

## Society and workplace diversity research group



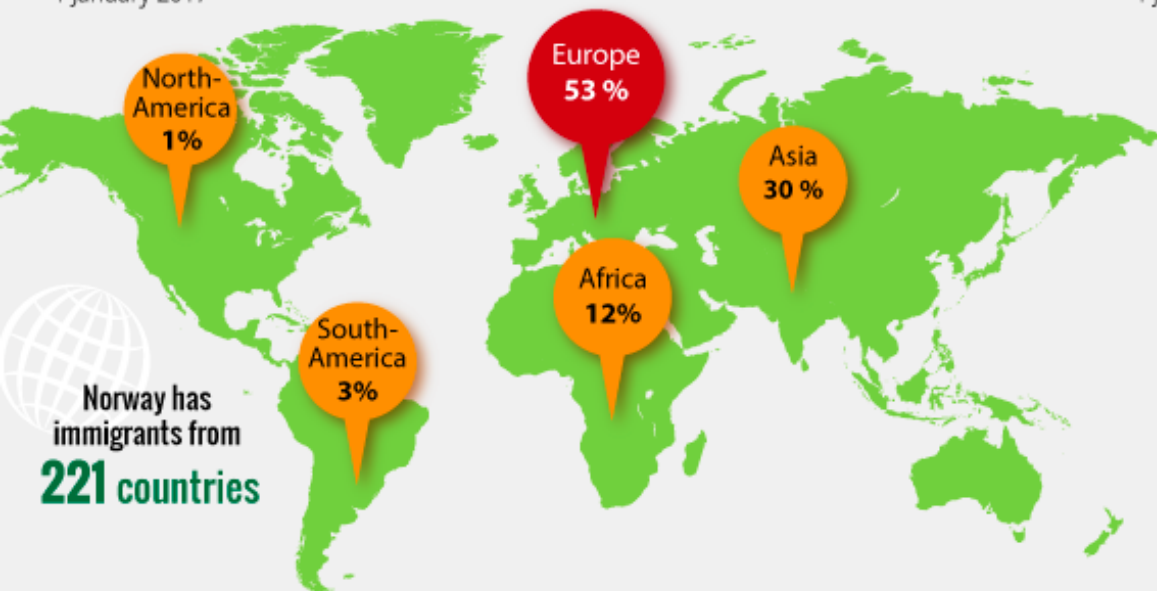
# "Lay explanatory models of depression and preferred coping strategies among Somali refugees in Norway"

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# Where do the immigrants come from?

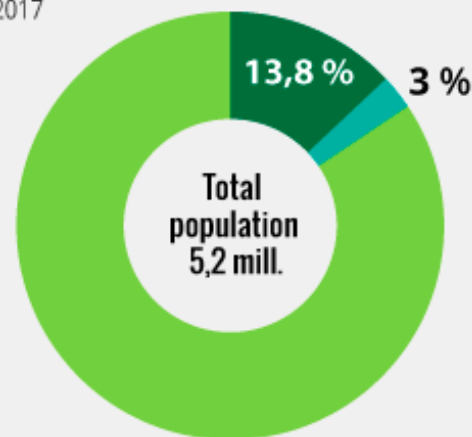
1 January 2017



Norway has immigrants from **221 countries**

# How many immigrants are there?

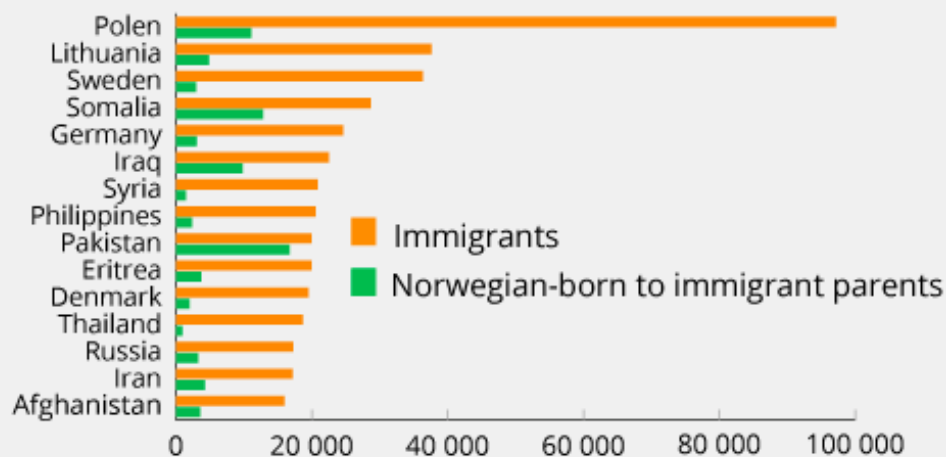
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724 987 immigrants  
158 764 Norwegian-born to immigrant parents

# The 15 largest countries

1 January 2017



# Why do immigrants come to Norway?

Resident non-nordic citizens immigrated after 1989.

2015

Family  
39%



Work  
33%



Refuge  
22%



Education  
6%





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*Strongly agree*   
*Agree*   
*Disagree*   
*Strongly disagree*

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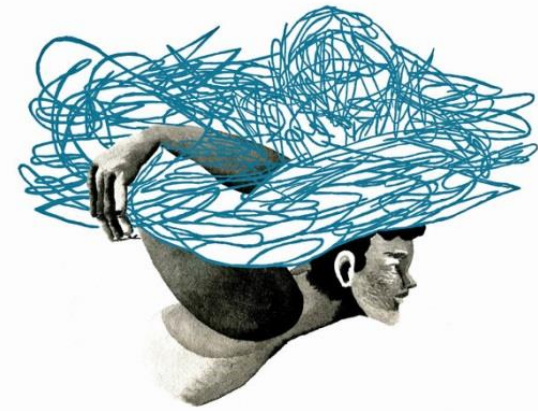


# Vignette

- *Ali/Nora is a 27-year old waiter in a restaurant in Bergen. He/she was born in Oslo to parents who were restaurant owners, but has made Bergen his/hers home for 5 years. In the last few weeks, he/she has been experiencing feelings of sadness every day. Ali/Nora's sadness has been continuous and he/she cannot attribute it to any specific event or to the season. It is hard for him/her to go to work every day; he/she used to enjoy the company of his co-workers, and working at the restaurant, but now he/she cannot find any pleasure in this. In fact, Ali/Nora has little interest in most activities that he/she once enjoyed. He/she is not married and lives alone, near his brother/sister. Usually, they enjoy going out together and with friends. But now he/she does not enjoy this anymore. Ali/Nora feels very guilty about feeling so sad, and feels that he/she has let down his brother/sister and friends. He/she has tried to change his/hers work habits and started new hobbies to become motivated again, but he/she cannot concentrate on these tasks. Even his brother/her sister has now commented that Ali/Nora gets distracted too easily and cannot make decisions. Since these problems began, Ali/Nora has been sleeping poorly every night; he/she has trouble falling asleep and often wakes up during the night. A few nights ago, as he/she laid awake trying to fall asleep, John/Ann began to cry because he/she felt so helpless*
- *What would you recommend Ali/Nora to do?*
- *What, if something is wrong with Ali/Nora?*
- *What if Ali/Nora were Somalian / Norwegian / different gender ?*



# Explanatory model of depression



- All the participants recognized the condition described
- «Illness of thoughts»
- Emotional and cognitive components but no biological basis. «*Something that is physical that have to be taken out*»
- Causes: *Personality/psychological causes (marriage problems), supernatural, religious or traditional causes (Jin possession), Stress (externally caused), Biological causes (Khat)*

# Importance of family and marriage

*“Since he is 27 years old, somebody should find him somebody to marry! If he marry he will not be alone anymore. (everybody nudge).. Live with somebody share your sorrow and happiness”*

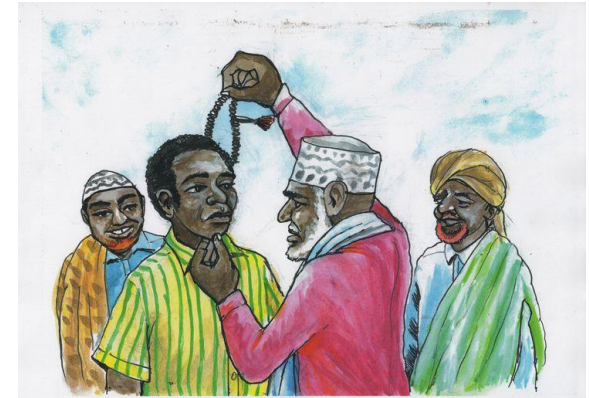
*“If you get sick in Somalia, you go to your parents, then parents will find out what kind of sickness it is and what kind of treatment you need.. if they find it is a mental illness they will find a healer”*

*” If family don ´t have enough money to send him for treatment, extended family and friends- community will help...Family will pray for him, and ask others to pray for him”*





# Islam and traditional medicine



*"I know many families who had similar difficulties (as in the case) and they went back to Somalia and there the first treatment was to pray with Quran, it is a special prayer for him"*

*"I know a girl here in Norway, and they went to different doctors in Norway but nothing helped, then me and several from our community recommended her family to read Quran and that helped."*

*"Jinn.. Research shows that it is good to believe in something. People who get mental illness don't believe in anything... if you are obsessed by Jinn, you have to go to Mosque and read Quran, Jinn is a human that is alive, mostly they exist up in the mountains and in the water..."*

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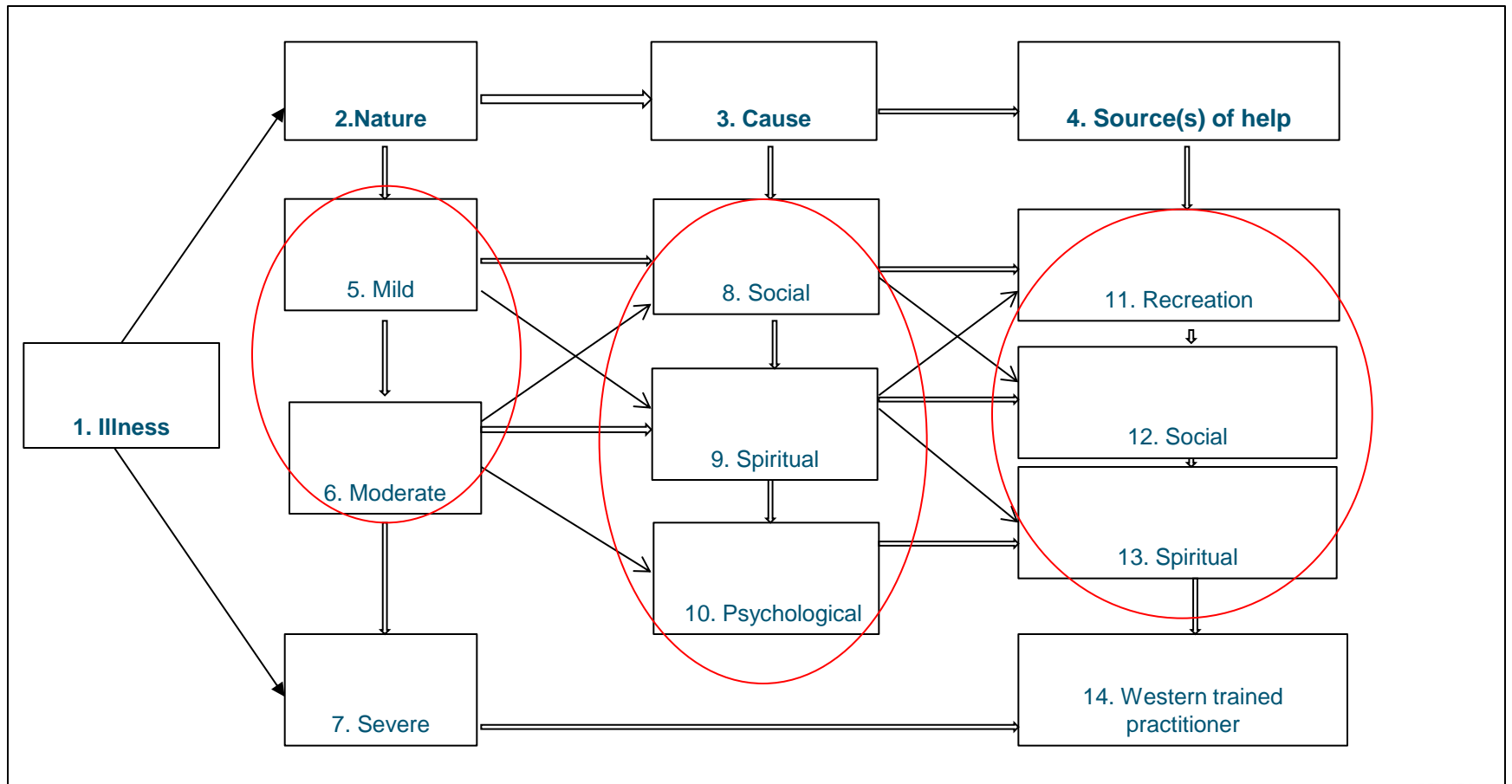
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# Other coping strategies



- **Palliative coping:** Various physical activities (e.g. yoga and walking), traveling, and getting more rest. For example change the climate, but activities have to be congruent with being a Muslim.
- **Bio-medical treatment:** Women were more positive to visiting medical doctors. If medical doctor were contacted, concrete advice were expected.
- **Psychological treatment:** Contact with psychologist were mentioned briefly, but the idea about what a psychologist did was vague, and psychologist were confused with medical doctor.



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## Discussion/Conclusion

Somali refugees have distinct ways of understanding, expressing, and treating commonly understood mental problems

Western health care need to adopt to different understanding of illness to provide good quality help



# Formidling



## Lay Explanatory Models of Depression and Preferred Coping Strategies among Somali Refugees in Norway. A Mixed-Method Study

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**Objective:** Refugees are at high risk of experiencing mental health problems due to trauma in their pasts and to acculturation stress as they settle in a new country. To develop efficient health services that meet the needs of refugees from different regions, an understanding is required of how they make sense of and prefer to cope with mental health problems. This study aims to investigate lay explanatory models of depression and preferred coping strategies among Somali refugees in Norway.

**Methods:** The study used a mixed-method design with a vignette describing a moderately depressed person based on ICD-10 criteria. Firstly, a survey study was performed among Somali refugees ( $n = 101$ ). Respondents were asked to give advice to the vignette character and complete the Cross-Cultural Depression Coping Inventory and the General Help-Seeking Questionnaire. Secondly, focus group interviews ( $n = 10$ ) were conducted separately with males and females to examine the relationship between the explanatory models of depression and the preferred coping strategies.

**Results:** The participants showed a strong preference for coping with depression by religious practices and reliance on family, friends, and their ethnic/religious community, rather than by seeking professional treatment from public health services (e.g., medical doctors, psychologists). Depressive symptoms were conceptualized as a problem related to cognition (thinking too much) and emotion (sadness), but not to biological mechanisms, and they were thought to result from spiritual possession, stress as a result of social isolation, and/or past trauma. Independently of time in exile, the participants showed a strong identification with their ethnic origin and associated values. Because participants emphasized the need to obey and follow the views of elders, fathers, and spiritual leaders, these authorities seemed to be “gatekeepers” for access to mental health services.

**Conclusion:** The results highlight that mental health programs for Somali refugees should actively involve the ethnic community, including spiritual leaders, in order to reach patients in need and to foster treatment compliance.

**Keywords:** depression, help-seeking, coping strategies, refugees, Somalia, mixed method, focus group

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## Hvorfor somaliere aldri blir «deprimert»

Somaliere utgjør en gruppe i Norge som pakkforløpene primært ikke er utviklet for – og som helsepersonell trenger mer tid på seg til å forstå.

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**MENNESKER FRA** Somalia opplever det vi i Norge kaller for depresjon. Men det finnes ingen direkte oversettelse av ordet depresjon i det somaliske språket. I stedet brukes ord som murug, waali eller Jinn (gini), som ved direkte oversettelse betyr tristhet, galskap – eller psykisk lidelse skapt av Gud. Flere kulturer er ukjent med ordet depresjon. Deprimerte kambodjanere bruker uttrykket «theala deuk



# References

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