

OSLOMET

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Children of immigrants' and mental health

**How children of Eritrean immigrants' experience to be influenced by
their parents' culture regarding mental health**

A qualitative study

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Summary

Eritrea's 30 yearlong liberation war affected a whole generation that is now a generation of parents. The adult children of these parents, signify a group in the Norwegian population, with currently little empirical data. This qualitative phenomenological study explores the experiences and reflections of the children of Eritrean immigrants raised in Norway and their relation to mental health. It aims to explore their experience of being influenced by their parent's culture and the Eritrean culture, regarding how they express emotions and talk about mental health. The purpose is to reduce stigma, increase knowledge within the Eritrean community, and minimize a knowledge gap for future policymakers designed for the diverse population. The results may contribute to reduce the space between policymakers and consumers while increasing a culturally sensitive approach.

Thirteen interviews were conducted with people between the age of 20 and 45, whereas nine were transcribed and analyzed according to Malterud's systematic text condensation (STC).

The analyses found that the adult children of Eritrean immigrants are in a complex position between two societies that heavily influence their lived lives. The search for belonging and representation, the desire to make good of their parents' sacrifice, the experienced effect of ethnicity, and the decisive past of Eritrea have proved to affect the participant's relation to mental health. The silence of the participants' challenges is evident. Many speak of endurance and resilience, but it is questioned if this is misunderstood and a comforting explanation for the distance and silence experienced.

This study is based on an inductive approach, where the research and literature used are based on the findings that emerged. The results are discussed with the terms *stigma*, *endurance*, *resilience*, *history*, and *postmemory*.

Keywords: Mental health, stigma, resilience, endurance, feelings, second-generation immigrants, children of immigrants, Eritrea, migration health, health policy

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1. Introduction

This study investigates how children of Eritrean immigrants who live in Norway view mental health and their reflections on how these connect to their parents' background.

The 30 yearlong liberation war in Eritrea can be viewed as a collective experience for the population that experienced it. These experiences, combined with the common culture, values, and possibly stigmas within the population regarding mental health, may have affected a generation of parents. Through this study, I explore how these factors transfer to the next generation through their upbringing while being raised under different circumstances than their parents. This study will explore how their parents' culture influences the participant's experience and how they speak about emotions with their family and others in Norwegian society. Followingly if they experience any limitations or differences in how they approach and deal with their mental health because of their upbringing. This can contribute to minimizing the knowledge gap defined by the Norwegian institute of public health (Straiton, 2018) about the differences within the diverse population of Norway and how the health care system is used according to ethnic background. The results from this study may contribute to our understanding of how cultural context and adaptation may affect the expression and view on mental health among children of immigrants in Norway.

1.2 Background and choice of theme

In 2018, I participated in a panel debate about stigmas regarding mental health for Eritrean immigrants in Norway. I was invited because of my background as a psychiatric nurse and belonging to the Eritrea community in Norway. During one of the discussions, one individual's experience came up, and several of the attendants expressed related experiences. There was a consensus that regular fluctuations of emotional states within personal mental health, like periods of feeling "down," anxious, stressed, etc., without a clinical diagnosis, felt invalid when compared to others. Especially when compared to their parent's experiences. Many of the attendants concluded that these feelings stemmed from personal comparison. For some, the comparison to their parents' challenging experiences was conscious. Some of the panel participants had experienced their parents saying they did not have a reason to feel that since their basic needs were met. Others had never experienced their parents minimize their

situations but reached the state of invalidating their feelings after reflecting on what they had heard about their parents' tough upbringing.

Before this, I had heard general mentions about typicality among immigrants and mental health, but never a specific experience connected to Eritrea's history and particular practices. This sparked a curiosity in me and an interest in further exploration.

We know that Norwegian-born to immigrant parents is a large group of the population. In 2017 it constituted 158 764 people, whereas 3661 were Norwegian born to parents from Eritrea (Dzamarija, 2017a, 2017b). Although Henriksen (2007) states the number of Eritrean migrants might be higher because Eritrea belonged to Ethiopia until 1991, and many that arrived before and during that time might be registered as Ethiopians.

According to a literature search in December 2021 on the database "academic search ultimate" with different combinations of the keywords *mental health, immigrant, stigma, values, children of immigrants, and second-generation immigrants*, with limited hits on the topic of mental health among children of, especially in Norway. Although the department of public health (FHI, 2019) is currently conducting a project to study illness among children of immigrants in Norway with a tentative plan to finalize in 2026. This tells us that there is now little empirical research on this particular group in Norway and especially in-depth knowledge about the feelings and experiences of this group.

The current Norwegian government's strategy for good mental health (Regjeringen, 2017) aims at creating a society that facilitates coping, belonging, and the experience of meaning. The strategy is a response to the Norwegian government's request for a comprehensive cross-sectoral strategy for children and young people's mental health that includes individuals and society.

The strategy defines five goals:

1. Mental health must be an equal part of public health work
2. Inclusion, belonging, and participation in society for all
3. Patient health- and care service
4. To strengthen knowledge, quality, research, and innovation in public health work and services.
5. To promote good mental health in children and young people.

In the strategy, there are few mentioning of immigrants, especially children of immigrants, as a specific group that needs targeting. It seems as though the only mentioning's of immigrants regarding mental health is the superior goal for inclusion and occurrence of illness. Although the strategy does define the need for further research to contribute to knowledge and quality in the work of public health, focusing on function, coping, belonging, and opportunities. User participation is also defined as an essential measure to contribute to further useful research.

Based on the limited knowledge of children of immigrants in Norway's relationship to mental health, and the aim of exploring a possible phenomenon, the following research question has been defined:

“How do children of Eritrean immigrants experience to be influenced by their parents' culture practices in their ability to express their feelings and experiences?”

Further questions of focus:

- What is your understanding of the term mental health?
- What relationship and experience do you have with the term?
- How do you think your parents/family have influenced this view?
 - How do you talk about emotions related to the term with your family?

1.3 Purpose

The purpose of this study is to create new knowledge within the field of migration and mental health care while contributing to minimizing a knowledge gap on the subject. The results of this study will be presented back to the Norwegian-Eritrean community through the same arena of recruitment, *Eritreisk ungdomsnettverk* (Eritrean youth network). This is assumed to contribute to further reflection within the community by raising awareness about the subject, which is a crucial element in reducing stigma and empowering the population to understand mental health better. The results of this study may contribute to the reflection of user involvement, health communication, and may improve health literacy. The result may also give a foundation for further research and, if presented to key actors, play a role in the process of development of health policies aimed at the diverse population.

1.4 Aim and delimitations

The principal aim of this research study is to explore participants of the Norwegian-Eritrean community's reflections on mental health and if they connect their perception of mental health to their parents' cultural practices and the history of Eritrea. This study focuses on a group of people that are raised in Norway of immigrants from Eritrea. When this study refers to *children* of immigrants, it is defined as adults (age 20-45) who have parents born and raised in Eritrea before migrating to Norway. The parents' cultural practices include their experiences from the liberation war and views, possibly stigmas, regarding mental health. It is of no interest to explore the parents' specific experiences through their children, but rather the participant's own reflections about the topic. When talking about mental health in this study, WHO's definition is used; *"A state of well-being in which the individual realizes his or her own productively and fruitfully, and is able to make a contribution to his or her community"* (WHO, 2018). With this definition, this study does not talk about diagnosis or illness exclusively when the term mental health is discussed, rather inclusion of the mental state that every human being has, with its variations, and their own ability to reflect over the term.

This study is based on the empirical data that emerges through data-collection to give room for the experiences and feelings of the participants within the scope of this study. This is because of the considered significance of in-depth understanding and to give a true depiction of the complex findings that emerged. The theoretical foundation is gathered based on an inductive approach from what appeared in the findings.

2. Central concepts and terms

2.1 Eritrea

The geographic region where Eritrea is based has a long history of boarder- and liberation conflicts. The most prominent one appeared after what originated as a federation with Ethiopia in 1952, after several decades of being an Italian colony and briefly a state under the British Military Administration. Soon after the establishment of the federation, Eritrea experienced reduced autonomy in both political and cultural aspects, soon to be reduced from an independent state collaborating with the powerful country to a new era of forced

occupation. This led to the evolvment of a pro-independence movement that included the whole population, with representation from the nine ethnic groups, highland and lowland, Christians, and Muslims alike. The collective motivation to liberate Eritrea engaged a large population base, and it is believed that every family had a member that contributed in some way. The movement resulted in a 30-year-long war for independence that succeeded in 1991 (International Crisis group, 2010).

2.2 Culture and cultural practices

Appiah (2005) sums up culture as a set of views and behavior that one would have in common with a group of people with shared factors like origin, place of habitation, religion, or a variation of the different elements. According to Appiah (2005), today's understanding of culture includes a complex understanding of people's individuality and the knowledge that a group's common traits will constantly be evolving. This means that even though we in this study speak of an Eritrean culture that people originally from Eritrea share, the moment their children are born in or move to Norway, they will be affected by the Norwegian culture and create their own unique culture that separates from their parents.

The meaning of culture used in this study is the relativistic perspective, where customs are understood from the values and standards that are currently (Ingold, 2002). The term is used to understand common practices among children of immigrants from Eritrea in Norway. It helps us understand a set of commonalities regarding values, practices, and views among the participants and how it was transferred to them from their parents and modified throughout their upbringing in Norway.

Ingstad (2007) specifies that the perception that culture is something that forms a group of people as the same and dictates their choices is an oversimplification of the term. It has the effect of exotifying behavior that is not understandable, where the user of the term does not acknowledge their evolvment of culture. So instead of explaining behavior as directed by culture, we rather speak of cultural practices (Ingstad, 2007).

2.2.1 Cultural and social perspectives on illness

Culture can help us interpret symptoms and understand how symptoms are presented, and to legitimate illness. Our experience of reactions to symptoms throughout our life contributes to our interpretations of our symptoms and presenting them (Ingstad, 2007).

The *mental health care manual* (Patel & Hanlon, 2017) was created as a tool for societies where there is no established or implemented mental health care, and the close linkage between culture and mental health problems is highlighted. Even though mental health and mental illness occur in all societies and across the whole life course, how mental health is viewed and defined, and even beliefs of why they occur or how they arise, differ greatly depending on the culture. For example, it is known that many societies link the development of mental illness to spirituality or even consequently to the behavior of past generation relatives, which is a solid contrast to the belief of other societies that mental illness is caused by a combination of genetic disposition and environmental- and lifestyle factors. This difference in views of mental health also extends to how we describe the topic. For example, in the English language, the word 'depression' is used to express a feeling and the clinical diagnosis for what is defined as an illness. In other languages, there might be a lack of good descriptive words, so in some cultures, the explanation of someone 'thinking too much' can be equivalent to what in the English language would be 'anxiety' or 'sadness/depression,' the feelings and not the clinical diagnosis (Patel & Hanlon, 2017).

Kleinman's model of *health care systems* (1980) presents three sectors that overlap to different degrees, and together they constitute healthcare in most societies.

One, is the *personal sector* based in the home or local environment. In this sector, primarily women operate as leading actors, while the local society act as counselors or supporters. The identification of symptoms is interpreted and rooted in culture, and treatment is exchanged in the nearby network.

Another is the *folk sector*, usually practiced through belief or prayer, and is not a part of the official medical system. Here we find the main actors to be folk medicine practitioners, healing through faith or prayer, and they usually have expertise that exceeds those in the personal sector.

And lastly, the *professional* sector is organized, public, and regulated by law. The main actors in this sector are educated healthcare professionals.

As all society's health care systems consist of these three sectors, with different specific content, this model helps us understand behavior towards health in different societies, rather than viewing them as different from the perspective we stand in (Ingstad, 2007).

2.3 History, memory, and empathic unsettlement

Codde (2011) described how children born to those who suffered during the holocaust tended to suffer less outspokenly because of the symptoms that affected their parents.

LaCapra (2004) used the term *empathic unsettlement* to speak of those who have listened to testimonies of crisis from those who experienced them. In some cases, there was no need for it to be outspoken, but just the effects of living with someone that experienced such trauma may lead to the intergenerational transfer of trauma. Similarly, we also have the term *postmemory* by Marianne Hirsch (1997) to describe the situations for generations after the ones who experienced trauma first hand. Postmemory is not the result of actual recollection but of imagination created of what one has been told about ancestors' trauma (Hirsch, 1997). Collective memory, in similar lines to postmemory, speaks to the memories of one generation that are transmitted to the next (Halbwachs, 1992). A person's large-group identity, as I see similar to the term collective memory, may be complicated if a person has a multifaceted belonging with layers consisting of, e.g., migration belonging, religious and/or familiar belonging (Volkan, 2001). Collective memories can later be grounds for *chosen trauma* which may be understood as the effects of massive trauma to a groups' ancestors (Hirt, 2021).

2.5 Endurance and resilience

Fugelli and Ingstad (2014) differentiate between endurance and coping. Coping can be seen as strategies people use when meeting stress, while endurance strengthens a personality when meeting stresses and illness; it is a person's ability to endure and accept stress, danger, and illness. It is suggested that endurance is based on people's experience of meeting critical incidents, not only for oneself but also how you have observed people around you have dealt with critical incidents during your upbringing. In that way, it is not only affected by personal

qualities but also cultural ones. A pattern of how challenges are met has probably been embodied in local communities (Fugelli & Ingstad, 2014).

Fugelli and Ingstad (2014) looked at resilience in relation to health. They did not find the term included in many health definitions. Nevertheless, their study of 80 people in Norway in the search to describe *health in Norwegian* proved that the ability to resist illness was a part of the population's conditions to define health. Contrary to this perception, there has been seen a weak correlation between the absence of illness and the experience of good health (Statistisk sentralbyrå, 2001). Fugelli and Ingstad (2014) consider this to be because health is starting to equate to well-being rather than considering the presence of illness.

2.6 Stigma

According to Goffman (1986), stigma is a term that describes how a person is discredited and reduced from a whole and can be explained as a mark that society gives to identify someone as deviant, flawed, or spoiled. Stigma may not only lead to experiences related to the effects of mental illness, but also anticipations about being the target of stereotypes, prejudice, or discrimination along with internalized stigma. Internalized stigma is the application of stigma to oneself (Fox et al., 2018).

3.0 Method

3.1 Choice of method and scientific perspective

I have chosen qualitative method to answer the defined research question. According to Malterud (2017), qualitative methods are suitable for gaining knowledge about human experiences, attitudes, and reflections. Although, one limitation of the method is its limited ability to generalize and only represents a small population (Jacobsen, 2021). Qualitative methods can create an understanding of how people think and make meaning in their everyday life. Through in-depth dialogue with individuals, this method allows for investigating experiences, and reflections, and is a way of exploring a phenomenon. This is also the chosen perspective within the qualitative method, *phenomenology* (Krumsvik, 2014; Kvale et al., 2015).

3.2 Method for collecting data – Phenomenology

The purpose of a phenomenological study is to develop detailed and nuanced descriptions of lived experiences of a phenomena, and its results can give a better understanding of individuals' situations and needs connected to the phenomenon (Thoresen et al., 2020). Phenomenology as a research method can help us gather understanding about a phenomenon based on openness. The formulated questions enable us to get as close to individuals' experiences as possible. An interview guide with the purpose of in-depth interviews allows open dialogue and investigate topics that arise through the interview but also ensures some common topics so the data from the different participants can be compared (Kvale et al., 2015). The approach chosen here is case study research, aiming to explore multiple perspectives rooted in a specific context, in this case, their shared ethnic origin and common upbringing factors. This gives grounds for holistic, comprehensive understanding, and the in-depth interview form gives room for integrity and individuality with each participant but will also allow comparison between them and as a group (Ritchie, 2014).

3.3 Selection and inclusion criteria

I chose to recruit adult children of Eritrean immigrants in Norway through the Eritrean youth network (Eitreisk ungdomsmettverk). The network aims to create an arena for the young Eritrean population in Norway to strengthen the sense of community. The network is politically and religiously neutral and is considered the ideal arena to recruit participants for interviews for this study (Eitreisk ungdomsnettverk, 2021).

Since the background of this study came from a group that experienced a link to their parents' upbringing during the independence war that ended in 1991, it is of interest to choose participants that are likely to have parents that experienced the effects of this. The age gap is therefore set to 20-45.

The aim is to explore a sense of shared culture or norm, possibly a phenomenon amongst this group. Initially, it was considered to limit the group to people who were only born and raised in Norway. This was intentionally not included in the recruitment flyer as it was considered to limit the registration and possibly give too narrow grounds for this study. And to minimize the need to re-launch a recruitment flyer that would possibly get less attention. The goal of recruiting participants was set to 10 people to give grounds for theoretical generalization, an

indication based on theory and statements from the finding for more general purpose (Lincoln & Guba, 1985; Polit & Beck, 2010).

3.4 Recruitment

The snowball sampling method was used through the Eritrean youth network and led to much engagement. The method uses initial contacts (seeds) who fit the research criteria to participate in the search and are then encouraged to recommend others who match the requirements. In this way, social networks are used to increase the pool of participants. This sampling method is especially suitable when seeking hard-to-reach populations, such as those who feel stigmatized, sensitive, and vulnerable, or in cases where trust is essential to become a willing participant (Parker et al., 2020). It was desired to get variations of ethnic and religious participants from Eritrea to represent the actual Eritrean population, consisting of nine ethnic groups and two major religions (Pool, 1997). Many seemed eager to participate, but there was little diversity among the first respondents, and few committed. Therefore, personal messages to “seeds” of other ethnic groups were sent out, and encouragement of especially men to participate, was relaunched after some days.

Within the first week, 23 people had said they wanted to participate. The first ten that suited the recruitment selection of the respondents were chosen. The process showed great initiative to contribute, also among individuals who were not born in Norway, so after careful deliberation, it was concluded to expand the selection also to include people who were born in Eritrea. In total, this resulted in 13 participants that were interviewed.

Only the Tigrinya ethnic group of Christian descent was represented in the sample, even though diversity was encouraged. This can be explained by the narrow representation of other ethnic groups in Norway. Approximately 49 percent of the population is Tigrinya in Eritrea (Gebretensae & Østebø, 2022), and the common perception is that most Eritreans in Norway that arrived before 1995 were Tigrinya. This is accompanied by the perception that most Muslim populations fled to Arabic countries like Sudan and Saudi Arabia rather than Scandinavian countries. Although I have asked several significant elders in the Eritrean community in Norway who confirm this, I have not been successful in finding references to back this perception.

3.5 Preconceptions and reflexivity

Reflexivity can be described as the immediate awareness of your role as a researcher during the different steps of the research process (Heinskou, 2017). Questioning your position, reactions, and effect on the research process is an essential step of the qualitative research process, especially in a phenomenological study. One of phenomenology's basic premises is that there is no neutral point to study anything from. The question is *how* a researcher affects the results rather than *if*. The written disclosure of the reflections regarding the positionality and reflexivity contributes to secure transparency, which clarifies the connection between the research process and results, and can contribute to determining the quality of the study (Thoresen et al., 2020). According to Malterud (2017), although our position and preconceptions can spark an interest in a topic to study, it can also affect our expectations and limit the study's full potential. The only way to avoid unnecessary limitations because of the researcher's preconceptions, or to enhance the open vision when conducting research, is to be aware of your preconception and positionality (Malterud, 2017).

It is my position as a child of Eritrean immigrants in Norway and a mental healthcare professional that has put me in situations that have sparked my interest in this study. The relatively small Eritrean community in Norway and strong affiliation among those who were raised in Norway during a specific time could affect the data collection in terms of trust from the participants. Along with my pre-existing knowledge of the majority eligible for the study, and my intentions with conducting the research and presenting its results.

My experience from working in emergency mental health care in Norway has given me a preconception that immigrants speak of mental health in other ways than ethnic Norwegians and that many are eager to talk about the topic but avoid speaking of personal experiences. And being raised by Eritrean immigrants in Norway has given me the experience of seeing my own life, in light of my parents' background of having "less" or "harder" than me. Many of these were reflections that arose during the study and gave me a sense of confirmation when the participants disclosed their experiences. In this sense, the study also explored a phenomenon that could explain my own experiences and feelings. After careful deliberation and reflection, I have not been able to identify any hidden personal agenda in leading the

results of the study in any direction, and I stay true to my intentions of an explorative description of a phenomenon that, to my knowledge, has yet been described. Regardless of the outcome, the answer to the question “if there is a joint experience to be described among this group” benefits the group of young Eritreans in Norway, including myself. Although I did discover feelings and reactions within myself during the presentation of findings, amplified by what some of the participants shared - To portray and represent “our” group in a good and truthful way. This is also supported by the experience of being misunderstood and generalized as an ethnic minority, as several participants described, which I could resonate with. I have never thought this agenda to compromise the result in a dishonest or altered way than what has been real. Still, I have been very cautious and critical to avoid misrepresenting the actual findings and what was shared during interviews

I noticed that every time someone I knew signed up, I started to imagine what their contribution would be like. So, in acknowledging and dealing with my positionality, I tried to avoid participants I had any previous knowledge of to the best ability, although several people I do have prior knowledge to did sign up to participate. Even though none of the people I interviewed are people I consider close to me, I could only find five people I did not have any previous knowledge of. The remaining eight were acquaintances or people I had heard the names of before. Further, I reminded the participants of my obligation to anonymize their identity and did mental reflections before the interviews started about my efforts to be neutral in my questions and how I received their contributions.

Flores (2018) discusses the impacts of varieties on researchers’ positionality. He claims that researchers who are considered “insiders” with a similar background to the group they are studying are better positioned to develop theory from the ground up.

Many of the participant's contributions ended with phrases like “*you know*” to indicate a common understanding or experience, likely because of my position and background as someone they could relate to. To avoid narrow descriptions with significant room for interpretations, I encouraged further elaboration on the part they referred to my familiarity with without confirming or denying my own experiences. Even though the similarities between the participants and me could create assumptions or limitations on the participant's

contributions, many explained the ease when elaborating their experiences and reflections to someone with the same background. In my test interview with an acquaintance, I practiced formulating my questions to be sure they were open-ended, as well as my reactions and follow-up questions.

I do believe my position to the subject group; my ethnic and professional background has affected this study. It has allowed the participants to feel trust and assumptions about my ability to understand them, which was also said by some of the participants. Some of the findings or narrations were considered a given to me and affected the consideration to be emphasized in writing. To this, I found it especially helpful to discuss the findings and their connection with my supervisor to be reminded of the need to highlight the parts that may be implicit to us who share the experiences, while not for “others”. However, I acknowledge that my position might have created distance or alterations in expression for some participants, even though it was not said.

3.6 In-depth interviews

The interviews were conducted between February and March of 2022, with a duration between fifty minutes and one hour-fifty minutes. Six of the interviews were conducted on Oslo Metropolitan university’s campus to optimize the communication experience and data-collection, while the remaining seven were conducted through *zoom* because of Covid restrictions, illness, and convenience because of different locations.

The interviews that were conducted in person were done in private group rooms to ensure privacy and neutrality. For the zoom interviews, the participants were instructed to place themselves in a private room where they could speak freely without any interference and without taking any considerations when sharing their thoughts; the same applied to me as an interviewer.

The participants were given the preliminary research questions in the information pamphlet about the aim and purpose of the study. It was desired to create a space for open dialogue where the participants could describe their own experiences and reflections. The interviews were unstructured, although an interview guide was created with open-ended questions that could be used to shed light on the areas of interest for this study. In some of the interviews,

there was little to no need for the guide; in others, it was used more extensively. I conducted one test interview to evaluate the interview guide and to gain practice in my role as an explorative researcher, along with bettering my awareness of my position, as mentioned earlier in this chapter.

Every interview started with information about the study, its aim, and purpose, along with a repetition of data handling, and the interviewees got the opportunity to ask questions.

Everyone was encouraged to speak the language that best suited them, but all chose Norwegian, with some terms and references or explanations in English and Tigrinya.

The participant's consent to tape recording was also gathered at this stage, and their consent to participation was collected on audio recording. Everyone was also reminded that I was seeking their previous reflections or the ones that might occur in the space created during the interview rather than detailed specifics of an incident or others involved. They were informed that any information or details that would be seen as personally identifiable would be removed or altered and anonymized if considered necessary to include.

I could see a change and adaptation through the thirteen interviews that were conducted. In the first two or three interviews, the interview guide was used more actively, while more of the remaining interviews consisted of open dialogues where the guide was just looked through briefly at the end. To some degree, this might have been because of my experience and development as a researcher through the process, but also the dynamic and personal characteristics between researcher and interviewees, and the space between us. Regardless, I tried to obtain an explorative and relaxed attitude while showing interest and humbleness during the interviews as Kvale et al. (2015) suggests. Every interview ended with questions about how the process was experienced and if the participants had any additional questions or reflections they wanted to share, they were also reminded that they could reach out if the need emerged at a later point.

3.7 Transcription

All the participants consented to voice recordings. The recordings were done through the app “Nettskjema-diktafon” which is designed for this purpose, and I gained access to through OsloMet. The app ensured that the recordings were encrypted and sent to a corresponding

web page, where the only possibility to replay was to log in using my personal data. The audio recordings were only replayed for the purpose of transcribing without being downloaded to any private units; this was to ensure data security. The participant's initials were noted in my notebook, separate from the participant's full identity and recordings. Any identifiable information was avoided in the questions, and if anything came up during the interview, it was excluded from the transcript. The audio recordings were translated and written down exactly as they were said, with as little alteration as needed to convey what was told originally. Because it is hard to describe the researcher's subjective experience and nonverbal communication, notes were conducted during the interviews, and the transcript was done as soon as possible after the interviews by the interviewer (Malterud, 2017).

3.8 Analysis

Qualitative analysis is characterized by interpretation to develop descriptions that convey diversity, commonalities, or other typicality among others. The approach is inductive, which means that we draw conclusions based on what is subjective. To achieve good results from qualitative analysis, and to reduce the personal vision affecting the inductive approach, one should follow a specific analysis method. Neglecting a particular method can show a lack of intersubjectivity and little understanding of the significance of preconceptions, although it does give room for flexibility and creativity. To ensure transparency to the reader and provide grounds for understanding interpretations and conclusions, it is essential to not only conduct the process of analysis but also convey the process. The analysis for this study was transverse, where commonalities, differences, and variations in experiences, emotions, and attitudes from different participants, were interpreted and summarized (Malterud, 2017). After carefully listening to every interview with this study's aim and research question in mind, nine of the thirteen interviews were chosen as the basis for this study. Mainly because they were considered to shed the light on the research topic, but also because the scope of the study.

After the transcription of all the interviews was completed and the participants were given the opportunity to look through the transcripts, I was left with the data material for this study. For anonymity, the participants were given alias names that did not resemble their own.

The process of analysis began with getting an overview of the material with an open mind, where significant elements were given codes. From there on, the codes were thoroughly reviewed and discussed with my supervisor before being grouped together and used as elements, called *meaning bearing units* to build a common context or description for a phenomenon, and experiences of the participants of this study (Malterud, 2017). Finally, the result of the process was interpreted and given context, resulting in a presentation of findings. Malterud's (2017) systematic text condensation (STC) and thematic analysis was used as inspiration for the analysis of data material in this study to create distance from the material. The goal of this analysis was to make meaning of what was conveyed by the participants and describe a phenomenon. The steps of the analysis process are explained below.

Step 1: Overview

The audio recordings were listened to between two and three times in the process of transcribing. The longest interviews, in all five of the nine, were compressed to shorter descriptions where the main elements that illuminates the topics of this study were included to make the material more comprehensible. Combined, these laid the foundation for the process of analysis.

While and after working with the transcripts, and when reading through them to get an overview, I made mental notes along with physical notes of what was said in each interview. I wrote short paragraphs of my perception from each interview.

The transcripts and descriptions were carefully read through, and main elements that stood out as relevant findings were highlighted and written down as bullet points that were as close to the original wordings as temporary themes (Malterud, 2017). The temporary themes were called *being different, relation to mental health, expectations, and culture*. This was solely based on the first step of impressions without systemizing the results.

Every participant's meaning bearing units was then summarized to a table, and they were given different colors according to who they belonged to as seen below.

| Mikias 25-30 | Jacob 35-40 | Judith 25-30 | Selina 30-35 | Soliana 30-35 | Senait 40-45 | Sem 35-40 | Kaleb 30-35 | Filmor 35-40 |
|---|--|--|--|--|--|---|--|---|
| <p>Communication challenges with parents and older siblings because of religion and cultural practices</p> <p>- Had a different view on mental health when he was younger, more conservative</p> <p>- One or two events led to a major change in him (Utøya and his roommate)</p> <p>- Different upbringing than parents,</p> | <p>- How the Eritrean culture have affected him, shy, or reduced how he has expressed himself because of assumptions about how he will be met</p> <p>- Loyalty or guilt to parents results in suppression of his own emotions</p> <p>- Dad's experiences/traditions are transferred to the son that is expressed through his</p> | <p>- A perspective similar to our parents: experienced enormous pain that makes everything else seem relatively small or easy.</p> <p>Different view on what emotion pain is</p> <p>- Resilience as a result of painful experiences</p> <p>- Even though threshold for pain has risen, she still has pity for others</p> | <p>- Reflection about the different practices regarding mental health in Eritrea versus Norway</p> <p>- Her previous view on mental health: it was something negative, that some people are sick, not that mental health is a part of the inner body or the same as somatic health</p> <p>- Previous view: Taboo</p> | <p>- Open to others but rarely talks about her own situations</p> <p>- Pragmatic way of solving</p> <p>--> Came from being angry that others didn't think about her, so she wanted an independent method</p> <p>- Afraid of portraying "j myself"</p> <p>Doubts herself and questions if she is lying because she</p> | <p>- Started with connecting mental health to something negative, challenges or obstacles</p> <p>--> Later reflects about talking of "taking care of your mental health" as preventive measures and how it implies something positive</p> <p>- First memory of mental illness was an older Eritrean woman that stood out,</p> | <p>- Positive to therapy now</p> <p>- didn't have sufficient understanding and knowledge about mental health at a young age</p> <p>- Ended up pushing his emotions away or camouflage what he was struggling with rather than dealing with it</p> <p>- His view on therapy changed when he was encouraged to go to therapy by a</p> | <p>- Not struggled with mental health before Covid. Now understands what people refer to when they say "it's been tough"</p> <p>--> Might have had challenges before without understanding it</p> <p>- Doesn't talk about his mental health and emotions. Connects it to how it is to be an Eritrean man. Used to handling it alone. "Men</p> | <p>- Sees mental health as a big part of him. "who he is"</p> <p>- Open about his mental health because it affects him a great deal, and to avoid that people will misunderstand him</p> <p>- Is a bit careful when talking about his mental health because some might connect it to something negative</p> <p>- Used to be</p> |

Step 2: Meaning bearing units

To systemize the results, I dragged every relevant unit from every participant over to different groups symbolizing the different codes. The colors remained so that it would be easier to identify who the statements belonged to, and to be able to go back and find the broader context. See example under.

1.2 Ethnicity

- *The ethnicity to who he talks matters!*
- *The significance of the ethnicity of the person you talk to*
- *Feeling of being different, challenge to balance*
- *Ethnicity and background of the person you talk to matters! Fear of lack of understanding or being met with "ouff poor you"*
- *It has been a help to her to have a network of people with similar background*
- *--> Because they can find similarities and a point of connection. Feels like the conversation or understanding stops somewhere with Norwegians. It's not uncomfortable, just a reality because they have had different upbringings.*
- *- Feels more secure with Eritrean friends because they are people, she has known the longest, but also because she finds it to be on the agenda to talk about mental health, it is something they have all seen as a need and done. They have decided to make it a safe space.*
- *- She finds it comforting to go deeper in a relationship because you are able to connect so much. Even though she might connect with someone with a Norwegian background, it is experienced differently because they might have an outlet of talking to their parents, and not necessarily have the need to connect it to a place.*
- *- Finds it easier to talk to someone that aren't raised in Eritrea*
- *- Only feels understood by those who has the same background as him*
- *- Eritreans*
- *Born in Norway have a bigger understanding of his background because they can relate to it*

Many of the participants brought forward their general experience of being children of Eritrean immigrants in Norway, without directly explaining or connecting the experiences to their parents or the country as was the topic for this study. Because of this, I was somewhat hesitant to being too restrictive of what should be brought forward before the units were

brought together and seen in relation to the others and chose a wide inclusion of what was relevant to illuminate.

After all the units were grouped in codes, they were carefully reviewed. Some were combined, some were considered as not significant and therefore excluded. After every meaning bearing unit was carefully processed as described the headings for each group were based on these temporarily units combined with the processed content of each group. The result was 5 main headings; (1) *Cultural perceptions of mental health*, (2) *Complexity of belonging*, (3) *Experienced division between participants and participants*, (4) *Comparisons make pain relative* and (5) *Perceived acceptance to express themselves*. With the total of 8 subgroups.

For example, did the temporary group of units called “ethnicity” in the example above become the heading of the subgroup “4.2.1 The experienced significance of ethnicity” in the presentation of findings, located under the main group of “4.2 Complexity of belonging”.

The first part of the subheading speaks as a presentation to what is being said in the cluster of findings of the following paragraph, and regarding those with a second part in cursive, it is based on a quote belonging to that specific group of findings.

Step 3: Condensation

In this step, the result of the groups was processed through condensation, abstraction of the meaning bearing units and put together as explanations of the different units. Then the work of combining units and quotes to a flowing condensation of text began, a summary of the descriptions that the phenomenon the subgroup presented. Inspired by Malterud’s (2017) explanation on condensation in STC, the wording was influenced by the participants own depictions and languages rather than my preexisting knowledge or theoretic terms, and combined to a cohesive perspective. See excerpt below.

I have the perception that mental health isn’t something people speak about in Eritrea. There isn’t any representation of what mental illness can look like and there isn’t a covering language to speak of it. The only words I know related to mental health is *tsolol* or *tshinket*. I was afraid of *tsololat* as a child, and we used to run from them when they came out of the mental hospital in Asmara. Sometimes they would run back, and we were traumatized because of the fear we had built towards them. Mental illness or challenges is often kept hidden in our culture. A girl I know that was born and raised in Norway, was sent to Eritrea when her parents found out she struggled with her mental health and that

she was using drugs. I was shocked when I heard that they viewed sending her to Eritrea to get soaked in holy water as sufficient treatment rather than sending her to a hospital in Norway. That would never happen if it was physical illness. This was a part of the condensation that was made of the subgroup that later was named “The social understanding of *tsololat*”. Equivalent condensations were made for every subgroup. The condensations were only part of the work process and was not used in the final version of this thesis, only as a step in the process for further analysis.

Step 4: Synthesis

In the following step, the process of using the condensations to an analytical text was conducted. The difference in language from the condensed text to analytical text, is that the condensed text was written in I-form. Every participant’s meaning bearing units were combined to what could be viewed as a single depiction in the condensed texts. In the analytical text, the meaning bearing units were re-contextualized to descriptions from a third person perspective where the aim is to retell on behalf of the participants. This allows for analytical distance that reminds us of the interpretations that have been made (Malterud, 2017).

This was the step where I found it especially useful to have color coded the units in step 1. It made it easy to go back and see the context of what was said and gave me the opportunity to rethink the interpretations that was done, and how they were conveyed. According to Malterud’s (2017) explanation of step 4 in STC, the conclusions that have emerged needs to be systematically questioned, or the data needs to be reviewed to see if they contradict the conclusions that have been represented. This can help us consider relevance, and if other dimensions should be included.

STC as a model of analysis has contributed to the validity that is desired for this study, along with being a helpful tool to systemize the process of analyzing data. This depiction of the process also contributes to show transparency of the research that has been conducted.

3.9 Ethical considerations

The process of conducting research and interaction with participants for collecting data entails several ethical dilemmas and considerations which stems from empathy, consideration and understanding of others, and the goal of doing no harm (Kvale et al., 2015). This can

entail how we act, think, process information during the project and the balance between them. Especially within qualitative methods, the complex balance between collecting personal in-depth information, which can be experienced as violating, while at the same time respecting the individual (Kvale et al., 2015).

Ethical considerations during planning and recruitment have played a part in the construction of aim, purpose, and criteria for participants. During recruitment of participants, it was essential to ensure informed consent for participants, to ensure their confidentiality and during the whole process consider what consequences their participation can have for them. Elements of these considerations has been discussed under the chapter of *positionality and reflexivity*.

The participants were given information that they could withdraw from answering or withdraw their consent for participation at any time. This was noted in the information sheet, and it was repeated in the process before the interview that can be called briefing.

It was considered useful and in lines of ethical considerations to include a debrief after the interviews to facilitate reflections and explorations of feelings that may have appeared during the process. The dynamic during a qualitative interview may be unfamiliar to many, and it can awaken a feeling of emptiness after because only one is opening and sharing personal information, while the other is gathering data. Some may define it as unethical, if the asymmetrical power-relation between the two roles is too strong and not considered, but also if the difference between the two roles is unclear and the researcher is perceived as too empathic. A debrief after the interview can help to give a sense of security and confidence to share any possible doubt. This step of the process of informed consent is based on the principle of individual autonomy (Kvale et al., 2015). Information and repetition of the ability to withdraw the consent was also mentioned during the debrief. It is also the researcher's job to consider the individual in the participant and respect their boundaries. This entails to observe and consider possible experience of stress or changes in viewing him/herself (Kvale et al., 2015).

Careful reflection of the necessity to transcribe personal information that could be identifiable were conducted during transcription. Which brings me to the final step of ethical considerations during reporting findings; to consider consequences of data being available for

the public. This regards individual participants and the group that the community represents. To respect the autonomy of the participants, they were able to read each of their transcribed interviews and take part in deciding what would be included in the study, along with the liberty to exclude parts as they desired. According to Kvale et al. (2015) confidentiality is crucial to secure anonymity. To abide by this, and considering the small community the participants belong to, the participants were given groups of age they belonged to (groups of 5 years) rather than mentioning their specific age. They were also given aliases, which was carefully considered because of the acknowledgement of the significant meaning of names. In addition to being identifiable units, they carry semantic, historical, cultural and in some cases religious meaning (Aija, 2021). It was therefore considered crucial to give the participants names that has similar significance and indication as their original names.

The cities the participants come from were only also described as “relatively big” and “relatively small” instead of being noted specifically. Any age-specific incident, identifiable incidents or details like occupation or education were either altered to fewer specific notions or excluded.

As the topic of the study is how children of Eritrean immigrants perceive that they have been affected by their parents, it could have been easy for the participants to believe that they would have to convey information on behalf of their parents or even detailed depictions that involve their relationship with their parents. This could potentially have led to ethical challenges regarding third party collection of data on behalf of the parents, without the parents’ ability to depict their version. To avoid this, the consideration of how to convey the true aim of the study has been conducted both before recruitment and during interviews. Each wording in the recruitment sheet has been carefully selected along with the reminder in the briefing stage before the interview about seeking participants reflections and thoughts.

3.10 Validity and generalization

Every participant whose interview was used in this study, were sent their translated transcript to facilitate a level of participation and validity with as few elements of alteration during the process as needed. They were given the opportunity to look over and add or notify any changes or reflections they might have had. Three did not answer or use the opportunity to

view their transcript, two wished to correct some parts and add some information while four said they were pleased as it was. According to (Ritchie, 2014), encouraging participation to the research process can empower a community and its individuals as it can provide a drive to influence a development of opportunities that previously have lacked, especially if participants can look forward to the release of results and possibly implementation of policies or direct measures as a result of the project.

4. Findings

In this chapter I will present the topics that emerged during the interviews that are considered relevant for the defined research topic of *how children of Eritrean immigrants' experience to be influenced by their parents' culture practices in their ability to express own feelings and experiences*. The findings are centered around the complex landscape of the participants' experienced difficulty speaking about mental health, which leads to silence. The behaviors and reflections described toward mental health are interconnected with Eritrean culture and play into the present life of the participants in this study. It is central that the values and norms that shape the participants' perceptions show how they think and make meaning in everyday life. I have structured the headings of this chapter that interconnects to this study's topic according to Malterud's Felt (2017) STC. All the participants quotes are based on the interviews conducted for this study if nothing else is referenced.

4.1 Cultural perceptions of mental health

4.1.1 The social understanding of "tsololat"

Many of the participants have the perception that mental health is primarily a non-discussed topic in Eritrea. It is explained with the belief that discussion of mental illness could embody and realize illness or affect surrounding people's perception of a person's illness. This belief, the sparse representation, and limited language to speak of the topic concludes to a silence of the topic, which the participants experience as taboo.

The participants experience that mentally ill people are often referred to as "tsololat" (plural), a word in Tigrinya, one of the Eritrean languages that can best be translated to *crazy*. The participants understand the social meaning of the word as negative and derogatory, and they associate the word with an invective. Selina explains that the way "tsololat" was portrayed

when she used to live in Eritrea led her to develop a fear towards them, and she believes this was the common perception among her peers. She used to live near the only mental institution she knows of in Eritrea and explains how she and her friends would tease and run from the people who came out of the institution. She describes the incidents as something they could view as funny but also traumatizing, solely because of minimal knowledge and sparse representation they had of illness and what mental health entails.

As a result of the experienced taboo against people struggling with their mental health, many participants experienced that the topic is often avoided among Eritreans. Many in this study experience that this has been transferred to the Eritrean community in Norway. Both Jodith and Kaleb have experienced that people they know have had challenges with their mental health, and the families of those who are ill has tried to hide the fact from people they know.

4.1.2 Entrusted practices for healing

The participants perceive that religious practices are often accepted as a sufficient treatment for mental illnesses in Eritrea. Some have experienced religion being used for comfort and a way of expression to deal with mental health as common among Eritreans, but also that religious practices are sought for severe illnesses. Here is a part of Jodith's reflection after a girl she grew up with in Norway was sent to Eritrea for religious treatment when she experienced challenges with her mental health in Norway:

They would never have sent her to Eritrea if she had cancer. Then they would have thought "you need treatment". But it's like a mental illness and maybe drug addiction, then you need to go there and get soaked in a body of water. [...] I think that it's about taboo and understanding. Amongst other, that they think others will judge them. And that too is sick, are others going to judge them because their daughter is sick? It's not like you're responsible or...

In the extract above, we see how Jodith comments on the secrecy and entrusted approach to mental illness that she has experienced among Eritreans. She illuminates its difference from physical illness and how it differs from what she is used to in Norway. She connects the differences to different understandings and knowledge while she experiences a taboo around the acceptance of mental illness in Eritrea and among Eritreans in Norway.

Filmon also illustrated his experience of difference in accepted approaches when he visited his family in Eritrea one summer. While he was open about his challenges with his mental

health, he experienced that his family in Eritrea reacted with little trust in his approach to coping with his mental health by using prescribed medication for his anxiety. Filmon explained how his family was adamant that the medication was not needed. He ended up throwing the medication away to please his family, and as a result, that summer became very difficult for him. The family's understanding of mental illness and medication as treatment led to the account that removing the medication equaled removing the illness. This was confirmed to Filmon by the lack of support or question about his well-being after the medication was gone. Filmon believes that in Eritrea, people might only know of mental illness as people who walk around in the city center with poorly regulated mental health challenges, who behave erratically, and sometimes even violently towards the public. He believes this gives grounds for a generalization of mental illness that creates fear of accepting it when it occurs and to be associated with it. Filmon believes his family might have been scared that if others knew of his challenges, amplified by his use of medication, they could believe he was in the same category as people they have seen behave themselves uncritically in public. Filmon also adds that to his family, it might not be understood that he has any challenges while living in Norway: *"And to them, here I'm coming from Norway and have, and saying that I have anxiety. I live in this rich country and what do I have to whine about? (chuckles)"*. He elaborates on how this affected his relative's view on his life in Norway and led to him adjusting his expectation to be well, along with what are acceptable challenges based on his family's perception of how one should feel when living in Norway.

4.1.3 To express individuality in a collective

Not only did many find it relevant to bring forward common approaches to mental health in Eritrea, but also common behavioral traits for the generation of parents that were brought up during the Eritrean liberation war. Several of the participants mentioned that there was no time to face mental health or solve challenges related to their emotions during the war. Even today, the participants do not experience a sufficient collective welfare system in the country, so the population could not lean on the joint public regarding their mental health or felt like they have had the time to acknowledge its existence. Sem believes that people living in Eritrea do not know of any alternative other than to continue without listening to individual needs. Or as Senait depicted, *«my family in Eritrea have never stopped and started to think "I*

need to lie down; I feel like I'm having a shitty day". You just need to hang in there and go out there, seize the day». She explains how she believes this has been transferred to the next generation

Mikias also comments on the ability to express individual “*weakness*” in a community and compares the difference between Norway versus Eritrea. He has seen that him and his family exist *for* the Eritrean community, which gives individuals a higher responsibility to abide by the community’s rules and norms. While in Norway, he sees that the welfare state exists for individuals, especially those who fall out of society, and how the Norwegian community will adapt and make room for them.

It is of course different since it's been a welfare state for all years, and because we come from a war-torn country and so on, maybe the community becomes even more important because we in a way, there is a fight-mode, right. So it's much better to be a part of something bigger than to in a way be the one that deviates, that everyone pulls in different directions, you wouldn't achieve what they have been able to achieve.

Here Mikias’ explains how he believes people perceive they can allow themselves to be affected by their mental health according to different public communities. In this excerpt, Mikias also refers to the participation of a collective as a reinforcement for strength and determinantal for the liberation Eritrea. Mikias believes collective behavior was viewed as a strength among Eritreans during the liberation war since it was the collective population that mobilized the liberation movement, which eventually led to the country’s independence. And because of this, any deviation or focus on something that singles individuals out may be seen as a weakness. This implies any attention you draw to your personal health that is different from others, like your mental health.

Soliana mentions how she believes that being colonized or occupied by a stronger power may affect the mentality of the suppressed population, and that it may enforce a typical mentality that you are below those who have more power. She talks about this about Eritrea and its history as being under other regimes for centuries.

[...] if you think about it, it is like we are a bit under, if you understand what I mean? [...] That they in a way owned Eritrea. And I think that when you come from somebody owning your country then it happens that you get that type of personality.

Soliana explains how she sees humbleness and the need to always be presentable, and rarely go against the current by the first generation of immigrants in Norway as important when explaining behavioral traits. She sees it as important to illuminate traits she and her generation has been exposed to and explains why silence about own mental health might be chosen. As not doing so will work against your favor since you already are at a disadvantage as a less powerful minority in Norway. Soliana believes that acts where you stand up for yourself or speak about your individual needs, emotions, or mental health are unimaginable to her parents and their generation because they, as immigrants, want to fit in without any conflict or by drawing any additional attention to themselves.

Regardless of the reason, the participants depict a less open and to them, undesirable approach to mental health in the Eritrean culture. Soliana describes that she finds it “*typical Eritrean*” to put yourself lower than others and minimize your emotions.

Selina generalizes how people with Eritrean heritage in Norway act regarding mental health. She perceives them as closed off and mostly only open to talk about the future in a positive way rather than talking about challenging emotions. She believes that it is not solely her Eritrean cultural background that is the reason for this, but that it works as an additional layer to most things, and in her eyes worsens situations.

In light of a globalized world, the participants reflect over the dynamics between spreading general knowledge of mental health, and the norms from previous generations towards mental health. Some of the participants, especially those who have birthed another generation of children in Norway, wonder how long these dynamics will be passed on.

4.2 Complexity of belonging

4.2.1 The experienced significance of ethnicity

Most participants in this study explain how they have lived a lifetime feeling different than the majority in Norway, and that what makes them different is their genetic ethnicity and other people’s social perception tied to ethnicity. Their experience of standing out and being in minority is that it is often pointed out, especially by the people belonging to the majority. Questions of where you *really* come from or being met based on people’s preconceptions is a constant reminder that you stand out. Jacob is clear when he explains that he finds it irritating

when his genetic background and belonging is the entry point for a conversation with a person he is starting to know. He also brings up one incident with a friend that is of Norwegian descent that marked itself as significant.

I remember one incident where I talked to a friend, and I was talking about my relationship to dad, and she didn't understand what I was trying to say. And she asked, "did he use to hit you?" And I just said "What? Where did you get that from? I'm just trying to explain that it was difficult to talk with my dad, and we couldn't communicate that well and I couldn't say that to him. But I'm not scared of him. He has never..." And I remember I was so angry, and I remember I became really defensive and felt I needed to defend dad. And that's when I thought "I can't talk to Norwegians, they won't understand". [...] I also think there's prejudices in the picture too... If she would have told me "I think it's difficult to talk to my dad, and I'm afraid of expressing this or that" I wouldn't have thought that he hits her, right...

In the excerpt above we see one incident which contributed to Jacob's views and expectations when meeting others with the ethnic belonging as his friend, and how he expresses himself regarding his mental health. He has felt the need to talk to someone professional but is afraid to be misunderstood. He is very clear that he trusts the professionalism and confidentiality of healthcare professionals but highlights the ability to not relate, while having different or limited understanding across ethnicity, as challenging.

Soliana finds it comforting to talk to someone that has the same ethnic background as herself because she finds that they can relate to her, rather than sympathize or feel pity for her. Even though she feels the most secure with her Eritrean friends, it is the foreign ethnicity and the minority background of her friends that she finds relevant.

[...] there is more to talk about because you can go deeper and deeper and deeper, and you almost feel better and better and better because you connect so very much. And I can absolutely connect with my Norwegian friends too... But I think, I think they might have their own outlet on it.

Soliana believes the need to connect experiences to something is not necessarily met while having parents from another country, which creates a different understanding of talking with ethnic minorities rather than ethnic Norwegians. Judith also believes that it is not the exact ethnic belonging that is of matters, but the minority belonging, understanding, and experience of combined cultures.

I feel like the more the person is like me, the more I will think like we have something in common. But even though they wouldn't have been the same as me, but still a minority I would think like I would still, like I would... If I could have chosen between ten therapists and half was from Eritrea and other African countries, some were Norwegian and maybe two from Iran or Pakistan or whatever, I would have been like, I would have thought about it and chosen them first, and if they were busy, I would choose one from Iran before the Norwegian ones.

In the quote above, Jodith speaks of how she sees ethnic differences as relevant when meeting a healthcare professional regarding her mental health.

4.2.2 Representing your ethnicity

Mikias, Jacob, and Jodith speak of being afraid of misrepresenting their upbringing and parents. Mikias has gone to therapy and has been open with his friends about his life experiences and situations with his family that has affected him, while being raised in rural parts of Norway. This has given him the experience of talking to someone with a different ethnicity than himself. He explains that he has found it validating to get reactions when he opens up about his upbringing. But he is afraid that it will lead to the perception that his family is evil and wish ill harm, which he is sure is not valid. Jacob connects the similar feeling to loyalty and guilt. Jodith is pleased with her upbringing and thinks she has not suffered negatively, even though she is sure she would do things differently if she were a parent today. She connects her caution to misrepresent her upbringing to how non-immigrants perceive immigrants, and the negative stereotypes she is afraid of feeding.

[...] they already hate us. I feel already like we are eh... We who aren't Norwegian are being so looked down upon, and there is so much about where you come from, and where you're from and everything is being painted black and yeah... So, I just feel like that for many it would just confirm the stereotype. While there's none of that if you have experienced a positive thing, that's not being highlighted as a good thing. I think, I feel like they would have judged me.

Mikias explains this as a lack of cultural translating skills, to not being able to understand the whole concept of what he is portraying. This translates to a lack or minimized trust in people's ability to understand him. Because of this, Mikias explains how he has adjusted or censored himself when speaking with people who do not have the same ethnicity as him by "holding back".

Senait describes it as a form of social control because you are aware of the taboo and the implied responsibility of representing the family. So, shedding light on anything challenging or of flaw with your mental health would be seen as something negative. As a result, the continuance of silence becomes evident.

4.2.3 Seeking representation and belonging

Several of the participants connect the complexity of their ethnic belonging to the experience of being a minority and missed representation of appearances like their own. Some brought forward that they found it challenging to partake in one culture at home that was different and perceived as foreign to ethnic Norwegian peers. Filmon felt it was obvious that he stood out from other Norwegian peers and sought belonging and someone he could share similarities with during his upbringing. He was raised in a relatively small city in Norway with few people with similar backgrounds. He explains how he was so disappointed when several people in Eritrea asked, *“where do you come from?”* and it led to him not feeling like he belonged any place.

Jacob describes his experience of belonging to two cultures, not only the knowledge of them but the responsibility or wish one can feel to take part in both cultures and the need to adapt accordingly. To him, the way people approach him with preconceptions and assumptions about him confirms the feeling of being different. Kaleb believed that the appearance of ethnic Norwegians, which was what the majority of those he surrounded himself with, was the normal and the ideal: *“[...] in a way that’s how it’s supposed to look, right? You are in a way what’s different.”* This translated to Kaleb thinking less of himself. To both Jacob and Kaleb, their parents focus on belonging to Eritrea led to a stronger attachment to their heritage. Here is how Kaleb explains it: *“I actually feel more confident because of exactly that. [...] if I didn’t feel any belonging to Norway, at least I would have felt belonging to Eritrea”.* Along with his family, Kaleb believes it helped that he got other foreign friends when he got older. He experienced that they all were put in a cubicle by others, which gave them an experienced unity that led to his feeling of belonging: *“That’s the one thing, that’s the **one** thing (chuckles). You automatically find each other, automatically you will back each other.”*

4.3 Experienced division between participants and parents

4.3.1 Different experiences, “A debt that cannot be repaid, a wild interest rate”.

Many reasons emerged as an explanation for the big gap many participants experienced between them and their parents. Roughly they can be summed up to the different experiences and challenges they have had during their upbringings. There seems to be a consistency among the participants that their parents were majorly affected by the long liberation war in Eritrea, with challenging experiences that have followed them in life. Mikias calls it “*unsolved trauma*” and says this is why they are “unstable” when talking about mental health. The perception among the participants is that it was imperative to be strong during the independence war, so it is not typical behavior to portray any signs that could signify weakness. Here we will see how the participants perceive they have been affected by this.

Jacob explains how he has had very supportive parents, especially his mom that wanted him to express himself. As explained previously, he found it somewhat challenging to connect and communicate with his dad when he was younger. He attaches this to his dad arriving in Norway later than the rest of the family and trying to adapt and integrate while he was strongly connected and occupied with the development in Eritrea at that time.

There were some years where he didn't work and especially after the liberation he thought “okey, we are going back to Eritrea”, and that didn't happen. I think that was difficult for him. And I think that if you're not hundred percent present, it's difficult to handle those things. And then you have your own traumas, when you grew up in a war, lost half of your siblings. That makes it hard... And to put the things that we think is, to put those in a perspective. He has a completely different perspective of what problems are, or at least he had. It's changed drastically the last years, but then it was like “these are not problems!”

In this quote, we see Jacob explaining how his father had challenges that occupied him when Jacob was a child and affected how he viewed others and their challenges, which again affected his relationship with his son. Jacob further explains how his dad's experiences are, in a way, transferred to him and that he adapted accordingly by adopting his silence and viewing challenges as relative; “*You feel that what you're going through, or feeling isn't important [...] there's always someone that has it worse, so I shouldn't complain, right*”. Even though he explains that his parents gave room for his feelings and subjective challenges, he rarely expressed or listened to his emotions. His knowledge of what his parents had gone through and understanding of how others might have it worse than he has affected him greatly. It is

evident that Jacob sees his life in relation to others, especially people he can relate to currently and generations before him. Being aware of what has led him to have the life and opportunities he has today have burdened him in his life choices.

*I think it stems from them sacrificing so much for us, some say it, some don't, that you feel like okey, they didn't flee from Eritrea and went through hell to get here just for us, so that I can explore things. So that I can go on backpacking, right. Even though you wish to do that. Just to take a sabbatical, right, you feel like you owe them, **the least** that I owe them is, you know, to take an education. [...] It's almost like a debt that can never be repaid, right? So, it's kind of a complete wild interest rate, right, that just runs and runs and runs and it never stops and so, it takes no end, right. And it comes out in so many situations...*

The participant's compassion for their parents is evident when they try to explain their actions. As shown above, Jacob has shown significant consideration to his parents' life experiences during his life choices. Mikias adds another dimension where he believes that his mother would feel that she somehow failed in his upbringing if he told her that he struggled mentally, which compliments this passage from Jacob's interview:

No, I don't want to hurt their feelings. Maybe that's it, I think that's the biggest part, I don't want to hurt their feelings or for them to feel that they did anything wrong. That's the reason I haven't said anything, a lot of the times.

Jacob explains how he has withdrawn himself and become a shyer person because of the culture and assumptions on how he will be met if he talks about his emotions to someone from the Eritrean community.

4.3.2 Being understood

Several of the participants explain how they do not feel understood by their parents, especially when they were children. Many connect the experienced lack of understanding from their parents to different upbringings, experiences, and culture. Most of these differences are attached to their parents being raised in another country, Eritrea. As Sem said in his interview, *"Eritreans are not a homogenic group, but the common denominator is that there is a big cultural difference between Eritrea and Norway"*. Many found this especially visible regarding mental health.

Jodith explains how she often adjusted herself or censored how she expressed herself at home because she felt she would not be understood. She remembers how she could present something significant to her as a child but might have seemed trivial to her parents. This resulted in her not receiving validation of her feelings. She did, on the other hand, talk to

peers and cousins and felt understood because of their similar upbringing; they could even relate to the lack of understanding from their parents.

4.4 Comparisons makes the experience of pain relative

The difference in experiences between the participants as children and their parents were subjected to comparison from the children's perspective in this study. Selina, who moved to Norway after eleven years in Eritrea, depicted how comparisons affected her greatly throughout her upbringing. She explains how in Eritrea during the nineties, the first developing years after the independence, every possession was seen as a privilege.

We had achieved a lot the last years in terms of having a roof over our heads. To complain over our everyday, to struggle mentally was a form of being ungrateful. If you said it or complained; "Don't complain, you have a roof over your head", right. That you wanted to express yourself was more like "get up, what are you crying about" right. That you expressed your emotions was almost like "pull yourself together". You're not supposed to complain.

As a child during these times, Selina witnessed how others who did not have roofs over their heads would visit their house in the capital of Eritrea to get necessities. Selina finds that the physical similarities to herself and the people she saw struggling made it more relatable and gave perspective to her challenges. "[...] you feel that you shouldn't complain, that you should be grateful". The comparisons continued to put her own challenges in perspective even after she came to Norway. She remembers holding back her emotions because she considered herself to be in a better position than her peers that were left in Eritrea. Even though she felt her mother accepted her expression of challenges, and she occasionally used the opportunity to "whine" as she called it, it was only about certain things.

She adds another element of why children of immigrants might not be comfortable talking about their challenges.

*When you see your mom wake up at four o'clock, five o'clock in the morning to go to the job she **does not** like. The only complaint she has is that she is tired. But she never talks about how her co-workers have maybe bullied her or affected her. Maybe looked down on her or things like that. It doesn't become natural to talk about it then, right. And therefor I feel it's the way it is.*

Soliana explains that when she does not see her mother express any sorrow or grief over situations that she would react to herself, it sets a high bar for what should be expressed.

I have also gone through things, but then you think like “but am I really lying now? Because I don’t have it as bad as...” is what I think then, while the truth is that I do, I just have a different way of expressing it.

In this quote we see how she even goes as far as doubting if her own experiences are true compared to her mothers.

Some of the participants explained how they conducted the comparisons on their own, while others explained how they were told explicitly to view their own challenges in relation to someone that might have it worse for perspective. Senait explains how she often was told that she was lucky to be born in Norway, and that she had so many opportunities.

If I’m having some tough days, or tough times, if I just feel some... A lighter depression, if I can call it that [...] Then I could say “ah, what am I complaining about?” right. If I compare to the life of my cousin, uncle, or grandmother, then I think “uh, get a grip!”

Above is an excerpt from Senait’s reflections on the result of comparing her situation to family in Eritrea that suffer other challenges, and how that leads to dismissal of her own emotions.

Jodith explains how she remembers once she and her cousin explicitly were compared to their cousin that lives in Eritrea. Her cousin in Norway was expressing how she felt about something here, and her father, Jodith’s uncle, struggled to show compassion:

He said, “it’s just a coincidence that you were born here and not your cousin that lives in Eritrea, and she lives a completely different life now”. [...] he was like “ah (sighs), you, you’re not grateful. It could have been you and it’s just a coincidence that you live here and have these problems with this and...” He was like “this is not a problem “.

She explains how her uncle’s reaction was a reminder that made her feel ungrateful and self-centered because she has seen the reality of her cousin.

Jodith also has her own experience that was significantly painful for her to process at the end of her teenage years. In her interview, she talks about how she gained resilience after the incident and how it gave her perspective on what emotional pain is. For example, she tells the story of her friend that was impaired in her daily activities because her guinea pig died and needed a doctor’s note to postpone an exam. Jodith found it difficult to relate to her friend after her own experience and thought it was “craziness”.

I just said, "I understand that you were attached to that guinea pig, but a lot is going to happen, life is unpredictable, and things happen, so if you need a doctor's note because you lost a guinea pig" it wasn't even a dog [...] but for me the guinea pig was just like... "huh?" Like... What has it given you, do you get it? But that's it, it's very difficult to say that someone else's pain is wrong or that it's not relevant enough, or that it's not big enough (sighs). But I thought that then, I thought "she is crazy. Isn't going to take an exam because she lost a guinea pig?" (laughs) I was just so "What?"

Even though Soliana has compassion for people's challenges, she uses a scale to symbolize her way of thinking. Below we see how Soliana uses the scale as an explanation to why the generation of parents from Eritrea act based on their life experiences:

It is like if you use a measuring tool and score on a scale from one to ten, "what is most traumatizing?" – Yes, it is more traumatizing to grow up in war than that your parents' divorce. Everyone can agree to that [...] that is probably how adult Eritreans, or all people with a foreign background think, they come from a completely different place. That they just think "what is it with you? That's nothing, get it together" (laughs) "you're complaining over nothing". [...] I know facts that there are other people that have it worse than me, but eh... I haven't felt that. What I feel in my life is based on my, it is based on your own scale.

We see in this excerpt how Soliana depicts the difference of having knowledge of other people's experiences and situations, versus experiencing them for yourself. While the compassion for others' situation may hinder the participants ability to accept and express their feelings, Soliana's own experience have altered her threshold of what she considers as emotional pain.

Sem explains how he for a long time used to compare himself to his relatives in Eritrea to see his challenges in perspective, and that it affected him to not allow room for his emotions or even allowing himself to seek professional therapy. *"I thought no, no, no, they have it so much worse than me, I could have been there, and they could have been here. Be grateful".*

After a long time with this approach, he realized that it was not fair to himself to continue these comparisons. *"I learned that the problems that I have here, are still problems. I can't suppress them and... Eh... Pretend they aren't anything because I don't live in Eritrea, that's not fair to me".*

Jodith also reflects over her parents' life journey in relation to her own. She believes that the decision to flee one's home country is not made easily, and the fact that some have made that choice speaks to the magnitude of the challenges they have faced in their home country.

[...] there is something in the situation where they, with the situation in Eritrea, where they lived that made it not possible to live there anymore so that they had to flee. And they have sacrificed a lot for it. [...] You have completely different, different lives in the western world and the non-western world and that does something with your understanding and what is... First of all, I have never had to think "hm, wonder if we will have food tomorrow" or "hm, wonder if anyone will shoot..." Yeah, I have never had to think like that, I have never been in danger and been threaten as many others have. Eh... I often think about the pyramid of needs, when you have everything else, that's when you have time to be as self-centered as we are here. It's because we have time to think "I'm so fat and I'm so...", that one can develop... I have never heard of anyone from the non-western world that has eating disorders or anorexia, who weighs the rice they get from UNICEF? I could never imagine that being a problem because you don't have (laughs) the time to cultivate it, because you have other challenges. And since they grew up like that, and many have come here, I think they think that... Not that we owe them anything, but many are like, - "They did this so that we can get a better life than they had."

This was an excerpt of Jodith's reflections on why there is a distance in understanding and acknowledgement of what can be experienced as challenging while living in Norway between the generation of parents and the participants in this study.

Mikias experienced it as difficult to get jobs because of his ethnic background and non-Norwegian name, even though he had the necessary qualifications. He felt stigmatized as a minority and found he had to endure more to be able to achieve what ethnic Norwegian peers would. He also found it more challenging than his Norwegian peers regarding relevant network and support while he was studying a high-profiled education.

[...] when I did my bachelor, I remember that everyone in my class had at least a mom or dad, sometimes they even had both, with the same occupation. If not, they had someone in their family that did. Or someone that had higher education that could help them with math or the basic courses at least. My parents didn't even know what I studied; do you understand the big difference? The Contrast is too big. I just had to fix it myself.

Further Mikias explains how this also extends to mental health, that he feels he must be the strong one. He has not interpreted that from the number of challenges he has faced during his lifetime, and the majority of those because of his position between two cultures and as a minority. He experiences that he has had a tougher upbringing than his Norwegian peers and that he has had to adjust to the big contrast he experienced between home and the outside environment.

Despite of this, I can tolerate that. [...] I have often felt that “but I am Eritrean, I have to endure more” do you know what I mean? Or not because I am Eritrean, but I have had that upbringing, it’s been much tougher than the more common Norwegian upbringing so I think that I should endure more, I should be able to endure more...

This comes forward as essential in relation to how Mikias’ views his own mental health. He explains how the threshold for what he believes as emotional pain or challenging should be higher for him than what he expects from others. He moved to Norway with his family as a teenager and describes it as “a whole new world opened” and says “there isn’t a limit to what freedom is” regarding what is socially accepted in Norway compared to what he was used to in the middle eastern country he moved from and in his family.

4.5 Perceived acceptance of expression – “Be strong, move on”

Many of the participants describe how they feel it was not accepted to cry or show strong emotions to their family. Mostly in the cases where they were upset because of situations that were not relatable to their parents. Or because they may have been compared to experiences or challenges the parents might have had that were considered more serious, as explained previously.

Filmon experienced not being understood at home, and he often heard that he had the potential to be like others despite of his mental illness, he just needed to unlock the ability, which he believed. He would often get suggestions on how to solve his challenges rather than meeting someone who he experienced listened to him. During the war, Filmon’s parents experienced a magnitude of challenging things, especially losing people that stood close to them, but they did not have the time to deal with it because they had to continue fighting the liberation war. Filmon believes they had to “be strong, move on”, which he believes is the reason they struggle to understand how it may help others, and is why he experienced a dissonance to their solutions. Filmon ended up holding in his feelings because he did not want to draw further attention to himself.

It becomes a bit like eh... Walking on eggshells around it, eh... Because you want to share, but then there is the reaction or what is being said that doesn’t really help, even though they mean, or wish you well (chuckles).

Further Filmon explains how the times he does open up about his challenging experiences, his parents depict their war-experiences that they see as «worse» to let him know he has it good in Norway. *“So, it undermines this about... I am left with the feeling that my problems don’t mean anything, what I am feeling doesn’t mean anything.”* He explains that it has always been in the back of his mind that others might have it worse, but it is significantly more impactful when it came from his own family.

So, I have gone with anxiety and things like that for long without sharing how I felt and stuff because I thought that everyone has, everyone lives with it so then I also have to... This about others starving in the world and here I am crying in Norway (chuckles) with my problems in a way...

Filmon concludes that he does not believe the Eritrean culture has affected how he looks at his own mental health, but more what he feels he can share with people that has the same culture without being born and raised here as himself. *“If my core-family doesn’t understand me then no one can understand me”.*

Several of the participants explain how they consider themselves as well receivers of others’ emotions and challenges, but how they often do not use the same opportunity in return. Many choose to rather solve their challenges in a pragmatic way without sharing or expressing their challenges to anyone else. To some it is clear that they hold themselves to a different standard by being harder on themselves, for others the reason for the duality is not so clear. Several of the participants explain how they are harsh on themselves when they think about their emotions and challenges, and even laughed when asked if they would ever do the same towards others who presented the same challenges.

Soliana believes the trait of not talking about oneself is related to the history of Eritrea and its occupation; *“We are known for being humble people, kind people”.* She believes the personality trait of not wanting to take up much space or even focusing on your individual mental health, is something that the generation of her parents brought with them when they first came to Norway. She believes it stems from their challenges and experiences from growing up in Eritrea and during the liberation war, and that it was upheld when they came to Norway as first-generation immigrants during a time there were relatively few other immigrants. She experienced that Eritrean immigrants that were here during the eighties and

nineties had a good reputation as immigrants in Norway and were often credited in a positive way for their behavior. She does not doubt the intentions of these remarks but suggests that they might have been interpreted as hidden encouragement to uphold any behavior that does not stand out or deviate from the collective group of Eritreans that were in the country during that time. Soliana explains how she grew up seeing adults minimizing themselves and how it was considered a positive trait and transferred to her own personality by learned behavior. Sem shares some similar reflections on behavioral traits he saw in his parents.

*They have held a lot inside, unfortunately. And you can only imagine what they have had to do. Just to move from family and the country you've been raised in, to a completely unknown country, learning the language, a whole new culture. A completely different society too, regarding how you are, to be around different people all the time and that part there, just **that** alone is extremely difficult, I would think. Eh... But they have had a mentality where they should preferably not complain as much and just go ahead and accept a lot. They don't want to be a bother, and I think that's really sad to see because it's... Yeah, that there isn't really room for that part.*

He continues to explain how he never saw his mom stand up for herself at work or even take a sick leave because he believes she thought

"You know what, I can't let them be right, to have anything on me. I need to do my best all the time, and that involves that I need to show up every single day. If I'm in pain, I need to be quiet"

Sem explains how he thinks it is sad that his mother does not have the tools to express her challenges at a workplace without it necessarily having the consequence she is afraid of.

4.5.2 Gender roles

The participants mentioned another element of their parents' culture that they feel have affected them regarding mental health, which is attached to the binary social definition of gender roles. There is a clear consensus between Kaleb and Sem on the perception that Eritrean men are expected to have distinguished endurance because of their gender. Kaleb have seen how men are portrayed as the rock of the family, and someone that is supposed to bear everyone's burdens on his shoulders without sharing them. At the same time, both grew up hearing that *"don't cry, men do not cry"*, that they are supposed to be tougher and stronger to endure challenges. Jodith also describes a difference in acceptance to show

emotions, that she has seen from a female perspective. She believes that since the female children of Eritrean immigrants have not had the same level of gender-specific pressure, they are able to adapt, learn and evolve to a more open behavior towards mental health, that they will later pass on to their children. She is a bit more sceptic to how the male group will adapt because of the gender-specific expectations they have had to endure through their life.

5. Discussion

5.1 Cultural practices

The different understandings, views, and approaches to mental health between the participants and what they have seen from their parents showed itself as major in the participants' exploration of how they conceptualize mental health, and their relationship to it. The participants narrations are based on the transmission of cultural practices from their parents. Ingstad (2007) emphasizes the significance of lifelong taught and processed values (culture) in understanding why illness needs to be viewed in context. I will in this chapter discuss how the participants perceive to be affected by their parents' culture regarding their relationship to mental health, not only illness, against the relevant terms that were explained in chapter 2.

5.1.1 The ability to express emotions

Many of the participants describe how they grew up without seeing their parents express themselves emotionally, and how they believed that they minimized their needs. This might be as Sem explained, that lack of trust in sufficient public welfare policies in Eritrea, and especially during the generation of his parents' upbringing. That the lack of ability to rely on the public system to take care of you during challenging times, resulted in a generation that did not share their emotional challenges with the public as they did not experience it to be there *for* them, as also Mikias portrayed. This may have been transferred to their children, meaning the participants, during a migration process. Even though policy programs regarding public mental healthcare are now available to the parents, they have never learned how to benefit from it or utilize it. According to a report from the Norwegian doctor's association (Den Norske Legeforening, 2008) many immigrants from non-western countries that need medical help, rarely seek it. According to Spilker et al. (2017) the low

frequency of help seeking behavior applies when it comes to referral to specialist mental health care. Reasons for this might be lack of knowledge to the local healthcare system, cultural differences in experience of illness, stigma, or a wish to deal with the illness on their own. The wish to not accept certain diseases, or to show other's that they are ill, is a reality that is connected to the feeling of shame or fear. Many immigrants from non-western countries come from societies where the extended family makes up the safety net that equates to what we in Norway have, the welfare system (Ahlberg et al., 2007; Den Norske Legeforening, 2008; Spilker et al., 2017).

Regardless of the reason for the parents to not express their emotional challenges verbally, the participants seem to be aware of the difference in perceived acceptance to do so. For some of the participants, it was the knowledge of what their parents had endured in their upbringing that led to the assumption that they would not be understood at home. For some, the contrast in opportunities and lifestyles led to a guilt that hindered them in expressing themselves. For others, the objective contrast of challenges was said explicitly. And for the majority of participants, this has led to them omitting to express themselves regarding their mental health both to friends and family along with the public healthcare system.

5.1.2 Stigma

One of the findings is the participants perception that the common view on mental health in Eritrea, and in the Eritrean culture, is mostly negative and stigmatized. Many bring forward the minimal representation, feeling of shame on behalf of those who suffer from mental illness, and the insufficient language to speak of mental health, as contributing factors to this view. Filmon's experience with his family in Eritrea that led to him throwing away his medication, sheds light on how the fear of being associated with others portrayal of mental illness, or fear of other's action because of his illness, may affect a life and choices of how to process or treat one's mental health.

The participants reflected over the reason to avoid talking about their mental health or the process to deal with challenging emotions, and they believe the strict social norms of acceptable behavior among Eritreans played a major role. It is believed that the cultural taboo of how to view mental health plays a factor, but also the lived experience from the presence of a long-lasting war. Amahazion (2021) explained how mental illness is poorly understood

and severely stigmatized in Eritrea. It is often viewed as a punishment from God or a result of evil spirits (evil eye) and some see it as contagious. Because of this many suffer shame, isolation or exclusion and are considered dangerous, this is also often extended to surrounding family members. The combination of experienced stigma and social control from their parents' culture proves itself as significant to how the participants process their mental health as individuals although in a different country.

5.1.3 Different compositions of healthcare systems

There is no doubt among the participants that their parents have had their own challenging experiences that might have needed tending to, or to be expressed. But it is emphasized that the perceived difference between the participants and their parents lies in how they process and face the elements regarding mental health.

Selina explained that she never saw her mom acknowledge or talk about what she found challenging to family or friends, but that she often said she was tired. Selina believes she used the expression of being *tired* as to express several different states of being. Kirmayer and Young (1998) refers to *cultural idioms of distress* to describe the cultural models of portraying distress or illness. Some cultures use physical idioms to describe a state of mind or feeling. They explain that the key to encoding the idioms is the cultural understanding of where they come from (Kirmayer & Young, 1998), or like Kaleb called it "cultural translating-skills". Selina also described that her mom often prays and speaks to God when she expresses herself. And Senait recollects observing her mom speaking out loud when she thought she was alone, but dismissed the fact when Senait questioned her about it. These practices can be described as lines of expression for the parents, although not relatable for the participants. Judith's depiction of how her friend was sent to Eritrea for treatment of her mental illness, is an illustration of her experience with different approaches to mental health, than towards physical health because of stigmatized views on mental illness. The action of bringing your child to Eritrea for treatment or to meet mental health with religious tradition and practices, although perplex for the participants, it can be understood as learned behavior for the parents. Ingstad (2007) emphasizes that the process of dealing with one's health and meeting the public health system may vary based on experiences from the country you are from. Or it may vary because it is based on a different view on sickness and health, than the biomedical.

Amahazion (2021) also elaborated on the prevalence of what is considered alternative treatment in the western world, as common in Eritrea. He states that it is rooted in Eritrea's conservative religion and its considered appropriateness.

By using Kleinman's (1980) model to explore Jodith's experience of her friend being sent to Eritrea for religious treatment, we see that the practice can be explained by the folk sector being the main provider, and the private being the family's decision and care in the local environment as the second, while the professional played little to no role. While her suggestion of modern public healthcare at an institution for mental health challenges would lean towards the professional sector as the main actor, and the size of the two latter being left unknown as this was a hypothetical illustration.

5.2 Endurers of pain

According to Bourdieu (1977) our body is "socially informed". Individual and collective history may transfer into individual and collective bodies as disease, stigma, suffering, memory and narrative, Fassin (2002) calls this embodiment of history.

The participants explained how they have embodied their parents life experiences, many as a consequence of the Eritrean liberation war, along with certain culture practices regarding mental health that they see common among Eritreans. They describe general patterns of thinking and a double standard of acceptance towards their own feelings, compared to others'. Several of the participants see themselves as receivers of others mental burdens, and do not believe there is room for their own to be shared or acknowledged. Because of this, many would rarely express or allow acceptance of their own feelings, challenges or hurt toward others. My understanding of the depictions regarding this is that many seem to undermine their own suffering, while some believe they should endure more because of what their parents endured.

5.2.1 Parents cultural ideals and ways of being

Alemseged Tesfai fought in the Eritrean liberation war, and has written a book based on his diary during that time named *Two weeks in the trenches* (Tsfai, 2003). In the quote below we see how during those crucial times, he reflected over the behavioral patterns that he saw

common among Eritreans. To not mention or signify the hardship that was experienced, was the norm.

This struggle is just too much. Not only is it too long, it is also too hard and harsh. [...] If martyrdom has become a tradition, then hard work is just life. [...] So far, I have not heard a single complaint from anyone. [...] As I write, I am asking myself if this is what the revolution has created. Or is it something cultural, something inherited from the family? If independence comes, will it be preserved by the next generation and passed on to future ones?

(Tsfai, 2003, p. 54)

Mikias and Filmon explained in their interviews their perception of how freedom fighters did not tend to their own emotions during the liberation war, and how this has transferred to them as an ideal. It is interesting that both them and Tsfai (2003) questioned these patterns, their origin and their extent. According to Tsfai (2003), the habitual state of “*tegadelti’s*” (Tigrinya word for freedom fighters) had become seeing death and adversity, and every trip to a battle could be their last. Even though the challenges were widely known, it was not the norm to speak of any individual needs that were not fulfilled.

“No, this is a tough life. To complain about being tired, hungry, or thirsty is taboo. Perseverance, suppressing one’s internal feelings and desires, resisting all personal problems – even illness – is the prevailing morality and the right way to behave”

(Tsfai, 2003, p. 53).

When he questioned why it was like this, he gathered that anything else would lead to immediate alienation. A social consequence that would affect a feeling of identity, belonging and purpose (Tsfai, 2003). I have chosen to add these reflections since I find it to give a glimpse of what the generation of parents of the participants in this study may have been exposed to. Even though it was not the parents that were the basis of this study, Tsfai’s (2003) reflections can help us imagine the widespread normality and significance of cultural practices during those times. This is considered relevant as the participants have connected their parents’ experiences as being transferred to them (postmemory), along with being crucial to understand a phenomenon that unites children of immigrants from Eritrea and gives grounds for a collective identity. It appears that to not acknowledge hardship was seen as not bowing under, and that going on with life while singing and dancing was seen as strength, possibly what unified the generation of freedom fighters during those times.

As Soliana describes her mother's ability to cope with all her obligation and challenges while waking up early every morning and only admitting to being tired as a way of expressing it as challenging, it seems like she says it with admiration. This seems similar for the majority of the participants, that they admire their parents' ability to go through life and accomplish everything they have without being hindered or have to talk about challenges, or even adjust to what might be experienced as challenging to many. When we add Tesfai's (2003) reflections, it seems like it is a cultural practice, the goal of not to be affected by challenges, and that it is transferred to the next generation.

5.2.2 Participant's perception of endurance

In this study we have seen the participants describe how they believe they *have* and *should have* higher endurance towards emotional and mental challenges. We see example of endurance in Mikias' depiction of how he believes he should endure more based on his challenging experiences in life and as a descendant of people who achieved and survived challenges. He has connected his obstacles in life to every element that makes him a minority, -his sexual orientation, his religion, and his ethnic background. Based on these experiences Mikias explains that he should be able to endure more to be able to cope, move through life the same way, and accomplish the same as people belonging to the majority do.

Intersectionality is a term first introduced Crenshaw (1991) in her illumination of the interaction of groups and their different levels of power. In the context of this study, the term can be used to describe the intersection between social categories that often are marginalized, as gender, sexuality, ethnicity etc. (Gressgård, 2013). The term can help us to understand the complexity that the participants, and in this case Mikias, describe to experience when meeting the major society in Norway, which again affects how they process and deal with their mental health. We see this in the narratives of how the participants experience to be perceived by others because of their belonging to groups, and how they experience it to have a more substantial affect because of their multiple belonging to groups that are marginalized. Without reducing Mikias' experience and belonging to these categories, and not simply adding them by saying he is three-times marginalized; the term can

help us to understand and view how the three different categories have different consequences that overlap. Often leaving him at a disadvantage (Gressgård, 2013). Judith also describes how her life experiences not only have given her perspective towards emotional pain and when meeting other people's challenges, but also given grounds for her enduring mental challenges or pain in a different way than before her significant experience. The participants describe their experiences or the postmemory of their parents, resulting in endurance, an increased ability to cope and tolerate challenges (Fugelli & Ingstad, 2014). Meanwhile they depict their actions of not "complaining", not being affected by "minor" challenges, not expressing challenges, or to accept them because of their relativity. One can wonder how it is possible to cope and adjust to challenges (endure) without acknowledging their existence. As is my understanding of the acts of being silent and not facing one's challenges. As the term resilience speaks to the ability to resist challenges, I cannot help to wonder if the participants' understanding of endurance is the misunderstood perception of how resilience is portrayed. That the acts described by the participants is their perception of how one can show resilience, rather than what endurance actually is, which is the ability to cope and tolerate (Fugelli & Ingstad, 2014).

The parents' patterns of meeting hardship and dealing with mental health challenges as described, or lack thereof, is witnessed by the participants. This combined with the limited acceptance to show sadness or complaint at home during their upbringing, especially for the male participants, made the participants believe they should not show or express any other emotion than joy. Many of the participants do not speak of their emotions or mental health to others even to this day. According to Oppedal and Røysamb (2004) the phenomenon of immigrants reports of silence about their mental health challenges is established. It is suggested that this may represent a lack of intimate confidants, or that it is an expression of a cultural setting where intimate personal experiences are not easily shared with others (Oppedal & Røysamb, 2004). According to (Williams & Best, 1990), traditional gender roles, and expectations to them, tend to be stronger represented in collectivists cultures, as Eritrea has been described by the participants. While the depictions of individualistic tendencies are stronger in Norway (Hofstede, 1984), thus with less strong defined gender roles. The cultural variation of expected behavioral patterns still proves itself present among the participants,

despite their cultural adaptation to the Norwegian culture. Sem's reasoning is that he finds it difficult to be vulnerable, especially because he is male. For several of the men the expectations that they perceive to be inflicted because of their gender, enforces emotional limitations among them and results in a silence among them and to others.

5.3 The effect on the next generation

5.3.1 Identity

Hirt (2021) used the term *postmemory*, *collective memory* and *chosen trauma* to explore how second-generation Eritrean immigrants in diaspora, mostly in democratic countries, connect to their homeland through their parents' memories that have been disclosed to them. Even though Hirt's article (2021) is aimed at the phenomenon's connection to politics and with a heavy hand of criticism to the current Eritrean regime, it does give us insight on how selected memory of trauma can give grounds for unity among Eritreans raised in diaspora. Graf (2018) addressed the transmission of Eritrea's decisive past to generations who did not experience it themselves, in relation to Eritrean identity and sense of belonging amongst Eritreans raised in diaspora, while acknowledging chosen trauma as pivotal in *collective identity*. The chosen trauma being the experiences from the liberation war as discussed above, along with the experience of migrating to Norway and being a minority seeking to be accepted as Soliana described.

Although the participants did not describe their sense of unity with other Eritreans as part of a greater political scheme as Hirt (2021) suggests, the unity was still described by many of the participants in this study. A mutual understanding was described when talking to other immigrants, as to speak of the experienced challenges of immigrants and minorities among majorities. It was also to speak of the collective identity among Eritreans in Norway. There were many situations during the interviews where the participants referred to our common understanding of Eritreans, Eritrean culture, or Eritrean history along with situations where it was assumed I would have the same knowledge as the participants because of my personal background as an Eritrean-Norwegian. These examples speak to the collective identity that is a result of our postmemory and chosen trauma where our common denominator is our parents' country of birth (Halbwachs, 1992; Hirsch, 1997; Hirt, 2021; Volkan, 2001).

Based on the interviews for this study, we see that the parents' emphasis on details about the war, and its effects during their upbringing have transferred to their children and has had its own following effect on them. Regardless of the parents' intentions when disclosing their experiences, this study has shown that it has led to a sense of identity and unity among Eritreans in the diaspora.

When the memories and experiences transfer to the next generation it becomes the children's own element with following attachments. An example of these attachments is the pressure of living up to an ideal that is experienced through the collective memory of ancestor's accomplishments, along with the desire to go through life maximizing and utilizing opportunities because of their parents' sacrifice. The portrayal of the unjust that a certain generation of Eritreans experienced, combined with the "David versus Goliath"-like struggle, where Eritrea was the country that *went against all odds* (Connell, 1997), depicts a tale of admiration towards its population's accomplishments. It is understandable that the ones that were directly affected by this decisive past would want to pass their tales on to their children for different reasons. The need to express defining moments in one's lives, the wish to teach younger generations about historical events, or maybe the need to give justice to those who died because of the liberation events (survivor's guilt), are some of the reasons that come to mind that would easily give understanding to why a parent would imprint Eritrean history and its effects on to their children (Hirt, 2021). Conrad (2006) also suggests, the continuous depictions of what is seen as Eritrean heroism is crucial for future generation Eritreans, especially those in the diaspora, to form ancestral relationship to their origin. Graf study showed that

This study showed that it is not only the knowledge of their parents' experiences that is found significant, but the following of chosen trauma and collective memories. Like how Mikias's depiction of collective strength with little individuality and self-expression was what made Eritrea's liberation possible. Or as Soliana connects expressing individual emotions and needs as not compatible with merging in a new society for migrants. These are examples of how the participants are affected by their postmemory and how it is embodied by their omission to express their emotions to a full degree. Their own reasoning being that their challenges were not relatable to their parents, or because of an assumption of how others would view them.

Or as Filmon who did not want to draw unnecessary attention to himself, as he saw that as a negative consequence, so he avoided the topic.

Graf (2018) studied the generational transmission of Eritrea's decisive past, and revealed that some second-generation Eritreans in the diaspora adopted the chosen traumas to the extent that along with it becoming defining of their own identity, it giving a sense of belonging. While the knowledge of individual experiences of their ancestor's fosters understanding and empathy for their challenges (Graf, 2018). In lines of this we can see how the collective memory of the participants, Eritreans raised in Norway, is heavily influenced by Eritrea's liberation struggle and their parents' experiences. Like Mikias describes himself as descendant of powerful accomplished people. His postmemory consists of his parents enduring of war, family illness, migration, and existing as religious and ethnic minorities outside of Eritrea. These transcribes to expectations that he has to himself; finishing his education even without the help and understanding that his peers have, being able to obtain a job despite his experienced discrimination towards migrants and to not be affected by mental health challenges as he believes it would worry his family. He believes he should endure more because of what his parents were able to endure.

The participants in this study form and explain parts of their identity through the collective experience of Eritreans during the liberation war. As explained above it can be seen as explanatory for the endurance they experience to have, but also as defining elements of *who* they are, and what unites them as a group. Volkan (2001) claims that near all large-group unities share a mental representation of a traumatic past which gains significance in relation to another large group. He claims that the injured self-images of individuals of a traumatized large group are passed on to the next generation as if they will be able to process these traumas. If failed to do so, it will continue to be passed on to later generations.

The perception of division between one group versus another, could be an explanation for the participants' view on mental health professionals in Norway who belong to the ethnic majority as *others*. The dividing factor being their difference in ancestral history and experiences, along with belonging. More on this later in this chapter.

Without necessarily processing the traumas or experiences of their parents, or possibly not being aware of them being transferred to them, the participants describe an effect of the transfer as empathic unsettlement. They limit their expression about themselves when they see themselves in relation to their ancestors and parents.

5.3.2 Survivor's guilt?

Codde (2011) described an obligation or wish to be well as to pay tribute or make worth of the sacrifice parents went through as common among children of those with the first hand experience, or even towards peers that do not have the same opportunities. This is similar to what the participants depicted towards their parents and peers in Eritreas sufferings or challenging experiences. It is clear that many of the participants see themselves, their lives and opportunities through their parents experiences and sufferings.

Although the participants in this study do not describe a guilt per se, they describe a form of obligation to live up to a potential or opportunity that is available to them because of the sacrifice of their parents and the martyrs of the war. This feeling of survivors' guilt (Hirt, 2021) or obligation to live up to a certain potential is reinforced by the knowledge of how peers in Eritrea do not have the same opportunities as themselves. The comparisons made by others and oneself to how their parents use to have it, or how peers do have it now, is a constant reminder that gives perspective and a pressure to assess their situation in relation to others. To not stand out, to adapt in order to be liked and accepted by the major society was one of the findings that emerged in the interviews. It was directly connected to the parents' wish to fit in and be viewed as "*good immigrants*" as Soliana described. As the participants explained their experienced pressure to represent Eritreans as a unit in Norway, mostly in relation to how they experience to be met by the majority, I wonder to what extent. It is understandable that there is a need to be liked and accepted, but I also wonder if it is a version of survivor's guilt to be successful as a child of immigrants in diaspora. As Jacob described that to take a sabbatical and go on backpacking would be a disservice for his parents sacrifice. Or as Jodith's described a fear of contributing to a negative stereotype by talking about her childhood and family relations which made her limit her ways of expressions.

It is evident that these participants stand in several complex dilemmas because of their position in society, and with the knowledge of their ancestral history. The participants view

their opportunities in life as a result of others sacrifice. The short distance between their opportunities and those who did not, or still do not have them, transfers to an inherent motivation to complete or take advantage of those available to them. The strong focus on becoming successful as a way of repaying a debt to your parents, as Jacob explained, is an example of this. Along with the desire to become successful as to please or justify the experiences of parents and peers, some of the participants also describe a wish to *be well* to soothe, or not worry their parents. As Jacob and Mikias described that their parents would interpret their mental challenges as their failure. So, to avoid their parents' negative feelings, concerns, and feeling of burden, they avoid acknowledging their own challenges, or at least avoid sharing it with their parents.

Interestingly, in accordance with what has surfaced in this study, Volkan (2001) describes this as a tendency for large-group identity in conflict. He describes how he saw that a mother and child who were Georgian homeless refugees, maintained a silence about their experience of pain even though they lived together. They connected this practice to the belief that speaking of pain would inflict excessive hurt to oneself or others (Volkan, 2001). This resonates with the notion that disclosing one's own pain or mental challenges can lead to parents' unnecessary experience of pain or failure that both Jacob and Mikias described. Volkan (2001) also describes how this perception of how others can comprehend one's elaboration about pain and challenges, affects the wish and occurrence of doing so. This might also be one of the reasons to what Selina reflected on, that her fellow Eritreans rarely speak about their challenges among themselves, rather about their future or positive events in life. In accordance to Volkan's (2001) study, it might be a way of not burdening others.

5.4 The additional layer of being different

Even though I had not thought to highlight ethnic differences in this study, nor was it planned to be a topic for the interviews, several of the participants brought it up as they saw it relevant to depict how it is to face your mental health as a child of immigrants in Norway. In the presentation of findings, we have seen how the participants connect ethnicity and belonging as elements that have affected their relationship to mental health. It is the feeling of being different, often amplified by being a minority and a sum of life experiences that leads

to the assumption of who can relate to your experiences, and not. This is an important finding as it has for a large sample of this study, shown that it affects who they are comfortable opening up to. This leads to an assumption about the general public health system and affects the wish and occurrence to seek public mental health programs. To understand how the participants of this study view and face their mental health, it is necessary to acknowledge how immigrants, and their children fit into a bigger society. As for the generation of parents, Soliana describes that how the society at large receives immigrants, although with positive intentions, may enhance behavioral traits of not taking what is considered unnecessary place, expressing emotions or actions where individuality is avoided. When it comes to the children, those who are the participants of this study, the feeling of standing out from the majority marked itself as relevant and as an additional layer to illuminate the topic of children of immigrants' relation to mental health. We have seen how some of the participants have found it significant to have a network of people with similar minority background as their own, but it is preeminent that the participants life experiences as being different have affected how they presume to be perceived by others, and followingly by healthcare professionals regarding their mental health.

The knowledge that those who belong to the large part of society may have preconceptions of migrants, or a view that is heavily stigmatized by stereotypes, have affected for example Judith's belief of how she will be met by a healthcare professional with an ethnic Norwegian background. The healthcare professionals, or even a friend that belongs to the ethnic majority, is assumed to not be able to relate to the challenges or emotions to some of the participants. According to Næss et al. (2007) the experience of being excluded, along with challenges with one's identity, stressors of belonging, and experienced racism can be risk factors for mental health challenges. Not only does it matter how people with immigrant decent integrate, or uphold the culture of their ethnic background, but also how they are met by the majority of the society they live in. It affects the feeling of inclusion and followingly also the possibility for the development of mental illness (Næss et al., 2007).

5.5 Expressing emotions to "others"

According to Simonsen (2016), belonging can be described as the feeling based on the perception of having a place in a community. He describes eight markers as criteria for national membership; (1) Having host national citizenship, (2) respect for the country's laws and institutions, (3) language skills, (4) being of the national religion, (5) birth on the country's soil, (6) having lived in the country for most of one's life, (7) national ancestry, and (8) feeling as part of the nation.

In this study we have seen how the participants find themselves fulfilling the first 3 to 6 of the markers described, and because of that are regarded as Norwegians in several senses. But several of the participants describe their feeling as lesser parts of the nation (8), or the feeling of being "others" because of their physical appearance, their names, or even their wish to uphold a belonging to another community and country. This in combination of not having Norwegian national ancestry (7) and possibly not being born on Norwegian soil (6) proves itself as contributing factors to limit the feeling of belonging for the children of Eritrean immigrants that were interviewed in this study.

And as both Kaleb and Soliana described the division between *us* and *them* was not limited to people with Eritrean descent, but also included other minority groups as one, and the Norwegian population that have Norwegian ancestors as the other. According to Simonsen (2016), this is opposed to having a hyphenated identity label in settler societies, like USA, where your attachment to several ethnic groups still makes you a part of the majority.

The participants in this study also elaborated on how they perceive not to be understood or related to if speaking to a health care profession that is not a migrant, or minority descent themselves. As Jodith explained that she would prefer to speak to any migrant over an ethnic Norwegian because of the ability to relate and connect her concerns to their common experiences in the Norwegian society. This speaks to her expectation to be understood, and how it is based on her experience of sharing hardship with someone with similarities as her own. As the participants disclosed, there is little doubt of the intentions or believed minimized effects of being treated by a Norwegian descended healthcare professionals regarding their mental health. Nevertheless, these are important findings and knowledge for healthcare providers in meeting minority groups. Regardless of the truth to whether the

provider can relate to the challenges, it is perceived by the participants in this group that it is not the same as it is not combined with the challenge of being of a minority.

According to Volkan (2001), when individual members who belong to larger groups meet, they tend to represent the group's identity, and if any conflicts between the groups, they tend to discuss the opposite group-identity marks while their individual identity tend to fade. Following this, Jodith's experience of representing both Eritreans and other children of migrants while meeting a mental healthcare provider, it can be understood as she represents one large group while the mental healthcare provider represents the other. While their individuality fades, she is left with the experienced division between "us" and "them". In similar lines, Jacob's depiction of his conversation with his friend about his challenges with his father, he experienced the response he got from his ethnic Norwegian friend (represents other large group) as distinct and the difference between them felt evident.

Eriksen and Sajjad (2020) claim that all immigrants automatically have diversity skills, and elements that unify them. All immigrants have a country they have left behind and an experience with meeting a new community as migrants, and knowledge about two cultures. This confirms the feeling of division between the two groups, minorities versus majorities. Children of migrants, especially if raised with their biological parents will probably be exposed to the culture of their parents along with common culture practices of the country they live in (Eriksen & Sajjad, 2020). With this experienced division in mind, it is easier to understand why the participants in this study communicated that they would prefer to talk with someone who shares a migrant background as themselves to minimize misunderstandings and judgement. Along with reducing the imagined risk of misrepresenting their ethnic belonging, while meeting someone who you believe understands their individuality, and not seeing them as representatives of their whole ethnic group.

Sirin et al. (2013) uses the term acculturative stress to describe the possible challenges when immigrants negotiate the differences between their home and host country. Even though it is believed that this refers to first generation immigrants, who is to say it does not apply to children of immigrants if they feel belonging to several places, or just lack of belonging in the country they live in? Acculturative stress may arise when experiences prejudice and

discrimination, negative stereotypes, and attitudes because one's cultural background or country of origin. These experiences, especially during the identity formation process creates a greater risk for depression, anxiety, and psychosomatic complaints (Sirin et al., 2013). Eriksen and Sajjad (2020) importantly bring up the experience of power-dynamics when healthcare professionals (more powerful) meet patients (less powerful). The difference of power is enhanced when the healthcare professional has an ethnic majority belonging, and the patient has an ethnic minority belonging (Eriksen & Sajjad, 2020). Regardless of the true intentions of those who belong to the majority, this study has proven that the meaning and perception of meeting a health care professional that belongs to the ethnic majority, gives grounds for careful dwelling and hesitation about seeking professional help. Not only do we in this study see that it hinders some in seeking help, but we also have grounds to believe the acculturative stress may be a contributor to the need to seek professional help.

6. Conclusion

This study has explored how children of Eritrean immigrants' experience to be influenced by their parents' background and culture practices in their ability to express feelings and experiences. The background of this study led to reflections on how Eritrean culture, with its common perception on mental health and culture practices towards the topic, along with the historic events that the parents experienced, would have its impact on future generations. The participants have reflected on what they find relevant to illuminate and explored the topic beyond what was expected and has proven to be a complex, multi-faceted sphere. The specific group that was the base for this study, possibly also other children of immigrants, find themselves in between cultures and expectations from the society they live in and the community from where their parents come from. These expectations are experienced to be enhanced by the strong focus and the constant depictions of historic events from the past, and by the implementation of passing on the Eritrean culture as essential. When we combine this focus with learned behavior from the parents and other Eritreans, the children are left with their own perception of how to honor the positions they are in, some with the feeling of guilt or responsibility to make the most out of it. It is both a conscious and unconscious transfer and embodiment of emotional expressions.

These findings are considered relevant to highlight to healthcare providers who address young adult children of immigrants regarding mental health as it may help to understand this certain group and reduce the space between them. The in-depth knowledge and understanding that this study helps to create may also help a culturally sensitive approach when meeting children of immigrants. As well as those who design and execute policies and programs with the aim of maximizing the take-up. This study contributes to the government's goal to further knowledge that contributes to inclusion, user participation, quality, and to promote good mental health in children and young people (Regjeringen, 2017).

An in-depth exploration like this also has significance in acknowledging the group's existence as something separate and different than their parents and non-immigrants. Which may also appeal to the search for belonging and representation that emerges as a finding.

The data material in this study was considerably rich, and each finding could have been grounds for further research or their own study. Especially the significant experience of the children of immigrants' position in society, or an equivalent study with ancestors from another country to explore if this may be a phenomenon amongst more children of immigrants. It would also be interesting to see if this is a phenomenon that reaches other children of those who have experienced hardship from other parts of the world.

It was a conscious choice to focus on the findings that emerged in this study and give room for the rich descriptions of the participants' narratives. It would be interesting to further this study with a broader focus on a systematic literature search, to continue the discussion of findings in light of established scientific understanding.

Because of the small sample size and qualitative method for this study, the result cannot be generalized or explain a trend in the society, but they can help us understand some. It should also be noted that there was no variation within Eritrean ethnic groups or religion.

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8. Appendix

Appendix A: Approval from NSD

05.11.2022, 21:51

Meldeskjema for behandling av personopplysninger

[Meldeskjema](#) / [Children of immigrants' view on mental health and their perception...](#) / Vurdering

Vurdering

| Referansenummer | Type | Dato |
|-----------------|----------|------------|
| 109493 | Standard | 16.02.2022 |

Prosjekttittel

Children of immigrants' view on mental health and their perception of being influenced by their parents'

Behandlingsansvarlig institusjon

OsloMet – storbyuniversitetet / Fakultet for samfunnsvitenskap / Institutt for sosialfag

Prosjektansvarlig

Camilla Hansen

Student

Shewhat Ghezai

Prosjektperiode

31.01.2022 - 30.12.2022

Kategorier personopplysninger

Alminnelige

Særlige

Rettslig grunnlag

Samtykke (Personvernforordningen art. 6 nr. 1 bokstav a)

Uttrykkelig samtykke (Personvernforordningen art. 9 nr. 2 bokstav a)

Behandlingen av personopplysningene kan starte så fremt den gjennomføres som oppgitt i meldeskjemaet. Det rettslige grunnlaget gjelder til 30.12.2022.

[Meldeskjema](#)

Kommentar

OM VURDERINGEN

Personverntjenester har en avtale med institusjonen du forsker eller studerer ved. Denne avtalen innebærer at vi skal gi deg råd slik at behandlingen av personopplysninger i prosjektet ditt er lovlig etter personvernregelverket.

Personverntjenester har nå vurdert den planlagte behandlingen av personopplysninger. Vår vurdering er at behandlingen er lovlig, hvis den gjennomføres slik den er beskrevet i meldeskjemaet med dialog og vedlegg.

TYPE OPPLYSNINGER OG VARIGHET

Prosjektet vil behandle alminnelige personopplysninger og særlige kategorier av personopplysninger om etnisk opprinnelse og helse frem til 30.12.2022.

LOVLIG GRUNNLAG

Prosjektet vil innhente samtykke fra de registrerte til behandlingen av personopplysninger. Vår vurdering er at prosjektet legger opp til et samtykke i samsvar med kravene i art. 4 nr. 11 og art. 7, ved at det er en frivillig, spesifikk, informert og utvetydig bekreftelse, som kan dokumenteres, og som den registrerte kan trekke tilbake. For alminnelige og særlige kategorier av personopplysninger vil lovlig grunnlag for behandlingen være den registrertes uttrykkelige samtykke, jf. personvernforordningen art. 6 nr. 1 a og art. 9 nr. 2 bokstav a, jf. personopplysningsloven § 10, jf. § 9 (2).

PERSONVERNPRINSIPPER

Personverntjenester vurderer at den planlagte behandlingen av personopplysninger vil følge prinsippene i personvernforordningen:

- om lovlighet, rettferdighet og åpenhet (art. 5.1 a), ved at de registrerte får tilfredsstillende informasjon om og samtykker til behandlingen
- formålsbegrensning (art. 5.1 b), ved at personopplysninger samles inn for spesifikke, uttrykkelig angitte og berettigede formål, og ikke viderebehandles til nye uforenlige formål
- dataminimering (art. 5.1 c), ved at det kun behandles opplysninger som er adekvate, relevante og nødvendige for formålet med prosjektet
- lagringsbegrensning (art. 5.1 e), ved at personopplysningene ikke lagres lengre enn nødvendig for å oppfylle formålet.

<https://meldeskjema.nsd.no/vurdering/61d852e7-726a-4114-a98b-6e115dc2ba4b>

1/2

DE REGISTRERTES RETTIGHETER

Personverntjenester vurderer at informasjonen om behandlingen som de registrerte vil motta oppfyller lovens krav til form og innhold, jf. art. 12.1 og art. 13.

Så lenge de registrerte kan identifiseres i datamaterialet vil de ha følgende rettigheter: innsyn (art. 15), retting (art. 16), sletting (art. 17), begrensning (art. 18) og dataportabilitet (art. 20).

Vi minner om at hvis en registrert tar kontakt om sine rettigheter, har behandlingsansvarlig institusjon plikt til å svare innen en måned.

FØLG DIN INSTITUSJONS RETNINGSLINJER

Personverntjenester legger til grunn at behandlingen oppfyller kravene i personvernforordningen om riktighet (art. 5.1 d), integritet og konfidensialitet (art. 5.1 f) og sikkerhet (art. 32).

For å forsikre dere om at kravene oppfylles, må dere følge interne retningslinjer og eventuelt rådføre dere med behandlingsansvarlig institusjon.

MELD VESENTLIGE ENDRINGER

Dersom det skjer vesentlige endringer i behandlingen av personopplysninger, kan det være nødvendig å melde dette til personverntjenester ved å oppdatere meldeskjemaet. Før du melder inn en endring, oppfordrer vi deg til å lese om hvilke type endringer det er nødvendig å melde: nsd.no/personverntjenester/fyll-ut-meldeskjema-for-personopplysninger/melde-endringer-i-meldeskjema Du må vente på svar fra oss før endringen gjennomføres.

OPPFØLGING AV PROSJEKTET

Vi vil følge opp ved planlagt avslutning for å avklare om behandlingen av personopplysningene er avsluttet.

Kontaktperson: Lene Chr. M. Brandt

Lykke til med prosjektet!

Appendix B: Risk analysis for student projects at OsloMet


| RISIKO- OG SÅRBARHETSANALYSE FOR FORSKNINGSPROSJEKT VED OSLOMET | |
|---|--|
| <p>Fyll ut arkene 1) Risikovurdering og 2) Oppsummering_Prioritering. Se på arkfonen "Veileder" for ytterligere informasjon.</p> | |
| <p>Forskningsprosjekt - tittel: Prosjektleder: Prosjektnr NSD (hvis aktuelt): Prosjektnr REK (hvis aktuelt): Prosjektnr i UBW (Agresso) (hvis aktuelt): Prosjektets formål (kort beskrivelse):</p> | <p>Children of immigrants' view on mental health and their perception of being influenced Shewhat Ghezai 109493 [Tall] [Tall] Prosjektets formål er å skape ny kunnskap innenfor migrasjonshelse og mental helse. Studien sikter etter å skape refleksjoner om hvordan medlemmer av det Norsk-Eritreiske samfunnet konseptualiserer mental helse, og om deltakerne ser en sammenheng til deres foreldres kulturpraksiser. Studien gjennomføres i forbindelse med master i Internasjonal velferd og helsepolitikk ved OsloMet, fakultet for samfunnsvitenskap.</p> |
| <p>Antall registrerte informanter: Kategorier av registrerte informanter (f.eks. studenter, medlemmer i et medlemsregister, pasienter) Beskriv hvordan eventuelle koblingsnøkler lagres: Antall prosjektmedarbeidere i forskningsprosjektet?</p> | <p>10 10 Deltakere mellom 20 og 40 år, født og oppvokst i Norge med foreldre fra Eritrea. Initialer vil bli skrevet i notatblokk med dato for intervju. Lyddopptak vil kun bli registrert med dato i "netts" i Masterstudent. 2 veiledere.</p> |

| Nr. | Kategorier | Underkategorier | Hendelse | Beskrivelse/verdivurdering | Risikonivå | | | Tiltak |
|----------|---|-----------------------------------|--|---|---|---|--------|---|
| | | | | | S | K | Risiko | |
| | Vurder kun hendelser og risikoelement som er reelle og relevante for dette prosjektet. Bruk nedtrekksmeny (drop down). Du kan velge samme kategori på flere linjer. | Benytt nedtrekksmeny (drop down). | Hva kan skje? | Hva er den uønskede hendelsen? Hvilke tap oppstår? Hvilken betydning for prosjektet? | Sannsynlighet og konsekvens på en skala fra 1 til 4. 1 = Lav/liten, 4 = Svært høy. Risiko genereres automatisk som resultat av sannsynlighet og konsekvens. | | | Beskriv forslag til nye tiltak. De kan deles opp i organisatoriske, menneskelige og teknologiske sikringstiltak. |
| EKSEMPEL | Datainnsamling | Lyddopptak | Mister diktafon på vei fra informant til kontoret. | Uvedkommende får tilgang på opplysninger om informanter. Alle intervjudata som er lagret på diktafon mistes. Betydning for prosjektet avhenger av hvor mye informasjon som er lagret på diktafonen. | 2 | 3 | 5 | Kryptere diktafon. Vurder å bruke mobilapp; Gjør nytt intervju |
| 2 | Datainnsamling | Lyddopptak | Feil innstilling i nettskjema/ingen lyddopptak | Feil innstilling kan føre til manglende eller utilstrekkelig lyddopptak | 3 | 1 | 4 | Etablere grundig sjekkliste for oppstart av intervju, kontroller og gjennomgå før start. |
| 4 | Datainnsamling | Intervju | Omgivelser for intervju | Mangel på private omgivelser om intervju må utføres på zoom grunnet restriksjoner | 2 | 3 | 5 | Informere om viktigheten av private omgivelser til informanter i forkant av intervjuet, vurder behov for påminnelse. |
| 5 | Avslutning | Andre | Gjenkjenbar informasjon om sårbar gruppe | At intervjuobjekter kan identifiseres til tross for anonymisering av personsensitive data på grunn av den snevre gruppen intervjuobjektene tilhører | 1 | 4 | 5 | Under transkribering av intervju må det kritisk vurderes nødvendigheten for inkludering/mulig fjerning av deler som kan identifisere intervjuobjektene. Hver deltaker vil også få mulighet til å lese over ferdig transkribert intervju for å vurdere, med mulighet for å fjerne det de ønsker. |

VIL DU DELTA I ET
MASTERPROSJEKT?

HVORDAN HAR
DINE FORELDRE
PÅVIRKET DITT
SYN PÅ
PSYKISK HELSE?





**I DETTE
MASTERPROSJEKTET
ØNSKES DET Å
UNDERSØKE HVORDAN
BARN AV INNVANDRERE
FRA ERITREA
OPPFATTER BEGREPET
PSYKISK HELSE OG
DERES REFLEKSJONER
RUNDT FAKTORER SOM
KAN HA BIDRATT TIL
DETTE SYNET.**



**ALLE INTERVJUER VIL BLI
ANONYMISERT OG DU VIL HA
MULIGHET TIL Å SE OVER FOR
GODKJENNING FØR DET BRUKES.
DU KAN TREKKE SAMTYKKE NÅR
SOM HELST UTEN Å OPPGI GRUNN.**

**DET ER ØNSKELIG MED VARIASJON
BLANT DELTAKERNE
SÅ ALLE MED ERITREISK
BAKGRUNN OPPFORDRES TIL Å
MELDE SEG PÅ.**

**TA KONTAKT MED SHEWHAT
GHEZAI FOR MER INFORMASJON
S335370@OSLOMET.NO**



TUSEN TAKK

TIL ALLE SOM HAR DELT INNLEGGET
MITT OG TIL ALLE SOM HAR VIST
INTERESSE I MASTERPROSJEKTET,
JEG SETTER UTROLIG PRIS PÅ DET!!

JEG MANGLER FORTSATT NOEN
DELTAKERE TIL STUDIEN.
VÆR SÅ SNILL Å DEL DETTE TIL ALLE
DERE KJENNER SOM KAN VÆRE
AKTUELLE!

JEG SKULLE GJERNE HATT FLERE
GUTTER, FØDT I NORGE AV ERITREISKE
FORELDRE MELLOM 20 OG 45 ÅR. MEN
ALLE OSM FØLER DE KAN BIDRA ER
VELKOMNE TIL Å TA KONTAKT

SPRE ORDET**TAKK !**

Vil du delta i et masterprosjekt?

Barn av innvandreres syn på psykisk helse, og deres oppfatning av påvirkning fra deres foreldre

Dette er et spørsmål til deg om å delta i et masterprosjekt hvor formålet er å undersøke barn av innvandrere fra Eritreas oppfatning om begrepet psykisk helse, og refleksjoner rundt hva som kan ha bidratt til denne oppfatningen. I dette skrivet vil du få informasjon om formålet ved prosjektet og hva deltakelse vil si for deg.

Formål: I dette masterprosjektet ønsker jeg å undersøke barn av innvandreres, nærmere bestemt fra Eritrea, og deres oppfatning rundt begrepet psykisk helse og uhelse, samt deres refleksjoner rundt faktorer som kan ha bidratt til dette synet. Prosjektet utføres i forbindelse med et masterstudium i *International welfare and health policy* ved OsloMet storbyuniversitet, og studien vil være en kvalitativ studie som kan belyse tematikken. Problemstillingen som studien vil forsøke å besvare er:

“How do children of Eritrean immigrants believe they are influenced by their parents' culture practices when it comes to their ability to express their own feelings and conceptualize mental health?”

Forskningsspørsmål som studien vil sikte på å svare på er:

- Hva er din forståelse av mental helse?
- Hvilket forhold og erfaringer har du til mental helse?
- Hvordan snakker du om mental helse
- Hvordan tror du dine foreldre/din familie har bidratt til ditt syn på mental helse?

Hvem er ansvarlig for masterprosjektet?

Førsteamanuensis Camilla Hansen (hovedveileder) og Professor Dawit S. Abebe (bi-veileder) ved OsloMet Storbyuniversitet. Prosjektet utføres av Shewhat Ghezai som masterstudent og prosjektmedarbeider/forsker.

Hvorfor får du spørsmål om å delta?

Utvalget er definert til individer som er født og oppvokst i Norge med foreldre fra Eritrea, i alder mellom 20 og 45 år. Det ønskes variasjon blant deltakernes bakgrunn når det gjelder deres Eritreiske folkegrupper og religion, deltakere oppfordres derfor til å melde seg på uansett bakgrunn.

Hva innebærer det for deg å delta?

Hvis du velger å delta i prosjektet innebærer det at du enten deltar i et «en-til-en intervju», eller intervju over videosamtale avhengig av aktuelle COVID-restriksjoner og bekvemmelighet. Intervjuet vil inneholde spørsmål som har til hensikt å få frem ditt perspektiv på temaet, til den grad hver enkelt er komfortabel med. Det er ønskelig at intervjuet skal tas opp ved hjelp av en kryptert lydopptaker som kun vil være tilgjengelig for u.t, uten at persondata vil være tilhørende, men dette er frivillig. Etter intervjuet er blitt gjennomført, vil hver deltaker få mulighet til å selv vurdere hvilke deler av intervjuet som skal inkluderes.

Det er frivillig å delta, og hvis du velger å delta, kan du når som helst trekke samtykket tilbake uten å oppgi noen grunn. Du kan også unnlate å svare på spørsmål om du ikke ønsker å svare. Det vil ikke ha noen negative konsekvenser for deg hvis du ikke vil delta eller senere velger å trekke deg.

Ditt personvern – hvordan vi oppbevarer og bruker dine opplysninger

Opplysningene om deg, og informasjon som blir oppgitt under prosessen vil kun bli brukt til formålet oppgitt i dette skrivet. Opplysningene vil bli behandlet konfidensielt og i samsvar med personvernregelverket. De som vil ha tilgang til dataen som samles inn vil være deg selv, forsker og prosjektansvarlig ved OsloMet storbyuniversitet.

Navn og dine kontaktopplysninger vil bli anonymisert, og holdt konfidensielt.

Hva skjer med opplysningene dine når vi avslutter masterprosjektet? Personopplysningene og intervjuet vil slettes når prosjektet avsluttes/oppgaven er godkjent, noe som etter planen vil være juni 2022.

Dine rettigheter

Så lenge datamaterialet kan brukes for identifiseres, har du rett til:

- innsyn i hvilke personopplysninger som er registrert om deg, og å få utlevert en kopi av opplysningene,
- å få rettet personopplysninger om deg,
- å få slettet personopplysninger om deg, og
- å sende klage til Datatilsynet om behandlingen av dine personopplysninger.

Hva gir oss rett til å behandle personopplysninger om deg?

Vi behandler opplysninger om deg basert på ditt informert samtykke. På oppdrag fra Oslomet stobyuniversitet, fakultet for samfunnsvitenskap har NSD – Norsk senter for forskningsdata AS, vurdert at behandlingen av personopplysninger i dette prosjektet er i samsvar med personvernregelverket.

Hvor kan jeg få mer informasjon?

Hvis du har spørsmål til studien, eller ønsker å benytte deg av dine rettigheter, ta kontakt med: Forsker, student, og prosjektmedarbeider: Shewhat Ghezai, s335370@oslomet.no, +47 984 89 164

Veileder og prosjektansvarlig: Camilla Hansen, camiha@oslomet.no

Hvis du har spørsmål knyttet til NSD sin vurdering av prosjektet, kan du ta kontakt med: NSD – Norsk senter for forskningsdata AS på epost (personverntjenester@nsd.no) eller på telefon: 55 58 21 17.

Med vennlig hilsen

Shewhat Ghezai

Camilla Hansen

Samtykkeerklæring Jeg har mottatt og forstått informasjon om prosjektet «Barn av innvandreres syn på psykisk helse, og deres oppfatning av påvirkning fra deres foreldre», og har fått anledning til å stille spørsmål.

Jeg samtykker til:

Å ha lest og forstått innholdet i dette masterprosjektet.

Å delta i dette masterprosjektet

Jeg samtykker til at mine opplysninger behandles frem til prosjektet er avsluttet

(Signert av prosjektdeltaker, dato)

Intervjuguide

Spørsmål med innrykk er alternative oppfølgingsspørsmål

1. Innledning

Informasjon om studien, formål, datahåndtering og frivillighet.

Innhente samtykke for lydopptak, hvis ja; samtykke for deltakelse på lydopptak. Hvis nei; skriftlig samtykke.

Informasjon om mulighet for å trekke samtykke på ethvert tidspunkt, samt muligheten til å unngå å svare på spørsmål.

Presiser at studien er ute etter deltakernes egne refleksjoner og erfaringer, ikke foreldrenes erfaringer og historie. Identifiserbar informasjon vil bli utelatt, eventuelt vurdert anonymisert.

2. Generell data:

Alder:

Føde- og oppvekstland:

3. Egen formulering av mentale helse:

Kan du fortelle hva du legger i begrepet psykisk helse?

Hvilke erfaringer/kjennskap har du til psykisk helse?

Hvilket forhold vil du si at du har til egen psykisk helse?

Tenker du jevnlig over egen psykiske helse?

Hvordan snakker du om følelser? (Hvis)

Elementer angående psykisk helse?

4. Refleksjoner rundt mental helse:

Hvordan føler du at du uttrykker egne følelser/sinnstemning?

Opplever du det for eksempel lett, vanskelig, eller kanskje komplisert?

Er du komfortabel å snakke med venner? Familie? (psykisk helse/følelser)

Hvis vanskelig: Tenker du mye over det? Hva hindrer deg?

Hender det at du sammenligner deg med andre? Isåfall, utdyp gjerne.

Hva gjør du med det da?

Hvis lett: Noen kan si at de opplever det vanskelig, har du noen tanker om hvorfor det oppleves lett for deg?

Hvis komplisert, utdyp gjerne

5. Familie:

Hvordan snakker dere om følelser eller psykisk helse i din familie?

Hvordan oppleves det å snakke om det med din familie?

Eller det å ikke snakke med de om dette?

Hvilket språk bruker dere for å snakke om psykisk helse?

Hvordan tror du dette oppleves for alle parter? -Uttrykksform

6. Føler du at dere forstår hverandre?

Hvilke faktorer knytter du til din families dynamikk når det gjelder å snakke om psykisk helse?

Tidligere erfaringer, kommunikasjonsvaner, kunnskap/mangel på kunnskap om psykisk helse.

Til hvilken grad føler du at dine foreldres bakgrunn har påvirket ditt syn/forhold til din egen psykisk helse?

Hvordan opplever du at det har påvirket deg at du og dine foreldre har hatt forskjellig oppvekst?

(Psykisk helse)

Hender det at du sammenligner det du opplever som vanskelig med det du tenker dine foreldre har gått gjennom? – Utdyp gjerne

Hyppighet?

Tror du det har påvirket hvordan du uttrykker deg når det gjelder psykisk helse?

7. Mulige spørsmål:

Opplever du at det er noen forskjeller på hvordan man snakker om eller oppfatter psykisk helse i Norge vs. Eritrea?

Har du vært påvirket av dette?

Hvis ja; hvordan?

Hvis nei; hvordan tror du at du har unngått dette?

Hvordan vil du beskrive at du har blitt påvirket av eritreisk kultur gjennom din oppvekst?

Hvordan vil du beskrive at du har blitt påvirket av norsk kultur gjennom din oppvekst?

8. Avslutning:

Noen informasjon eller refleksjoner du ønsker å legge til?

Har du noen tanker/følelser om hva vi har snakket om i dag?

Har du noen spørsmål før vi avslutter?