“I can see it in their eyes, they think I'm crazy.”

Navigating the terrains of mental health through the experiences of young Somali individuals.

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Aqoon la'aan waa iftiin la'aan
“Lack of knowledge is lack of light” // Somali Proverb.

For all the brilliant and vulnerable minds that came before, thank you for instilling and appreciating our ambitions and curiosity in our pursuits of aiding others through recognizing the multifaceted nature of the human psyche.

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Abstract

This master thesis aims to explore how young Somali individuals in Denmark and Norway experience and comprehend worries of the mind and how this influences their help-seeking behavior. Through this thesis, worries of the mind, mental health, and illness are used interchangeably, which has provided valuable insight that explores the same underlying concepts. Additionally, our earlier unpublished literature review, which explored the same research question as this thesis, has been briefly included to illustrate the existing knowledge as well as emphasize the need for further investigation. Furthermore, as this thesis research question aims to explore the individual's unique experiences, an idiographic and phenomenological approach has been chosen alongside case studies, allowing an in-depth exploration. Essential empirical data were obtained through seven semi-structured interviews, and case-by-case analysis was employed. The collected data is further analyzed through this thesis's theoretical selection of Acculturation and Proculturation, Social Identity Theory by Henri Tajfel, Positioning Theory by Rom Harré, Social Representation Theory elaborated by Ivana Markova, Intersectionality and Socio-cultural perspective on Life-course by Tania Zittoun. Moreover, the analysis findings, the interplay of theories, methodological strengths and limitations, and future research and clinical implications were discussed. The findings of this thesis include how seven young Somali individuals in Denmark and Norway navigate two cultural identities, which are the basis for how they perceive worries of the mind and aspects of mental health and suffering. These two cultural identities provide different frameworks for understanding mental health, which most informants implement and alternate through various degrees, depending on their level of acculturation or proculturation. Additionally, five out of seven informants are observed to have proculturated, and two reports to have acculturated, where the major findings of alternating between frameworks are relevant to the six mentioned. These frameworks are Islamic, Somali, and either Danish or Norwegian, where the latter is primarily chosen in recognizing and understanding topics of mental health and illness and the former in treating and coping with it. The findings also include aspects of intersectionality, where individuals experience stigma and discrimination regarding mental health difficulties as well as their ethnic and racial backgrounds. Furthermore, the participants' experiences with worries of the mind and mental health and illness varied, where some were seen to have experienced substantial mental struggles, and some reported minor or minimal experiences with mental health struggles. Nevertheless, despite these individual distinctions, the major

findings highlight how young Somali individuals in Denmark and Norway navigate between two cultural identities, which impact how they perceive and comprehend worries of the mind and further influence how they choose to treat it, affecting their help-seeking behavior.

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1. Introduction

Through cultural psychology, the general understanding is that the subject and world mutually construct each other in which both the individual and culture are perceived to coevolve (Fuhrer, 2003). Culture is an essential part of every human life that influences human behavior, shapes their identities, and impacts their decision and meaning-making processes. It is deeply rooted in the cultural understandings within their contexts. Hence, the norms and values one decides to abide by, which influence behavior and shape one's identity, result from what their culture and society have determined to be necessary. Similarly, conceptions and understandings of various concepts, more specifically to this thesis, mental health and illness, stem from the belief system that culture and society have implemented based on their available resources and knowledge. How one understands something or makes meaning of the world is constructed from its surroundings, interactions, and experiences that life has to offer. Through culture and society, the self and identity are perceived to be a part of this dynamic process that is constantly constructed and reconstructed (Fuhrer, 2003). Though culture is an essential part of every human life, it does not refer to one shared identity but instead differentiates between forms of identity, such as the personal identity of an individual in guiding their cognition, and a cultural identity, which refers to a socially shared cognition (Fuhrer, 2003, p. 6.). Essentially, a natural part of human life is also change, where individuals are subject to this through social participation, extended throughout their lives, due to their developing and changing environments (Fuhrer, 2003, p. 6; Zittoun, 2012). This suggests that individuals' identities are also affected by this change, which occurs through their evolving environments within their social, cultural, and historical contexts.

Furthermore, these changes can be complex and context-dependent, challenging mindsets and learned behaviors, resulting in developing and acquiring new skills and perceptions. An example specific to our thesis is how some individuals are subject to various cultural influences and, through cultural adaptation, form different cultural identities in which they navigate and deal with complex aspects. For individuals existing between and within cultures, such as bicultural individuals, meeting with two different cultures creates a complex identity construction that allows them to navigate through their two acquired cultural identities (Schwartz & Unger, 2010, pp. 27-28). This is relevant, as in today's society, it is becoming more common to see some societies more culturally diverse than others, which refers to the

idea that different people from different ethnic and social backgrounds coexist (Belfield, 2012). This is crucial to the concepts of acculturation and proculturation which explain how individuals adapt their original cultural identity with that of their host country either by gradually adapting to the culture of their host country or by strengthening and preserving their original one[1] (Berry & Sam, 1997; Boman, 2022; Gamsakhurdia, 2020, chapter 3). Why some conform to the dominant culture of their host country, adapting to new norms and values, or choose to preserve their existing cultural identity, adapting to the new one to a lesser extent, depends on many factors, such as a degree of acceptance, support, attachment to existing cultural identity, family and social network as well as available resources amongst many, which the individual experiences. However, bicultural means navigating different cultural identities where meeting conflict and challenges are expected outcomes (Schwartz & Unger, 2010). Therefore, the essence of our thesis lies in exploring the multiple aspects of navigating through cultural identities that shape the frameworks that individuals understand and deal with mental health and illness. More specifically, this thesis aims to explore the *experiences* of young Somali individuals in Denmark and Norway regarding mental health and illness and the influences of this on their help-seeking behavior.

1.1 Delineation of the Research Problem:

In the light of the previous, the next logical question that becomes essential to address is *why* young Somali individuals and *why* the topic of mental health and illness. Our previous unpublished literature review of 11 selected studies, which will be unfolded in the below sections, explored Somali people in Europe's perception of mental health and illness and the significance of this for their help-seeking behavior. The findings indicated that mental illness is perceived as existing on a continuum where a severe state of mind is at one end and common difficulties are at the other (Abdullahi & Colnadar, 2023). Furthermore, the literature review offered two critical insights that contributed to formulating our research question for this thesis. The first was how perceptions of mental health and illness, as well as the preferred treatment of these, were derived from fear both in terms of stigma within their culture and local community, but fear of discrimination and perceived lack of cultural understanding in their host countries, affecting their help-seeking behavior. The second was that the literature we

[1] In contrast to Acculturation, the term Proculturation, introduced by Gamsakhurdia (2018), is a developmental constructive view that emphasizes a more nuanced and dynamic comprehension of the interrelationship between cultures and identity (Boman, 2022)

reviewed offered the experiences and perceptions of older Somali individuals and, to a lesser extent, younger Somali individuals. Therefore, our increased interest in this thesis problem formulation stemmed from this gap in the literature, where our objective lies in contributing to further the existing knowledge on the experiences and perceptions of young Somali individuals in Europe as well as how this impacts their help-seeking behavior. Additionally, this thesis's focus derives from wanting to explore how cultural perspectives are prevalent in how young Somali individuals experience and understand matters of mental health. Overall, we aim to explore young Somali individuals' perceptions of and experiences with mental health matters, as well as their chosen coping methods and how they seek help. Therefore, our problem formulation for this thesis is as follows:

"How do young Somali individuals in Norway and Denmark experience and comprehend worries of the minds, and how does this influence their help-seeking behavior?"

1.2 Background: Migration, Somali People, Culture and Language:

1.2.1 The Influences of Migration

To further understand why Somali people are selected as the focus for this thesis, it is important to understand the background of their presence in Europe, which factors contributed to this, and why they are essential to research.

Amongst many that locate themselves in Europe, the Somali people are one of the immigrant groups in particular that have migrated due to war and poverty. For them, it is due to a civil war dating back to 1991, which largely contributed to this migration (Putman & Noor, 1993, p. 12). The war's outcome significantly led to famine and was seen as a humanitarian disaster worldwide (Gundel, 2002, p. 256). The knowledge of Somali people became widespread when they fled and settled in different countries, more relevantly European countries such as North-western Europe (Gundel, 2002). As people of war and poverty settle in any country, the topic of their health and the influence of their culture becomes relevant to their adaptation process in the host country, where migration can influence health in more ways than one, being perceived by many as the cause and effect of mental difficulties and disorders (Gavin et al., 2001). There are studies suggesting that high rates of psychiatric illness could be explained through a negative migration effect (Cheng & Chang, 1999). The migration

experience can be defined as a psycho-social process that involves loss and change in which the immigrant can experience loss of status, homeland, family and friends, language, and so on (Carta et al., 2005). Due to these factors, one can likely get a comprehensive perception of the vulnerable states that immigrants, and more specifically, Somali individuals, can find themselves in.

Regarding studies suggesting that immigrants may have a higher prevalence of psychiatric issues, there have been discussions on how immigrants, including the Somali people, utilize mental care services to a lesser extent (Abebe et al., 2017). Unfortunately, there seems to be minimal mental health data available on the Somali people, where some suggest that this may be due to a lack of instruments that are culturally appropriate to assess this (Bhui et al., 2006). We have, through our earlier literature review on the Somali people, concluded that cultural perceptions of mental health, amongst other factors, which play a crucial role in the chosen treatment and utilization of mental health care facilities, could be the reason why there are observed lack of mental health data available on the Somali people (Abdullahi & Colnadar, 2023). However, due to generations of Somali people living in Europe, to explore their perceptions of mental health and illness would be to ensure an increased knowledge of their background and further needs in receiving culturally appropriate treatment within psychiatric health care. This is especially relevant for our thesis since qualitative research on Somalis as immigrants in Denmark and Norway seems limited compared to other parts of the world, further increasing our interest in researching this group. Therefore, our investigation explicitly explores young Somali individuals living in Denmark and Norway, as our respective careers as psychologists would be in these countries.

1.2.2 The Somali People, Culture, and Language

An essential part of defining the reason for this selected thesis problem formulation is answering the question of *who,* which can contribute to creating an insight into the identities of Somali people. Therefore, this section highlights and explores the cultural background of Somali individuals, mainly through existing literature that defines their cultural history. Additionally, the previously mentioned literature reviews selected studies will be briefly unfolded to strengthen the knowledge of the Somali people's presence within European countries and what permeates their frameworks for understanding and dealing with mental health and illness. Firstly, the people in Somalia are largely ethnically and religiously

homogeneous, where Islam is the prevalent religion (Putman & Noor, 1993, p. 2). Secondly, the people in Somalia are traditionally divided into clans, where the clan structure plays a central role in Somali society and significantly influences social and political organizations, often constituting a division amongst themselves (Putman & Noor, 1993, pp. 2, 13). Despite this, Somalis are said to have a strong sense of identity when faced with strangers (Putman & Noor, 1993, p. 2). Egalitarianism, which refers to equality between people and the deserving of equal rights and opportunities, is widespread in Somali society and culture (Oxford Languages, n.d; Putman & Noor, 1993, p. 13-14). A big part of Somali culture is art, song, and poetry, where some sources indicate Somalis to be a nation of poets where oral expression plays a significant role in Somali artistry, serving as a powerful tool for storytelling and mass communication (Samatar, 2016; Putman & Noor, 1993).

Moreover, family is one of many things that accurately describes the norms and values that exist within Somali culture. It is the collectivistic perspective that family is the source of identity and personal security, where the same is suggested in our previous literature review, indicating that family is not only a source of support but has been considered the primary help in treating psychological illnesses before any professional help is sought (Putman & Noor, 1993; Abdullahi & Colnadar, 2023; Johnsdotter et al., 2011). This is, however, influenced by a complex of factors, such as the perception of treatment, the lack of knowledge regarding the available resources, and a fear of being mistreated. On the topic of the literature review, the 11 selected studies provided insight into the previously mentioned notion of understanding mental health and illness through a continuum. In the preparation phase of this thesis, an attempt was made to investigate whether more recent literature has appeared that further explores this concept. However, new qualitative knowledge has yet to appear, which makes it relevant to be able to use the same existing literature from our previous literature review. To further explore the background of the Somali people, it is essential to briefly review these studies so that they contribute to providing extensive insight into how the Somali diaspora in Europe perceives and treats mental health and illness.

1.3 Previous Literature Review and Understanding Illness Through Expressions

All articles used in the review examine, in varying degrees, the importance of spirituality and religion for Somali communities in Western Europe's perceptions of mental health and suffering. The literature review concluded that there are two pervasive views of

mental health and suffering that touch on spirituality, the prevailing view which focuses on Islamic cosmology, and the other which focuses on traditional Somali narratives, where both are based on spirit possession and how this causes mental illness (Mölsa et al., 2010; Johnsdotter et al., 2011; Wedel, 2014; Loewenthal et al., 2012; Whittaker et al., 2005; Linney et al., 2020). Additionally, the help-seeking behavior of Somali people was seen to be influenced by barriers such as discrimination and stigma as well as language barrier, where the proper cultural way of treating and dealing with mental illness was through family support and traditional, religious rituals for healing such as *Quraan saar* (Abdullahi & Colnadar, 2023; Mölsa et al., 2010; Johnsdotter et al., 2011; Wedel, 2014).

Furthermore, in contrast to spiritual and cultural conceptualizations of mental health, the focus groups conducted by Næss (2019), Whittaker et al. (2005), Linney et al. (2020), and Mölsa et al. (2011) describe how Somali communities in Western Europe conceptualize mental health and suffering based, among other things, on physiological/somatic symptoms. For example, the mentioned study's informants describe mental health and suffering as physical manifestations and consequences of war and migration, where some draw a connection between psychological and physical health (Linney et al., 2020). Furthermore, some informants also described symptoms of psychological distress as being visible or somatic, like not being dressed well or not acting normally, where general conditions of ill mental states start with a headache (Linney et al., 2020).

This particular example not only illustrates the mind and body nexus in a Somali context but also the importance of language in how we understand and mediate mental health and suffering. Furthering this perspective, an important aspect that needs to be considered is how Somali people understand illness through expressions. A critical fact that we observed through reviewing these studies was the Somali language differentiating between definitions of what mental health is understood as due to how there seem to be no official psychiatric diagnoses but a series of physical and psychological symptoms that, in combination, provide insight into a psychological phenomenon (Abdullahi & Colnadar, 2023). An example of this is the prominent terms that Somalis use to both understand and describe mental suffering, as well as its different mental states, which the studies unfold on. Before we review these terms and their meanings, idioms of distress by Mark Nichter (1981; 2010) aim to explain the culturally specific ways one tends to express psychological distress and suffering. Nichter (1981; 2010) gives meaning to this by referring to it as distress expressions where the expressions can contain stories and metaphors, which can be regarded as symptoms and behavior. The expressions can

be culturally rooted, meaning they are expressions of suffering that are recognizable and understood in a specific culture (Nichter, 1981; 2010; Im et al., 2017). The Somali people, like many, have their ways of understanding suffering, and by applying this concept of Nichter's (1981; 2010), an insight can be attained into how they use expressions to recognize and perceive psychological distress and suffering.

Returning to the previously mentioned point, Somalis in Europe commonly use prominent terms to understand mental suffering: *Dhimir, Murug, Buufi, Waali, and Jinn* (Wedel, 2014; Johnsdotter et al., 2011; Mölsa et al., 2010; Whittaker et al., 2005; Carroll, 2004). To understand how these terms are applied and in which ways they are perceived to influence behavior, let us explore the meaning of these terms and their attributes.

Firstly, *Dhimir*, according to informants in Johnsdotter et al. (2011), generally denotes poor mental health. However, not all informants were familiar with this term, which may be due to different local languages and dialects. The term *murug*, describes a mental state in which one faces many challenges, creating a state of worry and "feeling low" (Johnsdotter et al., 2011). This term refers to everyday situations that can trigger this, such as one's financial condition (Johnsdotter et al., 2011). The expression *Buufi/ Buufis*, translates "*to withhold breath*" (Johnsdotter et al., 2011, p. 744) or "*to be filled with air*" (Mölsa et al., 2010, p, 286) and characterizes a state where one is tense and paranoid. Additionally, the informants in both Mölsa et al. (2010) and Johnsdotter et al. (2011) relate *buufis* to an anxiety-like state characterized by "sadness" and "distress" and perceive these to be a result of civil war and clan conflicts that have destroyed social networks. *Buufis* can also be seen as a preliminary stage for *Waali.* Along the continuum that Somalis describe to understand mental difficulties, *Waali* is understood to be at the end of this continuum and used to describe a severe mental state of insanity (Johnsdotter et al., 2011). This mental state, according to the informants in Johnsdotter et al. (2011), is complex for the local community to help and cure.

Lastly, *Jinn* refers to an evil spirit in Islamic cosmology that can possess people (Johnsdotter et al., 2011). Several of the informants from the studies in the literature review mainly attributed *murug, buufis,* and *waali* to traumatic refugee experiences, the more significant socio-political destruction of civil war and famine, and in some cases, post-migration stress factors (Johnsdotter et al., 2011; Mölsa et al., 2010; Carroll, 2004).

Additionally, the same characteristics or symptoms that define *Waali* seem also to be applied to *Jinn* when possessed by it (Carroll, 2004). Having an insight as to how the general population of Somali people in Europe comprehend mental health and illness contributes to the

idea of maintaining a vigilant observation throughout this thesis on how specifically young Somali individuals in Norway and Denmark choose to perceive this matter, more so if there are variations that can be found to either differ from or compares to this existing knowledge.

1.4 Concept Clarification of Mental Health, Illness, and Worries of the Mind

Our primary focus for this thesis is to explore the topics surrounding mental health and suffering that young Somalis experience in their daily lives. In our problem formulation, we used the term "*worries of the mind*" for many reasons. Firstly, we had a preconceived objective that we may face some difficulties regarding the use of terms such as "mental health" and "mental illness/disorders," which could be viewed as derogatory or stigmatizing in the Somali community. Because of this, we decided to abstain from using these terms when explaining our problem formulation. However, we allowed ourselves to ask and introduce them in our questionnaire and interviews as we saw fit. Secondly, we wanted to use terms that were easy to relate to and define for our target group, so we chose "worries of the mind." In addition, these terms are used synonymously as our focus lies in exploring the same underlying concepts as that of the thesis problem formulation. Furthermore, it is essential to explore the meanings of "mental illness/disorders" and "worries of the mind" so that we may have an extensive comprehension of what it entails before we move forward.

The Oxford Learners Dictionary online describes the term "worry" as "*to keep thinking about unpleasant things that might happen or about problems that you have*" (Oxford Learners Dictionary, n.d.). Worrying is also similarly defined by the online Cambridge Dictionary as "*to think about problems or unpleasant things that might happen in a way that makes you feel unhappy and frightened*" (Cambridge Dictionary, n.d.). In Norwegian and Danish, worrying is defined as a feeling of being distressed over something or someone (Ordbokene.no, n.d.; Den Danske Ordbog, n.d.). When it comes to the Somali language, the only definition of the term "worry" that we can find is a translation of the word, and worry, translated into Somali, means "walwal" (Google Translate, n.d.).

Mental health is defined as a state of well-being that allows individuals to cope with the stresses and difficulties that come with life (World Health Organization, 2022). WHO (2022) defines mental disorders to be categorized by a set of symptoms or disturbances that affect one's behavior, both emotional and cognitive. Additionally, this definition can be understood as a widespread definition of mental health, mainly recognized in Denmark and used as their framework for understanding mental health (Mental Sundhed, n.d.). According to the health

department of Norway, mental health involves how you cope with everyday struggles and your perception of others and oneself (Helsenorge, 2022). Mental illness is divided between mental issues and mental disorders, where the latter is recognized as a set of major symptoms that occur over a long period, which can also impair one's ability to function properly in daily life (Folkehelserapporten, 2023). They separate between common variations of emotional life, which are a result of various life events and major burdensome symptoms that can be recognized as mental disorders (Folkehelserapporten, 2023).

In essence, the common thread that one can recognize is how mental health is more than the absence of disease, which means that one's mental health is not only defined by whether one can realize one's abilities and be a positive part of society, but that mental illness and good mental health can coexist. An individual can have a bad mental health and still positively contribute to society, as well as have good mental health and have a mental illness (Mental Sundhed, n.d.). The term "worry" can be understood as a form of persistent thinking and a state of mind that can result in unpleasant feelings. In addition, we understand worry to be related to future events, such as worrying or fearing that something may happen that one does not want to. Relative to the separation of mental issues and mental disorders, worries can also vary in their definition. Worry can be a normal psychological state that one experiences occasionally due to life events or an excessive mental habit that inhibits one's behavior to such an extent that one functions poorly in daily life. Excessive worrying can be recognized as a symptom of mental disorders (WHO, 2022). Ultimately, by using "worries of the mind," we want to create an understanding of the various ways in which one can experience psychological difficulties relating to one's mental health and, specifically, how young Somali individuals perceive it to be. Thus, the definition of mental difficulties that individuals experience can vary through cultures; therefore, the term "worries of the mind" can be a great way to assist in defining phenomena that are diversely understood.

2. Methodological considerations

In continuation of exploring the problem formulation and the background of the target group for this thesis, the next appropriate step will be to clarify *how* we will answer by elucidating the chosen methodological approaches. Therefore, the following paragraph describes our methodological considerations and outlines the foundation of our thesis. More

specifically, we elucidate our decision to apply idiographic science[2], phenomenological, and social constructivist approaches to construct scientific knowledge that explores how young Somalis in Denmark and Norway express worries of their minds and how this can influence their help-seeking behavior. We will investigate our problem formulation through collective case studies.

2.1 Approaches to Data Collection

An essential part of researching and exploring a phenomenon is the consideration of methodological frameworks, the collection of data, and the theorizing of concepts. With psychology's long past but short history, there has been a conflict between psychological paradigms on the *"correct way"* to approach scientific research (Valsiner, 2022; Salvatore & Valsiner, 2010a). In this paragraph, we deem it necessary to touch upon this topic briefly since this conflict is crucial for establishing credibility, trustworthy analysis, and results. Generally speaking, nomothetic and idiographic science are the opponents, whereas the first mentioned depicts population samples, and the last mentioned aims to uncover the uniqueness in single case studies (Salvatore & Valsiner, 2010a; Molenaar & Valsiner, 2008). Idiographically constructed science is particular and unique, where the objective is to construct general knowledge from individual specific cases, such as individuals or phenomena (Salvatore & Valsiner, 2008; Molenaar & Valsiner, 2008). When applied to psychological research, idiographic science contributes by emphasizing understanding the individual systemic organization of the psyche, including specific traits and life span, before grouping the individual with other individuals to comprehend and draw general conclusions across individual cases looking for general mechanism (Salvatore & Valsiner, 2010a). Variation is different in nomothetic and idiographic science; the former approach derives from the assumption of "*constant principle*" and the invariance of the functioning manner of the phenomenon, whereas the latter emphasizes the time-dependent variability within each distinct

[2] Since 2004, there has been a new development in psychology which emphasizes the empirical focus on the systemic organization of autonomously functioning people (Molenaar, 2004). Idiographic approach differs from nomothetic science, where before 1950s it was common to draw general conclusions from individual cases. Idiographic science, which focuses on the uniqueness of individuals, was introduced by William Stern in 1911 on *Die Differentelle Psychologie* (Differential psychology). This tradition continues in neuropsychology (Luria, 1987), where it is used to understand and generalize from individual cases to broader principles.

instance (Molenaar, 2004, p. 202). This has led to the formation of two distinct types of variation: *inter-individual* and *intra-individual (*Molenaar & Valsiner, 2008*;* Molenaar, 2004).

For this thesis, an intra-individual variation focus is applied, followed by integrating the general findings across individual cases. We deem this strategy the most suitable methodological approach as our thesis aims to uncover the experiences of young Somalis in Denmark and Norway on worries of the mind and the influence of this on their help-seeking behavior. Furthermore, Salvatore and Valsiner explain that the idiographic approach entails an ontological understanding in which the phenomenon being studied is always influenced by its situational context and, therefore, is always unique (2010a; 2010b). Thus, the occurrences of a phenomenon should not be perceived as representative of the phenomenon's general way of functioning (Salvatore & Valsiner, 2010b). Likewise, they present an epistemological understanding that every phenomenon is considered uniquely distinct and cannot be categorized or grouped despite similarities with other phenomena. These similarities are seen as limited and minor aspects of the entire phenomena; as a result, phenomena that share similar characteristics should not be treated as identical (Salvatore & Valsiner, 2010a; Salvatore & Valsiner, 2010b). As in idiographic science, despite studying a particular phenomenon individually, one could still use these cases to create a broad understanding or general knowledge of the phenomena (Salvatore & Valsiner, 2010b). This can be accomplished by employing an abductive approach in which we endeavor to discover which specific rules contribute to creating the particular outcome. The collection of these rules aims to develop an understanding of the phenomena, which contributes to the general picture and a general and comprehensive model of the phenomenon that can be utilized to understand other similar phenomena (Salvatore & Valsiner, 2010b). Researchers utilize specific aspects of the phenomena to create a general model of knowledge based on their respective theoretical backgrounds. The model cannot explain all aspects of the phenomena but only what is assessed as relevant. The created knowledge is considered general if it explains or fits another phenomenon in the same category (Salvatore & Valsiner, 2010b). This will guide our methodological decision regarding appropriately exploring and investigating our research problem.

2.2 What is Considered a Case?

Specifying what is considered a case is relevant to our thesis since its empirical foundation relies on seven cases achieved through semi-structured interviews. Below, we will elaborate on a more in-depth description of our research design and its entails.

Demuth (2018) presents different conceptualizations of what case studies can be within the realm of qualitative studies. Demuth elucidates that a case, amongst many aspects, can be understood as a person, group, and institution where she also outlines that boundaries of what is understood as a case depend on the researcher's definition of it (2018, p.78). Demuth describes three types of case studies relevant to our idiographic study. These are *intrinsic case study, instrumental case study,* and *collective case study (*2018). Firstly, an *intrinsic case study* refers to the concept of exploring the uniqueness of the case itself were building theory or exploring representations is not of interest (Demuth, 2018. p. 78). Secondly, by examining a specific case for *instrumental case study*, the interest lies in building theory or redrawing the concept of generalization (Demuth, 2018, p. 78). Thirdly, for *collective case study*, the main concept is the interest in exploring a general phenomenon, which is done by studying several cases (Demuth, 2018, p. 78). As the interest of our thesis lies in understanding a general phenomenon, such as the experiences of mental health and worries of the mind amongst young Somali individuals in Denmark and Norway, by applying a collective case study as our research design, it allows us to study a collection of cases that can provide an in-depth knowledge on the phenomenon.

Furthermore, studying each case in their own rights and in depth allows us to compare the remaining six other cases where the basis for the comparison is that each individual case exhibits specific common characteristics, and the objective is to gain better knowledge and understanding of a broader collection of categorically bounded cases (Demuth, 2018).

Moreover, Demuth also emphasizes that basically all knowledge, in a sense, is generalizable as all situations contain both common and unique elements, where it pertains more to what knowledge from an individual or a few cases can be generalized rather than if it is possible at all (2018, p. 85).

2.3 Phenomenology

The following will outline the phenomenological framework this thesis is based on and its relevance to investigating our research problem.

Initially presented by Edmund Husserl, phenomenology was intended to be a philosophy of the science of consciousness: "*Pure phenomenology is the science of pure consciousness*" (Husserl, 1913/1982, p. 55; Osborne, 1994)**.** Phenomenological research aims to showcase the phenomenon through careful descriptions and an intuitive process, which, according to Polkingthorne (1989), is explained to be "*concentrated its investigations on descriptions of those essential structures that are inherent in consciousness " (*p. 42). The purpose of phenomenology is to open the conscious experience to be investigated and is a methodology that provides a way to explore lived experience, as in the actuality of the individuals' experience from the inside rather than from the natural science perspective of observation, experiment, and measurements (Osbourne, 1994; Andersen & Koch, 2015; Polkingthorne, 1989). Concerning this, phenomenology also provides a method for investigating the human inner world as a legitimate subject matter for human psychology. A phenomenon is considered everything that appears to us in an immediate experience; this means that any object can be understood as a phenomenon if it is perceived in a specific way (Osbourne, 1994; Andersen & Koch, 2015; Polkingthorne, 1989). This perception in the method of phenomenology attempts to perceive phenomena through the process *of bracketing* and phenomenological reduction (PR). PR refers to the continual process of identifying one's presuppositions about the nature of the phenomena one wishes to understand and attempt to set aside, meaning to bracket them to finally see the phenomena as they are (Osbourne, 1994; Andersen & Koch, 2015; Polkingthorne, 1989). PR is a process that involves a gradual shift from the researcher's habitual attitude, such as our conditioned way of experiencing the world, to a more conscious awareness of one's presuppositions and the development of a transcendental attitude (Osbourne, 1994; Andersen & Koch, 2015; Polkingthorne, 1989). Thus, the researcher must take part in a transcendental philosophical method, in which as much as possible is disregarded, that is otherwise taken for granted daily, to seek the apodictic and definitive certainty (Andersen & Koch, 2015). This means through bracketing and PR, the researcher is enabled to reach an apodictic (i.e., Indisputable and absolute) certainty by analyzing the experience of consciousness's purest form. We deem it essential to state that a complete reduction of one's judgments to presupposition-less knowing is quite impossible, however, we find it relevant for us as researchers to self-interrogate on why we are asking this thesis particular research question and which presuppositions we have. We assess phenomenology as a relevant methodological framework for research since there are always prerequisites for how research

is carried out, including our own perception as researchers, which we find relevant and appropriate to emphasize in science practices.

2.4 Interest and Human Knowledge

Husserl's phenomenology and Habermas' cognitive interest are central to our thesis, as they address different aspects of cognition and science. Husserl's phenomenology describes the experience and the content of consciousness precisely as they appear to the subject, without presupposing any ontological or metaphysical assumptions (Osbourne, 1994; Andersen & Koch, 2015; Polkingthorne, 1989). This involves a methodical suspension of preconceived notions and an analysis of structures that shape experience. Habermas's cognitive interest, on the other hand, identifies three basic types of scientific interest: the technical, the practical, and the emancipatory cognitive interests. These interests govern how knowledge is produced and applied (Feilberg, 2014d, pp.147-155). The technical interest is cf. Habermas is characteristic of the natural sciences, as one strives to predict one's object or gain insight into it to dispose of it and achieve methodological control (Feilberg, 2014d, pp. 150-153). Practical cognition is the interest in gaining understanding and competence within social contexts. It focuses on understanding and interpreting social phenomena to act in the social world and often aims for intervention in practice (Feilberg, 2014d, pp.147-153). The practical interest involves expanding one's self-understanding and preconceptions. The process starts with interpretation, followed by self-reflection on what has been interpreted in the light of one's background (Feilberg, 2014, pp. 150-152). Initially, one is unaware of the preconceptions used in understanding a concept or a phenomenon. Awareness of one's preconceptions arises only through self-understanding and, thus, through self-reflection, which challenges one's preconceptions (Feilberg, 2014, pp. 150-152). The emancipatory interest of knowledge refers to the interest and aim of identifying and challenging power structures, ideologies, and prejudices that prevent the entire development and autonomy of the individual and emancipate individuals from oppressive structures (Feilberg, 2014, pp. 150-153).

In relation to phenomenology, when understanding cognitive interest, *meaning* is found in the concept or phenomena itself; as a researcher, you recognize and stand by your interest. There is no 'objective,' i.e., valueless or interest less theory. Research is always driven by fundamental interests, which may be implicit. One's life world is the basis and limit of cognition (Feilberg, 2014d, pp.147-153). One must, therefore, cf. Habermas be self-reflexive and acknowledge personal interest in knowledge to ensure transparency and optimize the quality

of research and, thus, objectivity (Feilberg, 2014d, p. 147). The practical and emancipatory cognitive interest forms an argumentative solid basis for our interest in the phenomena and research problem. By combining a deep understanding of our informants' experiences in their social and cultural context with a critical reflection on power structures and ideological biases through an idiographic and phenomenological foundation, we aim to be able to adapt psychological interventions to be more culturally sensitive.

2.5 Social Constructivism

Social constructivism (SC) is a theoretical and methodological framework within social sciences and philosophy disciplines that understands reality and phenomena as dependent and maintained through societal practices such as social interactions, language, and cultural processes (Collin, 2015). According to SC, phenomena are created and maintained by surrounding societal aspects in which the phenomena are embedded, thus depending on the given society and culture in a specific historical and societal context (Collin, 2015). In relation to this, SC assumes that our perception of reality is not a direct depiction of an objective reality but rather a construct influenced by our social interaction, cultural context, and historical backgrounds. Examples of constructed phenomena, according to SC, include emotions, gender, conceptualizations of mental health and illness, and so on (Collin, 2015). Finn Collins describes SC as distinguished in two directions, including the epistemological theory of cognition, which deals with the fact that all cognition is socially constructed and, thus, a product of societal circumstances. In contrast, ontological constructivism claims that reality itself is a construction and that reality is a product of the individual's cognition (2015). In relation to this, *Ontological Social Constructivism* (OSC) has its immediate origin in Peter Berger and Thomas Luckmanns work *The Social Construct of Reality* from 1967; however, their work emanates from Alfred Schutz (1899-1959), and before him, Edmund Husserl (1859-1938). When Berger and Luckmann describe social reality as a social construction, they refer to how coordinated and consistent intentions of a group of actors transform their external, bodily behavior into an independent social reality constituted by the shared meaning it has for the actors (Embree, 2009; Collin, 2015). Berger and Luckmann distinguish between two understandings of reality, the subjective and the objective reality. The phenomenological aspects of Berger and Luckmann's work come to the fore, especially in the account of subjective reality, which refers to the reality experienced and interpreted by the individual and how that reality is shaped by the individual's perceptions, emotions and experiences, which makes the subjective reality

unique to each individual (Berger & Luckmann, 1967, pp. 118-140, 161-190; Embree, 2009; Collin, 2015). On the other hand, objective reality refers to the reality that exists independently of the individual's perception of it, a common reality where people share and recognize it as existing regardless of individual interpretations (Berger & Luckmann, 1967, pp. 118-140, 161-190; Embree, 2009; Collin, 2015). Berger and Luckmann argue that subjective and objective reality are mutually dependent and connected. Although individual personal perceptions shape the subjective reality, it is embedded and influenced by the objective reality that exists outside the individual (1967, pp. 118-150, 161-190; Embree, 2009; Collin, 2015). Simultaneously, the individual's subjective perception of reality also affects the objective reality through their actions, interactions, and social participation (Berger & Luckmann, 1967, pp. 118-150, 161-190; Collin, 2015; Embree, 2009). In relation to objective and subjective reality, Berger and Luckmann's understanding of the *symbolic universe* is also close to the phenomenological concept of reality, which Alfred Schutz has presented in his article *On Multiple* Reality (1945) with his term *World of Daily Life* where both dreams, myths, and religions are real and define explicitly their own separate reality. This is closely related to symbolic universes which Berger & Luckmann elucidate that symbolic universes are complex sets of symbols, signs, and meanings that make up cultural and societal reality which they further describe as an environment where people create and share meaning through symbolic actions and interaction (Collin, 2015; Berger & Luckmann, 1967, pp. 118-150, 161-190). A relevant example for our thesis in relation to Berger and Luckmann's symbolic universes are the examples of Voodoo magic in Haiti and neuroses in New York to illustrate how different cultural and societal contexts create different symbolic universes (Berger & Luckmann, 1967, pp. 210-220). These symbolic universes influence how individuals perceive and act in the world around them. Voodoo magic in Haiti shows how ritual symbols shape the perception of reality, while neuroses in New York show how mental health problems can affect the perception of reality in a metropolitan (Berger & Luckmann, 1967, pp. 216-220). These examples show how symbolic universes are central to understanding people's perception of reality. This example, by Berger and Luckmann, can be used to emphasize the importance of an OSC framework when understanding how young Somalis in Denmark and Norway understand the worries of their mind and how this influences their help-seeking behavior since it allows them to understand this through a culture-sensitive lens. As mentioned in the section on the previous literature review, jinn possession and healing through religious spiritual methods are prevalent in the Somali communities in Europe, where OSC as a framework can aid in understanding young

Somalis in Denmark and Norway's subjective reality and symbolic universes. Thus, idiographic science, phenomenological, and OSC frameworks constitute reality where society exists based on the individual's experiences of the shared reality in a given society and context. We evaluate that the combination of these can aid us in providing a culturally sensitive and in-depth understanding of how young Somalis in Denmark and Norway perceive worries of their mind and how this influences their help-seeking behavior.

3. Methods

3.1 Methodological Considerations

To briefly unite the above-mentioned methodological considerations, the interest of this thesis lies in the phenomenological experience of young Somalis, their understanding of worries of their mind, and help-seeking. Qualitative approaches are particularly interesting and well suited in idiographic science and phenomenology since they allow us to deeply explore and understand young Somali individuals' unique experiences, meanings, contexts of the worries of their minds, and help-seeking behavior through single cases. By utilizing a qualitative approach, we aim to uncover the richness and complexity of the individual phenomena, which sheds light on unique aspects of the experience of worries of the mind and help-seeking behavior.

The forthcoming section outlines this thesis's methodological considerations in examining this thesis problem formulation. The following elaborates on methodological aspects regarding the choice and reflections on the qualitative method used, cultural and ethical interviewing considerations, data processing, and coding. Next, the concerns regarding the group's preconceptions and understanding of the problem area will be outlined. Lastly, reliability, validity, and generalization will be considered to ensure that the study’s findings are reliable.

3.2 Interview Considerations Regarding the Semi-Structured Interview Approach

We chose the interview method to collect our empirical data based on our methodological considerations. Interviewing allows an in-depth exploration of insights into individual experiences and perspectives, which our thesis aims to uncover. Moreover, we conducted semi-structured interviews to better comprehend an individual's world and experience of a subject by focusing on the informant’s own experiences (Kvale & Brinkmann, 2015, chapter 2, 7 & 9).

Specific for the semi-structured interview is that its design is flexible, allowing one to adapt the interview questions based on the interviews and the informant's responses. With this type of interviewing, one can have specific questions, a set of critical topics, and themes prepared but still be able to use follow-up questions to explore emerging themes when doing the interviews (Kvale & Brinkmann, 2015, chapter 2, 7 & 9). This allows for both interview structure and flexibility in exploring emerging relevant themes and capturing the diverse nuances.

Furthermore, a crucial element of interviewing is the preparation before the actual interviews, which includes determining the study's goal and interest. Correspondingly, one must understand the phenomenon under investigation to incorporate it and ask questions that add new knowledge and understanding (Kvale & Brinkmann, 2015, chapter 2, 7 & 9). As previously mentioned, since we had the experience of conducting a literature review that explored a similar problem formulation as this thesis, it gave insight into which commonly utilized methods to explore this topic, hence why we chose to do semi-structured interviews. How we incorporated this method will be explored in the below section.

3.3 Recruitment of Participants

To recruit participants, we used social media, more specifically Facebook, as a source to reach potential young Somali individuals. We conducted a Facebook post in several Facebook groups for Somali people informing them of the study's purpose, content, process, its voluntary and anonymous aspect and asking people if they were either interested or knew of other people of interest to either contact us through a personal message on Facebook or by our student-mail. In being transparent about our research purpose, we secured an ethical frame of expectations and honesty with potential informants regarding what they could expect if they joined the process (Kvale & Brinkmann, 2015, p. 116). However, using social media as our only recruitment form limited us in reaching many of our target groups and was a barrier to achieving the right people due to our sensitive research question and people needing to be more open to making contact. Despite this, we recruited a few who could refer to other members of interest. This resulted in the use of the *snowballing method*, which secured us informants to interview. When dealing with hard-to-reach groups, this method can efficiently find willing and able participants (Parker, Scott & Geddes, 2019, p. 4; Clark & Missal, 2017). However, we were aware of the risks involved with ethical considerations such as confidentiality, bias in the selection, and limited variations in age groups, especially given the collectivist nature of

Somali culture. Being aware of these limitations, we went to great lengths to try to secure and minimize these limitations. We did this by choosing participants who were not directly referred to, participants of mostly different ages within our age criteria, and we tried to level out the gender variations. How we secured other ethical considerations are mentioned further in this section.

3.4 Our Interview Design and Approach

Utilizing a semi-structured design allowed us to explore the informants' experience with worries of their minds and their help-seeking behavior while maintaining flexibility to address emerging themes (Kvale & Brinkmann, 2015, chapter 7). A short questionnaire and interview guide were prepared prior to the interview to ensure coherence and relevance (Appendix 1 - 7 & 15). The questionnaire was sent out in Danish and Norwegian to participants from each respective country. The questionnaire had open-ended questions that explored the age, gender, place/city of residence, experiences with mental health regarding worries of the mind, and so on. This contributed to formulating a sound basis for the individual interviews and described the informants' backgrounds, such as existing diagnoses, experiences with psychiatric help, psychological issues, and their personal views on the thesis topic. These questionnaires were, in total, sent out to 18 informants, nine females and nine males; only a few answered back, so a handful of informants were chosen to do the interviews based on how relevant their answers, age, and gender were to our research criteria. After the selection process, we interviewed seven informants, five females, and two males.

The interview guide was created based on the articles read and described in the literature review in the introduction (Appendix 15). We structured the guide into four subthemes: first, experiences in upbringing and identity; second, challenges regarding mental health; third, help-seeking behavior; and fourth, vignettes and scenarios. Each subsection had questions regarding their personal experiences, lives, and societal and local community experiences. Vignettes are constructed stories or scenarios and, in our case, are related to worries of the mind and help-seeking behavior (Hughes, 1998; Loewenthal et al., 2012). The informant's answers resulted in more abstract and theoretical answers from the participants, and we, as interviewers, directly followed up with questions that referred to the participants' experiences. Before conducting the actual interviews, we conducted a pilot interview to control the feasibility of the interview protocols, identify potential issues, and improve the interview techniques (Sampson, 2004). Essentially, this was one of many choices that would ensure validity. Thus, the result of the

pilot interview contributed to some changes being made. One crucial change added was ensuring the informants' comfort during the interviews. Due to our problem formulation exploring a sensitive and vulnerable topic, changes such as initiating the interview with a short introduction of ourselves as well as opening the interview by asking questions regarding their experiences living in Denmark and Norway were made before delving into more vulnerable questions, in order to create a sense of familiarity and secure a comfortable interview environment. Similarly, because an informant can feel tense or apprehensive after sharing vulnerable experiences in an interview when deemed appropriate throughout the interview, we shared relatable experiences that both added more comfort and motivated the participant to share more (Kvale & Brinkmann, 2015, chapter 7).

3.5 Interview Considerations Regarding Online Interviews

Our interviewing consisted of seven participants and over a time frame of two weeks with a pilot interview to secure the efficacy of our interviewing. Due to geographical challenges, our recruited participants found themselves in different cities, either in Norway or Denmark, making it difficult for both parties to participate in physical interviews. Hence, all our interviews were conducted through a digital communication platform, Zoom, and recorded with an Audio Recorder Zoom H2 lent from MediaLab, Aalborg University. Our group specified and shifted between the primary and secondary interviewer based on which language the informant preferred to be interviewed. An aspect to consider when interviewing online is the possibility of lost information in relation to emotional expressions through body language. Adams-Hutcheson & Longhurst (2017) have investigated the emotional and affective encounters when interviewing over Skype through Ash's theory of *Affective Atmospheres* to identify moments of disjuncture's during the Skype interviews, where informants and researchers are not able to share a range of senses (touch, smell, taste). Ash argues that "*technical objects are not lifeless machines but actively produce spatio-temporal atmospheres, which shape the humans who are immersed in these atmospheres"* (Ash, 2013, p. 20). This means that the more people utilize and become familiar with technology, the more it tends to go unnoticed and will *"sink into the background of human perception"* (Ash, 2013, p. 20; Adam-Hutcheson & Longhurst, 2017). However, this was not the case for the participants in Adam-Hutcheson & Longhurst (2017). Still, it is crucial to consider that the study was conducted in 2017, before the COVID-19 pandemic, which forced many institutions and workplaces to work and research through online technology. Most of our informants were vocal

about their preference for online video interviewing because of efficiency and the opportunity to "*jeg kan ligge i min seng imens vi snakker*" and "*det ligesom Facetime*"(Appendix 8, p.1, L18). We believe we achieved an affective atmosphere during the interview since we created an emotional environment or ambiance despite the virtual medium through non-communication, like nodding when the participant is speaking and looking directly through the camera to mimic eye contact. The participants expressed after the interviews that they felt comfortable and safe despite the digital platform and the subject's vulnerability and sensitivity.

3.6 Cultural Insights in Interviewing Practice

As described and elaborated in section 1.2.2, Somali culture is a collectivist culture with a strong oral transmission tradition. In this project, we examine our problem area through interviews as a qualitative method and often refer to Brinkmann and Kvale (2015) where they use the term "*Interview Society*" (pp. 32-34, 39), which raises an important consideration for us about the use of interviews as a qualitative method in the study of individuals from non-Western cultures. The term interview society indicates that in societies where interviews play a central role, the individual's self-perception and identity are shaped and expressed through the interview process (Kvale & Brinkmann). Interviews, therefore, function as a tool to construct and produce the self's narrative, where the individual actively participates in creating a public understanding of themselves. It can be inferred that Kvale and Brinkmann's book is firmly based on a Western notion of communication and interview approach, where a reflection on cultural differences is imperative considering its possible effects on interviews with individuals of non-Western cultures. In contrast to the notion of interview society, which can be understood as a more direct form of communication, Somali culture relies more on poetry. When Samatar (2016) refers to Somalis as a *"nation of poets*," he highlights the cultural importance of poetry in Somali society, which can be interpreted as a form of indirect communication: hence why this can be viewed to differ from the characteristics that define interview society. Describing Somalis as a "nation of poets" reflects the deep-rooted oral poetry and storytelling tradition integral to Somali culture for centuries, where Samatar emphasizes the richness and depth of the oral tradition and its continuing importance in shaping Somali identity and collective memory (2016). It highlights the enduring importance of poetry as a cultural practice that continues to thrive and develop in Somali communities, both within Somalia and among the Somali diasporas. In relation to Olden (1999), there is a clear connection to the importance of oral culture in Somali societies. Olden (1999) discusses Somali

refugees' challenges in preserving their oral traditions, such as storytelling and poetry in Western contexts. With the use of interviews and the notion of the interview society, it has been crucial to consider how culture affects understanding the self and social processes. The collectivist nature of Somali culture is considered when assessing the mental health experiences of young Danish and Norwegian Somalis. Following this, it is essential to recognize that the interview process is not just a neutral method for collecting data but an active part of cultural interaction and the construction of identity (Anakwah, Sumampouw, & Otgaar, 2023). The interviewees' answers and stories are not just objective facts but reflections of their social and cultural background and their understanding of themselves and society. This is interesting here, as we can access a group of individuals who belong to both a Western and non-Western culture. Taking these considerations into account, the interview guide and the vignettes have been tailored to encompass culture-specific phenomena and notions while maintaining cultural sensitivity (Appendix 15). An example of cultural sensitivity regards having *hayaa*, which translates to shyness or modesty in Arabic (Elshinawy, 2021). It consists of displaying respectful and modest behavior, maintaining a level of decorum, and being cautious of topics or behavior that may be considered inappropriate or sensitive in the cultural context. This involves adhering to cultural norms regarding appropriate gender interactions, which is relevant considering our target group and their cultural customs. This was considered when recruiting male participants and interviewing the two male informants we did recruit.

3.7 Reliability, Validity, and Generalizability

It is vital to consider reliability, validity, and generalizability because these are essential to the research's findings. This section explains and applies these terms to this thesis approach.

Reliability refers to the credibility of the study's results and whether it can be reproduced (Kvale & Brinkmann, 2015, p. 318). In other words, it aims to uncover the consistency in answers. It poses the question of exact replicability on whether the interviewed person would give the same answers or if the answers would vary depending on who it is given to (Leung, 2015, p. 326; Kvale & Brinkmann, 2015, p. 318). Validity, in essence, could be understood as trying to define the truthfulness or the appropriateness of the research and its process, tools, and data (Leung, 2015). It aims to explore if the methods used are investigating what it claims to investigate and if the findings can represent the phenomenon of interest (Kvale & Brinkmann, 2015, p. 318). It poses questions about whether the sample, data analysis, design, and method are valid and appropriate in answering the research question (Leung, 2015). For

example, using the snowball method in recruiting participants can be argued to weaken the research's validity due to selection bias and the sampling perhaps consisting of informants that may belong to the same existing network, leaving questions to the finding's reliability, generalizability, and representativeness (Parker, Scott & Geddens, 2019, p. 4). This means there may be over- or underrepresenting certain characteristics and slight variation in the sample. However, one can secure validity when using this method by being aware of its limitations, counteracting biases, and maintaining variation from the beginning, as we have endeavored to demonstrate.

Referring to the earlier section on data collection (2.1), we have established our methodological approach to be idiographic, where variation is different in nomothetic and idiographic science. Referring to the focus of intra-individual variation, we have strengthened the research's validity by 1) thoroughly exploring the unique experiences and perspectives of the individual cases, 2) identifying and validating the key themes/constructs within each case, and 3) validating the accuracy by comparing them to existing literature and theories. Reliability was secured by maintaining consistency in analysis and data collection across every case. The term generalizability can be used to explore whether the results can be generalized, emphasizing whether the study aims to generalize (Kvale & Brinkmann, 2015, p. 332). Our thesis has an idiographic approach, where its focus lies in understanding the uniqueness of each case, which allows us to gain better knowledge of a broader collection of categorically bounded cases. Hence, abduction and the study of multiple cases make it possible to generalize (Zittoun, 2017, p. 179). In relation to this, as mentioned in section 2.2 about cases, Demuth (2018) elaborates that all knowledge is generalizable as all situations contain unique and common elements (p. 85). Moreover, despite studying these individual cases, which can make it difficult to generalize, we used them to draw a general theoretical knowledge of the common recurring themes and patterns, providing a generalizable coherent framework.

3.8 Ethical Considerations in Interviewing

Ethical considerations must be considered when carrying out research and working with individuals. These can vary depending on its aims regarding its professional fields or between various disciplines. The commonality between them is that they consider human rights and the well-being of others. A good base for ethical considerations that could be seen as standard would be main principles or main categories such as professional competence and integrity, responsibility, and respect for individual's rights and dignity (Ethical Principles for Nordic

Psychologists, 2021b; American Psychological Association, 2002; Kvale & Brinkmann, 2015, p. 113). Throughout conducting this research, we have relied upon ethical considerations and questions that have guided us when met with ethical issues and ensured our participant's rights. The following text contains some descriptions regarding the ethical considerations made throughout our research.

The primary ethical considerations were ensuring our participants' self-determination, integrity, and dignity regarding their rights to participate in this research. Hence, a written informed consent form was given containing a description of this thesis's purpose (Appendix 16 & 17), the interview process, the research problem formulation, its aim, voluntary participation, the rights to withdraw one's participation, and how confidentiality requirements would be met. The consents were signed and pre-interview. As mentioned earlier, our method also consisted of questionnaires, which aimed to get information on the participants' backgrounds, allowing us both to choose the right participants for our research and act as a guide in the interviews. These were sent along with the consent forms to be filled out by the participants. This method also contributed to the caution and ethical considerations we would take in approaching them, considering the answers provided in the questionnaires.

The second ethical consideration was to ensure that our participants were met with respect. Because our research problem formulation aimed to explore a sensitive topic, we were very aware of the risks the informants would take by sharing their psychological experiences and difficulties. Considerably, we had discussions and contingency plans on supporting our informants if some questions were triggering for them. Hence, we made a plan to best support our participants in making this process semi-comfortable, which consisted of 1) not asking probing questions on topics we got the impression that our informants were too uncomfortable to answer, 2) continuously checking in with our informants to ensure that they were not uncomfortable, and 3) sharing some personal but not private experiences we had to make it more relatable and support our informants in wanting to share with us. This strategy, and being aware of the possible emotions the informant can experience during the interview, allowed us to ensure our participants autonomy, give them control, and secure their rights in these situations where asymmetrical power relations between researchers and informants could easily take place (Kvale & Brinkmann, 2015, p. 116). As a result, this ensured a healthy interview environment where honest and valuable data could be collected.

The third ethical consideration made was regarding data storage and ensuring our participants' right to anonymity. Furthering the principles of ethical considerations, the right to

privacy in data collection entails that an individual's data must be stored correctly to be safely secured. According to the Norwegian Data Protection Authority, how personal data is processed must ensure predictability and proportionality for the participants (Datatilsynet, n.d.). Revisiting the point above about the consent forms, it was also used to inform the informant's rights to be anonymous and how the interview process and data collection would adhere to the claims of data storage from both the data protection authorities and GDPR. In our research design, we familiarized ourselves with the factors associated with storing personal data and made a data processing plan that could ensure our participants' right to privacy. These included using borrowed dictaphones from our university and media labs to record our interviews. The use of dictaphones was chosen for two reasons: 1) to ensure the safe securing of our data and 2) to avoid biases that can occur with using notes and/or one's memory (Kvale & Brinkmann, 2015, p. 237). Before the interviews, and at the start of the interviews, we were consistent with informing about tape recording, which our informants had consented to. The tape recordings on a dictaphone adhered to the data collection rules, and in the transcription phase, we anonymized names so that our informants would not be recognized. The questionnaires and consent forms were only communicated through our student mail, which is more secure than private emails.

3.9 Transcription and Analysis Process

After the interview, we started the transcription process, using the dictaphones to listen back and write verbatim about almost everything said. Before transcribing, we agreed upon a set of codes, shown below, for how we were to transcribe so that our transcribed data would be coordinated and defined based on the same criteria, such as its details and accuracy.

Transcriptionsguide

Code	Meaning
S	Solin interviews
A	Aalaa interviews
-	Interruption
..	Short pause
,	Very short pause
…	Long pause
(?)	Uncertainty about what has been said or unclear speech
()	Laughter

Essentially, transcribing spoken language into written texts could be challenging on account of trying to transform language from one shape to another without losing its valuable context. In short, transcriptions are decontextualized renderings from actual real live-ins, where the importance lies in preserving much of the spoken language so that meaningful and important interaction is not lost to the readers (Kvale & Brinkmann, 2015, p. 236). Furthermore, transcriptions are written verbatim and can both include or not include extra-linguistic features such as laughter, pauses, and so on (Willig, 2013, p. 50).

There are limitations to what one can collect and transcribe from audio recordings, and one main criterion we had was to try and capture as much of the interaction that's valuable for our thesis but exclude extra features such as “mhm” and overlaps, which occurred too often. Laughter and pauses were included in the transcription, but additional features that we found disruptive in understanding the context of the interactions were excluded. What was specific to our transcriptions was that there was a difference in language and expressions used because the informants were Somali-Norwegian or Somali-Danish with different dialects, and so another criterion was trying to preserve everything that was said in the way that it was said so that it would not lose its context, even though this posed questions of comprehension due to the many language shifts. This leads us to our next step, which is the analyzing process.

Being that our research problem aims to explore individual experiences regarding the topic of mental health and worries of the mind, correspondingly, we chose to analyze the data case by case, which allows for an in-depth understanding and insight into the informants' lived experiences (Zittoun, 2017, p. 171). Implementing this type of analysis allowed individual perspectives and their unique characteristics to come to light, which also paved the way for ideas, theoretical insights, and explanatory hypotheses to be made (Zittoun, 2017, p. 172). The first aspect of the analysis consisted of diving into the informants' individual cases and recognizing characteristics specific to their understanding of the concepts, such as their thoughts and feelings. Being that every case is particular to the individual where the individual's experiences are also affected by their surrounding circumstances, the second part of the analysis consisted of understanding the interaction between the lived experiences of our informants, their environments, and which factors shaped their knowledge of mental health and worries. Lastly, we identified the recurring themes of the cases to formulate general understandings and connect common features, which were then explored and analyzed from the perspectives of the literature and the theories in this thesis.

3.10 Considerations, Preconceptions, and Reflexivity

This section briefly explains limitations, reflexivity, and preconceptions regarding this thesis, its problem formulation, and its group-forming process.

As mentioned in the introduction, the interest in writing about this thesis's research question is based on earlier projects where we wanted to explore further how young Somali individuals experience and deal with worries of the mind. The gap in research about the younger Somali generation and their views on this matter, which we needed more knowledge of, fueled the interest of choosing to research this as our thesis problem formulation further. When forming this group, since we had previously worked together on the same topic, it was natural for us to continue researching together. With this being said, our group consists of two women of ethnic minority backgrounds, Somali and Kurdish. Being both minorities and having the same cultural and religious background as that of our target group, we are aware of how our backgrounds might have affected the process of this thesis. The researcher must be conscious of their role as a person and as a thinker/theorist because of how these influences and shapes the research process (Willig, 2013, p. 25). We have reflected upon how our backgrounds, such as our ethnicity and cultural backgrounds, could have influenced our way of approaching the research question in terms of potential blind spots such as our subjectivity, preconceptions, and assumptions of the cultures, biases such as confirmation bias, and most of all struggles of maintaining distance/objectivity to the culture being studied. Essentially, we were aware of potential biases and wanted to limit and counteract them to secure cultural sensitivity, validity, and reliability of the findings and maintain ethical integrity. We did this through critical awareness, self-reflection, and openness to new, diverse perspectives and knowledge throughout the research.

4. Theories: Frameworks for Understanding Complex Lives

About the many factors associated with human lives and all that they can encounter, the need to assess these from theoretical standpoints that can help comprehend the complex lives and experiences that each case explores becomes imminent. Therefore, the sections below will provide insight into the selected theories used as frameworks for understanding complex lives. These exposited theories are Acculturation and Proculturation, Social Identity Theory, a Sociocultural perspective on Life-Course, Positioning Theory, and Social Representation

Theory and Intersectionality. The basis for our selection of theories is their specific contribution to understanding the phenomena from our epistemological interest.

4.1 Acculturation in Contrast with Proculturation

Before exploring the theoretical framework of acculturation and proculturation, it is crucial to clarify the rationale for selecting these chosen theories. As mentioned in the introduction, our target demographic is one we can describe as bicultural due to their two cultural backgrounds. Regarding the thesis's problem formulation, wanting to explore the experiences of *young Somali individuals in Denmark and Norway* linguistically indicates the notion of navigating between multiple cultures. Therefore, how these individuals navigate their lives within these cultures can essentially be associated with aspects of cultural adaptation that can provide us with the knowledge on which culture(s) our informants ascribe their identities to, giving further insight as to which frameworks they apply when comprehending aspects of mental health, illness, and their chosen coping methods. Essentially, the selected target demographic for our problem formulation, all of which are of Somali descent, consists of first-generation immigrants who came to their country of residence as a child, or second-generation immigrants born and raised in their country of residence.

Additionally, going into research, we reflected on the cultural adaptation process for these individuals, and which process they partook in, as this will be important when comprehending their experiences. Therefore, by exploring this, the selection of acculturation and proculturation provides an insight into what these processes entail, which will give an overview of which process these individuals find themselves in. Furthermore, these processes represent adaptation and identity construction to explain and understand cultural changes resulting from encountering a new cultural context (Berry & Sam, 1997; Boman, 2022; Gamsakhurdia, 2020, chapter 3). Acculturation focuses on adapting to the dominant culture in a new environment, whereas Proculturation focuses on maintaining and strengthening the original cultural identity through encounters with the new cultural environment (Gamsakhurdia, 2020, chapter 3; Ellis et al., 2010). These two processes are opposites, which can have different outcomes for the individual's mental health and well-being. For example, concerning acculturation, an article by Ellis et al. (2010) discusses how this affects the psychological challenges of young Somali refugees and examines whether the acculturation process will matter regarding developing psychological problems. This article discusses how

individuals adapting to American cultural norms and values can increase stress and discrimination, negatively impacting mental health (Ellis, 2010).

On the other hand, Gamsakhurdia (2020) focuses on the importance of diffusion for an individual's self in a multicultural environment. Proculturation provides an alternative approach to the adaptation process, emphasizing the importance of maintaining and strengthening one's original cultural identity when interacting with a new culture (Gamsakhurdia, 2020; Boman, 2022; Ellis, 2010). Acculturation primarily refers to adapting to a new culture and can also include a gradual change or assimilation of an individual's cultural identity (Berry & Sam, 1997; Ellis, 2010). Proculturation, on the other hand, emphasizes the preservation of one's own cultural identity and the desire to maintain connections to one's cultural heritage while also incorporating and adapting to some aspects of the new culture (Gamsakhurdia, 2020; Boman, 2022).

In conclusion, the difference between these processes lies in the level of change and adaptation, where proculturation focuses on preserving one's cultural identity and adapting to some aspects of the new culture. At the same time, acculturation, in a broader term, refers to multiple adaptation strategies in which individuals, to a larger extent, absorb the new dominating culture, losing or changing some parts of one's original cultural identity. A further example is Ellis's (2010) study, which elaborates on how Somali refugee youth consciously attempt to adapt to American norms and values while maintaining their Somali cultural identity as part of identity construction in their new society.

4.2 Social Identity Theory

Regarding identity construction, the following theoretical section briefly accounts for Social Identity Theory (SIT), which aims to explain how human beings identify themselves with specific groups in which they construct their identity through social categorization (Tajfel, 1974, p. 69). SIT includes three central elements: s*ocial identity*, *social comparison,* and *social categorization*. According to Tajfel, there is an essential distinction between social and personal identity (Fraser & Burchell, 2001, chapter 15). The following primarily focuses on social identity to illuminate the issue from a social psychological perspective, but it is essential to recognize the difference between these identities. Personal identity is defined by the individual's unique personality traits that are not shared with others, creating a separation between "me" and "you" (Fraser & Burchell, 2001, chapter 15).

In contrast, social identity arises through membership in a group of individuals with a common identity. Tajfel (1974) conceptualizes social identity as an integral part of the individual's self-perception, which is constructed through knowledge of and emotional attachment to the groups one identifies with. Thus, social categorizations affect, i.e., how people divide and simplify social interactions, as well as the individual's perception of his identity (Tajfel, 1974, p. 69). The value of these social categorizations, i.e., groupings of people that humans make to systematize and simplify social interaction and their influences on the individual, arises in the interaction between groups (Tajfel, 1974, p. 69). Similarly, a differentiation between “us” and “them” is created when one solely identifies with one's group (ingroup), viewing other groups essentially as different from their own (outgroup), indicating a possibility for discrimination. According to Tajfel (1974), individuals will either remain members of or try to become members of groups that contribute positively to their social identity, and they will seek to avoid groups that do not. However, this is not always possible (Tajfel, 1974, p. 69). Social comparison implies that we understand ourselves and our groups by comparing with other groups (Fraser & Burchell, 2001, p. 309). These comparisons often emphasize differences rather than similarities, maximizing distinctions between "them" and "us," which strengthens the in-group's attitudes and values (Spears, 2011; Tajfel, 1974; Zakiryanova & Redkina, 2020). The desire to perceive one's group positively can be explained by social identity, which not only describes but also assesses who we are (Hogg et al., 2004, pp. 257-258; Hogg, 2016), which ingroup favoritism, as individuals tend to favor their group and perceive its behavior and attitudes positively (Turner et al., 1979, p. 187; Fraser & Burchell, 2001, chapter 15). In some instances, outgroup discrimination can be a means of achieving positive differentiation in minimal group contexts. Group polarization occurs when a group's common attitudes become more extreme after discussions. Individual assumptions in the group are often neutral at first. Still, after discussions, the attitudes typically develop in a more extreme direction due to the group's social influence on the individual. According to SIT, and in relevance to our demographic, when a group of Somalis only interacts with themselves within the host countries, results of this may be a strengthened experience of their social identity, whereas a consequence may be the occurrence of division in regard to other groups because of the “us” (Somalis) and “them” (Danes or Norwegians). This can reinforce the feeling of being different or an outsider. Social comparison with Danes or Norwegians can also highlight cultural and social differences, which increases awareness of discrimination. Strong in-group favoritism can also lead to negative attitudes towards Danes or Norwegians and

strengthen a self-reinforcing cycle of negative experiences. Furthermore, experiences of discrimination can lead to group polarization, where attitudes within the group become extreme and hostile towards Norwegian and Danish society.

4.3 Socio-Cultural Perspective on Life-Course

When trying to understand what characteristics define human beings, essential questions one may ask can be regarding who they are and what factors contribute to shaping who they become. As mentioned in the introduction, change is an essential and inevitable part of human life, and it is through these changes that individuals evolve and construct their identities. One perspective that can provide insights into the types of changes that individuals undergo is the Socio-cultural perspective on Life-Course by Tania Zittoun (2012). From this perspective, essential characteristics that define and affect life-course are continuous and discontinuous changes that individuals are subject to (Zittoun, 2012). These changes that happen in a person's life trajectory are differentiated between gradual changes that occur over time, such as *transitive* changes that are a part of daily transactions, or sudden *intransitive* changes that provide total shifts, which can be understood as *ruptures* that force one to adapt to a new process of transition (Zittoun, 2012). This type of differentiation between the sorts of changes stems from dynamic system theory, which, through cultural psychology, allows us to make meaning of the various ways change can take place throughout the life-course.

Furthermore, whether change is experienced to be ruptures or not is individual where one can further distinguish between *normative* transitions like school-to-work transitions where an individual goes from being a student to seeking jobs or *non-normative* transitions such as experiencing mid-life crisis with significant life transitions, i.e., divorce, career change, becoming a parent at an old age, etc. (Zittoun, 2012). With normative transitions and within the various cultural and societal contexts, an individual who undergoes this transition can expect more acceptance and support than individuals who experience non-normative transitions. With the non-normative transitions, challenges can occur related to the significant adaptation that the individual going through this undertakes. Additionally, this type of transition can be viewed as a form of deviation from what one would consider to be common life trajectories. An example is how, in some cultures, marriage is viewed as significant where divorce may be looked down upon, hence, divorced individuals may experience a lack of support or acceptance that individuals going through school-to-work transitions may easily get. All in all, through these transitions, whether it is normative or non-normative, the effects vary

depending on the transition and which life trajectory it can lead to, further affecting the life-course of the individual and their perspectives. The main point is how it considers the individual to have a uniqueness in their cultural backgrounds, experiences, and perspectives, where it is through these aspects that influence the changes that occur in their life-courses, giving insights into how they relate and adapt to them.

4.4 Positioning Theory as a Framework that Connects Social Norms with Personal Lives

Positioning theory (PT) is a theoretical framework and analytical tool introduced by Harré and colleagues to describe how positioning happens within social interactions and cultural contexts (Mcvee et al., 2021, p. 192) where human beings are part of a positioning process where they construct their roles and identities (Harré, 2012, chapter 9, p.191). The Positioning Triangle is central to understanding PT and explains how individuals create and negotiate their roles and identities. The positioning triangle describes three vertices, such as positions, storylines, and act interpretations, that aim to highlight individuals' roles within social interactions (Harré, 2012, p. 196). Positions describe individuals' identities and roles, which determine and influence duties, rights, and behavior. Storylines are to be understood as a sort of script or as a narrative essential to give context to the social interaction that an individual takes part in. The third component, act interpretations, relates to how individuals construct meaning and make sense of their positions, guiding their behavior (Harré, 2012). PT draws on asymmetries in social interactions, such as rights and duties within a social context, and how positions act as a negotiation in the positioning process where individuals can negotiate their positions based on their personal and social attributes.

Additionally, this can be understood as a process where human beings are ascribed roles that they may refuse, take up, contest, and so on (Harré, 2012, p. 195). For the most part, this process of positioning is seen as influencing which rights one is allowed or which certain obligations one is imposed. A slightly different angle to the theory of positioning is from a discursive view, which is how it is emphasized on a more descriptive aspect that describes how people are attributed certain attributes (Harré, 2012, p. 195). This is often referred to as pre-positioning, which is used to differentiate between the process where attributes are attributed to someone and where responsibilities and roles are assigned based on these (Harré, 2012, p.195). This can be related to the point on how positioning proceeds through what one would call a sequence of phases where the first phase refers to the point mentioned above on pre-

positioning, such as being given certain rights and duties about the attributes one is ascribed (Harré, 2012, p.196).

Similarly, based on these ascriptions, the second phase consists of distributing and deleting rights and duties (Harré, 2012, p. 196). The important aspect to take in regards to PT is how groups and individuals participate in a dynamic process within social interactions where they negotiate and establish their relationships, statuses, and roles. This dynamic process is seen to change along with the positions of the individuals.

4.5 Theory of Social Representation

Serge Moscovici's theory on Social Representation (SR) has been expanded and influenced by the contributions of Ivana Markova, where SR considers individuals to construct social representations to make meaning of complex concepts (Markova, 2012, p. 487). These representations diverge from cultural and societal understandings, where it is both formed and transformed through communication and language (Markova, 2012, p. 487). It can be seen as a tool through which humans create their social reality and communicate collective understandings of phenomena, events, and objects (Markova, 2012, p. 492). For example, the collective norms, values, conceptions, and ideas within a given cultural and societal context determine the social representations formed of certain aspects. Hence, these representations influence how humans act, interact, and perceive. SR can be understood as a dynamic process in which change occurs, and because of societal development, interaction, new experiences, and increased knowledge, these representations can be subject to change.

An example is how, over time, the social representations of mental health within a given culture and society change positively due to increased knowledge and awareness of the topic. As SR influence how humans interact, individuals with mental health issues may then be perceived and treated differently. Specific to our thesis is our interest in using SR to understand which cultural, social, and religious factors shape the perception of mental health and its influence on coping strategies.

4.6 Intersectionality

Intersectionality is a theoretical framework and analytical tool for analyzing the complex ways in which systems of inequality based on gender, race, ethnicity, sexual orientation, gender identity, disability, class, and other forms of discrimination intersect to create structural social and cultural dynamics and effects (Crenshaw, 1989;1997). Kimberlé Crenshaw first developed

the theoretical construct of intersectionality, explaining that our identities are like traffic flowing at an intersection - one identity can flow in one direction while another is flowing in a different direction (Crenshaw, 1989). These various aspects of a person's identity intersect and interact in complex ways, creating a dynamic and multifaceted picture of who a person is. Initially, Crenshaw focused on black women's experiences of oppression and identity in the United States as Crenshaw discusses how anti-discrimination law and feminist theory often focus on either race or gender, but rarely both simultaneously (Crenshaw, 1989;1997; Yuval-Davis, 2006). This results in black women falling between the cracks and not getting the protection or recognition they need in the United States. Although intersectionality originates in the experiences of black women in the United States, this can be transferred to a context to examine minorities in Scandinavia. Intersectionality can provide a nuanced understanding of how different forms of discrimination overlap and reinforce each other, as e.g., black women (Somali women) also exist in Scandinavia. For example, a person may identify as both female and Somali-Norwegian. Her experience of the world and her social positioning will be shaped by gender and race, and these aspects of her identity may interact in different ways depending on the specific context in which she finds herself. Her identity as a woman may have other implications in her work life than her identity as Somali-Norwegian and vice versa. Therefore, "identity can flow " means that our identities are not static and isolated but rather complex and contextual. They are not locked into a specific category or position but instead are dynamic and constantly evolving in relation to the different social, cultural, and political contexts in which we find ourselves. The Intersectionality Perspective has since evolved to include and embrace various marginalized identities, including gender, ethnicity, sexuality, and socioeconomic class (Crenshaw, 1989/1997; Yuval-Davis, 2006). According to Yuval-Davis (2006), specific marginalized identities can be alienated and positioned as "other" through a subjective and political construction and emphasize recognizing how these processes can lead to marginalization, discrimination, and inequality. Yuval-Davis argues that intersectionality aims to highlight this complex process and create a deeper understanding of how individual identities are formed and maintained within social, political, and cultural contexts (2006).

In connection with the understanding of these identities, there is also a theorization that a person can be imposed several marginalized identities, each of which can oppress and construct each other (Crenshaw 1989/1997; Purdie-Vaughn & Eibach, 2008; DeBlaere et al., 2018). An example of this can be our Norwegian Somali youth, who may experience marginalization due to their ethnic background as Somali and, at the same time, as part of the

Muslim minority in Norway. Their Somali identity can expose them to racism and discrimination based on their skin color and cultural background. At the same time, their Muslim identity can expose them to Islamophobia and stereotypes about religion. In this situation, the person is exposed to several layers of marginalization, where each identity, such as Somali and Muslim, can interact and reinforce each other. It is crucial to be aware of these different identities, as a person can be discriminated against due to one or more of these identities.

Jackson et al. (2022) and Purdie-Vaughn & Eibach (2008) examine the relationship between power positions and inequalities and the resulting hypervisibility or invisibility experienced by minorities. Individuals who occupy minority positions in education or workplaces with few other minorities may feel excessively visible or invisible. This phenomenon is often experienced by women, ethnic, and sexual minorities who are considered outside the norm. Jackson et al. (2022) suggest that such feelings stem from individuals not fitting into dominant cultural and normative understandings of who is considered normative. This concerns individuals who hold minority positions, e.g., in education or workplaces where there are not many other minorities, who may experience feeling excessively visible or invisible. Purdie-Vaughn & Eibach (2008) argues that both gender, ethnicity, and sexuality can play a role, where it is often women, ethnic, and sexual minorities who can generally go and be seen as ‘minorities’ and therefore considered to be outside the ‘majority’ norm.

Being considered outside of the ‘norm’ triggers feelings. Jackson et al. (2022) suggest that the feelings are due to the individual feeling differently, as they do not fit into the dominant cultural and normative understandings of who is normative is relevant to our thesis research problem, Mens-Verhulst and Radtke's (2008) research investigates the relationship between intersectionality and mental health by emphasizing and recognizing how intersectional identities impact individuals' mental well-being and accessibility to appropriate support and treatment. Additionally, Addis & Mahalik's (2003) findings highlight the importance of comprehending how masculinity norms can influence men's help-seeking behavior, especially for Somali men who may encounter barriers due to societal views of masculinity and taboos surrounding mental health issues. Considering the challenges that Somali women and men with mental health issues face, including both intersectional invisibility and hypervisibility, it is crucial to acknowledge the multifaceted ways in which their identities and experiences interact and impact their well-being.

To summarize, the Intersectionality Perspective examines the interconnectedness of various systems of oppression and how they generate disparities in society. Rather than assuming social groups to be homogenous entities, intersectionality emphasizes the importance of analyzing the multiple dimensions of an individual's identity to understand their experiences better. This approach aligns with the objective of idiographic research, which seeks to gain a deeper understanding of individuals and their unique characteristics. Such an approach can be crucial in shedding light on the complexity of social phenomena and providing a more nuanced perspective on the experiences of marginalized communities (Jackson et al., 2022; Purdie-Vaughn & Eibach, 2008).

5. Case Analysis

The forthcoming section will present an analysis of the project's empirical data by doing a case-by-case analysis and exploring each case and its unique aspects. This approach reflects our idiographic standpoint, where we seek to understand individual cases in depth, as worries of the mind are complex phenomena that are best explored through the individual's perspectives and experiences. Similarly, because our informants base their stories on their personal life experiences, a few emerging themes are more prominent for some than others. Hence, we will integrate their shared themes and topics, and the analysis will be structured according to the informants' focal points and the aspects that are important to their individual experiences. The previously described theories will be applied in the analysis to comprehensively understand these emerging themes and how they can answer the thesis problem formulation. Additionally, specific statements from the participants' transcripts will be referred to for an overview of these emerging themes and their relations.

5.1 Rodo

Rodo is a 24-year-old woman born and raised in the greater Copenhagen Area of Denmark, where she studies social science. Rodo grew up surrounded by a diverse community, including family and friends who shared her Islamic religion and Somali ethnic background. Rodo's background consists of attending both Quran school and a culturally diverse school until sixth grade before transitioning to a predominantly ethnic Danish school (Appendix 8). Through this experience, she became aware of cultural differences involving lifestyle and value differences, which were important to her journey of identity construction. Rodo’s case consists

of emerging themes, such as proculturation, ambivalence, and experiences with anxiety induced by academic stress.

5.1.1 Alternating Between Frameworks Through Language Shifts

One of the leading emerging themes of Rodo's case, which influences the other themes, is how she alternates between different frameworks when understanding complex aspects of her life, as well as notions and conceptions of mental health and illness. To begin with, this alternating is seen to be related to her struggles with anxiety, where throughout the interview, she alternates between a Danish, Somali, and Islamic framework for understanding mental health challenges and her experiences with worries of the mind. Additionally, she alternated by using terminology from different languages, where she shifted from one to the other when explaining her experiences. Before we delve deep into how she did this, we must explore the context that brought along the shifts. Rodo's experiences with worries of the mind have essentially been what she categorizes as anxiety induced by academic stress. She explains her struggles with anxiety to be related to fear of not receiving an answer on her exam, which she classifies as a setback that triggers her emotionally. She refers to this by stating *"hvis jeg ikke får svar på eksamen bliver jeg helt skør i hoved "* (Appendix 8, p.13, L, 423). She also uses a specific term, '*psykisk hul*,' when referring to a challenging period where she experiences substantial difficulties in relation to her mental health (Appendix 8, p. 12). This period brings a variety of symptoms in which she explains is consisting of *"jeg føler at jeg ikke kan trække vejret og jeg hyperventilerer."* (Appendix 8 p. 12, L 385-386). Initially, her struggles are a result of the high expectations she has for herself and her future. She elaborates on this by saying:

"Det kommer af at jeg generelt er meget pessimistisk jeg tænker meget negativt jeg vil hellere blive overrasket end have for høje forvetninger så når det gælder jeg havde som alle unge piger havde jeg en plance alle havde en hvis forestilling om hvordan ens liv ville være hvad og hvilke mål du har opnået med din visse alder og når tingene ikke går efter planen er det en hård pille at sluge øhh og når du har oplevet mange set backs og når setbacks rammer mig føles det som en kæmpe mavepuster " (Appendix 8, p. 12, L 386-392).

Additionally, even though Rodo herself conceptualizes her struggles to be anxiety-related, not everyone in her environment views it the same. When asked about the views of mental health within her social circle consisting of family and friends, Rodo explains how it is not usual to speak on matters of mental health within her Somali local environment or her group of friends but elaborates on how her mother asserts religious meanings to her struggles where

spirits are used as explanatory meanings on the causes of her anxiety (Appendix 8, L 470-472). Similarly, the advice she gets is closely linked to the treatment of these, where she is consistently told to get rid of the spirits for her mental struggles to disappear. Rodo attributes this framework for understanding and dealing with worries of the mind to the beliefs of the Somali people, who firmly believe that religion can fix everything. She elaborates on this by saying:

"*fordi alt kan fikses med religion det er somalieres tankegang det der ik noget som jeg kan få ud af at sige til min mor hun forstår det ikke hun siger hvorfor har du det sådan Shaydanka iska naar ….. min mor så vil hun sige til mig Shaydanka iska naar det betyder, Shaytandaka iska naar det er .. du ved, det er djævlen agtig det er djævlen der prøver at give dig dårligere tanker få djævlen væk og så siger det audu billahi min al shaytani rajim det er et arabisk udtryk du siger for at djævlen væk ik …. jeg beder jo allerede det har jo ikke noget med det her at gøre bønnen er jo ikke fra mig jeg har ikke det er noget jeg skal gøre men det betyder ikke at man ikke kan have det dårligt man kan stadig bede og have det dårligt"* (Appendix 8, p. 15, L 472- 482).

When elaborating on how her mother views aspects of worries of the mind, Rodo shifts between Somali and Danish, where she, through the Somali expressions, elucidates on the specific sayings that her mother uses in Somali, then shifts back to Danish to translate some of what she said. She also adds an Arabic saying often seen in the Quran explaining how one seeks refuge from Satan (World of Islam, 2005). In addition to the advice that Rodo received from her mother, Rodo is seen to alternate between a Danish and an Islamic framework for understanding her struggles, where she elucidates on believing the existence of jinn and evil eye but applies a Danish framework when perceiving her struggles as she explains it to be anxiety related. Essentially, Rodo can be seen explaining her anxiety as having a combination of both physiological and psychological symptoms, where she has tried medication and rejects expanding her religious practices to cope with anxiety. So, in a sense, when it comes to understanding her anxiety as a phenomenon, she uses a cultural and Islamic framework as she emphasizes the temporality of her condition, whereas, in contrast, she uses a Danish framework for coping and treating her condition *(*Appendix 8, p.19, L 605-609).

Furthermore, on the topic of the evil eye, Rodo first explains that Somali people do not believe it anymore but goes on to say that they advise against certain behaviors so that one can avoid receiving the evil eye. She adds that the evil eye can be intentional due to being rude to

another, or unintentional, where one arouses certain unwanted emotions in others resulting in the evil eye being given;

"øje. øhm … i vores kultur føler jeg ikke at vi tror på øje det ikke så meget det vi tror mere på øhm.. du skal passe på du skal altid, you always have to jeg skal sige det på engelsk jeg kan ikke sige det på dansk, you always have to… eh pick… choose your battles wisely if somebody asks you, if somebody asks you a question to answer the question because if you dont answer it isheeda ayaa kuugu dhaci karto her like det ik hendes onde øje for det ikke med vilje." (Appendix 8, p. 12, L 750-755)

Furthermore, the evil eye, as Rodo explains, can be the reason for ailments happening to one, due to being cursed by an individual, they awoke certain feelings. Rodo explains that Somali elder women seem entitled to both know about one's life and receive help from the younger generations, as that is the norm of their culture. If one is rude to them or denies giving help, one can expect to receive an evil eye from them. Because of this, Rodo explains that they are to listen to the elders to avoid this (Appendix 8, p. 23, L788-791; p. 24, L 771-771). Rodo shifts between languages in explaining notions of Somali understandings that affect mental health and behavior mainly because some sayings seem more relevant for her to express in Somali as she often hears them in Somali. Similarly, she is also seen to shift between her perceptions where she seems to believe notions of the evil eye, explaining that it is an old-fashioned belief people do not believe in anymore, but still complies with attitudes that protect one from its ailments, should one receive it. Another observed alternating perception is of Rodo's beliefs in jinn and its possession. In the interview Rodo explained that her older cousin, who once was the perfect pious poster child in the local community, suddenly acted erratic, started cussing everyone out and dressing completely differently;

"*her hair out she was cussing out her family on facebook det sgu da ikke normal behavior thats irre thats erratic behavior hun var slet ikke hun var manisk føler jeg, jeg ved ikke hvad der var galt nu skal jeg ikke bruge diagnosticering men der er et eller andet der gik fuldstændig galt (….) når du er deprimeret - når du så bliver deprimeret oveni, satan fodre bliver fodret af depression forstår du hvad jeg mener du bliver endnu dårligere hvis du allerede har det dårligt i forvejen… når man jinn i sig det kan godt lede til bipolar disorder og skizofreni der er mange udviklet det senere hen efter de har jeg har også en moster der har udviklet hvad er det nu det hedder når man snakker med sig selv jeg tror hun er bipolar"* (Appendix 8, p. 32, L 1043-1058).

In these inserts, Rodo strongly emphasizes a religious and cultural framework both for understanding and explaining the causes of mental illness, where she shifts between English and Danish. Rodo uses Western biomedical terms such as “bipolar disorder”, “skizofreni” and “depression” in addressing the state in which one can be in, acknowledging that she believes these to be illnesses but associating the cause of it to be from jinn possession, where one can develop this illness as a result from being possessed (Appendix 8, p. 32, L 1043-1058). According to Rodo, Jinn's possession is understood and detected by a change in one's voice, erratic behavior, and a detest of the Quran. Furthermore, when recognizing her cousin's behavior, Rodo asserts a Danish, Islamic, and Somali framework, where she alternates between these based on cause and effect. In relation to her struggles, she associates this strictly to be anxiety-related, where no Islamic or Somali framework for understanding is applied. However, she alternates again in how she chooses to treat her illness. She seeks help from a doctor and gets prescribed beta blockers, but in addition to this, she prays and practices her religion, just as she is advised. Rodo’s perception of her anxiety, her coping method and what she calls “psychological holes” are as she explains;

*“det her er jo bare det bare noget temporary (....) jeg kan ikke fralægge mig mit ansvar mit eh mit eh ansvar overfor Gud bare fordi jeg har det dårligt det er sådan jeg ser det jeg skal stadig bede (...) når jeg er oppe og køre beder jeg fordi jeg skal og ikke andet forstår” (*Appendix 8, p. 15, L 492-495; p. 16, L 509-511*).*

This alternation between frameworks of understanding her worries of mind can be understood due to proculturation, where she experiences a conflict and division between her two cultural identities in dealing with her mental struggles. This can be interpreted as she may feel inner tension and confusion about solving and dealing with it by applying one framework or combining multiple to satisfy her dissonance. These findings are further strengthened by the constant shift in language, where Rodo speaks Somali when referring to the cultural and religious notions of spirits and ailments and switches back to Danish and English when referring to specific mental disorders or when she is explaining her perception and symptoms of her anxiety. Furthermore, Rodo's change of language in addition also occurs in connection with the mention of "Satan" and the attribution of negativity to the root of her anxiety, it suggests an anchoring in her cultural and religious background. By switching to Somali, which is her mother tongue, when she talks about "Satan," she brings her cultural and religious identity into play, using a language associated with her faith and cultural background. This indicates a deep anchoring in an Islamic religious interpretation of the term "Satan," which is anchored in

her cultural and religious identity. On the other hand, Rodo's language shift back to Danish when describing anxiety may represent an adaptation to the Danish cultural context, where the Danish language is probably more commonly used to describe anxiety, as there is no Somali term for it (Hussein et al., 1998). As Rodo struggles to find Somali terminology that precisely captures the physiological and psychological symptoms and experience of anxiety, based on a Danish conceptualization, she combines the term anxiety and the Islamic understanding of anxiety as being temporary to make sense of her experience with worries of her mind. The integration and alternation of Western diagnostic terminology and Islamic explanatory framework can be an example of Rodo's adaptation to Danish society and the mental health terminology while simultaneously keeping and withholding Somali and Islamic understandings of mental health matters. Potentially, since the Somali language does not have a word for either mania, bipolar, or schizophrenia and explains conditions in relation to jinn possession and influences of Shaytan, Rodo is seen using a combination of these frameworks so that one complements the other and perhaps satisfies both her cultural identities.

5.1.2 Ambivalence in Help-Seeking

Similar to the observed inner conflict in navigating her two cultural identities, an ambivalence is seen in Rodo's help-seeking behavior. Rodo selectively confides in a few friends who validate her emotions about her mental state, mainly avoiding those who do not generally discuss mental health matters. Some friends advise her to pray more, while her mother attributes her feelings to external forces like Satan. In terms of help-seeking within general health care facilities, Rodo explains her dilemma with seeking professional psychological help;

" *hvis jeg skulle opsøge hjælp hos en psykolog det der er med en dansk psykolog er at hun kan ikke forstå sådan en som mig, der har der er en hvis kultur der spiller en rolle en religion der spiller rol- der er mange ting som spiller ind og det kan hun jo ikke forstå hvis hun ikke selv har min har den kultur og har den religion der er kun så meget hun kan sætte sig ind i kultur og religion …det vigitgt at det er en der har den samme etnicitet som dig og religion men så på den anden side hvis en har den samme enicitet og religion som mig, somaliere er meget øhm connected højest sandsynligt så kender hun jeg kender det bliver ikke anonymt det kommer ikke til at være privat, folk snakker"* (Appendix 8, p. 20, L633-643).

Rodo's conflicting thoughts about seeking help can be understood through the analytical framework of intersectionality. For Rodo, both religion and culture are intersecting aspects of

her identity where she shares that it may become challenging to seek help from a Danish psychologist who neither shares her religion, ethnicity or cultural background. The ambivalence in help-seeking is observed when Rodo shares explicitly that she is not eager to seek help from those of different cultural backgrounds, as she needs someone who shares the same background, but adds that she would not seek help from those of the same background due to fear that they would not comply with the duty of confidentiality;

"..også har noget at sige er det vigtigt at det er en der har den samme etnicitet som dig og religion men så på den anden side hvis en har den samme etnicitet og religion som mig, somaliere er meget øhm connected højest sandsynligt så kender hun jeg kender det bliver ikke anonymt det kommer ikke til at være privat, folk snakker" (Appendix 8, p. 20, L640-643).

Additionally, Rodo voices that if she were to partake in therapy with a psychologist of a different background than hers, she would feel the need to ensure that both her culture and religion are conveyed appropriately to the therapist, thus positioning herself as the "teacher" in therapy and not the receiver of help, as she must ensure the knowledge of her social context is effectively expressed.

5.1.3 Case Summary of Rodo

Rodo's case study has given us an in-depth insight into her unique lifeworld, where aspects of proculturation have influenced the intersection of her two cultural identities that she uses when applying meaning and dealing with worries of the mind. Essentially, a combination of her identities is observed where she applies both of them when making sense of her experiences, but can sometimes be seen to alternate to the framework that corresponds well with the situation or is of more convenience. Additionally, when she applies one framework for understanding an aspect, she can be seen to behave according to that framework. An example is how she views evil eyes to stem from not listening to elders, and even though she does not agree with some aspects of her Somali culture, she would still adhere to some of the expected behavior to avoid receiving the evil eye. Similarly, Rodo associates her struggles to be anxiety-related, indicating that she applies a Danish framework for understanding it but alternates to a Somali and Islamic framework in relation to her cousin's behavior as she associates this to stem from jinn possession. In addition, she is seen using a combination of these frameworks where she believes that jinn possession can lead to diagnoses such as schizophrenia, bipolar, and depression (Appendix 8, p. 32, L 1043-1058). Rodo's case has essentially contributed to providing a deeper understanding of the complex interactions that

exist between her cultural context and social structures, which influence her individual experiences and affect her frameworks for understanding worries of the mind as well as treating her anxiety. In summary, her case has provided interesting findings of intersecting identities that resulted in alternating frameworks of understanding, which ultimately also meant an ambivalence in her help-seeking.

5.2 Khadija

Khadija is a 26-year-old Somali woman born in Somalia and raised in Norway. She comes from a family of six. Growing up in a small town near Oslo, Khadija tells us her story of moving from a small town to a big city and facing the challenges of finding her identity as a Somali-Norwegian Muslim woman (Appendix 9). Pervasive themes in Khadija's case are her self-image and the importance of community for her mental worries, which will be analyzed below.

5.2.1 Identity, Community, and Experiences with Worries of Mind

After her arrival from Somalia and Ethiopia to a smaller city in central Norway, Khadija encountered challenges regarding integration, social inclusion and language adaptation. She noted a sense of alienation and a lack of understanding of her adjustment difficulties;

“ når jeg kom til Norge jeg slet veldig mye med å utvikle meg selv på barneskolen jeg slet mye fordi jeg følte at ingen kunne forstå meg, jeg kunne ikke norsk jeg var bare flau på den måten jeg snakket på og ingen forstod at åija hun her har gått gjennom denne (Appendix 9, p. 2, L 54-56).

After a period, she found solace in her local community and school environment. However, when Khadija left the smaller city in favor of moving to Oslo, she experienced a deterioration of the security achieved;

” *i Oslo det var annerledes, (…) her i oslo det var vanskelig å komme i gang med samfunnet her fordi alle har sine venner og gjenger så det var vanskelig å skulle få seg venner og jeg var liksom forced til å henge med utledninger og å henge med somalierne, altså folk som var lik meg og jeg var på grunn av dette begrenset i å skulle til å eksplorere andre omkretser fordi det var så lukket samfunn til å begynne med så var det liksom at kun folk som lignet på meg var kun dem som hang med meg* ” (Appendix 9, p. 2, L 78-85).

Despite a more significant presence of immigrants in Oslo, including Somalis, she felt isolated and was increasingly limited to a one-sided social network consisting primarily of

compatriots. She also observed a stronger religious inclination among Somalis in Oslo, strengthening her identification with this social group. Despite the feeling of insecurity in Oslo, she sought solace among her Somali relations, and it quickly became routine for her to be accompanied by either her co-cultural friends or family members in her activities:

"*jeg var jo veldig utrygg i Oslo og kom jo alene hit forstå og jeg var liksom ok de jeg kan stole på er jo først de som ser ut som meg altså somaliere de kommer til å liksom aldri til å forlate meg og vil hjelpe meg i å bli en bedre muslim, (…) ja fordi jeg skal være ærlig at alle som kjenner meg vil si at jeg ikke liker å være alene med meg selv jeg kan ikke gjøre ting uten at andre er med for eksempel gå til butikken, og å lese jeg må ha med mine venner*" (Appendix 9, p. 3, L 118-120, 129-131).

Khadija then goes to explain "*jeg tror dette ble skapt fra min barndom da jeg altid var omringet av søsken og familie og var altid med bestemor og sekundet jeg ble flyttet til Oslo ble dette forsterket at jeg følte et stort behov for å måtte ha andre rundt meg og jeg har jo angst rundt det å gå ut alene og gjør andre aktiviteter*" (Appendix 9, p. 2, L 131-135).

Her finding solace and feeling a sense of belonging to her Somali group of friends and its influence on her mental health can be understood through SIT. For Khadija, her belonging to the Somali group represented an important part of her social identity in Oslo and the small town she grew up in. In the small Norwegian town, she experienced a sense of belonging and support from her peers, contributing to her mental well-being and integration into Norwegian society. This is in accordance with SIT's idea that belonging to a positively assessed group can increase one's self-respect and well-being. When she moved to Oslo and felt isolated from Norwegian society, her belonging to the Somali group became even more significant for her. She experienced a stronger identification with the group and sought comfort and support among her Somali relations. This reflects SIT's concept of social categorization and comparison, where the Khadija seeks affiliation with her Somali group which offers positive self-concept and social support. Although her association with the Somali group gave her a sense of belonging and comfort, it may also have had challenges. As she explains, she became limited in her social network and exposure to other cultures, which impacted her ability to adapt and thrive in Norwegian society in the long term.

Khadija's experience of social identity can further be understood through PT by considering how she positions herself in relation to the different cultural positions and identities of which she is a part. In this case, Khadija navigates the intersection of her Somali identity and her new Norwegian identity, seeking a position to maintain a sense of belonging and well-

being. Her experiences of feeling excluded from Norwegian society and finding comfort among her Somali friends illustrate the complexity of positioning between different cultural identities. Khadija's moves from Somalia to Norway and then to Oslo can also represent decisive "ruptures" in her life course cf. Zittoun (2012). These relocations changed her physical surroundings, social networks, cultural affiliations, and future perspectives. Each move marked a period of transition in which Khadija had to adapt to new surroundings and navigate new social and cultural contexts.

5.2.2 Experience with Anxiety and Depression, other Illnesses, and Coping Strategies

Khadija describes anxiety and depression as the primary psychological challenges she has experienced. She notices variation in her moods, with some days being better than others, and often attributes these moods to accumulated stress over time. Khadija's typical coping strategy includes isolation or increased work to distract herself, often acknowledging that this strategy affects her condition and complicates her social relationships;

" *angst og depresjon for meg er liksom når jeg føler meg enslig og alt er mørkt og når det er for mye ting jeg ikke klarer å håndtere og jeg er veldig flink på å la ting bygge seg opp altså alt av stress og sånt til det plutselig blir for mye for meg og det begynner å renne over og kan sitte der å gråte (...) stress og med depresjon går det i periodevis hvor jeg kan føle meg bra en dag og så er neste dag veldig tungt*" (Appendix 9, p. 4, L 173-178).

Concerning experience with other mental illnesses and conveying worries of mind, Khadija describes her unique relationship with her brother. She shares that she did not have a close relationship with her brother, especially when they were growing up. Because of his early stay in Norway and her stay in Somalia and Ethiopia, they lack a close connection. She notes that he was always close to their mother and was uncomfortable around his siblings. However, after discovering his schizophrenia diagnosis, she felt guilt over her previous anger and annoyance over his behavior;

"*jeg føler at jeg altid har vært en person som kun har vist en sterk side av meg der andre ser at åja hun er så sterk og klarer ting og hun har aldri problemer og ser en glad side av meg der de ikke tenker at jeg har det dårligt og for meg så har jeg alltid følt at ok men jeg må da være sterk for min familie og ikke få dem til å stresse over meg spesielt det som skjer med broren min at jeg har tenkt okei men jeg vil ikke at de skal se jeg har det tungt fordi da må de også ta hensyn til meg*" (Appendix 9, p. 5, L 194-199).

When we see this case through the lens of the PT, Khadija positions herself as a strong person who can support her brother, not burden her mother with her worries of mind, and help deal with the challenges her brother's condition brings. Khadija acknowledges that she still does not fully understand schizophrenia and that it is challenging for her mother to understand his behavior. However, she understands his drinking habits as a way of dealing with his emotions, even though it goes against the family's religious beliefs. This may require her to be a support figure and advisor to her brother and the rest of the family. At the same time, she must balance this with the need to take care of her feelings and needs. As Khadijah self-isolates when overwhelmed, stressed, and depressed, she further positions herself as someone who can handle the challenges of her family situation and own life while maintaining her own life and identity outwardly, even though she is privately struggling. Khadija mentions seeking solace in her religion by reading the Koran and performing prayers. When seeking professional help, she prefers to consult friends in the healthcare industry and will only consider professional help if her condition worsens. Khadijah shares:

“ det er det, jeg føler at det er det som er vanskelig å fortelle en person eller spesielt en somalier hva schizofreni er fordi de fleste forstår ikke det og har ikke peiling på hva det er , men jeg tenker at for meg har jeg selv ikke forstått hva schizofreni er fordi jeg er jo ikke utdannet innen psykisk helse eller psykologi og for meg er det enkleste å si at åh dette er noen som sliter med noe i hjernen så " (Appendix 9, p. 7, L 272-276).

Khadija's statement about her understanding of the community's response to her brother's diagnosis of schizophrenia provides insight into the complexity of explaining and understanding mental illness in a Somali cultural context. Khadija and her local community's perception of schizophrenia is shaped by the social representations present in her environment. Whereas according to SR, the community’s understanding of mental disorders such as schizophrenia is constructed through interactions in society. Khadija's statement reflects this as she describes how the local community, in general, has limited knowledge and understanding of schizophrenia, which can lead to stigmatization and misunderstandings about the disorder. An example of this can be that her brother is not schizophrenic but is possessed by a Jinn, which Khadija diverts by saying "*sliter med noe i hjernen"* (Appendix 9, p 7, L 276). Khadija also acknowledges her limited knowledge of schizophrenia, emphasizing that her lack of knowledge in mental health or psychology has affected her understanding of the disorder. Khadija's statement also reflects a biological explanation for her brother's behavior and diagnosis when she refers to it by saying "*sliter med noe i hjernen* ", rather than giving a cultural

or religious explanation, as might be seen as common in her Somali community (Appendix 9, p. 7, L 276-280). This suggests that Khadija may be integrating Western biological understanding of mental illness as she tries to navigate the intersection between her cultural identities, applying a biological explanation for her brother's behavior, rather than a spiritual one. This approach can be partly explained through proculturation, where Khadija integrates aspects of the dominant culture, including the Western biological understanding of mental illness while maintaining her cultural and religious identity.

5.2.3 Case Summary of Khadija

Khadija's case has provided insight into the importance of social identity for her self-concept. Through the perspective on Social Identity Theory and Positioning Theory, we have been enriched with an understanding of how belonging to her Somali friend group and culture influences her self-concept and the impact this has on her experience of anxiety and depression. Considering the emphasis on socialization for her mental health, we have also gained insight into how she tends to self-isolate when the accumulated stress has taken over. Furthermore, Khadija's case sheds light on the experience of having a sibling with schizophrenia as well as the challenges one may encounter when communicating such illnesses to her local community. This contributes to our understanding of the complex social and individual dynamics that influence Khadija's worries of mind, help-seeking behavior, and interactions with those around her.

5.3 Hafsa

The forthcoming case analysis of Hafsa is extensive compared to the length of the other cases in this thesis. This stems from the complex and comprehensive amount of trauma Hafsa has endured throughout her life, which we aim to portray in its entirety. The case analysis of Hafsa is structured according to Hafsa's experience with worries of her mind and coping strategies throughout her childhood and youth, as well as the experiences she accumulated after her Bipolar type 1 diagnosis. Hafsa is a 24-year-old student born and raised in Denmark. She is a second-generation Somali woman. Hafsa currently lives alone and has two siblings and five half-siblings. Hafsa's case includes a turbulent childhood, youth, and early adulthood. Throughout her childhood, Hafsa has always struggled with worries of the mind and had experiences with traumas. After a manic episode at the age of 22, she was diagnosed with Bipolar type 1 (Appendix 10).

5.3.1 Experience with Rejection in Childhood and Obstacles to Accessing Help and Intervention

When describing her childhood and upbringing, trauma and difficulty in accessing help are emphasized themes as Hafsa recalls the first instance in which she needed help was right after age 8, when she attempted suicide on school grounds. In her childhood, Hafsa had experienced multiple depressive episodes but with no adamant help in dealing with them. Her mental struggles were portrayed through her challenging behavior, which her school was both aware of and documented. Hafsa mentions that, at an early age, she contested speaking to a psychologist because she knew not to share the information that she was told was taboo to speak on;

" jeg har jo () oplevet rigtig mange ting i mit liv i forhold til trauma og sådanne nogle ting () så det at tale højt om det på det tidspunkt var meget tabubelagt det med psykolog og sådan noget. jeg kan huske altså når jeg kigger på mine papirer og sådan kan jeg huske at jeg sagde at jeg ikke skal snakke med en psykolog så tror folk jeg er skør fordi det var den perception jeg havde af det på daværende tidspunkt, det var det jeg fik at vide derhjemme og det var også det man fik at vide i skolen også for at være ærligt, så det var ikke noget som var udbredt i miljøet at tage til psykolog" (Appendix 10, p. 3, L 54-60).

Even though Hafsa contested the idea of speaking with a psychologist, other help was never insisted upon, which only led to Hafsa's struggles growing. At the time of her suicide attempt, Hafsa talks about the immense lack of help and intervention from her school and institutions, even though her behavior was documented;

" *jeg fik ikke konstateret noget som helst men der var nogle hændelser i mit liv som gjorde at det rejste nogle spørgsmål hos pædagoger og de psykologer som også var der, men der var aldrig en intervention så de fandt aldrig ud af hvad der var galt med mig, men da jeg var 8 år prøvede jeg at begå selvmord, i skolen, og når jeg læser papirerne igen så undrer jeg mig over hvorfor der ikke blev gjort noget, ingen kunne finde ud af hvad det var, så det blev bare pakket væk fuldstændig*" (Appendix 10, p. 3, L 68-73).

Throughout the life-course of Hafsa, her suicide attempt as an eight-year-old is seen as a significant rupture cf. Zittoun (2012). This rupture started a new life trajectory, consisting of psychological struggles and exaggerated by lack of access to help. Her childhood is characterized by several depressive episodes that were not met with the necessary support to deal with them. The school's documentation of her difficult behavior reflects this, causing a

rupture in her life course where her need for support was not met. Hafsa's reluctance to talk to a psychologist reflects a particular course in her life, where she tries to tackle her challenges alone. This may be partly due to the taboo that surrounds mental health in her community, especially regarding her identity as a black Muslim girl in Denmark. Her experiences of discrimination, neglect, and oppression relate to her complex identity that affects her perception of and access to support. Throughout her life, the lack of the necessary help becomes a recurring theme for her mental struggles, where this affects her coping strategies and her perception of psychiatric help in Denmark. Her life-course is thus shaped by these barriers influenced by her environment that provided a challenging time. Additionally, it is important to understand her experiences through the lens of intersectionality, where her complex identity along with social factors, has influenced her in restricting access to the right help, due to xenophobia. Regardless of why Hafsa was neglected and not offered a solution based on cultural sensitivity, the impact of this was evident as Hafsa switched schools and was sent to Somalia.

5.3.2 Islamic Intervention and Behavioral Changes

When help from her public school and the municipality was less than sufficient or relatively non-existent, Hafsa's mother pulled her out of her public school at eight years old and enrolled Hafsa in a private Islamic school in hopes of her well-being improving. Hafsa details;

"*det der skete var at min mor flyttede os skole, en islamisk skole, fordi hun tænkte at der var så mange problematikker på den danske skole jeg gik på, så tænkte hun hvis jeg prøver noget islamisk, det ville gøre noget, retlede mig, eller hjælpe hende og min opførsel. Den måde jeg opførte mig på var ikke normal, jeg græd hele tiden, var udadreagerende, fulgte ikke med i timen jeg var over det hele for at være ærlig så da jeg flyttede hen til denne islamiske skole så hjalp det heller ikke på mit mentale helbred overhoved ( ) .. så min mor valgte at sende mig til somalia hvor hun tænkte at det ville hjælp, hvor de ville … hvordan siger man det på dansk eksorcisme* - *"*(Appendix 10, p. 4, L 79-86).

Hafsa's mother pulled her out of the Danish public school and enrolled her in a private Islamic school to improve her well-being. This insert can be understood through an intersectional perspective, where Hafsa's religious and cultural identity as a Muslim girl and her social context as part of Danish society play a role. Her mother's actions reflect her own perception of what is best for Hafsa, based on her own values and upbringing, which are shaped

by her cultural background and experiences. As Hafsa was sent to Somalia, her mother hoped an experience with Quran Saar would help her, as Hafsa's mother tries to integrate elements of her cultural background and beliefs into her daughter's life to help her with her mental health challenges. Hafsa goes on to explain the effects of Quran saar and her change of behavior after Somalia:

" men jeg fik det bedre, sjovt nok eller ikke sjovt nok jeg fik det faktisk bedre af det da jeg kom tilbage sagde lærerne at jeg var helt forandret jeg gik ikke på islamisk skole der, jeg gik der kun et år, jeg kom til den danske skole igen de spurgte hvad er der sket med hende hun har ændret sig på denne måde det var ikke sådan hun opførte sig før hun er moden (....) ja det var meget intens (?) jeg kan ikke huske så meget ellers men jeg havde det godt i somalia med min familie og sådan noget der var bare mange ting der skete derhenne som var forfærdelige (....) kan huske det med Quran Saar at jeg blev mere moden og da jeg kom jeg var jeg anderledes" (Appendix 10, p. 5, L 104-108, 119-121, 123-124).

Additionally, the Danish school failed to intervene in Hafsa's life, regardless of whether it was before or after her time at the Islamic school and Somalia. Viewing this through the lenses of Social Identity Theory, we can see that Hafsa's identity as a student was primarily defined by her adherence to school rules and expectations, which limited the school's ability to recognize and meet her individual needs and challenges with worries of her mind.

5.3.3 Experiences with Help-Seeking in Youth

Based on Hafsa's childhood experiences with not receiving the right help, at age 12 she began to suppress her emotions " *da jeg så fandt ud af at der ikke kom hjælp udefra, selvom jeg snakkede højt om det, så gav jeg op, så derfra begyndte jeg at undertrykke rigtig mange af mine følelser, da de så kom tilbage da jeg blev 19*" (Appendix 10, p. 6, L 137-139)**.** The theme of being neglected of help, followed her all the way to age 19 when her struggles were significant, and she finally sought help from her doctor. However, Hafsa again was declined help when she was told by her doctor that her problems seemed "*for meget for hende*" which influenced her to be skeptical about seeking further help (Appendix 3). Hafsa's struggles were never resolved, and at age 20, she experienced immense stress, which was concluded by a psychiatric facility to be *"udbrændthed*" (Appendix 3). Factors such as long waiting times affected Hafsa's decision not to seek a referral to an actual psychologist provided through specialist healthcare. Because of this, Hafsa's problems only increased, coming to a halt when

she was finally admitted into a psychiatric facility due to experiencing a manic episode, which led to her being diagnosed with Bipolar Type 1 at age 22.

5.3.4 Psychiatric Diagnosis and Experience with Discrimination

When Hafsa was 22, she had a manic episode that spanned over five days. Hafsa described her mania as being euphoric, having so many thoughts on which she must act on, as well as having a "God-complex": *"i sekundet havde jeg det så godt, det var en form for GOD-complex*" (Appendix 10, p. 8, L 208-209). After her manic episode, Hafsa was hospitalized for three months and diagnosed with type 1 bipolar disorder, where she has been on medical and psychological treatment since. Throughout Hafsa's struggles with mental health, she shares that the reactions she has been met with after her diagnosis have been discriminative, where the common views within her Somali environment have contributed to individuals uttering discriminative words. She shares this by saying that Somalis talk about each other and judge individuals who suffer from mental illnesses, even calling them crazy;

" *i forhold til det somaliske miljø så er man wee waalatay, hun er skør, det er sådan de perciperer"* (Appendix, 10, p. 7, L 165-166).

She references this by telling stories about how others have judged other individuals, where she herself was subject to this: *"til et familie event kom der en kvinde og spurgte nå kan du så finde på at slå børn ihjel*? (...) *ja jeg var helt forbløffet og chokeret jeg kan huske at jeg bare græd og græd* " (Appendix 10, p. 7, L 158-159, 161).

One of the main recurring themes in Hafsa's experiences is the topic of intersectionality, especially concerning her identity as a Somali woman with bipolar type 1. In Hafsa's case, we can see how her identity as both a Somali woman and a person with bipolar type 1 places her in different societal and cultural contexts, which affects her experiences in several ways, as represented in the language switch. Somali women may experience specific forms of marginalization and discrimination based on their gender, ethnicity, and cultural background cf. Yuval-Davis (2006). At the same time, we can understand how perceptions of some mental illnesses can result in the experiences of lack of understanding and stigma. The intersection of these identities creates a unique and challenging experience for Hafsa, where she is confronted with both gender-related challenges and the specific challenges associated with her mental health condition. Within interactional processes, the conception of the self and identity are constructed where individuals take part in a positioning process in which they are positioned and, in turn, position others (Harré, 2012). For Hafsa, these experiences provided a new

perception based on being diagnosed bipolar, where she may now be positioned: "...*Jeg er blevet den the crazy jeg kan se det i deres øjne, den måde de hilser på mig på"* (Appendix 10, p. 22, L 636-637). Additionally, this process of positioning represents not only a perception of how she is positioned by others but also how these external perceptions affect her self-perception and self-esteem. Her concerns about the distrust from others, especially when it comes to responsibility for children, show how the stigmatization of her mental health can have concrete and potentially severe consequences for her social and family relationships. With Hafsa being diagnosed as Bipolar, her position seemingly changed based on the social representation that exists within her social and cultural contexts. The perceptions of mental struggles such as depression and anxiety, according to Hafsa's experiences, are being more normalized. In contrast, more severe conditions, such as being bipolar, are associated with being dangerous. In accordance with the social representation of the illness that exists within her social and cultural environment, Hafsa's diagnosis falls into the category of "dangerous". She now occupies a position where she may be seen as crazy and dangerous, as well as expected to act as such. Hafsa's family, especially her uncle, are supportive of her diagnosis and have even been there for her through hospitalization and treatment. During the hospitalization, Hafsa at one point gave power of attorney to her uncle due to skepticism regarding how she could be treated in the psychiatric facility. She explains:

"Jeg tror på hvad min onkel siger fordi hans bror har sendt videoer af det og fået det op i medierne hvad der foregår, og hvad de gør mod hans bror, og det var min onkel bange for skulle ske for mig. Det var frygten, han havde for pskiatrien i min by (.....) *nogle af mine familiemedlemmer vil sige til den dag i dag, at jeg skal ud af medicin og i forhold til den behandlingsmetode der er fremlagt for mig, de vil sig Gud er din medicin og du har stadig brug for Quran Saar og min egen mor vil sige du ikke har brug for medicin, hvor min egen Onkel vil sige du har behov for medicin, han er tilhænger af at jeg gør hvad der bliver sagt til mig, og jeg sagde til ham at det overrasker mig lidt at du er sådan som du er.. og han sagde jeg lytter ikke til de der somaliere* **"** **(**Appendix 10, p. 14, L 383-385; p. 19, L 530-535).

Considering Hafsa's experiences with fear of possible abuse and hospitalization, based on her uncle's experiences, it becomes clear how social representations and cultural identities play a crucial role in her decision-making process and understanding of her mental health. First, it is important to note the profound impact that social representations of mental illness and the healthcare system have on Hafsa's perception. Her pre-existing skepticism about health care,

reinforced by years of never-ending feelings of being misunderstood, influences her choice to give full custody to her uncle in the event of a manic episode. This decision is partly motivated by the fear of repeating what she has seen happen to her uncle, illustrating how social representations of mental illness can help shape individual patterns of action.

Additionally, because of the representations that exist within the Somali community, Hafsa has been advised to discontinue Western treatments in favor of "using God as medicine" (Appendix 10) This reflects not only family beliefs and convictions but also the social representations and values that exist within Somali communities around healing and treatment.

5.3.5 Ambivalence in Understanding Worries of Mind and Help-Seeking

A prominent theme throughout Hafsa's life course is how her perception of help-seeking and struggles are subject to this change. At a young age, Hafsa believed psychologists were for crazy people and that it was too taboo to seek one out (Appendix 10, pp. 3, L 55-56). In Hafsa's childhood environment and family home, an Islamic framework for understanding and treating mental health challenges was dominant where *Quran saar* was sought as a natural cure to these struggles. This is seemingly seen to have impacted how Hafsa, in her adult age, coped with her struggles as she saw religious practices, such as prayer and listening to the Quran, to help her through her difficulties. A significant factor in how Hafsa chose to cope with her struggles was influenced by the rejection she felt she had gotten from both the Danish health system and throughout her years in school. It was not before a big event that can be understood as a rupture that changed the course of her life and provided another way of dealing with and treating her struggles. Simultaneously, it seems as though the help she needed all along was indeed given after a manic episode had occurred. Being diagnosed with bipolar type 1, being on medication, and connected to an outpatient clinic, which she visits regularly for therapy, has greatly impacted her coping strategies. A big part of how Hafsa deals with her illness is closely bound to both her identity as Danish, Somali, and Muslim woman. Hafsa shares that she conceptualizes aspects of understanding and dealing with mental health and its struggles from her Somali cultural background as well as her Danish one. She explains that she believes in aspects of religious and cultural concepts of mental health but emphasizes the importance of neurobiological chemistry when understanding bipolar disorder and how it affects mood regulation (Appendix 10, p. 17). An example is how Hafsa believed in Jinn possession but, in relation to her struggles, explains that she did not believe she was possessed since she didn't meet the possession criteria, and that her struggles were, in fact, due to a psychiatric illness. In

topic about how she understands her illness and who she would rather not talk about it with, she mentions an imam, which is an Islamic scholar;

" det kommer måske an på hvor progressive de er, men du ved de fleste ville bare sige du har brug for Quran Saar, det er det du skal have. Men det her kommer ikke ud af mig, der her er ikke noget som kommer ud, det er brain chemical difference, det er noget med hjernen, kemiske forbindelser og sådan noget, det kan jeg ikke ændre, det er ikke noget, eller Gud kan alt, det negligere jeg ikke, men jeg har accepteret min diagnose og det her gør at jeg tvivler på den og det har jeg ikke lyst til at gøre, fordi begynder jeg at tvivle så stopper jeg med medicin og så starter vi igen" (Appendix 10, p. 17, L 468-473).

This insert can be interpreted as Hafsa's inner conflict on her beliefs and her understanding that God can change everything, but that she also is fully aware her struggles are psychiatric and not spiritual and can only be cured through her medication. She says this to put emphasis on how she believes the recommended treatment from an Imam would be that she only has use for Quran saar, which, from her point of view, would create doubt on her diagnosis, creating an adverse chain reaction that could result in her discontinuation with her bipolar medication, worsening her condition. On the previously mentioned point about her being advised against medication, her reasoning for not seeking an imam out is due to not putting any more pressure in regard to this topic. Ultimately, she has had difficulties adjusting to the realization of needing to be on medication for the rest of her life, which she tries not to overthink, as she is afraid of spiraling again (Appendix 10, pp. 16-17, L 538-543). Despite this, Hafsa practices her religion as well as uses her medication, and participates in active therapeutic treatment for her illness.

5.3.6 Case Summary of Hafsa

To conclude, Hafsa's experiences, as viewed from the intersectionality perspective, reflect how she both understands and treats her illness. We can view her conceptions as an aspect of ambivalence or a paradox, where she applies some cultural and religious understandings and treatments but rejects aspects that do not align with her values. An example provided is the inserts above where even on the basis of being advised not to use medication, Hafsa continues to assert Danish conceptualizations of illness and treatment, which stems from part of her identity as growing up in Denmark. However, we can understand Hafsa as using a combination of her two cultures to assist herself with navigating her environment and illness.

5.4 Shamso

Shamso is a 19-year-old Somali woman born in Norway and moved to Kenya at 9. She lived in Kenya for six years with relatives and moved back to Norway at age 15. She has been living in Norway for the last five years, and her story consists of the struggles relating to adaptation to different countries and cultures. Shamso also has a history of experiencing and dealing with psychological difficulties such as anxiety related to fear of death and panic attacks. The occurrence of these difficulties had its debut at age 16, just after she moved back to Norway. She has then become familiar with seeking help for these difficulties from a psychologist and institutions such as the hospital and the emergency room (Appendix 11).

5.4.1 The Challenges of Adapting; Torn Between Norway and Kenya

Shamso's case consists of complex experiences with adapting to new environments, which has had a great impact on her mental health. Shamso describes her time in Kenya as a challenging period marked by both language barriers and cultural norms that were foreign and psychologically harmful to her;

"eg visste ikke eg skulle vær i kenya i 6 år, eg trodde eg skulle komme tilbake etter sommerferien men det skjedde ikke og det var vanskelig å kommunisere med de som bodde der fordi eg kunne ikke språket somalisk eller swahili, eg gikk på swahili skole så eg måtte jo kunne" (Appendix 11, p. 3, L 106-108).

Shamso explains how she understood why her mother sent her to Kenya, due to fear of Norwegian child protective services and the possible outcome of losing her child. However, even with her acknowledging her mother's reasoning, Shamso shares the anxiety and frustration of being lied to in other parts of the interview (Appendix 11). This can reflect her feelings of uncertainty due to being unaware of the duration of her stay in Kenya, which led to her struggles adapting to her new environment. Additionally, language barriers, emotional challenges with the adaptation process, and non-existent awareness of mental health in her new society could have led to her increased frustration. Shamso went to Quran school in Kenya, which further increased this difficult process of adaptation;

"*det var helvete, det var helvete å ikke liksom det var bare helvete egentlig med folk som var der, det med å gå på dugsi og skole og at læreren banker dritten ut av deg å ehm, ja de har sine regler og de har klare rammer.. (..) de snakke bare ikke om psykisk helse der its just that they dont want to acknowledge psykisk helse (..) eg måtte bare holde det til meg sjøl eg tror ikke eg gjorde noe eg hadde ingen metode å mestra det eg gikk gjennom (..) hey don't know*

what mental health means in Kenya by the way they destroy your mental health instead of helping you ()" (Appendix 11, p. 3, L 113-114, 187-188, 176-177).

The anxiety and emotional strains that Shamso experienced during her time in Kenya reflect the deep conflicts within her adaptation process, where she, due to her cultural background, did not feel she was fitting in. Additionally, we can understand how these experiences influenced her trust in both the local community and her parents, which seemed to be weakened because of the negative experiences she faced, reinforcing feelings of isolation and alienation. This may show a conflict between her desire to maintain her cultural and religious identity and the negative consequences of the cultural norms and practices she experienced in Kenya. When Shamso returned to Norway as a 15-year-old, she experienced yet again difficulties re-adapting to the country she was born in and constructing her identity. This process involved emotional challenges, which she dealt with by seeking professional help. Amongst the difficulties she faced, she described language barriers and social norms as key challenges that have affected her adaptation process;

" *når læreren spør kor eg er oppvokst eg sier jo liksom Norge men de vet jo at eg har vært borte 6 år og eg føle liksom koffer må eg sei eg er der ifra nå eg egentlig ikke er der ifra (...) eg blir jo flau (..) jo ikke i samme klasse som resten, læreren tar meg ut fordi eg ikke kan liksom godt norsk, eg går på lettere norsk og har forskjellige bøker enn de andre liksom ()"* (Appendix 11, p. 4, L 133-142).

This illustrates the sense of alienation and isolation she felt between two cultures, where she found it rather difficult to navigate her multiple cultural identities and answer questions about where she was from. The parallels between her experiences in Kenya and Norway show continuity with difficulties in her adaptation process across different environments, where she faces similarities. In Kenya, there were difficulties in adapting due to language barrier as well as experiences of abuse. In Norway, these difficulties with adaptation continue as she once again feels like an outsider, even though she affiliates being Norwegian as a part of her identity. It was relearning the Norwegian language and dealing with the emotional burden she faced in Kenya, which was reinforced by feelings of embarrassment and isolation in Norway. She expressed feelings of shame of not being able to speak the language or live up to society's expectations, which again reinforced her feelings of alienation and inadequacy that she felt in Kenya.

5.4.2 Experience with Worries of Mind in Norway

Back in Norway, Shamso takes on a new difficulty relating to her psychological well-being. One day, coming across a TikTok video showing a deceased man, she gets triggered and developed an immense fear of death. In addition, Shamso occasionally struggles with anxiety and panic attacks, which led her to seek help from psychiatric institutions. She comprehends these difficulties as;

" *eg begynte å tenke på det hele tiden så det e sånn det begynte (…) angst e liksom ja det e jævlig skummelt du oppleve liksom panikk hele tiden ehm du tror det er liten feil i kroppen din neste sekund du får panikk og du tror du skal dø ehm.. ka hette det legevakten de gjør jo ingenting med det det e jo bare overtenkning*". (Appendix 11, p. 6, L 215-216, 210-212).

In this context, Shamso identifies herself mostly as Norwegian, conceptualizing her experiences and lifeworld through this cultural framework. She defines mental health as;

"*det e jo vel kossen man har det, kossen man har det med seg sjøl og ehm..() det er vanskelig å forklare det, men kossen man har det med seg sjøl og kossen dette då påvirke en sjøl og de rundt seg.*" (Appendix 11, p. 9, L 342-344).

Additionally, as Shamso recognizes her struggles with anxiety, naturally, her seeking professional help aligns with the cultural norm in her Norwegian environment, which emphasizes the necessity of seeking psychiatric care (Appendix 11). Shamso values the help she has gotten and explains to have received support in mastering her difficulties *"eg hadde en psykolog eg pleide å gå til og de hjelpe meg med å mestre og det eg fortalte de og liksom.. ka hette det.. å ordne opp i det (…)*" (Appendix 11, p. 5, L 196-197). However, even though Shamso appropriates her identity to be constructed by her Norwegian environment mainly, she acknowledges having a Somali identity, where she accepts some parts of the Somali cultural perceptions and applies religious methods in her coping strategies. An example is how Shamso contributes Quran reading and prayer as some of her coping strategies "*eg faktisk innrømme er et mestringsmetode*" (Appendix 11, p. 11, L 410-411), which can be interpreted as her belief and upholding of her religious practices despite previous religious abuse in Kenya. In the process of acculturating, Shamso can be seen to have preserved some aspects of her original cultural identity while mainly adapting to the dominating culture, where she mainly applies their frameworks for understanding and dealing with her psychological struggles. Although she accepts certain cultural and religious aspects, Shamso rejects some notions of Somali and Islamic perceptions, such as spirit possession:"*nei eg tror ikke på det frem til eg får det"* (Appendix 10, p. 11, L 375). This reflects her complex identity formation, balancing between

different cultural and religious views of mental health. Considering her experiences and connection to the Norwegian health system, we can see a tendency in how Shamso identifies mostly with Norwegian culture where she implements certain aspects of Norwegian conceptualization of mental health and illness to her own comprehension. This may be due to her positive experiences with the Norwegian healthcare staff and their ability to understand and support her psychological difficulties. Our interpretation is influenced by Shamso's reports on her experience with the Norwegian health care personnel;

"*..de bryr seg om helsen din selv om du ikke vil snakke om det så har de sin egen metode som får deg til å snakke om det, selv om du ikke vil de får deg til å snakke om det" (*Appendix 11, p. 6, L 224-225*)* which we understand as her way of saying that she receives most help and knowledge from them. When asked about how her family understands mental health or what they tell her to do when she experiences anxiety, she answers by telling us that she gets told to "*shaydaanka iska nar*"[3] (Appendix 11, p. 6, L 232) and that the blame for her difficulties is pushed upon the friends that she keeps;

"*ehm de de tror ikke det e noen som hette mental helse det e bare liksom ja ehme shaydanka iska nar(…)a shaydanka iska nar wax ayaa qaadatay ee shaydanka iska nar liksom det er ikke noe mental helse eller noe sånt de tror ikke det finns men det finns"* (Appendix 11, p. 6, L 231- 235).

This can illustrate the conflict between Shamso's experience with mental health challenges and her perception of this in relation to her family's perception and the social representations that prevail in her family. She describes how her family attributes her difficulties to Satan, suggesting cultural and Islamic causes of mental difficulties. This view of mental health differentiates from what the Norwegian psychiatric model often represents, which Shamso bases her understanding on. This difference in perception can lead to a sense of isolation, as she finds that her family does not understand or acknowledge her struggles with anxiety and mental difficulties, the same way the Norwegian health system does. She may not feel supported or understood by her family in relation to her mental health challenges, which may contribute to feelings of loneliness or isolation in dealing with her emotions.

5.4.3 Case Summary of Shamso

Shamso's case illustrates the complexity of adaptation in Kenya and Norway, where she is confronted with the challenges of integrating into different cultural contexts. During her time

[3] Meaning get rid of Satan.

in Kenya, Shamso also experienced psychological difficulties, including anxiety and panic attacks, which debuted after her move back to Norway at 15. These challenges reflect the deep conflicts between adaptation processes, as she felt caught between two worlds and struggled to integrate into the new and the old society. Upon her return to Norway, Shamso experienced similar challenges, underscoring the continuous struggle for adaptation across different environments. Language barriers and social norms remained central obstacles to her adaptation, contributing to her alienation and lack of belonging. Her experiences show how aspects of adaptation, combined with psychological challenges, create a complex identity and experience of belonging, forming from both individual and cultural factors.

5.5 Mahad

26-year-old Mahad is a Somali male born and raised in a small town in Norway. Mahad has an educational background as a civil economist and is the youngest of a family of 7. Mahad's experiences with psychological difficulties have been few, consisting of the occasional academic stress and natural changes over his life course. Mahad's story is unique in that the challenges he faced growing up in a small city shine a light on the multifaceted aspects of proculturation and intersectionality (Appendix 12). The following will also explore Mahad's conceptions of mental worries and his coping strategies.

5.5.1 Adapting to Norwegian Society as a Black Muslim Man

As he grew up in a small city in Norway as black Muslim man, Mahad shares that it offered some challenges, such as discrimination. Mahad and his family were one of the few minorities residing in a small Norwegian city that had a lack of cultural diversity and ethnic knowledge, which provided Mahad with the experience of witnessing "*Lille Somalia*" tagged on walls indicating an aggression of discriminatory behavior. Even though Mahad was a part of a minority group, he explains that as children, they did not see race differences. He would often play football, socialize with Norwegian kids, and easily make friends. The challenge was never in making friends and adapting, but in how he was positioned by adults, i.e. the Norwegian school system. Mahad grew up with siblings that were all close in age. In school, he would at one point have one sibling in every grade, meaning they had the same teachers and experienced the same discrimination. Mahad explains:

"*når jeg skulle snakke med mine søsken i barne og ungdomskolen fikk vi ikke snakke somalisk sammen og i friminuttene så var læreren som kom bort og bare nei her i norge så snakker vi norsk og vi bare nei vi kan snakke somalisk i fritiden og vi ble sendt ned til rektors skole fordi det var liksom disrespect mot læreren*" (Appendix 12, p. 1-2, L 47-53).

When it came to events like these, Mahad shared that his parents were the ones who always told them to advocate for themselves and address structural problems such as being discriminated against. Hence, his parents were also often at the principal office because Mahad and his siblings challenged this discrimination. He adds:

"*.. vi gikk på samme skole og alle lærerne hadde jo oss og når to av våre søsken havnet på ungdomsskolen så var faren min ofte på skolen fordi de hadde en lærer vi vil si var rasist da og faren min var veldig opptatt at vi sto opp for oss selv"* (Appendix 12, p. 2, L 56-59).

In regard to the discrimination that Mahad and his siblings faced, he shares that they faced some non-verbal discrimination as well. Mahad, being Muslim, does not eat pork, and at school events, he would witness the school arranging food on the consideration of other ethnic Norwegians. Still, they would not consider providing non-pork meat which Mahad could eat. In the theoretical and analytical tool of intersectionality, what Mahad insinuates is how this provided a feeling of being excluded in a white-dominated school where his needs were not as necessarily crucial as those that were considered. This illustrates how structural barriers and prejudices are embedded in institutional practices that affected Mahad's access to equal opportunities and resources. Furthermore, Mahad's experience of not being provided with appropriate food for school events illustrates the lack of consideration for his religious and cultural practices. While the school apparently offers food to accommodate other ethnic Norwegians, Mahad, and other Muslim students are excluded from this inclusion, underscoring the systemic discrimination and lack of cultural sensitivity. Another example of Mahad feeling unappreciated is when he quit his job as a civil economist due to his hard work not being valued and reciprocated at the workplace (Appendix 5). This is a recurring theme in Mahad's experiences, where his identity as a black male in Norway has provided challenges that give insight into how intersectionality has affected him. In relation to Mahad's childhood, when he quickly made friends, he annotated that the more they grew up, the more visible the cultural differences became. He relates this to how Somali culture consists of offering food to their guests, but that he would be told to "*måtte jeg vente på dem i rommet*" while his Norwegian friends would go eat dinner with their families (Appendix 12, p. 3, L 112-113). Similarly, Mahad would not be allowed to sleep over at his Norwegian friend's houses, but they would be

allowed to sleep at his. Specific to this, Mahad explains that it stems from a place of fear where he elucidates this to be related to a lack of cultural awareness:

"*jeg tror det handlet om at moren min ikke viste om dem, altså hun hadde ikke kunnskap om dem og det er jo sånn at vi somaliere omgås best med andre somaliere med tanke på kultur og språk og hvordan vi vil ha det enten hjemmet våres eller hvordan vi ønsker å oppdra barna våres så det var bare det at moren min ikke visste så mye om det norske kultur og var usikker i hvordan vi ble møtt så det vil jeg si er kanskje litt det"* (Appendix 12, p. 2, L 92-97).

Mahad constructs this as xenophobia from both cultural standpoints. He explains how a lack of cultural awareness creates fear, which makes people hesitant to approach each other. He mentions how his mother tried to learn the language and even participated in making Somali food for an international event where all ethnicities, including Norwegians, came and tasted different ethnic food. Through this, his mother gained a new perception of Norwegians as she experienced them as welcoming, extinguishing some part of the xenophobia.

5.5.2 Conceptions of Worries of the Mind and Coping Strategies

Mahad grew up in a home with parents who were very supportive and understanding of him and his experiences in life. Even when he faced some difficulties regarding academic stress, they would be supportive and remind him that there's more to life than just getting good grades. Mahad explains that the parenting style he grew up with was that they approached him only with guidance when he needed advice and never tried to impose on him. Mahads experiences with and perceptions of mental health and worries are related to his upbringing in Norwegian society as well as having a cultural background as Somali. He views mental illnesses as warranting professional help, and he is accustomed to friends who regularly go to therapy. In questions about how and when Mahad would seek help, he answers that he would only seek professional help if his difficulties became unbearable. With Mahad being both male and of Somali origin, there are factors such as how cultural and societal views warrant certain expectations on how males should behave and acquit themselves. Additionally, how mental struggles and seeking psychiatric help are represented within society affects both how and when individuals choose to seek help. Even though Mahad views the concept of mental health and illness to be of great importance in dealing with his struggles, he would only seek help when it has gotten to the point of being unbearable. This may stem from Mahad's experience of feeling seen as a "victim" when he, through earlier experiences, had shared some difficulties with others. Experience influences future behavior, and Mahads coping strategies consist of

using prayer as a source of comfort and seeking advice from family and friends. Being both Somali and Muslim, Mahad believes in the existence of Jinn/Shaytan and does certain acts to avoid being affected by the spirits. These are walking in groups after dark and not alone as Jinn/Shaytan roams the streets at night. This belief is solidified by Mahad´s previous experiences in the mosque, where he has witnessed individuals acting out of their behavior due to them being "possessed". In how his Somali culture views mental struggles, Mahad says:

"*..jeg tror også at det handler om religionen også ehm..man tenker automatisk at når man har religion som sitt identitet at alt skal være bra så lenge du ber og følger den islamske tro at det skal være bra..men sånn er det ikke i praksis*" (Appendix 12, p. 5, L 227-230)

Mahad insinuates that the significant belief is that if one is practicing one's religion, then one may not struggle with difficulties as the acts are preventative, but that it is not simple in terms of what actually happens. Mahad views the concept of mental health as *"something that everyone has*," and the conceptions of this aspect are more widespread and talked about in today's society than they were when he was growing up.

5.5.3 Case Summary of Mahad

The case of Mahad illustrates the challenges of growing up as a religious and ethnic minority in a small town in Norway. Through the analytical frameworks of intersectionality and positioning theory, Mahad's experience with worries of mind and coping strategies were used to understand Mahad's alternation between frameworks of understanding mental health matters. For Mahad, he agrees with conceptions of mental health and illness through the frameworks of his Norwegian identity, where he will seek professional help if it comes to that. Additionally, Mahad strongly believes in Somali cultural and religious notions of spirits to influence behavior where he acts according to the expectation persisting in this framework to avoid being affected. In conclusion, Mahads frameworks are governed by two cultural identities where he applies a combination of both to understand concepts such as worries of the mind, and alternates between them in his coping methods.

5.6 Aisha

Aisha is a 32-year-old woman born and raised in Denmark with her parents and siblings. Aisha grew up in an environment with mainly other minorities where she explains to have experienced difficulties regarding adaptation and identity. Aisha has had experiences relating

to mental health struggles throughout her life, where she, at an older age, had gotten psychiatric help for an anxiety and eating disorder. What is specific to Aisha's case is that it touches upon the duality of receiving help and skepticism regarding the received help (Appendix 13). In this section, we will explore themes such as acculturation, intersectionality, and mistrust, which are essential in understanding Aisha's experiences with worries of the mind and her help-seeking behavior as a Somali-Danish woman.

5.6.1 Turning Points in Life

At age 18, Aisha describes experiencing a turning point in her life caused by stress due to years of difficulties adapting to her environment and wearing the headscarf. In relation to Aisha being a black Somali Muslim woman in Denmark and a part of a minority group, experiencing discrimination regarding her cultural and ethnic background is an unfortunate possibility. Through intersectionality, we can perceive Aisha's experiences to be influenced by different forms of oppression and discrimination regarding the multiple dimensions of her identity. An example of this, which Aisha explains, is:

*"jeg tror både at identificere og måden altså folk tog imod dig jeg følte ikke at folk så mig for den jeg var men mere fordi jeg havde tørklæde på og min farve og efter jeg tog tørklæde af var det så er jeg bare mig så føler jeg bare ikke at der bliver lagt mærke til min farve, på trods af at man taler okay godt dansk så betød det ikke noget da jeg havde tørklæde på men lige så snart jeg tog tørklædet af var så lod folk mærke til at jeg var okay" (*Appendix 13, p. 2, L 38-4*2).*

Aisha, being a minority and experiencing discrimination for her skin color and religious practices, decided that removing the headscarf would limit the obstacles she would have to face. She explains this by saying that she became "just" a Danish person who was a part of the society after removing her headscarf, insinuating that she felt more accepted due to this act (Appendix 13, p. 2, L 38-42). Although she removed the headscarf, being called racial slurs because of her skin color was something she still experienced:

"*jeg havde en episode det må havde været til sådan noget skolefodbod hvor det var at en fra det andet hold der svinede mig til, jeg blev kaldt for neger og … alt mulig pis og papir og der var ingen der sagde noget og forestil jer det er en turnering der er mange voksne mennekser.. så til sidst gjorde jeg det jeg plejede at gøre som var forkert dengang, men man bliver bare frustrerret så jeg tyede til vold (...) men det var også fordi de slog mig, niv mig (...) jaa hvor folk ikke ser noget så jeg gav igen og så endte vi så med at komme op til en samtale*

men ham der arrangøren og han tillbød mig 2 pepsi for at holde min kæft jeg tror jeg gik i 7 klasse, min lærer ville så gerne lave en artikle og hjælpe mig fordi hun synes også det var virkelig groft så sagde inspektøren til hende at øhm hvis hun hjælper mig så bliver hun fyret, så endte med at jeg stoppede og startede jeg på en privatskole" (Appendix 13, p. 3, L 58-70)

This excerpt from Aisha's story provides insight into her challenges as a black and Muslim student in the school system. Throughout her description, humiliation and isolation are recurring themes as no one intervened to stop the abuse, and she felt powerless in the face of the injustice she experienced. Aisha ended up reacting with violence, which she later admits was the wrong reaction but which she felt compelled to do out of frustration and anger. This incident illustrates a rupture in Aisha's life course, where she faces a pivotal and traumatic event that affects her mental and emotional well-being as well as her interaction with the surrounding community in her early youth. She does not feel protected or fairly treated by the school or the adults around her, which leads to an experience of a lack of trust and security. Considering the intersectionality perspective, Aisha's story elucidates her identity as both black and Muslim affecting her experience of discrimination and marginalization. Aisha faces both racism and religious intolerance, making her experiences of injustice and violence more complex.

5.6.2 Mistrust to Psychiatry and Medicine

Aisha's experiences with immense stress in periods of her life had contributed to her weight loss and impaired mental health, for which she sought psychiatric help. At age 18, Aisha had been diagnosed with an anxiety disorder and an atypical eating disorder, which she was put in group therapy for. Aisha viewed her issues not to be body image related but saw her weakened appetite as a result of her stress, explaining her frustration in regard to receiving that diagnosis:

"jeg kunne ikke forstå hvorfor fordi jeg havde ikke de samme ting som de andre, jeg talte ikke kalorier jeg gik ikke op i de samme ting som de andre piger, jeg græd ikke over hvad jeg spise jeg spiser burger jeg spiste fedt og alt og jeg var den eneste der havde menstruation, de andre var så lavvægtigt, men det var fordi jeg spiste og jeg har høj stofskifte også " (Appendix 13, p. 6 , L 222-226).

Aisha's healthcare experiences reflect complex dynamics of trust and distrust shaped by her individual needs and social and cultural context. As someone with a high metabolism and periodic loss of appetite, Aisha experienced frustration at not being heard or understood by

healthcare professionals. This lack of responsiveness fuels her negative perception of how psychiatric facilities work and contributes to her distrust of the mental health system.

Furthermore, Aisha felt out of place during her time in group therapy for an eating disorder, as she could not relate to the same issues as the others. This experience shows the importance of a differentiated approach to mental health care that considers individual diversity within the patient population. When Aisha does not feel understood or represented in the therapy environment, trust in health care is further weakened. In relation to her anxiety diagnosis, Aisha expresses mistrust of medical practice, as she finds that the diagnosis was given within a very short time, where she was even prescribed medication. Her suspicion of the rapid diagnosis reflects a general concern about the lack of in-depth assessment and individual adaptation in treatment. This experience of being overlooked and not listening to her views on psychiatric help creates a sense of regret about seeking help.

5.6.3 Perceptions of Worries of the Mind

Aisha's perception of herself is that she is a responsible person who often follows the rules and comes home when she is supposed to. She views her experiences with her home life as consisting of a closed relationship where it was unusual to speak on certain things, influencing how she coped with her struggles. Her independence and how she has managed life alone are illustrated to stem from having immigrant parents, who, she explains, had little resources to offer. Regarding the acculturation aspect, a big part of which Aisha relates to her identity is that she feels more Danish than Somali. She appropriates this to being both born and raised in Denmark, where a big part of her experiences has been viewed from a Danish perspective:

" *jeg er født og opvokset her har været meget mere en af den danske kultur med årene har jeg også jeg ser også mange af tingne fra et dansk perspektiv end et somalisk perspektiv hvor der er mange ting jeg ikke har forståelse for i kultur* ." (Appendix 13, p. 4, L 133-136)

From this, Aisha explains that some notions of Somali culture are difficult to perceive, and she disagrees with prominent aspects of Somali culture, such as wearing the hijab at an early age. Aisha distances herself from the belief that there exist jinn, possessions of jinn, or the evil eye, annotating it to be of old Somali understandings and asserting Danish beliefs as her framework for understanding concepts and life experiences (Appendix 13). Aisha does not think the Quran can heal illness and that illnesses stem from "*det er ting oppe i hjernen ikke shaytan som drejer rundt hans hjerne*" (Appendix 13, p. 14, L 618-622).

Additionally, she sees notions of Satan/Shaytan to be used as scare tactics, which are meant to create fear and improve behavior. From Aisha's point of view, mental health means "*jeg tror bare balance, ro du ved, bare at man har det godt, ja bare balance"* (Appendix 13, p. 10, L 433) where Aisha adds that she hasn't been in balance for years. She refers to "being in balance" to elucidate being happy and at peace with oneself (Appendix 13). In pertaining to this "balance", Aisha explains how it is important to avoid certain things that create an imbalance for her, such as stress. For her chosen coping methods, Aisha seeks help from family but only when it "*brænder på*" (Appendix 13, p. 11, L 474).

5.6.4 Case Summary of Aisha

Aisha's case was analyzed in relation to aspects of acculturation and intersectionality, which indicates how trust and distrust in healthcare are deeply rooted in individual experiences of responsiveness, understanding, and respect in interactions with healthcare staff.

5. 7 Ahmed

Ahmed is a 31-year-old married man who is the father of two children. He arrived in Norway in 1997 from Somalia and is the youngest of seven brothers. He spent his childhood growing up in a small town near Oslo, where he describes having been amongst the first black people there. Ahmed describes his upbringing as a relatively normal childhood without difficulties. However, he acknowledges that during his youth, he encountered identity confusion in relation to his Somali-Norwegian background. The following explores the themes of identity and mental health and illness conceptions. Ahmed works in healthcare and points out that although he has not personally struggled with mental challenges, he is familiar with mental health and its impact on well-being (Appendix 14).

5.7.1 Somali Identity in a Small Norwegian Town

Growing up in a small city, Ahmed encountered challenges regarding his identity in his teens. He explains he felt both Norwegian and Somali and that he felt in between" *midt i mellom*" before hitting a turning point that put things more into perspective;

" *5 eller 6 år sida da måtte jeg ta en valg og da følte jeg at min tilhørighet lå mer i den somaliske fordi ehm..norsk er jo ikke noe galt med jeg er veldig glad i det norske miljøet og*

har jo norske venner, men jeg følte at jeg måtte ta en valg og fordi min tro er den viktigste og det blir jo ikke på den samme måten som før da" (Appendix 14, p. 1, L 37-39).

He describes a time when everyone he knew grew up going their separate ways, making him feel like he had to find his way and choose who he would identify as. Because religion is essential to Ahmed, he found that he related more to Somali culture even though he still respected some parts of him as a Norwegian. Ahmed's self-discovery journey involved his first trip back to Somalia at age 25. He describes this experience as crucial to affirming his identity as a Somali Muslim man, where he felt a strong connection to his roots. He expresses that this trip helped him better understand his cultural background and strengthened his sense of belonging. Ahmed describes:

" *jeg var i Somalia for første gang i 2017 siden jeg kom til Norge og da følte jeg tilhørighet og det forsterket min tilknytning (...) det var noe med å vite hvor man kommer fra fordi det ga meg en veldig sterk tilknytning da jeg følte at jeg kunne være meg selv hundre prosent*" (Appendix 14, p. 2 , L 48-49, 53- 55).

Ahmed's journey in self-discovery and identity clarification shows a dynamic development in his life course. He experienced feeling "in-between" in a transitional period in his life path, where he faced difficulties regarding identity construction (Appendix 14, p. 1, L 37-39). His decision to anchor his belonging to his Somali cultural background stemmed mostly, as mentioned, from his connection to his religious background and the trip to Somalia in his adult age. In continuation of Ahmed's experience with prioritizing his Somali culture and religion over the Norwegian one, his form of adapting becomes clear where he has chosen to preserve his original cultural identity but implement some aspects of the dominating culture, contributing to his identity as a Somali-Norwegian man. Additionally, when understanding some concepts, Ahmed applies the framework of the culture that has provided him with the knowledge he holds. An example is how he explains that the Somali culture does not raise much awareness of mental health and struggles (Appendix 14, p. 2, L 66-67). However, he applies a Norwegian conceptualization as opposed to a spiritual and Somali/cultural understanding when understanding worries of mind;

" *jeg har jo lært om hva psykisk helse er når jeg har blitt eldre og det har jeg lært en del om fordi jeg også har jobbet med det og jeg vet at psykisk helse og kan være diagnosebasert,(...) jeg vil si at den er mest preget av den norske, men i forstand av at det kommer på hvor sterk behov du har for å få hjelp for din psykisk helse ja..jeg er oppvokst med den norske miljøets oppfattelse av hva psykisk helse er og det var ikke før i nylige år at det var*

snakk om psykisk helse blant somaliere og jeg har jo hørt om folk som har kastet seg av broa fordi de har slitet psykisk og ikke fått hjelp av det somaliske miljøet og det kunne jo ha vært unngått dersom man hadde snakket om det ikke sant, det er derfor det er vanskelig å relatere seg til det somaliske, men jeg vil si at troen hjelper hundre prosent at man kan forebygge mye" (Appendix 14, p. 2, L 64-65; p. 6, L 240-247).

This understanding of mental health shows a complex dynamic between Ahmed's Somali cultural background and the Norwegian understanding, where he highlights how he has been exposed to different views on mental health through his upbringing in Norway and his work. He acknowledges that the Norwegian understanding of mental health is often diagnosis-based and has a strong focus on seeking professional help (Appendix 14). In contrast, Ahmed expresses a challenge in the Somali community regarding mental health matters, who culturally have not had the same openness to conversations about mental well-being or the use of professional help like Norwegians;

" *jeg vet at psykisk helse og kan være diagnosebasert, men vi somaliere skyver det under bordet der de tror at man enten er gal eller frisk* " (Appendix 14, p. 2, L 66-67). He refers to examples of people in the Somali community who have suffered mentally but have not received the necessary support, which has had severe consequences. This reflects his apprehension to solely rely on the cultural Somali approach to mental health due to its lack of focus on prevention and intervention, explaining why he alternates with a Norwegian framework in dealing with and understanding concepts of mental health. Despite these challenges, Ahmed emphasizes the importance of faith as a tool to prevent mental health struggles:

" *ja altså alt sitter i hodet igjen og hvis du liksom klarer å manipulere altså hvis du er sterk i hodet da og om å be så spør du Allah om alt ikke sant, og da klarer du å tenke at hvis det har skjedd noe så er jo det på grunn av Allah og at alt skjer for en grunn og hvis man har det dårligt så vet man at det ikke varer lenge fordi alt tar jo slutt en gang så man må være sterk (...) jeg har jo vært ned for et par ganger, men vil ikke kalle det for psykisk tungt, men jeg tenker jo at alle har faser i livet der man kan ha det tungt (...) ehh ja først og fremst spiller jeg jo fotball og jeg trener jo så det å være fysisk, lese og gå på moskeen og ber og finner roen i sjela mi som er det viktigste*" (Appendix 14, pp. 3-4 , L 110-113, 60-62, 174-175). This shows an integration of both cultural and religious elements in his understanding of mental health and prevention.

5.7.2 Challenges in Speaking About Worries of Mind

Ahmed shares that he grew up in a male-dominated environment, where he was the youngest of seven brothers. Ahmed explains because of this, he keeps his difficulties to himself but can occasionally share them with his mother or sister as they talk more naturally about emotions;

" *altså ja det er litt vanskelig jeg kan tenke meg at mor hadde prøvd å tatt litt mer vare og på en måte sagt slapp av litt, men brødrene mine hadde det vært litt vanskelig å åpne seg slik over skal jeg være ærlig fordi de er gutter de er kanskje ikke så åpne om følelser, men mor tror jeg hadde tatt det godt i mot og søster også hvis jeg skulle ha slitt psykis*k" (Appendix 14, p 3, L 103-107).

This quote provides an insight into Ahmed's position as a man and his experience of growing up with multiple brothers. Through the perspective of intersectionality and PT, Ahmed's way of handling and sharing his difficulties is shaped by his gender and the social context in which he grew up. Ahmed describes that his mother and sister would react more understandingly towards struggles of mental health and provide support as well as open communication, but not his brothers, as they do not share these same attributes. This suggests that there is a cultural and gender-based expectation that affects his willingness to open about his emotional challenges. As part of a family with many brothers, where openness about feelings may not be common, Ahmed may feel pressure to maintain a certain kind of masculinity and restraint. Intersectionality emphasizes how different aspects of one's identity, such as gender, race, and class, interact and influence one's experiences and actions, thus, Ahmed's position as a man in a family with many brothers and the expected norm of masculinity in his family and society may affect his ability and willingness to share his feelings and mental challenges. At the same time, this quote also reflects positioning in relation to whom Ahmed feels most comfortable sharing his difficulties. He mentions his mother, sister, and friends as potential supporters, indicating that he sees them as more open and available to discuss emotional issues. This shows how Ahmed positions himself in relation to his family members based on the expectations of their genders, as well as their ability and willingness to engage in conversations about feelings and psychological well-being.

5.7.3 Case Summary of Ahmed

The case analysis of Ahmed provides insight into how he has gained knowledge about mental health and the difficulties related to it. Through PT and intersectionality, insights are

illuminated into how Ahmed copes with his limited experience with worries of mind, but shares aspects of gender-based expectations and navigating between two cultural identities to permeate his framework for understanding and dealing with worries of the mind.

6. Discussion

Through seven semi-structured interviews and from an idiographic and phenomenological foundation, we have empirically investigated the problem formulation *"How do young Somali individuals in Norway and Denmark experience and comprehend worries of the minds, and how does this influence their help-seeking behavior?"*. Furthermore, it is appropriate that the following discusses the project's empirical and analytical findings, differences and similarities within these, as well as the methodological measures and the multiple interfaces of the theories used. Lastly, future research and clinical implications are outlined.

6.1 Findings

In this section, we will explore the analysis's findings and discuss the similarities and differences to consider how these have been essential in answering the research question.

6.1.1 Identity Formation - Biculturalism

Thus far, being allowed to delve deep into our informants' lives and their unique experiences has allowed the findings to reveal their individual journeys in navigating Danish and Norwegian societies. Although the cases share similarities, such as some aspects of their experiences regarding intersectionality and experiences with discrimination and biculturalism, the findings show a clear difference concerning perceptions of worries of the mind and disparities in personal experiences with mental struggles and illness. Conversely, being of Somali descent and growing up with Norwegian or Danish culture has shown the multifaceted side of navigating two cultures, which has influenced and shaped the informants' identities. Through these factors, how the informants choose to navigate, comprehend and deal with aspects of worries of the mind has solely been a result of the impact that was detonated by biculturalism throughout their life course. Moreover, some expectations we had of the findings were that it would include aspects of biculturalism, expecting the informants to apply a combination of both cultures in navigating and comprehending their life's challenges. However,

one perspective of the findings that was of an unexpected nature was the denying of notions within cultural aspects. The findings indicated disparities regarding how and with what culture(s) the informants identified themselves with. Furthermore, it indicated that even though all the informants experienced many of the same aspects regarding biculturalism and navigating through two cultural identities, two out of seven informants are seen to identify themselves more with the culture of their host country rather than that of their original culture, indicating to mostly having *acculturated*, and five out seven having integrated into the more dominant culture while maintaining aspects of their original culture, indicating to have *proculturated*. Moreover, the culture the informants identified more with influenced how they perceived, experienced, and coped with aspects of worries of the mind. This can be seen through Aisha's case, where she stated to feel more Danish than Somali, in understanding her struggles, she ascertained stress as the cause for her illnesses, where she sought psychiatric help to cope with and treat it (Appendix 13). Additionally, for Shamso, identifying herself more with her Norwegian identity meant that she mainly perceived matters of mental health and illness from this framework but preserved aspects of her Somali identity by applying this framework to a lesser extent (Appendix 11). Subsequently, Hafsa, viewing herself as both Danish and Somali, struggled to understand the cause of her illness, going back and forth between different frameworks, where she used both traditional Islamic healings and the Quran, as well as seeking psychiatric help as her coping strategies (Appendix 10). This is a recurring theme with the other remaining four cases, which also have proculturated, where they navigate through two cultures on the concept of worries of the mind and alternate between Danish/Norwegian and Somali/Islamic frameworks in understanding and treating these.

6.1.2 Alternating Between Frameworks for Understanding "Worries of the Mind"

In relation to five out of seven informants reporting aspects of proculturating to the culture of their host country and two out of seven rather acculturating, those who proculturated can be seen to have tendencies to alternate between different frameworks for understanding topics of mental challenges. In contrast, those who have acculturated are seen as not alternating to the same degree. How the informants choose to alternate or do not alternate between different frameworks for understanding mental health worries can be seen to be in accordance with their belief system and how they make sense of their problems. Additionally, bicultural individuals may adapt to their cultural contexts by shifting their behavior to be consistent with their cultural contexts, adapting to their dominating culture, acting biculturally in every contextual situation,

and using elements from both cultures (Schwartz & Unger (2010). Although two out of seven informants report to acculturating, this can be interpreted as adapting to the dominating culture primarily to simplify their adaptation process due to experiences with discrimination, where they associate stigma and conflict to be linked to their original cultural identity (Appendix 11 & 13). As mentioned above, in denying notions of cultural aspects, Aisha and Shamso both deny notions of jinn possession and the existence of Shaytan, which they describe as having been told to influence human behavior. They both ascribed these notions to old Somali beliefs and scare tactics used to correct behavior, stating that they do not themselves believe in these (Appendix 11 & 13). Both informants' frameworks for understanding worries of the mind are solely built upon Danish and Norwegian cultural understandings, which they apply to their experiences with mental health and illness. The difference between these two informants is how Shamso, even though she denies some notions of Somali cultural understandings, applies religious coping strategies to her mental struggles as well as seeking psychiatric help, which Aisha does not. However, Rodo, Hafsa, Mahad, Ahmed, and Khadija believe in notions of jinn possession and influences of Shaytan stemming from their Somali culture and would alternate between what they viewed to be affected by Shaytan in matters of worries of the mind and what could be explained through a Danish/Norwegian framework instead. Hence, Rodo believes that her anxiety symptoms are just that, anxiety, and not caused by jinn or Shaytan, even though Rodo believes in jinn possession and the influence of Shaytan on human behavior (Appendix 8). For example, Rodo explains Jinn's possession to be characterized by irrational, erratic, irresponsible behavior in which her cousin acted, caused by *evil eye*, and even at one point explains the complete shift in her cousin's behavior stating that she believes it to be affected by jinn even referring to her cousin's behavior as "manic" (Appendix 8). However, regarding Hafsa going through a manic episode, Hafsa's behavior could be viewed from the same lens as Rodo viewed her cousin, except that Hafsa defines her behavior to not be affected by jinn as she is accustomed to the symptoms of Jinn behavior, and that she believes her behavior was solely caused by a psychiatric illness (Appendix 10 & 8).

Regarding this, what is Jinn possession, evil eye, or Shaytan influences and what is considered to be psychiatric diagnosis fluctuate between the informants' perceptions of this matter, which can be explained through the effects of proculturation where their dominating culture has given them access to increased knowledge on this topic, but perceptions from their original culture still linger and affect their frameworks. With many of the informants stating that they received minimal information about mental health worries from their Somali side and

that they accumulated this from their Norwegian or Danish societies either through education or work, it is to be understood that the latter is used in understanding most of this topic and that the Somali side is alternated to when coping with these struggles.

6.1.3 Traditional Religious Healing or Psychiatric Help: Variations in Help-Seeking Behavior and Coping Strategies

Navigating through two cultures with different values, norms, and traditions to consider, as well as challenges such as adhering to these cultural expectations, can cause confusion and difficulties. Impacts of intersectionality, cultural dilemmas, and affiliation can be seen as causes that have influenced how the informants cope with mental struggles and seek help. On the one hand, how mental difficulties are viewed and treated within Somali and Danish or Norwegian communities influences how the informants choose to navigate and deal with their struggles. On the other hand, how they choose to deal with their struggles is tied to the expectations of the two cultures in which they must find a balance. This is the case for our informants, where the findings not only indicate alternating between different frameworks for understanding worries of the mind, but also include how they alternate between different methods of help-seeking and the use of various coping strategies. The informants agreed with the concept of seeking psychiatric help for mental struggles in contrast to the beliefs of their Somali culture but alternated between the necessity in whether it was in relation to oneself or in terms of others. An example is how Mahad supports the notion of seeking help for mental struggles, but would regarding himself, only seek help if his struggles were to be immense and unbearable (Appendix 12). Similarly, other informants share the same idea that seeking psychiatric or professional help becomes an option if their struggles are too immense (Appendix 8-14). Additionally, another similarity seen through the findings of all the cases except the case of Aisha is how the chosen coping method involves a combination of religious practices such as prayer, the Quran, exercising, and reading self-help books. Similarly, to alternating frameworks for understanding worries of the mind, as mentioned, these informants alternate how they choose to cope with these struggles, depending on the severity of the struggles. In addition, with seeking professional help being the last option, the informants use family and friends for support through difficulties as their first option. A difference found in relation to this is the gender disparities where the male informants report needing to have a higher tolerance in sharing their difficulties with family and friends because of both the expectation that is closely related to their gender and the fear of being victimized (Appendix

12 & 14). However, some of the female informants, such as Aisha and Khadija, also share the same views on how there's pride in their independence and the need not to burden their families with their difficulties, leaving them to deal with it on their own (Appendix 13 & 9). Moreover, a similarity between the genders in the findings is a recurring theme of skepticism, but with differences in what they are skeptical about. This was about mental health facilities, medication, the fear of discrimination, lack of cultural and religious sensitivity as well as confidentiality. For most of them, it was about the lack of religious and cultural knowledge and sensitivity. For others, it was due to personal experiences within psychiatric facilities either about experiencing discrimination, being wrongly diagnosed, or quickly prescribed medication. A surprising finding regarding the lack of cultural sensitivity was that most of the informants would rather seek help from non-Somali due to skepticism towards confidentiality. Unexpectedly, this is in relation to fearing that information would get out, and because of the representation and conceptions of both seeking help and struggling with mental illness, some of the informants did not want to make themselves vulnerable in that sense.

6.2 Methodological Strengths and Limitations

Our research design and exploration of the research question has been a thorough process that has provided in-depth insight into the unique experiences of our informants. With seven semi-structured interviews, every methodological decision was examined sharply, and questions of methods, generalizability, reliability, and validity were carefully weighted throughout this process. Despite these considerations, when doing any research, valid questions arise regarding methodological limitations and advantages in relation to the chosen methods and/or if other methods could have provided more in-depth empirical and analytical findings. The methodological choice of conducting a semi-structured interview has been assessed as appropriate in the investigation of the problem formulation based on our idiographic and phenomenological interests as well as our interest in working from a practical interest of knowledge standpoint cf. Habermas. It is the interest in our informant’s individual lifeworld, unique experiences, and characteristics as being the object of creating knowledge, which can be employed in our clinical future. However, the strengths and limitations of using semi-structured interviews as our data collection must be considered.

A critical element to point out in connection with self-reported data, on which interviews are based, involves the informant's perceptions and assumptions that they have had before and during the interview, which can influence what they say about the interview (Kvale

& Brinkmann, 2015, chapter 9 & 15). Factors such as trust in the interviewer can impact this, or how the informant's statement is perceived can influence what the informant says in the interview. If participants withhold or distort information, if they do not trust the interviewer or seek social desirability bias by providing socially acceptable answers, this may affect the reliability of the interview material. Baskerville & Kaul (2017) discuss the challenges of achieving reliability in qualitative research and propose an alternative concept called dependability. Qualitative methods face significant limitations in traditional conceptualizations of reliability, which emphasize repeatability, replicability, and consistency Baskerville & Kaul (2017). For example, qualitative research, such as the case studies in our thesis, can have challenges with reliability because topics, thoughts, and statements are situational and context-dependent, where there is potential for variation of answers in different interviews and for each case which makes it challenging to achieve reliability in qualitative studies (Baskerville & Kaul, 2017). However, to combat the possibility of limited disclosure from informants, we created a comfortable and safe interview environment by asking ice-breaking questions, introducing ourselves and personal interests, and sharing personal aspects of our lives if necessary to gain trust.

Considerations about reliability, generalizability, and validity have permeated the methodological design of the entire thesis and have been subject to consideration and reflection in the selection and deselection of the method. Quantitative design and data collection have been considered as they allow for systematic analysis of larger sample sizes. This can lead to greater generalizability, where quantitative data are interpreted differently than qualitative data (Golafshani, 2003; Winter, 2000). Conversely, we have yet to achieve this individual-specific, unique understanding and insight into how young Danish-Norwegian Somali can experience worries of their mind and what this means for their help-seeking behavior if a quantitative design was applied. If we had a larger sample size, as is typically the case in quantitative research, we would risk losing sight of essential differences and unique characteristics among individuals (Salvatore & Valsiner, 2010a). Our thesis aims to avoid this by focusing on idiographic science rather than nomothetic science, which means we prioritize understanding the individual experiences and phenomena we are studying rather than attempting to generalize about a larger population. Through our seven semi-structured interviews and case-by-case analysis, we have just managed to shed light on young Somalis' experience of their own mental state and help-seeking behavior with a focus on their unique and special characteristics. The desire for generalizability for all young Danish-Norwegian Somalis has yet to be in the interests

of the thesis, but instead, through an abductive approach and idiographic science, patterns, similarities across the cases, and overlapping theoretical understandings of our phenomenon are of interest. This is from an idiographic approach of being able to create a broad general knowledge of the phenomenon (Salvatore & Valsiner, 2008; Molenaar & Valsiner, 2008; Demuth, 2018; Salvatore & Valsiner, 2010b), where it can be argued that by understanding the individual cases, their unique characteristics and experience of our mental challenges, we can say something general about the experience of worries of mind for that specific subgroup. However, it must be pointed out that this is not a generalization in the same form as quantitative studies, which was not the intention of the thesis either, but a limited form of generalization. Based on the above arguments and considerations about the project's methods, methodological and analytical choices, we argue that our qualitative semi-structured interviews have been best suited to investigate and answer our problem formulation, namely to create an in-depth understanding of how young Danish-Norwegian Somalis understand worries of their mind and what this means for their help-seeking behavior, which is considered to have been achieved through the cases. The thesis managed to investigate what it sought to examine and represented aspects of the experience of worries of mind and help-seeking behavior.

6.3 The Interplay of Theories

The theories applied in this thesis to understand our informant's experience of worries of their minds and help-seeking behavior are Social Representation theory contributed by Markova, Positioning Theory by Rom Harré and colleagues, theory on acculturation and procculturation, Social Identity Theory by Tajfel, Tania Zittoun’s perspective on life-course and lastly theory of intersectionality. Based on the thesis' research problem, which emphasizes the lives of young Somalis in both Danish and Norwegian society, we have deemed it appropriate to select theories that can both illuminate the research problem from an individual and societal perspective to encapsulate the phenomenon from several relevant angles, cf. our initial literature review. In the literature review, the importance of culture and local society was emphasized in addition to the individual perceptions of mental health, which has helped to include a societal perspective in the selection of the theories while also analyzing the cases individually to clarify the individual perspective further. This means we have some theories illuminating an individual level, such as Tajfel's SIT, Zittoun's sociocultural perspective on life-course, and PT by Harré and colleagues. In several cases, the informants’ experiences with worries of the mind and help-seeking behavior in relation to others impact their own experience

and understanding of these. This has made it relevant to include SIT by Tajfel (1974), as the theory illuminates the informants' social and group identities and emphasizes their importance for the individual's self-esteem and self-perception. In the case of a challenged state of mind or in relation to the experiences of Aisha and Hafsa's psychiatric diagnosis, the perceptions that the groups in which they identify themselves with have of individuals with mental illness can be fundamental in how they are received and treated, which SIT provides the theoretical insight of. In connection with the individual theories, Zittoun's sociocultural perspective on the life-course can illuminate aspects of the unfolding of life that SIT cannot, including how, for example, a diagnosis can be understood as a rupture in the life-course and what impact it has on identity formation. In continuation of elucidating aspects of the individual level, as Tajfel and Zittoun do, PT and SR theory can contribute with an inter- and intra-individual perspective. This becomes clear when PT examines how individuals position themselves and are positioned by others in social interactions, considering both individual agency and the broader social context. It is precisely in this interaction that SR theory complements, as it contributes to an understanding of how the individual and society collectively create meaning about mental health, which is mediated through language and communication. In connection with SIT's theoretical limitations, theories that emphasize societal perspectives, acculturation, proculturation, and intersectionality can illuminate aspects of multiple social identities and adaptation. These aspects involve structural factors that affect how one experiences worries of the mind and which help-seeking services one can access. As highlighted in Rodo's case, intersectionality can be used to analyze a complex challenge with Danish psychologists; it can be challenging for them to understand her as a Somali Muslim in Danish society. This example illustrates how individuals can have several intersecting social identities when interacting with their societies, which SIT does not encapsulate to the same extent. The theories of acculturation and proculturation have been essential as they examine the processes of cultural adaptation and maintenance at the societal level, considering how our informants negotiate their cultural identities in multicultural contexts. This became clear across the cases when informants switched between Islamic, cultural, and biomedical explanatory frameworks to understand their experience of worry and mind, especially how it influences their help-seeking behavior. The seven theories may appear excessive, but they have been selected carefully to complement each other to cover all aspects of the data. Where one theory is lacking, the next can supplement it. At the same time, it has been essential to emphasize that some theories are pervasive in several cases, such as proculturation, life-course, and intersectionality.

6.3.1 The Application of Theories

A potential limitation in our choice of theories is a lack of perspective on developing identity and reflexivity, which Anthony Giddens can supplement. (Giddens, 1991/1996). Giddens theory can investigate minorities' experiences of mental health matters, which involves recognizing how individuals' reflexive responses to societal norms, cultural values, and power dynamics shape their perceptions and experiences of mental health. Giddens emphasizes the agency of individuals in actively shaping their lives through reflexive practices (Giddens, 1991/1996). He also emphasizes reflexive identity construction, where individuals construct their identities through reflexive processes and continuously negotiate their sense of self concerning societal norms (Giddens, 1991/1996). Nevertheless, from an intersectionality standpoint, it can be argued that the rejection of Giddens has been appropriate since Giddens can be criticized for the importance of the structural limitations and systemic barriers that limit the agency and reflexivity of minorities, such as institutional racism, economic inequality and lack of access to culturally adapted mental health care.

The selected theories offer additional insight into how individuals experience and understand mental health within their socio-cultural contexts, where the following section attempts to synthesize and discuss the epistemological standpoints of each theory and how they agree with Habermas' knowledge interests and our intention to be idiographic.

Considering how each theory’s epistemological foundations contribute to the inquiry's richness and depth is essential. Beginning with SR, we encounter a framework rooted in the practical interest of knowledge. SR explores the socially constructed nature of reality, emphasizing the complex web of shared meanings and representations within specific social contexts. In adopting a phenomenological lens, we have explored the subjective interpretations and lived experiences surrounding mental health issues and coping strategies, like the understanding of Jinn possessions, Quran Sar, and the notion of Shaytan, which unravels the complexities of how young Somalis in Denmark and Norway collectively construct meaning within their social worlds. Moving to PT by Rom Harré, we enter the realm of social interaction and identity negotiation. Positioned within the practical interest of knowledge, this theory illuminates the dynamic interplay between individuals' self-perceptions and their relational dynamics within social contexts. Through an idiographic approach, we explored the unique experiences of individuals as they navigate their identities concerning mental health, recognizing the fluidity and complexity inherent in their subjective realities. As proposed by Tajfel, SIT further enriches our understanding by giving insights into the cognitive processes

underlying social categorization and its influence on self-concept, which we understand as situated within the practical interest of knowledge. As previously mentioned, we can unravel the complex dimensions of social identities by adopting a socially constructivist perspective. Acculturation and, in contrast, proculturation offer another dimension to our inquiry, focusing on the dynamic interplay between culture and individual psychological processes. Positioned within the practical interest of knowledge, these theories have allowed us to explore how young Somali individuals in Denmark and Norway adapt and preserve cultural identities within their diverse cultural contexts. Through an idiographic lens, we have uncovered the nuanced ways in which cultural factors influence these individuals' experiences of worries of their minds, recognizing the importance of cultural context in shaping their coping strategies and help-seeking behaviors. Moreover, Zittoun's sociocultural perspective on life-course has given us an understanding of how sociocultural factors can affect Somali individuals' life trajectories and which ruptures they may be subject to. Positioned within the practical interest of knowledge, this perspective invites us to explore the socio-cultural context of individual development across the life-course. Finally, intersectionality, as first coined by Crenshaw (1989), offers a critical perspective on how systems of power and privilege intersect with our informants' experiences of racism, oppression, and privilege. Rooted in the emancipatory interest of knowledge, this theory has challenged us to critically examine the intersecting axes of identity that influence our informants' experience with worries of mind and help-seeking behavior. Through a phenomenological approach, we have gotten access to our informants' lived experiences and lifeworld at the intersections of multiple social identities, recognizing the complex interplay of social inequalities and structural barriers that impact their mental health.

In summary, these theories have offered our thesis and research problem complementary insights into how young Somalis in Denmark and Norway experience worries of their minds and help-seeking behavior within their socio-cultural contexts. While the theories may vary in their epistemological standpoints, we argue that they are cohesive in our idiographic project by providing nuanced perspectives on the subjective meanings, social dynamics, and cultural influences that shape our informant's experiences of worries of mind and their help-seeking behavior.

6.3.2 The Concept of Normality: Its Meaning for Understanding Illness Within Cultural Contexts

Exploring the concept of "normalcy" or "normal" behavior is a pivotal topic in psychology, particularly social and cultural psychology. Based on our analysis findings, our emerging interest is how our informants adhere, learn, navigate, and negotiate expectations and perceptions of what is "normal" in their local society and community. As detailed in section 2.5, social constructivism provides a framework for understanding and describing what is considered the norm or normal behavior within a culture, whereas ontological social constructivism (OSC) explores how knowledge and reality are shaped and constructed through social processes and interactions. This implies that normal behavior is not fixed or universal but constructed through culture and social practices. In relation to this, the perception of "normal" is deeply ingrained in cultural narratives within a given culture, i.e., what is considered normal behavior is influenced by collective beliefs and social interactions (Embree, 2009; Collin, 2015). SC and OSC have been crucial methodological frameworks for our selection of theories, particularly when we aim to understand how our informants navigate Danish, Norwegian, and Somali understandings of normality. As young Somalis in Danish and Norwegian societies, our informants must continually construct, reconstruct, and assess what normal behavior is. Of relevance for this is the Cognitive Dissonance theory (CD) by Leon Festinger, where the norm within a given society and culture affects how individuals think and behave, where cognitive dissonance occurs when the individual struggles with contradicting and conflicting thoughts or behavior that goes against the norms and values within their society (Festinger, 1962). Thus, the individual either rationalizes or changes in an attempt to reduce this dissonance (Festinger, 1962, pp. 1-3, 10-21, 27-31, 177-180). Conversely, we can imagine how cognitive dissonance may occur for bicultural individuals when they meet new values and norms that go against their existing ones. An example is Hafsa referring to her experience as the need to practice her religion, but feeling as though she was restricted in this, which led to her eliminating distractions, such as quitting her job in pursue to reduce her cognitive dissonance and adhere to the norm and values expected of her as a Muslim woman (Appendix 10). Similarly, what the findings in the analysis suggested in relation to the informants' tendencies in alternating both frameworks for understanding worries of the mind and coping methods could implicate a form of cognitive dissonance where, in an attempt to satisfy their bicultural identities and the various expectations, the informants encounter resistance in relation to which action will align best with their mixed identity consisting of a variety of norms

and values. Reverting to the original trajectory, what is considered “normal” and which norms and values an individual is expected to conform to varies across societies and cultures depending on which beliefs and knowledge that society or culture possesses. Considering the topic of worries of the mind, what one understands and classifies as such, is as mentioned, strongly associated with the existing cultural understanding. Similarly, based on our social constructivist standpoint, what is “normal” human behavior in relation to mental health and illness and what is considered to be “abnormal” is understood through a set of social norms, values, and interactions that are specific within a certain culture. Within Norwegian and Danish society and culture, a biomedical approach is used in understanding mental illness where its symptoms and behavior are classified through a diagnosis system that considers one to be ill if their symptoms and behavior deviates from normalcy to abnormal in a larger medical context (Davidson & Reventlow, 2011). Davidson & Reventlow (2011) further supplement this point by stating that 90% of all mental disorders in Denmark are treated by general physicians, whose treatments are predominately based on biomedical and pharmaceutical foundation which we understand to perhaps influence the cultural sensitivity received in treatment. Without cultural sensitivity, we propose the idea that these same classifications may become difficult to apply in defining how other cultures perceive and experience the same illnesses, as this can vary across cultures. The “normal” behavior expected from Danish or Norwegian individuals is not the same for individuals of Somali descent, as their “normal” might deviate from other cultures' views depending on their norms and values. Mentioning back to the aforementioned point on idioms of distress, there should be expected disparities in how symptoms of mental illness, similar to understandings of mental illness, vary in relation to culture as a factor. For Somali people, through both what the informants have reported and in previous studies (Abdullahi & Colnadar, 2023), we can see that a more holistic approach consisting of cultural, religious, and spiritual factors in identifying mental illness is normal where illnesses are understood through culturally rooted expressions rather than a biomedical framework. In the case of this analysis findings, we see that an alternation between these frameworks is evident where the informants adhere to a larger context of norms and values in understanding mental illness and health. For these informants, a combination of the application of a biomedical framework and a religious, cultural, and spiritual framework for both understanding and treating mental illness is adamant where one applies the other, perhaps out of convenience or if it aligns with their norms and values.

6.3.3 The Biomedical Framework Perceived as Emancipatory

In designing the project and investigating the research problem, we have worked from a practical field of interest for knowledge, the focus of which has primarily been understanding the lived experience of the phenomenon. While analyzing the cases, however, it turned out that some of the informants' statements indicate a surprising finding: Although the study is based on the practical interest of knowledge, there may be signs that some informants feel emancipated by biomedical frameworks of understanding for mental health. This was exemplified when multiple of our informants used a biomedical framework of understanding schizophrenia and bipolar disorder, especially when answering allegations of being "weird" or "crazy" or judgments from their local community. For example, Khadija's brother is diagnosed with schizophrenia, and she uses this explanation *"for me the easiest to say is oh this is someone that struggles with something in the head"* when explaining to her local community about the diagnosis. Similarly, Hafsa explains *"it is brain chemical difference, it is something with the brain, chemical connections and such*". The role of biomedical frameworks for Khadija and Hafsa was surprising in the sense that biomedical frameworks of understanding usually belong to the technical interest of knowledge, which, according to Habermas, characterized the natural sciences as knowledge that strives to be able to predict one's object or gain insight into it, to be able to dispose of it and achieve methodical control (Feilberg, 2014d). This surprising discovery raises questions about how biomedical frameworks of understanding mental health matters, usually considered technical and perhaps even distanced from humanistic and cultural sciences, can nevertheless be emancipatory for our informants. It suggests that biomedical frameworks for mental health need not necessarily be incompatible with humanistic and cultural frameworks and that there can be a complex and dynamic interplay between different forms of knowledge and understanding within this complex field. In this way, this discovery challenges our assumptions about what can be considered emancipatory in mental health research and practice, where it emphasizes the importance of an open and inclusive approach to research that can accommodate a wide range of perspectives and approaches in investigating complex problems or phenomena, such as mental health. It can be fruitful to recognize that several theoretical positions can contribute different perspectives and that these perspectives are not necessarily limited to a single interest in knowledge. For example, Positioning Theory, primarily oriented toward the practical interest of knowledge, can also have roots in the emancipatory interest of knowledge. By illuminating how individual positionings in social interactions can reproduce or challenge existing power structures, the theory can provide

insight into the potential to promote emancipatory goals in mental health by creating space for alternative identity narratives and options for action. In this way, highlighting theoretical approaches can have multiple interests in knowledge, and it is worth exploring how these different interests can overlap and enrich each other. By recognizing the diversity of perspectives that theories can contribute, we can achieve a deeper and more nuanced understanding of worries of the mind and general mental health matters and help-seeking behavior, opening new opportunities for interdisciplinary dialogue and collaboration within research and practice.

6.4 Future Research and Clinical Implications

Based on the above, the following section will direct our attention to future research areas and clinical implications regarding experiences of worries of mind and help-seeking behavior with Somalis as a patient group. We can identify unexplored areas of interest and potential opportunities for further knowledge development by examining future research directions. Furthermore, we will discuss the clinical implications of our current research, including how our findings can inform practice and improve treatment methods and patient outcomes. This aims to connect our research with psychological practice to reflect research's relevance in psychology and practice.

As current healthcare personnel, we have firsthand experience with the importance of cross-cultural knowledge and understanding of the expression of pain and worries of mind, which we have found necessary for organizing more appropriate and better culture-sensitive and individualized patient treatment. In this specific case, an advantage for us, as future psychologists, is that we both are of ethnic origin other than Danish and Norwegian, which has aided us with a cross-cultural understanding and knowledge. However, this is not the case for most healthcare personnel; Hafsa, for example, mentions that she sometimes has to be the "teacher instead of student in therapy" (Appendix 10, L 669) when describing her psychologist's knowledge, or lack thereof, of her cultural background and how it affects the way Hafsa conveys her illness and treatment to her family. Hafsa and Aisha are of those, potentially many, individuals who face unique challenges concerning access to and quality of mental health care, which can be argued is partly caused by a lack of cross-cultural understanding and communication in the health system. Therefore, we propose a need for clinical initiatives to improve cross-cultural competence among healthcare professionals and

increase awareness of the importance of cultural factors for mental health. An example of clinical implication is implementing cross-cultural training programs for health professionals focusing on cultural sensitivity, culturally based communication, and understanding different perspectives on mental health and illness and coping strategies. A study conducted by Govere & Govere reveals that cultural competence training intervention significantly increases the cultural competence level of healthcare providers and that cultural competence training is significantly associated with increased patient satisfaction (2016). This can further help to integrate an understanding and recognition of patients' different perceptions of worries of mind but without confirming the understanding of mental health. This should be understood in the context of us being future psychologists, in e.g. psychiatry, where the Norwegian and Danish health institutes represent a limitation for what we can confirm as the cause of mental illness, for example, jinn possession and Shaytan influence, but not on what we can recognize. An initiative for future research on the phenomena could be to qualitatively examine the effects of implementing cross-cultural education for healthcare personnel to ensure culturally sensitive treatment for minorities. The purpose of this research is, amongst other reasons, to ensure that the psychiatric treatment of minorities becomes more culturally sensitive. By examining how healthcare professionals are affected by and benefit from cross-cultural education, one could gain insight into how this contributes to better treatment outcomes and more integrated healthcare. This initiative can also highlight the challenges and opportunities that exist in training healthcare professionals to be more aware and curious about the cultural differences in the treatment of patients, and in the multiple ways of how worries of the mind can be understood.

7. Conclusion

This thesis aimed to qualitatively investigate how young Somalis in Denmark and Norway experience and comprehend worries of the mind and how this influences their help-seeking behavior. Our project is based on a phenomenological, social constructivist, and idiographic scientific foundation, and through seven semi-structured interviews, a deep insight has been gained into the unique ways in which worries of their mind are perceived and experienced, as well as the significance of this on their help-seeking behavior. Through the theory of acculturation and proculturation, Social Identity Theory, Positioning Theory, Theory of Social Representation, and Zittoun's sociocultural perspective on Life course and Intersectionality, the analysis shows how "worries of their mind" influence the informants' lives, relationships, and identity as well as their help-seeking behavior. The findings of the analysis show unique experiences among the individual informants with general commonalities.

Our analysis findings show a clear distinction in the perceptions and experiences of worries of the mind and inequalities in personal experiences with psychological struggles and illness. The theory of acculturation and proculturation, in particular, has shown strong explanatory power in understanding how 5 out of 7 of our informants alternate between different frameworks to understand their mental states. This can be understood considering their belief system which is influenced by their adaptation processes and their perceptions of which cultural identity they affiliate themselves most with. In this connection, five out of seven informants spoke about affiliating themselves more with their Somali identities, but still acknowledging their Danish or Norwegian affiliation, as part of their identities in who they viewed themselves to be. Additionally, by acknowledging their two cultural identities, these informants are seen to have tendencies in alternating between these two frameworks for understanding matters of mental health and worries of the mind. This contrasts with the two informants, who feel more Danish or Norwegian, than Somali, relating to their original culture to a lesser extent than those reporting to have proculturated. However, because of this distinction, these two informants are perceived to not alternate between frameworks as much, where they are mainly seen to apply Danish or Norwegian conceptualizations in perceiving and treating their difficulties. The five informants alternate between a Danish/Norwegian and Somali and Islamic framework when comprehending their worries of the mind but gravitates solely towards the Somali and Islamic when dealing with mental difficulties. Several of the

informants believe in Jinn possessions and the influence of Shaytan, which mainly originates from their Somali culture and Islam, although they understand conditions such as anxiety and depression through a Norwegian and Danish framework of understanding. The perception of what is Jinn possession, Evil Eye, or Shaytan and what is considered to be a psychiatric diagnosis differed among informants. This is primarily due to the influences of their dominant culture (Norwegian/Danish), where it has offered an increased knowledge about mental disorders, which their original culture (Somali) has not provided to the same extent. However, perceptions from their original culture still linger and influence their frameworks of understanding when the Norwegian and Danish framework falls short in providing an explanation, specifically regarding the spiritual dimension of struggles. Many of the informants have stated that they received minimal information about psychological challenges from their Somali side and that they accumulated their knowledge from Norwegian or Danish society through education or work. This implies that they primarily apply the Norwegian or Danish framework of understanding mental disorders, as this is the knowledge mostly available to them. The informants' way of coping with mental health struggles varies depending on severity, where they agree on the necessity in seeking professional help if their struggles become too overwhelming. Furthermore, the appearing theme of fear in relation to being stigmatized is prevalent amongst the informants, which is impacted by the representations of mental illness and mentally ill individuals within their local communities. Additionally, this is further relevant to the other findings of skepticism among all the informants, suggesting concerns regarding cultural and religious sensitivity as well as confidentiality and medication, which they view to be of importance when seeking and receiving help. Therefore, and in conclusion, we can see the need for awareness both regarding this group's perceptions of mental health and illness, so as to create a deeper comprehension of the many ways in which culture influences the perceptions and experience of worries of mind as well as a need for clinical initiatives to improve cross-cultural competence among health professionals.

8. References

Abebe, D.S., Lien, L., & Elstad, J. I. (2017). Immigrants' utilization of specialist mental healthcare according to age, country of origin, and migration history: a nation-wide register study in Norway. Social Psychiatry and Psychiatric Epidemiology, DOI: 10.1007/s00127-017-1381-1 [9 sider]

Abdullahi, A. M., & Colnadar, S. D. (2023). *Et kvalitativt litteraturreview: Somalieres opfattelse af mental helbred og lidelse samt betydningen af dette for deres hjælpsøgende adfærd*. TPV Exam, Aalborg University. Unpublished. [72 pages]

Abdullahi, M. D. (2001). *Culture and customs of Somalia*. Bloomsbury Publishing USA. [189 pages]

Adams-Hutcheson, G., & Longhurst, R. (2017). 'At least in person there would have been a cup of tea': interviewing via Skype. *Area*, *49*(2), 148-155. [7 pages]

Addis, M. E., & Mahalik, J. R. (2003). Men, masculinity, and the contexts of help seeking. *American Psychologist*, *58*(1), 5–14. DOI: https://doi.org/10.1037/0003-066X.58.1.5 [9 pages]

American Psychological Association. (2002). *Ethical principles of psychologists and code of conduct*. American Psychological Association. https://www.apa.org/ethics/code

Andersen, H., & Koch, L. (2015). Hermeneutik og fænomenologi. In M. H. Jacobsen, K. Lippert-Rasmussen, & P. Nedergaard (Eds.), Videnskabsteori i statskundskab, sociologi og forvaltning (3rd ed., pp. 205–251). Hans Reitzels Forlag. (46 sider)

Anakwah, N., Sumampouw, N., & Otgaar, H. (2023). Cultural Aspects of Interviewing. [18 pages]

Ash, J. (2013). Rethinking affective atmospheres: Technology, perturbation and space times of the non-human. *Geoforum, 49*, 20-28 [8 pages]

Baskerville, R. L., Kaul, M., & Storey, V. C. (2017). *Establishing Reliability in Design Science Research*. In *ICIS*. (pp. 1- 18) [18 pages]

Belfield, L. D. (2012). What is cultural diversity? Purdue University Global. https://www.purdueglobal.edu/blog/human-services/what-is-cultural-diversity/

Berger, P. L., & Luckmann, T. (1967). *The social construction of reality : A treatise in the sociology of knowledge*. Open Road Integrated Media, Inc.. [61 pages]

Berry, J. W., Segall, M, H.,, & Kagitcibasi, C (1997). *Handbook of Cross-Cultural Psychology*, Volume 3: Social Behavior and Applications [i alt 97 sider].

- Chapter 1 : Kagitcibasi, C. (1997). Individualism and Collectivism. In J. W. Berry, M. H. Segall, & C. Kagitcibasi (Eds.). *Handbook of Cross-Cultural Psychology*, Volume 3: Social Behavior and Applications (s. 3-41). Allyn & Bacon. [44sider]

- Chapter 8: Berry, J. W., & Sam, D. (1997). Acculturation and adaptation. In J. W. Berry, M. H. Segall, & C. Kagitcibasi (Eds.). *Handbook of Cross-Cultural Psychology*, Volume 3: Social Behavior and Applications (s. 291-326). Allyn & Bacon. [35 sider]

Bhugra, Dinesh (2004). Migration, distress and cultural identity, *British Medical Bulletin*, Volume 69, Pages 129–141, DOI: https://doi.org/10.1093/bmb/ldh007 [12 pages]

Bhui, K., Stansfeld, S., Hull, S., Priebe, S., Mole, F., & Feder, G. (2003). Ethnic variations in pathways to and use of specialist mental health services in the UK: A systematic review. *The British Journal of Psychiatry: The Journal of Mental Science*, 182(2), 105-116. DOI 10.1192/bjp.182.2.105 [12 pages]

Boman, B. (2022). The adaptive proculturation process of being a psychotherapist as a Kazakh asylum seeker in Sweden. *Human Arenas*, 1-16. [16 pages]

Cambridge University Press. (n.d.) Worry. In Cambridge Dictionary. Retrieved March 14, 2024, from https://dictionary.cambridge.org/dictionary/english/worry

Carroll, J. K. (2004). Murug, Waali, and Gini: expressions of distress in refugees from Somalia. *Primary care companion to the Journal of clinical psychiatry*, *6*(3), 119. [7 pages]

Carta, M. G., Bernal, M., Hardoy, M. C., Haro-Abad, J. M., & " Report on the Mental Health in Europe" working group. (2005). Migration and mental health in Europe (the state of the mental health in Europe working group: Appendix 1). *Clinical practice and epidemiology in mental health*, *1*, 1-16. [16 pages]

Cheng, A. T. A., & Chang, J. C. (1999). Mental health aspects of culture and migration. *Current opinion in psychiatry*, *12*(2), 217-222. [5 pages]

Clark, C. L., & Missal, B. (2017). Facilitating Research and Collaborative Learning in a Somali Community. *Journal of Community Engagement and Scholarship*, *10*(1), 59-66. [7 pages]

Collin, F. (2015). Socialkonstruktivisme. In M. H. Jacobsen, K. Lippert-Rasmussen, & P. Nedergaard (Eds.), Videnskabsteori i statskundskab, sociologi og forvaltning (3rd ed., pp. 325–364). Hans Reitzels Forlag. [34 pages]

Crenshaw, K. (1989). Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Antiracist Politics. University of Chicago Legal Forum, 1989(1), 139–169 [30 pages]

Crenshaw, K. (1997). Mapping the margins: Intersectionality, identity politics, and violence against women of color. *The legal response to violence against women*, *5*, 91.. [58 pages]

Datatilsynet. (n.d.). *Dataansvarlig og Databehandler*. https://www.datatilsynet.dk/hvad-siger-reglerne/grundlaeggende-begreber/dataansvarlig-og-databehandler

Davidsen, A. S., & Reventlow, S. (2011). Different approaches to understanding patients in general practice in Denmark: A qualitative study. *British Journal of Guidance & Counselling*, *39*(3), 209-226. [17 pages]

DeBlaere, C., Watson, L. B., & Langrehr, K. J. (2018). Intersectionality applied: Intersectionality is as intersectionality does. In C. B. Travis, J. W. White, A. Rutherford, W. S. Williams, S. L. Cook, & K. F. Wyche (Eds.), *APA handbook of the psychology of women: History, theory, and battlegrounds* (pp. 567–584). American Psychological Association.
DOI: https://doi.org/10.1037/0000059-029 [17 pages]

Demuth C. (2018). Generalization from Single Cases and the Concept of Double Dialogicality. *Integrative psychological & behavioral science*, *52*(1), 77–93. DOI: https://doi.org/10.1007/s12124-017-9399-1 [16 pages]

Ellis, B. H., MacDonald, H. Z., Klunk-Gillis, J., Lincoln, A., Strunin, L., & Cabral, H. J. (2010). Discrimination and mental health among Somali refugee adolescents: the role of acculturation and gender. *The American journal of orthopsychiatry*, *80*(4), 564–575. DOI: https://doi.org/10.1111/j.1939-0025.2010.01061.x [9 pages]

Elshinawy, M (2021) *Ḥayā': More than just modesty in Islam*. Yaqeen Institute for Islamic Research. https://yaqeeninstitute.org/read/paper/haya-more-than-just-modesty

Embree, L. (2009). Phenomenology and social constructionism: Constructs for political identity. *Journal of Phenomenological Psychology*, *40*(2), 127-139. Retrieved from https://www.proquest.com/scholarly-journals/phenomenology-social-constructionism-constructs/docview/211493109/se-2 [12 pages]

Ethical Principles for Nordic Psychologists (Etiske Principper for Nordiske PSYKOLOGER. (2021b)). https://www.dp.dk/wp-content/uploads/2022/11/EtiskePrincipper.s.27-32fraDPRegelsaet-2021-24.pdf

Feilberg, C. (2014d). Dannelsen af en psykologisk og videnskabelig habitus hos psykologistuderende. Kapitel: Om erkendelsesinteresser (pp. 147-153). Academic Books. Published on:www.livsverden.dk/feilberg. [7 pages]

Festinger, L. (1957). A theory of cognitive dissonance (Vol. 2). Stanford university press. pp. 1- 3, 10-21, 27-31, 177-180. [21 pages]

Folkehelserapporten. Folkehelseinstituttet. (2023). https://www.fhi.no/he/folkehelserapporten/?term=

Fraser, C., & Burchell, B. (2001). Prejudice and intergroup relations. In C. Fraser & B. Burchell (Eds.), *Introducing social psychology* (pp. 291-317). Polity Press [36 pages]

Fuhrer, U. (2003). Cultivating Minds: Identity as Meaning-Making Practice (1st ed.). Routledge. https://doi.org/10.4324/9780203694985 [43 pages]

Gamsakhurdia, V. (2020). Semiotic Construction of the Self in Multicultural Societies: A Theory of Proculturation (1st ed.). Routledge. https://doi.org/10.4324/9780429201240 [21 pages]

Gavin, B. E., Kelly, B. D., Lane, A., & O'Callaghan, E. (2001). The mental health of migrants. *Irish Medical Journal*, *94*(8), 229-230. [2 pages]

Giddens, A. (1991/1996). Høj-modernitetens konturer. In S. S. Jørgensen (Ed.), Modernitet og selvidentitet (pp. 21–48). Hans Reitzels Forlag [27 pages]

Google LLC. (n.d.). Worry (English to Somali translation). In Google Translate. Retrieved March 14, 2024, from https://translate.google.com/?sl=en&tl=so&text=worry&op=translate&hl=en

Golafshani, N. (2003). Understanding reliability and validity in qualitative research. *The qualitative report*, *8*(4), 597-607. [10 pages]

Govere, L., & Govere, E. M. (2016). How effective is cultural competence training of healthcare providers on improving patient satisfaction of minority groups? A systematic review of literature. *Worldviews on Evidence-Based Nursing*, *13*(6), 402-410. [8 pages]

Gundel, J. (2002). The migration–development nexus: Somalia case study. *International migration*, *40*(5), 255-281. [26 pages]

Gyldendal. (n.d.).Bekymret. In den danske ordbog. retrieved march 14, 2024, https://ordnet.dk/ddo/ordbog?query=bekymring

Harré, Rom, ' Positioning Theory: Moral Dimensions of Social-Cultural Psychology', in Jaan Valsiner (ed.), *The Oxford Handbook of Culture and Psychology*, Oxford Library of Psychology (Pages 191–206) (2012; online edn, Oxford Academic, 21 Nov. 2012), DOI: https://doi.org/10.1093/oxfordhb/9780195396430.013.0010, [15 pages]

Helsenorge. (2022, March 7). *Kva Er Psykisk Helse?*. https://www.helsenorge.no/psykisk-helse/hva-er-psykisk-helse/

Hogg, M. A. (2016). Social identity theory. In S. McKeown, R. Haji, & N. Ferguson (Eds.), *Understanding peace and conflict through social identity theory: Contemporary global*

perspectives (pp. 3–17). Springer International Publishing. DOI: https://doi.org/10.1007/978-3-319-29869-6_1 [14 pages]

Hogg, M.A., & Abrams, D, & Otten, S & Hinkle, S (2004). The Social Identity Perspective: Intergroup Relations, Self-Conception, and Small Groups. Sage Publications. (pp. 246-276) [30 pages]

Hughes, R. (1998). Considering the vignette technique and its application to a study of drug injecting and HIV risk and safer behaviour. *Sociology of health & illness*, *20*(3), 381-400 [19 pages]

Hussein, A. M., Elmi, H. M., & Maacaani, A. A. (1998) *Dansk-somali ordbog Qaamuus deenish-soomaali*. Special-pædagogisk forlags invandrerbøger. [55 sider]

Husserl, E. (1982). *Ideas pertaining to a pure phenomenology and to a phenomenological philosophy: First book: General introduction to a pure phenomenology* (F. Kersten, Trans.). Martinus Nijhoff. (Original work published 1913) (p. 55) [1 page]

Im, H., Ferguson, A., & Hunter, M. (2017). Cultural translation of refugee trauma: Cultural idioms of distress among Somali refugees in displacement. *Transcultural psychiatry*, *54*(5-6), 626-652. [27 pages]

Jackson, A., Colson-Fearon, B., & Versey, H. S. (2022). Managing Intersectional Invisibility and Hypervisibility During the Transition to College Among FirstGeneration Women of Color. Psychology of Women Quarterly, 46(3), 354–371. DOI: https://doi.org/10.1177/03616843221106087 [15 pages]

Johnsdotter, S., Ingvarsdotter, K., Östman, M., & Carlbom, A. (2011). Koran reading and negotiation with jinn: strategies to deal with mental ill health among Swedish Somalis. *Mental Health, Religion & Culture*, *14*(8), 741-755. DOI: 10.1080/13674676.2010.521144 [15 pages]

Kvale, S., & Brinkmann, S. (2015). Interview: *Det kvalitative forskningsinterview som håndværk.* Hans Reitzels Forlag [117 pages in total]

- Chapter 1: Kvale, S., & Brinkmann, S. (2015). Introduktion til interviewforskning. I *Interview: Det kvalitative forskningsinterview som håndværk* (pp. 19-41). Hans Reitzels Forlag. [23 pages]

- Chapter 2: Kvale, S., & Brinkmann, S. (2015). Karakteristik af kvalitative forskningsinterview. I *Interview: Det kvalitative forskningsinterview som håndværk* (pp. 45-69). Hans Reitzels Forlag [25 pages]

- Chapter 4: Kvale, S., & Brinkmann, S. (2015). Etiske spørgsmål i forbindelse med interview. I *Interview: Det kvalitative forskningsinterview som håndværk* (pp. 105-123). Hans Reitzels Forlag [18 pages]

- Chapter 7: Kvale, S., & Brinkmann, S. (2015). Udførelse af et interview. I *Interview: Det kvalitative forskningsinterview som håndværk* (pp. 177-191). Hans Reitzels Forlag. [15 pages]

- Chapter 9: Kvale, S., & Brinkmann, S. (2015). Interviewkvalitet. I *Interview: Det kvalitative forskningsinterview som håndværk* (pp. 219-230). Hans Reitzels Forlag. [11 pages]

- Chapter 10: Kvale, S., & Brinkmann, S. (2015). Transskription af interview. I *Interview: Det kvalitative forskningsinterview som håndværk* (pp. 235-243). Hans Reitzels Forlag. [7 pages]

- Chapter 15: Kvale, S., & Brinkmann, S. (2015). Den sociale konstruktion af validitet. I *Interview: Det kvalitative forskningsinterview som håndværk* (pp. 313-337). Hans Reitzels Forlag. [25 pages]

Leung, L. (2015). Validity, reliability, and generalizability in qualitative research. *Journal of family medicine and primary care*, *4*(3), 324-327. DOI: 10.4103/2249-4863.161306 [3 pages]

Linney, C., Ye, S., Redwood, S., Mohamed, A., Farah, A., Biddle, L., & Crawley, E. (2020). *"Crazy person is crazy person. It doesn't differentiate": an exploration into Somali views of mental health and access to healthcare in an established UK Somali community*. International Journal for Equity in Health, *19*, 1-15. DOI: https://doi.org/10.1186/s12939-020-01295-0 [16 sider]

Loewenthal, D., Mohamed, A., Mukhopadhyay, S., Ganesh, K., & Thomas, R. (2012). Reducing the barriers to accessing psychological therapies for Bengali, Urdu, Tamil and Somali communities in the UK: some implications for training, policy and practice. *British Journal of Guidance & Counselling*, *40*(1), 43-66. DOI: 10.1080/03069885.2011.621519 [23 sider]

Luria, A. R. (1987). *The Mind of a Mnemonist: A Little Book about a Vast Memory, With a New Foreword by Jerome S. Bruner*. Harvard University Press. [76 pages]

Markova, I. (2012). *Social Representations As Anthropology of Culture.* In J. Valsiner (Ed.), *The Oxford handbook of culture and psychology* (pp. 487-509). Oxford University Press. ProQuest Ebook Central. https://ebookcentral.proquest.com/lib/aalborguniv-ebooks/reader.action?docID=975440 [16 pages]

Mens-Verhulst, J., & Radtke, L. (2008). Intersectionality and mental health: A case study. *Health Care*, *1*, 1-19. [19 pages]

Mentalsundhed.net. (n.d.). *Definition af mental sundhed*. http://mentalsundhed.net/mentalsundhed/

Molenaar, P. C. (2004). A manifesto on psychology as idiographic science: Bringing the person back into scientific psychology, this time forever. *Measurement*, *2*(4), 201-218. [18 pages]

Molenaar, P. C. M. & Valsiner, J. (2008). How Generalization Works through the Single Case: A Simple Idiographic Process Analysis of an Individual Psychotherapy. In: Yearbook Of Idiographic Science, Volume 1. pp. 23-38. [15 pages]

Mölsä, M. E., Hjelde, K. H., & Tiilikainen, M. (2010). Changing conceptions of mental distress among Somalis in Finland. *Transcultural Psychiatry*, *47*(2), 276-300. DOI: 10.1177/1363461510368914 [24 pages]

McVee, M. B., Silvestri, K. N., Schucker, K. A., & Cun, A. (2021). Positioning theory, embodiment, and the moral orders of objects in social dynamics: How positioning theory has neglected the body and artifactual knowing. *Journal for the theory of social behaviour*, *51*(2), 192-214. [22 pages]

Nichter, M. (1981). Idioms of distress: Alternatives in the expression of psychosocial distress: A case study from South India. *Culture, medicine and psychiatry*, *5*(4), 379-408. [30 pages]

Nichter, M. (2010). Idioms of distress revisited. *Culture, Medicine, and Psychiatry*, *34*, 401-416 [16 pages]

Næss, A. (2019). Migration, gender roles, and mental illness: The case of Somali immigrants in Norway. *International Migration Review*, *54*(3), 740-764. DOI: https://doi.org/10.1177/0197918319867381 [24 pages]

Ordbokene.no.(n.d.).Bekymret. In Ordbokene.no. Retrieved March 14, 2024, from https://ordbokene.no/bm/5151

Olden, A. (1999). Somali refugees in London: oral culture in a western information environment (212-224)[12 pages]

Osborne, J. W. (1994). Some similarities and differences among phenomenological and other methods of psychological qualitative research. *Canadian Psychology / Psychologie canadienne,* *35*(2), 167–189. DOI: https://doi.org/10.1037/0708-5591.35.2.167 [22 pages]

Oxford University Press. (n.d.). Worry. In Oxford Learner´s Dictionaries. Retrieved March 14, 2024, from https://www.oxfordlearnersdictionaries.com/definition/english/worry_1

Purdie-Vaughns, V., & Eibach, R. P. (2008). Intersectional Invisibility: The Distinctive Advantages and Disadvantages of Multiple Subordinate-Group Identities [Article]. Sex Roles, 59(5–6), 377–391. DOI: https://doi.org/10.1007/s11199-008-9424-4 [14 pages]

Parker, C., Scott, S., & Geddes, A., (2019). Snowball Sampling, In P. Atkinson, S. Delamont, A. Cernat, J.W. Sakshaug, & R.A. Williams (Eds.), *SAGE Research Methods Foundations.* DOI: https://doi.org/10.4135/9781526421036831710

Polkinghorne, D. E. (1989). Phenomenological research methods. In R. S. Valle & S. Halling (Eds.), *Existential-phenomenological perspectives in psychology: Exploring the breadth of human experience* (pp. 41–60). Plenum Press [19 pages]

Putman Briton, D., & Noor, M. C. (1993). The Somalis. Their history and culture. *CAL Refugee Fact Sheet*. [40 Pages]

Salvatore, S. & Valsiner, J. (2008). Idiographic Science on its Way: Towards Making Sense of Psychology. In: Yearbook Of Idiographic Science, Volume 1. pp. 9-19 [10 sider]

Salvatore, S., & Valsiner, J. (2010a). Between the General and the Unique: Overcoming the Nomothetic versus Idiographic Opposition. *Theory & Psychology*, *20*(6), 817-833. DOI: https://doi.org/10.1177/0959354310381156 [16 pages]

Salvatore, S., & Valsiner, J. (2010b). IDIOGRAPHIC SCIENCE AS A NONEXISTING OBJECT: THE IMPORTANCE OF THE REALITY OF THE DYNAMIC SYSTEM. In Yearbook of Idiografic Science (Vol. 3, pp. 7–26). Firera & Liuzzo Publishing [19 pages]

Samatar, S. (2016). Sarbeeb: The Art of Oblique Communication in Somali Culture. Wardheer News. [12 pages] From https://wardheernews.com/wp-content/uploads/2016/11/Sarbeeb-Prof-Said-S-Samatar-1.pdf

Sampson, H. (2004). Navigating the waves: The usefulness of a pilot in qualitative research. *Qualitative research*, *4*(3), 383-402. [19 pages]

Schuetz, A. (1945). On Multiple Realities. *Philosophy and Phenomenological Research*, *5*(4), 533–576.
DOI: https://doi.org/10.2307/2102818 [33 pages]

Schwartz, S. J., & Unger, J. B. (2010). Biculturalism and context: What is biculturalism, and when is it adaptive? Commentary on Mistry and Wu. *Human Development*, *53*(1), 26-32.
DOI: https://doi.org/10.1159/000268137 [6 pages]

Spears, R. (2012). Group Identities: The Social Identity Perspective. I: S.J. Schwartz, K. Luyckx, V.L. Vignoles (Red.), Handbook of Identity Theory and Research London: Springer. (pp. 201-224) [23 pages]

Tajfel, H. (1974). Social identity and intergroup behaviour. *Social Science Information*, *13*(2), 65-93.
DOI: https://doi.org/10.1177/053901847401300204 [28 pages]

Turner, J. C, & Brown, R. J, & Tajfel, H. (1979.) Social comparison and group interest in ingroup favouritism. European Journal of Social Psychology (pp. 187-204) [27 pages]

Yuval-Davis, N. (2006). Intersectionality and feminist politics. *European journal of women's studies*, *13*(3), 193-209. [16 pages]

Valsiner, J. (2022). Pathways to generalization. General Knowledge as Abstract Complementation. In: Valsiner, J. (2022). One Dog Is Enough – Ivan P. Pavlov's 55 Contributions to Idiographic Science. A Volume in Yearbook of Idiographic Sci- ence. Charelotte, NC: Information Age Publishing. pp. 47-69 [22 pages]

Wedel, J. (2014). Religion and healing among Somalis in Sweden when experiencing illness and suffering. In *African Dynamics in a Multipolar World: 5th European Conference on African Studies—Conference Proceedings* (pp. 2346-2358). Centro de Estudos Internacionais do Instituto Universitário de Lisboa (ISCTE-IUL) DOI: 10.13140/2.1.4576.5767 [12 pages]

Willig, C. (2013). *Introducing Qualitative Research in Psychology* (3rd ed.). Open University Press, McGraw-Hill Education [25 pages in total]

- Chapter 3: Willig, C. (2013). Qualitative research design and data collection. I *Introducing qualitative research in psychology* (pp, 23-39). Open University Press [17 pages]

- Chapter 5 Willig, C.(2013). Putting together a research proposal.. In *Introducing Qualitative Research in Psychology* (3rd ed., pp.47-54). Open University Press, McGraw-Hill Education. [8 sider]

Winter, G. (2000). A comparative discussion of the notion of validity in qualitative and quantitative research. *The qualitative report*, *4*(3), 1-14. [15 pages]

World Health Organization. (2022). *Concepts in mental health*. Hentet fra https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response

World of Islam. (2005). Expressions. Retrieved from https://islam.worldofislam.info/index.php/glossary/213-expressions

Whittaker, S., Hardy, G., Lewis, K., & Buchan, L. (2005). An exploration of psychological well-being with young Somali refugee and asylum-seeker women. *Clinical Child Psychology and Psychiatry*, *10*(2), 177-196. DOI: https://doi.org/10.1177/1359104505051210 [19 pages]

Zakiryanova, I., & Redkina, L. (2020). *Research on ethnocultural identity in H. Tajfel's social identity theory and J.C. Turner's self-categorization theory*. Les Ulis: EDP Sciences. DOI:https://doi.org/10.1051/shsconf/20208700103 [8 pages]

Zittoun, T (2012), ' Life-Course: A Socio-Cultural Perspective', in Jaan Valsiner (ed.), *The Oxford Handbook of Culture and Psychology*, Oxford Library of Psychology (2012; online edn, Oxford Academic, 21 Nov. 2012), DOI: https://doi.org/10.1093/oxfordhb/9780195396430.013.0024,(513–535) [22 pages]

Zittoun, T. (2017). Modalities of Generalization Through Single Case Studies. *Integrative Physiological and Behavioral Science*, *51*(2), 171–194. DOI: https://doi.org/10.1007/s12124-016-9367-1 [23 pages]

2043 pages referenced to in total.