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Storytelling for Health: Acknowledgement, Expression, Recovery (SHAER): Two case studies in Turkey and Kashmir.

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SHAER

Storytelling for Health:
Acknowledgment, Expression and Recovery

Introduction to SHAER

- SHAER means *poet* in Urdu, Turkish, Arabic, and Persian (including Dari). We are using SHAER to describe the process of Acknowledgment of the present state of *self*, finding a channel for Expression and creating an opportunity for Recovery.

- Acknowledgment: Recognizing the present self.

- Expression: Finding your answer through your story.

- Recovery: Accepting the new self.

Storyifying Trauma

- Stories are an integral part of our self and the meaning we ascribe to the world around us

- Trauma challenges both our sense of self and the way we view our surrounding world

- Individuals who suffer trauma are faced with finding new stories to hold their narrative and make sense of the rupture of their world-view

Words as 'Weapons'

- In these settings, storytelling has been widely used as a means of personal expression through means such as poetry in response to violence and as a form of resistance

- Cultural landscapes in our SHAER contexts share rich traditional storytelling techniques, symbolisms, meanings, and resources

SHAER Traditional Storytelling Intervention

- SHAER has been designed with the collaborative effort of experts from the medical science (psychiatry, psychology) and humanities (humanitarian ethics, women's studies, literature studies, trauma) working on GBV in the UK and across Europe, South and North Africa and, Central and South East Asia.

- Each step in the SHAER intervention goes from self to group, from fictional to biographical, while avoiding a focus on traumatic experience as an isolated event in a woman's life.

- We are on the process of conducting a two-step process of validation and implementation. During the validation stage we performed in-depth semi-structured interviews with a sample of women affected by GBV in Turkey and Kashmir. These interviews explore women's perceptions of storytelling in this context, and are being used to adapt the intervention. The adapted intervention will then be piloted with 48 at-risk women (8 groups of 6) in Kashmir. Two of the 8 groups will participate in an unstructured group discussion as a control. Participants will be assessed for their risk of depression, anxiety and stress using the Hopkins Symptom Checklist before and after the intervention.

Case Study: Turkey

- 20 in-depth interviews
- Average age: 31,5 (min: 18, max: 49 years)
- Education level: diverse
- Types of violence: beating, mauling, stabbing, insulting, sexual harassment, sexual abuse, raping, dating violence
- Violence by intimate partners such as husband, ex-husband, father, boyfriend; or cousin, neighbour, stranger.
- Most of the participants have no children

Case Study: Turkey

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- All participants have sought help from and are confident in the NGO
- Most participants underestimated former indications of violence by their spouses
- All participants complain about weak police protection & long trial processes
- Most participants are helped from their friends and / or parents
- All participants know someone who is subject to violence in their immediate surroundings.
- Most participants didn't get psychological support, prefer not taking medicine
- All participants volunteered to take part in a further workshop
- Most participants prefer real story-telling
- Most participants lost confidence that justice would be served.
  - **Clash of traditional types of behaviour and urban values**

Case Study: Turkey

- ADDITIONALLY, **220** WOMEN HAVE BEEN MURDERED DURING THE PROJECT (2019).
  - August: 49
  - July: 31
  - June: 40
  - May: 37
  - April: 36
  - March: 27

http://kadincinayetlerinidurduracagiz.net/

Case Study: Kashmir

- The project studied violence/interviewed women suffering from mental health issues due to violence against them (mostly inside the home)

- However, due to conflict/heavy militarisation, violence against women inside the home is directly related to what the men suffer as a result of militarisation (protest masculinity)

- Home-outside boundaries blurred

Case Study: Kashmir

- Beginning August 5, 2019, a population of 9 million people were under a communication clampdown with no phones, no internet, no means of communication

- Field work that was done could not be shared as I have no communication with my team

- This time, there can be no data and no means to know or record the abuse/violence faced during extended periods of incarceration within their homes (communication blockade), so this becomes the second step in stifling women's stories

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Case Study: Kashmir

- Only 15 out of a required number of 30 interviews could be conducted before these spaces were physically shut

- Once (and if) you cross that blockade, cultural violence steps in

- A woman, the bearer of the 'honour' of her family, crosses the line at revealing the details of what happens inside the home

- So another act of rebellion, this time more subtle, comes into play

Conclusion

- Mental health interventions for lived experiences of trauma must have 2 elements: improve well-being of individual and create new social landscapes

- Stories offer a space in conflict and violence to produce the narratives that represent lived experiences - Alternative Stories: Stories as Saviors

- Changing who the storytellers are in society and changing stories can contribute to (re)defining identities and agency, bringing about social change and transformation

- Traditional storytelling societies have rich resources for symbolic stories

- Storytelling intervention is a protective mechanism against silencing – the stories we receive are moral and cultural artefacts

- Thus, the creation of stories against a backdrop of war and violence is an act of resistance and antithesis to destruction

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For more information about SHAER:

www.shaercircle.com

Our collaborators: *Their names are hereby symbolized as strong forces changing the winds of wars against women and land in their countries*