the research and thus I hope I demonstrated the trustworthiness of my
analysis.
8. FINAL THOUGHTS

Throughout the course of the research I was able to appreciate the difficulties involved in studying an event after time has passed. People are in constant dialogical interaction with their surroundings and this influences how they see the event as well as the actions they take. Not only do people try to make sense of their experiences by storytelling, but they are also constantly trying to incorporate others’ stories. By researching this event, I hope I was able to capture this complexity and I give voice to a historically marginalised group.
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10.1. Appendix 1

Reflexivity:

Earlier on, I said that reflexivity involves reflecting upon the ways in which our own beliefs, experiences, political commitments, and social identities have shaped the research and how the research may have affected us. This part is divided into two sections, personal reflexivity, and epistemological reflexivity.

The personal:

First, I would like to declare those identities that are particularly important to me and are similar or different from those of the participants. I believe these identities and their evolution have determined how others responded to me while restricting and regulating my own relationship with them.

First, I belong to the human race, and as such share with the rest of my race many characteristics that define and set it from other species, most importantly language, the ability to articulate my intimate feelings, thoughts, emotions and desires to others that allow us to overcome the limitations put on us by the physical environments. I choose language, because as a trilingual, it allowed me to access knowledge, to share it and influence others. Some of these languages, particularly, Somali and Arabic, connect me to the current participants, our shared Somali culture and the religion of Islam. It took me three years to learn fluent Arabic and to excel in it at school when my family moved from Somalia to the United Arab Emirates. This was not my first exposure to the importance of language, and as I write this reflexivity I am having memories of the most treasured moments of my childhood. I remember sitting every night, myself and my other two siblings in a semi-circle on the floor of our gated home listening to my uncle, a Veterinary by profession, with his golden colour, fine features and clean ironed shirts and trousers, sitting on a garden chair, narrating stories about a world his privileged life has given him access to. Recreating in his eloquent imagination, meanings of passion, love, loyalty,
perseverance, and responsibility through poetry and storytelling. He introduced us to literary legends of the Somali and the Arab world, where language and fluency occupies a special place in the culture. Through these tales and words, I had a glimpse to what was important to his generation, as well as the research participants, and that of the poets, a theme cutting through their work being the value of education, the pen, the paper and the use of language.

Life in Somalia was not all always as romantic as the story above; it is where I was confronted with the bitter tastes of prejudices. My father was a General, the deputy head of the Somali armed forces. He was violently killed in a helicopter crash in which there was a suspicion of a foul play by the part of the government due to internal regime political disagreements. This had an implication on my uncle, the only brother my father had and on us as a family. We learned to live under continuous scrutiny, and for my uncle, it meant that he was almost under house arrest as well as being bypassed for promotions in his work. The latter did not limit both my mother and my uncle to live up to their values and be outspoken critics of power. This experience made me question the participants’ romanticised picture of Somalia prior to the civil war. Many people knew of the state of affairs in the country, but the scale of the problem was hidden for the majority of the population, due mainly to the culture of silence imposed by the regime (Freire, 1975). Then there was the civil war, which transpired to be one of the most spoken about tragedies but hidden in detail. For me, the civil war was indeed a crisis of identity. My family and I belonged to the same tribe as the departing dictator but at the same time we were maltreated under the regime. However, the civil war was not against a regime as much as it was against a tribe, one that I belonged to. As a collectivist culture, it meant that I shared the indignation of the dictator despite my family's relationship with the regime. I felt always that I needed to clear my family's name before I engaged with the Somali community in the UK. That is not to say that I agreed with the human rights violations that took place during the civil war, including the collective punishment of entire segment of the population because of a certain characteristic. The latter being a view that I shared with the current research participants.

The war and the collapse of the regime in Somalia meant that I sought asylum in the UK as a refugee. As the participants of this study also, and even though things were not ideal for my family, this was an identity that I have never thought I will seek prior to the war.
I never entertained any thought of having any future away from my home country. For me being a refugee in the UK shaped my interest in work and academia, but most of the time the impact this identity had on me was overshadowed by other layers of my identity.

I am also a Muslim, Muhamadiya, black and a woman, identities that I shared with the research participants. Each of these three aspects of my life has shaped me and had a profound impact on who I have been and became in different stages of my life. The Emirates is the place that nurtured the development of my own understanding of being a Muslim. In my understanding, Islam, unlike popular wisdom, does not mean submission per se, a word that denies the person agency. Submission itself has different meanings in varying contexts, for example submitting a document without giving up ownership of intellectual properties. In a similar fashion, how I understand Islam is that it is a belief in the oneness of God and other pillars of the faith, without giving up agency since the decision to believe is after all ours. I learned that by choosing Islam, I declare that I am not in a position to judge others in their nature or choices. Additionally, I am conscious about not causing physical or psychological harm to others I share the world with including the environment. I am also aware of the fact that I am nowhere near perfection and that I will never be since I am not God, but I strive to be as good as I can be.

These beliefs match the core values of clinical psychology, particularly causing no harm whether that being psychological or physical. It makes me always question whose benefit I serve and to what purpose and to be open about the decisions I make throughout the study. Being a woman and also black is something that has shaped me since they have impacted on how people responded to me while regulating and restricting what I wanted to do or achieve. Restricting the power of or liberating the ‘female’ has been a fiercely debated matter that women generally had to contend with. For me, embodiment, the actual physical traces of femininity make being a female more of a material thing, where ideas of difference are shaped and produced around as much as it is a social construction.

Even though it is a shared act, women carry in their body the consequences of engaging in sexual acts, this adds also an economic dimension to how being a woman is related to in Somalia where I come from. Marriage usually guarantees parental rights and responsibilities, including the financial maintenance of children. In the absence of such contract, sexual explorations come with a price no one would want to meet, particularly
in such deprived areas of the world as Somalia where individuals are struggling to feed their families and where the practice of female genital mutilation (FGM) thrived to manage female sexuality. Then there is the social humiliation of proving contested fatherhood in order to make men liable to legal or costmary laws. Nevertheless, the act of (FGM) itself is an exercise of power in its most gruesome nature, where parents make interventions on the nature level against the teachings of Islam. The wisdom that says FGM does stop women from having consented sex or be exposed to unconsented acts is in itself a myth. While these are my views about being a Somali woman, I am aware that participants may have not shared my views about sex, marriage, and FGM. Most of the participants were married and have large families, while I am a single parent of one child, something that is unusual in the traditional Somali community, yet more common in the UK, where women are more financially independent and developed lax views about marriage.

The participants of the research emphasised the importance of family and community continuously and in many ways, I wondered if they wanted me to agree. Yet, I come from a very small family in comparison to the large size of Somali families. Also, I am barely in contact with family and I have no many connections to Somalia. These differences are something I reflected on during the research and brought to the consciousness level.

Moreover, the colour of skin adds a complex layer to being a woman in Somalia, Arabia as much as in the Western world. The lighter the skin the more opportunities of marriage and privilege one gets, and the more the society is forgiving and accepting. However, the situation is different in different Arabian countries where I grew up. In the Arabian Gulf, more integration of blacks can be seen, than for example, Egypt where a huge junk of the population is missing from public life. Interestingly though, in the Muslim and Arabic literature, there is no distinction on the basis of colour between women and men. Generally, though, the Western blacks are treated with more dignity than say blacks from Africa, due partly to the influence of the civil rights movements, sports, and hip hop.

For me a mixture of nature and nurture allowed me to defy these societal limitations, most importantly social class and education, something participants may have not been able to do. Being a woman in Arabia and in Somalia meant that I have to be aware of my body and that I am a sexual being. Here in the UK, I faced a different kind of prejudices, where intellectual abilities as a black person were more
important than say, my gender. This does not only impact on academic engagement but also access to the labour market. My first confrontations with what was available to me were when I enrolled in BTEC national in media studies to help me pursue a career in media that aspired to in the UAE. In one of my attempts to explore career options within the media industry with one of my teachers, he nicely explained that British media is English media. He added that it would have been a waste of my time to not be realistic about limited future options for someone like me who spoke English as her second language. At the time, not many black faces were present in the visual media, so for a newcomer like me, it was not difficult to be persuaded by the opinions of someone in power like my teacher. So, I left and after a short assessment by a career advisor, I was given a list of careers that would suit my personality including psychology. Psychology was somewhere familiar, having covered it during my high school education; I remembered at least that it was amongst the subjects I enjoyed.

During my first year, I was so enthusiastic, I loved standing on traffic lights junctions testing the bystander effects, and the results were an eye-opening for me, learning something about the impact of the presence or absence of others on social behaviour. However, I remained largely invisible, a term used to describe Somalis in the UK; nothing much was expected of me, something that transformed me to apathetically engaged person, setting off depressive episodes that I struggled with many years thereafter. But of course, like all places, there were also heroes, who I had engaging conversations with about difference and sameness, introducing me to important readings such as the Nacirama, an anthropological masterpiece on shared humanity, needs, and desires when power and influence are removed and is replaced by cultural lenses.

However, there was a gap between my physical appearance and intellectual expectations, I was constantly asked by psychologists if I was ‘trying to be clever’ in my writings or ‘if I wrote pieces on my own’, ‘if my work was theoretically based’ and so on or advising me to pursue a career in social work rather than psychology. There were also questions about my mental stability when I raised issues of difference as one of my supervisors once put it ‘I had a funny way of describing things’, that funny thing being conversations about racism. I was labelled community or human rights activist, insinuating militarism sprinkling more doubt over my character. I learned that the term ‘racism’ itself is problematic, not only because of the emotional responses it triggers
since most of us would like to think that we are nice people, who do not wish harm on others. But that it is a lived experience of considerably large segments of the society; they are daily struggles that knock off confidence and dignity. Most of my peers who I went to university with of my colour and background gave up on finding a job in their fields or even close to them, ironically moving on to the US and other parts of the world. London is one of the most cosmopolitan cities in the world, and some areas the ethnic minority population exceeds that of their indigenous counterparts. Yet, ethnic minorities are over-represented in mental health and corrective institutions than say in the city, in the media or the police force. Having worked with the community in different capacities, I saw that these overrepresentations are interpreted by the community as these systems being places to punish Blacks than places of healing or justice. According to Gergen (1999), the psychological and philosophical categories receive their meaning from social conventions. Indeed, research tells us that psychological labels such as schizophrenia are given to more blacks than others and many psychologists and psychiatrists suggested that they are a representation of how difference is understood than being a depiction of reality (Littlewood & Lipsedge, 1982).

In my workplace, the use of terms such 'hard to reach', ‘not psychologically minded’ or ‘they don’t apply for these jobs’ appear, further marginalising individuals placing responsibility in the community than services. I do agree minority groups may not come forward due to historical mistrust as much as they need to, but in the absence of evidence to suggest the implied intellectual difference, there are some serious questions to be asked of our systems in every level including schools that are tasked with sharing the responsibility of producing well-adjusted individuals. So, I asked these questions while at the same time retelling stories. Of course, sometimes positive influences of storytelling can be restricted by actions on the ground. An example of this is the stories that were being told amongst the Somalis in the UK and elsewhere about the legal status of khat use in the UK; khat is a stimulant used mainly by East Africans and Yemenis in the UK. I supported campaigns that lobbied for changes in the law (being pro banning), by telling a different story that was not accessible through academia, a story of a community struggling with deprivation compounded by substance misuse and limited by racism and masculinity (Saalax, 2008). Khat has been long seen as a tool of colonial subjugation by the Somalis, but the actions of the British government, which moved to criminalise it in recent years,
have transformed this narrative by spilling myths and recreating a new narrative of reconciliation and solidarity.

Additionally, I spent much of my mental health work in delivering mental health promotion in schools and in café’s mainly for boys and adult men of Somali origin, believing that gender equality or equality of any sort is achievable when men feel secure and confident in themselves. There is an Arabic proverb that says ‘faqid al shay laa yu’diih – one cannot give away what he/ she lacks’. But also, one cannot ignore the deafening absence of the voices of women of ethnic minority background particularly the experiences of those who made their way to Britain from Somalia within the communities themselves and in the mainstream schools of thoughts. These experiences perhaps played a role in my decision to become that voice through retelling women’s experiences of war.

I also observed the parallel lives lived by women in the UK, that of the ethnic minorities and the white population, despite shared experiences dictated by belonging to a shared gender. These parallel lives are not going separate ways at least, but there seems to be a gap between the in-group bonding and the bridging between communities that make up the wider British society. Bonding and bridging are two dimensions of social capital (Putman, 2000). Bonding is thought to be in-group homogeneity, strong norms, loyalty, exclusivity and reliance on solid intra-group ties. Bridging, however, is outwardly focused and relates to between groups linkages (Kirmayer, et al., 2009). I seized every opportunity to raise questions about the status quo, in order to bring this silence to the consciousness level. I believe that there is knowledge in every experience that tells us something about humans in different contexts and enables us to understand social relationships and processes at a given time. My experiences during the process of the research helped me to look back and think about my life experiences that influenced the choices I made during the research and also why I chose the topic and the gender of those to be studied. I am not making claims about any truths; instead, I consider my own understandings and experiences as one perspective amongst many. In a way, I am indebted to this process, to participants, and to the research supervisors that helped me to re-evaluate my own stance in life through participating in the research and through discussions.

The epistemological reflexivity:
I declared earlier on in previous chapters my epistemological approach to research and hence knowledge generation being social constructionist. My position changed many times during the research, reshaped by participants, by my own developing identity as a professional clinical psychologist, by politics and the environment. My critical realist ontology meant that I went beyond the raw data to incorporate historical, cultural, economic and political realities, that of myself and that of the participants. I said earlier that I am a believer; one may wonder then the compatibility of such ideas with social constructionism, where God itself is seen as a construction of a particular reality. But such reality one may argue, subscribes, to a certain extent, to the ideas embedded in the dualism of body and mind, which by default excludes spirituality. In my opinion, though there seem to be no contradictions between religion and science as such. For me, religion itself is a science albeit one that examines the rules of relationship with the environment and people. A social constructionist view sits on a continuum, individuals are generally seen as relational beings, but the difference is the importance accorded to the role of language in the construction of reality. Some would view reality as being created and co-created within the domains of language and relationships both governed by the rules of power and subjugation in society (Foucault, 1990). The difficulties with this are that power and subjugation are prerequisites to knowledge creation, and the individual in this way is in a constant loop of acting and reacting to them. Even though this offers much about human reality enabling us to defuse aggression and redirect resistance, but I worry that such interpretation would limit knowledge to a particular construction of relationships, one that is violent and reactionary. In the process of the current research, my understandings of the terms of power, subjugation, and resistance have positioned the researched and me in confrontational positions, as Riesman (2003) says giving up power, at least my understanding of it, in the interviews turned out to be easier said than done. Particularly when things that have been shared of the collective event or how to deal with it, did not fit in or subscribe to a particular narrative I had in my mind. So is the tyranny of the researcher and knowledge resolving only by ending my own monopoly over knowledge in that situation. Women participants were experts in their lives, wishes and desires, their experiences and how they wanted to deal with them. Additionally, I feel that these terms would also stop us from listening to or being
curious about other situations where power and subjugations are not necessarily guiding reality. In the case of the research participants, what I accepted to have guided their reality is their needs to feel safe and secure in themselves and in their community, while using language to achieve that. My evolving understanding of knowledge also helped to re-evaluate how I related to my participants, for example wanting to be neutral in a historical event that has denied many people the gratification of their needs for safety and security.

Social constructionists, generally, propose the idea that whatever is, simply is but that the moment we begin to articulate what there is – what is truly objectively the case we enter a world of a discourse and thus a tradition, a way of life, and a set of value preferences meanings of which are constantly evolving in relation to the other (Immink, 2001). While Foucauldians emphasise language, others such as Gergen (1999) puts weight on relationships suggesting that human self, including intelligence, is situated in social life. Gergen adds a new dimension to the latter, which is the encounter with God, a relationship that is conceptualised differently in different theological models. Generally, in social constructionism, there is no real engagement in how the there is, get to be is? According to Gergen, for example, there is nothing beyond relationships, so we understand the world and ourselves in that context, language becomes a tool serving relationships. According to Cromby and Nightingale (1999), the ecosystem and embodiment precede language. Again, according to Flaskas (2002) mortality, tragedy and absolute physical limits such as in the case of disability are often not well met by words and thus suggest that there should be a space for un-languaged and pre-language experiences. This is very much the case in relation to extreme experiences such as trauma and war as in the case of this research. What I make of knowledge, however, is that human needs, both basic and higher functions, are key to knowledge production. Relationships themselves are a human need and that language is a tool to satisfy it. But there are other needs that cannot be understood in the context of the need to relate to others, such as the need to sit down, it might be the case that chair, for example, appears in language in order to explain that something of such shape is used to satisfy a need that being to rest the physical body. Nature of the need and its discourse is directed as (Nightingale & Cromby, 1999) suggest, by the ecosystem, for instance, the need for warmth or cold to regulate body's temperature and by embodiment in terms of what we can communicate in the case of disability. I rather use here communicated differently
rather than being restricted or limited by disability. Once a language is found to communicate a need, the shape and degree of use as a reality then become subject to historical and cultural contexts, in which narratives are formed to sustain and develop a particular way of being.

The need to rest the body without sleeping or lying down on the floor is universal, but the shape that it takes differs from one place to the other. Moreover, I perceive religion or spirituality, whatever we would like to call it, as a human need, not often taken seriously, but one that is shaped by environment, by others, by economic realities and by our relationship to death and decay of the physical body.

While I accept that language is an important tool, one of which that enables us to communicate our needs, dreams, desires to develop and achieve. I am less convinced that terms such as power and subjugation are particularly helpful. It is in this context that I had stopped the use of the term ‘feminism’, which barely appears beyond the methodology section. First, I had to consider its origin at a particular time and place as well as implications for the rest of the world. The use of the term in a non-Western context has attracted ideological power struggles defeating its very purpose. I had conversations with community workers about this very topic before deciding on changing. Western women are not separate entities from the Western world, they share a gender with fellow women, but they are separated by a particular power order including the power to define experiences. If anything, having conversations about this topic, I realised that the term is seen as a Western cultural invasion whose purpose is to colonise other cultures. But, of course, they share gender, and therefore, for the purpose of the current research, I am instead using ‘women’s experiences’ to acknowledge the shared physiology and, at the same time, diversify experiences and social and environmental conditions. The women participants of this study were not necessarily unaware of their gender or their abilities and contributions, far from being the case, they shared with me that desire to voice their experiences in their own language and conditions, so my wishes are not so uniquely different to those of the participants, all that I did is to provide that context in which that telling can take place, which also influenced the experience.

References


PARTICIPANTS INFORMATION SHEET

English

UNIVERSITY OF EAST LONDON

School of Psychology
Stratford Campus
Water Lane
London E15 4LZ

The research project title:
Narratives of war: How Somali women construct their stories of war.

Principal Researcher:
Warsan Saleh – Trainee Clinical Psychologist

You are being invited to take part in a research project. Before you decide it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully. Talk to others about the research if you wish.

This leaflet tells you about the purpose of the study and what will happen to you if you take part.

Please do ask me if there is anything that is not clear or if you would like more information.

What is the purpose of the research project?
The main aim of this research project is to look at Somali women's stories of war. The current research project is part of my Doctorate in Clinical Psychology. Most research findings about refugee experiences rely on Western ideas that may not
translate to the experiences of individuals from non-Western cultures. These ideas are usually used to decide on what type of help people require. The findings from this research are hoped to contribute to the growing knowledge related to psychological work with refugees and to the practical work of services addressing refugees’ mental health, psychosocial and resettlement needs.

**Why have I chosen this project?**

From experience, I learned to view speaking to people and listening to their first hand experiences as a better way of understanding and offering help on that basis, so it is important to talk to you about your stories rather than talk about you.

**Do I have to take part?**

No. It is up to you to decide whether or not to take part. If you do, you will be given this information sheet to keep and be asked to sign a consent form. You are still free to withdraw without giving a reason. Withdrawal will be restricted for up to three weeks after the initial interview. A fixed deadline date will be given to you at the interview. A decision to withdraw, or a decision not to take part, will not affect the standard of care you receive at the community organisation you attend or any other service.

**What will happen to me if I take part?**

If you decide to take part in an interview you will be contacted first by the researcher for an initial telephone conversation about the project.

**What does taking part involve?**

An interview at the community organisation you attend for about 50-60 minutes. Some information about this being recorded.

**Will I be able to ask questions?**

Yes, there will be an opportunity at the end of the interview for you to ask me questions. If questions come to mind after our meeting, you will be provided with my contact details.

**What are the other possible disadvantages and risks of taking part?**
The research project may take 60 minutes of your time, but you can cancel or reschedule prior to the interview by contacting the researcher.

Also, you may need to share views about sensitive issues. The study is chosen to be carried out in the community organisation you are familiar with, and I will be providing information about services that can offer support should any concerns arise.

**What are the possible benefits of taking part?**

The research project may help improve the services available for women of similar backgrounds as you. It hopes to increase services’ awareness of war experiences of refugee women of Somali origin.

**What will happen to the results of the research project?**

The results of the research project will be written up and handed in as part of a doctorate programme in clinical psychology. It will also be prepared for publication. If you agree to take part, I will also transcribe the interview material, I will present a summary of the findings to you in written form or verbally.

**Will my taking part in the study be kept confidential?**

Yes. All the information about your participation in this research project will be kept confidential. Your name or any identifying information will not appear in any part of the research or in the final written report.

To help me remember what has been said in the interview, I will be tape recording. I will be the only person who will hear the tapes. The interview will be fully transcribed and written down on paper by myself. At this point I will be changing your name to minimise the risk of identification. Some quotes from the interview will be used in the final written report. When this takes place, care will be taken to disguise your identity. Once tapes are written down I will destroy them. My supervisor will read the anonymised written accounts. I will keep all written transcripts in a secure cabinet and I will be the only person to have access to them.

However, part of my role as a researcher also involves ensuring your safety and that of others. Therefore, this may mean that, if risk to you or others arise, I am obliged under the professional code of conduct to disclose information to my supervisor or to others. If this becomes the case, I will be discussing this with you first.
What if there is a problem?

If you have a concern about any aspect of this research project, you should ask to speak to me (Researcher) and I will do my best to answer your questions (Contact number: 07538972244). If you wish to complain you can do this through contacting the research project supervisor (please see below for her contact details) or through the University of East London Complaints Procedure.

Complaints:

Otherwise you can contact:

School of Psychology, Doctorate Programme in Clinical Psychology
UNIVERSITY OF EAST LONDON, School of Psychology Stratford
Campus, Water Lane, London
E15 4LZ

Please ask the researcher for formal complaint procedure.

Who has reviewed the research project?

The research project has been reviewed by:

University of East London Research Ethics Committee

Contact Details:

Warsan Saleh (Trainee Clinical Psychologist)

Doctorate Programme in Clinical Psychology
UNIVERSITY OF EAST LONDON
School of Psychology
Stratford Campus
Water Lane
London
E15 4LZ

Email: u1236157@uel.ac.uk

Research project supervisor:
Dr Trishna Patel
Doctorate Programme in Clinical Psychology

UNIVERSITY OF EAST LONDON
School of Psychology
Stratford Campus
Water Lane
London
E15 4LZ

Email: t.patel@uel.ac.uk

Thank you for taking the time to read this information sheet.
Consent form

UNIVERSITY OF EAST LONDON

School of Psychology
Stratford Campus
Water Lane
London E15 4LZ

Centre Number:
Research Project Number:
Participant Identification Number for this research project study:

CONSENT FORM

Title of Research Project:
Narratives of war: How Somali women construct their stories of war.

Name of Principal Researcher: Warsan Saleh (Trainee Clinical Psychologist)

Please tick box
1. I confirm that I have read and understand the information sheet
dated .................. version ..............) for the above research project.
   I have had the opportunity to consider the information, ask questions and have
   had these answered satisfactorily.

2. I understand that my participation is voluntary and that I am free to withdraw
   at any time, without giving any reason, without my rights to services or legal
   rights being affected.

3. I agree to take part in the research project.

_________________________ ___________________________ ___________________________
Name of Participant        Date.           Signature

_________________________ ___________________________ ___________________________
Researcher                Date              Signature
10.3. Appendix 3
Participants information sheet Somali

Xaashida wargelinta kaqaybgalayaasha

JAAMACADDA BARIGA LONDON
Dugsiga Cilmi Nafsiga
Stratford Campus
Water Lane
London E15 4LZ

Magaca cilmibaadhistan:
Sheekooyinka Dagaalka: sida ay haweenka Soomaaliyeed u tebiyaan sheekooyinkooda dagaalka

Cilmibaadhaha koowad:
Warsan Saalax – o u tababarata dhakhtarnimada cilmiga nafsiga

Waa maxay ulajeedada mashruucan cilmibaadhiseed?
Ulajeedada ugu weyn ee mashruucan cilmibaadhiseed waa in sheekooyinka dagaalka ay tebiyaan dumarka Soomaaliyeed laga dhadhansado iyaga aragtidoda u gaarka ah ee dagaalka. Mashruucan cilmibaadhisti wuxu qayb ka yahay shahaadadayda Doctorate/ dhakhtarnimo ee ku aadan dhakhtarnimda cilm
nabfsiga (Clinical Psychology). Badiyaaba natijooynka cilmibaadhista ku saabsan waayaha qaxootigu waxay ku salaysantahay aragtida rear galbeedka, oo laga yaabo in aanay ka tarjumayn aragtida dhabta ah ee dadka ka soo jeeda dhaqan aan rear galbeed ahayn. Afkaartaasi waa kuwa inta badan lagu saleeyo mucaawimada ay dadkaasi u baahan yihii. Waxa la rajaynayaa in natijooinka cilmibaadhistani ay wax ku biiriso aqoonta soo kordhaysa ee ku saabsan ka hawlgaalka arrimaha cilminafsiga ee dadka qaxootiga ah iyo socodsiinta adeegyada khuseya baahida qaxootiga ee dhinaca caafimaadka maanka (mental health), tixgeliinta dhaqan bulshadooda (psychosocial) iyo dib-u-dejintooda.

Maxaan u doortay mashruucan?

Waaya-aragnimada ayaan ka bartay in la hadalka dadka iyo dhegeysiga wixii soo maray ay tahay sida ugu fiican ee aad u fahmi karto uguna taageeri karto duruufahooda, sidaa daraadeed waa lagama maarmaan inaan si toos ah kaala hadlo wixii aad soo martay halkii aan adiga kaa hadli lahaa anakoo u maleynayna in aanu fahmi karno duruufaha uu qofku soo maray.

Ma kugu waajib baa inaad ka qayb qaato?


Sidee wax u dhacayaan haddii aan ka qayb qaato?

Haddii aad go’aansato inaad ka qayb gasho waraysiga, cilmibaadhaha ayaa bilaw ahaan telefoon kugu la soo xidhiidhaya oo kuu sharaxaya mashruuca.

Maxaa ka mid ah qaabka ka qaybyaadashada?

1. Waraysi 50-60 daqiiqo ah oo ku saabsan urururka bulsho ee aad timaadid ama meeshii aanu isku fahanno in ay haboontahay.

2. Qaar xogahaas ka mid ah oo lagaa duubayo oo macluumaadka qaar oo ku saabsan arinkan la dubaayo.
Su'aal cid ma weydiin karaa?
Haa, waxa jireysa fursad aad suuqo ku soo jeedisid dabayaaqada waraysiga. Haddii ay maskaxdaada su'aalo ku soo dhacaan dhammaadka kulanka, waxa lagu siinayaa tafaasiishii laygula soo xidhiidhi laha.

Maxaa iiga imankara ka qaybgalkan?
Mashruuca cilmiibaadhista wuxu kaa qaadi karaa 60 daqiqo oo waqtigaaga ah, haseyeeshe waad baabi'in kartaa ama dib u habayn kartaa balanteena intaan waraysigu bilaabmin adigoo xidhiidh hore la samaynaya cilmi baadhaha.

Sidoo kale hadaad u baahato inaad la wadaagto cilmiibaadhaha aragtiyo ama arrimo xasaasi ah, diraasada waxa loo qorsheeyey in marwalba lagu qabto urururo bulsho oo aad taqaan dhhexdooda ama meel aad ku kalsoon tahay, aniguuna waxaan ku siin doonaa xog khuseysa adeegyada kuu suuragelinaya taageero dheeraad ah haddii wax dhibato ahi ay soo baxaan.

Maxay yihii faa’idooyinka ku jiraa ka-qayb-qaadashadu?
Mashruuca cilmiibaadhista wuxu hagaajin karaa adeegyada ay heli karaan haweenka aad isku duruufta tiihi. Waxaa la rajaynayaa in la kordhiyo ku baraarugga waayu-aragnimada dagaalada ee haweenka qaxootiga ah ee Soomaalida.

Maxay ku dambaynayaan natiijooyinka ka soo baxa mashruucan cilmiibaadhiseed?
Natiijoyinka mashruucan cilmiibaadhiseed waa la qorayaa wuxuuna qayb ka noqonayaa barnaamijka shahaadiga ee Doctorate / dhakhtarnimadda ee diraaqadda cilmi-nafsiga. Waxaa kale oo loo diyaarinayaa daabacaad. Waxa kale oo qoraal loo beddelayaa waraysiyadii duubnaa. Haddii aad oggolaato inaad qayb ka noqoto, Waxan qoraal ahaan iyo cod ahaan idiin soo bandhigayaa natiijoyinkii oo kooban.

Ka-qayb-qaadashadaydu ma ahaan kartaa sir?
Haa. Dhammaan xogaha ku saabsan ka-qayb-qaadashadaadu ee mashruucan cilmiibaadhista waxay ahaan doonaan sir. Magacaaga ama xog kasta oo ku carrifaysaa kuma soo baxayso qayb kasta oo cilmiibaadhista ah, ama warbixinta kama danbaysta ah.

Sidoo kale, waxa cilmibaadhe ahaan hawshayda ka mid ah inaan hubiyo nabadgelyadaada iyo tan cidi kale aad waxyeeli karto, taasoo ay micnaheedu noqon karto, haddii aan arko in adiga ama cid kale o kula xiriita halis ku jirto, waxaa igu waajiba, sida uu i farayo anshaxa shaqo (professional code) inaan xogtaa u sheego horjoogahayga ama ciddi kale ee ay khusaso. Haddii arrintu sidaas noqoto, adiga ayaan marka hore kaala xaaqoonaya.

**Ka warran haddii dhibaato timaado?**

Haddii aad ka walaacdo dhinac kasta oo ka mid ah mashruucan cilmibaadhiseed, waa inaad weydiisataa inaad ila hadasho (cilmibaadhaha), aniguna waxan ku dadaali doonaa inaan ka jawaabo su’aalahaaaga (igala soo xidhiidh lambarka: 07538972244). Haddaad rabto inaad dacwooto waxad la soo xidhiidhi kartaa horjoogaha mashruuca cilmibaadhistaa (fadlan hoos ka eega cinwaanka laga la soo xidhiidhayo) amase Jaamacadda Bariga London qaab dacawadeedkeeda. (Warsan, attach a complaint form, waxkasta ku qoranyihiin si cad).

**Cabashooyinka:**

Haddii kale waxad la soo xidhiidhi kartaa:
School of Psychology, Doctorate Programme in Clinical Psychology
**UNIVERSITY OF EAST LONDON**, School of Psychology, Stratford Campus, Water Lane, London
E15 4LZ

Fadlan weydiiso cilmibaadhaha qaabka cabashada rasmiga loo marayo

**Waa ayyo cidda ka masuulka ah mashruucan cilmibaadhista ah?**

Mashuurca cilmibaadhistaa waxaa dib-u-eegista ku samaysey:
Guddiga Anshax ee cilmibaadhista ee Jaamacadda Bariga London

**La xidhiidh:**
Warsan Saleh (Trainee Clinical Psychologist)
Doctorate Programme in Clinical Psychology
UNIVERSITY OF EAST LONDON
School of Psychology
Stratford Campus
Water Lane
London
E15 4LZ
Email: u1236157@uel.ac.uk

**Horjoogaha Mashruuca Cilmibaadhista**
Dr Trishna Patel
Doctorate Programme in Clinical Psychology
UNIVERSITY OF EAST LONDON
School of Psychology
Stratford Campus
Water Lane
London
E15 4LZ
Email: t.patel@uel.ac.uk

**Waad ku mahadsan tahay waqtiga aad siisey akhriska xaashi-xogeedkan**
10.4. Appendix 4
Research interviews prompting questions in Somali

Su’aalaha loogu talogalay waraysiga habaysan

Fadlan u fiirso: inkastoo su’aalahan la diyaarin doono, waraysiga waxa hagidoona jawaabta uu ka bixiyo kaqaybgalahu suua’aasha ugu horreysa ee ma noqonayso su’aalaha ka danbeeya. Taasi waxay la jaanqadaysaa qaabka ay cilmibaadhistu u habaysan tahay.

Su’aalaha Cilmibaadhista

- Sidee bay haweenka Soomaaliyeed u yagleelaan/ u dhisaan waayo-aragooda dagaalkaa?
- Waa maxay cabirka-bulsho ay adeegsanayaan iyo ilaha dhaqan ee saamaynta ku leh yagleelkodaas?

Suaalaha Waraysiga:

1- Ma igala hadli kartaa la falgalkaagi (sidaad ula kulantey?) dagaalka markaad Soomaaliya joogtey?
2- Halkee ayaad joogtey xilligaas?
3- Iiga warran sidey xaaladdu ahayd ka hor intaan dagaalka qarxin?
4- Ma iiga warrami kartaa deriskaagi iyo qoyskaaga?
5- Sidaad u gaadhay go’aanka ah inaad meesha ka tagto?
6- Maxaa hanti ah oo aad haysatey xilligaas?
7- Sidee ayuu kuugula muuqdaa dagaalku?
10.5. Appendix 5

Transcription scheme & Somali clan system

Transcriptions were completed with the following conventions:

(number/s) line numbers

[...] Missing text at the beginning of a conversation or text removed for coherence of ideas

.... At the end indicate that conversation did not end

( ) empty brackets to signal inaudible speech – transcriber unsure about what was said

(text) text in brackets is clarification from the researcher

R - Researcher

P - Participant

Names are changed; different pseudonyms are used to refer to different interviewees.

Somali clans mentioned in the transcriptions: (source: Home Office, 2015 & Wikipedia - https://en.wikipedia.org/wiki/Demographics_of_Somalia). Somalis constitute the largest ethnic group in Somalia, at approximately 85% of the nation's inhabitants.[1] They are organized into clan groupings, which are important social units; clan membership plays a central part in Somali culture and politics. Clans are patrilineal and are typically divided into sub-clans, sometimes with many subdivisions.
The major Somali clans are: (sub clans include only those relevant to the current study.  

**Darood**

Darood are further divided to ten subclans including Majeerteen and Marehan (sub clan of the disposed dictator, Mohamed Siad Barre).

**Dir**

Dir is further divided to eighteen sub clans including Isaaq, which can also be thought of as a major clan by some Somali and non-Somali experts.

**Hawiye**

There are fifteen subclans that compromise the Hawiye including Habr Gidr, the subclan of the warlord Mohamed Farah Aidid.

**Isaaq**

There are six Isaaq subclans

**Rahanweyn**

Further divided to Digil and Mirifle, each having subclans of their own.

**Minority clans include:**

Banadiris and Bravanese

**Other minority groups:**

Other minority groups make up about 15% of the nation's population they include other non-Somali groups such as the Ethiopians including Oromos.
10.6. Appendix 6

Research interview prompting questions in English

Please note that even though these questions will be prepared, the interview itself will be guided by the participants answer to the first question and not by the rest of these questions. This is in line with the requirement of narrative based research.

Research Questions:

- How Somali women story their experiences of war?
- What values and cultural resources they draw on?

Interview Questions:

a. Can you talk to me about your encounter with the war back in Somalia?
b. Where were you at the time?
c. Tell me about the situation prior to the break out of the war?
d. Can you tell me about your neighbours and your family?
e. How did you come to the decision to leave?
f. What resources were available to you at the time?
g. How do you view the war?

REMEMBER TO INDICATE 'ETHICS SUBMISSION' IN THE SUBJECT FIELD WHEN EMAILING THE APPLICATION AS ONE DOCUMENT FILE (SAVED AS .doc) TO YOUR SUPERVISOR
Students on the Professional Doctorate in Occupational & Organisational Psychology and PhD candidates should apply for research ethics approval through Quality Assurance & Enhancement at UEL and NOT use this form. Go to: http://www.uel.ac.uk/qa/research/index.htm

Before completing this form please familiarise yourself with the latest Code of Ethics and Conduct produced by the British Psychological Society (BPS) in August 2009. This can be found in the Professional Doctorate Ethics folder on the Psychology Noticeboard (UEL Plus) and also on the BPS website www.bps.org.uk under Ethics & Standards. Please pay particular attention to the broad ethical principles of respect and responsibility.
HOW TO COMPLETE & SUBMIT THE APPLICATION

1. Complete this application form electronically, fully and accurately.
2. Type your name in the ‘student's signature’ section (5.1).
3. Include copies of all necessary attachments in the ONE DOCUMENT SAVED AS .doc. See page 2.
4. Email your supervisor (Director of Studies) the completed application and all attachments as ONE DOCUMENT. INDICATE ‘ETHICS SUBMISSION’ IN THE SUBJECT FIELD OF THIS EMAIL so your supervisor can readily identify its content. Your supervisor will then look over your application.
5. If your application satisfies ethical protocol, your supervisor will type in his/her name in the ‘supervisor’s signature’ section (5.2) and email your application to the Helpdesk for processing. You will be copied into this email so that you know your application has been submitted. It is the responsibility of students to check this. Students are not able to email applications directly to the Helpdesk themselves.
6. Your supervisor will let you know the outcome of your application.

Recruitment and data collection are NOT to commence until your UEL ethics application has been approved, along with other research ethics approvals that may be necessary (See 4.1)

MANDATORY ATTACHMENTS

1. A copy of the invitation letter or text that you intend giving to potential participants.

2. A copy of the consent form or text that you intend giving to participants.

OTHER ATTACHMENTS AS APPROPRIATE

• A copy of original tests and questionnaire(s) and test(s) that you intend to use. Please note that copies of copyrighted (or pre-validated) questionnaires and tests do NOT need to be attached to this application. Only provide copies of questionnaires, tests and other stimuli that are original (i.e. ones you have
• written or made yourself). If you are using pre-validated questionnaires and tests and other copyrighted stimuli (e.g. visual material), make sure that these are suitable for the age group of your intended participants.

• A copy of the kinds of interview questions you intend to ask participants.

• A copy of ethical clearance from an external organisation if you need one, and have one (e.g. NHS ethical clearance). Note that your UEL ethics application can be submitted and approved before ethical approval is obtained from another organisation, if you need this (see 4.1). Please confirm with your supervisor when you have external ethical clearance, if you need it.

• CRB clearance is necessary if your research involves ‘children’ (anyone under 18 years of age) or ‘vulnerable’ adults (see 4.2 for a broad definition of this). Because all students registered on doctorate programmes in clinical, counselling or educational psychology have obtained a CRB certificate through UEL, or had one verified by UEL, when registering on a programme, this CRB clearance will be accepted for the purpose of your research ethics application. You are therefore not required to attach a copy of a CRB certificate to this application.

* IF SCANNING ATTACHMENTS IS NECESSARY BUT NOT AT ALL POSSIBLE, SUBMIT TWO HARDCOPIES OF YOUR APPLICATION (INCLUDING ALL ATTACHMENTS) DIRECTLY TO THE HELPDESK. HARDCOPY APPLICATIONS ARE TO BE SIGNED BY YOU AND YOUR SUPERVISOR AND DELIVERED TO THE HELPDESK BY YOU

N.B: ELECTRONIC SUBMISSION IS REQUIRED WHERE AT ALL POSSIBLE AS HARDCOPY SUBMISSION WILL SLOW DOWN THE APPROVAL PROCESS

REMEMBER TO INCLUDE ALL NECESSARY ATTACHMENTS IN THE ONE
1. Initial details

1.1. Title of Professional Doctorate programme:

Professional Doctorate in Clinical Psychology

1.2. Registered title of thesis: (This can be a working title if one is not yet registered)

Narratives of war: How Somali women story their experiences of war

2. About the research

2.1. Aim of the research:

Aim:
The research will explore Somali women’s storied experiences of war.

Research Questions:

- How do Somali women story their experiences of war?
- What values and cultural resources have impacted on these stories?

2.2. Likely duration of the data collection/fieldwork from starting to finishing date:

Data collection will commence as soon as the ethical committee approves the application. Aim is to complete data collection by January 2015.
Methods. (Please give full details under each of the relevant headings)

Participants:
This research will be carried out on Somali women and seek purposive sampling, which will allow the selection of information rich-cases for in-depth analysis.

Recruitment:
The research will attempt to recruit between 6-8 Somali women attendees of a women’s community organisation in West London. The organisation advocates and empowers women to enhance community cohesion and to strengthen the community. In the first instance, I will approach the organisation to gain permission to recruit from the centre, providing full details of the study and my approach. I will advertise the study at the organisation through posters and leaflets, leaving my contact details. In order to build trust with potential participants, I am going to visit the centre, attend their meetings/workshops and be physically present so that women can come and speak with me if they are interested in the study. I will also post details of the study and my contact details in social media, utilise word of mouth and social networks. Those who express an interest in taking part in the study will be contacted separately to arrange an interview.

Data collection

Narrative inquiry based semi-structured interviews will be utilised; the interviews themselves will be conducted in the community organisation. I will be asking the organisation for a quiet room to ensure privacy during the interviews. The researcher will consult the research supervisor on the content and wording of the interview questions and their methodological suitability.

Translation issues:
As the investigator is fluent in both English and Somali, it is anticipated that translation of the interview questions will not be necessary. However, I will translate participants’ information sheet and consent form to Somali.

Data Analysis:
Data will be analysed by using a narrative analysis method, which focuses on how people story their life experiences. Narrative analysis takes as its object of
investigation the story itself, which is seen as the organising principle of human action and experience (Reissman, 2000). Analysis in narrative studies opens up forms of telling about experience, not simply the content to which language refers, but also what is asked, and why was the story told that way, while acknowledging the active role of the researcher in the co-creation of meaning (Riessman, 1993).

2.3. Design of the research:

Qualitative design using narrative inquiry based semi-structured interviews will be employed. Even though the research intends to prepare an interview schedule related to the topic under investigation, it will not be solely led by those questions, instead the interview will be participant led, and questions will be asked if and when appropriate. This is in line with narrative research where the focus is on the story people tell about their own experiences. The interviews are anticipated to last about 60 minutes and will be conducted in the organisation where participants will be recruited from.

2.4. Data Sources or Participants:

(Where is your data coming from? Proposed number of participants, method of recruitment, specific characteristics of the sample such as ethnicity, social category, profession)

My data will come from interviews conducted with Somali women refugees who have experienced the civil war in Somalia. Recruitment will be through posters, leaflets, word of mouth.

Number of participants: 6-8

Ethnicity: Somali

Age: Adults aged 18+. Those who have experienced the civil war in Somalia are not likely to be less than 18 years of age.
Gender: Women

Restrictions: Never been in contact with mental health services in the UK but experienced the civil war in Somalia. No other restrictions will be placed.

Initially, the research will attempt to recruit from Somali women attendees of a women’s community organisation in West London.

Alternative recruitment strategy: This will involve identifying two further community organisations where recruitment of participants fulfil the characteristics required for this research. This is deemed necessary should it become difficult to recruit the number of participants needed from one organisation. Also, I will be utilising social media, word of mouth and social networks.

2.5. Measures, Materials or Equipment:

(Give details here about what will be used during the course of the research. For example: equipment, a questionnaire, a particular psychological test or tests, an interview schedule or other stimuli such as visual material. See note on page 2 about attaching copies of questionnaires and tests to this application. Only copies of questionnaires and tests that you have written yourself need to be attached. If you are using an interview schedule for qualitative research, attach a copy of the schedule to this application)

- Semi-structured interview schedule (please see attached).
- An audio recorder will be used to record the interviews.
- Also, transcribing equipment will be required. To ensure confidentiality, transcriptions will be stored on a password protected computer and encrypted flash drives
- Locked filing cabinet to store consent forms.

2.6. Outline of procedure, giving sufficient detail about what is involved in the research:

(Outline the stages of the proposed research from sending out participant invitation
letters and gaining consent through to what will be involved in data collection/experimentation/interview. For example, what will participants be asked to do, where, and for how long?

The research project will attempt to recruit a maximum of eight Somali women attendees from a women’s community organisation in West of London. First, I will have a discussion about the project with the organisation and women users who attend their services. Then, those who agree to take part will be contacted separately by phone as part of my screening and if suitable will be offered to meet with me for approximately 60 minutes to conduct the interview.

*Initial screening interview:*

All participants will be contacted via phone first for an initial assessment to see if they meet the criteria:

*Inclusion:*

Somali women

Experienced civil war in Somalia

Never been in contact with mental health services in the UK

18+

*Exclusion*

Non-Somali

Those who have been in contact or are currently in contact with mental health services

*Pre interview:*

The interviews will be preceded by five minutes briefing participants about the research and addressing ethical issues related to consent and the option of withdrawal from the study. Withdrawal will be restricted for up to three weeks after the initial interview. A fixed deadline date will be given to each participant.

*The interviews:*
Interviews will take place in a private room in the community organisation, which is a venue the participants are familiar with, may feel safe in and is convenient for the researcher too.

Post interviews:
Research participants will be given extended time to address issues raised through participating in the research, answer additional questions participants may have and to sign post participants to appropriate services if the need arises. The researcher is an experienced community worker who has up-to-date information about services (statutory and voluntary sectors) in the area where participants will be recruited from.

3. Ethical considerations
Please describe briefly how each of the ethical considerations below will be addressed.
(See the BPS guidelines for reference, particularly pages 10 & 18, and the step-by-step guide in the Prof Doc Ethics folder)

3.1. Obtaining fully informed consent:

Participants and the community organisation will be fully informed about the research project and will be given the researcher’s contact details for further discussion if they wish. Participants will be given an information sheet detailing the purpose of the research prior to the interviews and this will also be explained verbally. Participants will be asked to co-sign a consent form alongside the researcher. They will also be given the choice to withdraw from the research should they so wish, but this will be restricted in time frame, as mentioned above.

3.2. Engaging in deception, if relevant: (What will participants be told about the nature of the research?)
The research will not involve any deception, to recruitment sites or participants
3.3. Right of withdrawal:
Participants will be informed of their right to withdraw from the research study within a restricted time limit without disadvantage to them and without being obliged to give any reason. The withdrawal period is restricted to allow the researcher to recruit others to the research if any of the research participants withdraw. This will be made clear to participants on the participant information sheet.

3.4. Anonymity & confidentiality: (Please answer the following questions)
Confidentiality statements will be given to all participants. All identifying details of participants will be anonymised in transcripts or subsequent publications. Pseudonyms will be used to refer to participants. Data will be transcribed and saved on an encrypted flash drive and locked in a secure cabinet for a minimum of five years. Participants will also be informed that the research project supervisor and examiners will have access to the anonymised version of the interviews. Scripts and consent forms will be stored separately.

3.5. Protection of participants:
The researcher is aware that the research questions may lead to negative emotional affect (arousal) for some participants. The researcher is a trainee clinical psychologist who has developed skills and relevant competencies to manage stress in varying settings and will be able to manage distress in the interview room. During the interviews, participants will be given optional breaks should they experience elevated stress levels due to the interview content. Also, if the need for further emotional support arises during or after the interview, participants will be sign posted to appropriate services, information of which will be compiled prior to the interviews. I will give participants the option to be contacted after the interviews for a follow up.

3.6. Will medical after-care be necessary?
NO

3.7. Protection of the researcher:
There are no anticipated risks to the researcher. The interview itself will be carried out in the community organisation. But for all eventuality, staff (e.g. community
workers and reception staff) will be informed about the interview times and possible duration. Also, the organisation’s health and safety and risk policy/procedure will be read prior to the interview. Additionally, my supervisor will be informed about the number of interviews, organisation details and interview dates and times.

3.8. Debriefing:

(E.g. Will participants be informed about the true nature of the research if they are not told beforehand? Will participants be given time at the end of the experiment/interview to ask you questions or raise concerns? Will they be reassured about what will happen to their data/interview material?)

Participants will be given an opportunity at the end of the interview for additional questions they may have about the research, and to sign post participants to appropriate services if the need arises. A summary of the purpose of the research will also be discussed with participants, At this point, I will explain to participants what will happen to the interviews and that I will feedback the results to them after the write up of the final written report.

3.9. Will participants be paid?

NO

3.10. Other:

NO

4. Other permissions and clearances

4.1. Is ethical clearance required from any other ethics committee?

NO

(e.g. NHS, charities)

If YES, please give the name and address of the organisation:

Has such ethical clearance been obtained yet?

NO
If **NO**, why not?

The research will not involve vulnerable adults, NHS clients or people who are in care.

If **YES**, please attach a scanned copy of the ethical approval letter. A copy of an email from the organisation is also acceptable if this is what you have received.

**PLEASE NOTE:** UEL ethical approval **can** be gained before approval from another research ethics committee is obtained. However, recruitment and data collection are NOT to commence until your research has been approved by UEL and other ethics committees as may be necessary. Please let your supervisor know when you have obtained ethics approval from another organisation, if you need one.

4.2. Will your research involve working with children or vulnerable adults?* **NO**

If **YES**, please tick here to confirm that you obtained a CRB certificate through UEL, or had one verified by UEL, when you registered on your Professional Doctorate programme.

This bit is self-explanatory

If your research involves young people between the ages of 16 and 18 will parental/guardian consent be obtained.

**YES / NO**

If **NO**, please give reasons. (*Note that parental consent is always required for participants who are 16 years of age and younger.* You should speak to your supervisor about seeking consent from parents/guardians if your participants are between the ages of 16 and 18.)*

There can be very good reasons for not wanting to seek parental consent for young people between the ages of 17-18. If this is relevant to your application state your
reasons here. It would be good to talk about your reasons with your supervisor first. Remember that for research involving young people 16 years and younger, consent from a parent or guardian is always required.

* ‘Vulnerable’ adult groups include people aged 18 and over with psychiatric illnesses, people who receive domestic care, elderly people (particularly those in nursing homes), people in palliative care, people living in institutions and sheltered accommodation, for example. Vulnerable people are understood to be persons who are not necessarily able to freely consent to participating in your research, or who may find it difficult to withhold consent. If in doubt about the extent of the vulnerability of your intended participant group, speak to your supervisor.

5. Signatures

ELECTRONICALLY TYPED NAMES WILL BE ACCEPTED AS SIGNATURES BUT ONLY IF THE APPLICATION IS EMAILED TO THE HELPDESK BY YOUR SUPERVISOR

5.1. Declaration by student:

I confirm that I have discussed the ethics and feasibility of this research proposal with my supervisor(s).

I undertake to abide by accepted ethical principles and appropriate code of conduct in carrying out this proposed research. Personal data will be treated in the strictest confidence and participants will be fully informed about the nature of the research, what will happen to their data, and any possible risks to them.

Participants will be informed that they are in no way obliged to volunteer, should not feel coerced, and that they may withdraw from the study without disadvantage to themselves and without being obliged to give any reason.

Student’s name: Warsan Saleh

Student’s signature: Warsan Saleh
5.2. Declaration by supervisor:

I confirm that, in my opinion, the proposed study constitutes a suitable test of the research question and is both feasible and ethical.

Supervisor’s name: Dr Trishna Patel

Supervisor’s signature: Trishna Patel Date: 03/04/2014

PLEASE CONTINUE THE APPLICATION ON THIS SAME DOCUMENT

PARTICIPANT INVITATION LETTER
(See pro forma and examples in Professional Doctorate Ethics folder in the Psychology Noticeboard on UEL Plus. These should be adapted for use with parents/guardians and children)

HERE

CONSENT FORM
(See pro forma in the ethics folder in the Psychology Noticeboard on UEL Plus. This should be adapted for use with parents/guardians and children.)
ETHICAL PRACTICE CHECKLIST (Professional Doctorates)

SUPERVISOR: Trishna Patel  
STUDENT: Warsan Saleh  
DATE (sent to assessor): 04/04/2014

Proposed research topic: Narratives of war: How Somali women story their experiences of war

Course: Professional Doctorate in Clinical Psychology

1. Will free and informed consent of participants be obtained?   YES
2. If there is any deception is it justified?   N/A
3. Will information obtained remain confidential?   YES
4. Will participants be made aware of their right to withdraw at any time?   YES
5. Will participants be adequately debriefed?   YES
6. If this study involves observation does it respect participants’ privacy?   NA

7. If the proposal involves participants whose free and informed consent may be in question (e.g. for reasons of age, mental or emotional incapacity), are they treated ethically?   NA

8. Is procedure that might cause distress to participants ethical?   NA

9. If there are inducements to take part in the project is this ethical?   NA

10. If there are any other ethical issues involved, are they a problem?   NA

APPROVED

YES

MINOR CONDITIONS:

REASONS FOR NON APPROVAL:

Assessor initials: JC  
Date: 8th April 2014
RESEARCHER RISK ASSESSMENT CHECKLIST (BSc/MSc/MA)

SUPERVISOR: Trishna Patel  
STUDENT: Warsan Saleh  
ASSESSOR: Joy Coogan  
DATE (sent to assessor): 04/04/2014

Proposed research topic: Narratives of war: How Somali women story their experiences of war

Course: Professional Doctorate in Clinical Psychology

Would the proposed project expose the researcher to any of the following kinds of hazard?

1. Emotional  NO
2. Physical  NO
3. Other  NO (e.g. health & safety issues)

If you've answered YES to any of the above please estimate the chance of the researcher being harmed as: HIGH / MED / LOW

APPROVED

YES

MINOR CONDITIONS:

REASONS FOR NON APPROVAL:

Assessor initials: JC  
Date: 8th April 2014

For the attention of the assessor: Please return the completed checklists by e-mail to ethics.applications@uel.ac.uk within 1 week.
10.9. Appendix 9 - Ethical approval letter

School of Psychology
Professional Doctorate Programmes

To Whom It May Concern:

This is to confirm that the Professional Doctorate candidate named in the attached ethics approval is conducting research as part of the requirements of the Professional Doctorate programme on which he/she is enrolled.

The Research Ethics Committee of the School of Psychology, University of East London, has approved this candidate’s research ethics application and he/she is therefore covered by the University’s indemnity insurance policy while conducting the research. This policy should normally cover for any untoward event. The University does not offer ‘no fault’ cover, so in the event of an untoward occurrence leading to a claim against the institution, the claimant would be obliged to bring an action against the University and seek compensation through the courts.

As the candidate is a student of the University of East London, the University will act as the sponsor of his/her research. UEL will also fund expenses arising from the research, such as photocopying and postage.

Yours faithfully,

[Signature]

Dr. Mark Finn
Chair of the School of Psychology Ethics Sub-Committee
10.10. Appendix 10

Example of a journal entry

Day 12

18/4/2014

I am at [client’s name] Women’s organisational meeting. Having a pre-interview chat with a participant. 

The participant mentions (victim) twice and I wonder if she identifies herself with the war. This raises a question for me, do I see her as a victim or as a survivor of trauma? Also do I see myself as a victim of war or as a survivor even though I haven’t been exposed to full-blown war. 

Dictionary定义s a victim as someone harmed, injured or killed as a result of a crime or other event or action. 

Victimhood is a negative connotation, I personally don’t like to be a victim, instead I like the term survivor since it doesn’t imply vulnerability. However, the participant must be still hurting and mourning her loss. It’s normal to feel victim to something in the magnitude of the Somalis’ war. I was also a victim of a crime and the police referred me to victim support. I didn’t go as I didn’t like the idea of being supported as a victim. 

I need to be aware next time I see her about the role she is taking as a victim or survivor of war.
10.11. Appendix 11

An example of analysed full transcript
Example of analysed excerpt with annotations:

1. Where do you want me to start?
2. R: Start anywhere.
3. I was in Mogadishu when the war started, I was in Mogadishu 1991, anyhow the city was big, and the war began in a corner of the city.
4. R: ah.
5. I was not in the corner where it began, on that day when the war started it did not reach us but we all went to work the next day my husband who I just got married, he was away in the city center of Mogadishu on his way back home, the area where he was passing (street name) that goes to (street name), was closed because fighting was on and men died, that was the road to my home, he called us around 2pm, he said he can’t pass through, the road was blocked and that fighting erupted, the government enforced a curfew on that area, for us that did not seem real it felt like a play, we were not aware of anything in the area.
6. Where we were, he said he will go to a hotel and wait there. He was expecting visitors at home, so he asked me to inform them that he was not coming and tell them to go because there was chaos in the city center, ok, when it was 7 o’clock in the evening, the fight erupted in our area, it was near Mogadishu tv and the entrance to the city, the main road from Jowhar town, we heard the heavy artillery, we were not able to see the fighting sides. We did not see those fighting, we were inside the house but we could hear the gun shots, we heard screams of the injured and saw injured people being dragged away from the road, the men screaming ‘help me’, people saying ‘take these people away’, things like that, you could see the injured and I remember we were watching the tv then and we never experienced gun fire in Harar (another name for Mogadishu) before, we were not people accustomed to gun shots, we all dropped on the floor, we were myself, and a girl who used to live with me (counting) we were four people, all together, an older one who is our watchman then all of us came together in the same place, from 7pm to early morning the firing shots were continuous, we were unaware of the warring sides that we could go out to.
7. I spoke to my husband and told him that the problems erupted in our end too and that the environment was chaotic that people were dying and that we can hear cries and that we did not know what the situation was then for advice no one had an idea of war, we did not witness any war previously we were waiting to leave the home, he said leave in the morning and that he will be sending a car to us and he was held in the house where he was, we did not see each other yet to that point, so it was the second day, he said he will send a car and asked us to leave, to go towards the area where he was being held and that was (name of street) it was in the (name of area) and he was near army bases. ok, we left in the morning, when we left with the car the second day, cars were still being driven. On the second day when we left the second day, you can see the damage and hear the...
Example of analysed excerpt with annotations:

Throughout the document footage are highlighted paragraphs.

2. Themes are coloured as follows:
   - Importance of witness testimony
   - Historical and cultural challenges to the self-concept
   - Belonging and belonging
   - Disbelief about the war
   - Understanding the context of war
   - How participants see the war

41. gun fire but still we could not identify who were the warlig sides. Then we were
told that the UNC military arrived they entered the city. When I was leaving my
home, you are staying in a house full of your belongings you can understand in
your London home it is a place full of your belongings but there was nothing
much that I could carry. I took only money that was there, it was not much, it was
Somali money and it was not in dollars

46. Somali people

b: oh the USC

50. The USC (mentioned a clan name)

52. b: ah the USC

55. The USC are those who entered the city, their militia came

57. b: ah

61. I didn't take much out of the home, let it be, I will come back because what was
in my mind was there is a government and that even if one goes another one will
replace it, but I will leave like that and that I will become a refugee I never
never never anticipated that anyway we went to the area but we have to leave it
too, we went to a house near the airport who his (husband's) family lived, we
still were not carrying anything, we did not yet go back to our home

66. b: ah

70. 'Three days ago, we had all our belongings at home, we had two cars parked
there we could not get the cars out, oh you are a person who left like that, you are
a person with no home or no car, you just kept going...but we were not all
hopeless, we were not expecting to end up in London and that I will become a
refugee that story was not there then anyway we went the war then changed to
c a clan based one

75. b: ah

78. When we arrived at the airport area, no we did not go to the airport; we went to
the other house, his family, we went to the airport seven days into the war but
Example of analysed excerpt with annotations:

1. Throughout the document themes are highlighted and numbered.
2. Themes are coloured as follows:
   - Importance of witness testimony
   - Conceptual and emotional challenges to the self concept
   - Place and belonging
   - Disbelief about the war
   - Wellbeing in the context of war

When I got in the other house, my mother and brothers were already in London. They left Somalia during the war against Somalia and left only myself and my father. We were left behind. I had to then come back for my father because I felt it was not possible to leave without knowing anything about my father's whereabouts. My father then he had a big hospital (clinic) in (name of an area) a hospital.

R: aha

I came back for my father. He had to walk back to him from (area name) to (area name) I walked with my bare foot. It was then when I saw the extent of the damage, you pass the dead, bodies filled the streets. Men women
every kind of dead you see.

R: aha

I don't know the mileage but you can approximate from this (area name) to this (area name). You can google and get the distance, that is the second day that I came out, I walked it was then that I saw the city properly, that (silence)

R: the destruction

Yeh the destruction you see the dead

R: aha

The dead was so much of all kinds. I crossed these areas (mentioned above) and came to my father.

R: elk

You see the military persons and civilians, you see those wearing military uniform, dead and you see dead civilian population civilian with civilian clothing.

This is places hit by heavy artillery, so all kinds of people died. I came to my dad who was being held hostage by the militiamen.

R: the USC

The USC, they were forcing him to treat their injured since he was in a hospital and his they were high officials within the militiamen; he was a gynecologist, specialist. I told my dad to leave with me, they (militiamen) told me that he was not going anywhere that he was not leaving.
Example of analysed excerpt with annotations:

1. Through the document features are high-lighted in:

2. Themes are coloured as follows:
   - Importance of witness testimony
   - Challenges to the self concept
   - On home and belonging
   - Beliefs about the war
   - Wellbeing in the context of war
   - How participants see the war

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R: what happened then?

Yes, I understood that he was not going, so my dad said you go, I will follow you, leave

Of course, these men [did not look like normal people]; you can see they came from the jungle, you can see that to them, they were not even in uniform, they were all red eyed and were chattering what you can see that the person was above you (intoxicated), you can see from his figure that he was not from the city and were dressed oddly

R: aha

They were wearing bullets across their chest and wore [ma'ali - traditional garments] they were things like that, they were people who people you can see came from the bush and that they were not the city's people and you get scared because they are carrying guns, my idea I never saw a military place I was scared of them, I had to leave my father, he asked me to go, I didn't take the same route, I was accompanied by another woman so I decided to walk to my house to go back to the home I left after walking we walked to a road which no one could pass through

Some clans, the militia already divided the city this area was controlled by [Hawiyeh subclan] the other was controlled by [Hawiyeh subclan] until I got there, it was my worse fear, we were asked to identify ourselves by clan, the woman who accompanied me said [Habab Ghidir - Hawiyeh subclan] she claimed to be from her grandmother's clan who brought her up, we were told already that if you say that you belonged to these clans you will be killed and raped and that anything could happen to you

R: were you told by people?

Yes, the people Somalis usually talk a lot while in the road you walk with millions of people

R: haa
Example of analysed excerpt with annotations:

1. Themes are coloured as follows:
   - Importance of witness testimony
   - Conceptual and practical challenges to the self concept
   - On home and belonging
   - Disbelief about the war
   - Witnessing/being present at war
   - How participants see the war

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162 So people will warn you and say don’t say that you are from these clans, even me, I had to myself claim to be from (Isaaq clan)
163 I am not (Isaaq clan) but my mother is, to safe (incomplete - myself), I remember
165 that they called a woman for us, an old woman from (Isaaq clan) who was married to one of the militiamen, she was told that a woman from her clan was being held in the road block
167 R: who called her?
169 170 The militiamen
171 R: ok
173 Yes...
176
178 He pretended that he saved some of her people, I found a woman from your clan...
180 R: ha
182 But my mum’s family are people we intermarry with, no machallah (indicating safety)
185 R: did she recognize you?
188 R: ha
190 No, but she recognized my mother
193 R: ha
196 R: I told her I lived in (Hamar) she could see that I was (Hamar - a dialect spoken in the capital) I didn’t have the strong accent of the people from (name an area in Somalia - referring to where the Isaaq clan inhabit in northern Somalia)
198 R: ha
201 R: ha
204 We claimed to be from another clan, they lined us up, we queued, along queue, people were being asked to identify themselves, what clan are you, what clan are you

Commented [W544]: She chose the extent of the fear she felt at that stage - she didn’t need to lie about her clan identity, yet she did out of fear, but by doing so she exposed herself to even greater danger in the militia men went on to verify her identity. This illustrates the layered, subthemes: risk related to security and place

Commented [W545]: She seems to be mentioned that the militiamen wanted to ask her, and that the act of asking someone else was to verify her identity rather than asking her

Commented [W546]: Danger here was very close as her accent almost gave her up.

Commented [W547]: Being forced to change her identity was disturbing - this meant that others who queued with her were not able to survive
you? What clan are you? I said I was from this clan and the women claimed to be from another (sub-clan) then they allowed us to leave.

I did not continue the journey, I then decided

There were dead bodies but who the people were, we did not know, the whole area was the most dangerous, its near (Nakuru) that area, where you pass (Bukaraha) to (Nakuru's) side, I don't know if you know (Haram), I was less than a mile away from my home, but since I never went out prior to all this, it's then when I decided to not continue and go to my home whatever was there, go back to were I came from (husband's family home) because it was safer, near the airport, we walked back again, for me that was the first day to see all the dead and the dying on that day you could see so many dead, of all kinds men, children and women, all kinds, they laid on the ground unrecognizable and you don't want even to recognize, you don't want to risk your life it's that day when we decided to leave when I went back to the house where we stayed, we went to the airport the next day, we had German visas and tickets, we were waiting in the airport, they then told us that airplane landed in Germany and asked for protection, we decided on that night when the plane did not arrive then we had to leave with cars, we took cars, we went to (Baadu)

B: aha

The war did not still leave the city (Mogadishu), it was nothing day to the war, the eighth day, people still had hopes for peace, the road to Baadu (A city to the south of Mogadishu) was clear then but after that the road got worse, anyway, we came to Baadu, we came to stay with family members, we were about 28 people, we drove to Baadu, we left Baadu to (Badi Hana) because we automatically decided to continue to Nairobi like that, most of us had German visas, in Nairobi.

But we stayed in (Badi Hana) for another week, on the 28th of the month, I was in Germany, 28th January I was in Germany, when Mohamed Sidi (then president) left I was in Germany, I saw the death and the people on that day, that day people were asked to identify themselves in clans but those who were behind me such as my husband is the real refugee, he left to (Kisumu - Southern town) he was chased after to Kisumu, hosted by the USC, General Aidid then went to Kisumu, a lot of people's properties destroyed when people run away with some of their belongings those who went there (Kisumu) were hosted there, he (husband) later went to Kisumu anyway those who were held hostage in Kisumu were him and others but I left earlier, but you can imagine someone who had a life, business and assets, I was in the university then, my husband was
Example of analysed excerpt with annotations:

- 2. Themes are coloured as follows:
  - Importance of witness testimony
  - Perception and meaning of violence to the self concept
  - On home and belonging
  - Belief about the war
  - Feeling of the continued concern
  - How participants see the war

- 241 self-employed (Rosalina Mokhari - a trader) and my dad owned his own hospital, clinic, private doctors, day time hospital he was head of gynecology (name of hospital), you can imagine a refugee, we went to Germany, from Germany to London with other documents with traffickers, refugees.
  - Commented [W55]: The story about his losses - perhaps still occurring them (themes: Importance of witness testimony - subtheme: recounting the losses incurred through war and being uprooted).
  - Commented [W55]: The targeting of class was personal, as they went in his house, people they lived with and killed.
  - Commented [W57]: the kind of massacre is to show the gravity of the situation and indicate deliberate, cruel and indiscriminate killing of innocent people (themes: risk related to security, subtheme: risk related to security).
  - Commented [W58]: The perception is widely public - that of leaving dead bodies without speedy burial shows dehumanization and inhumanity (themes: the meaning of the war, subtheme: the meaning of the war).
  - Commented [W59]: Culture of older generation is important in Tanzania and is connected to the history of clan deaths during clan warfare - yet this was in applicable here; the, we see death is not that - how they threw the meaning of the war, this is also related to liberation but it is not central (themes: risk related to security, subtheme: the meaning of the war).
  - Commented [W60]: Even though the advisor advised them to leave, shared information with the attacking militiamen, that did not stop him (themes: the meaning of the war).
  - Commented [W61]: Men including the husband and the uncle who died summarized their personal safety to enable women, children and the disabled to flee safely (themes: risk related to security, subtheme: the meaning of the war).

- 242 The family I was with were this clan (target clan) they are my in-laws my uncle.
  - Commented [W55]: The story about his losses - perhaps still occurring them (themes: Importance of witness testimony - subtheme: recounting the losses incurred through war and being uprooted).
  - Commented [W55]: The targeting of class was personal, as they went in his house, people they lived with and killed.
  - Commented [W57]: the kind of massacre is to show the gravity of the situation and indicate deliberate, cruel and indiscriminate killing of innocent people (themes: risk related to security, subtheme: risk related to security).
  - Commented [W58]: The perception is widely public - that of leaving dead bodies without speedy burial shows dehumanization and inhumanity (themes: the meaning of the war, subtheme: the meaning of the war).
  - Commented [W59]: Culture of older generation is important in Tanzania and is connected to the history of clan deaths during clan warfare - yet this was in applicable here; the, we see death is not that - how they threw the meaning of the war, this is also related to liberation but it is not central (themes: risk related to security, subtheme: the meaning of the war).
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  - Commented [W61]: Men including the husband and the uncle who died summarized their personal safety to enable women, children and the disabled to flee safely (themes: risk related to security, subtheme: the meaning of the war).

- 243 who was later killed in Kisumu who was mixed clan of the militia, he was killed by them in Kisumu, you remember the group of men massacred in Kisumu.

- 244 beach, they were written about in the newspapers their bodies were left on the beach.

- 245 R: ah a

- 246 He was amongst many men from the same clan who were killed early 1990s, they were all over the newspapers, all newspapers because they were old, penmen were those who were killing the people, the older people who remained behind, they were told they wanted to meet with them for mediation and then killed them all with machine guns about thirty of them, before we left that that uncle brought all of us together and said listen the clan that the militiamen who entered illegaliddles belonged to did not want any person of a specific clan, that material things are not important, women, children and the defenseless must be taken out of the city, he said things were about to get even more ugly, frankly he was also part of them because his mother was from the attacking clan, so he knew a lot, he saw, ok people were talking about the raping that was going on and the harm, of course when you hear these things you will reach a decision, then we took a decision, their mother, an elderly woman was also with us, the heavy group (those who can participate in war) were decided to leave, men could stay but the heavy group had to leave we took decision then

- 247 R: so that older man decided that you should leave?

- 248 Yea, he decided that we needed to go, he said that things will get worse the homes then we already left our homes and we can't go back and he said that this was not our areas were you are originally from, and there is no government to enforce law and order you take decisions when you don't have your own belongings, you have to then reach a decision, isn't it

- 249 R: ok
Example of analyzed excerpt with annotations:

1. Throughout the document, themes are highlighted in yellow.

2. Themes are color-coded as follows:
   - **Importance of witness testimony**
   - **Religious and cultural influence on the self concept**
   - **Religious and cultural influence on the self concept**
   - **Disbelief about the war**
   - **Narratives in the context of war**
   - **How participants see the war**

279 Yes, if you are asked to leave your home and you are out of it and you have no
280 money in your hands, then you think about where you belong to and where can
281 save you, that’s the way, you find a way to leave.
282
283 People were faced by different situations, e.g., you left (Hamar) you left your
284 home, your money, for example, my husband had warehouses in the middle of the
285 market, when the war started, the warehouses were full, our money was in the
286 bank, we didn’t take a penny (a metaphor to show little money not literal
287 pennilessness) and we walked (a metaphor used here to emphasize having little)
288 you would not leave if you felt safe, so that is how we left, but this created fear in
289 me, I am frightened of going back to (Hamar) now before I never saw myself.
290 that (Hamar) belonged to others more than me because I went to school, born
291 and raised there, my mother moved when I was a year old, I lived there all my
292 life ok, I finished school there so I thought it was my home but now I saw that I
293 wasn’t safe there, I wouldn’t have left it. You see people who were like me who
294 went to school with, we were friends but those families who now live in
295 (Hamar) who go back and forth, because you see they still have families there
296 who are safe but me I have nothing there now, someone has been occupying my
297 father’s home for 23 years where I grew up, were I went to school from, were I
298 spend most of my life right now is occupied by people who are no one to us, no
299 one to us (12 sec silence)
300
301 R: aha
302
303 My neighbors, I was married in 1988, so I lived two years in that house, the
304 house I lived in, the people I lived with were the who were discriminated against
305 in the war and later became targets, those clan (earlier clan name repeated). My
306 first neighbor was this clan, the second house was for a (clan name), the house
307 on the other side was under construction, a family who lived behind me were
308 from the attacking clan and when we were leaving we felt they were supplying
309 that militiamen who entered the area, apart from being neighbors we did not
310 know that they were people that are part of an armed group, we saw them
311 helping the injured militiamen, we stayed awake from 7pm that evening until we
312 left the next morning, we were awake, we were checking on things through the
313 gates and we could hear them we shared a back wall, when you stand next to the
314 wall you could hear, our watchman who belonged to this clan (name of a
315 submodule) oh he was this clan (repeat the earlier clan name) he told us that the
316 family were giving first aid to the injured militiamen, they were our neighbors
317 you can believe it, that day I told you that I was planning to go back to my house,
318 I spoke to a lady who I am told is now in the Parliament, who was (Haweye clan)
Example of analysed excerpt with annotations:

1. Phrases highlighted in green:
2. Themes are coloured as follows:
   - **Importance of witness testimony**
   - Conceptual and semantic challenges to the self concept
   - **On home and belonging**
   - **Belief about the war**
   - **Wellbeing in the present context**
   - **How participants see the war**

319  | but her mother was from the targeted clan who we knew each other very well, I spoke to her when I was walking to my home, who knew those people who were providing the first aid, I told her I wanted to go back to my house, she told me you cannot go back to your house, she said (mentions her own name) do not bring your man back, she said they (militiamen) put a mark on your gate because she was able to visit as she was from [Hawyo clan], she said your old man will be killed
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R: Is your dad?

No, my husband, she went to my home to find out about things, we decided then not to go back home and not to go anywhere near it, so the neighbors were like that but where my father lived, the owners of most of the properties came from Northern Somalia, it's called (area name), they all knew each other they all left together, people from that area rented cars together and departed in groups in big cars, they all shared the news, they all knew each other because they all came from there (North Somalia) but where I lived the majority of the properties were targets for me al Shabaab had decided to leave, they would have killed him (husband) and did whatever they want to us, you are not different to other people who went through hell, you are not different

R: aba

we never went back since for anything, my dad's house in similar problems is taken by some people just like ours, is there, nothing happened, then, as money we had, he (husband) came back then from Saudi and was there for a week before the war happened, he went from (Bosaso - city in North East Somalia) to import livestock to Saudi, he came back from Saudi Arabia, what saved us is that he had money in dollars, I think he had good amount, we could not carry the Somali shilling, it was a lot to carry, we did not bring any other thing from the house even his passport, he had American citizenship, we did not take anything from the house apart from the dollars he (husband) carried, I did not get my gold with me, undoubtedly you will be fearful, I went back to Africa when he (husband) came to Nairobi, when my husband came from Kismayo

I met hardship in Kismayo and his uncle was killed in Kismayo, he was deeply affected, I was not affected to that extent, when he now hears that clan name, he becomes very angry, the problem affected him. I won't like that frankly because I left earlier, I went to see him in Nairobi. I was carrying my travel document, they refused to give me Kenyan visa, I had a Ugandan visa, I went to the airport,
the Kenyans loved money and they got to know Somalis but then they refused to let me in, because of the travel document, they insisted that I went straight to Uganda. My husband was on the other side of the airport, I went to buy ticket to Uganda, took a ticket for the following flight, I decided to go to Uganda and to enter Kenya in another way. I went to Uganda, when I arrived in Uganda's airport I saw a group of Somali men, I approached them and told them that I wanted to enter Nairobi and that I was held in the airport there and that, they said oh and I said you are Somalis tell me which way should I take, they told me the men were group of doctors who came back from a meeting in Mogadisho, it was 1993, they came for a meeting organized by the Red Cross and the group was headed by a man a doctor who is in this clan (Hawijo) he later introduced himself, when he asked about my name, I said (family name), they looked at each other, there was a female among them, so they inquired if my father was the person they knew, you are Dr. (name) daughter? I said yes, so they said they will take me. So I went back with them. They started asking about my dad, I told them that he was in London (text message alert). The head said he understood the Kenyan language (not literal language but how they operate). He went to the Kenya, he bought them alcohol and he was able to let them grant me an entry visa then he told me he told me that if they refuse, he will have to take me to (Hamar) and let me board the small (Ibrah) plane from there back to Kenya. I was frightened, they were taking a plane provided by the Red Cross, he said that he will take me to (Hamar) and let me board a plane from there, I jumped in a shock, I never forget how I reacted, I told him uncle I am not going to (Hamar), he asked why? I told him don't you see people are dying, he then asked who I was married to (the clan of the husband), I told him about the family of my husband, he then recognized the family (husband's family) and said that he did not like them and that they (husband's family) brain washed me and filled my brain with their clan's propaganda, he said 'who told you people are killed in (Hamar)'. He said that 'no one gets killed in (Hamar)' and that he will take me there. I requested that he takes me through a different route and not (Hamar), I am telling you this story because of the fear I had from the fleeing time, I was so frightened and thought that there was no safety and that I am not going back, he told me that (Hamar) was peaceful, I rejected his offer and asked that we go through somewhere else, I told him that I am not going to (Hamar), he said he hated my husband's people but because he knew my father who he said they were colleagues, he decided to help me, he helped me get the visa in that way, he paid immigration officers under the table, he bought them a huge bottle of alcohol, they let me enter Kenya this way, so I am telling you become overwhelmed with a Godly fear when you face problems in a place, you get scared, I get scared when I hear Mogadisho... (silence 3 sec) so this is the... (silence 3 sec)
Example of an analysed excerpt with annotations:

1. Throughout the interview, the interviewee has a lot of pauses.

2. Themes are colour-coded as follows:

   - Importance of witness testimony
   - Conceptual and semantic challenges to the self-concept
   - On home and belonging
   - Misbelief about the war
   - Wellbeing in the context of war

3. How participants see the war

R: did you used to have nightmares?

In fact when I came to (Britain), I came to join my mother and my family, they were stable here, they were, we came then, my father was with me, we became accustomed to the life here straight away, my dad was with us, he immediately started working in (hospital name). My older brother came from India and started working immediately. I came while my family were already settled and got used to life here, yeah so, I don't have dreams but the war left a fear in me of Mogadishu and that's why I am not safe in Mogadishu, that's how I felt first, in that ten days there I faced fear, a fear that I still have, I will never go back to it, I don't have a taste for Hargeysa (capital of Somaliland), people of my clan go there, I went there twice but I am experiencing identity loss because I was brought up there in Mogadishu, I never thought that I will leave Mogadishu, I never thought that I will like another place more than Mogadishu, in my wedding I came to Germany for my honeymoon and Rome, I still remember, I was away for twenty-five days, I was crying when I returned to (Hamar). I felt that there was no other place where Mogadishu was (for me), it was shining like a bright light to me, that was the place that I feel frightened of now (silence 2 sec).

But when I came here (UK) at the first few days, I had some fears, still I do but what helped me to forget is when a person is young it's not like when the person is older in age, then, I started college, we arrived Feb or April or something like that, I started going to college, you try hard in another life, you will be busy a lot. I had experienced more problems, but I was in an adventure.

Commented (WTSB): Scene 5

The interviewee's fears were developed as a result of her exposure to the war in Mogadishu, which led her to develop a sense of wellbeing in the UK. She was able to reconnect with her family and friends in the UK, which helped her to feel less anxious about the war.

Commented (WTSB): Scene 6

The interviewee's fears were developed as a result of her exposure to the war in Mogadishu, which led her to develop a sense of wellbeing in the UK. She was able to reconnect with her family and friends in the UK, which helped her to feel less anxious about the war.

Commented (WTSB): Scene 7

The interviewee's fears were developed as a result of her exposure to the war in Mogadishu, which led her to develop a sense of wellbeing in the UK. She was able to reconnect with her family and friends in the UK, which helped her to feel less anxious about the war.

Commented (WTSB): Scene 8

The interviewee's fears were developed as a result of her exposure to the war in Mogadishu, which led her to develop a sense of wellbeing in the UK. She was able to reconnect with her family and friends in the UK, which helped her to feel less anxious about the war.

Commented (WTSB): Scene 9

The interviewee's fears were developed as a result of her exposure to the war in Mogadishu, which led her to develop a sense of wellbeing in the UK. She was able to reconnect with her family and friends in the UK, which helped her to feel less anxious about the war.

Commented (WTSB): Scene 10

The interviewee's fears were developed as a result of her exposure to the war in Mogadishu, which led her to develop a sense of wellbeing in the UK. She was able to reconnect with her family and friends in the UK, which helped her to feel less anxious about the war.

Commented (WTSB): Scene 11

The interviewee's fears were developed as a result of her exposure to the war in Mogadishu, which led her to develop a sense of wellbeing in the UK. She was able to reconnect with her family and friends in the UK, which helped her to feel less anxious about the war.
Example of an analysed excerpt with annotations:

1. Themes are highlighted green.
2. Themes are coloured as follows:
   - Importance of witness testimony
   - Conceptual and semantic challenges to the self concept
   - On home and belonging
   - Stigmatisation about the war
   - Wellbeing in the context of war
   - How participants see the war

439 I know what is ahead of you, you don’t know what would face, we entered Nairobi while our cars were left right in front of us (silence 3sec)
440 I became a refugee, that is first but I did not have a disturbed sleep, this may be the age, you could imagine when you are young and you come to a lively city, a fun city, you go to cinema and you just start enjoying your life, the worse problem happens when you separate from your own children, those who did
441 people probably have problems, if you leave your children somewhere else, but I
442 didn’t have children and my husband was alone and I joined my family who were
443 settled in London, there was no sleep thanks, I used to feel fear in the first few
444 days, questioning why am I here, asking myself what brought you here,
445 sometimes you question yourself and also when you see the difference between
446 having a life and seeing yourself as nothing and you have nothing in your pocket
447 you, you claim benefits, you see a lot of things really and you tell yourself, when
448 you look at your earlier life and you hope that you have a good life, even though
449 we are here, not everyone is the same, I was living with my parents and then I
450 got married, I finished school and I was then enrolled in the university, when the
451 war started, so no there was some self questioning but no disturbed sleep, there
452 was sometimes worries, I used to worry for his (husband) safety, when you hear
453 Kinshasa fell and they entered Kinshasa, yes there were times you cried, when his
454 family and his uncle were killed, yes you worry because you are told things on
455 the phone, how people were treated how people, how he (husband) was
456 surviving, I worried about if he was still alive, if he was dead (silence 9 seconds)
457 R: How do you see the war?
458
459 It’s really upsetting, at first people saw war differently, first no one liked Siald
460 Barre’s government, when we talk about Mogadishu, the majority of people, even
461 those who were being discriminated against when we mention clan of Mohamed
462 Siad (The deposed dictator), these clan, I lived in their home as I told you I was
463 married to that clan (Majeerteen – Darood subclan) but you can’t say someone
464 from this clan (Majeerteen) liked Siad Barre’s government he would see it as
465 disastrous government, I am a person who came from there, I saw people who
466 held this belief who did not like the government and they themselves were
467 targeted by the government for their sub-clan, who did not benefit from it, there
468 were people who made names for themselves because of their relation to the
469 government and were famous because of it, but one you see that the military
470 General that committed these crimes and destructions who caused all these
471 refugees and hardship and yourself who belonged to these normal family are
472 being treated in similar way, I see it is unfairness, you can see that the millennium
Example of an analysed excerpt with annotations:

1. Throughout the document, themes are highlighted in blue:

- Importance of witness testimony
- Conceptual and semantic challenges to the self concept
- On home and belonging
- Belief about the war
- How participants see the war

2. Themes are coloured as follows:

- Importance of witness testimony
- Conceptual and semantic challenges to the self concept
- On home and belonging
- Belief about the war
- How participants see the war

479 were unjust, they were not after building something, yeh, their plan was a clan
480 attacking another clan, I especially, I believe that the problem that continues in
481 Hamar is related to the crimes committed against the country, people who did
482 not harm anyone who did not harm people because of their clan, were being
483 killed because they were seen Mohamed Siad's relation, so the war in Hamar was
484 not a war that can build a correct Somali government, it was a clan war, there
485 were a lot of people who were with the USC and said let them come because they
486 believed that they will overthrow Siad, but it did not happen like that Mohamed
487 Siad and you came out of Hamar in as much the same way, people were being
488 mistreated the same, you and the person who committed a crime were being
489 treated in similar way, I see that as being wrong, and that is why that the city
490 (Hamar) is still unable to return to normality, so I personally see the war as
491 how it was going as being wrong, I heard you earlier that you don't have a view
492 but frankly I think the war was wrong
493
494 It: how do you manage all these memories?
495
496 What helped me to forget is that I started making a life for myself, we came, I
497 started life a simple life, a very simple one, anyway I was not how I used to be
498 because you can see the reality you start a refugee life, so what helped to forget
499 is to go to college, come home, study, make a life, a struggle which I cannot talk to
500 you about, I had children here, I had to go to my husband in Nairobi, he had to
501 get a visa, he joined us in 1994 a family reunion, I had a baby daughter, always
502 though me and my daughter hold two different ideas, I am a person who knows
503 always that I was a refugee but I arrived in the country as a
504 refugee, yeh, that I am a refugee, but she has no idea of being a refugee, she is a
505 young girl who was born in this country, it is the case that when I hear her
506 talking about refugees I tell her to listen that her root is refugee and that she
507 should not talk about refugees in that way, I tell her that I am a refugee who had
508 her, she responds by talking about refugees in a degrading way before saying
509 "me, I am British", she says I am British born and when she talks about refugees I
510 tell her I am refugee, I tell her don't even go far talking about others, I am a
511 refugee, one of the people who came to this country as a refugee. Also, when the
512 smuggling of people is mentioned, she sees it as something amazing (unseen here
513 as - amusing) she has some cousins who arrived recently through Turkey, she
514 interviews the young girls, why do you come here? what brought you here? what
515 made you to come all that way? things like that (appeared agitated) I tell her
516 these people are refugees, I tell her don't you know what refugee means, she says
517 yes but ask: how could they throw their lives in the seas? so, I tell her they are
518 looking for a life, a better one to what there is. Anyway this (being a refugee) will

Commented: [WF01] She admits that the refugee life changed her and she describes making a new home in the UK as a struggle but managed to reunite with husband and have a child. (Inserted: resources/5

Commented: [WF02]: I want to see them and I want to return to their culture. The girls are still attached to their culture, she mentions that they are still attached to their culture, she mentions that they are still attached to their culture, and she concludes that they think that it is important to return to their home country. The girls are still attached to their culture, she mentions that they are still attached to their culture, and she concludes that they think that it is important to return to their home country. The girls are still attached to their culture, she mentions that they are still attached to their culture, and she concludes that they think that it is important to return to their home country. The girls are still attached to their culture, she mentions that they are still attached to their culture, and she concludes that they think that it is important to return to their home country. 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Example of analysed excerpt with annotations:

1. Throughout the document excerpt are highlighted green.
2. Themes are coloured as follows:
   - Importance of witness testimony
   - Conceptual and semantic challenges to the self concept
   - On home and belonging
   - Belief about the war
   - Wellbeing in the context of war
   - Duration
   - How participants see the war

519 not leave my mind, that I am a refugee originally when I came and that I am not
520 what I was, I had a better life in Somalia but here I am this simple person who
521 arrived as a refugee and that you are seen differently ha, I remember when I
522 came to the Immigration (UK) I was with my father, frankly, we did not face a lot
523 but when we were interviewed, my father was interviewed, they asked my father
524 if he came here previously and he said yes and that he was a doctor, frankly my
525 father had all his documents (qualifications) with him, he had all his documents,
526 they (immigration officials) treated us very well they welcomed us, they even
527 offered to call a cab for us, my father turned down the offer saying that he had
528 money for the cab, we left like that but we are still this people (refugees) who
529 live in the UK as British
530
531 I think we covered all of it (the research aims)
532
533 R: I think yes
534
535 End.
536
Personal story – the story of loss of home (theme on home and belonging – sub theme – risk screening related to safety)

Danger is shared with the ‘we’ (theme – the conceptual challenges to self concept)

The unexpectedness of such thing as war – the day was just another day of doing at home (theme – on home and belonging)

Risk screening - the identities of the warring sides are not important at this stage self preservation is (in home and belonging – sub theme risk screening related to safety)

Risk screening related to safety – screening danger

Use the ‘I’ to refer to personal decisions – theme: interpersonal and semantic challenges to the end concept – sub theme – agency

Decision to leave home based on unusual movement and hearing danger (theme – on home and belonging related to safety) and also (theme – the conceptual and semantic challenges to self concept – sub theme – agency)

Decision to leave taken in consultation with husband – the male figure and the head of the household (theme – on home and belonging – sub theme risk related to safety)

Believing in the goodness of the Somalis – their ability to overcome collapse of government (theme: the disbelief about the war – sub theme: believe in the Somali identity)

The force acquisition of refugee status means a lot – she uses the ‘I’ to own her refugee status (theme: importance of the witness testimony – sub theme: resuming victim identity related to forceful acquisition of refugee status)

Disbelief about the war and the unfolding of events leading to seeking refuge (theme: disbelief about the war)

Social status emphasized on home and belonging, sub theme: home being an indicator of social status)

Disbelief seems to have delayed decision to leave even though the family were well off and had the ability to flee the country (theme: the disbelief about the war, sub theme: incongruence between rebel actions and the belief about the nature of the collective)

Again the decision to leave her father is personalized – also mentions walking again – she takes a decision to walk back to the home she left behind – perhaps the fear until then was not enough to dissuade her from doing so – perhaps also the odd appearance of the militant meant that she did not take them seriously yet (theme on home and belonging, sub theme risk screening related to security and place)
She mentions her worse fear while using the 'T' (to be asked to identify by clan) the consequences of which is to be killed or raped. Here she mentions for the first time a woman who was with her and begins the use of 'we' perhaps to share the fear (theme: the conceptual and semantic challenges to the self concept). The previous statement belongs to (theme: on home and belonging - sub theme: risk related to place).

As important home and personal belongings were, she decides to discontinue her journey based on intense screening of risk (theme: on home and belonging - sub theme: risk related to security).

Husband's family home is described as safer, but this is followed by 'near the airport' indicating that exit of the country all together rather than only the home was imminent choice following what she saw and assessed e.g. targeting of specific clans, the dead in the street (theme: on home and belonging - sub theme: risk related to security).

Here she seems to have had an input in the family decision to leave not only the homes but the country (theme: the conceptual and semantic challenges to self concept - sub theme: autonomy).

She shows here her social position that enabled her not only to leave the home, the city, but the whole country within days of the start of the war (theme: on home and belonging - sub theme: loss of belonging).

She lists the dead body she saw, the clan cleansing before declaring her departure to Germany perhaps indicating loss of safety and security not only at home, the city but the country as a whole (theme: on home and belonging - sub theme: loss of belonging).

She describes the disparities between real refugee who she describes her husband to leave herself. Unlike her, her husband seems to have been a slow to find ways of getting out of harm's way due to the proximity of danger - he didn't leave with the family as she describes later he decided to become a refugee rather than leave comfortably with the rest of the family. He was targeted directly and exposed personally while she was a different kind of refugee marked by loss of social status, wealth, future aspirations, loss of schools and security.

Culture of elder mediation is important in Somalia and is woven into the fabric of clan dealings during clan warfare - yet this was in applicable (theme: the disbelief about the war - sub theme: the meaning of the war) this is also related to (theme: on home and belonging - sub theme: risk related to security nothing could stop the violence).

Even though the uncle who advised them to leave, shared clan identity with the attacking militiamen, that did not safe him neither did his old age (theme: the disbelief about the war - sub theme: the meaning of the war).

She is told first that she is not from Mogadisho, a place she was born in and loved. Second, there is no law and order, so loss of safety, then loss of home - all this leading to decision to leave (theme: on home and belonging - sub theme: risk related to security).

Denies having nightmares, but admits fear linking it back to war experiences. (theme wellbeing in the context of war - sub theme: emotional disturbance as linked to social disturbance).
Even though she tends to minimize how long she was in Mogadishu, what she saw in ten days were enough to instill fear in her, make her feel unsafe, and lose her sense of belonging to the place (theme: on home and belonging — sub theme: security and loss of belonging).

Minimizing her experience of war but this seems to be unhelpful as she interrupts this with ‘I remember the dead bodies’. Dead bodies are repeated over many times throughout the interview its significance lie in the departure from religious norms.
10.12. Appendix 12
Example of an email to participants with excerpts from their interview and my interpretations

RE: Excerpts from our interview
Warsan Saalax <warsan2001@hotmail.com>
Wed 18/11/2015 14:33
To: xxxxxxx <xxxxxxxx@gmail.com>

• Warsan Saalax <warsan2001@hotmail.com>

Dear xxxxx

Following our telephone conversation, please see attached excerpts from our interview and my interpretations. Please do let me know if you have any comments on them, particularly on their accuracy and if my interpretations resonate.

As you can see, in this stage and for the purpose of confidentiality, I have changed your name and I am using the pseudonym (Hawa). Everything in italics is quotes from your interview. The paragraphs above them are my interpretations.

I look forward to your comments.

Best wishes

Warsan Saleh
3.2. Participant 2 (pseudonym: Hawa)

Scene 1
'I lived in Mogadisho'

Hawa sets the scene by asserting ownership of the story to be told; she used the pronoun 'I' twice in the first line, it appears once again in the second statement and is then replaced with 'my' twice. This paragraph is then concluded with laying the foundations for the war story to be told, using 'I' and 'my' again. This seems to have been in response to my earlier conversation with Hawa, who felt that nothing major happened to her during the war, and was unsure about how useful her story was to the research. I felt that her use of ‘I’ and ‘my’ positioned her character as central to the story, limiting my role in the interview. Hawa actively minimised her experiences throughout the interview, which seems to act as a coping strategy to enable her to feel well.

Hawa opens by saying "I lived in Mogadisho prior to the war, I was a young person". These two statements are important: the first qualifies her as a first-hand witness, whilst being young will be key to her journey later. In the following sentence, Hawa connects happiness with closeness of a community of neighbours and friends, perhaps sharing her dissatisfaction with the lack of community closeness in the UK. She then concludes by saying that she lived with her extended family prior to the war, perhaps communicating the loss of being in the same home as her family.

(4-7) I lived in Mogadisho prior to the war, I was a young person. Prior to the war I was very very happy, my neighbours, my friends, we were very close, we were very happy together. The Somali war then started, and on that day that I fled our home when it started I was living with my family, and extended family

Scene 2
‘we thought we should come back very soon’

Hawa lived in (Madina), a new residential area near the airport mainly inhabited by the darood clan, that of the departing president. It is the Southern exit of Mogadisho.
leading to Kismayo on the southern border with Kenya. Madina was the last part of the city to fall to the rebels, where a heavy and decisive battle took place there. This may suggest that Hawa was an acute refugee, who did not plan for the journey by taking food supplies and clothes and was simply trying to get out of harm’s way (Stein, 1980). It later transpires that the proximity of the war and contact with neighbours assisted the family’s decision to flee, which appeared to have been delayed by disbelief about the turn of events, only for the family to be hurried out by the closeness of death. Hawa hands over the ownership of the story to the collective ‘we’ at the beginning of her fleeing. It seems that the war eroded individuality, rendering her voiceless; there was no mention of individuals during the journey to safety, family, neighbours and others all came together as a unit.

(69-72) but we heard that people died in nearby areas and the guns were so loud, and later it reached people who lived behind our home and many people died, then a family decision was reached to leave along with our neighbours, we decided to seek safety on that day

(40-43) Yes, we heard the gun fire and we thought, we did not take much, just few supplies of water and food, just very few, we did not even take clothes (laughter at the absurdity), we thought that we should go to nearby areas, we thought we should come back very soon

Scene 3
‘I recovered from the suffering’

The use of ‘I’ reappears once Hawa leaves Somalia and reaches Kenya, which Hawa considers as a recovery zone. Basic needs include food, shelter, support and a refugee identity card, which is emphasised here twice; perhaps this was an acknowledgement of the suffering experienced thus far. But, she also relates that with respite there was an initial period of physical ill health and ‘madness’. Recovery was possible with sustained support from the UN over a period of time. Hawa also mentions transitioning through Ethiopia, where she explains (in a later excerpt) that she went to search for family members from whom she had been separated during the war but was held up in Ethiopia for many years before resettling in the UK.
Hawa describes reliving experiences, nightmares and flashbacks in Kenya of the ‘terrifying’ appearance of militiamen, and intense fears that she locates in the past. She shifts to a survival story, describing how fortunate she was compared to those who were raped or did not survive. Hawa roots this experience in destiny, perhaps to mitigate survivor guilt.

(403-411) in that camp we found basic needs covered, identity card was issued to us, they assembled new tents for us, I stayed there for few years, they gave us food, we lived there for a while, then I left to Ethiopia, but I lived many years in that camp, some of the residents were evacuated to US, some became mad, others became ill with malaria, the UN assisted us, they gave us a lot of support, I recovered from the suffering in my journey up to that point, alhamdulilah (thanks to God)

(485-492) I had for a long time dreams of the militia men who I saw in the way with their masks, heavy artillery and their terrifying appearance, sometimes I used to feel that they were following me, sometimes I felt I was followed by them [nervous giggle] I used to scream and people used to ask me what I was screaming for. I used to feel as though I was in the middle of the war, then, somehow, I survived, people, young women of my age were raped and then killed, a lot of people relatives died, sometimes I feel sad and others, I appreciate my survival while others did not

(615-616) but everyone is destined for things, I feel sad for them, but I appreciate my survival

**Scene 4**

‘as a human, as long as you live you will face so many problems’

Hawa sees misfortune as part of life, highlighting patience, acceptance and not dwelling on difficult events as central to health, an understanding she roots in her beliefs. She attempts to be self-compassionate by introducing the concept of a common humanity, one that is flawed (Neff & Tirch, 2013). Hawa mentions for the
first time a story of physical injury, which she describes as a slap, but her trying to get medication might indicate that it was more serious. The minimising serves a function whereby survival overweighs everything that has happened, not only in the event itself, but also in memory and re-storying.

(522-530) This understanding comes from Allah, I read the Quran...when you read the Quran, you gain a lot of knowledge, that in life sometimes you have, others don’t, and that as a human as long as you live you will face so many problems, what it is, even if you are rich you will face problems, so you have to be patient, sometimes now when I face problems or watch the tv and see others in bigger problems I feel that I have a lot, I see all that I faced as nothing at all, I am alive, I eventually got clothes and life, I overcame these problems, so when you say why is when you become in emotional troubles...I even remember I got slapped in the road, you know, you understand

(693-695) The slap was so hurtful, it left a mark in my face for a while, I tried to get medication for that but I just kept quiet

Scene 5
‘if you hate people you bring illness to yourself’

Hawa speaks of misfortune as a rumination, that repeatedly going through negative experiences enables the growth of negative emotions. Hawa elaborates on its effect on herself and others. First, it will make her ‘hate’ others, something she identifies as ‘illness’. Second, it will position her as somehow ‘better’ than those who did not survive. Hawa identifies going over negative such as the targeting of clans, as playing on others’ emotions. The latter is seen as having the potential to lead to war and to collective punishment.

(700-707) I didn’t talk about it (war) because when you talk about problems and ruminate it gets bigger, they grow on you, if I talked about a clan, I may include people amongst them who never hurt anyone and I hate them on that basis, if you hate people you bring illness to yourself, I was protecting myself from this illness
that day when I was slapped my mum was on my side, she said this is not a problem, she said people were shot at and asked me if I am better than those killed, I said no, she told me to move on and to never repeat this story and that this will be my cure, you compromise because if I play on people’s emotions and say that I was targeted for my clan affiliation, it happens in Somalia, people will get arms and fifty people may get killed, you cause even a bigger problem.

Scene 6
‘we must forgive’

By using ‘we’ in the scene below, Hawa places war within the collective, who she believes are destined to bring misery on themselves as a result of their actions of rejecting God’s gift of peace. Hawa here taps into the ideas of fate and divine retribution, the presence of a punishing Allah. Hawa also considers forgiveness a collective act, including me as the audience. She defines forgiveness as letting go: not holding individuals responsible for their actions, giving up emotions linked to the loss of loved ones to war. However, she also sees forgiveness as a two-way transaction, both sides committed to letting go and achieving compromise. This involves making concessions with regards to losses by devaluing one’s own life experiences, something Hawa did throughout the interview by comparing to those who were less fortunate than her. Here, Hawa levels all sides, using the idea of compromise, linked to responsibility; the language of victims or perpetrators is not used. With compromise, Hawa, opens a window for a sense of togetherness, which is important for Hawa, and a hopeful future.
(674-677) Now, I understand that this is destined to be, people bring misery on themselves, the country was peaceful, we rejected Allah’s gift to us

(681-686) Yes, we can compromise, yes a lot and nicely, for example if I lost someone to the war, if I say that the person is not coming back so we must forgive, if I say that I forgive those who looted and I don’t hold anyone responsible, that is compromise and the other side says the same, we can come back together and we can rebuild the country, I have that belief, it is the lack of compromise and forgiveness that people are still dying, women and children
10.13. Appendix 13

Example of a feedback from an expert in narrative research
Please note that the expert also made comments within the text (highlighted yellow) and not in the bubbles only.

**Figure 1**

3.2. Participant 2

Scene 1

*I lived in Mogadisho*

Hawa set the scene by asserting ownership of the story to be told. For example, she used the pronoun “I” twice in the first line. It appears once again in the second statement and it is then replaced with the use of “my” twice. This paragraph is then concluded with laying the foundations for the war story to be told, but here she uses “I” and “my” again. This seemed to have been a response to an earlier conversation I had with Hawa, who was unsure about the usefulness of her story to the current research, since she felt that nothing major happened to her during the war. I felt that her use of the pronoun “I”, “my” is to set the scene and by so doing has limited my role in the interview. Hawa has positioned her character as central to what and how the story will be told. Hawa actively minimised her experiences throughout the interview, something that seems to act as a coping strategy that enables her to feel well.

Hawa opens her interview by saying *I lived in Mogadisho prior to the war, I was a young person*. These two statements are important; the first qualifies her as a first hand witness, whilst being young will be key to her journey later. In the following sentence, Hawa connects closeness of a community of neighbours, and friends with happiness. She then concludes by saying that she lived with her family and extended family prior to the war.

*Commented [Dave1]:* what is being communicated with this? Is she perhaps letting you know that happiness is difficult here, where the ‘community’ is not close? Is she also letting you know about the loss of being in the same home with her family?

 Deleted: Hawa is a forty years old British Somali female who is currently employed as a carer. She lives with her husband and three children. Hawa was born to a family of ten people; she described losing three members of her family to war and a brother who died four years ago. Hawa was recruited from a community organisation.

 Deleted: few things beginning with the

 Deleted: the

 Deleted: well

 Deleted: the function of which was to gain a greater control of the ownership of the story.

 Deleted: *"*

 Deleted: *"*
friends, we were very close, we were very happy together. The Somali war then started, and on that day that I fled our home when it started I was living with my family, and extended family.

Scene 2

'we thought we should come back very soon'

Hawa lived in (Madina) a new affluent residential area near the airport mainly inhabited by those of the darood clan, as the departing president. It is the Southern exit of Mogadisho and leads to the route to Kismayo on the southern border with Kenya. Madina was the last part of the city to fall to the rebels, a heavy and decisive battle took place there; this may suggest that Hawa was an acute refugee – who did not plan for the journey and was simply trying to get out of harm’s way (Stein, 1980) as implied by the act of not taking food supplies and clothes.

It later transpires that the proximity of the war and contact with neighbours assisted the family to make the decision to flee. Disbelief about the turn of events also seems to have delayed decision to flee for the family only to be hurried out by the closeness of death.

At the beginning of her storying of the fleeing journey is where Hawa hands over the ownership of the story to the collective, the 'we'. It seems that the war eroded individuality, rendering Hawa voiceless, there were no mention of individuals during the journey to safety; the family, neighbours and others all come together as a unit.

... but we heard that people died in nearby areas and the guns were so loud, and later it reached people who lived behind our home and many people died, then a family decision was reached to leave along with our neighbours, we decided to seek safety on that day...

... Yes, we heard the gun fire and we thought, we did not take much, just few supplies of water and food, just very few, we
did not even take clothes (laughter at the absurdity), we thought that we should go to nearby areas, we thought we should come back very soon....

Scene 3

'I recovered from the suffering'

The use of 'I' reappears again once Hawa leaves Somali soil and reaches Kenya. Hawa considers Kenya as a recovery zone. Basic needs include food, shelter, support and acquiring refugee identity card. The identity card is emphasised here twice; it might have been the case that it was an acknowledgement of the suffering experienced thus far. But, she also demonstrates that with respite, after an initial period of physical ill health and 'madness', recovery was possible with sustained support over a period of time by the UN. Hawa also mentions a story of transition through another country, Ethiopia, where in a later excerpt she explains that she went to search for family members she from whom she had been separated during the civil in Somalia. However, she was held up in Ethiopia for many years before finally resettling in the UK.

(403-411) [...] and in that camp we found basic needs covered, identity card was issued to us, they assembled new tents for us, I stayed there for few years, they gave us food, we lived there for a while, then I left to Ethiopia, but I lived many years in that camp, some of the residents were evacuated to US, some became mad, others became ill with malaria, the UN assisted us, they gave us a lot of support, I recovered from the suffering in my journey up to that point, alhamdulilah [thanks to God].

In the recovery zone, Kenya, Hawa describes reliving experiences, nightmares, flashbacks of the 'terrifying' appearance of militiamen and intense fears, which she locates in the past. She shifts to survival story, describing how fortunate she was in comparison to those who were raped or did not survive. Hawa attempts...
to root the experience in destiny, perhaps to mitigate survivors' guilt.

(485-492) […] I had for a long time dreams of the militia men who I saw in the way with their masks, heavy artillery and their terrifying appearance, sometimes I used to feel that they were following me, sometimes I felt I was followed by them [nervous giggle] I used to scream and people used to ask me what I was screaming for. I used to feel as though I was in the middle of the war, then, somehow, I survived, people, young women of my age were raped and then killed, a lot of people relatives died, sometimes I feel sad and others, I appreciate my survival while others did not

(615-616) […] but everyone is destined for things, I feel sad for them, but I appreciate my survival.

Scene 4

‘as a human as long as you live you will face so many problems’

Hawa sees misfortune as part of life and highlights the need for patience, acceptance and not dwelling on difficult events as central to health, and she roots this understanding in her beliefs. She attempts to be self-compassionate by introducing the concept of common humanity, a humanity that is flawed (Neff & Tirch, 2013). Hawa mentions for the first time a story of physical injury, which she describes as a slap, but seemed to me that this was a hit across the face as the act of trying to get medication may indicate. The minimising serves a function since survival outweighs everything that has happened, not only in the context of the event but also in its memory and restorying.

(522-530) […] This understanding comes from Allah, I read the Quran…when you read the Quran, you gain a lot of knowledge, that in life sometimes you have, others don’t, and that as a human as long as you live you will face so many problems, what it is, even if
you are rich you will face problems, so you have to be patient, some times now when I face problems or watch the tv and see others in bigger problems I feel that I have a lot, I see all that I faced as nothing at all, I am alive, I eventually got clothes and life, I overcame these problems, so when you say why is when you become in emotional troubles… I even remember I got slapped in the road, you know you understand.

(693-695) […] The slap was so hurtful, it left a mark in my face for a while, I tried to get medication for that but I just kept quite…

Scene 5

"If you hate people you bring illness to yourself”

She describes talking about misfortune as a rumination - meaning repeatedly going through negative experiences - that is seen as having the potential to enable the growth of negative emotions. Hawa elaborates on the effect of this rumination on the self and on others. First, it will make her ‘hate’ others, something she identifies as ‘illness’. Second, it will position her as somehow ‘better’ than those who did not survive. Third, she acknowledges the negative effect on others based on her assessment of the Somali culture, locating the repeat of negative experiences, such as the targeting of clans, as playing on others’ emotions. The latter is seen as having the potential to lead to war and to collective punishment.

(700-707) […] I didn’t talk about it (war) because when you talk about problems and ruminate it gets bigger, they grow on you, if I talked about a clan, I may include people amongst them who never hurt anyone and I hate them on that basis, if you hate people you bring illness to yourself, I was protecting my self from this illness…

(715-723) […] that day when I was slapped my mum was on my side, she said this is not a problem, she said people were shot at
and asked me if I am better than those killed, I said no, she told me to move on and to never repeat this story and that this will be my cure, you compromise because if I play on people’s emotions and say that I was targeted for my clan affiliation, it happens in Somalia, people will get arms and fifty people may get killed, you cause even a bigger problem.

**Scene 6**

‘we must forgive’

By using the plural pronoun 'we' in the scene below, Hawa is placing war within the collective, who according to her are destined to bring misery on themselves as a result of their actions of rejecting God’s gift of peace bestowed on the country prior to the civil war. By the use of ‘we’, Hawa also considers forgiveness as a collective act, which also includes me as the audience. She also defines forgiveness as not holding individuals responsible for their actions, as giving up emotions linked to the loss of loved ones to war and, therefore, as the act of letting go. However, Hawa also conditions forgiveness as a two-way transaction, taking place between two sides committed to the act of letting go and achieving compromise. Compromise here involves making concessions with regards to losses by devaluing one’s own life experiences, something Hawa did throughout the interview by way of comparison with those who were less fortunate than her. Here, Hawa levels all sides, the language of victims or perpetrators is not used here, instead Hawa introduces the idea of compromise, which here is linked to responsibility.

(674-677) [...]

I now understand that this is destined to be, people bring misery on themselves, the country was peaceful, we rejected Allah’s gift to us. Compromise is not to be expected given the ideas of how and where retribution can manifest.
(681-686) [...] Yes, we can compromise, yes a lot and nicely, for example if I lost someone to the war, if I say that the person is not coming back so we must forgive, if I say that I forgive those who looted and I don’t hold anyone responsible, that is compromise and the other side says the same, we can come back together and we can rebuild the country, I have that belief, it is the lack of compromise and forgiveness that people are still dying, women and children [...] (comments - have there it also been through compromise there can be togetherness, a future).