

Türkiye’de Yaşayan Çeçen Mülteci Kadınların Travmaları: Anlam Kurma ve Başa Çıkma Stratejileri*

Hatice Ekici^a

Öz

Bu araştırma, savaşın ortaya çıkardığı sıkıntıları ve özellikle travmatik kayıp yaşamış Türkiye’de yaşayan Çeçen mülteci kadınların deneyimlerini anlamlandırabilmelerini ele almaktadır. Daha özeldede ise bu kadınların anlam kurma ve başa çıkma stratejileri ele alınmaktadır. Araştırmanın verileri 13 Çeçen mülteci kadın ile yapılan yarı yapılandırılmış görüşmeler yoluyla toplanmıştır. Verilerin analiz edilmesinde yorumlayıcı fenomenolojik analiz kullanılmıştır. Katılımcıların anlattıkları, Çeçen kadınların kırılğan ve sıkıntılı hâle geldiklerini göstermektedir. Savaşın travmatik deneyimlerine yanıt olarak, travmatik anıları baş edebilmek için kaynak sağladığından dolayı, dinî inançlarını kuvvetlendirmişlerdir. Bu çalışmada Çeçen kadınlarının anlam kurma ve başa çıkma stratejileri göz önünde bulundurulduğunda tekrarlanan 10 tema bulunmuştur. Bunlar şunlardır: dinî ibadetlerin artırılması, Allah’ın iradesine teslim olmak, Elhamdulillah, savaşın sebeplerine yönelik teolojik izahlar, travmatik deneyimleri kişisellikten çıkarmak, bir kişiyi şehit olarak nitelendirmenin unsurları, şehitlikten beklenen faydalar, şehitlik mertebesine erişmek, şehitliği idealize etmek ve zorunlu bir mutluluk anlatısı. Zorunlu mutluluk anlatısı dışındaki başa çıkma stratejileri, Çeçen kadınların önemli başa çıkma ve yılmazlık kaynakları olarak bulunmuştur. Ancak zorunlu mutluluk anlatısının bu kadınların iyileşme süreçlerine engel oluyor gibi görünmektedir.

Anahtar Kelimeler

Rus-Çeçen çatışması • Mülteciler • Travma • Başa çıkma stratejileri • Din

* Bu makale, 2014 yılı Ocak ayında Sabancı Üniversitesi Sosyal Bilimler Enstitüsü Uyuşmazlık Analizi ve Çözümü Anabilim Dalında hazırlanan yüksek lisans tezine dayalı olarak hazırlanmıştır.

a (✉) Hatice Ekici (Doktora Adayı), İstanbul Üniversitesi, Sosyal Psikoloji Bölümü, Fatih 34660 İstanbul. Eposta: haticeozen11@gmail.com

Başvuru: 29 Nisan 2018

Kabul: 12 Haziran 2018

OnlineFirst: 1 Temmuz 2018

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ISSN 2149-4398 • eISSN 2458-8962

DOI DOI: 10.12738/mejrs.2018.3.2.0044 • Yaz 2018 • 3(2) • 145-170

The Trauma of Chechen Refugee Women Living in Turkey: Meaning-Making and Coping Strategies*

Hatice Ekici^a

Abstract

This research aims to explore how Chechen refugee women living in Turkey who have lived through the distress of war and traumatic loss in particular make sense of their experience. More specifically, it examines these women's meaning-making and coping strategies. The semi-structured interviews with 13 Chechen refugee women have provided the main data of this research. Interpretive phenomenological analysis has been used to analyze the data. The analysis of the accounts shows Chechen women to have become vulnerable and distressed. In response to the traumatic experiences of war, they have deepened their religious beliefs, as these beliefs provide resources for dealing with their traumatic memories. In consideration of the meaning-making and coping strategies of the Chechen women in this study, 10 recurrent themes have been found: increased religious service, submitting to the will of God, Alhamdulillah, theological explanations for the causes of war, depersonalizing traumatic experiences, what qualifies one as a martyr, the expected benefits of martyrdom, earning the honor of this martyrdom, idealizing the martyr, and a narrative of obliged happiness. All coping strategies except the narrative of obliged happiness have been found as important resources for coping and resilience for Chechen women. The narrative of obligatory happiness, however appears to interfere with these women's healing processes.

Keywords

The Russian-Chechen conflict • Refugees • Trauma • Coping strategies • Religion

* This paper is based on my master thesis which is submitted to the Graduate School of Faculty of Arts and Social Sciences in partial fulfillment of the requirements for the degree of Master of Arts in Conflict Analysis and Resolution, January, 2014.

a (✉) Hatice Ekici (PhD Candidate), Department of Social Psychology, İstanbul University, Fatih, İstanbul 34660 Turkey. Email: haticezen11@gmail.com

Received: April 29, 2018
Accepted: June 12, 2018
Online First: July 1, 2018

Copyright © 2018 • The International Refugee Rights Association • <http://mejrs.com/en>
ISSN 2149-4398 • eISSN 2458-8962
DOI DOI: 10.12738/mejrs.2018.3.2.0044 • Summer 2018 • 3(2) • 145–170

Civilian populations in recent history have experienced excessive political violence (Schmidt, Kravic, & Ehlert, 2008). They have witnessed the atrocities of war and violence and experienced human rights abuses. Many of these civilians have been killed during wars and military campaigns; furthermore, most of those surviving these traumatic experiences have been forced to flee their home countries (Ghobarah, Hutt, & Russet, 2003, as cited in Schmidt, Kravic, & Ehlert, 2008). Therefore, the refugee experience can be described as one of the most important consequences of contemporary war. The United Nations High Commissioner for Refugees (UNHCR, 2006) defines refugees as “persons who are forced to flee their home countries to escape serious human rights abuses and other causes of prolonged physical and emotional distress”. The fact that the terms refugee and asylum seeker are used divergently in the literature is important to note. “In some studies, persons with refugee status are referred to as asylum seekers; in other studies, persons still awaiting an asylum outcome are referred to as refugees” (Ryan, Kelly, & Kelly, 2009, p. 92). The term refugee as used in this paper includes asylum seekers, refugees, and internally displaced persons affected by war and organized political violence. Every day the basic rights of refugees are violated in numerous countries across the world; countless refugees become the target of ongoing physical, sexual, and psychological violence, and many of them have been exposed to disasters, extremely traumatic incidents, and imprisonment (Canadian Council for Refugees, 2002). These conditions have clearly endangered refugees with “physical and psychological distress” (George, 2010, p. 383).

A growing body of research is found on the nature of forced migration that describes refugees’ experiences as a chronic process of traumatization (De Haene, Grietens, & Verschueren, 2010; George, 2010). The complex cluster of the pre-flight and post-flight stressors of war such as violent losses, dispossession, persecution, imprisonment, ethnic conflict, family separation, cultural uprooting, acculturation stressors, and legal insecurity constitute a pervasive accumulation of life-threatening events and characterizes the refugee experience as being at a pervasive risk for psychosocial problems (Lustig et al., 2004). Thus, refugees suffer not only from the psychological distress caused by the experience that led them to flee from their home country but also from a wide range of difficulties while adapting to their new environment (Orosa, Brune, Huter, Fischer-Ortman, & Haasen, 2011). Exile-related risk factors such as social isolation, unemployment, safety concerns, extended separation from family, and acculturation problems form major sources of psychosocial distress, which in turn are able to intensify the impact from the pre-migration trauma (De Haene, Grietens, & Verschueren, 2010). Porter and Haslam’s (2005) meta-analysis revealed the quality of post-displacement conditions to have a significant influence on refugees’ mental health outcomes. For example, refugees who have resettled in permanent, private accommodations appear to have better mental health outcomes than those resettled in institutional or temporary accommodation

centers. Thus, despite the historical focus on the acute stressors of war, recognizing the importance of refugees having to endure contextual post-flight stressors is also necessary (Porter & Haslam, 2005).

Large-scale studies have substantiated the psychological suffering of refugee communities and reflect the nature of forced displacement as risky for developing psychosocial problems. Post-traumatic stress disorder, depression, and anxiety are likely as the most common mental health disorders among refugees (Fazel, Wheeler, & Danesh, 2005; Lustig et al., 2004; Miller et al., 2002; Marshall, Schell, Elliot, Berthold, & Chun, 2005). A systematic review by Fazel, Wheeler, and Danesh (2005) has suggested one in 20 refugees to suffer from major depression in Western countries, about one in 10 to suffer from post-traumatic stress disorder, and about one in 25 to suffer from general anxiety disorders. Additionally, such disorders also overlap in most of these refugees. When compared to the general population, refugees appear about 10 times more likely to have post-traumatic stress disorder (PTSD) than the general population of the host country (Fazel, Wheeler, & Danesh, 2005). The psychological consequences of refugees' experiences are both long-lasting and persistent (Askerov, 2011). Persistent levels of trauma-related symptoms are found among refugees several years after their resettlement in a host country (Miller et al., 2002). In this respect, the finding is very significant where 20 years after Cambodian refugees had resettled in the United States, 62% were diagnosed as suffering from PTSD (Marshall et al., 2005). In line with this analysis, Hasanovic (2012) found Bosnian refugees and internally displaced civilians to frequently suffer from PTSD three and a half years after resettling. These findings point out the persistency and durability of psychological trauma among refugees, indicating the severity and long-term nature of the refugee problem (Vojvoda, Weine, McGlashan, Becker, & Southwick, 2008).

Coping Strategies

Culture significantly impacts the response to trauma and coping process. The "presence and intensity of trauma symptoms need to be interpreted differently in different cultures by taking local meaning systems and sociopolitical milieu into account" (Hussain & Bhushan, 2011, p. 575). Cultural factors such as religious beliefs, traditions, community ideologies, and value systems appear to influence the ways that refugees make sense of and deal with trauma.

Religious beliefs' forming important ingredients of culture appear to influence all aspects of coping in responses to trauma, such as appraisals, meaning making, coping activities, and motivation. A substantial amount of research has documented the important role of belief systems in dealing with trauma (Başoğlu et al., 1994; Pünamaki, Outa, & El-Sarraj, 2001). Spiritualism and political commitment in Turkey appear as protective factors among tortured activists (Başoğlu et al., 1994), ideological

commitment serves a protective function among Palestinian children (Pünamaki, Outa, & El-Sarraj, 2001), and religious beliefs, ideological commitment, and social cohesion in Israel play a protective role against war-related trauma (Kaplan, Matar, Kamin, Sadan, & Cohen, 2005). In line with these studies, religiosity and political conviction are found to play important roles in the coping strategies of Palestinians (Baker & Shalhoub-Kevorkian, 1995; Habiballah, 2004). Baker and Shalhoub-Kevorkian (1995) showed in their study that Palestinians who (1) participate actively in resistance, (2) hold political convictions, or (3) are moderately religious show the least signs of helplessness, hopelessness, and pessimism. Complementary to this study, the Palestinian women who are mothers of martyrs have benefitted from religious beliefs and practices in coping with their trauma (Habiballah, 2004). Not doubting the will of God, increased prayer, and visiting the graves of these martyrs are some of the coping methods of Palestinian mothers whose children were murdered during the war. According to some theorists, religious beliefs act as a tranquilizer for these women and make them calm (Habiballah, 2004). In line with these studies, Orosa et al. (2011) examined the role of religious beliefs or ideologies as coping strategies in the outcome of psychotherapy with traumatized refugees. In support of previous research, they revealed that refugees with strong belief systems experience better improvements in the process of psychotherapy and show better mental health outcomes at the end of treatment (Orosa et al., 2011). In relation with these findings, Robertson et al. (2006), in their study with Somali and Oromo women refugees living in United States of America, revealed most of the participants to turn to religion for dealing with their traumatic memories; 71% of the participants pray to reduce stress. Although Tibetans face a range of potentially traumatizing experiences prior to escaping from Tibet, such as imprisonment, abuse, and torture, the findings show only 10% of the refugees to meet the diagnostic criteria for depression or anxiety (Sachs, Rosenfeld, Lhewa, Rasmussen, & Keller, 2008). “An unusual degree of resilience among Tibetan refugees, even those who have survived torture, is evident” (Sachs, et al., 2008, p. 202). According to Sachs et al. (2008, p. 202), “How Tibetan refugees viewed and coped with their experiences explains the unusual degree of resilience among these refugees.” Most participants utilize religious coping strategies, which in turn enable them to view others’ suffering as more severe than their own. Religious coping strategies and empathetic and subjective appraisals of painful experiences appear to protect these refugees against the harmful effects of trauma (Sachs et al., 2008). These studies underscore the function of belief systems as coping strategies and protective factors among refugee populations from different cultures.

In addition to belief systems, cultural factors such as community ideology, values systems, and worldviews influence how they make sense of and cope with traumatic experience. In their study, Hussain and Bhushan (2011) revealed that cultural factors such as Buddhist philosophy and its practices, religious rituals, historical exemplars of

strength and resilience, community bonding, and support are important resources for strength, coping, and resilience to Tibetan refugees. Kinsie (1988, 1993) also reported similar findings in the context of Cambodian refugees who have suffered multiple traumatic events in that Cambodian refugees are also found to interpret their traumatic experience in terms of the Buddhist beliefs of karma and fate. Tibetan refugees also were found to consider their family and refugee community as sources of support and hope (Hussain & Bhushan, 2011). In line with this finding, Goodman's (2004) study with unaccompanied refugee youths from the Sudan identified community and collective self as important themes that reflect the coping strategies of these refugee youths. Feelings of collectivity and community provide strong protection against the hardships and painful events experienced by these young refugees (Goodman, 2004). Robertson et al.'s (2006) study with Somali and Oromo refugee women also suggested similar findings; 46% of the participants appear to benefit from community support in dealing with trauma by talking with friends to reduce stress. In support of this finding, socializing is also one of the methods of coping among Palestinian mothers (Shalhoub-Kevorkian, 2003). In short, community ideology, values systems, and religious beliefs shape the coping strategies of refugees and influence how they make sense of their traumas. "Cultures with a religious and traditional heritage and collectivistic values may provide better means and resources for finding meaning and making sense of distressing events" (Hussein & Bhushan, 2011, p. 576).

In addition to belief systems, traditions, and value systems are among several coping strategies that have been adopted by refugees from different cultures. Goodman's (2004) study with refugee youths from Sudan found suppression of traumatic memories, their associated negative feelings, and distractions to be important coping strategies used by these refugees. In addition, Roberston et al. (2006), in their study with Somali and Oromo women refugees living in United States of America, found some of these refugees sleep to reduce stress.

A Case Study of the Russian-Chechen Conflict

One example of refugee exposure to traumatic events would be the Chechen refugees created by the Russian-Chechen conflict. The conflict between the Russian empire and the Chechen people started more than two centuries ago, intensified throughout the Soviet era, and continues even today (Sakwa, 2005). For many centuries, Chechnia has resisted being part of Russia (Hammerli, Gattiker, & Weyermann, 2006; Popovksi, 2007). The relationship between Chechens and Russians is interpreted in terms of the exploitation, oppression, and subjugation of the Chechen nation by Russians (Sakwa, 2005). Although the long-standing strivings of Chechen people for independence remained latent for quite some time, it erupted with the dissolution of the Soviet Union in the early 1990s (German, 2003, as cited

in Askerov, 2011). The Russian reaction to this national self-assertion was “brutal, and the relationship between Chechen Republic and Russia deteriorated rapidly” (Askerov, 2011, p. 17).

In 1994, Russian authorities launched military operations in Chechnia to preserve the constitutional order, which quickly escalated into war (Popovski, 2007). The war lasted for two years. Unable to win the war, Russia signed the Khasavyurt cease-fire agreement with Chechen leaders, marking the end of the first Chechen War (Hughes, 2007, as cited in Popovski, 2007). Between 1996 and 1999 no major armed hostilities happened between the Chechens and Russian forces. However, the authorities failed to ensure law and order in the Republic. The three years of quasi-independence in Chechnya was accompanied with rampant criminality, hostage takings, chaotic violence, immigration of radical Islamists, flow of narcotics, terrible attacks on foreign aid workers, and general lawlessness (Kramer, 2010). Also, authorities failed to check the training of fundamentalist militants and illegally armed groups from benefitting from oil smuggling. The flow of foreign Islamists into Chechnya is considered one of the reasons for instability in the Republic (Kramer, 2010). These people soon set up networks which were particularly attractive to Chechen youth, who had generally been living in unfavorable conditions and had experienced the 1994–1996 war, and found many supporters because of the people’s rising interest in Islam (Gammer, 2006, as cited in Askerov, 2011). The Republic, which was characterized by lawlessness and anarchy, began to threaten not only its own citizens but also its neighboring countries and ultimately Russia itself (Sakwa, 2005).

In 1999, the chaotic environment in Chechnya further deteriorated when the Islamic commanders repeatedly made attempts to invade Dagestan in order to spread their separatist ideas to other parts of the Caucasus. Soon after the invasion of Dagestan, apartments were bombed in several places, such as Dagestan and Moscow on Guryanov Street, Moscow Kahisrko Highway, and Volgodonsk; these produced a climate of fear although Chechen involvement in these violent attacks remains unclear (Sakwa, 2005). These conditions largely triggered the outbreak of the Second Chechen War; Russian troops started a new invasion of Chechnya in 1999 (Popovski, 2007). The Second Chechen War went hand in hand with an anti-terrorist campaign (Gilligan, 2010; Sakwa, 2005). Despite all efforts from the Russian government, “It has won the war neither totally nor decisively” (Askerov, 2011, p. 101). Permanent conditions of war have attained the character of a collective trauma in Chechnya (Gilligan, 2010). Although the Russian authorities repeatedly acknowledge life to be returning to normal, they have empowered the Chechen administration to continue annihilating separatist fighters and supporters (Popovski, 2007). Normality, therefore, comes with a continuous terrorization of the civilian population. The war, which had started in 1999, still continues today.

Socio-economically and social-psychologically, the cost of the Chechen fight for independence has been immense. Firstly, atrocities have been committed throughout the conflict by both Russians and Chechens, in particular at the expense of the civilians (Kramer, 2010). The population of Chechnya has shrunk as a result of the long-lasting Russian-Chechen conflict (Askerov, 2011; Kramer, 2010; Popovski, 2007). While the population before the start of the second war in 1999 was approximately 1.05 million, it had decreased to 700,000 during the war (Kramer, 2010). The atrocities of the war have forced hundreds of thousands of Chechen people to flee into different regions of the world (Askerov, 2011). Between 1999 and 2000, approximately 600,000 Chechen people fled from Chechnya. Most of these refugees fled to neighboring countries such as Azerbaijan (12,000), Georgia (4,000), Russia's autonomous Republic of Ingushetia (325,000), and to various parts of Russia (140,000; Askerov, 2011). Approximately 3,000 Chechen refugees have fled to Turkey. Some Chechen refugees left Chechnya for the United Arab Emirates, Ukraine, Iran, and some European countries (Askerov, 2011). Hundreds of thousands have remained as internally displaced people within the borders of Chechnya (Askerov, 2011). Secondly, the Russian-Chechen conflict has resulted in large amounts of material and cultural losses (Sakwa, 2005). More than half the villages have been bombed, more than 70% of houses and administrative buildings have been partially or completely destroyed, and many cultural foundations, historical buildings, and research institutions within Chechnya have been damaged. Thirdly, with insecurity, fear, and suffering having persisted for more than two decades, a whole generation of Chechen individuals has grown up under extreme war conditions (Hammerli, Gattiker, & Weyermann, 2006). "These permanent war conditions have attained the character of a collective trauma in Chechnya" (Gilligan, 2010, p. 32).

Despite the severity of the Chechen experience and the amount of refugees scattered around the world, little research has substantiated their psychological suffering (Jishkhariani, Kenchadze, & Beria, 2005; Maercker & Müller, 2004; Mollica et al., 2007; Rasmussen et al., 2007; Renner, Laireiter, & Maier, 2012; Renner, Salem, & Ottomeyer, 2007). Renner, Salem, and Ottomeyer (2007) found a high incidence (62%) of PTSD among Chechen refugees living in Austria. Maercker and Müller (2004) find an increased rate (75%) of PTSD among these refugees living in refugee camps in Ingushetia in their study. These studies point out the high incidence of traumatization among Chechen refugees. Most of those interviewed had been exposed to crossfire, aerial bombardments, house burnings, property destruction, imprisonment, eviction, dispossession, and mortar fire and have experienced the killing and mistreatment of family members, sexual assault, and life threats. Many of these Chechen survivors have been compelled to relocate several times. In addition, Chechen refugees are found to suffer from feelings of suspicion, fearing plots against them and thus triggering a sense of helplessness. Furthermore, somatic symptoms such as feeling pins and needles on their skin, queasy stomachs, heart troubles, and pressure on their chest have been mentioned by Chechens (Renner, Salem,

& Ottomeyer, 2007). They have experienced hard conditions in refugee camps (Médecins Sans Frontières, 2004). All in all, these studies reflect the nature of the Chechen refugee experience as a process of continuous traumatization.

Being inspired from the literature above, this study aims to root out the psychological consequences of displacement for Chechen refugee women living in Turkey. More specifically, I attempt to understand in this study how Chechen refugee women who have lived through the distress of war, particularly that of traumatic loss, make sense of what has happened to them, wanting to learn how these Chechen refugee women have moved forward in their lives. Furthermore, if “recovery” has been possible, how it appeared and how it was expressed. To help answer this general research question, this research also aims to answer the following sub-questions; (a) How have war, escape, and displacement influenced the psychological well-being of displaced Chechen women? (b) How have traumatic experiences shaped Chechen women’s understanding of life and their approaches to life? (c) How have Chechen refugee women given meaning to their traumatic experiences? And (d), how have Chechen refugee women coped with their painful experiences? By approaching the subject in this way, the study aims to give a more complete picture of the meaning-making and coping strategies of these Chechen refugee women and their subsequent healing process.

Over the years of the Russian-Chechen conflict, considerable attention has been received from academia, and much research has been conducted on the subject. Much of the literature on the Russian-Chechen conflict has focused on either the conflict’s historical overview or its socio-cultural, economic, and material consequences. Studies considering the psychological consequences of the conflict are quite limited (e.g., Renner & Salem, 2009). In this respect, the study makes an important contribution to the existing literature by examining the psychological consequences of displacement and the traumatic loss of Chechen refugees’ mental health. Another contribution of the present research relates to the participants’ unique experiences of traumatically losing a family member. Existing studies have considered the experiences of Chechen refugees as homogenous. However, as evident in the literature, Chechen refugees vary in their traumatic experiences, such as threat to life, sexual violence, loss of a loved one, and so on. Different from previous studies with Chechen refugees in the literature, the present study mainly focuses on the psychological consequences of traumatic loss and subsequent meaning-making and coping strategies.

Method

Research Design

In an attempt to answer the research questions of the study, qualitative research has been used as the scientific method of inquiry. Qualitative research is frequently

considered within the context of discovery rather than of verification and tries to acquire in-depth and intimate information about a smaller group of individuals (Ambert, Adler, Adler & Detzner, 1995). Considering the foci and goals of qualitative research, this study seems suitable for conducting qualitative research.

Empirical Data Collection

Participants. The study's qualitative data have been collected using recording interviews with Chechen refugee women living in Chechen refugee camps in İstanbul (Fenerbahce and Kayasehir districts) and İzmit. A total of 13 interviewees participated in the study. The interviewed women are between the ages of 25-55. The commonality of the research participants is their loss of a close family member as a result of the Russian-Chechen conflict. In this study, the snowball technique from among the various approaches to purposeful sampling has been especially preferred in determining the interviewees. The Imkan foundation serves as the central point for the Chechen refugee community in Turkey. I first contacted the Imkan foundation; then the heads of the Chechen camps in Kayasehir, Fenerbahce, and İzmit; and finally the women who (a) had lost a close family member and (b) were willing to talk about their personal experiences. This kind of sampling is appropriate for difficult-to-reach populations (Neuman, 2006).

Data-gathering methods. A semi-structured interview has been used to collect the data from individual respondents. Semi-structured interviews are considered a uniquely sensitive and powerful method for capturing both subjects' experiences and the meaning they attach to those experiences (Kvale, 2008). The interview questions have been designed to elicit the self-reflections of the Chechen refugee women and how they have made sense of what happened to them. The protocol's 10 guiding questions were used but I maintained a vision that together we would share the direction of our conversations. Because I preferred an ongoing analysis of the data as I continued interviewing, an additional four questions were added to enlighten the emerging concepts. Interviews were neither strictly structured with standard questions nor entirely non-directed, yet a focus on the overall research question for this project was also maintained. Learning about the unique refugee experiences of these women was central to my data collection. I did lead interviewees towards certain themes (i.e., loss and coping strategies) to address more specific issues. Considering the possible harm this study might cause the participants, the interview guide was checked by one psychologist and one psychiatrist. The theme of my research might enable Chechen women to talk in depth about sensitive issues they would not normally address. My questions could direct them back into feelings of guilt, misery, and suffering; and remembering might cause emotional distress or even re-traumatization. I was aware of the distress these memories might cause participants and made provisions for it.

With the help of a network of psychiatric professionals, I developed the necessary skills for understanding, validating, reassuring, and soothing the participants.

The interviews were conducted between February and October of 2013. Nine of the 13 interviews were conducted with the help of a translator. The head of the Chechen refugee women living in the Basaksehir camp acted as translator during three interviews. She could speak Russian and Turkish fluently. However, using one translator, the head of Chechen community, was problematic because she began to drive the interview process through her comments and thus discouraged the interviewee from talking about sensitive issues such as martyrdom. To guarantee the translation accuracy, a secondary or “blind” interpreter checked the recordings against the transcripts and transcribed all three interviews again by listening to the audio-recordings. His transcriptions revealed the off-the-cuff comments that had passed between the translator and the interviewees. The remaining six interviews were conducted with the assistance of a Russian bilingual female translator. Additionally, four interviews were conducted in Turkish. All of the interviews were tape-recorded.

Data Analysis

Interpretative phenomenological analysis (IPA) has been used to analyze the data. IPA aims “...to explore in detail how participants make sense of their personal and social world, and the main currency for an IPA study is the meanings particular experiences and events hold for participants” (Smith & Osborn, 2007, p. 53). This approach represents a sensitive method for listening to Chechen refugee women’s narratives that have been suppressed, repressed, or perhaps as yet unarticulated. In order to protect the subjects’ privacy, the participants have not been credited with their real names in the report.

Findings

The analysis of the interviews has been built upon three parts that can help to create a meaningful picture of how Chechen refugee women have made sense of their experiences: (a) Chechen Muslim theodicy, (b) the ideology of martyrdom, and (c) the narrative of obligatory happiness.

Chechen Muslim Theodicy

As a result of traumatic war experiences, all the Chechen refugee women in my study have turned to the Chechen Muslim orienting system, which has shaped their meaning-making and coping strategies and, thus, their healing processes. In light of the Chechen Muslim identity and related meaning-making and coping strategies, the analysis of the interviews revealed five recurrent themes: (a) increased religious service,

(b) submitting to the will of God, (c) Alhamdulillah, (d) theological explanations for the causes of war, and (e) depersonalization of the traumatic experience. All these themes underscore the importance of religion in Chechen culture and reflect how the Chechen refugee women in my study utilize religious meaning-making and coping strategies in dealing with their traumatic war experiences, particularly loss.

Firstly, all the Chechen refugee women in this study not only conserved but also deepened their religious beliefs in response to the atrocities of war. According to Shaw, Joseph, and Linley (2005), exposure to trauma could play a role in developing and deepening one's faith. Deepening of religious faith, increased interest in Islam, and increased religious service subsequent to trauma are evident among the Chechen refugee women in my study. Being able to participate in Islamic rituals, praying, fasting, performing Salah, and learning more about Islam gives them strength, happiness, and peace of mind. Engaging in these rituals is regarded as purifiers of mind and makes them partially relaxed. All women described their increased interest in Islam by comparing their daily lives before and after the traumatic experience of loss. For example, Gulsum, who had lost her husband during the war, said:

Although I had performed Salah five times a day previously, I am trying to live more in line with the teachings of the Prophet and Quran now. Compared to the past, I am performing Salah more appropriately now. I feel better and more relaxed when I give more importance to my religious practices, especially Salah. I am trying to live according to the teachings and life of the Prophet, Mohammed. (Gulsum)

Secondly, all the Chechen women in this research consider what happened to them during the war in the context of God's power, omniscience, and mercy. They believe that what happened during the war was pre-destined with the permission of God and thus they submit to the will of God without question. They are sure that Allah, who has caused them to experience difficulties during the war, controls everything and He will definitely help them handle all the difficulties they have experienced. Despite the calamities they experienced during the war, the image of God as an all-powerful, all-merciful, and all-knowing creator enables these women to feel secure. They perceive God not only as a governing agent or adjudicator but also a fatherly figure taking care of their needs. Knowing and submitting to the will of God prevents these women from losing hope, makes the things they had experienced during the war more bearable, and helps them to stay sane. One can conclude that thanks to religious values, they have come to see what they experienced more positively. Despite the painful experiences they had lived through, they are thankful to God. Rukiye, who had lost her husband during the war, explained how she submitted to God's will:

All of the calamities that I lived through occurred with the permission of Allah. It is Allah who gives these painful experiences to me. Likewise, Allah gives us strength to deal with these traumas. He never adjudges a burden to someone incapable of bearing it. (Rukiye)

Thirdly, the Islamic philosophy of *Alhamdulillah* is reflected in how these Chechen refugee women think about and cope with the calamities they have experienced. All the women in my study expressed their blessings to God because of the fact that (a) God has allowed them to survive, and (b) God has prevented worse disasters from occurring during the war and the processes of pre-migration, displacement, and resettlement. Instead of questioning the will of God or complaining about the calamities they had experienced, these women preferred to say “*Alhamdulillah*,” and in this way compare themselves to women in less advantaged positions. This thought process appears to help them cope with their traumatic war memories and thus bring consolation.

Fourthly, all the Chechen refugee women in my study developed religious and supernatural causal beliefs about what they had experienced during the war to make sense of their trauma. These causal beliefs can be explained as: (a) feeling punished by God for one’s sins or lack of spirituality, (b) feeling tested by God, and (c) feeling rewarded by God (If someone has died for the sake of one’s religion, one dies as a martyr. For those, there is a reward in paradise). These religious beliefs provide these women with ways to positively reconstruct their personal narratives by ensuring a sense of order, purpose, and meaning in the midst of a shattered assumption. For example, Beyza, who had experienced traumatic events during the war, considers her experience to be a test:

We have shown patience because Allah tested me several times. He has tested me with wealth and poverty. Then He took my child. Now, He is testing me with the loss of my child. Allah tests those who are privileged on His Eyes. Because Allah has tested me with the loss of my child and with poverty, we show patience. It is our test. *Alhamdulillah*, I accept that everything comes from God. I submit to His Will without question. (Beyza)

Finally, the Chechen women in this study depersonalized their traumatic experiences and considered their experiences from a group-allegiance perspective. These Chechen women believe they had been targeted because of their allegiance to their particular ethnic and religious group, namely being Chechen Muslim, rather than because of something personal. In response to their traumatic war experiences, their ethnic and religious identities appeared to have become more salient. This finding shows religious, historical, and ethnic identity to influence how these women approach the war, how they have made sense of it, and how they view its causes. Believing society rather than the individual to have been targeted facilitates the acceptance and normalization of trauma but also serves to (a) strengthen social bonds and cultural identity within the Chechen society and (b) create a new Chechen identity rooted in suffering and violence. As Bakan (1968, as cited in Khamis, 2012, p, 2007) stated, “Suffering for a reason is easier to endure than suffering without cause, benefit, or meaning.” According to the Chechen women in my study, their suffering has not been without reason. According to them, they had been targeted

because of their ideological and religious values and ethnic affiliations. This thought process has helped these women to accept their trauma as part of their lives, to meaningfully process what they've experienced, and to endure the distress of war. Selma refers to her ethnic identity and religious identity for making sense of her traumatic experiences, saying:

It was not just me, either. In Chechnya, almost everybody has experienced these painful events, sufferings, and losses. These are the Muslims in Chechnya. Not only in Chechnya but also in Afghanistan, Syria, and Palestine, our Muslim sisters and brothers, the Ummah, face war, suffering, and fear. They have been tortured because of their religion, Islam. (Selma)

This depersonalization of traumatic experience challenges the individualistic approach to trauma. According to Western theorists, experiencing the emotional pain of trauma nearly always causes trauma survivors to ask "Why did the tragedy happen to me?" (Johnson, Thombsen, & Downs, 2009). Contrary to Western theorists' expectations, none of the women in my study asked "Why me?" Instead, they preferred to ask "Why us?" or "Why Muslims in Chechnya?" According to Stocks (2007: 77), "It would be inaccurate to suggest that survivors of trauma have nothing in common with each other, but it seems that in order to comprehend fully the effects of trauma upon the individual subject some appreciation of historical, social, and cultural specificity is essential." Because of their ethnical, cultural, and religious bonds, these women prefer to ask "Why did these painful things happen to Muslims in Chechnya?" instead of "Why did these painful things happen to me?"

High endorsements of religious coping strategies and related explanations of trauma were evident among the Chechen refugee women in my study. These women turned to the Chechen Muslim orienting system for dealing with their traumatic war experiences. This thought process provides these women with the source of strength for working through what happened to them during the war and has thus brought them consolation. All of them have stressed the positive role of religion in their healing processes. The coping function of religious and spiritual beliefs in the face of traumatic life incidences has been well documented. Research increasingly supports the idea that religious and spiritual beliefs can be helpful to people in dealing with and recovering from stressful and traumatic life events (Koenig, 1997; Pargament, 1997; Pargament, Koenig, & Perez, 2000; Park, Cohen, & Murch, 1996; Rynearson, 1995; Schumaker, 1992). The findings of the present study support the protective function of religious and spiritual beliefs in the aftermath of trauma. Being Chechen Muslim provides these women with necessary beliefs, values, and tenets, which in turn enables them to form religious coping strategies. These religious beliefs have helped the Chechen women in my study make sense of the traumatic memories of war and thus integrate their traumatic experiences into a sensible narrative. In short, as a result of tragic war memories, these women have turned to give more importance

to religious and spiritual issues and thus deepened their faith, yet such beliefs (and enhanced religious life) also function as resources for these women struggling to cope with traumatic war experiences.

In the literature, previous studies concerning the coping strategies of Chechen refugee women have revealed (a) concentrating on children, (b) being preoccupied with various indoor activities, (c) calling family members for support, and (d) chatting with other women in their community as important relief mechanisms (or coping strategies) for Chechen refugee women (Renner, Laireiter, & Maier, 2012; Renner, Salem, & Ottomeyer, 2007; Renner & Salem, 2009). In line with the above studies highlighting the positive effect of distraction and social support, some Chechen women in my study stressed the importance of chatting with friends and being preoccupied with children in dealing with traumatic war memories. These can be considered as alternative or secondary coping strategies of the Chechen women in my study because these are uncommon and rarely used by these women. Instead of distraction and social support, the Chechen refugee women in my study have preferred to turn to religion for consolation. Interestingly, none of the studies in the existing literature concerning Chechen refugee's coping strategies has mentioned religious coping. Different from the existing studies, this study shows the high endorsement of religious coping strategies among these women. The high usage of religious coping strategies instead of distraction or social support might be explained by the sample characteristics of this study: The Chechen women in this study can be considered religious. According to Pargament, people are regarded as religious "when the sacred informs their deepest values and when the sacred is invoked to help, support, or maintain those values" (1997, p. 220). Religion appears as the strongest force in these women's lives, providing several explanations for their traumatic experiences, prescribing ways for coping with these traumas, and providing guidance in difficult periods.

Martyrdom Culture

Considering the long-lasting oppression of the Chechen population by Russians, the ideology of martyrdom has a central place in the Chechen Muslim identity and has received the support of Chechen society for many years (Speckhard & Akhmedova, 2010). All the Chechen women in this study refer to the term *martyr* to define their murdered relatives and explain their loss. It shows that these women consider traumatic loss in the context of religion and the politico-religious ideology of martyrdom to have shaped their meaning-making and coping strategies and subsequent healing processes. The interpretation/understanding of martyrdom, in particular the term *shaheed*, carries cultural, political, and historical meanings (Speckhard & Akhmedova, 2010). In light of the Chechen women's interpretation of martyrdom and related coping strategies, I uncovered four recurrent themes in

their accounts: (a) what makes a martyr; (b) the expected benefits of martyrdom; (c) earning the honor of martyrdom, and (d) idealizing the martyr.

Firstly, all the Chechen women in this study present the idea of martyrdom as the epitome of their global belief system, Islam. When asked whether they had lost someone close to them during the war, all the women answered the same way, that their child or husband is a martyr. Furthermore, when asked about their marital status, all the women who had lost a husband during the Chechen resistance said, "My husband is a martyr." Instead of saying their husband had been killed, murdered, died, or tortured during the war, these women preferred to say "My husband is a martyr." They intentionally define or describe their husbands or children as martyrs. In the context of the Russian-Chechen conflict, understanding the local interpretation of the word martyr or *shaheed* requires uncovering the cultural, political, and religious dynamics that lay behind it. According to these women, *shaheed* refers to any and every person who falls, dies or is killed as a result of the Russian-Chechen conflict. This person could be girls killed while playing in their garden, babies murdered in their mother's lap, or adolescents who died on their way to school due to a car accident.

Chechen refugee women stretch the definition of martyrdom in a way where their martyred relatives can be included in that definition. Although each woman in this study defines martyrdom differently, they agree on how someone becomes a martyr: Each and every person who dies under war conditions is a martyr. Therefore, these women denote their murdered relatives as martyrs. Naming their relatives as martyrs makes these women feel calmer and proud because they believe in the expected benefits of martyrdom. As Cook (2007) similarly stated, the ideology of martyrdom has provided a particular way of coping for the Chechen refugee women in my study by presenting martyrdom as a positive achievement, a noble ideal, and opportunity instead of source of pain or suffering. Nisa said:

Martyrdom is different from conventional death in a way that martyrdom is an honorable death. It is a source of pride for us. Furthermore, believing that my husband is a martyr helps me a lot. Believing that he is martyr relieves me and enables me be partly calm. (Nisa)

Cook points out the "widespread effort by people to open the doors of martyrdom to anyone who wants it, including those who do not die in a battle" (Cook, 2007, p. 29). According to Cook (2007), the life of the person is what determines whether one becomes a martyr, not one's death. Furthermore, he defined martyrdom as "The ideal Muslim martyr is a male who willingly enters combat with pure intentions and is killed as a result of that choice" (2007, p. 30). This tendency to open the doors of martyrdom to anyone who wants it is clear in the accounts of the Chechen refugee women in my study. These women stretch the definition of martyrdom in a way that each and every person who dies under war conditions will be defined as martyr.

The only precondition of martyrdom is to die during the war times. Expanding the definition of martyrdom and including their murdered relatives into that definition appears to partially console these women. In line with previous studies (Speckhard & Akhmedova, 2006; Cook, 2007), this finding shows that martyrdom culture is rooted among the Chechen refugee women in my study and has widespread support for martyrdom at the social level in that martyrdom is presented as a noble ideal, even a passionate one, in these women's community.

Secondly, these women focused on the expected benefits of martyrdom while making sense of their traumatic experience. The expected benefits of martyrdom can be described as the following. First, according to the Chechen women in my study, God enables martyrs to be free from any pain while dying. Second, martyrs are not exposed to any interrogation process while their soul leaves their body. Third, God forgives all the sins of the martyr and they ascend to heaven directly. Fourth, God bestows martyrs with superhuman characteristics. Finally, martyrdom has many benefits for the relatives of the martyrs in the hereafter. These women ponder these pleasures that await their martyrs and themselves in heaven as compensation for their painful experiences. These Chechen women base their claims about the benefits of martyrdom on the teachings of the prophet, verses of the Qur'an, and the Hadith. These constitute the main sources of information about the pleasures that await martyrs in the hereafter. Focusing on the benefits of martyrdom instead of the pain of losing a close family member appears to help them deal with their trauma. These women appear strengthened and sustained by their religious principles that call for martyrdom and their religious beliefs that promise pleasures in the hereafter. Selma said:

Martyrdom is different. When you become a martyr, God forgives all your sins. You are allowed to go to heaven directly without any interrogation. It is similar to babies, who are pure and free of sin. I want to be a martyr too. I have been asking Allah to make me a martyr, too, just like my husband. (Selma)

Thirdly, thinking of martyrdom as the highest title an ordinary person can achieve in the world, these women on one hand describe their thankfulness to God; the Chechen women in my study feel fortunate, superior, honorable, and privileged thanks to their relatives having been martyred. On the other hand, they experience the sense of responsibility for their elevated status. They are women, the relatives of martyrs, and in this role these women try to show that they have earned this special status to God, the martyr, their community, and themselves. They feel responsible towards God, society, and the martyred. In their accounts, this clearly has caused them to simultaneously experience the blessings and burden of being a martyr's relative. Mehtap said:

Believing that my father is a martyr makes me feel proud. I am proud of him. It should be reciprocal, and thus he also should be proud of his daughter (me). In order not to embarrass him, I perform my religious responsibilities and practices as best I can. I try to live in line

with Islamic rules so that he is not ashamed in the presence of God. Allah granted this high status (being the daughter of a martyr) to me, so I should live according to the verses of Quran, Hadith, and the teachings of the Prophet. (Mehtap)

Finally, all the Chechen refugee women in my study idealized their martyred relatives. They only mentioned their positive characteristics, such as smart, religious, and brave. While they were sharing positive memories of their departed relatives, they kept silent about their negative characteristics. This can be considered as a unique way of coping among these women. Baddeley and Singer (2010) pointed out the important role of selective remembering in (a) dealing with traumatic war memories; (b) building a sensitive narrative; (c) and acquiring emotional recovery. In that, building a coherent story requires only selective narrating and remaining silent about some of their beloved ones' memories, especially negative ones (Baddeley & Singer, 2010). Accordingly, Chechen refugee women's accounts may be considered selective because they only thought of good memories of their murdered relatives. Therefore, narrating only positive memories of their beloved ones and keeping undesirable memories silent might facilitate the processing of traumatic loss.

Analysis of the Chechen women's accounts in my study shows the politico-religious ideology of martyrdom to shape their meaning-making and coping strategies and subsequent healing processes. This can be considered as a particular way of coping among these women. The role of religious ideology in the face of trauma is a well-documented factor. Research has increasingly shown the protective and coping function of religious-politico ideology (Khamis, 2000; Laor, Wolmer, Alon, Siey, Samuer, & Toren, 2006; Oren & Possick, 2010). According to Khamis (2012), ideology has two ways it can influence coping strategies and the subsequent healing processes. Firstly, "Ideology may provide a belief system or perspective that enables individuals to deal differently and perhaps better with crises in general and war atrocities in particular" (Khamis, 2012, p. 2007). Secondly, ideology may have an influence on meaning-making and coping processes through the tenets and attitudes adopted by the trauma survivors such as Jihad and Shehadah (Khamis, 2012). The findings of the present study support the protective role of martyrdom's politico-religious ideology. The politico-religious ideology of martyrdom enables these women to consider their traumatic loss politically and religiously and to focus on the blessings and benefits of martyrdom rather than the pain itself. This thought process helps these women cope with their traumas.

The Narrative of Obligatory Happiness

The traumatic events that the Chechen women in my study experienced during the war, especially the murder of loved ones, caused tremendous distress. Despite the calamities these women experienced during the war and their subsequent trauma, they try to appear

happy, underlining the importance of the Islamic philosophy of steadfastness in dealing with the distresses of war. However, at the same time, they indicated in the midst of their speeches how difficult staying sane and steadfast is while thinking about their war memories. The narrative of obligatory happiness was apparent in the accounts of the Chechen refugee women in my study. It reflects the dilemma these women experience in making sense of their traumatic memories of war, particularly loss. On the one hand, these women mentioned the difficulty of coping with their traumatic experiences and being steadfast in response to losing a close family member (their gestures and bodies also indicate their high level of distress). On the other hand, they argued that they feel lucky and happy because their beloved ones have died as a martyr. This thought process shows the inconsistency in these women's internal worlds and reveals their perceptions of mourning. While these women are distressed by traumatic loss, they try to appear steadfast in response to their experience and prove their steadfastness to the community they belong to. These women show their religiosity to the extent that they are steadfast. Both public and private expressions of grief are discouraged in the Chechen Muslim community, in that they regard mourning and crying as the denial of God's will. Correspondingly, these women have found themselves unable to grieve in a culture that believes martyrs are to be prized and not mourned. On one hand, these women welcome the religious support system that is offered by the wider community, but this same support system causes them to feel suffocated. Therefore, these women experience the dilemma of being human (they are vulnerable and distressed by the traumatic loss of their beloved ones even if they are martyrs) and being Muslim (their belief system and the community embracing this belief system feel martyrs are to be prized and not mourned). Beyza's sentences show how she tries to maintain her steadfastness and not mourn, saying:

On the one hand, I am saddened because he was very young when he died a martyr. On the other hand, I have known that the mothers of martyrs are different in the sense that they are fortunate and privileged. There have been many mothers of martyrs in Chechnya; I can see them on TV. The parents of these martyrs are very fortunate. It is said that you should not mourn and cry for a martyr. (Beyza)

Research on successful coping with traumatic experiences has revealed the beneficial effect of sharing traumatic memories with others (Harber & Pennebaker, 1992; Murray & Segal, 1994; Pennebaker & Francis, 1996; Pennebaker & Harber, 1993), but the Chechen women in my study appeared to have been discouraged from sharing their painful memories or showing uncensored emotions. They are not only expected to suppress and censor their feelings but also express their happiness to society. These women can be concluded to have become trapped between the divine and the human, and their community does not seem to allow them much room for mourning. Because these women have been unable to vent their emotions or grieve the death of their relatives due to the religious belief system and social pressures,

this might possibly hinder their healing processes. As Caplan et al. (2011) has stated, religious or spiritual beliefs do not always lead to healthy meaning-making and coping strategies. For the Chechen refugee women in my study, the religious belief system and related social suppression in this case appear to not allow these women to mourn, hindering their recovery.

This finding points out the need for understanding the complex dynamics Chechen refugees face while listening and assessing their trauma; religion, society, patriarchy, social expectations, culture, politics, and history are important parts of the lives of these women (George, 2010). How these women experience and express their suffering is shaped not only by their beliefs but also by the socio-political environment in which they live. Understanding how Chechen refugee women who have lived through the distress of war make sense of their experiences requires adopting an integrated and holistic approach to trauma. Considering individual women's trauma on its own without any reference to social, political, or cultural factors can lead to a premature conclusion.

Discussion

Traumatic experiences, in particular loss, have apparently made the Chechen refugee women in this study vulnerable and distressed. A growing body of research is found on the psychological consequences of displacement, and these studies describe refugee experience as a chronic process of traumatization (George, 2010). The high prevalence of mental distress, post-traumatic stress disorder (PTSD), depression, anxiety, and insomnia has been found among several refugee groups from different cultures (Fazel, Wheeler, & Danesh, 2005; Lustig et al., 2004; Marshall et al., 2005; Mollica et al., 2005; Momartin, Silove, Manicavsgar, & Steel, 2003; Schmit, Kravic, & Ehlert, 2008; Vojvoda et al., 2008). Studies with Chechen refugees living in different parts of the world have also yielded similar results: high rates of anxiety, mental distress, PTSD, and depression are found among Chechen refugees (Jishkariani, Kenchadze, & Beira, 2005; Johnson, Thompson, & Downs, 2009; Maercker & Müller, 2004; Mollica et al., 2007; Renner, Salem, & Ottomeyer, 2007; Renner & Salem, 2009; Renner, Laireiter, & Maier, 2012; Robertson et al., 2006). The findings of the present research are consistent with previous studies in that high levels of distress have also been found among the Chechen refugee women in this study based on their self-reports. They believe what they experienced during the war to have triggered mental disturbances. These women's accounts reveal most of them to suffer from muscle pains and spasms, stomach pains, insomnia, distress, emotional fluctuations, and heart rhythm abnormality. That these women consider their physical illnesses as reflections of their psychological situation is important to note. In addition to their self-reports, behavioral indicators of their distress were observable during the interviews. While some of them seemed aggressive, irritable and short tempered

during the interviews, other women had a bleak outlook. The psychological traces of war and displacement are evident among these Chechen women.

Chechen refugee women's understanding and experiences of traumas have been colored by social, political, religious, and cultural factors. The accounts of the Chechen refugee women in my study have evidenced that all of them turned to the Chechen Muslim orienting system in response to the traumatic experiences of war to make sense of what they had experienced. These women had deepened their religious beliefs following their traumatic experiences, as these beliefs provide resources for dealing with their traumatic memories of war. Therefore, they have developed several religious coping strategies, and each has different implications for these women's healing processes.

Firstly, the Chechen Muslim theodicy shows religion to constitute the strongest force in these women's lives and to provide guidance in dealing with their traumatic experiences. All the women take refuge in the Quran and hadiths to make sense of why these things happened to them. Religious beliefs not only offer theological explanations for their suffering but also shape their coping strategies and appraisals related to traumatic experience. Analysis of the data reveals five coping strategies frequently used by the Chechen women in this study: (a) increased religious service, (b) submitting to the will of God; (c) Alhamdulillah; (d) theological explanations for the causes of war; (e) depersonalization of traumatic experience. These religious coping strategies provide a meaning for these Chechen women's suffering and helps them integrate their traumatic experiences into a sensible order; this in turn facilitates their recovery processes.

Secondly, the martyrdom culture reveals the Chechen refugee women in my study to consider traumatic loss in the politico-religious context. Therefore, the politico-religious ideology of martyrdom, which constitutes the epitome of the Chechen refugee women's global belief system, shapes their meaning-making and coping strategies. As Cook (2007) also stated, the ideology of martyrdom has provided the Chechen refugee women in my study with a particular way of coping. Considering the Chechen refugee women's understanding of traumatic loss, I discovered four coping strategies in their accounts: (a) what makes a martyr; (b) the expected benefits of martyrdom; (c) earning the level of martyrdom, and (d) idealizing the martyr. These coping strategies enable these Chechen refugee women to consider the traumatic loss of their beloved ones as an achievement or blessing rather than a source of pain; this thought process provides these women with meaning, a sense of purpose, strength, and hope.

These findings speak to the literature on (a) the role of religious beliefs and (b) the role of ideologies in coping with traumatic distress. These findings provide support to the literature (a) on the protective role of religious beliefs in the face of trauma and

(b) the protective function of the ideology of martyrdom in dealing with the distress of traumatic loss. The study's findings show the importance of the religious and spiritual beliefs and ideologies held by trauma survivors in dealing with their traumatic experiences. Complementary to this finding, studies have shown that "cultures with greater traditional and religious heritage provide better means and resources for finding meaning and making sense of distressing events" (Hussain & Bhushan, 2011, p. 585). From the findings of this qualitative study, the rich historical, political, and religious heritage of Chechen refugees quite apparently promotes healthy coping strategies among these women with the exception of the narrative of obligatory happiness.

Thirdly, although religious beliefs and the politico-religious ideology of martyrdom are found to be important sources of strength, coping, and resilience for Chechen refugee women, the narrative of obligatory happiness prevalent in the accounts of the Chechen women appear to smother them. These Chechen refugee women are trapped between the divine and human; their community's adoption of the Islamic belief system, in particular the Islamic philosophy of steadfastness, does not allow these women to mourn. Research on successful coping with traumatic experiences has demonstrated the beneficial effects of sharing traumatic memories with others and the adverse effects of suppressing emotions (Harber & Pennebaker, 1992; Murray & Siegel, 1994; Pennebaker & Francis, 1996). As these women have been unable to vent their emotions or grieve the death of their relatives due to the religious belief system and social pressure, this may likely hinder their healing processes. As Caplan et al. (2011) stated, religious beliefs do not necessarily provide healthy meaning-making and coping strategies. For the Chechen refugee women in my study, the religious belief system and related social suppressions in this case have interfered with their healing processes by not allowing them to express their grief or mourning but just a narrative of obligatory happiness.

As practical implications, the findings of this study should be of interest to NGOs, policy makers, politicians, and mental health service providers. Firstly, government authorities and NGOs should be aware that human rights violations and traumatic war experiences have had a negative impact on the mental health of the Chechen refugee women in this study. According to their accounts, they faced a range of potentially traumatizing experiences during their displacement and resettlement processes. Therefore, these women are vulnerable, distressed, and traumatized. Considering the significance of the situation, NGOs working in Turkey should be aware that mental health illnesses may be prevalent within this community and make efforts to care for displaced individuals" (George, 2010, p. 380). Furthermore, the findings of this study contribute to clinical knowledge on the role of spiritual and religious beliefs in dealing with trauma and suggest appropriate interventions and specific communication strategies for service providers working with Chechen refugees. To provide culturally-

competent services, mental health workers should consider integrating religious and spiritual values and practices into health interventions in order to promote overall well-being (Higgins & Learn, 1999, as cited in Caplan et al., 2011). In addition, mental health workers should take into account the culture-specific symptoms of trauma. In line with previous studies indicating the suspicion of Chechen refugees (Renner, Salem, & Ottomeyer, 2007; Renner, Laireiter, & Maier, 2012), the Chechen refugee women in my study appeared suspicious during the interviews. When communicating with Chechen refugees, mental health workers should consider the suspiciousness of these women, be sensitive toward their needs, and take appropriate steps for securing their confidentiality and establishing rapport. They should develop convenient communication strategies to enter into these women's lives. Complexity of Chechen refugee trauma heightens service providers' sensitivity to refugees' medical, social, political, and historical background (George, 2010).

References

- Akhmedova, K. (2005). Group therapy with traumatized children in the Chechen refugee camps. *Nato Security Through Science Series E Human and Societal Dynamics, 1*, 32–33.
- Ambert, A., Adler, P. A., Adler, P., & Detzner, D. F. (1995). Understanding and evaluating qualitative research. *Journal of Marriage and the Family, 57*, 879–893.
- Askerov, Ali. (2011). *The Russo-Chechen conflict: Analysis, impact, transformation* (Doctoral dissertation, University of Manitoba, Manitoba, Canada).
- Baddeley, J., & Singer, J. A. (2010). A loss in the family: Silence, memory, and narrative identity after bereavement. *Memory, 18*(2), 198–207.
- Baker, A., & Shalhoub-Kevorkian, N. (1995). Differential effects of trauma on spouses of traumatized households. *Journal of Traumatic Stress, 18*(1), 61–73.
- Basoglu, M., Paker, M., Paker, O., Ozmen, E., Marks, I., Incesu, C., ... Sarimurat, N. (1994). Psychological effects of torture: A comparison of tortured with non-tortured political activists in Turkey. *American Journal of Psychiatry, 151*, 76–81.
- Canadian Council for Refugees. (2002). *State of refugees in Canada*. Retrieved from <http://www.web.net/%7Eccr/state.html>
- Caplan, S., Paris, M., Whittemore, R., Desai, M., Dixon, J., Alvidrez, J., ... & Scahill, L. (2011). Correlates of religious, supernatural and psychosocial casual beliefs about depression among Latino immigrants in primary care. *Mental Health, Religion, and Culture, 14*, 589–611.
- Cook, D. (2007). *Martyrdom in Islam*. Cambridge, UK: Cambridge University Press.
- De Haene, L., Grietens, H., & Verschueren, K. (2010). Attachment in the context of refugee traumatization: The impact of organized violence and forced separation on parental stress of mind regarding attachment. *Attachment and Human Development, 12*(3), 249–264.
- de Jong, K., van der Kam, S., Ford, N., Hargreaves, S., van Oosten, R., Cunningham, D., ... Kleber, R. (2004). The trauma of ongoing war in Chechnya: Quantitative assessment of living conditions, and psychosocial and general health status among war displaced in Chechnya and Ingushetia. *Conflict and Health, 13*, 1–44. <http://dx.doi.org/10.1186/1752-1505-1-4>
- Fazel, M., Wheeler, J., & Danesh, J. (2005). Prevalence of serious mental disorders in 7000 refugees resettled in western countries: A systematic review. *Lancet, 365*, 1309–1314.

- George, M. (2010). A theoretical understanding of refugee trauma. *Clinical Social Work*, 38(4), 379–387. <http://dx.doi.org/10.1007/s10615-009-0252-y>
- Gilligan, E. (2010). *Terror in Chechnya: Russia and the tragedy of civilians in war*. Princeton, NJ: Princeton University Press.
- Goodman, J. H. (2004). Coping with trauma and hardship among unaccompanied refugee youths from Sudan. *Qualitative Health Research*, 14, 1177–1196.
- Habiballah, N. (2004). Interviews with the mothers of martyrs of the Aqsa of Intifada. *Arab Studies Quarterly*, 26, 15–30.
- Hammerli, A., Gattiker, R., & Weyermann, R. (2006). Conflict and cooperation in an actors' network of Chechnya based on event data. *Journal of Conflict Resolution*, 50, 159–175.
- Harber, K., & Pennebaker, J. (1992). Overcoming traumatic memories. In S. A. Christianson (Ed.), *The handbook of emotion and memory: Research and theory* (pp. 359–386). Hillsdale, NJ: Erlbaum.
- Hasanovic, M. (2012). Posttraumatic stress disorder in Bosnian internally displaced and refugee adolescents from three different regions after the 1992-1995 war in Bosnia Herzegovina. *Pediatrics Today*, 8(1), 22–31.
- Hussain, D., & Bhushan, B. (2011). Cultural factors promoting coping among Tibetan refugees: A qualitative investigation. *Mental Health, Religion, Culture*, 14(6), 575–587.
- Jishkariani, M., Kenchadze, V., & Beria, Z. (2005). Traumatic stress among child war victims and problems of rehabilitation in Georgia. *Developing Strategies to Deal with Trauma in Children*, 1, 34–39.
- Johnson, H., Thompson, A., & Downs, M. (2009). Non-Western interpreters' experiences of trauma: The protective role of culture following exposure to oppression. *Ethnicity and Health*, 14, 407–418.
- Kaplan, Z., Matar, M. A., Kamin, R., Sadan, T., & Cohen, H. (2005). Stress-related responses after 3 years of exposure to terror in Israel: Are ideological-religious factors associated with resilience? *Journal of Clinical Psychiatry*, 66, 1146–1154.
- Khamis, V. (2000). *Political violence and the Palestinian family: Implications for mental health and well-being*. Oxford, UK: The Haworth Maltreatment and Trauma Press.
- Khamis, V. (2012). Impact of war, religiosity, and ideology on PTSD and psychiatric disorders in adolescents from Gaza Strip and South Lebanon. *Social Science & Medicine*, 74, 2005–2011.
- Kinsie, J. D. (1988). The psychiatric effects of massive trauma on Cambodian refugees. In J. P. Wilson, Z. Harel, & B. Kahana (Eds.), *Human adaptation to extreme stress* (pp. 305–319). New York, NY: Plenum Press.
- Kinsie, J. D. (1993). Post-traumatic effects and their treatment among Southeast Asian refugees. In J.P. Wilson & B. Raphael (Eds.), *International handbook of traumatic stress syndromes* (pp. 311–321). New York, NY: Plenum Press
- Koenig, H. G. (1997). *Is religion good for your health? The effects of religion on physical and mental health*. New York, NY: Haworth Press.
- Kramer, M. (2010). Guerilla warfare, counterinsurgency and terrorism in the North Caucasus: The military dimension of the Russian-Chechen conflict. *Europe-Asia Studies*, 57, 209–290.
- Kvale, S. (2008). *Doing Interviews*. London, UK: Sage.
- Laor, N., Wolmer, L., Alon, M., Siev, J., Samuel, E., & Toren, P. (2006). Risk and protective factors mediating psychological symptoms and ideological commitment of adolescents facing continuous terrorism. *Journal of Nervous and Mental Diseases*, 194, 279–286.
- Lustig, S. L., Kia-Keating, M., Knight, W. G., Geltman, P., Ellis, H., Kinzie, J. D., ... & Suxe, G. L. (2004). Review of child and adolescent refugee mental health. *Journal of the American Academy of Child and Adolescent Psychiatry*, 43(1), 24–36.

- Maercker, A., Povilyonite, M., Lianova, R., & Pöhlmann, K. (2009). Is acknowledgement of trauma a protective factor? The sample case of refugees from Chechnya. *European Psychologist, 14*, 249–254.
- Maercker, G., & Müller, J. (2004). Social acknowledgement as a victim or survivor: A scale to measure a recovery factor of PTSD. *Journal of Traumatic Stress, 17*(4), 345–351.
- Marshall, G., Schell, T., Elliot, M., Berthold, S., & Chun, C. (2005). Mental health of Cambodian refugees two decades after resettlement in the United States. *Journal of American Medical Association, 294*(5), 602–612.
- Miller, K. E., Weine, S. M., Ramic, A., Brkic, N., DjuricBjedi, Z., Smajkic, A., ... Worthungtron, G. (2002). The relative contribution of war experiences and exilerelated stressors to levels of psychological distress among Bosnian refugees. *Journal of Traumatic Stress, 15*, 377–387.
- Mollica, R. F., McInnes, K., Sarajlic, N., Lavelle, J., Sarajlic, I., & Massagli, M. (1999). Disability associated with psychiatric comorbidity and health status in Bosnian refugees living in Croatia. *Journal of American Medical Association, 282*, 433–439.
- Momartin, S., Silove, D., Manicavasagar, V., & Steel, Z. (2003). Dimensions of trauma associated with post-traumatic stress disorder (PTSD) caseness, severity, and functional impairment: A study of Bosnian refugees resettled in Australia. *Social Science and Medicine, 57*(5), 775–781.
- Murray, E. J., & Segal, D. L. (1994). Emotional processing in vocal and written expression of feelings about traumatic experiences. *Journal of Traumatic Stress, 7*, 391–405.
- Neuman, W. L. (2006). *Social research methods: Qualitative and quantitative approaches*. Toronto, Canada: Pearson.
- Oren, L., & Possick, C. (2010). Is ideology a risk factor for PTSD symptom severity among Israeli political evacuees? *Journal of Traumatic Stress, 23*, 483–490.
- Orosa, F. J. E., Brune, M., Huter, K., Fischer-Ortman, J., & Haasen, C. (2011). Belief systems as coping factors in traumatized refugees: A prospective study, *Traumatology, 17*(1), 1–17. <http://dx.doi.org/10.1177/1534765609358468>
- Pargament, K. I. (1997). *The psychology of religion and coping: Theory, research, practice*. New York, NY: Guilford Press.
- Pargament, K. I., Koenig, H. G., & Perez, L. M. (2000). The many methods of religious coping: Developmeny of initial validation of RCOPE. *Journal of Clinical Psychology, 56*(4), 519–543.
- Pargament, K. I., Smith, B. W., Koenig, H. G., & Perez, L. (1998). Patterns of positive and negative religious coping with major life stressors. *Journal for the Scientific Study of Religion, 37*, 710–724.
- Park, C. L., Cohen, L. H., & Murch, R. L. (1996). Assessment and prediction of stress-related growth. *Journal of Personality, 64*, 71–105.
- Pennebaker, J. W. (1997). *Opening up: The healing power of expressing emotions* (Rev. ed.). New York, NY: Guilford.
- Pennebaker, J. W., & Harber, K. (1993). A social stage model of collective coping: The Loma Prieta earthquake and the Persian Gulf war. *Journal of Social Issues, 49*(4), 125–146.
- Pennebaker, J., & Francis, M. (1996). Cognitive, emotional, and language processes in disclosure. *Cognition and Emotion, 10*, 601–626.
- Popovski, V. (2007). Terrorizing civilians as a ‘counter – terrorist operation’: Crimes and impunity in Chechnya. *Southeast European and Black Sea Studies, 7*, 431–447.
- Porter, M., & Haslam, N. (2005). Pre-displacement and post-displacement factors associated with mental health of refugees and internally displaced persons: A meta-analysis. *The Journal of the American Medical Association, 294*, 602–612.
- Pünamaki, R. L., Qouta, S., & El-Sarraj, E. (2001). Resiliency factors predicting psychological adjustment after political violence among Palestinian children. *International Journal of Behavioral Development, 25*, 256–267.

- Rasmussen, A., Wilkinson, J., Raghavan, S., Nguyen, L., Vundla, S., & Miller, K. E. (2010). Rates and impact of trauma and current stressors among Darfuri refugees in Eastern Chad. *American Journal of Orthopsychiatry*, 80(2), 227–236.
- Renner, W., & Salem, I. (2009). Post-traumatic stress in asylum seekers and refugees from Chechnya, Afghanistan, and West Africa: Gender differences in symptomatology and coping. *International Journal of Social Psychiatry*, 55, 99–108.
- Renner, W., Lareiter, A., & Maier, M. J. (2012). Social support as a moderator of acculturative stress among refugees and asylum seekers. *Social Behavior and Personality*, 40(1), 129–146.
- Renner, W., Salem, I., & Ottomeyer, K. (2006). Cross-cultural validation of psychometric measures of trauma in groups of asylum seekers from Chechnya, Afghanistan and West Africa. *Social Behavior and Personality*, 35(5), 1101–1114.
- Renner, W., Salem, I., & Ottomeyer, K. (2007). Posttraumatic stress in asylum seekers from Chechnya, Afghanistan and West Africa: Differential findings obtained by quantitative and qualitative methods in three Austrian samples. In J. P. Wilson & C. Tang (Eds.), *The cross-cultural assessment of psychological trauma and PTSD* (pp. 239–278). New York, NY: Springer.
- Robertson, C. L., Halcon, L., Savik, K., Johnson, D., Spring, M., Butcher, J., ... Jaranson, J. (2006). Somali and Oromo refugee women: Trauma and associated factors. *Journal of Advanced Nursing*, 56(6), 577–588.
- Ryan, D., Kelly, F. E., & Kelly, B. D. (2009). Mental health among persons awaiting an asylum outcome in western countries. *International Journal of Mental Health*, 38, 88–111.
- Ryneerson, E. K. (1995). Bereavement after homicide: A comparison of treatment seekers and refusers. *British Journal of Psychiatry*, 166, 507–510.
- Sachs, E., Rosenfeld, B., Lhewa, D., Rasmussen, A., & Keller, A. (2008). Entering exile: Trauma, mental health, and coping among Tibetan refugees arriving in Dharamsala, India. *Traumatic Stress*, 21, 199–208.
- Sakwa, R. (2005). *Chechnya: From past to future*. London, UK: Anthem Press.
- Schmidt, M., Kravic, N., & Ehlert, U. (2008). Adjustment to trauma exposure in refugee, displaced, and non-displaced Bosnian women. *Archives of Women's Mental Health*, 11(4), 269–276. <http://dx.doi.org/10.1007/s00737-008-0018-5>
- Schumaker, J. F. (Ed.). (1992). *Religion and mental health*. New York, NY: Oxford University Press.
- Shalhoub-Kevorkian, N. (2003). Liberating voices: The political implications of Palestinian mothers narrating their loss. *Women Studies International Forum*, 26, 391–407.
- Shaw, A., Joseph, S., & Linley, P. A. (2005). Religion, spirituality and posttraumatic growth: A systematic review. *Mental Health, Religion and Culture*, 8(1), 1–11.
- Smith, J. A., & Osborn, M. (2007). Interpretive phenomenological analysis. In J. A. Smith (Ed.), *Qualitative psychology: A practical guide to research methods* (pp. 53–81). California, CA: Sage.
- Stocks, C. (2007). Trauma theory and the singular self: Rethinking extreme experiences in the lights of cross cultural identity. *Textual Practice*, 21, 71–92.
- United Nations High Commissioner for Refugees. (2006). *Helping refugees: An introduction to the UNHCR*. Retrieved from <http://www.unhcr.org/basics/BASICS/420795964.pdf>
- Vojvoda, D., Weine, S. M., McGlashan, T., Becker, D. F., & Southwick, S. M. (2008). Posttraumatic stress disorder symptoms in Bosnian refugees 3 ½ years after resettlement. *Journal of Rehabilitation Research and Development*, 45(3), 421–426.