A CRITICAL REVIEW OF NARRATIVE COHERENCE THEORY FOR USE WITH CONGOLESE REFUGEE WOMEN WHO ARE RESETTLING IN THE UNITED STATES

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University of Missouri-Kansas City, 2020

ABSTRACT

Due to the extensive violence occurring in the Democratic Republic of the Congo over the past three decades (Cultural Orientation Resource Center, 2014), between 2008 and 2013 approximately 11,000 Congolese refugees have been resettled in the United States across 45 states. An approximate additional 41,000 Congolese refugees were resettled in the United States between 2013 and 2018 (Mossaad, 2019; Zong and Batalova, 2015). In the past two years, the U.S. accepted more than 20,000 Congolese refugees, making it the largest refugee group to be resettled in the United States during this two-year period (Greenberg, Gelatt, & Holovnia, 2019; National Immigration Forum, 2020). This makes further knowledge and understanding of this population essential for many medical and mental health professionals. The goal of this qualitative study is to conduct a critical analysis of the theory of narrative coherence and its applicability to Congolese women (Baerger & McAdams, 1999). Narrative coherence theory posits the ability to share one's story in a way

that makes sense to the listener indicates the person has integrated and come to terms with their life experiences. Additionally, psychological well-being has been negatively correlated with low coherence (Baerger & McAdams, 1999). Researchers reported that few strong tools are available to assess refugee women's well-being (Gagnon, Tuck, & Barkun, 2004). Determining if a narrative coherence measure can be used to assess the well-being of Congolese women refugees could provide strides in this area and further understanding of the unique resettlement process for these women. The results of this study will contribute to the limited literature available on Congolese refugees in the United States and help inform and impact current available resources and treatment.

Key terms: *narrative coherence, Congolese refugee women, life story, social support, well-being*

APPROVAL PAGE

The faculty listed below, appointed by the Dean of the School of Education, have examined a dissertation titled "A Critical Review of Narrative Coherence Theory for Use with Congolese Refugee Women Who Are Resettling in the United States," presented by Malindi Jeri Gowen, candidate for the Doctor of Philosophy, and certify that in their opinion it is worthy of acceptance.

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CHAPTER 1

INTRODUCTION

The Democratic Republic of the Congo (DRC), formerly known as Zaire, has long been the site of a major humanitarian crisis (Riedel, 2014). The DRC has a population of approximately 70 million people (Cultural Orientation Resource Center, 2014), with women making up 52% of the population. About 40% of these are widows (DeVault, 2015). This slight majority female presence is due to the unending fighting and civil wars that have occurred and taken the lives of the men and boys. The DRC has one of the bloodiest and most traumatic histories to date. Due to continued civil unrest, primarily in the eastern DRC, and specifically in the North and South Kivu provinces, there are nearly one million Congolese refugees, with an additional five million who are displaced (Reid, 2020). Many reside in refugee camps in Burundi, Rwanda, Tanzania, and Uganda (Division of Global Migration and Quarantine, 2016). The UNHCR Working Group on Resettlement have declared the Congolese refugee situation in these four countries a priority (UNHCR, 2013). Furthermore, between 2008 and 2013, approximately 11,000 Congolese refugees have been resettled in the United States across 45 states. An approximate additional 41,000 Congolese refugees were resettled in the United States between 2013 and 2018 (Mossaad, 2019; Zong and Batalova, 2015). In the past two years, the U.S. accepted more than 20,000 Congolese refugees, making it the largest refugee group to be resettled in the United States during this two year period (Greenberg, Gelatt, & Holovnia, 2019; National Immigration Forum, 2020). This makes further knowledge and understanding of this population essential for many medical and mental health professionals.

Due to the limited physical or mental health information available from refugee camps for arriving Congolese refugees, little is known about this group; however, there are numerous reported concerns about their adjustment and resettlement, including issues of physical and mental health, housing, employment, and feelings of isolation (Cultural Orientation Resource Center, 2014; Division of Global Migration and Quarantine, 2016; Fuys & Vine, 2013; Wachter, Heffron, Snyder, Nsonwu, & Busch-Armendariz, 2016). Beyond the pervasive violence in the DRC, what distinguishes Congolese refugees from other refugee groups is the high level of reported trauma and sexual- and gender-based violence, which is more prevalent in the Congolese than other groups (Division of Global Migration and Quarantine, 2016). This is important because the majority of Congolese refugees (over 50%) are female (Fuys & Vine, 2013), and the cultural stigma and shame associated with sexual assault and rape often leads to Congolese refugees refusing counseling services after arrival in the United States (Division of Global Migration and Quarantine, 2016). In order to increase the understanding of the unique characteristics and experiences of Congolese refugees, the present study will use a qualitative investigation to assess narrative coherency among refugee women from the DRC, who are currently living in the Midwest. The goal of this study is to critically examine narrative coherence criteria (Baerger & McAdams, 1999) to better determine if this method is culturally appropriate and could be a tool to better assess well-being in female Congolese refugees. The results of this study are intended to contribute to the limited literature available on Congolese refugees in the United States and discuss if narrative coherence is culturally relevant for Congolese refugee women.

The following is a review of the literature regarding Congolese refugees and provides a history of the DRC, the current situation in the DRC, a discussion of the life story model

and its ties to narrative coherence theory, and what insight story and coherence may offer regarding resettled Congolese refugees. The chapter is divided into four sections. The first section, *The Democratic Republic of the Congo,* provides a historical overview and examines the impact of the colonial presence. It also explains the present conflict and discusses factual and cultural aspects of the DRC. The second section, *Refugees,* provides a general and brief overview of the typical refugee experience and the impact on mental health. It also addresses specifics aspects of being a Congolese refugee. The third section, *The Life Story Model of Identity,* examines the life story model of identity theory behind stories, identity, and narrative coherence. The fourth section, *Narrative Coherence,* defines the concept and provides a theoretical understanding and model. This section also discusses the relationship between narrative coherence and culture, the impact of narrative coherence on mental health symptoms, and the possible positive and negative outcomes that can come from higher or lower levels of coherence. Finally, the fifth section, *Social Support and Refugees,* discusses the importance of considering social support and using it as a comparison to assess the suitability for using a narrative coherence measure with Congolese refugees. Previous literature on refugees and storytelling will also be discussed.

The Democratic Republic of the Congo

The DRC is located in central sub-Saharan Africa. It has a population of 70 million people (Cultural Orientation Resource Center, 2014). Despite its abundance of natural resources and minerals, the DRC remains one of the poorest countries in the world (Cultural Orientation Resource Center, 2014). In 2005, the gross domestic product (GDP) per capital in the DRC was 120 U.S.D, ranking it 168 out of 177 countries in the world. Overall, approximately 70% of the population lives in poverty, and more of these individuals live in

rural (76%) compared to urban (61%) areas. In rural areas specifically, poverty is a result of the present conflicts, including a lack of quality and accessibility to natural resources (which are being exploited by various groups), and lack of opportunities for work. The most current data estimate that 16 million people are starving, and approximately 1,000 people per day die from hunger, disease, and other challenges (University of Gothenburg Department of Economics, 2008).

The population in the DRC is highly diverse with approximately 250 ethnic groups and 700 languages and dialects (Cultural Orientation Resource Center, 2014). Although French is the official language in the DRC, Kiswahili, Kinyarwanda, and Kinyamulenge are also commonly reported spoken languages among Congolese refugees. This diversity is one reason that working with this population can be particularly challenging. Competing ethnic groups have often fought over available resources in order to survive (Cultural Orientation Resource Center, 2014), and thus living together in neighboring communities in the United States can create further conflict.

Faith and religious beliefs are also often important to the Congolese. Many Congolese identify as Christian (Cultural Orientation Resource Center, 2014), although these beliefs are often mixed with traditional beliefs and aspects of animism. While approximately 70% of the Congolese population in the DRC identify as Christian, over 90% of refugees in the United States are Christian and identify as Catholic, Protestant, Pentecostal, and Seventh Day Adventist. The remaining population identify as Muslim, followers of traditional African beliefs, and Kambuangists, a native Congolese sect of Christianity. Religion provides a large source of comfort and hope for Congolese refugees, and religious leaders are highly respected (Cultural Orientation Resource Center, 2014).

Another cultural aspect of the DRC relevant for the present study is the practice of storytelling. Congolese people embrace storytelling (DeVault, 2015) and the Congolese have historically used the oral tradition of storytelling to keep their culture alive (Riedel, 2014). Through the oral tradition of storytelling, wisdom or advice may be provided with a folktale that is simple and sometimes magical in nature (Heale & Lin, 2010). The storyteller is usually an elder who is well-respected. This person will likely use different voices or make various jungle animal sounds to enhance the story. In present day, the storyteller may share an old folktale, a story of the recent civil wars, or one about disreputable politicians (Heale & Lin, 2010).

There are cultural aspects that pertain to Congolese women specifically. The husband is the head of the household, and any land or other dowry items belong to him. At any time during the marriage the man may leave and take everything with him. If there is no adult male (a husband has died), the oldest son assumes the role, regardless of his age (DeVault, 2015). Women are expected to marry young, typically before the age of 18 (Cultural Orientation Resource Center, 2014) and often have a high number of children. Care of the children is seen as primarily the woman's responsibility. When a girl becomes an age that she is deemed ready for marriage, she may experience a *rapt*; this is when the girl is kidnapped, sometimes with her parent's permission, and forced to marry her captor after the relationship has been consummated. If a rapt does not occur, a girl may be sold by her parents or given a dowry with which to entice a husband. In the case of the husband's death, the husband's family has claim to any property and possessions. For the widow, a long period of mourning is required and this can make it difficult for a woman to find jobs to support her family. In

some cases, a widow may be forced to marry the brother of her late husband, a custom called *levirate* (DeVault, 2015).

History of the DRC. In order to understand how the DRC came to be the site of two large wars and an ongoing conflict that has led to the death and displacement of millions, a foundational knowledge of its history is essential. Kongo (originally spelled with a 'K' until the arrival of King Leopold and the Belgians) was once one of the most developed and well-known kingdoms in central Africa (Gondola, 2002). Despite past notions that the Kongo nation was formed by the Portuguese, research indicates that the nation existed two centuries prior to the arrival of the Portuguese. During this era, a king, the *Mani Kongo* (Gondola, 2002, p. 28), was the sole ruler. Kongo was a wealthy kingdom, home to a variety of valuable goods and resources, including cloth, ivory, food, and slaves (2002).

The next era stretched from 1885 to 1908 and is one of the bloodiest in Congo's history. It is during this period that the violence escalated to an unbearable and horrific level, taking the livelihood and lives of the Congolese. Propaganda developed by the Belgian colonizers under rule of Belgium's King Leopold II promoted images of the "dark continent" and the idea of the "white man's burden" to bring religion and 'civilize' the Africans (Gondola, 2002, p. 59). During this period, the seldom-discussed genocide of approximately 10 million Congolese people occurred, due to invasion and exploitation. In order to force the Congolese to do the bidding of the European soldiers, the Force Publique was established by the Belgians in the late 1800s, and in 1901 involved nearly 13,000 soldiers, primarily men from East and West Africa (Gondola, 2002). The reason for this military force was rubber, an easy resource to collect and sell for profit. This period is known for its many horrors: children stolen, villages looted, women raped while the men gathered rubber. Sometimes

women and children were locked up without food or water and died; other times men would be forced to rape their own mothers and sisters if they could not provide rubber. It was not until the early 1900s that the international community began to take notice of the atrocities being committed. Congo was sold by the king to the Belgian government and the nation fell into the hands of people who, despite their disagreement with the treatment of the Congolese, believed in "benevolent colonialism" (Gondola, 2002, p. 73) and the importance of Christianizing and civilizing the Africans.

The Twentieth Century. The people of the Congo gained their independence from Belgium in 1960. However, this independence has come with its own challenges, in large part due to the leaders and their methods of gaining and maintaining control. Army Chief of Staff Joseph Mobutu became president through the influence of the United States because they believed he was sympathetic to Western interests. President Mobutu ruled from 1965 to 1997, during which time the country was renamed the Republic of Zaire. After his death, President Laurent Kabila was elected, and he renamed the country the Democratic Republic of the Congo (DRC). His assassination in 2001 allowed his son, Joseph Kabila, to become president. He has been in power since 2001, despite criticism from the international community (Gondola, 2002). Kabila has not taken a strong stance on his promises of democracy and instead has attacked members of the opposing political party. In addition, corruption in the area of mineral exportation continues, with profits benefitting individuals rather than the country. The Congolese army has also been accused of perpetrating human rights abuses against their own people (Vlassenroot & Raeymaekers, 2009).

The series of large-scale conflicts in the current DRC in the last three decades are in part a consequence of the 1994 Rwandan genocide (Cultural Orientation Resource Center,

2014). Large numbers of Tutsis fled Rwanda in an attempt to escape the violence and mass murders being ordered by Hutu leaders. Once the killing in Rwanda ended, which was made possible by an invasion of Tutsis from southern Uganda (McFerson, 2009), Hutu civilians fled from Rwanda to the DRC to escape punishment or persecution. Refugee camps for the Hutu were established in the DRC, but the former Hutu militia gained control of the camps, and amidst the terror they inflicted on their own people, they raided Rwanda and attacked Congolese Tutsis (McFerson, 2009). This resulted in both Uganda and the Tutsi-led government of Rwanda invading the DRC in 1996 in an attempt to locate and overpower the militia groups. Unfortunately, despite this positive intention, this invasion soon became about the exploitation of the DRC's mineral resources (McFerson, 2009). Angola later joined the conflict in support of the DRC. Presently, the official Rwandan troops have withdrawn, but Tutsi-led rebel groups remain and are still undefeated against the Congolese army. The violence and terror perpetrated by the local government and other rebel factions has only furthered the conflict. The ethnic-provoked fighting and continued suffering has increasingly resulted in discrimination against Hutus and Tutsis (Cultural Orientation Resource Center, 2014).

These conflicts are the First Congo War (1996-97) and Second Congo War, or Africa's World War (1998-2003). This second conflict was named this due to the large number of countries involved (Cultural Orientation Resource Center, 2014). It is estimated that 3.4 million people have been displaced and an additional 3.5 million killed as a result (Katshung, 2006). This is considered to be the deadliest global conflict since World War II (Division of Global Migration and Quarantine, 2016; Katshung, 2006) and called the "African equivalent of World War I" (Katshung, 2006, p. 10).

The list of human rights violations perpetrated by all sides during the conflict is long, including the murder of civilians, recruitment of child soldiers, village and home devastation, rape, and torture (Cultural Orientation Resource Center, 2014; Katshung, 2006). To make matters worse, the U.N. Security Council Secretary-General stated that the justice system cannot provide justice for its people (cited in Katshung, 2006). Despite the end of the Second Congo War, the Kivu Conflicts (2004-present) in the eastern provinces are a continual source of violence and human rights violations. The perpetrators of these acts are rebel factions and rogue groups left over from the Congolese army (Division of Global Migration and Quarantine, 2016).

Refugees

Congolese refugees. A refugee is someone who has been forced to flee his or her country because of persecution, war, or violence (UNHCR, 2020). Of the Congolese refugees in the United States, approximately 20% are single mothers, 55% are under the age of 18, 18% are between the ages 18 and 25, and approximately 25% are over 25 years old (Cultural Orientation Resource Center, 2014). Additionally, the ethnic makeup of Congolese refugees is complex. Due to a majority of the fighting taking place in the eastern DRC, the Bembe and Bashi ethnic groups, who make up a large part of this region, have experienced high levels of violence (Cultural Orientation Resource Center, 2014). In addition to these Congolese ethnic groups, refugees may belong to the Banyamulenge, an ethnic Congolese group of Rwandan origin that have been in the region since the late 1800s. This particular group has recently faced increasing levels of discrimination due to other Congolese placing them in the same group as the Rwandan-supported rebel groups that invaded the DRC after the genocide, blaming them in part for the civil unrest in the country (Cultural Orientation Resource

Center, 2014). Additionally, many Tutsi and Hutu refugees living in the DRC (known as Banyarwanda, or people from Rwanda) face similar discrimination.

Premigration experiences.

Sexual violence is so commonly used as a weapon against women in the eastern DRC that human rights groups have called the area "the most dangerous place in the world to be a woman" (Cultural Orientation Resource Center, 2014, p. 2). According to one study, it is estimated that 48 women are raped every hour in the DRC, which adds up to 1,150 women every day (Peterman, Palermo, & Bredenkamp, 2011). Sexual violence may include gang rape, sexual slavery, mutilation of women's genitalia, and the murder of rape victims (Division of Global Migration and Quarantine, 2016, p. 11). The level and brutality of such attacks have led to high levels of trauma, physical injury, pregnancy, infertility, and sexually transmitted diseases (p. 11). It can also lead to social problems due to the stigma surrounding sexual- and gender-based violence, including being unable to marry, being discarded by a spouse, or even ostracized by the entire community (Division of Global Migration and Quarantine, 2016). Despite this incredibly high prevalence of sexual violence and resulting horrors, survivors of this form of violence are reluctant to report these incidents to authorities or seek help or treatment from mental health professionals (Cultural Orientation Resource Center, 2014). This is likely due to the fact that sexual- and gender-based violence is an incredibly sensitive issue for the Congolese and seen as very shameful. Furthermore, even if the attack is reported, the resulting mental health symptoms are likely to go untreated due to limited access to care (Cultural Orientation Resource Center, 2014).

According to the Cultural Orientation Resource Center (2014), there are also high rates of sexual- and gender-based violence in all refugee camps. Additionally, limited work

opportunities can lead to women and girls entering abusive relationship or having "survival sex" (Fuys & Vine, 2013, p. 8) in order to have food, shelter, or protection. It is important to note that this form of violence is not limited to women and girls in the refugee camps; men and boys can also be targets. However, it is difficult to assess the prevalence in men and boys, as they are even less likely than the women and girls to report sexual- and gender-based violence. One study found that reported rates of sexual violence was 40% in women and girls and 24% in men and boys (Johnson et al., 2010).

Additionally, the refugee camps that the Congolese have fled to are often unsafe and unhealthy. Refugee camps are typically crowded, leading to issues of hygiene and disease. Many Congolese experience long stays, with challenges finding work, growing crops, or selling products. While primary education is provided in most host countries, secondary education is limited and many students drop out (Cultural Orientation Resource Center, 2014). Despite these hardships, there is a lack of refugee camp workers and healthcare providers available to help fight these challenges. As an example, results from the Refugee Council report (Fuys & Vine, 2013) indicated that in a Rwandan refugee camp, there was one nurse assigned to treat the mental health needs of 16,000 refugees.

Challenges during resettlement. In addition to the pre-migration trauma, creating a cohesive and supportive community in the United States can be challenging due to the high ethnic diversity seen in the DRC (Cultural Orientation Resource Center, 2014). Beyond this foundational issue, many refugees face hardships pertaining to the stresses of immigration, relocation, separation from family and loss of status and self-esteem from discrimination newly experienced in the United States (Goodman, Vesely, Letiecq, & Cleaveland, 2017; Halvorsen & Stenmark, 2010; Hensel-Dittmann et al., 2011).

In regard to education, approximately 20% of Congolese over the age of 18 are illiterate, and most of these are women (Cultural Orientation Resource Center, 2014). It is estimated that over half of Congolese refugees do not speak English, and even more cannot read or write in English. Many are not prepared to live in urban areas; they are unable to drive, use computers, or have a working knowledge of various appliances. Other logistical issues, like opening a bank account or taking the bus, may also be an issue (Cultural Orientation Resource Center, 2014).

Expectations. Many Congolese refugees express concerns about resettlement in the United States. Common fears shared include racial and religious discrimination, same-sex attraction, cold weather, and strange foods. Others voice concerns about divorce and parenting styles. Expectations regarding educational and employment opportunities are often unrealistic. Refugees who were professionals prior to coming to the United States may need to take lower level jobs in areas outside of their knowledge in order to make ends meet (Cultural Orientation Resource Center, 2014), which can be difficult to accept. This is sometimes due to language ability, but many find it difficult to make time to learn English when they are working and attempting to adjust to a new country. The work schedule (8am-5pm) with limited breaks can also be a struggle, as they are accustomed to more flexible hours and taking an extended break in the afternoon to eat and rest. Finally, in order to meet needs, women may find themselves seeking out work, which can create problems in the family as gender roles change. Overall, there may also be the expectation that agencies will provide more financial support and different services than are actually available (Cultural Orientation Resource Center, 2014). This appears to be a common trend in Congolese refugees, with no clear understanding as to why.

Housing. Per the Cultural Orientation Resource Center (2014) report, there appear to be two main issues regarding housing for Congolese refugees. The first is finding safe and affordable housing that can accommodate a large family, which can include up to 14 people. The second involves placing multiple single Congolese refugees together in the same apartment or house. Due to the ethnic variability and tensions between different Congolese groups, this can often lead to conflict.

Parenting styles. Two primary issues related to parenting are prominent within the Congolese community; they are physical discipline and lack of supervision for children (Cultural Orientation Resource Center, 2014). Culturally, physical punishment (e.g., spanking) is accepted by the Congolese. Additionally, in the DRC it is not unusual for children to wander around the village or town and be watched by other members of the community. However, if Congolese parents do this in the United States, it could be viewed as neglect and create legal problems (Cultural Orientation Resource Center, 2014). Both of these issues can make it difficult for Congolese parents to feel comfortable in their new country.

Education in the United States. Many Congolese parents are unfamiliar with the education system in the United States (Cultural Orientation Resource Center, 2014). They are unfamiliar with what is acceptable behavior within the classroom or that teachers may expect a certain level of parent involvement in their children's education. Extra-curricular activities and school involvement may be a new concept. Beyond these cultural aspects, due to the limited access to education in the refugee camps, many Congolese children come in at a different level of education or knowledge than their age indicates. This issue is compounded with the trauma most have experienced. These issues can lead to bullying, gang involvement,

and behavior issues, creating challenges for teachers and the school as they attempt to place and teach these children.

Domestic violence. Due to the prevalence of sexual- and gender-based violence in the DRC and expectations that traditional gender roles will continue, domestic violence can occur (Cultural Orientation Resource Center, 2014). For example, sometimes the violence can be connected to traditional beliefs about the roles of men and women and the expectations men have of their spouses. They may also experience a clash of values between traditional Congolese and American beliefs. However, despite the abuse, women may not be willing to admit or discuss issues around domestic violence, due to not feeling safe or fear of repercussions. Sharing one's past and trauma with a stranger is often seen as strange, and many attempt to handle their abuse or trauma by staying busy and trying to forget (Cultural Orientation Resource Center, 2014).

Physical and mental health. Due to the hardships refugees often endured, both prior and after resettlement, refugees are often vulnerable to the development of physical diseases and mental health disorders (Cultural Orientation Resource Center, 2014; Flaskerud & Soldevilla, 1986; Fuys & Vine, 2013; Gee et al., 2007). A survey conducted by the Refugee Council (Fuys & Vine, 2013) found that health-related issues impact a majority of the resettlement process, including employment, education, housing, and youth resettlement. Reported physical concerns are numerous; these include arthritis, chronic pain, Hepatitis, HIV, vision and heart problems, and gynecological problems due to female genital mutilation (Cultural Orientation Resource Center, 2014; Fuys & Vine, 2013).

In addition to these physical health concerns, the Refugee Council survey found that Congolese refugees often experience anxiety and depression (Fuys & Vine, 2013). Trauma

and PTSD are also usually present, due to the experience of sexual assault, torture, and/or witnessing killing (Cultural Orientation Resource Center, 2014; Fuys & Vine, 2013). Assessments and data gathered indicate that 41% of the eastern DRC population meet diagnostic criteria for major depressive disorder (MDD) and 50% for posttraumatic stress disorder (PTSD; Division of Global Migration and Quarantine, 2016). To put a number on these percentages, approximately 2.63 million meet criteria for MDD, 3.25 million for PTSD, and 1.04 million Congolese have attempted suicide (Division of Global Migration and Quarantine, 2016). In Anna et al. (2017), 385 refugees (primarily young, West African males) completed mental health screenings. From these participants, 193 (50%) were given mental health diagnoses. The most common mental health diagnoses included PTSD (31%) and depression (20%). Being in a combat zone, being at risk of death, witnessing violence or death and experiencing detention were identified as the main trauma experiences.

While the prevalence of these mental health challenges is evident, recognizing the symptoms can be difficult. Oftentimes, community health workers are not trained in recognizing the symptoms of trauma and PTSD (Cultural Orientation Resource Center, 2014), which results in many Congolese refugees going untreated. An added challenge comes from the cultural attitudes and behavior regarding trauma. The Congolese often remain "stoic" when asked questions about possible trauma (Cultural Orientation Resource Center, 2014, p. 8), not wishing to discuss traumatic experiences, particularly with strangers. Furthermore, there is a strong stigma associated with mental health disorders and seeking treatment for issues of mental health (Cultural Orientation Resource Center, 2014). The combination of horrific trauma experiences and cultural views on mental health make addressing and treating this population very challenging.

The Life Story Model of Identity

It is proposed the genocide that occurred in the DRC distinguishes the Congolese from individuals and groups who have not experienced this type or level of trauma. Pearlman (2013) described different identity issues that can arise following genocide, which she referred to as "identity disruptions" (p. 113). However, until this time, the research has primarily assessed mental health symptoms in refugees and discussed approaches to treatment. Few studies have attempted to understand the cultural beliefs and perspectives of Congolese refugees themselves (Twagiramungu, 2014; Wachter et al., 2016). Before discussing how the Congolese experience may be impacting their identity, I will briefly provide a general understanding of identity development.

The Life-Story Model of Identity (McAdams, 1985) is a model of identity development. I chose this model because it has been a widely used model in the literature (Adler, 2012; Freer, Whitt-Woosley, & Sprang, 2010; Yampolsky, Amiot, & de la Sablonnière, 2013) and takes into account a person's cultural identity and background, although this model has often primarily considered Westernized populations (McAdams, 1990; McAdams, 1996; McAdams, 2006). I will discuss the model, explain the criteria for a good life story, and consider why assessing how Congolese refugees share their stories may improve understanding of their resettlement experiences and thus improve approaches to treatment.

In this model, life story is defined as an internalized and evolving narrative of the self that incorporates the reconstructed past, perceived present, and anticipated future (McAdams, 1996). It is a psychosocial construct, developed by the person from their own cultural perspective. The life story can be conceptualized through the story metaphor; in the same way a fictional story has characters, a plot, and themes, so does a life story. A life story may

be revised or rewritten when a person encounters a crisis, and from the point of the crisis a person's identity develops from the integration of the past, present, and potential future experiences, a combination of the individual person and their environment. The life story attempts to connect all the pieces of a person's life and find continuity, even when that can be difficult (McAdams, 1996). In other words, a life story can be considered as a person's identity

According to McAdam's (1985) theory, a person's identity, or life story, is made up of four components: a) nuclear episodes; b) imagoes; c) ideological setting; and d) the generativity script. Nuclear episodes are individual events that occur in a person's life. An imago is "a personified and idealized image of the self that functions as a protagonist in a life story" (McAdams, 1996, p. 309). McAdams proposed that people often have multiple imagoes, as a person can seldom maintain a single role for every situation in life. For example, a person's imagoes may be a spouse, counselor, and friend, and each "character" has its own role, qualities, and experiences. The integration and acceptance of these characters into one multifaceted identity is what leads to purpose and unity in a person's life and a full understanding of one's self (McAdams, 1992). McAdams defined ideological setting as "a backdrop of belief and value that situates the action of the narrative in a particular ontological, epistemological, ethical, and religious context" (McAdams, 1992, p. 367). Ideological setting, then, refers to the background of the story, which is resistant to change due to the fact that it begins developing when the person is born. In order for a person to reconceptualize an event of their life from a new perspective, significant events would have to happen. Finally, the generativity script refers to what a person wants to do with their life and get out of life (McAdams, 1992).

While these are the components of the life story, there are additional factors that need to take place to create a good life story. McAdams (1996) proposed there are six standards of a good life story: (a) coherence, defined as "the extent to which a given story makes sense on its own terms" (McAdams, 1996, p. 315); (b) openness, or when the person demonstrates their story can adjust and change over time and accept that sometimes there is no definitive answer; (c) credibility, which is described as being "grounded in the real world" (p. 315).; (d) differentiation, which means the life story is complex, rich, and developed over time; (e) reconciliation, or when the person seeks to understand conflicting experiences, which can be challenging but is important for healing; and (f) generative integration, which is the understanding that a life story belongs to a person and is not merely a story in a book. Generative integration means the person can have close relationships and give back to the community. If the person can develop and integrate these six components of their life story into a broader social context, they will demonstrate a strong personal identity, which is the purpose of the life story (McAdams, 1996). To put this in context for Congolese refugees, this theory would argue that the ability to process and accept their experiences traumatic and otherwise, and acknowledge how it has changed them is critical to having an understanding of themselves as an individual and within a larger community.

Narrative Coherence

Coherence or narrative coherence (McAdams, 1996) is the component of the life story that has been linked to overall well-being (Baerger & McAdams, 1999; Benish-Weisman, 2009; Chandler & Lalonde, 1998; Yampolsky et al., 2013). However, it is important to note that McAdams (1996) based this concept on individuals from Western societies. No research has looked at narrative coherence with refugees. Specifically, no study

has examined if narrative coherence holds cultural relevance for Congolese refugees. Additionally, assuming narrative coherence is culturally relevant, there is no evidence to indicate if the criteria developed to assess narrative coherence is appropriate or helpful when assessing overall well-being in Congolese refugee women.

There is some support for examining narrative coherence in refugees. Researchers are starting to conceptualize people as beings who create stories (McAdams, 2010). Edward Bruner (1986), whose research focused on Native Americans/American Indians, argued that when explaining human behavior, people prefer to do so in narrative mode, or through stories. In the most basic sense, a person's story cannot be shared if it cannot be understood by those listening. A good life story, then, is measured by its coherence, its ability to be understood in a social context (McAdams, 1996; McAdams, 2006). Narrative coherence is defined as, "The extent to which a given story makes sense on its own terms" (McAdams, 1996, p. 315). The characters and order of events should make sense to the listener, and the story should not contain significant contradictions. Specifically, coherence refers to the structure and the content of a story. In order for a story to be coherent or make sense, it must discuss how the person came to be who s/he is and who s/he could be moving forward (McAdams, 2006).

To measure the idea of coherence, Baerger and McAdams (1999) developed what they called the Model of Life Story Coherence. The authors drew on previous research and conceptualizations of narrative coherence and proposed four main components of coherence: (a) orientation, which provides necessary background information to understand the story; (b) structure, which requires that a story is told in a way that makes sense within a cultural context; (c) affect, or the emotionality the person maintains throughout the story as a way of

demonstrating the purpose and importance of the story; and (d) integration, defined as putting the information into context in the person's life and allowing them to make sense of an experience and its meaning in their life.

To test these components, Baerger and McAdams (1999) asked 50 participants (n = 19 African-American; n = 31 Anglo-American) to complete a Life Story Interview. The interviews were a series of open-ended questions and asked participants to share about eight critical life events, including: a peak (or high) experience, a nadir (or low) experience, a turning point, an early memory, a childhood scene, an adolescent scene, an adult scene, and a final memory the participant could choose (p. 78). The coding system had the four indices mentioned above, orientation, structure, affect, and integration. Each event was given a score on the four indices and then totaled. The authors then summed the scores of each event to provide a single total coherence score. A Likert-type scale was used to determine an individual score for each index, ranging from very low (score of 1) to very high (score of 7). The authors reported an overall interrater reliability score of .79 (Baerger & McAdams, 1999). They then ran correlations to assess the relationship between participants' total narrative coherence scores and self-report measures of depression, happiness, and life satisfaction, which represented psychological well-being. Baeger and McAdams found that higher total scores of narrative coherence were negatively associated with depression, r = -.49, $p < .0001$, and positively related with happiness, r. = .28, $p < .05$ and life satisfaction, r = .29, $p < .05$. These results offer support for narrative coherence as a construct. However, it is uncertain whether these criteria, developed from a Westernized sample, are appropriate or applicable as an assessment tool for refugees.

Other research provides support for narrative coherence. In a commentary discussion by Singer and Rexhaj (2006), they synthesized what previous research proposed as components of a healthy narrative, including that of Baerger and McAdams (1999). Singer and Rexhaj (2006) identified six overlapping themes of a healthy narrative, specifically that the narrative is relationally oriented, grounded in the person's cultural background, autonomous, open to reflection and change, and directed by the individual. Narrative coherence has also been looked at across disciplines, such as cognitive psychology, developmental psychology, and personality psychology and has been shown to be vital in autobiographical memory, understanding of self and others, identity formation, physical and psychological health, and closer family relationships (McAdams, 2010). Given the use of narrative coherence theory in psychological research, an argument can be made that an examination of the applicability of narrative coherence in refugee populations is an important issue for future research.

Coherence, mental health and treatment. From a Western perspective, many of the problems that lead people to seek out mental health services are centered on people attempting to understand their lives and their own story (McAdams, 1996). General well-being comes from telling a story in a coherent manner, including both positive and negative experiences, and psychopathology occurs when the story is not coherent and contains problems, such as when a person cannot reconcile their different life experiences (McAdams, 2006). This falls in line with Narrative Therapy, which draws on the same principles as narrative coherence. According to White and Epston (1990), for people to make sense of their lives and be able to express themselves, their experience must be "storied", and through "storying", meaning is ascribed to experience. Storying provides individuals with a sense of

continuity and meaning. White and Epston (1990) argued that people seek therapy because the narratives they are storying or that are being storied for them do not adequately represent their experiences. As previously mentioned, Baerger and McAdams (1999) assessed psychological well-being through self-report measures of life satisfaction, happiness, and depression levels and found that psychological well-being was negatively correlated with low coherence. King and Hicks (2006) found that achieving a sense of closure and accepting negative experiences or the loss of who they could have been led to higher psychological well-being. Thus, a person's ability to develop and maintain a coherent story that is demonstrative of the person's identity indicates higher levels of psychological well-being. What remains unclear is if similar results would be found when the study involves Congolese refugees.

It is interesting that while the implementation of various forms of narrative therapy with refugees is well-documented in the research, little has been done using narrative coherence theory (Hijazi et al., 2014; Morina et al., 2012; Nakeyar & Frewen, 2016). Narrative therapy states that what people know of life they have learned from their experiences (White & Epston, 1990). According to this theory, telling one's story allows meaning to be ascribed to experience. Storying provides individuals with a sense of continuity and meaning. This idea is directly in line with the theory behind narrative coherence. Both theories also state that the past and present must be integrated for a person to live their true story (narrative therapy; White & Epston, 1990) or have a good life story (narrative coherence; McAdams, 1996). However, despite the use and reported effectiveness of narrative therapy in reducing mental health symptoms in refugees (Halvorsen & Stenmark, 2010; Hensel-Dittmann et al., 2011; Morina et al., 2012; Stenmark, Catani, Neuner, Elbert, &

Holen, 2013), no studies have looked at coherence within the narratives of refugees. Arguably, if narrative therapy is effective with refugees, it stands to reason that narrative coherence, which comes from telling one's story, is a concept of value for refugees. However, it is possible that simply the act of sharing one's story is what is healing, and the coherence of the narrative has little or no impact on treatment effectiveness. Answering this question seem critical when attempting to implement culturally sensitive treatments with refugees.

Coherence and refugees. Given the questions of cultural relevance and suitability of using a narrative coherence assessment with refugees, it is important to look at three specific areas as they relate to refugees and coherence. The first area, narrative coherence and culture, discusses the relationship between a person's story and their cultural identity. It also discusses how the theory of narrative coherence addresses cultural influence. The second area, coherence and trauma, discusses the possible impact of trauma on narrative coherence and supporting research. The final area addresses the gap in the current literature regarding refugees and narrative coherence. It also discusses the issues that may arise around the suitability of using narrative coherence as a method of assessment for Congolese refugees.

Narrative coherence and culture. According to McAdams (2001), "Stories live in culture" (p. 114). Culture influences the development and meaning of a story. In order to understand someone's story, the listener must also know something of the storyteller's culture and sociohistorical environment (McAdams, 1996). It is also important to note that different cultures develop their own expectations of how stories should be told (McAdams, 2010). While in Western cultures, people may be told to develop individual identities and share the resulting stories, in collectivistic cultures, stories may be more interwoven and interdependent. This is because people are encouraged to take on the role of a listener and put

others and community before themselves (McAdams, 2010). This distinction is important to remember when working with the Congolese.

Researchers have documented the belief that cultural background is inextricably tied to the life story. Yampolsky and colleagues (2013) utilized a qualitative methodology to examine how the integration of multiple cultural identities impacted well-being, as indicated by scores on narrative coherence. The study involved 22 multicultural Canadians who were second generation or higher immigrants or who identified as "mixed" (having multiple cultural identities). Narrative coherence was coded using the four indices developed by Baerger and McAdams (1999) and used a Likert-type scale to rate coherence, where a score of one to two indicated low coherence, a score of three to five indicated moderate coherence, and a score of six or higher indicated high coherence. The authors found that participants who integrated their cultural identities, rather than compartmentalized (kept cultural identities separate) or categorized (identified more with one cultural identity over another), had higher narrative coherence, indicating better psychological well-being.

In another study, Roxane de la Sablonnière and colleagues (2011) utilized a guided cultural narrative interview with 17 Inuit youth to look at how understanding their group history impacted their collective well-being. Specifically, they wanted to know how identity clarity, defined as assigning responsibility of an event to a certain cultural group, related to collective- and self-esteem in leading to psychological well-being. In this study, the participants acted as storytellers and told the story of their cultural group, the "Inuit of Nunavik." The results revealed that participants who demonstrated *identity clarity* (the events mentioned in their narratives had clear 'causes', e.g. if they attributed their alcohol problem to White colonizers, who first brought alcohol to the Inuit) and could express whose actions

led to certain outcomes also reported higher individual and collective psychological well-being.

Chandler and Lalonde (1998) used data provided by the province of British Columbia from 1987-92 to demonstrate support that First Nation youth who have experienced significant personal or cultural disruptions are at a higher risk for suicide. A personal disruption might happen when a person's identity no longer feels true, due to overall development or a difficult experience. Cultures can work as protective factors if they keep people connected to various social responsibilities, but if there is a significant cultural loss (e.g. a loss of language, the inability to raise children in the cultural tradition), this can lead to a disruption in cultural continuity. The authors found that having a sense of cultural continuity resulted in fewer suicide attempts in indigenous or First Nations youth (Chandler & Lalonde, 1998). Each of these studies demonstrates the benefit of using a narrative approach to better understand how disruptions in identity might lead to challenges in resettlement.

The model of coherence developed by Baerger and McAdams (1999) acknowledges that a person's cultural background will influence their story and does not require that a person separate themselves from their culture or community. Indeed, the measure looks at episodic aspects (orientation and structure) as well as emotion aspects (affect and integration), giving the person the freedom to involve different influential characters and explain the beliefs they hold about their experiences. However, it does not discuss that the idea of narrative coherence may not be relevant for all cultures. Additionally, it is unclear if the specific criteria used to measure narrative coherence fits with the Congolese culture and experience.

Coherence and trauma. Life stories develop based on certain beliefs and assumptions about the world (McAdams, 1985). When traumatic events challenge these beliefs, people often struggle with how to integrate these experiences into their overall narrative (Neimeyer, 2001). Previous research supports that telling one's story can be particularly effective when processing and managing individual trauma (McAdams, 2010). One study found that with patients in intensive care, some participants struggled to create coherent narratives of their experiences due to the hardship and challenges faced in the procedure and recovery (Williams, 2009). Another study found in the case of rape victims that the higher degree of narrative articulation was related to less symptom severity for PTSD (Amir, Stafford, Freshman, & Foa, 1998). A third study looked at narratives of survivors of sexual assault with a PTSD diagnosis; the study found that organized thought in the narrative was negatively correlated with depression symptoms. They also detected a relationship between increased coherency and fewer trauma-related symptoms (Foa, Molnar, & Cashman, 1995).

Additionally, in cases of trauma, people may repress, deny, or dissociate from their experiences (McAdams, 2010), which are common symptoms of PTSD. According to McAdams (2010), a person must understand their negative experiences so they can be integrated into their identity. Indeed, Pals (2006) stated that exploring the meaning of negative experiences and what has or can come from enduring adversity leads to positive outcomes and personal growth. However, research indicates it can be difficult to integrate traumatic experiences into identity (Freeman, 1993).

It is important to note that until this point, no research has looked to see if this belief about the importance of integrating experiences in an effort to move past them holds true for Congolese refugees. One study conducted semi-structured interviews of 15 adults in

Colombian and Peruvian villages to assess their response to the organized violence they had experienced. "Organized violence" refers to friends being killed, husbands kidnapped, and women raped (Elsass, 2001). The author found that the Colombian participants sought individual psychotherapy because they wanted to address their own individual traumatic memories. However, the Peruvian participants stated that rather than seek help for their individual trauma, they preferred to forget and forgive perpetrators in an effort to reforge relationships and develop resources to strengthen the local community (Elsass, 2001). These groups are examples that the response and treatment needs of groups often differ, and ascertaining if narrative coherence in an appropriate method of assessment for Congolese refugees may be critical in determining best practices for working with this population.

Narrative coherence research with refugees. The literature available regarding storytelling and coherency in refugees is nonexistent. I did an EBSCO search of refugees and coherence and refugees and narrative coherence, which yielded zero results. I expanded the search to look for studies involving refugees and stories. This returned limited results. Valenzuela-Pérez, Couture, and Arias-Valenzuela (2014) demonstrated the appropriateness of utilizing storytelling to better understand the refugee experience. They used a projective storytelling measure to explore the needs of two Latino children living in Canada. Specifically, the children were read a story about a snail and a child that had themes of pre-, during, and post-migration. The children were then asked to recreate the story, through drawing, drama, and reinvention. Their retelling of the story revealed individual needs of "connection, peace, and familiarity" (Valenzuela-Perez et al., 2014, p. 179).

With a goal to promote overall well-being in refugee children, Deveci (2012) analyzed the narratives of refugee children separated from their families and living in the

United Kingdom over 10 years to assess their various physical and emotional needs. The author noted it was important for these children to find coherence in their lives. In other words, children needed to integrate their experiences of forced migration and loss of family with their new life in the United Kingdom. Finally, Smith (2015) conducted a qualitative study with 17 refugee women from different countries living in the United Kingdom. In the study, she used a Listening Guide (a detailed narrative approach) to interview the women in an effort to better understand how these refugee women's narratives allowed them to make more sense of their forced migration and its impact on their lives. The author found that the narratives included themes of resilience, coping, and moving forward.

These previous studies suggest that stories and integrating experiences can be very healing. It should be noted, however, that there are mixed results on the relationship between narrative coherence and psychological well-being (Rubin et al., 2016). Thus, before attempting to show that the presence or level of coherence in refugees' narratives is tied to their overall well-being, a critique of the theory of narrative coherence, its criteria, and its suitability as a measure for Congolese refugees is required.

Social Support and Refugees

To address the mixed results on the relationship between narrative coherence and psychological well-being, this study will also look at reported social support in refugees. Social support is defined as "interpersonal connectedness", or interactions that provide both practical emotional support (Walker, Koh, Wollersheim, & Liamputtong, 2015, p. 326). It is documented that the loss of social networks and significant relationships happens during resettlement and can lead to sadness, distress, anxiety, and depression (McMichael & Manderson, 2004). Khawaja, White, Schweitzer, and Greenslade (2008) argued these issues

might be lessened by adopting new social networks and building new relationships. The authors further suggested that refugees who receive counseling may not fully benefit or experience the best results if they are lacking in social support.

Previous research with refugees has primarily examined social support through a qualitative approach. Walker and colleagues (2015) interviewed 29 Afghani, Burmese, Sudanese refugee women and used thematic analysis to describe interpersonal social support and their relationships with both their home and host countries. The participants were given cell phones as a communication tool and then asked to report how this impacted their perception of social support. The authors found that even if social support networks were different in the host country, the women reported increased levels of social support and better overall well-being (Walker et al., 2015). A second study interviewed 23 Sudanese refugees living in Australia (Khawaja et al., 2008). Participants reported living in Australia an average of 2.5 years at the time of the study. Among other strategies, social support was identified as an important coping mechanism. Social support included friends, family, and the larger community. Although many reported these social networks had changed or were smaller than in their home country, they still reported social support as helping them with resettlement challenges. Hussain and Bhushan (2013) interviewed 12 Tibetan refugees living in India and found that community bonding and assistance, specifically with their families and the refugee community, offered support and hope.

Finally, a study conducted by McMichael and Manderson (2004) on 42 Somali women living in Australia examined social support within the construct of social capital, or the various social factors that contribute to overall well-being (McMichael & Manderson, 2004, p. 89). They found that social displacement and loss of social capital led to distress and

sadness. Of particular interest for the current study is that the authors also stated the women's well-being is not just about present social support, but how these women compared past and present social support networks and used the past to make sense of the present. The idea behind narrative coherence is that past experiences must be understood in a present-day context and integrated with present and possible future experiences and create a strong identity within the person. This finding provides support for looking at the constructs of narrative coherence and social support in refugees. Until this point, no study has examined the possible connection between narrative coherence and self-identified social supports in refugees. Thus, in an effort to balance the original nature of the present study and gain understanding of the possible relationship between narrative coherence and social support, the current study will use a qualitative measure of social support.

Summary and Purpose of Study

It is evident that the Congolese people have experienced centuries of trauma based on colonialism, genocide, and civil war. The extent of trauma is so pervasive in the DRC that it is considered 'endemic' or collective trauma (Riedel, 2014). Collective trauma is developed over time, and in the case of the Congolese, it began with the slave trade, followed by colonial oppression, and finally the consequences of the Rwandan genocide and mineral exploitation, the result of which has led to the killing of millions of Congolese. Whereas individual trauma comes from a single person's psychological perspective and internal experience (Audergon, 2004), collective trauma weaves itself into the fabric of a community (2004) and can result in a split or separation of the individual from their community; it cuts people off from their culture (Riedel, 2014). Traumatic experiences are a disruption in a story that make it difficult to develop a coherent narrative (Neimeyer, 2001; Riedel, 2014).

Pearlman (2013) described different identity issues that can arise following genocide, called "identity disruptions" (p. 113). These disruptions may impact victim identity and victim beliefs.

Additionally, concerns with resettlement that pertain specifically to Congolese refugees have been identified (Fuys & Vine, 2013). Many of these concerns fall under the umbrella of mental health, including: (a) needing a clearer understanding of the needs of Congolese refugees in regards to mental health, including symptoms and treatment, and (b) the reasons a person refuses mental health services (2013). In order for agencies and providers to better serve the Congolese refugee community, these questions must be answered.

The purpose of this study is to conduct a critical analysis of the theory of narrative coherence and its applicability to Congolese women. Specifically, this means an examination of narrative coherence criteria (Baerger & McAdams, 1999). Until this time, no study has asked if narrative coherence is an appropriate method of assessment for refugees, although qualitative research has been used effectively with refugee groups, including the Congolese (Twagiramungu, 2014; Wachter et al., 2016), despite the lack of strong tools are available to assess refugee women's well-being (Gagnon et al., 2004). Determining if a narrative coherence measure can be used to assess the well-being of Congolese women refugees could provide strides in this area. Based on current narrative coherence theory, the ability to share one's story in a way that makes sense to the listener indicates the person has integrated and come to terms with their life experiences. As stories are steeped within culture (McAdams, 2001), gaining an understanding of narrative identity within different cultural groups and its impact on people's lives is a critical next step in narrative research (McAdams, 2010). Until

this time, no studies have yet attempted to look at narrative coherence within the framework of Congolese refugees and culture.

In addition to narrative coherence, the current study will ask about social supports. Researchers have shown the loss of social networks and significant relationships happens during resettlement and can lead to sadness, distress, anxiety, and depression (McMichael & Manderson, 2004), but these struggles might be lessened by adopting new social supports. Thus, if Congolese women are identifying various social supports but their narratives are primarily incoherent, this may indicate that the present theory and criteria are not appropriate or well-suited to assessing well-being in refugees.

Finally, this study incorporated aspects of community-based action research, including the use of a cultural advisory board to ensure interview questions are culturally relevant and appropriate and participants feel comfortable with their participation in the project. Adult Congolese refugee women shared narratives that focused on their resettlement experiences in the United States, from arrival to present. The results of this study are intended to deepen the understanding of female Congolese refugees for individuals and agencies who work with this population in an effort to support their successful transition to the United States. Results will be presented to the local refugee resettlement agencies and the Congolese community.

CHAPTER 2

INTRODUCTION

The Democratic Republic of the Congo (DRC) has long been the site of a major humanitarian crisis (Riedel, 2014). The DRC is located in central sub-Saharan Africa and has a population of approximately 70 million people (Cultural Orientation Resource Center, 2014). Approximately 52% are women, and 40% of adult women are widows (DeVault, 2015). The population in DRC is highly diverse with approximately 250 ethnic groups and 700 languages and dialects (Cultural Orientation Resource Center, 2014). Due to continued civil unrest, there are nearly one million Congolese refugees, with an additional five million who are displaced (Reid, 2020). Furthermore, between 2008 and 2013, approximately 11,000 Congolese refugees have been resettled in the United States. An additional 41,000 Congolese refugees were resettled in the United States between 2013 and 2018 (Mossaad, 2019; Zong and Batalova, 2015). In the past two years, the U.S. accepted more than 20,000 Congolese refugees, making it the largest refugee group to be resettled in the United States during this two year period (Greenberg, Gelatt, & Holovnia, 2019; National Immigration Forum, 2020). This makes further knowledge and understanding of this population essential for many medical and mental health professionals.

Various agencies have reported resettlement concerns for arriving Congolese refugees, including concerns of physical and mental health, housing, employment, and feelings of isolation (Fuys & Vines, 2013; Cultural Orientation Resource Center, 2014; Division of Global Migration and Quarantine, 2016; Wachter et al., 2016). What may distinguish Congolese refugees from other refugee groups is the high level of reported trauma and sexual- and gender-based violence (Division of Global Migration and Quarantine,

2016). This is important because the majority of Congolese refugees in the United States (over 50%) are female (Fuys & Vine, 2013) and the cultural stigma and shame associated with sexual assault and rape often leads to Congolese refugee women refusing services after arrival in the United States (Division of Global Migration and Quarantine, 2016). In order to increase the understanding of the unique characteristics and experiences of Congolese female refugees, the present study will use a qualitative investigation to assess narrative coherency and social support in women refugees from the DRC living in the Midwest.

Congolese Refugees in Context

The DRC has a long and complex history. Kongo was once a developed and well-known kingdom in central Africa (Gondola, 2002), until the arrival of Belgian colonialism. This era from 1885 to 1908 is one of the bloodiest in Congo history. During this period, due to the desirable resource of rubber, the violence escalated to a horrific level, and the seldom-discussed genocide of approximately 10 million Congolese people occurred from invasion and exploitation. This period is known for its many horrors: children stolen, villages looted, women raped while the men gathered rubber. In the early 1900s, the international community finally began to take notice of the atrocities being committed, and so began the time of "benevolent colonialism" (Gondola, 2002, p. 73), meaning the Christianizing and civilizing of the Africans.

The people of the Congo gained their independence from Belgium in 1960. However, this independence has come with its own challenges. The current president, Joseph Kabila, has faced criticism from the international community (Gondola, 2002). Kabila has not taken a strong stance on his promises of democracy. Corruption in the area of mineral exportation continues, with profits benefitting individuals rather than the country. The Congolese army

has also been accused of perpetrating human rights abuses against their own people (Vlassenroot & Raeymaekers, 2009).

The large-scale conflicts in the DRC over the last three decades are primarily a consequence of the 1994 Rwandan genocide (Cultural Orientation Resource Center, 2014) and the mineral exploitation by various countries (McFerson, 2009). These conflicts include the First Congo War (1996-97) and Second Congo War, or Africa's World War (1998-2003). The second conflict was named this due to the large number of countries involved (Cultural Orientation Resource Center, 2014). It is estimated that 3.4 million people have been displaced and an additional 3.5 million killed as a result (Katshung, 2006). This is considered to be the deadliest global conflict since World War II (Division of Global Migration and Quarantine, 2016; Katshung, 2006), and is referred to as the "African equivalent of World War I" (Katshung, 2006). The list of human rights violations perpetrated by all sides during the conflict is long, including the murder of civilians, recruitment of child soldiers, village and home devastation, rape, and torture (Katshung, 2006; Cultural Orientation Resource Center, 2014). Despite the end of the Second Congo War, the Kivu Conflicts (2004-present) are a continual source of violence and human rights violations, perpetrated by rebel factions and rogue groups left over from the Congolese army (Division of Global Migration and Quarantine, 2016).

Literature Review

Congolese Refugees

A refugee is someone who has been forced to flee his or her country because of persecution, war, or violence (UNHCR, 2020). The ethnic makeup of Congolese refugees is complex. Congolese who have experienced high levels of violence often include the Bembe

and Bashi ethnic groups; the Hutu and Tutsi refugees (known as Banyarwanda, or people from Rwanda) living in the DRC following the Rwandan genocide; and the Banyamulenge, an ethnic Congolese group of Rwandan origin who have been in the region since the late 1800s. The Banyamulenge have recently faced increasing levels of discrimination due to other Congolese placing them in the same group as the Rwandan-supported rebel groups that invaded the DRC after the genocide, blaming them in part for the civil unrest in the country (Cultural Orientation Resource Center, 2014).

Faith and religious beliefs are also often important to the Congolese. Over 90% of refugees in the United States are Christian, including Catholic and Protestant (specifically Pentecostal and Seventh Day Adventist). Religion provides a large source of comfort and hope for Congolese refugees, and religious leaders are highly respected (Cultural Orientation Resource Center, 2014). Additionally, Congolese people embrace storytelling (DeVault, 2015). The Congolese have historically used the oral tradition of storytelling to keep their culture alive (Riedel, 2014). Through the oral tradition of storytelling, wisdom or advice may be provided with a folktale (Heale & Lin, 2010).

Congolese refugees often face traumatic experiences prior to their arrival in the United States. Sexual- and gender-based violence (SGBV) occurs so frequently in the DRC that it has been called "the most dangerous place in the world to be a woman" (Cultural Orientation Resource Center, 2014, p. 2). According to one study, it is estimated that 48 women are raped every hour in the DRC (Peterman, Palermo, & Bredenkamp, 2011). The level and brutality of such attacks have led to high levels of trauma, physical injury, pregnancy, infertility, and sexually transmitted diseases (Division of Global Migration and Quarantine, 2016). It can also lead to social problems due to the stigma surrounding sexual-

and gender-based violence, including being unable to marry, being discarded by a spouse, or even ostracized by the entire community (Division of Global Migration and Quarantine, 2016). Further, survivors of this form of violence are reluctant to report it to authorities or seek help or treatment from mental health professionals due to shame and stigma (Cultural Orientation Resource Center, 2014). Sexual- and gender-based violence can also occur during migration and within the refugee camps. In addition to SGBV, the camps that the Congolese have fled to are often unsafe and unhealthy. Refugee camps are typically crowded, leading to issues of hygiene and disease. Many Congolese experience long stays, with challenges finding work or receiving an education (Cultural Orientation Resource Center, 2014).

In addition to the pre-migration trauma, many refugees face hardships pertaining to the stresses of immigration, relocation, separation from family, housing, the education system, changing gender roles, and loss of status and self-esteem from discrimination experienced in the United States (Cultural Orientation Resource Center, 2014; Halvorsen & Stenmark, 2010; Hensel-Dittmann et al., 2011; Goodman et al., 2017). Due to these many challenges, refugees are often vulnerable to the development of physical diseases and mental health disorders (Cultural Orientation Resource Center, 2014; Flaskerud & Soldevilla, 1986; Fuys & Vine, 2013; Gee et al., 2007). Anxiety, depression, and trauma/PTSD are also usually present, due to the experience of sexual assault, torture, and/or witnessing killing (Cultural Orientation Resource Center, 2014; Fuys & Vine, 2013). Assessments and data gathered indicate that 41% of the eastern DRC population meet diagnostic criteria for major depressive disorder (MDD) and 50% for posttraumatic stress disorder (PTSD; Division of Global Migration and Quarantine, 2016).

While the prevalence of these mental health challenges is evident, community health workers oftentimes are not trained in recognizing the symptoms of trauma and PTSD (Cultural Orientation Resource Center, 2014), which results in many Congolese refugees going untreated. An added challenge comes from the cultural attitudes and behavior regarding trauma. The Congolese often remain "stoic" when asked questions about possible trauma (Cultural Orientation Resource Center, 2014, p. 8), not wishing to discuss traumatic experiences. The combination of horrific trauma experiences and cultural views on mental health make addressing and treating this population very challenging.

The Life Story Model of Identity

For this study, the Life-Story Model of Identity (McAdams, 1985) will provide a theoretical foundation for identity development. It is proposed the genocide that occurred in the DRC distinguishes the Congolese from individuals and groups who have not experienced this type or level of trauma; specifically, identity issues can arise following genocide (Pearlman, 2013). The Life-Story Model of Identity (McAdams, 1985) is a widely used model in the literature (Adler, 2012; Freer et al., 2010; Yampolsky et al., 2013) and takes into account a person's cultural identity and background, although this model has often primarily considered Westernized populations (McAdams, 1990; McAdams, 1996; McAdams, 2006). In this model, life story is defined as "An internalized and evolving narrative of the self that incorporates the reconstructed past, perceived present, and anticipated future" (McAdams, 1996, p. 307). It is a psychosocial construct, developed by the person from their own cultural perspective. The life story attempts to connect all the pieces of a person's life and find continuity, even when that can be difficult (McAdams, 1996) and can be considered the person's identity. McAdams (1996) proposed six standards of a good life

story. The first is coherence, defined as "the extent to which a given story makes sense on its own terms" (McAdams, 1996, p. 315). The remaining five are openness, credibility, differentiation, reconciliation, and generative integration (McAdams, 1996).

Narrative Coherence

Coherence or narrative coherence (McAdams, 1996) is the component of the life story that has been linked to overall well-being (Baerger & McAdams, 1999; Benish-Weisman, 2009; Chandler & Lalonde, 1998; Yampolsky et al., 2013). As stated earlier, a good life story is measured by its coherence, its ability to be understood in a social context (McAdams, 1996; McAdams, 2006). For a story to be coherent or make sense, it must discuss how the person came to be who they are and who they could be moving forward (McAdams, 2006). However, it is important to note that McAdams (1996) based this concept on individuals from Western societies. No research has looked at narrative coherence with refugees. Specifically, no study has examined if narrative coherence holds cultural relevance for Congolese refugees.

To measure the idea of coherence, Baerger and McAdams (1999) developed a model referred to as the Model of Life Story Coherence. The authors drew on previous research and conceptualizations of narrative coherence and proposed four main components of coherence: (a) orientation, which provides necessary background information to understand the story; (b) structure, which requires that a story is told in a way that makes sense within a cultural context; (c) affect, or the emotionality the person maintains throughout the story as a way of demonstrating the purpose and importance of the story; and (d) integration, defined as putting the information into context in the person's life and allowing them to make sense of an experience and its meaning in their life. Baeger and McAdams found that higher total scores

of narrative coherence were negatively associated with depression, r = -.49, $p < .0001$; and positively related with happiness, r. = .28, $p < 0.05$, and life satisfaction, r = .29, $p < .05$. However, as previously mentioned, there is currently no evidence to indicate if the criteria developed to assess narrative coherence is appropriate or helpful when assessing overall well-being in refugees.

Other research has looked at the relationship between coherence and mental health. Previous research supports that telling one's story can be particularly effective when processing and managing individual trauma (Amir et al., 1998; Foa et al., 1995; McAdams, 2010). According to McAdams (2010), negative experiences must be understood by the person so they can be integrated into their identity. Additionally, exploring the meaning of negative experiences leads to positive outcomes and personal growth (Pals, 2006).

Given that coherency has its roots in Western culture, it is important to consider this construct within other cultural contexts. Culture influences the development and meaning of a story. In order to understand someone's story, the listener must also know something of the storyteller's culture and sociohistorical environment (McAdams, 1996). Previous research has documented that cultural background is inextricably tied to the life story (Chandler & Lalonde, 1998; de la Sablonnière, Saint-Pierre, Taylor, & Annahatak, 2011; Yampolsky et al., 2013). The model of coherence developed by Baerger and McAdams (1999) acknowledges that a person's cultural background will influence their story; it does not require that a person separate themselves from their culture or community and gives the person the freedom to involve different influential characters and explain the beliefs they hold about their experiences. However, narrative coherence may not fit all cultures. Thus, it

is unclear if these criteria used to measure narrative coherence work with Congolese culture and experience.

Social Support and Refugees

To better understand the relationship between narrative coherence and psychological well-being, this study will also look at reported social support in refugees. Social support is defined as "interpersonal connectedness", or interactions that provide both practical and emotional support (Walker, Koh, Wollersheim, & Liamputtong, 2015, p. 326). It is documented that the loss of social networks and significant relationships happens during resettlement and can lead to sadness, distress, anxiety, and depression (McMichael & Manderson, 2004). Khawaja and colleagues (2008) indicated these issues might be lessened by adopting new social networks and building new relationships. The authors further suggested that refugees who receive counseling may not fully benefit or experience the best results if they are lacking in social support.

Previous research with refugees has primarily examined social support through a qualitative approach. Walker and colleagues (2015) interviewed 29 Afghani, Burmese, Sudanese refugee women and found that women given cell phones reported increased levels of social support and better overall well-being, even though their social networks were different from their home countries (Walker et al., 2015). A second study interviewed 23 Sudanese refugees living in Australia (Khawaja et al., 2008). Social support was identified as an important coping mechanism, which included friends, family, and the larger community. Although many reported these social networks had changed or were smaller than in their home country, they still reported social support as helping them with resettlement challenges. Hussain and Bhushan (2013) interviewed 12 Tibetan refugees living in India and found that

community bonding and assistance, specifically involving their families and the refugee community, offered support and hope.

Finally, a study conducted by McMichael and Manderson (2004) on 42 Somali women living in Australia examined social support within the construct of social capital, or the various social factors that contribute to overall well-being (McMichael & Manderson, 2004, p. 89). They found that social displacement and loss of social capital led to distress and sadness. Of particular interest for the current study is the authors showed the women's well-being was not just about present social support, but how these women compared past and present social support networks and used the past to make sense of the present. The idea behind narrative coherence is that past experiences must be understood in a present-day context and integrated with present and possible future experiences and create a strong identity within the person. Thus, this finding provides support for looking at the possible link between narrative coherence and social support in refugees.

Addressing the Gap in Narrative Research

The literature available regarding storytelling and coherency in refugees is very limited. I did an EBSCO search of refugees and coherence or refugees and narrative coherence yielded zero results. A few studies involved refugees and stories, primarily assessing themes of narratives or using stories to assess needs (Deveci, 2012; Smith, 2015; Valenzuela-Pérez, Couture, and Arias-Valenzuela; 2014). What is interesting about this lack of literature is that coherence is a component of narrative therapy, which has been used frequently with refugees (Hijazi et al., 2014; Morina et al., 2012; Nakeyar & Frewen, 2016). Narrative therapy states that the past and present must be integrated for a person to live their true story (White & Epston, 1990) and coherence is the component that indicates a good life

story (McAdams, 1996). However, despite the use and reported effectiveness of narrative therapy in reducing mental health symptoms in refugees (Halvorsen & Stenmark, 2010; Hensel-Dittmann et al., 2011; Morina et al., 2012; Stenmark et al., 2013), no studies have asked if or how the level of coherence within the narratives is impacting the effectiveness of treatment. Further, no study has considered the possible connection between narrative coherence and self-identified social supports in refugees. Thus, in an effort to balance the original nature of the present study and gain understanding of the possible relationship between narrative coherence and social support, the current study will qualitatively assess social support with a separate interview question.

Purpose of the Present Study

It is evident that the Congolese people have experienced centuries of trauma based on colonialism, genocide, and civil war. The extent of trauma is so pervasive in the DRC that it is considered 'endemic' or collective trauma (Riedel, 2014). Collective trauma is developed over time, and in the case of the Congolese, it began with the slave trade, followed by colonial oppression, and finally the consequences of the Rwandan genocide and mineral exploitation, the result of which has led to the killing of millions of Congolese. Whereas individual trauma comes from a single person's psychological perspective and internal experience (Audergon, 2004), collective trauma weaves itself into the fabric of a community (2004) and can result in a split or separation of the individual from their community; it cuts people off from their culture (Riedel, 2014). Traumatic experiences are a disruption in a story that make it difficult to develop a coherent narrative (Neimeyer, 2001; Riedel, 2014).

Additionally, concerns with resettlement that pertain specifically to Congolese refugees have been identified, such as sexual- and gender-based violence, trauma, and

feelings of isolation (Cultural Orientation Resource Center, 2014; Division of Global Migration and Quarantine, 2016; Fuys & Vines, 2013; Wachter et al., 2016). Many of these concerns fall under the umbrella of mental health, including: (a) needing a clearer understanding of the needs of Congolese refugees regarding mental health, including symptoms and treatment; and (b) the reasons a person refuses mental health services (2013). In order for agencies and providers to better serve the Congolese refugee community, these questions must be answered.

The purpose of this study is to conduct a critical analysis of the theory of narrative coherence and its applicability to Congolese women. Specifically, this means an examination of narrative coherence criteria (Baerger & McAdams, 1999). Until this time, no study has asked if narrative coherence is an appropriate method of assessment for refugees, although qualitative research has been used effectively with refugee groups, including the Congolese (Twagiramungu, 2014; Wachter et al., 2016), despite the lack of strong tools are available to assess refugee women's well-being (Gagnon et al., 2004). Determining if a narrative coherence measure can be used to assess the well-being of Congolese women refugees could provide strides in this area. Based on current narrative coherence theory, the ability to share one's story in a way that makes sense to the listener indicates the person has integrated and come to terms with their life experiences. As stories are steeped within culture (McAdams, 2001), gaining an understanding of narrative identity within different cultural groups and its impact on people's lives is a critical next step in narrative research (McAdams, 2010). Until this time, no studies have yet attempted to look at narrative coherence within the framework of Congolese refugees and culture.

In addition to narrative coherence, the current study will ask about social supports. Researchers have shown the loss of social networks and significant relationships happens during resettlement and can lead to sadness, distress, anxiety, and depression (McMichael & Manderson, 2004), but these struggles might be lessened by adopting new social supports. Thus, if Congolese women are identifying various social supports but their narratives are primarily incoherent, this may indicate that the present theory and criteria are not appropriate or well-suited to assessing well-being in Congolese refugee women.

Finally, this study incorporated aspects of community-based action research, including the use of a cultural advisory board to ensure interview questions are culturally relevant and appropriate and participants feel comfortable with their participation in the project. Adult Congolese refugee women shared narratives that focused on their resettlement experiences in the United States, from arrival to present. The results of this study are intended to deepen the understanding of female Congolese refugees for individuals and agencies who work with this population in an effort to support their successful transition to the United States. Results will be presented to the local refugee resettlement agencies and the Congolese community.

Methods

Participants

Participants were nine Congolese refugee women resettled in Kansas City and surrounding areas. Participant ages ranged from 25 to 48 years (M = 35.9; SD = 7.88). All participants identified as Christian. At the time of the interview, all the women were married. The number of children ranged from one to seven (M = 4.6; SD = 2.15). Participants' length of stay in the United States ranged from 1.5 to 6 years (M = 4; SD = *1.61*), while their level

of education ranged from third grade to three years of college. Regarding their current occupational status, four participants reported themselves as unemployed, and three reported searching for work. The remaining two participants described a variety of job roles, including nursing assistant, machine operators, and laundry in a federal prison. All women were refugees prior to resettling in the United States. One of the women did not require an interpreter for the interview and gave her responses in English, while eight utilized the interpreter to provide responses in Kinyamulenge and English, most explaining that they were conversational in English but felt more comfortable answering in their first language. Participant demographics can be found in Table 1.

Research Team and Training

The research team consisted of one faculty member, two individuals with PhDs in clinical and counseling psychology, and four doctoral students in counseling psychology from a Midwestern university. One team member was male, while the rest of the team identified as female. Three of the researchers were first and second-generation immigrants with Iranian, Indian-Pakistani (Middle Eastern), and Swedish backgrounds. One researcher identified as an agnostic theist, one as Muslim, one as coming from a Muslim and Christian background, and four as Christian. The researchers had varied experiences with this type of study and population, including qualitative and quantitative research experience with immigrant and refugee groups and providing services to immigrants and refugees, including counseling, teaching, and assessment. I (the primary researcher) transcribed and deidentified all the data for the study. The student researchers and individuals with PhDs in clinical and counseling psychology met to discuss and reach a consensus regarding the coding of the data. The faculty member served as the auditor.

For all researchers, this was their first time using narrative coherence criteria in a research study. Prior to starting the study, I trained the student researchers and individuals with PhDs in clinical and counseling psychology on the criteria of narrative coherence and how to score narratives. First, the team reviewed the narrative coherence criteria and read example narratives from previous studies (Baerger & McAdams, 1999; Burnell, Coleman, & Hunt, 2010). Second, the entire team read and coded one interview together to ensure team members understood the criteria and minimized individual differences in coding. Third, each team member was assigned three interviews to code, first individually, and then in pairs; discrepancies were addressed and a final decision on the coding of each interview was decided by each pair.

Examination of Biases and Assumptions

The research team also met to discuss personal biases and assumptions about Congolese refugees and narrative coherence. The team followed the guidelines put forth by Elliott, Fischer, and Rennie (1999) on recommendations for publishing qualitative research, with specific attention given to: (a) owning one's perspective, (b) situating the sample, and (c) grounding in examples. I provided historical and present-day context to the team, both to help situate the sample and ground the examples. This involved me providing a brief summary and facilitating discussions around the history of the DRC, including the evolution of the country, colonization, and past and present-day conflicts that eventually led to the large influx of Congolese refugees now living in the United States. Team members also discussed their own expectations of the participants, including that they might elaborate more on stories involving positive experiences over negative experiences and time in country may reflect the amount of detail provided by participants. The team suggested that both a White

primary researcher and having an interpreter present may at times limit what participants felt comfortable sharing. Finally, extensive dialogue occurred around the construct of coherence and how it might present differently (if at all) in this group of participants. Specifically, members articulated the importance of not imposing Western ideology and biases on the narratives during their coding of the interviews. At the end, the researchers discussed how to notice and address their assumptions throughout this process and to use each other to manage personal biases.

Cultural Advisory Board

In order to better ensure cultural sensitivity and minimize Westernized biases, a cultural advisory board was organized. This board included one social worker affiliated with a refugee resettlement agency and three adult Congolese professionals that work consistently with refugees from the Congolese Midwestern community and are competent in their first language and English. I initially contacted and worked with a lead social worker at a Kansas City refugee resettlement agency to garner support and gain insight into this population and the best way to conduct effective and ethical research. The agency is an affiliate of the United States Committee for Refugees and Immigrants and is one of three agencies in the Kansas City area that relocates international refugees. This step followed a model of community-based participatory action research, a collaborative research approach that allows specific problems within a community to be resolved (Stringer, 1996). Community-based participatory action research has been shown to be a good approach when attempting to work with vulnerable or hard-to-reach populations (Baird et al., 2015; Holkup, Tripp-Reimer, Salois, & Weinert, 2004; Makhoul, Nakkash, Harpham, & Qutteina, 2014) and is designed to be nonexploitative (Stringer, 1996).

I then connected with community gatekeepers through the social worker's and auditor's involvement with the Empowerment Program. This program is a non-profit agency in the Kansas City area that provides advocacy and counseling services to refugee and immigrant women and their families. These community gatekeepers included a Congolese refugee woman who worked as an advocate in the Congolese community and a male Congolese interpreter who formerly worked for a refugee non-profit agency in the area.

This cultural advisory board was informed of the purpose of the project, the approach and interview questions, and encouraged to offer feedback and insight throughout the process. I attended meetings at two different local resettlement and community clinics for refugees to gain further insight and context around working with Congolese refugee women. I also consulted with two female Congolese refugees, both of whom have worked for resettlement agencies, regarding the gender of the interpreter. Both women said that as long as no questions were asked about experiences prior to coming to the United States (due to likely trauma and/or sexual assault), a male or female interpreter would be appropriate. Finally, I met with one interpreter from the resettlement agency to discuss the interview questions and problems that might arise. Both this interpreter and the one used for this study indicated that some participants might struggle with the idea of telling the story 'in order, with details', and it was suggested that this instruction be made very clear, with examples, with participants being reminded or prompted during the interview as needed (e.g., first, second, third, people, what was seen/felt).

Interview Protocol

Demographic sheets. Each participant completed a demographic form (see Appendix A) that provided information regarding their relationship status, age, ethnic identity, religious

identity, years of education, number of children at home, current employment status, and year of arrival in the United States.

Interview questions. Participants were asked to describe different experiences since arriving in the United States: (a) Describe your first day in Kansas City. If you like, you can tell it like a story you might listen to. Tell me what you did first, second, and continue throughout your day; (b) Describe your first week; (c) Describe an important moment since you have been living in the United States; (d) Describe your life after three months or longer of living in the United States; (e) Describe your best memory since living in the United States; (f) Describe your worst memory since living in the United States; (g) Select one memory of choice and describe it in as much detail as you can. This memory can be good or bad; it can have happened at any point since you arrived in the United States; (h) Please identify what social supports you have here in Kansas City. These can be specific people (family member, neighbor), an organization (church, agency), or an activity (gardening, attending community events).

I developed the interview questions after a thorough review of the literature on Congolese refugees, narrative coherence, refugee mental health, and social support. Studies that utilized a qualitative approach and narrative coherence were given particular scrutiny. The internal auditor and interpreter also provided feedback about the content and length of questions. Questions for this protocol were adapted from Baerger and McAdams (1999) and followed the example of Burnell and colleagues (2010). The focus of the study was on the appropriateness of narrative coherence criteria as it relates to Congolese refugee women, and thus questions were designed to encourage participants to take on a "storyteller role" and

speak from the 'I' perspective, including details about other people or their feelings as relevant.

Lastly, participants were asked to describe their social supports. Research suggests that the loss of social networks and relationships that happens during resettlement can lead to sadness, distress, anxiety, and depression (McMichael & Manderson, 2004). Research also indicates that refugees who receive counseling may not benefit if they are lacking in social support (Khawaja et al., 2008). Given this information, researchers have identified social support as an important coping mechanism when relocating to a new country (Hussain and Bhushan, 2013; Khawaja et al., 2008). Previous research with refugees has primarily examined this construct through a qualitative approach (Hussain & Bhushan, 2013; Khawaja et al., 2008; McMichael & Manderson, 2004; Walker et al., 2015). Thus, in keeping with previous studies and due to the originality of the present study, the question was left open and allowed participants to identify people, places, organizations, or hobbies that have been helpful during their transition and time in the United States.

Each interview was semi-structured and open-ended in nature. Participants primarily spoke uninterrupted unless they requested further clarification during their narrative. I asked clarifying questions as needed but spoke as little as possible. The questions were reviewed with the interpreter prior to the interviews in an effort to ensure the integrity and purpose of the questions was understood and able to be conveyed to the participants as needed. The introductory script and interview questions I read to each participant can be found in Appendix C.

Procedures for Data Collection

Participants were recruited through purposeful criterion snowball sampling. The snowball aspect is supported because this allows well-connected individuals (e.g. social workers, Congolese advocate) to identify possible participants who will be able to provide "information-rich" narratives (Creswell, 1998, p. 119). The inclusion criteria consisted of the following: (a) identify as a woman from the Democratic Republic of the Congo 18 years or older, (b) resettled in the United States as a refugee, and (c) lived in the United States for one year but less than six years. This was to better ensure participants were able to recall and describe their first days and significant moments in detail and because the majority of the Congolese refugees have been resettled in the United States in the past five years (Cultural Orientation Resource Center, 2014). Additionally, participants self-reported they were conversational in English. This was asked to help prevent challenges that often arise with IRB in training interpreters (Baird, 2011) and interpreting on issues of mental health and using the correct language can be overwhelming for interpreters and participants, particularly when there is a shared cultural history (Green, Sperlinger, & Carswell, 2012).

All participant interviews were conducted by the first author in participants' homes. As needed and requested, a Congolese interpreter with over five years of experience interpreting in social services and educational setting was available to assist with the interviews. The interpreter was also leader in the Congolese community and someone both trusted and respected. When working with refugee populations, it is recommended to utilize leaders and stakeholders in the community to identify what needs they believe must be addressed and improve authenticity of results (Baird, 2011; Baird et al., 2015). Interpretations were performed in person. Prior to the interview, participants were provided

information regarding the study's protocol and were asked to sign an informed consent form and choose a pseudonym for the study (See Appendix B). Participants also verbally completed demographic questionnaires (See Appendix A), with me recording their responses. The visits lasted from 30-75 minutes, with the interviews going from 23-38 minutes (M = 30.34) and were audio recorded and transcribed to ensure accuracy during data analysis. The interview transcripts were deleted of any identifying information and were saved on a password-protected drive to protect participants' confidentiality.

Procedures for Data Analysis

Qualitative research helps researchers understand a person's history and cultural background and the impact these things have on a person's experiences in an effort to provide a holistic understanding of the person (Stringer, 1996). It allows researchers to present the perspectives of people that could otherwise be lost or misunderstood. This study used a narrative coherence approach to inform the researchers' reading and assessment of the participants' narratives. Coherence indicates that the story makes sense, and a coherent narrative is "structured, affectually consistent, and fully integrated" (Burnell et al., 2010, p. 62). While this specific type of assessment has not been used with refugees, qualitative studies with narrative approaches have been used in previous research (Rubbers, 2009; Wachter et al., 2016).

Given the originality of this qualitative study, data analysis was developed and adapted based on previous quantitative and qualitative research in order to measure narrative coherence. First, this study used the operationalized definition of life story coherence (LSC) developed by Baerger and McAdams (1999) and the four indices created to explain the construct of coherence. These indices were orientation, structure, emotional tone, and

integration. Orientation involves identifying the main characters and providing temporal, social, and personal context. Structure provides the organization of an experience. This includes: an initial event, an internal response to the event (e.g. a goal, thought, feeling), an attempt (e.g. reach a goal, remedy a crisis), and consequences. These elements should be presented in a way that makes sense to the listener. Affect requires the narrative reveal something about the narrator that involves tone and emotion (e.g. humor, anger, tension). Finally, integration addresses if the narrator discusses the experiences within a larger life context or story. Discrepancies or conflicts are resolved. These indices have been used in previous research with diverse populations (Burnell et al., 2010; Freer et al., 2010; Yampolsky et al., 2013), making them an appropriate choice for this study.

Additionally, the procedure for data analysis was adapted to fit this study based on the work of Burnell and colleagues (2010), who adapted the criteria used in Baerger and McAdams's (1999) study to fit a qualitative approach. The present study followed the example of Burnell et al (2010) and used the following criteria for narrative coherence: (1) Orientation (O_1 gives an introduction of main characters, scene setting; O_2 provides historical, social, and/or personal context); (2) Structure (S_3 looks at structural elements of an episodic system, i.e. shares an initial event, internal response, an action, and a result/consequence; S_4 is a recognition of temporal coherence; if events do not follow a clear temporal order, this is explained to the listener); (3) Affect (A_5 looks at what the events mean to the person through statements of emotion; A_6 assesses if the person demonstrates a consistence or congruency of verbal and non-verbal content); and last, (4) Integration (I_7 examines if the meaning of events/experiences is expressed within a larger story or bigger picture and demonstrates and ties experiences together with an overarching theme; e.g. all of

these things have happened but I still have hope, still have my family; I_8 explains contradictions of values, emotional responses, or attitude changes; e.g. I feel conflicted; on one hand, happy to be alive, on the other, guilty I survived when my friend did not); I_9 is a fragmented narrative, which involves unfinished sentences/thoughts, or the information provided is incongruent or contradictory and does not make sense. If this happens, the narrative is coded as incoherent.

Each team member was assigned three interviews. A two-level analysis was conducted by the research team (Burnell et al., 2010). Each member of the team coded their assigned interviews based on the narrative coherence criteria. They also placed thoughts or notes in the margins to later discuss with their partner. Team members then paired up to discuss and resolve any discrepancies before coming to a consensus on the coding of each narrative. Finally, an external audit was conducted by a counseling psychologist to help ensure the results appeared logical and conceptually sound.

Participants responses to each interview question were coded using three categories: (a) coherent; (b) coherent with no I_8; and (c) incoherent; as well as (d) no response. (Burnell et al., 2010). The response was coded as coherent when all criteria were present. The response was coded as coherent with no I_8 if all criteria were present except that item. This decision was made for two reasons. First, previous research asked participants about before and after experiences (i.e., Veterans about their time deployed and then after they returned home; Burnell et al., 2010). Given that the participants for this study were explicitly told to only discuss their time in the United States, this was deemed the most accurate way to capture the data. If any criteria were absent (in addition to $I_{8)}$, or if the narrative included fragmentation (e.g. unfinished thoughts/sentences), the narrative was coded as incoherent

(I_9). If a participant elected not to answer a question (i.e. they felt the question was redundant), this was labeled as No Response (NR). Each interview consisted of seven questions, excluding the question regarding social supports.

Results

The nine participants and seven interview questions (not including social supports) produced a total of 63 responses, with a response being counted as an answer to a question. All participants completed the interview. Table 1 includes demographic information and a brief description of each participant.

Table 1

Participant Descriptions

Pseudonym	Description
Rosine	Rosine is a 40-year old Christian (Protestant) Banyamulenge woman. She is married and the mother of two children. She lived in a refugee camp for 10 years and has been living in the United States for three years. She attended school through the 11th grade and works full time in a clinic as a medical assistant.
Mado	Mado is a 34-year old Christian (Protestant) Banyamulenge woman. She is married and the mother of five children. She was a refugee and has been living in the United States for one year and eight months. She attended school through the sixth grade and works full time at a paper manufacturer.
Ninah	Ninah is a 34-year old Christian (Protestant) Banyamulenge woman. She is married and the mother of five children. She was a refugee in Kenya and has been living in the United States for six years. She completed the 12th grade and is currently unemployed and looking for work.
Alizia	Alizia is a 44-year old Christian (Protestant) Banyamulenge woman. She is married and the mother of seven children. She lived in a refugee camp for 17 years and has been living in the United States for four years. She completed the third grade and works full time in the laundry department at a prison.
Messie	Messie is a 47-year old Christian (Protestant) Banyamulenge woman. She is married and the mother of seven children. She lived in a refugee camp for 12 years and has been living in the United States for four years. She completed the eighth grade and was previously employed; she is currently unemployed.
Dira	Dira is a 29-year old Christian (Protestant) Banyamulenge woman. She is married and the mother of four children. She lived in a refugee camp for six years and has been living in the United States for four years and six months. She completed high school and works full time as a machine operator.

Kabou	Kabou is a 29-year old Christian (Protestant) Banyamulenge woman. She is married and the mother of one child. She was a refugee and has been living in the United States for one year and six months. She completed the sixth grade and is not currently employed but plans to look for work once her baby is older.
Mapendo	Mapendo is a 48-year old Christian (Protestant) Banyamulenge woman. She is married and the mother of seven children. She lived in a refugee camp for 18 years and has been living in the United States for six years. She completed the sixth grade and is currently unemployed but plans to look for work.
Denisa	Denisa is a 25-year old Christian (Protestant) Banyamulenge woman. She is married and the mother of six children. She lived in a refugee camp for seven years and has been living in the United States for six years. She completed the eighth grade and works full time on an assembly line at a paper manufacturing company.

The results revealed three main categories of responses: (a) coherent (all 8 criteria present); (b) coherent without criterion I_8; and (c) incoherent (missing two or more criteria). In order to provide a full picture of the responses, each category contains narrative examples (stories from participants) to highlight differences and provide a foundation for comparison of the main categories. A summary of coherent, coherent without I_8, incoherent, and no responses, including total percentages, can be found in Table 2.

Table 2

Pseudonyms and Coded Responses

Pseudonym	Coherent	Coherent (no I_8)	Incoherent	No Response
Rosine	3	4	0	0
Mado	0	3	2	2
Ninah	5	2	0	0
Alizia	7	0	0	0
Messie	3	3	1	0
Dira	3	2	1	1
Kabou	2	3	1	0
Mapendo	2	4	0	1
Denisa	3	2	1	1
Total Responses (%)	44	37	9.5	9.5

Coherent Responses

Coherent responses provided personal details of participants' resettlement experiences. Each narrative was read by the research team and coded based on the narrative coherence criteria (Burnell et al., 2010). These responses met the complete coherence criteria, which included four categories (eight criteria items, two items per category) of narrative coherence: (a) orientation (O_1 and O_2); (b) structure (S_3 and S_4); (c) affect (A_5 and A_6); and (d) integration (I_7 and I_8).

For the first category, orientation, responses provided the necessary context to understand the story (McAdams, 1996). Specifically, participants identified main characters (O_1; i.e., social workers, family members, medical staff, church members) and set the scene for their stories (airports, apartments, hospitals, church, neighborhoods). Participants also provided historical, social, and/or personal context for the stories (O_2; Burnell et al., 2010). Many participants shared they were surprised they needed to lock their doors, due to believing America was 'safe'. They compared their image of America to the reality, talking about the weather, learning to use household appliances, and applying for jobs.

For the second category, structure, responses involved two criteria items. First, participants' responses included an event, an internal response, an action, and the outcome (S_3; Burnell et al., 2010). For example, Mapendo said, "I came to the escalator, the one that is running so you can just step on it, and I was very scared [laughs remembering], until I held the social worker's hand." Second, the responses made sense; in other words, the events of the story were either in order, or told in such a way that the listener or reader could follow and understand the story (S_4; Burnell et al., 2010). McAdams (1996) notes that a story

without structure (resulting in a loss of understanding) cannot be coherent, making this category essential for coherence.

For the third category, affect, responses consisted of two items. First, the participants described what their experiences meant to them emotionally (A_5; Burnell et al., 2010). Among the many emotions expressed were joy, gratitude, fear, hope, frustration, and happiness. For example, Aliza shared, "We were very happy on the first day to enter the United States, to enter the country, because we were wishing to have a chance to come to America." Additionally, the primary researcher, who conducted each interview, watched the nonverbal expressions and cues of each participant (A_6; Burnell et al., 2010). This criterion was approached with flexibility, since it is well established that undergoing traumatic experiences can result in difficulties with emotion expression (Audergon, 2004; Chung et al., 2018). Participants varied in their presentation; some were soft-spoken, some laughed, some smiled while others were more stoic. Despite these differences, their mannerisms and gestures appeared to match their stories, and thus met the requirements for this criterion.

Lastly, for the fourth category, integration, responses included two criteria items. First, integration means an experience or event is expressed within a bigger picture (I_7; Burnell et al., 2010). Second, contradictory values, emotions or attitudes expressed during a story are explained (I_8; Burnell et al., 2010). All coherent narratives included the examples and details needed to meet these criteria.

The following interview shows a coherent response. Denisa, who is 25 and had lived in the United States for six years, shared the following:

> It was very difficult. I remember when we came in we were refugees, we don't know everything. It was a new day for me, because it was the first time I flew in an airplane [O_2]. It was the first time on the airplane, and I remember when we were getting off the plane [O_1], there are stairs like when you go to the mall, so you just have to go.

> But it's just flat, not going up. [Researcher: The moving walkway?] Yes, that one. And then I was scared [A_5] to go there because it was my first time. It was pretty new, you have to notice that, because it was very different from where I was in the refugee camp, and then to come to the United States of America. It was a really big difference [I_7]. And then it was also very difficult, because they (people from the YMCA agency) [O_1] bring us from the airport, the bring us in the house, and there was no food. And we were very hungry. They give us money, but they told us, 'Don't just open the door', and then we were kind of scared. We didn't want to go out. They give us the money, but we couldn't go out to find the food because we were scared to go out by ourselves. It was a difficult moment for us. The kids [O_1] were crying because they were hungry. Later, [S_3/S_4] we said we need to go out, because the kids are crying [A_6], so let's try to go out and see if we can get something for them. We didn't know where we were going, but we said, let's just go and maybe we will find something outside that we can bring for the kids. When we see any Black people, we say Swahili words, we say 'Jambo', and we think maybe they will answer us [O_2]. Then somebody showed us the store. We didn't know how to buy things. If I saw somebody, I tried to give them the money, but they said no, you have to put the food in the cart. They helped me to pick different food. The difficult moment, I think, is the first few days in this country, for the new people who are coming [I_7]. And then, after we are there maybe two weeks, one of my kids is sick. And then we didn't know what to do. They give us the phone, they give us the number. Then we call 911. Then once we talk with them, we weren't able to communicate with them. I mean, we were trying, but it was just a little. And then my daughter is in really bad condition. They ask us for the address, and we give them the address. Then we take the kids to the hospital [O_1], and they treat my daughter, and afterwards, it's about four in the morning, and they say, 'Go home.' We didn't know where to go, we didn't know our place (house), we didn't know how to get there. It was about 10 minutes away, but we spend the whole morning until 2pm looking for our place. Then we see the police and we stop them, and they figure out the place (the address). And they help us [S_3]. That was a difficult moment for us. But we have good moments too [I_8]. We get friends [O_1], and it was the first time to join a white people church, and they became close friends, and until now, we have really good friends from the church. They really helped with everything. They helped us with a lot of the things that we needed. They helped us apply for Medicaid, and if the food stamps finish, they help us renew and fill out the paperwork. Really, we didn't get more help from the agency. But the church was helping.

It is also important to recognize that being coded as coherent does not necessarily require a lengthy response. Ninah, a 34-year old woman who has lived in the United States for six years, told the following story:

> According to what they tell us, sometime when we come to the U.S., people tell us, "Oh forget about it, you will not time also to pray, to worship. But when we come here [I_8], I go to the church [O_1], full of white people [O_1], and then there was worship just like ours [O_2], and we pray, and get the holy spirit, and it was wonderful

> [S_3/S_4/A_5]. I won't be able to forget what they told us before we came. They said, "forget it, when you get to America, it's just a country where you are going to be enjoying your life, no more praying or things like that." It was challenging [to go to church], but because I went to school, I speak some French, so sometimes I get just a little bit. I did not get everything, but I got some of the words they say [I_7]. Additionally, a coherent response does not have to be positive. Dira, a 29-year old

women who has lived in the United States four and a half years, shared this story about her hardest memory of living in this country:

> My memory is, how am I going to go to work, since I have kids [I_7]? And my husband's [O_1] working too. I don't know anyone to stay with my kids [O_1]. That was a very big issue to me [O_2]. I remember one day, a member of our church [O_1], he told me, 'you can bring your kids to my home and then go to work.' And then I took them to his house, it was far from my house. And that was in Houston. And Houston has a lot of floods. And then I go to work, I was working second shift. When I come back, it was 11 at night. And then it's raining and flooding. I have to go to pick up my kids. I don't have a car. I use buses. And then when I get to the bus station, there is water, flooding. I cried at that time [S_3/S_4]. I thought, 'where am I going to go with my kids?' it's night, at that time it was like, twelve. Night, flooding, raining, kids, I don't have a car. I remember, I had three kids-my son was three years, a one year old, and one, four months. And then I carried one on my back, the man carried one for me, and my son walked in the water. And I cried [A_5/A_6]. That's the bad memory that I have. We walked in that water until we got to his car, and then we went home. The next day, I quit that job. Because of my kids [I_8].

All eight narrative coherence criteria were present in the coherent responses. An analysis of the nine completed interviews found 44% of the total responses were coherent, when using all eight criteria. This suggests the narrative coherence criteria developed by Baerger and McAdams (1999) may be an appropriate tool to better understand the stories of Congolese refugee women.

Coherent Responses (no criterion I_8)

Based on the results, I decided to add an additional category, *Coherent Response (no criterion I_8)*. This criterion item is from the integration category, which requires participants

to explain any contradiction of values, emotions, or attitudes (Burnell et al., 2010). Previous studies have defined and coded coherence in different ways, but regardless of the type of analysis, all have commented on the idea of coherence on a continuum, with a narrative being 'more' or 'less' coherent, rather than a simple 'yes' or 'no' designation (Androutsopoulou, Thanopoulou, Economou, & Bafiti, 2004; Burnell et al, 2010; Esposito & Freda, 2016). Additionally, researchers that used this narrative coherence criteria (Burnell et al., 2010) posed questions to participants that involved a before and after event (i.e., during the war and returned from the war), giving their participants opportunities to express contradictory values, emotions, and attitudes. The present study did not include this type of question.

With the current study, this category was created after the analysis of the interviews was complete. After coding and reviewing each interview, I noted that a large number of responses were "almost coherent," similar to previous studies (Androutsopoulou et al., 2004; Baerger & McAdams, 1999; Burnell et al., 2010; Esposito & Freda, 2016); in other words, they met nearly all criteria. Additionally, the participants were specifically asked not to discuss or share about their experiences prior to their arrival in the United States. This was an ethical decision made in an attempt to minimize stirring up traumatic memories these women may have encountered while still living in refugee camps, as well as to minimize any sense of exploitation, in keeping with a community-based action research model (Stringer, 1996). As such, the current study did not provide participants with many opportunities in which to discuss any contradictory values, emotions, or attitudes. These various factors led to the creation of this category, which accounts for 37% of the total responses.

In one example, Rosine, a 40-year old woman living in the United States three years, describes her arrival to America:

> It was June. I first get in the Dallas, Texas [O_1]. When I'm first in America, I am very surprised [A_5]. I was received by someone, and it was just my first time to see him. They received me with joy, with love. That person was my case worker. That was really surprise to me because it was my first time [I_7]. Me, if I would try to compare to the country where I come from [O_2], Number one, it's not a peaceful country, and then to see how someone who can saw you for the first day, they take us from the airport, they take us to the house. The other surprise I mean the food was ready. I think he (the social worker) was the one cooking everything, so we were ready to get some food from them, everything was ready. And there was already prepared, like our beds, and everything else was inside the house. They take us to our place in the house, so they show us everything, and they say, this is your house where you are going to live. That's something that I was thankful [A_5], and also thankful to them, to my case worker, for everything they did [S_3/S_4]. It didn't stop, that day, until the end, it was just a full day of them helping us. And then, according to the program of refugees, there's a lot of stuff they're supposed to do for us, but I believe they did what they are supposed to do, and we did not have any problems. They take us to the hospital, we are getting check ups, we are getting shots, and also they found a school for my kids and I was happy about that. On the first visits, they are going with us, but later on, we were able to go by ourselves but they also provided transportation.

In another example, Mapendo, who is 48 years old and has lived in the United States for six years, discussed her life after three months (and later) of living in America:

> There is a lot of change. I speak English now, and now I can drive on the highway and go anywhere if I want [I_7]. It's a big change. And also I'm able to work and make my own money [I_7]. I was really looking for a job. I was worried [A_5] about how I am going to do the interview. And then my kids [O_1] were teaching me how I can pass the interview. They told me, number one, they will ask you your name. And then number two, they are going to ask you your address. And then number three, they are going to ask you when you are going to start work. I was memorizing all this. I didn't really focus on the questions they were asking, especially because I could not understand what they were asking. So at the interview [O_1], they asked, and I gave my name, and it was correct. Number two, they asked the address, and it was correct. Number three, they said 'tell me about yourself.' And then I said, I'm going to start tomorrow (laughs) [A_5/A_6; S_3]. (Interviewer, laughing: 'And did you get the job?') No! (laughs). And they said again, 'Tell me about yourself.' And I said, I'm going to start tomorrow morning (laughs). I will never forget that [S_4].

Mado, a 34-year old woman who has lived in the United States one year and eight months, described an important moment since arriving in the United States:

> There is one time, when there was somebody, she was just there for me [I_7]. In a very difficult moment [O_2]. (The agency) [O_1] cut off all the assistance. They even stopped paying my rent. And then she, a social worker on the Kansas side [O_1], came, she bought a bed for the kids. She gave me some money. And she knew I didn't have a job. And then, I don't know how she did it, but they paid the rent until I had my baby and I got a job. I was happy [A_5] for this, and I will never forget her [S_3/S_4].

These responses resemble the coherent responses, with the exception of the absent I_8 criterion. Here, one can see how these events play into the bigger picture (i.e., excitement of being in America, financial security and independence, receiving support). However, there is no change of values, attitudes, or beliefs. This result has promise. The purpose of this study is to examine if narrative coherence is a culturally relevant method for understanding Congolese refugee women and their resettlement experiences, and specifically, if these criteria have the potential to assess their psychological well-being. In order to be effective, the method must sometimes be adapted to a population (Androutsopoulou et al., 2004; Burnell et al., 2010), and particularly with refugees (Twagiramungo, 2013; Wachter et al., 2016). Thus, the addition of this category was the best way to fully represent each woman's experiences.

Incoherent Responses

Responses were coded as incoherent (I_9) if any criteria were absent (in addition to I_8), or if the narrative was fragmented (e.g. unfinished thoughts/sentences). Five out of nine participants provided incoherent responses; four of these five had a single incoherent response. This type of response only accounts for 9.5% of the total responses. Incoherent responses (a) were vague or general, with no detail or emotion provided; (b) focused on a single detail (e.g., when asked to describe life after three months in the United States,

participants spoke only about driving or money); and/or (c) lacked structure, jumping from one topic to the next. When asked to describe her life after living in the United States for three months, Dira gave this response:

> There's a big difference. At that time, some things was hard. I couldn't go to work by myself, driving. I got two years not driving, so it was hard, using buses, but now I can use my own car to go to work. It's easy. On that time, you got money, and then you spend it for nothing. But now, I understand how to save money and spend it only for the important things that I need. I try to save money now rather than spend it on nothing [I_9].

Messie, who is 47 years old and lived in the United States four years, shared the following:

> Before, with the working process, it was really hard for me to wake up in the morning and go to work. But now, if I have a job, it's like my normal life. Going to work every day, it's normal. And also, I have a way that I can use the money, more than I could before. Like right now, I have a lot of things, and I have experience about how to use the money more than before. And also, according to the education system, when the kids were coming before, you could see they were not comfortable. But right now, they go to school every day, in the morning, and they understand what they are doing, and they're fine [I_9].

Kabou, a 29-year old woman who has been in the United States one year and six months, gave the following example:

> The first week, they take me to the hospital. First of all, I sign papers, and then they take me to the hospital. They told me about school, and then they give me the money I am supposed to use. I need to get shots. And then after being in Iowa, we want to move to Kansas City. In Kansas City, we have family members, so we decide to come and be closer to them. When we arrived in Kansas City, we didn't rent a house on the first day. I was staying with family members. And then we go to (the agency); we report ourselves and tell them we just moved from Iowa, so they can start to follow us and we can get help. And also we go to the church [I_9].

The distinction between coherent and incoherent responses is clear. These responses demonstrate a lack of structure, vague explanations with limited details, or a hyperfocus on a singular topic. Additionally, there was no pattern to suggest certain questions were more likely to result in an incoherent response, indicating the question itself was not problematic.

No Response

If a participant elected not to answer a question, it was labeled as No Response (NR). Participants were assured prior to the start of the interview that they could choose not to answer a question if they were uncomfortable. The interview question "Describe your best memory since arriving in the United States" was not answered by one woman. The participant, Mado, a 34-year old woman, had previously answered the question, "Describe an important moment since you have been living in the United States", in which she described a social worker who helped her financially until she was able to find a job. When asked about her best memory, she said, "I have already answered that one. It was the woman helping me." In addition, five participants chose to not answer "Choose any other memory and describe it in as much detail as you can. This memory can be good or bad; it can have happened at any time since you arrived in the United States." It appeared that the participants viewed this question as either too vague or redundant. Common explanations for not answering this question were "I think I've already told you all the important memories" and "It's already been answered."

Social Support

Social support was defined as interactions that provide both practical and emotional support (Walker et al., 2015). In this study, participants were asked in an open-ended question to identify their social supports. Their responses included family (i.e., spouse, children), neighbors and church friends, the church and other agencies (i.e., resettlement agency), and the government (i.e., social security or food stamps).

Four participants identified two sources of social support and five participants reported three sources of support. Spouses and family members were the most common,

which is in line with Congolese culture, followed by church and faith-related support (Cultural Orientation Resource Center, 2014). All participants are married and reported attending a Christian (Protestant) church. Importantly, all but one participant reported relational types of support. This one participant is the only one interviewed whose husband is not currently living with her in the United States. Further, this participant had the highest number of incoherent responses ($n = 2$), and zero coherent responses with all eight criteria. Table 3 summarizes the various types of social supports identified by the participants.

Table 3

Social Supports

Types of Support	Participants Responses
Spouse	7
Other Family Members	5
Church Friend(s)	4
Neighbors	2
Church or Other Agency	3
Government	2

Discussion

The purpose of this study was to conduct a critical analysis of the theory of narrative coherence and its applicability to Congolese refugee women in an effort to understand the resettlement process of these women in the United States. Specifically, this meant an examination of narrative coherence criteria to determine if a narrative coherence measure could be used to assess the well-being of Congolese women refugees. The theory of narrative coherence (McAdams, 1996) states that a coherent narrative indicates a person has come to terms with positive and negative life experiences (Baerger & McAdams, 1999). The theory also provides space to understand a person's story within their social context (McAdams,

1996; McAdams, 2006). Further, previous research demonstrates coherence has been linked to overall well-being (Baerger & McAdams, 1999; Benish-Weisman, 2009; Chandler & Lalonde, 1998; Yampolsky et al., 2013).

The present study used narrative theory to examine the effectiveness and appropriateness of using narrative coherence as a method for understanding the experience and mental health of Congolese refugee women. The main finding is that a qualitative analysis utilizing narrative coherence criteria yielded three categories: (a) coherent responses (44% of total responses); (b) coherent responses without criterion I_8 (37% of total responses); and (c) incoherent responses (9.5% of total responses). Adaptations were made to the coherence criteria; specifically, one item (I_8) was dropped from the criteria to create a third category in an effort to provide a full picture of the experiences faced by Congolese refugee women resettling in the United States. This adaptation highlights the often necessary reality of adjusting approaches to capture the complexities of a refugee population (Cultural Orientation Resource Center, 2014; Khawaja et al., 2008; Twagiramungo, 2013; Wachter et al., 2016).

An auxiliary finding suggests that relational support, including people from their own community, may be critical for female Congolese refugees resettling in a new country. This result supports previous studies' results of female refugees and coping (Khawaja et al., 2008; McMichael & Manderson, 2004; Walker et al., 2015). McMichael and Manderson (2004) argued that the well-being of Somali female refugees is impacted not only by their current social networks but also by how their current networks compare to the social connections they had in Somalia. Khawaja and colleagues (2008) identified various coping strategies among Sudanese refugees, including social support (i.e., family members or friends in the

Sudanese community). Finally, Walker et al. (2015) discovered that free-call phones and peer support training empowered refugees to help others in their community and enhanced their own quality of life. This led to the conclusion that interventions, which empower refugees to improve their social support and inclusion, may result in an improvement of health and well-being in refugees. The combination of the results from these previous studies with the current study serves to strengthen the argument that relational support is essential for refugees during and after resettlement.

Coherent Responses

The participants provided narratives detailing their experiences moving to and resettling in the United States. Responses were coded as coherent when all criteria were present. This included four categories (eight criteria items, two items per category) of narrative coherence: (a) orientation (O_1 and O_2); (b) structure (S_3 and S_4); (c) affect (A_5 and A_6); and (d) integration (I_7 and I_8). Coherent responses made up 44% of the total responses. In some cases, participants provided lengthier responses than what was required. For example, four participants shared about their first day in the United States (Interview Question 1), and then went on to share about their first week (Interview Question 2), often including their impressions and emotional responses. This is in line with Androutsopoulou and colleagues (2004), who found that being in touch with one's emotions was a critical component of narrative coherence. In one interview, most of the narrative flowed naturally, the participant providing great detail and emotional expression, and the interviewer providing minimal prompts, resulting in the entire interview being coded as coherent. Of the nine participants, eight provided responses that met criteria for the eight narrative coherency items

(Baerger & McAdams, 1999; Burnell et al., 2010), including the four main categories of orientation, structure, affect, and integration.

While I was hopeful this coherence criteria would prove helpful in understanding the women's experiences, I had doubts due to what I assumed to be significant traumatic histories, given the history and violence of the DRC and refugee camps (Cultural Orientation Resource Center, 2014; Peterman, Palermo & Brendenkamp, 2011). My assumptions of mental health concerns, based on my readings, led me to believe there would be a higher number of incoherent responses (Adler, Harmeling, & Walder-Biesanz, 2013; Amir et al., 1998; Williams, 2009). The findings, however, resulted in a similar coherent to incoherent response ratio when compared to previous research (Burnell et al., 2010). Previous studies have linked narrative coherence (McAdams, 1996) to overall well-being (Baerger & McAdams, 1999; Benish-Weisman, 2009; King & Hicks, 2006; Yampolsky et al., 2013). Baerger and McAdams (1999), who first developed the narrative coherence criteria, found life story coherence related to mental well-being. Benish-Weisman (2009) and Yampolsky et al. (2013) found that coherence was related to successful resettlement narratives among immigrants and identity integration respectively, both of which resulted in better well-being. Finally, King and Hicks (2006) found that achieving a sense of closure as well as accepting negative experiences and loss led to healthier psychological well-being. The methodology of the present study did not measure a correlation between coherence and well-being. However, drawing from previous research, the results of this study provide some initial evidence that narrative coherence criteria may be an appropriate means of measuring well-being in Congolese refugee women.

Coherent Responses (no criterion I_8)

Responses were coded as coherent (no I_8) when all criteria were present except the last criterion. This final criteria item is considered present when the narrative explains contradictions of values, emotional responses, or attitude changes, e.g., I feel conflicted; on one hand, happy to be alive, on the other, guilty I survived when my friend did not (Burnell et al., 2010). In numerous narratives, the responses appeared coherent, even if there was no discussion of resolving inner conflicts or attitude shifts. The high number of responses in this category, 37% of the total responses, demonstrated a need for this category. Although this specific category was not present in the original study that developed narrative coherence criteria (Baerger & McAdams, 1999), studies have adapted categories to best describe their population (Androutsopoulou et al., 2004; Burnell et al., 2010). Previous research that utilized the criteria in this study (Burnell et al., 2010) gave their participants opportunities to resolve contradictory values, emotions, and attitudes with 'before' and 'after' questions. Thus, it is likely that this item was absent in the narratives due to the way the interview questions were worded.

Incoherent Responses

Incoherent responses were coded as I_9 if (a) any criteria were absent (in addition to I_8); or (b) if the narrative demonstrated fragmentation (e.g. unfinished thoughts/sentences). Results indicated a low number of incoherent responses (9.5% of the total responses). There was no observable pattern to indicate certain questions resulted in an incoherent response. A lack of structure and fragmentation appear to be the primary reasons that led to a designation of incoherent response. This is similar to the findings of Benish-Weisman (2009), who reported non-successful immigration stories often demonstrated silence (avoidance of

response), a lack of detail, or a "stream of associated and unrelated details" (p. 964). Additionally, it should be noted that the participant who gave the shortest interview of 23 minutes was the participant who had the highest number of incoherent responses (n = 2). Based on her interview responses and my observations, this participant had more financial concerns than the other participants, as evidenced by her living situation. She lived with her five children in a two-bedroom apartment and relied on others for transportation. She had come without her husband to the U.S. and did not identify any relational supports.

As previously stated, I expected a higher number of incoherent responses. It is important to note that if a third category had not been created to better represent participants' storytelling and experiences, this would have been the case. With this acknowledged, the lower percentage of incoherent responses brings attention to three important considerations. First, it reminds individuals of the importance of being aware of one's biases when working with refugee populations and not assuming previous difficult experiences automatically result in poorer outcomes (Elliott et al., 1999; Fraine & McDade, 2009). Second, it reiterates the need to utilize appropriate measures for understanding refugee populations (Gagnon et al., 2004; Naseh et al., 2019). And third, if narrative coherence is indeed correlated with higher well-being as the research above suggests, these results indicate that the coherence criteria examined in this study may be a helpful tool in understanding and measuring Congolese refugee women's overall well-being.

Social Support

This study defined social support as interactions that provide both practical and emotional support (Walker et al., 2015). Khawaja and colleagues (2008) suggested mental health issues might be lessened by adopting new social networks and building new

relationships. When asked about social support, the women identified their spouses, family members, neighbors, agencies, the church, and other Congolese refugees. This is consistent with a previous study, which specifically found that families and the refugee community provided support and hope for refugees (Hussain & Bhushan, 2013). After summarizing the social support data, I went back through the interviews to see if any patterns emerged (i.e., did number of social supports correlate with number of coherent responses). The most notable result was that the single participant who did not report any relational support (e.g., spouse, family member, friend) had the highest number of incoherent responses. No other obvious patterns were noted, but this could be due to the small sample size. Thus, while this study did not examine a direct relationship between narrative coherence and social support, this result involving coherence and relational social support may warrant further investigation.

Additionally, I was surprised no participant reported more than three forms of social support. One possible reason for this is due to the way the question was worded in the interview. The interview question listed three categories of examples: people, an organization, or an activity. This could have prompted three responses from participants. Further, after these results I went back and reviewed the literature on refugees, coping, and social support. One thesis (Pahud, 2008) emerged, in which the author interviewed 26 adult refugees and reported resettled refugees may view self-efficacy as a form of coping or support. Using a grounded theory qualitative methodology, the author identified self-efficacy as a contributing factor to refugees' coping processes during resettlement in a new country. The paper notes that while the refugees were not familiar with the term self-efficacy, they

described experiences in which they had "known worth" (p. 143). Khawaja et al. (2008) also reported that refugees identified relying on their inner resources as a coping strategy.

In support of these findings, newer research exists that emphasizes the importance of self-efficacy in refugee populations (Lacour et al., 2020; Tip, Brown, Morrice, Collyer, & Easterbrook, 2020). Specifically, refugees noted that driving a car, access to employment, language classes, navigating institutions and systems, and opportunities to increase social networks increase their self-efficacy (Tip et al., 2020). I went back and reviewed the comments women had made during their interviews. Out of the nine participants, six ($n = 6$) mentioned language fluency or taking English classes, six ($n = 6$) mentioned driving themselves places, and seven ($n = 7$) mentioned jobs or working, indicating a sense of financial security. These were in response to the questions, "Please describe an important moment or memory since living in the United States" and "Describe your life after three months or longer of living in the United States." Thus, even if the participants did not explicitly give these examples when asked to identify social supports, it seems likely they conceptualize them as effective ways of coping.

Summary

The current study demonstrated narrative coherence may be an appropriate method for understanding Congolese refugee women living in the United States. These initial findings suggest that coherence may be an effective way to measure well-being in female Congolese refugees. As an auxiliary finding, this study showed what Congolese refugee women view as social support, including family, faith, social networks, and self-efficacy, as well as a possible connection between coherence and relational social support (Cultural

Orientation Resource Center, 2014; Khawaja et al., 2008; McMichael & Manderson, 2004; Tip et al., 2020; Twagiramungu, 2014).

Narrative coherence acknowledges that a person's cultural background will influence their story (Baerger & McAdams, 1999). Additionally, the theory says different cultures develop their own expectations of how stories should be told (McAdams, 2010). The coherent narratives of the women in this study told stories of new beginnings, facing and overcoming challenges, and working hard to create a home in the United States. They also highlight the importance of family and faith for Congolese women (Cultural Orientation Resource Center, 2014; Pahud, 2008). These narratives appear to contain examples of successful resettlement (Benish-Weisman, 2009), including personal and family-oriented goal achievement and obtaining positions in society (Atwell, Gifford, & McDonald-Wilmsen, 2009; Pahud, 2008). This indicates that this methodological approach allowed for coherent responses, and the coherence criteria is culturally robust when working with Congolese refugee women. This study draws attention to the importance of critically considering criteria and demonstrating flexible thinking when working with diverse populations. Knowing this, it is important to remember that this type of study has never been done, and thus, replication of this study and its methodology is recommended in an effort to ensure the results are continuous and this approach is culturally appropriate when working with female Congolese refugees.

Limitations of the Present Study

Limitations of the present study should be acknowledged. While results of this study demonstrate narrative coherence criteria may be an effective method for better understanding Banyamulenge Congolese refugee women, they should be viewed with the understanding

that each woman has her own experiences (Cultural Orientation Resource Center, 2014; Pahud, 2008). It is important to acknowledge the unique differences of each woman's story told in this study. Additionally, as is common with qualitative research (Burnell et al., 2010), the sample size was small ($n = 9$). Thus, while some generalization of these results may be possible due to the shared ethnic identity of the participants, one should not assume that the narrative coherence criteria is an appropriate tool for all Banyamulenge refugee women, not to mention the larger female Congolese refugee population.

Second, participants were recruited via purposeful criterion snowball sampling. While this recruitment technique allowed well-connected individuals (e.g., Congolese advocates) to identify participants who could provide "information-rich" narratives (Creswell, 1998, p. 119), one limitation of snowball sampling is that it may result in the overrepresentation of individuals that share a similar and narrow range of characteristics. In this case, the participants were all married with children, Christian (Protestant), and identified as Banyamulenge.

Third, eight of the nine interviews were conducted with the help of a professional interpreter who is a member of the same Congolese refugee community. Interpretations were done live, then later transcribed and analyzed. I did my best to ensure the interview questions made sense within a cultural context to avoid misunderstandings or loss of meaning. I met with one Congolese interpreter to discuss the interview questions and problems that might arise (Vara & Patel, 2012). Additionally, the interpreter used for the interviews and I met to discuss the purpose of the study. These steps were in line with previous research (Baird, 2011; Vara & Patel, 2012). The interpreter had over a decade of experience, working with non-profit organizations and within the Missouri and Kansas public schools. Despite these

efforts, it is possible that questions were not fully understood, or responses lost some meaning in translation.

Fourth, beyond the practicalities of using an interpreter in a research study, the interpreter knew and had established relationships with the participants, due to his role and standing in the community. On one hand, the interpreter knowing the participants was positive, as it helped with recruitment and data collection. Similar to Baird (2011), the trust and respect the interpreter evoked helped with the completion of this study. On the other hand, this interpreter was a leader and active member in the church the women attended. A previous study that looked at the impact of using interpreters when providing mental health services found that there could be a problem if the interpreter had their own agenda; for example, if someone talked about domestic violence and made the community look bad, the interpreter might deny any domestic violence and tell the person to stay with their spouse (Gartley & Due, 2016). Thus, given the interpreter's standing in the community and his relationship with not only the women but also their families (i.e., their husbands), it is possible the women edited their stories to ensure nothing was shared with their spouses or other community members that they wished to keep private.

Implications for Further Research

With these limitations in mind, there are multiple considerations for further research. First, this type of study has never been done. While the results of this study are promising, the analysis did not assess a direct relationship between coherence and well-being. Future research might do so by asking about premigration experiences, measuring mental health symptoms, and using multiple assessments of well-being. Results could strengthen the possibility of using narrative coherence to assess well-being in Congolese refugee women.

Additionally, future studies should attempt to replicate these findings with a larger sample size, as well as consider recruiting participants from other Congolese ethnic groups to determine if this approach is culturally robust.

Second, while the current study did utilize aspects of a community-based participatory action approach, the need was identified by the resettlement agency. I did spend time with the interpreter prior to the start of the interviews to discuss the purpose of the study and ensure the questions were culturally appropriate. However, future studies may consider community-based participatory action research or a needs assessment initiated with and by the Congolese women in the refugee community in order to increase participation, manage questions or concerns about confidentiality and working with an outsider, and create sustainable change (Baird et al., 2015; Holkup et al., 2004; Makhoul et al., 2014).

Third, this study utilized a male interpreter. Two female Congolese refugees said that a male interpreter was acceptable, provided the interviewer did not ask any questions about the participants' lives prior to arriving in the United States, given the likelihood of sexual- and gender-based violence (Cultural Orientation Resource Center, 2014). However, the gender difference may still have impacted participants' responses, such that they were not as forthcoming with their experiences, considering traditional gender roles (e.g., men are the heads of the households) are often seen within the Congolese community (Cultural Orientation Resource Center, 2014). Depending on the research question(s), future studies may consider working with a female interpreter.

Clinical Implications.

The present study shines a light on the challenges faced by Congolese refugee women in relocating to the United States. In addition, all the participants of this study belong to the

Banyamulenge ethnic group. It is important to remember that historically, the Banyamulenge are an ethnic Congolese group of Rwandan origin that have been in the DRC since the late 1800s. Due to ongoing civil unrest and violence, this particular group has recently faced increasing levels of discrimination due to other Congolese placing them in the same group as the Rwandan-supported rebel groups that invaded the DRC after the genocide, blaming them in part for the civil unrest in the country (Cultural Orientation Resource Center, 2014). Thus, this group has long been treated as outsiders, even within their home country. As such, clinicians, case workers, and other health professionals must keep the history of the DRC and the ethnic diversity of Congolese refugees in mind when working with this community (Cultural Orientation Resource Center, 2014).

Given the results of this study, a narrative approach that allows women to freely reflect on their resettlement experiences without excessive instructions appears well-suited when working with refugees (Abkhezr & McMahon, 2017; Smith, 2015). However, clinicians, case workers, and other professionals working with refugees should be aware of gender roles, language barriers, and possible trauma histories that may create challenges for Congolese refugee women in the resettlement process. Further, one should also be aware of the toll that hearing refugee stories can have on a person's well-being. This is true for clinicians, researchers, and interpreters. Standing witness to refugee stories can result in positive changes (Barrington & Shakespeare-Finch, 2013; White & Epston, 1990), but previous research shows that listening to trauma accounts (as is common with refugee clients) can cost, and sometimes result in vicarious traumatization (Barrington & Shakespeare-Finch, 2013; Puvimanasinghe, Denson, Augoustinos, & Somasundaram, 2015). One study examined Kurdish refugee interpreters' experiences working in mental health

services. Results showed the participants often felt overwhelmed by the job, particularly when asked to interpret for people with shared or similar histories (Green et al., 2012). Thus, individuals working with refugees should take care with their own mental health and wellness.

Establishing trust with female refugee clients may be challenging for clinicians. In the current study, Messie said, "I never have a problem which I am going to discuss outside." This is due to the stigma that surrounds women seeking help for mental health and related concerns (Cultural Orientation Resource Center, 2014). Given this knowledge, clinicians must consider clients' cultural backgrounds when selecting therapeutic interventions. Refugee women may be more comfortable in a group with others who are culturally similar and have faced the same types of challenges; thus, practitioners may consider conducting therapy in a group format (Kira et al., 2012). From the present study, Rosine shared:

> I really like when we are sitting like a team, with people from my country. And it's happened a lot when we are talking and see the difference of where we come from and where we are at. I like to do this question, sitting with a group of people, of where we're at, having different ideas, how we came, and the life back home, and the big difference between how we live here.

Other research findings also demonstrate support for group interventions. One study provided therapeutic interventions in seven villages in the DRC. Bass and colleagues (2013) compared individual support (e.g., psychosocial support and economic, medical, and legal referrals) to group Cognitive Processing Therapy (group CPT), a protocol-based therapy. Results showed that while both interventions reduced depression, anxiety, and PTSD symptoms, group CPT was significantly more effective in reducing symptoms, even after six months (Bass et al., 2013).

Narrative therapy has also been effective for refugees and can be facilitated in a group setting (Gwozdziewycz & Mehl-Madrona, 2013; Halvorsen & Stenmark, 2010; Hensel-Dittmann et al., 2011; Morina et al., 2012; Stenmark et al., 2013). Narrative coherence and narrative therapy draw from the same theoretical underpinnings. Indeed, both theories say the past and present must be integrated for a person to live their true story (narrative therapy; White & Epston, 1990) or have a good life story (narrative coherence; McAdams, 1996). Thus, narrative therapy and sharing their stories may help refugees ascribe meaning to past and present experiences (White & Epston, 1990).

In relation to therapeutic interventions, this study demonstrates the importance of spirituality and faith for Banyamulenge refugee women. Many of the women in this study identified faith, attending church, and church friends as encouragements and supports, which is in line with what is known about Congolese culture (Cultural Orientation Resource Center, 2014). Clinicians should consider faith, religion, and religious institutions (in this study, Christian church) as potentially helpful resources for this population. Previous studies have found faith and prayer to be coping mechanisms utilized by refugees (Pahud, 2008) and specifically Congolese refugees (Twagiramungu, 2014). One interesting study looked at the impact of forgiveness on the mental health and well-being of 10 female Congolese refugees. Results found that participants who actively voiced the concept of forgiveness in their narratives (either towards rebels or the state) reported decreases in anger, anxiety, depression, stress, and rumination; further, they reported improvements in mental wellbeing (Kandemiri, 2019). The tenet of forgiveness is in line with the Christian faith. Thus, if appropriate, clinicians may consider discussing or integrating forgiveness into the therapeutic intervention.

The idea of putting words to one's experience in an effort to ascribe meaning is supported by research (Benish-Weisman, 2009; White & Epston, 1990). However, attempting to insist an individual must process or retell their trauma, or imply counseling is necessary for an entire community to heal can be damaging (Elsass, 2001). Audergon (2004) wrote that collective trauma stays "in the fabric" of a community and society for generations (p. 20). Rather than pathologizing refugees and their histories, clinicians, case workers, and resettlement agencies may find it more culturally effective to focus on Congolese refugee women's resilience and hope, helping to further build and develop individual coping skills and encourage posttraumatic growth (Lenette, Brough, & Cox, 2013; Umer & Elliot, 2019). "Stories live in culture" (McAdams, 2001, p. 114), and culture influences the meaning of a story. To truly understand someone's story, the listener or reader must know about the storyteller's culture and sociohistorical environment (McAdams, 1996) and adapt interventions to support this understanding. This is arguably the next critical step for future narrative research and practice.

Appendix A

Participant Pseudonym: Interview Date: Interviewer:

DEMOGRAPHIC QUESTIONNAIRE

All information in this questionnaire will be kept confidential.

Name:	Age:	Sex: ☐ Female ☐ Male
Ethnic Identity: ☐ Bembe ☐ Bashi ☐ Banyamulenge ☐ Other Ethnic Identity:		
Religious Identity: ☐ Christian-Protestant ☐ Christian-Catholic ☐ Christian-Pentecostal ☐ Christian-Seventh Day Adventist ☐ Kambuangist ☐ Muslim ☐ Traditional African beliefs ☐ Other:		
Educational Background: ☐No formal education ☐ Primary School (up to grade 6) ☐ Secondary School (up to grade 12) ☐ Some college ☐ Bachelor's Degree ☐ Graduate Degree ☐ Other:		
Relationship Status: ☐ Single ☐ Married ☐ Widowed ☐ Separated ☐ Divorced		
Do you have children? ☐ Yes ☐ No		How many children do you have:

How long have you been living in the United States?

Prior to moving to the U.S., did you live in a refugee camp? ☐ Yes ☐ No		How many years did you live in the refugee camp?
Are you currently employed? ☐ Yes ☐ No	Current Occupation:	Former occupation in home country:
Employment Status: ☐ Full-time (40 hours/week) ☐ Part-time (20 hours/week) ☐ Unemployed and searching for work ☐ Unemployed, NOT looking for work		
Total Estimated Personal Income: Total Estimated Family Income: How many family members live on this income?		
English Language skill prior to moving to the U.S.: ☐None ☐ Minimal (understand and speak some words, but limited) ☐ Fair (some ability to speak full sentences and understand) ☐ Proficient (good ability to speak full sentences and understand conversations) ☐ Fluent Reading Ability in First Language ☐None ☐ Minimal (understand and read some words, but limited) ☐ Fair (some ability to read full sentences and understand) ☐ Proficient (good ability to read full sentences and understand conversations) ☐ Fluent Reader		Current English Language skill: ☐None ☐ Minimal (understand and speak some words, but limited) ☐ Fair (some ability to speak full sentences and understand) ☐ Proficient (good ability to speak full sentences and understand conversations) ☐ Fluent Writing Ability in First Language ☐None ☐ Minimal (understand and write some words, but limited) ☐ Fair (some ability to write full sentences and understand) ☐ Proficient (good ability to write full sentences and understand conversations) ☐ Fluent writer

Appendix B

Consent for Participation in a Research Study
A critical review of narrative coherence theory for use with Congolese refugee women who are resettling in the United States

Mindi Gowen, M.S.
Johanna Nilsson, Ph.D.

Request to Participate
You are invited to participate in a study conducted by Mindi Gowen, Counseling Psychology student at the School of Education, University of Missouri Kansas City. The results from the study will contribute to Mindi Gowen's research project, which aims to develop a better understanding of narrative coherence in Congolese refugees resettled in the United States Midwest. You are selected as a potential participant in this study because you identify as a Congolese female 18 years or older, have come to the United States as a refugee, and have lived in the United States for more than six months.

Research studies only include people who choose to take part. This document is called a consent form. Please read this consent form carefully and take your time making your decision. The researcher will go over this consent form with you. Ask her to explain anything that you do not understand. Think about it and talk it over with your family and friends before you decide if you want to take part in this research study. This consent form explains what to expect: the risks, discomforts, and benefits, if any, if you consent to be in the study.

Purpose
The purpose of this study is to look at narrative coherence in the stories of Congolese refugees resettled in the Midwest. Specifically, the goal of this study is to examine the resettlement experiences of Congolese women refugees using the narrative coherence method (Baerger & McAdams, 1999) in an attempt to gain further understanding of the unique resettlement process for these women. The results of the current study will produce information about the experiences of Congolese refugee women. This information will be used to inform counseling interventions and generate community-wide recommendations that can enhance the wellbeing, resiliency, and adaptation of Congolese refugee women in the United States.

Procedures
If you agree to be in this study, we will ask you to participate in a face-to-face interview answering questions about your life since arriving to the United States, your resettlement experiences and challenges, and what you hope your life in the United States will look like in the future. The interview will take about one hour to one and a half hours to complete. You may identify whether you would like to be interviewed in your home or in a private location of your choosing and whether or not you will need a trained interpreter at the interview.

The interview will be audio recorded. The recording is required to ensure proper transcription and later analysis. If you choose not to be audio recorded, you will not be able to participate

in the study. If you are unclear about what an interview question means, I will ask it in another way to help you feel comfortable. Your contact information and audio files will be kept in a password-protected device that will be stored in a locked safe. All documents will be destroyed after completion of the study.

Risks and Inconveniences

The study has minimal risks. That means that although the risks of taking part in this research study are not expected to be much more than the risks in your daily life, some questions may remind you of experiences prior to arriving in the United States. Questions may also point out hardships you have experienced since living in the United States. If there are questions that you may find uncomfortable, you may choose not to answer those questions or stop the interview at any time. If during the interview you begin to feel anxious or overwhelmed and you wish to speak to a counselor or trained professional, the interview will end immediately and I will be able to help you locate one through the Empowerment Program, a local non-profit that services refugee women and families in the area. You may also contact the Empowerment Program directly by calling the Director, Johanna Nilsson, at (816) 235-2484.

Benefits

While there may be no personal advantage from you being in the study, what you share may be helpful to future refugees. Being a part of the study is your choice. If you decide that you don't want to be in the study now, or if you want to stop being in the study later, this choice will not result in any negative consequences, nor will it impact your relationship to me or any other individuals associated with the study.

Fees and Expenses

There are no monetary costs associated with your participation in this study.

Compensation

In order to express appreciation for your participation, you will be given a $25 gift card. You will receive the payment at the end of the interview and you will be asked to sign a receipt. You may choose not to answer some questions or decide to withdraw from the study at any time and still be given the $25 gift certificate for your participation.

Confidentiality

While we will do our best to keep the information you share with us confidential, it cannot be absolutely guaranteed. Individuals from the University of Missouri-Kansas City Institutional Review Board (a committee that reviews and approves research studies), Research Protections Program, and Federal regulatory agencies may look at records related to this study to make sure we are doing proper, safe research and protecting human subjects. The results of this research may be published or presented to others. You will not be named in any reports of the results. I will take special steps to protect your privacy. You will pick a pseudonym name (fake name) that will appear on the demographic questionnaire. This pseudonym name will be utilized on any later documents, publications, or presentations associated with this study. I will keep your demographic questionnaire, signed consent form, and all other documents associated with the interview in a safe and secure locked box. Additionally, all audio files will be kept on a password protected thumb drive and kept in the locked box. Only I will have access to that locked box.

Contacts for Questions about the Study

You should contact the Office of UMKC's Institutional Review Board at 816-235-5927 if you have any questions, concerns or complaints about your rights as a research subject. You

may call the researcher Mindi Gowen at (402) 850-3708 or through email at mjg34b@mail.umkc.edu if you have any questions about this study.

Voluntary Participation

Taking part in this research study is voluntary. If you choose to be in the study, you are free to stop participating at any time and for any reason. If you choose not to be in the study or decide to stop participating, your decision will not affect any care or benefits you are entitled to. The researchers, doctors or sponsors may stop the study or take you out of the study at any time if they decide that it is in your best interest to do so. They may do this for medical or administrative reasons or if you no longer meet the study criteria. You will be told of any important findings developed during the course of this research.

You have read this Consent Form or it has been read to you. You have been told why this research is being done and what will happen if you take part in the study, including the risks and benefits. You have had the chance to ask questions, and you may ask questions at any time in the future by calling Mindi Gowen at (402) 850-3708 or emailing her at mjg34b@mail.umkc.edu. By signing this consent form, you volunteer and consent to take part in this research study. I will give you a copy of this consent form.

_____ _____

Signature (Volunteer Subject) **Date**

_____

Printed Name (Volunteer Subject)

_____ _____

Signature of Person Obtaining Consent **Date**

_____

Printed Name of Person Obtaining Consent

Appendix C

Standard Introduction

You will be asked to describe different experiences since living in the United States. Some of these experiences may be from when you first arrived; others may have taken place months or years after living in the United States. As you describe your experiences, please use as many words and details as possible. You can tell me who you were with, what you saw, where you went, what you did, and the feelings you had. We have at least one hour, so there is no need to rush your answers. Remember, if at any time you begin to feel upset or overwhelmed, you can ask to take a break or stop the interview entirely and you will still receive a gift card. Do you have any questions?

Semi-Structured Interview Questions

1. Describe your first day in Kansas City. If you like, you can tell it like a story you might listen to. Tell me what you did first, second, and continue throughout your day.
2. Describe your first week
3. Describe an important moment since you have been living in the United States.
4. Describe your life after three months or longer of living in the United States.
5. Describe your best memory since living in the United States.
6. Describe your worst memory since living in the United States.
7. Select one memory of choice and describe it in as much detail as you can. This memory can be good or bad; it can have happened at any point since you arrived in the United States.
8. Please identify what social supports you have here in Kansas City. These can be specific people (family member, neighbor), an organization (church, agency), or an activity (gardening, attending community events).

References

Abkhezr, P., & McMahon, M. (2017). Narrative career counselling for people with refugee backgrounds. *International Journal for the Advancement of Counselling, 39*(2), 99 111.

Adler, J. M. (2012). Living into the story: Agency and coherence in a longitudinal study of narrative identity development and mental health over the course of psychotherapy. *Journal of Personality and Social Psychology*, *102*(2), 367-389.

Adler, J. M., Harmeling, L. H., & Walder-Biesanz, I. (2013). Narrative meaning making is associated with sudden gains in psychotherapy clients' mental health under routine clinical conditions. *Journal of Consulting and Clinical Psychology, 81*(5), 839-845.

Amir, N., Stafford, J., Freshman, M. S., & Foa, E. B. (1998). Relationship between trauma narratives and trauma pathology. *Journal of Traumatic Stress*, *11*(2), 385-392.

Androutsopoulou, A., Thanopoulou, K., Economou, E., & Bafiti, T. (2004). Forming criteria for assessing the coherence of clients' life stories: A narrative study. *Journal of Family Therapy*, *26*(4), 384-406.

Anna, C., Rita, F., Reid, A., Van den Boogaard, W., Deiana, P., Quaranta, G., & Di Carlo, S. (2017). Mental health and trauma in asylum seekers landing in Sicily in 2015: A descriptive study of neglected invisible wounds. *Conflict & Health*, *11,* 1-11.

Atwell, R., Gifford, S.M., & McDonald-Wilmsen, B. (2009). Resettled refugee families and their children's futures: Coherence, hope, and support. *Journal of Comparative Family Studies, 40*(5), 677-697.

Audergon, A. (2004). Collective trauma: The nightmare of history. *Psychotherapy and Politics International, 2*(1), 16-31.

Baerger, D. R., & McAdams, D. P. (1999). Life story coherence and its relation to psychological well-being. *Narrative Inquiry*, *9*(1), 69-96.

Baird, M. B. (2011). Lessons learned from translators and interpreters from the Dinka tribe of southern Sudan. *Journal of Transcultural Nursing, 22*(2), 116-121.

Baird, M. B., Domian, E. W., Mulcahy, E. R., Mabior, R., Jemutai-Tanui, G., & Filippi, M. K. (2015). Creating a bridge of understanding between two worlds: Community-based collaborative-action research with Sudanese refugee women. *Public Health Nursing*, *32*(5), 388-396.

Barrington, A., & Shakespeare-Finch, J. (2013). Working with refugee survivors of torture and trauma: An opportunity for vicarious post-traumatic growth. *Counselling Psychology Quarterly, 26*(1), 89-105.

Bass, J.K., Annan, J., Murray, S.M., Kaysen, D., Griffiths, S., Cetinoglu, T., Wachter, K., Murray, L.K., & Bolton, P.A. (2013). Controlled trial of psychotherapy for Congolese survivors of sexual violence. *The New England Journal of Medicine, 368*(23), 2182-2191.

Benish-Weisman, M. (2009). Between trauma and redemption: Story form differences in immigrant narratives of successful and nonsuccessful immigration. *Journal of Cross-Cultural Psychology*, *40*(6), 953-968.

Bruner, J.S. (1986). *Actual minds, possible worlds.* Cambridge, MA: Harvard University Press.

Burnell, K.J., Coleman, P.G., & Hunt, N. (2010). Coping with traumatic memories: Second World War veterans' experiences of social support in relation to the narrative coherence of war memories. *Aging and Society, 30,* 57-78.

Chandler, M. J., & Lalonde, C. (1998). Cultural continuity as a hedge against suicide in Canada's First Nations. *Transcultural Psychiatry*, *35*(2), 191-219.

Chung, M.C., Shakra, M., Al Qarni, N., Al Mazouei, M., Al Mazouei, S., & Al Hashimi, S. (2018). Posttraumatic stress among Syrian refugees: Trauma exposure characteristics, trauma centrality, and emotional suppression. *Psychiatry: Interpersonal and Biological Processes, 81*(1), 54-70.

Creswell, J.W. (1998). Qualitative inquiry and research design: Choosing among five traditions. London: Sage Publications.

Cultural Orientation Resource Center. (2014). *Refugees from the Democratic Republic of the Congo.* Retrieved from http://www.culturalorientation.net/learning/populations/congolese-refugees

de la Sablonnière, R., Saint-Pierre, F.P., Taylor, D.M., & Annahatak, J. (2011). Cultural narratives and clarity of cultural identity: Understanding the well-being of Inuit youth. *Pimatisiwin: A Journal of Aboriginal and Indigenous Community Health, 9*(2), 301-321.

University of Gothenburg Department of Economics. (2008, June). *Democratic Republic of Congo-Environmental and Climate Change Policy Brief.* Retrieved from https://sidaenvironmenthelpdesk.se/digitalAssets/1683/1683894_environmenta-and-climate-change-l-policy-brief-dr-congo-2008.pdf

DeVault, M. (2015). *Addressing the unique needs of Congolese women.* [PowerPoint slides].

Deveci, Y. (2012). Trying to understand: Promoting the psychosocial well-being of separated refugee children. *Journal of Social Work Practice*, *26*(3), 367-383.

Division of Global Migration and Quarantine. (2016). *Congolese refugee health profile.*

Retrieved from https://www.cdc.gov/immigrantrefugeehealth/pdf/congolese-health-profile.pdf

Elliott, R., Fischer, C. T., & Rennie, D. L. (1999). Evolving guidelines for publication of qualitative research studies in psychology and related fields. *British Journal of Clinical Psychology*, *38*(3), 215-229

Elsass, P. (2001). Individual and collective traumatic memories: A qualitative study of post traumatic stress disorder symptoms in two Latin American localities. *Transcultural Psychiatry, 38*(3), 306-316.

Esposito, G., & Freda, M. (2016). Reflective and agentive functions of narrative writing: A qualitative study on the narratives of university students. *Integrative Psychological & Behavioral Science*, *50*(2), 333-357.

Flaskerud, J.H., & Soldevilla, E.Q. (1986). Pilipino and Vietnamese clients: Utilizing an Asian mental health center. *Journal of Psychosocial Nursing & Mental Health Services, 24*(8), 32-36.

Foa, E.B., Molnar, C., & Cashman, L. (1995). Change in rape narratives during exposure therapy for posttraumatic stress disorder. *Journal of Traumatic Stress, 8*(4), p. 675-690.

Fraine, N., & McDade, R. (2009). Reducing bias in psychometric assessment of culturally and linguistically diverse students from refugee backgrounds in Australian schools: A process approach. *Australian Psychologist, 44*(1), 16-26.

Freeman, M. (1993). *Rewriting the self: History, memory, narrative.* London: Routledge.

Freer, B. D., Whitt-Woosley, A., & Sprang, G. (2010). Narrative coherence and the trauma

experience: An exploratory mixed-method analysis. *Violence and Victims*, *25*(6), 742-754.

Fuys, A., & Vines, S. (2013). *Increasing Congolese refugee arrivals: Insights for preparation.* Retrieved from Refugee Council USA website http://files.ctctcdn.com/d680508f001/7429977d-ea07-4f19-8a8b-f80bb24459ed.pdf

Gartley, T., & Due, C. (2016). The interpreter is not an invisible being: A thematic analysis of the impact of interpreters in mental health service provision with refugee clients. *Australian Psychological Society, 52*(2017), 31-40.

Gagnon, A.J., & Tuck, J. (2004). A systematic review of questionnaires measuring the health of resettling refugee women. *Health Care for Women International, 25,* 111-149.

Gondola, C.D. (2002). *The history of Congo.* London: Greenwood Press.

Goodman, R. D., Vesely, C. K., Letiecq, B., & Cleaveland, C. L. (2017). Trauma and resilience among refugee and undocumented immigrant women. *Journal of Counseling & Development*, *95*(3), 309-321.

Green, H., Sperlinger, D., & Carswell, K. (2012). Too close to home? Experiences of Kurdish refugee interpreters working in UK mental health services. *Journal of Mental Health, 21*(3), 227-235.

Greenberg, M., Gelatt, J., & Holovia, A. (2019). *As the United States resettles fewer refugees, some countries and religions face bigger hits than others.* Retrieved from Migration Policy Institute: https://www.migrationpolicy.org/news/united-states-refugee-resettlement-some-countries-religions-face-bigger-hits

Gwozdziewycz, N., & Mehl-Madrona, L. (2013). Meta-analysis of the use of narrative

exposure therapy for the effects of trauma among refugee populations. *The Permanente Journal, 17*(1), 70-76.

Halvorsen, J., & Stenmark, H. (2010). Narrative exposure therapy for posttraumatic stress disorder in tortured refugees: A preliminary uncontrolled trial. *Scandinavian Journal of Psychology*, *51*(6), 495-502.

Heale, J., & Lin, Y. J. (2010). *Democratic Republic of the Congo.* Cavendish Square Publishing: New York.

Hensel-Dittmann, D. D., Schauer, M. M., Ruf, M. M., Catani, C. C., Odenwald, M. M., Elbert, T. T., & Neuner, F. F. (2011). Treatment of traumatized victims of war and torture: A randomized controlled comparison of narrative exposure therapy and stress inoculation training. *Psychotherapy and Psychosomatics*, *80*(6), 345-352.

Hijazi, A. M., Lumley, M. A., Ziadni, M. S., Haddad, L., Rapport, L. J., & Arnetz, B. B. (2014). Brief narrative exposure therapy for posttraumatic stress in Iraqi refugees: A preliminary randomized clinical trial. *Journal of Traumatic Stress*, *27*(3), 314-322.

Holkup, P.A., Tripp-Reimer, T., Salois, E.M., & Weinert, C. (2004). Community-based participatory research: An approach to intervention research with a Native American community. *Advances in Nursing Science, 27*(3), 162-175.

Hussain, D., & Bhushan, B. (2013). Posttraumatic growth experiences among Tibetan refugees: A qualitative investigation. *Qualitative Research in Psychology*, *10*(2), 204-216.

Johnson, K., Scott, J., Rughita, B., Kisielewski, M., Asher, J., Ong, R., & Lawry, L. (2010).

Association of sexual violence and human rights violations with physical and mental health in territories of the Eastern Democratic Republic of the Congo. *JAMA, 304*(5), 553-562.

Kandemiri, P. (2019) Forgiveness as a positive contributing factor on the mental wellbeing of Congolese refugees and asylum seekers post-war experience. *Journal of Human Behavior in the Social Environment, 29*(8), 1044-1058.

Katshung, J. Y. (2006). Prosecution of grave violations of human rights in light of challenges of national courts and the international criminal court: The Congolese dilemma. *Human Rights Review*, *7*(3), 5-25.

Khawaja, N.G., White, K.M., Schweitzer, R., & Greenslade, J. (2008). Difficulties and coping strategies of Sudanese refugees: A qualitative approach. *Transcultural Psychiatry, 45*(3), 489-512.

King, L. A., & Hicks J. A. (2006). Narrating the self in the past and future: Implications for maturity. *Research in Human Development, 3,* 121-138.

Kira, I.A., Ahmed, A., Wasim, F., Mahmoud, V., Colrain, J., & Rai, D. (2012). Group therapy for refugees and torture survivors: Treatment model innovations. *International Journal of Group Psychotherapy, 62*(1), 69-88.

Lacour, O., Morina, N., Spaaij, J., Nickerson, A., Schnyder, U., von Känel, R., Bryant, R.A., Schick, M. (2020). Prolonged grief disorder among refugees in psychological treatment association with self-efficacy and emotion regulation. *Frontiers in Psychiatry.* Retrieved from http://doi.org/10.3389/fpsyt.2020.00526

Lenette, C., Brough, M., & Cox, L. (2013). Everyday resilience: Narratives of single refugee women with children. *Qualitative Social Work, 12*(5), 637-653.

Makhoul, J., Nakkash, R., Harpham, T., & Qutteina, Y. (2014). Community-based participatory research in complex settings: clean mind–dirty hands. *Health Promotion International*, *29*(3), 510-517.

McAdams, D.P. (1985). *Power, intimacy, and the life story.* Illinois: The Dorsey Press.

McAdams, D. P. (1990). Unity and purpose in human lives: The emergence of identity as a life story. In A. I. Rabin, R. A. Zucker, R. A. Emmons, & S. Frank (Eds), *Studying persons and lives.* New York: Springer.

McAdams, D.P. (1992). Unity and purpose in human lives: The emergence of identity as a life story. In R. A. Zucker, A. I. Rabin, J. Aronoff, and S. Frank (Eds.), *Personality structure in the life course: Essays on personology in the Murray tradition* (pp. 328-375). New York: Springer.

McAdams, D. P. (1996). Personality, modernity, and the storied self: A contemporary framework for studying persons. *Psychological Inquiry*, *7*(4), 295.

McAdams, D. P. (2001). The psychology of life stories. *Review of General Psychology*, *5*(2), 100-122.

McAdams, D. (2006). The Problem of Narrative Coherence. *Journal of Constructivist Psychology*, *19*(2), 109-125.

McAdams, D. P. (2010). Life narratives. In K. L. Fingerman, C. A. Berg, J. Smith, and T. C. Antonucci (Eds.), *Handbook of lifespan development* (pp. 589-610). New York: Springer.

McFerson, H.M. (2009). Governance and hyper-corruption in resource-rich African countries. *Third World Quarterly, 30*(8), 1529-1548.

McMichael, C., & Manderson, L. (2004). Somali women and well-being: Social networks

and social capital among immigrant women in Australia. *Human Organization, 63*(1), 88-99.

Morina, N., Maier, T., Bryant, R., Knaevelsrud, C., Wittmann, L., Rufer, M., & Müller, J. (2012). Combining biofeedback and narrative exposure therapy for persistent pain and PTSD in refugees: A pilot study. *European Journal of Psychotraumatology*, *3,* 1-6.

Mossaad, N. (2019). *Annual flow report: Refugees and asylees: 2017.* Homeland Security, Office of Immigration Statistics. Retrieved from https://www.dhs.gov/sites/default/files/publications/Refugees_Asylees_2017.pdf

Nakeyar, C., & Frewen, P. A. (2016). Evidence-based care for Iraqi, Kurdish, and Syrian asylum seekers and refugees of the Syrian civil war: A systematic review. *Canadian Psychology/Psychologie Canadienne*, *57*(4), 233-245.

Naseh, M., Macgowan, M.J., Wagner, E.F., Abtahi, Z., Potocky, M., & Stuart, P.H. (2019). Cultural adaptations in psychosocial interventions for post-traumatic stress disorder among refugees: A systematic review. *Journal of Ethnic and Cultural Diversity in Social Work: Innovation in Theory, Research, & Practice, 28*(1), 76-97.

National Immigration Forum. (2020). *Fact sheet: U.S. refugee resettlement.* Retrieved from https://immigrationforum.org/article/fact-sheet-u-s-refugee-resettlement/

Pahud, M.T. (2008). The coping processes of adult refugees resettled in New Zealand. (Unpublished master's thesis). University of Canterbury, New Zealand.

Pals, J. L. (2006). Authoring a second chance in life: Emotion and transformational processing in narrative identity. *Research in Human Development, 3,* 101-120.

Pearlman, L. A. (2013). Restoring self in community: Collective approaches to psychological

trauma after genocide. *Journal of Social Issues*, *69*(1), 111-124.

Peterman, A., Palermo, T., & Brendenkamp, C. (2011). Estimates and determinants of sexual violence against women in the Democratic Republic of Congo. *American Journal of Public Health, 101*(6), 1060-1067

Puvimanasinghe, T., Denson, L.A., Augoustinos, M., & Somasundaram, D. (2015). Vicarious resilience and vicarious traumatisation: Experiences of working with refugees and asylum seekers in South Australia. *Transcultural Psychiatry, 0*(0), 1-23.

Reid, K. (2020). *Forced to flee: Top countries refugees are coming from.* World Vision. Retrieved from https://www.worldvision.org/refugees-news-stories/forced-to-flee-top-countries-refugees-coming-from#:~:text=1.,any%20country%20in%20the%20world.

Riedel, E. (2014). A depth psychological approach to collective trauma in eastern Congo. *Psychological Perspectives*, *57*(3), 249-277.

Rubbers, B. (2009). The story of a tragedy: how people in Haut-Katanga interpret the post colonial history of Congo. *Journal of Modern African Studies*, *47*(2), 267-289.

Rubin, D.C., Deffler, S.A., Ogle, C.M., Dowell, N.M., Graesser, A.C., & Beckham, J.C. (2016). Participant, rater, and computer measures of coherence in posttraumatic stress disorder. *Journal of Abnormal Psychology, 125*(1), 11-25.

Singer, J., & Rexhaj, B. (2006). Narrative coherence and psychotherapy: A commentary. *Journal of Constructivist Psychology*, *19*(2), 209-217.

Smith, K. (2015). Stories told by, for, and about women refugees: Engendering resistance. *ACME: An International E-Journal for Critical Geographies*, *14*(2), 461-469.

Stenmark, H., Catani, C., Neuner, F., Elbert, T., & Holen, A. (2013). Treating PTSD in

refugees and asylum seekers within the general health care system. A randomized controlled multicenter study. *Behaviour Research & Therapy*, *51*(10), 641-647.

Stringer, E.T. (1996). *Action research: A handbook for practitioners.* London: Sage Publications.

Tip, L.K., Brown, R., Morrice, L., Collyer, M., & Easterbrook, M.J. (2020). Believing is achieving: a longitudinal study of self-efficacy and positive affect in resettled refugees. *Journal of Ethnic and Migration Studies, 46*(15), 3174-3190.

Twagiramungu, E. (2014). *A phenomenological study of lived experiences of Congolese refugees resettled in the United States* (Doctoral dissertation). Retrieved from ProQuest Information & Learning. (3583270).

Umer, M., & Elliot, D.L. (2019). Being hopeful: Exploring the dynamics of post-traumatic growth and hope in refugees. *Journal of Refugee Studies,* 1-23. doi: 10.1093/jrs/fez002

United Nations High Commissioner for Refugees (2013). *Congolese refugees: A protracted situation.* Retrieved from http://www.unhcr.org/558c0e039.pdf

United Nations High Commissioner for Refugees (2020). *Refugees.* Retrieved from https://www.unhcr.org/en-us/refugees.html

Valenzuela-Pérez, A., Couture, M., & Arias-Valenzuela, M. (2014). Exploring refugee children's psychological needs through storytelling: A case study of two Latino American children. *Journal of Latina/O Psychology*, *2*(3), 172-186.

Vara, R., & Patel, N. (2012). Working with interpreters in qualitative psychological research: Methodological and ethical issues. *Qualitative Research in Psychology, 9,* 75-87.

Vlassenroot, K., & Raeymaekers, T. (2009). Briefing: Kivu's intractable security conundrum. *African Affairs, 108,* 475-484.

Wachter, K., Heffron, L.C., Snyder, S., Nsonwu, M.B., & Busch-Armendariz, N.B. (2016). Unsettled integration: Pre-and post-migration factors in Congolese refugee women's resettlement experiences in the United States. *International Social Work, 59*(6), p. 875-889.

Walker, R., Koh, L., Wollersheim, D., Liamputtong, P. (2015). Social connectedness and mobile phone use among refugee women in Australia. *Health and Social Care in the Community, 23*(3), 325-336.

White, M., & Epston, D. (1990). *Narrative means to therapeutic ends.* New York: Norton.

Williams, S. L. (2009). Recovering from the psychological impact of intensive care: how constructing a story helps. *Nursing in Critical Care*, *14*(6), 281-288.

Yampolsky, M. A., Amiot, C. E., & de la Sablonnière, R. (2013). Multicultural identity integration and well-being: A qualitative exploration of variations in narrative coherence and multicultural identification. *Frontiers in Psychology*, *4,* 1-15.

Zong, J., & Batalova, J. (2015). *Refugees and asylees in the United States in 2013.* Migration Policy Institute. Retrieved from https://www.migrationpolicy.org/article/refugees-and-asylees-united-states-2013

VITA

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Malindi joined the Peace Corps and served as an education volunteer in Dao, Philippines, for 27 months, where she taught elementary Filipino students with a local national and became fluent in Hiligaynon. After returning from the Philippines, she started her doctoral program in Counseling Psychology at the University of Missouri- Kansas City (UMKC) in 2013. While completing her doctoral program, Malindi received her clinical training at the following locations: Community Counseling and Assessment Services, UMKC Counseling Center, and the Veteran Affairs Eastern Kansas Healthcare System at the Topeka and Leavenworth campuses. Malindi completed her doctoral internship at the Montana VA Healthcare System in Fort Harrison, Montana. She plans to graduate in December 2020.