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Now the Time has Come

Female Êzîdî Survivors' Voices of Trauma and Home

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Abstract

In 2014/15, the “Islamic State” (IS) committed genocide against the Êzîdî community of Shingal in Northern Iraq. This article asks what it takes for female survivors of these atrocities to proceed from unspeakable horror to raising their voice. It draws on research with Êzîdî women participating in Dance Movement Therapy provided by a German humanitarian programme. Through a sociolinguistic approach, we show that language holds a key position for both trauma healing and homemaking, and provide detailed evidence for the agency practiced by Êzîdî women to cope with trauma and forced displacement. Via the individuality of voice, the women (re)gain self-representation, proceeding from smaller to larger circles and, finally, into the German public. This is done via Kurmanji, the women’s language of home, which gradually also becomes a home to individual and collective remembrance.

Keywords

Êzîdî – genocide – trauma – Dance Movement Therapy – women’s voice – sociolinguistics – individuality/collectivity – small circles

1 Introduction

“I Am Your Voice” is the title of Nobel Peace Prize winner Nadia Murad’s book on the genocide committed by the IS (“Islamic State”) against the Êzîdî population of Shingal (also: Sinjar) in Northern Iraq.¹ According to her lawyer Amal Clooney, Murad’s voice speaks for all Êzîdîs who fell victim to the genocide, for all women who were abused, and for all refugees left traumatized in the aftermath of the 2014 events.² Here, “voice” appears in its probably most salient function, that is, as a metaphor of representation and agency.³ Nadia Murad is, in this spirit, considered to quite “naturally” represent the traumatic experiences as well as the resilience of her whole community and the book’s readers are expected to straightforwardly appreciate the concept of “one speaks for all”—probably in line with the proverb “doing justice to all those who cannot speak for themselves”.

By contrast to Nadia Murad raising her voice in the name of herself and other Êzîdî survivors, most female survivors of the Êzîdî genocide living in Germany today have not represented their experiences to a public. It will be some of these women who our contribution is dedicated to. Firstly, we want to understand if there is any wish to speak at all amongst female survivors, given the likely “unspeakable” events they went through, or if there are other ways of self-representation. Secondly, we ask which persons and audiences are available and addressed by the women if they wish to speak about their experiences, bearing in mind their current living circumstances in refugee accommodations. Thirdly, we ask if the widespread Western “one speaks for all” concept is actually a demand among the women after forced migration to the Western diaspora, and what it takes to find one’s own ways of raising one’s voice and being heard under the given circumstances.

Western perceptions of female refugee voices have been extensively criticized in social science for their often generalizing, naturalizing, and collectivizing approaches.⁴ Contrary to such popular perspectives which have approached Êzîdî voice predominantly as being vulnerable, suffering from the loss of home, and lacking individual agency, we will argue that voice is raised and agency is performed in manifold ways already long before and independently of being heard in public. We therefore refocus on the *sociolinguistic concept of voice as agency*, with agency in our context also including the mak-

1 Murad, *Ich bin eure Stimme*.

2 Clooney’s preamble in *ibid.*, 10.

3 Schäfers, “Voice”, 1.

4 Schäfers, “Voice”; Mc Gee, “Saving the Survivors”.

ing of home after forced resettlement. The questions outlined above will first be addressed by delineating our research context (Section 2) and defining our core theoretical concepts (Section 3). In a next step, we will demonstrate our methodological approach (Sections 4, 5 and 6) and empirical findings (Section 7), ultimately concluding with a discussion (Section 8) and conclusion (Section 9).

2 The Brandenburg Humanitarian Programme

Even before the onset of the genocide in 2014, Germany had already been home to one of the largest Êzîdî diaspora communities worldwide.⁵ It was this community that alerted German politicians to the attack of the IS against Shingal's Êzîdî population in 2014.⁶ In response, the German federal state of Baden-Württemberg implemented an unprecedented Special Quota Humanitarian Admission Programme, designed to provide protection to persons with particularly low chances of survival in North Iraq—above all female survivors whose husbands had been killed.⁷ In total, 1,100 Êzîdî women and children were admitted to Germany and granted accommodation, education, psychological and medical care.⁸

Other German federal states followed suit. One of the successors was the Brandenburg Humanitarian Admission Programme launched in 2019. In contrast to Baden-Württemberg, Brandenburg applied a family-related approach and received women and children⁹ (sixty in total) as well as men (relatives of women who had survived IS captivity, ten in total), to be housed in a refugee accommodation in the countryside. Most of the newly arrived knew each other either from their home village or from their time in IS captivity after 2014. Many were suffering from complex trauma. In addition to psychological and medical care, Brandenburg also offered Dance Movement Therapy—the context we will focus on in our contribution.

Having started five years later, the Brandenburg programme has not come anywhere close to the prominence of the Baden-Württemberg model. The latter has been studied from multiple, mostly medical, psychological, and psy-

5 Brizić et al., *Şingal 2014*.

6 Bor, *Yazidi Survivors*, 5.

7 Hillebrecht et al., "Psychologische Versorgung", 138; McGee, "Saving the Survivors", 97.

8 Bor, *Yazidi Survivors*, 12.

9 Regarding the problematic "womenandchildren" conflation see, e.g., Mc Gee, "Saving the Survivors", 96.

chosocial angles as well as legal and gender perspectives.¹⁰ Another strand of research has focused on the concept of voice and on self-representation in the media.¹¹ The widest scientific and public recognition has probably been paid to female Êzîdî survivors as part of the Baden-Württemberg programme, such as Nadia Murad or Farida Khalaf.¹² Êzîdî voices have since been documented in manifold projects, e.g. “Hand in Hand” (by Jewish-based OlamAid),¹³ or “Ferman” (by Êzîdî-based Women for Justice and the Lower Saxony Holocaust Memorials Foundation),¹⁴ to name but two examples.

Several questions, however, have remained open in studies addressing the Baden-Württemberg case, above all: What comes *before* public female voice? What are the first resources of articulation after genocide and resettlement to a new “home”? How can traumatic and other experiences and needs be expressed long before making use of language? And what can we learn about the necessary preconditions for developing the wish to speak, be it “for all” or just for oneself?

The Brandenburg programme, and its Dance Movement Therapy context in particular, lend itself to study these questions around female Êzîdî voice as agency after genocide and forced migration. The Dance Movement Therapy has so far been documented in an internal programme report and in a psychological article on the programme’s starting year.¹⁵ The following section is a first-time glance at the Dance Movement process as a whole, seen in retrospective from 2019 to the programme’s completion in winter 2024/2025.

3 Core Concepts

The desire to gain a metaphorical voice and make female experiences heard more widely is not a given in the context at stake. One overarching obstacle for expressing oneself in Kurdish, the language of Êzîdî religion and everyday life, has been the suppression of Kurdish languages in virtually all states where they

10 E.g., Hillebrecht et al., “Psychologische Versorgung”; Moodrick-Even Khen and Siman, “Scorched Earth in Syria”; Bor, *Yazidi Survivors*; McGee, “Saving the Survivors”.

11 E.g., Dağ, *Voices of the Disenfranchized*; Martínez García, *New Forms of Self-Narration*, 111–131.

12 Murad, *Ich bin eure Stimme*; Khalaf and Hoffmann, *The Girl Who Beat Isis*.

13 https://olamaid.org/en/hand-in-hand_en/ (last accessed on 1 January 2025).

14 <https://bergen-belsen.stiftung-ng.de/en/aboutus/projekte/> (last accessed on 1 January 2025).

15 Konopatsch & Koch, “Refugees Dealing with Complex Trauma”.

are traditionally spoken.¹⁶ Patriarchal structures have silenced female experiences in particular.¹⁷ What is more, silence has also become a survival strategy employed by women during genocide,¹⁸ and subsequent forced migrations rendered the Êzîdî survivors just another marginalized group within Western societies, albeit exposed to a lot of media attention. Raising one's voice is, under these conditions, not necessarily empowering but exposes an individual to risks, dilemmas, and contradictions.¹⁹

Along with the silencing powers named so far, the mass murder, destruction of home villages, displacement, and captivity experienced during genocide bear an exceptionally high potential of traumatising the survivors, as they likely surpass a person's ability to deal with them. Together with this coping capability, the "power of speech" may also be lost, rendering an experience "unsayable".²⁰ And yet, communication capabilities are desperately needed to cope with violence.²¹ Similarly, homemaking after forced migration heavily relies on language "as a place of belonging".²²

It is this central, yet disputed role of the concept of voice which motivates us to choose the following approaches to the analysis of female survivors and their paths towards voice as agency: First, *semiotic mobility* will help us understand the distance the women had to bridge between being silenced and gaining metaphorical voice and audibility. Second, a focus on female *individuality versus collectivity* will help us grasping both benefits and risks that Western trauma care can hold for non-western survivors. And third, the concept of *small circles* serves as a tool for studying which audiences the women chose to address—already long before, or instead of, the German public.

4 A Sociolinguistic Perspective

Considering its key position between trauma, healing, and homemaking, language offers an incentive to apply a sociolinguistic perspective to the questions raised above. In fact, sociolinguistics offers an understanding of voice that is

16 Sheykhleslami, "An Exceptional Situation of Exile."

17 Schäfers, *Voices That Matter*, 88.

18 Sarac, "Silence as Agency".

19 Ibid.

20 Vygotskij, "The Problem of the Environment", 19; Busch, "Message in a Bottle", 411–412.

21 Busch, "Regaining a Place", 317–320.

22 Hamelink, *The Sung Home*, 21.

increasingly informing the interdisciplinary study of language, trauma, and home:²³ voice “[...] stands for the way in which people manage to make themselves understood or fail to do so”.²⁴ The definition implies multiple aspects relevant for our context. Firstly, “making oneself understood” is a concept broad enough to refer to *verbal* language, but also to *multimodality* (including nonverbal, artistic, and other communication forms). Multimodality, in turn, is known to be a form of communication traumatized persons often rely on.²⁵ Secondly, the definition includes not only *metaphorical* voice, i.e., agency and representation,²⁶ but also *material* voice, e.g., sound production, intonation, rhythm etc.²⁷ The features of material voice, in turn, can be particularly important to express oneself after traumatising experiences “[...] when ‘ordinary’ language is not ‘enough’”.²⁸ And thirdly, sociolinguistic voice refers to ever-present power hierarchies, as being heard and understood can heavily depend on others and their will to hear and understand. Moreover, as Blommaert argues in *The Sociolinguistics of Globalisation*,²⁹ not only goods but also people and their semiotic resources are in constant flux in globalized times, with languages and voices becoming increasingly disentangled from their traditional hierarchies.³⁰ This renders *semiotic mobility*—the ability to switch and make oneself heard between familiar and unfamiliar languages, contexts, genres, modalities—another critical feature of voice. Against this backdrop, verbal and multimodal, material and metaphorical, more or less mobile female voice after forced migration will be the first focal point of interest in this contribution.

Essentializations along the category of gender are another aspect of interest in the context at hand. Êzîdî genocide survivors have been essentialized ever since 2014, albeit with radically different intentions: the IS exerted gendered violence by the sexual enslavement of females;³¹ certain political narratives have victimized female and demonized male refugees on their way to Europe;³² and a number of humanitarian programmes exerted gendered res-

23 E.g., Busch, “Regaining a Place”, 408–412; Çağlayan, *Same Home, Different Languages*.

24 Hymes, *Now I Know Only So Much*, 11; Blommaert, *Discourse*, 4.

25 Busch, “Message in a Bottle”, 411.

26 Hymes, *Ethnography, Linguistics, Narrative Inequality*, 64.

27 *Ibid.*, 61.

28 McNamara and Busch, “Language and Trauma”, 330.

29 Blommaert, *The Sociolinguistics of Globalization*, 197; see also Blommaert, *Discourse*, 68–97.

30 Bock et al., “Introduction”, 193.

31 Bor, *Yazidi Survivors*, 6, 11.

32 McGee, “Saving the Survivors”, 88.

cue by choosing only women for admission.³³ As a result, female Êzîdî survivors have more often than not been conflated into a generalized, *collective* model of “diminished agency and essentialized vulnerability”.³⁴ When it comes to trauma therapy, however, Western healthcare paradigms are often confined to *individual* models of psychological help, and research has shown the harm Euro-American concepts of trauma as an “individual affair” can do to non-Western communities. One impressive account is Argenti-Pillen’s study situated in the context of civil war in Sri Lanka, with the findings clearly pointing to the need of choosing trauma counselling approaches, first of all, in response to a community’s needs.³⁵ We follow her argument and base our study as closely as possible on the survivors’ demands. In view of the collective character of Êzîdî trauma,³⁶ we will ask if—and how—female survivors establish individuality when needed, above all during trauma therapy.³⁷

The third and last focal point of interest draws inspiration from the concept of female Kurdish self-representation within *small circles* by Bocheńska and colleagues. Small circles are small-scale language political activities that are “not (yet) highly visible in a cultural domain that is often dominated by political activists”.³⁸ By transferring this concept to activities of self-representation by Êzîdî women, we take into account that the location of refugee accommodations for Êzîdî survivors in Germany is highly confidential, as authorities have sought to avoid extremist violence and shelter survivors from political activism. As a result, survivors can initially only engage in small-scale self-representational activities. Together with a sociolinguistic perspective, we will apply the concept of small as well as expanding circles to our analysis in order to understand what comes before or instead of public female Êzîdî voice and audibility, and which circles hinder, or facilitate, the survivors’ self-expression.

33 E.g., in Baden-Württemberg; however, we second McGee (“Saving the Survivors”, 97) in his assessment that the approach was perhaps fair in view of the situation at that time.

34 McGee, “Saving the Survivors”, 95.

35 Argenti-Pillen, *Masking Terror*.

36 Kızılhan and Noll-Husson, “Individual, Collective, and Transgenerational Traumatization in the Yazidi”, 2.

37 Or, more generally, to escape a self-definition solely based on traumatic experiences; see McGee, “Saving the Survivors”, 97.

38 Bocheńska et al., “Small Circles”, 2.

5 Preamble to the Methodology and Findings

As co-authors of this contribution, we come from two very different disciplines—i.e., sociolinguistics (first author) and psychology (second author). Yet more importantly, we have had fundamentally different roles both within and around the research process: while the sociolinguist has mostly been in the position of a researcher-observer, the psychologist has been the survivors' Dance Movement therapist and, thus, an integral part of the "observed" setting. In order to keep this distinction transparent throughout the paper, we will speak from the perspective of the sociolinguist (first author), using the pronoun "I" when leading our readers through our methods and findings. What should be kept in mind, however, is the thoroughly collaborative and transdisciplinary character of our endeavour, as described below. Needless to say, we will return to the "we" in the discussion and summary parts of this paper.

6 Methodological Considerations

The Brandenburg Humanitarian Admission Programme first appeared on the political agenda around 2018. I was holding a Mercator Fellowship in Germany back then for studying the precedent, larger Baden-Württemberg programme. With permission of the latter, I offered to contribute my experiences to the newly established board of the Brandenburg programme. My role as a scientific advisor started in late 2018 and ended in winter 2024/2025 with the programme's completion. One of my early activities was to recommend a Dance Movement therapist I already knew to the Brandenburg programme.

In the beginning, I was present at the refugee shelter only for board meetings. While I hardly had any encounters with the survivors themselves, my meetings with the Dance Movement therapist grew in number when the Covid pandemic started jeopardising any therapy work in 2020 (cf. Section 7.3). Our conversations increasingly focused on the therapist's observation that group therapy was—already before Covid—less and less attended by the survivors, all of them female.³⁹

The therapist applied a strictly client-centred approach from the very beginning, with the main goal being to identify which direction the survivors' thera-

39 A similar offer had failed to be implemented for the male survivors.

peutic needs were taking (cf. Section 7.2).⁴⁰ In this spirit, the search for appropriate therapy measures turned out to also be a search for joint ways of communication between the therapist, the survivors, and the Kurmanji-German translator. This was the point where I, as a sociolinguist, began pondering on the development as an *unfolding of voice*. In fact, the client-focused Dance Movement Therapy approach (cf. Section 7.1) included all the components known to play a role in “having one’s voice heard” and “developing a voice worth hearing”:⁴¹ multimodal and (non)verbal communication, metaphorical and material expression, individuality in one-to-one meetings and discussion in the group. My growing research interest could now be clearly specified: How do survivors voice themselves in their new “home”? And what does a sociolinguistic perspective on Dance Movement Therapy with female Êzîdî survivors reveal about (pre-)public voice, its individuality or collectivity, its modality, materiality and mobility within smaller and larger circles?

This also marked the starting point for me to take notes more systematically, have regular conversations with the therapist, re-intensify my scientific advisory activities for the overall programme, and get involved in another programme around the ongoing genocide against Shingal’s Êzîdî population.⁴² My approach started to be consciously ethnographic in character, i.e. centring around the participants’ lifeworlds and practices.⁴³ From my angle, the “participants” were the therapist, the translator, the staff on site, and the survivors who may have gotten somewhat used to my regular presence. They began to show me around at the accommodation and invited me to see the kitchen and other common spaces. Now and then, I was even called into a private room to see and hear what life was like there. Our joint language was a kind of mix between my beginner’s level of Kurmanji and the survivors’ beginner’s level of German; at a later point, they encouraged me to give examples of my southeastern European family language, which was by the Kurmanji speakers immediately recognized as having similarities to Kurdish.

With growing commitment, my approach—now consciously evolving around the concept of voice—was set up to be (self-)critical, i.e., centred around questions of power and inequality within the research setting.⁴⁴ The requirements for social research—including informed consent, the possibil-

40 Instead of the more common term “patient” we use the psychological term “client” to underscore the women’s non-passive role.

41 Hymes, *Ethnography, Linguistics, Narrative Inequality*, 64.

42 Called “Ferman”, see Section 2.

43 Rampton et al., “Methodological Foundations”, 2–3.

44 Krause et al., *Ethics Guidelines*.

ity to withdraw at any time, data protection, and anonymity—were raised to the more rigorous level of forced migration studies.⁴⁵ This implied, above all, to navigate the survivors' vulnerability by publishing findings exclusively upon the survivors' initiative and request (cf. Section 7.6).⁴⁶

In addition to the therapist's—and the overall study's—rigorously client-centred approach, we also developed a form of *participatory conduct for this specific research context*. From my point of view, this meant that I had to become predominantly a listener in our interactions which included all activities in the accommodation except therapy sessions, and to constantly adjust my own concepts around voice to the developments and twists within the therapy group as felt and reported by the therapist. The therapist never mentioned any names or specific characteristics of survivors during our reflections in order to maintain anonymity, and when I was present at the accommodation, for example to attend Êzîdî holiday celebrations, they never engaged in any therapeutic sessions.

In sum, I applied the following methods: participant observation (over almost a year);⁴⁷ participant reflections with the therapist (over two years) in addition to keeping a research journal (over three years);⁴⁸ collaboratively transcribing and translating selected parts of biographical interviews with six survivors (conducted by the therapist and the translator);⁴⁹ and data coding, focused on the core concepts outlined above while including a certain openness for further data collection until qualitative “saturation” was reached.⁵⁰ In total, the process went over four to five years and intensified substantially in the second half.

7 Findings

7.1 *The Limits of Semiotic Mobility after Forced Migration: Withdrawal from a Circle of Fourteen*

While therapeutic one-to-one sessions between client and therapist might be well-established in the Global North, in the Baden-Württemberg programme the approach had proved to be rather unfamiliar or even embarrassing to sur-

45 Ibid.

46 Gebhardt and Rocchi, “I Have No Clue ...”.

47 Flick, *Triangulation*, 59.

48 Kuckartz and Rädiker, *Qualitative Inhaltsanalyse*, 254–259.

49 For the method, see Brizić et al., “Ah, Our Village Was Beautiful”.

50 Berg & Milmeister, “Im Dialog mit den Daten”.

vivors from Shingal.⁵¹ In consequence, the Brandenburg programme gave preference to a Dance Movement Therapy approach (henceforth: DMT) which was designed for a group format, and went hand in hand with a focus on bodily movements. The latter builds on the fact that traumatic experiences are often embodied, i.e., bodily remembered via the nerve system, which can render language an insufficient medium for trauma treatment.⁵² The movement activities are directed towards stabilization and a basic securing of personal limits and boundaries.⁵³

In addition to bodily experiences and embodied memories, verbal exchange is indispensable in DMT.⁵⁴ Central to this exchange is the therapy's goal to reconnect a person's various levels of processing, such as body-felt experience, to verbalization in language.⁵⁵ Therapeutic activities usually include encouraging clients to establish a "safe space" for themselves through breathing and grounding. Such activities can lay the foundation for "re-owning one's own body"⁵⁶—a metaphor for becoming aware of both the wounds and one's agency in healing them, e.g., after experiences of sexual violence. The subsequent verbalization raises these bodily sensations to the level of language and communication. This is facilitated by the group format, in which participants first do the exercises and are then encouraged to verbalize positive as well as challenging movement experiences. However, in order to meet a wide range of needs, the Brandenburg DMT therapist offered verbalization both in the group—in this case, a circle of fourteen women—and in one-to-one sessions between therapist and survivor, always including the translator.

In light of the overall aim to facilitate the healing of complex trauma, the therapist combined her client-centred approach with a participatory practice right from the therapy start in summer 2019. This required, first and foremost, the development of trust and stability within the therapeutic setting; secondly, an orientation towards the clients' specific needs in every further step; and thirdly, support for the clients to improve their own healing via self-direction.⁵⁷

However, the approach soon revealed three key challenges. Firstly, when dealing with severe trauma, feeling one's own body can—and did so in the Brandenburg case—leave survivors caught up in a dilemma: their wish to feel

51 Hillebrecht et al., "Psychologische Versorgung", 140; Bor, *Yazidi Survivors*, 16.

52 Van der Kolk, *The Body Keeps the Score*; Dalenberg, *Speaking Trauma*.

53 Konopatsch and Koch, "Refugees Dealing with Complex Trauma".

54 Konopatsch and Payne, "The Emergence of Body Memory".

55 Ibid.

56 Van der Kolk, *The Body Keeps the Score*.

57 Konopatsch and Koch, "Refugees Dealing with Complex Trauma".

themselves in a positive way competed with their fear of being overwhelmed with memories stored in the body and released through movement.⁵⁸ Secondly, some of the DMT participants perceived the act of moving and dancing while still grieving as a lack of respect or, as a participant put it: “How can we dance when all the men we ever danced with are dead!” This corresponds to feelings of shame and guilt often documented for survivors of mass violence. Thirdly, quite a number of women did not feel comfortable with sharing their very personal movement experiences in the group. Between summer 2019 and spring 2020, a number of survivors withdrew from group exchange in favour of the one-to-one sessions with the therapist (and the translator)—a development which came quite unexpectedly, given the experiences from Baden-Württemberg (see above).

7.2 *Intimate Semiotic Mobilization: Multimodal, Material Voice in a Circle of Six*

As a consequence of the participating women’s preference for individual settings, their one-to-one exchange with the therapist was maintained while the DMT group shrunk substantially. Only four, sometimes five of the women continued their group activities with the therapist and the translator, which resulted in a circle of six or seven women in total. One of the effects was an increasingly in-depth, individual-centred engagement with bodily movements, sensations, and symptoms.

Nevertheless, verbalizing and discussing bodily experiences within the group remained a difficult task. At the same time, many of the survivors suffered from trauma-related symptoms manifesting physically, for example, through pain and unexplained symptoms across different body regions. The therapist, therefore, included another therapeutic approach to her work. She offered the survivors to *visualize* their symptoms by using colours on a sheet of paper featuring a body silhouette. Each participant individually chose their colours to symbolize positive as well as negative sensations felt in particular body parts. Even undiagnosed and previously unnoticed symptoms received attention and visual-material representation. This approach and its positive reception by the (albeit small) group proved the importance of nonverbal, multimodal expression as well as the high level of individuality and intimacy required in this stage of therapy. What remained out of reach, though, was the therapy goal of re-connecting body and language. In other words: The semiotic mobility had not yet expanded as far as the verbalization of pain.

58 Stammermann, “Tanztherapie und psychosoziale Arbeit”.

7.3 *More Intimate, Yet More Mobile: New Shapes of Voice in a Minimal Circle*

Group therapy continued to focus on bodily movements and their therapeutic translation into colours. Beyond the group setting the transfer of bodily symptoms into language was trained within the framework of individual one-to-one therapy sessions, i.e., in a circle of three (since the translator was always present). With great dedication, for example, the participants attempted to identify and name different qualities of pain (such as “sharp”, “dull”, “short”, “long” etc.). In this way, and always in Kurmanji, the survivors’ communication practices gradually proceeded from no naming at all to an explicit naming routine, with high terminological variation between individual participants. The therapist, in turn, felt encouraged to address bodily symptoms in much more direct ways than before, which led to—still very individual—practices of connecting bodily symptoms to trauma. Both in the individual and group sessions, however, it was left up to the survivors at all times whether to speak about their traumatic memories.

First signs of an emerging wish to speak can be traced back to spring 2020, roughly one year after the survivors’ arrival in Brandenburg. It was in the context of movement and naming that, for the very first time, a participant voiced explicit expressions of traumatic memories when she enacted the movement sequence “curling up on the floor”. The woman recalled being in captivity, her fear of being beaten, and her attempts at protecting herself against the beatings; she went through the movement sequence while commenting on her movements. Bodily and emotional memory had finally come together to form an *audible unit*, i.e. a communicative event integrating language as an indispensable part of a greater whole. As the number of audible units increased after this, in retrospect we may regard this as an autobiographical representation—and hence, a metaphorical voice—on the brink of emerging. The intimate circle of three seems to have been fertile soil for this development.

Soon thereafter, even this minimal setting appeared to be the last therapeutic circle. In early 2020, new mass graves were detected in Shingal, dug by IS terrorists during their genocidal attacks against the Êzîdî population. As the Iraqi authorities named close family members of our participants to be among the dead, a number of survivors decided to travel home to join the reburial ceremonies. The survivors were shaken by particularly severe emotions, aggravated by the fact that travelling to their home region was subject to difficult, partly unclear legal conditions. When a group of survivors finally arrived in Iraq, they got stuck there due to the upcoming Covid pandemic before finally making it to the ceremonies.

Even after the survivors' return to Brandenburg, pre-pandemic or pre-travel "normality" no longer existed. Rigid contact restrictions had substantially changed both everyday life and therapy. The women's occupation with personal affairs, severe cases of illness, and the aftermath of the trip home seemed to have brought the group exchange to a halt.

7.4 *Semiotic Mobility Regaining Scope: Metaphorical Voice in a Circle of Twelve*

When Germany lifted its Covid restrictions for the first, second, and finally third time, the therapy group gradually resumed its activities, and the non-virtual format was reestablished in fall 2021. Surprisingly, it seemed to be only a small step for ten of the former participants to rejoin their therapist and the translator, and to restart group therapy in this circle of twelve. It may have been their isolation during Covid that encouraged the participants to open up to communication and group work, with the topics discussed ranging from everyday issues to questions of culture and religion; even emotions and memories were occasionally addressed.

While Covid restrictions may have supported their wish to communicate, another substantial change was most likely not caused by the pandemic: the emergence of a joint lexicon used within the therapy group to name bodily symptoms including different qualities of pain. Although the survivors had certainly improved their naming skills in pre-pandemic one-to-one therapy sessions (where each of the survivors had developed individual expressions, see above), the post-pandemic use of terms indicated the existence of a *collective* lexicon, which apparently had begun to emerge right after the massive contact restrictions. This shared lexicon spread rapidly into everyday contexts. Until spring 2022, an everyday "naming routine" seemed to have been reached, with the Kurdish language of home increasingly becoming a "home" also in its therapeutic function as a language for healing.

7.5 *Semiotic Mobility Accelerating: New Modalities and a Public Exhibition*

By the early 2020s, public awareness regarding the genocide against the Êzîdî population had increased. The Baden-Württemberg Humanitarian Admission Programme was receiving more and more attention, and the Êzîdî cause continued to be added to the agendas of scientists, artists, and global actors. In 2021, the "Yazidi Cultural Archive" was established to promote the public's recognition of the still ongoing genocide.⁵⁹ Shortly thereafter, the immersive virtual

59 <https://www.culturunners.com/work/yazidi-cultural-archives> (last accessed on 17 July 2024).

exhibition “Nobody’s Listening” was launched, based on the virtual reconstruction of Êzîdî villages destroyed during the genocide.⁶⁰

While resuming therapeutic activities one after the other in spring 2022, the survivors in Brandenburg learned about the “Yazidi Cultural Archive” from their therapist. The question “What does it mean for me to be Êzîdî?” became the incentive for several women to express the wish of having a professional photographer take pictures of their everyday items, including traditional clothing and religious symbols. The therapy group setting contributed to an increasing exchange about the women’s former home and everyday life, its loss in 2014, and their memories of how it had happened. The idea of organising a photo exhibition—including short explanatory texts—at the Brandenburg accommodation quickly evolved into a collective enterprise, centred around a key group of about ten women. Both their willingness to explore new modalities and their wish to display personal photos in public were fundamentally new developments among the survivors. The participatory therapy group setting remained the core space of exchange, with other women joining in. The therapist organized the event together with the accommodation’s headmaster and staff.

On 15 December 2022, the female Êzîdî survivor group’s photo exhibition “Memory and Future: A Virtual Journey” was presented to the public both on-site and online. Visitors included local Brandenburg politicians, church and school representatives, the accommodation staff, and a representative of the United Nations. As a researcher in forced migration, language, and biographies, I had been asked to give a short opening speech. I chose to present excerpts of interviews with Jewish survivors of the Holocaust.⁶¹ The idea was to generally introduce the topic of mass violence to the audience, while Êzîdî experiences were to be exclusively voiced by the Êzîdî survivors.

Just before the exhibition was about to open in the late afternoon, it was still unclear whether and to what degree the women’s group would join their own event; it was for them to decide individually, based on their emotional stability. When the event started with my speech, roughly twenty of the female survivors were present, together with the therapist and the translator.

A momentous part followed when the audience was invited to comment, ask, or complement. The female group of survivors was sitting in one half, the local public in the other half of the room. After a few comments from visitors, it was the survivors’ turn to speak to the audience with the help of the trans-

60 <https://www.nobodys-listening.com/> (last accessed on 17 July 2024).

61 Based on Thüne and Brizić, “Voices Heard”.

lator and thus *directly address the local public* for the first ever time. Several women expressed intense consent with the Jewish accounts I had presented (e.g., “We understand this very well”) and proceeded to personal evaluations or summaries (e.g., “It is hard to stand that so many of our family members are gone”). Then the public and the survivors’ group engaged in direct conversation via the translator, resulting in locals asking questions and survivors answering them. After the official end of the discussion, the conversation continued for yet another hour, now on a more informal level between the survivors, the therapist, the translator, myself, and one or two visitors. The majority of the audience had already moved on to the next room, where the virtual exhibition “Nobody’s Listening” was presented. Away from the public hustle yet still in an informal circle, one of the women emphasized, “We would have wanted such encounters with the public to happen already much earlier.” The other women emphatically agreed.

7.6 *Semiotic Mobility in Operation: Towards Individual Public Êzîdî Voice*

“Now the time has come for me to speak. I want the people to know what I experienced,” said one of the survivors to the therapist—via the translator—soon after the photo exhibition. She was one of six women who individually approached the therapist with their request. Her setting of choice was a circle of three: the survivor, the translator, and the therapist. However, the larger addressee was an envisioned wider public.

Over a time span of roughly half a year, six women took the step of being audiotaped while narrating to the therapist selected aspects of their biography. The initial focus was on everyday life before the genocide, with an emphasis on religious life and the thoroughly happy memories of festivities around sacred holidays. Then the focus shifted to 15 August 2014, the day the women’s former life ended forever.

In the following section, a minimal excerpt from one of the women’s accounts is provided. It bears testimony to the unexpectedly rapid sequence of events when IS terrorists invaded the survivors’ home village. The villagers were forced out of their houses and taken to the village school. While the men had to go upstairs, women and children gathered on the ground floor. The women were forced to take off their own and their children’s jewellery and hand it over to the terrorists. It was a moment of utmost fear as none of the villagers knew what would come next.

Starting with a monotonous voice, the woman recalls that moment of fear, and of trying to take off her daughter’s earrings:

- 01 keça min a biçûk ... yanê ez ...
 my little daughter ... well, I ...
- 02 ya kiçik bû
 (who) was little
- 03 guharikna di guh de bûn
 had tiny earrings in her ears
- 04 ji tirsê yanê
 (and) out of fear, well,
- 05 wexta me guhê wê me qebiland yanê.
 we almost teared off her ears.

The last line is not monotonous any more but shouted out loud. The account then continues for a short time, and finally drowns in weeping.

Both in its materiality and narrative power, this survivor's voice is more than just an individual example. So far, each of the six Brandenburg narrators have told comparable incidents with a motionless, toneless material voice before a sudden rise in volume. In terms of both content and narrative aspects, these accounts first focus on a child, then shift to the child's littleness, and end with the "we" group of adult women. The "we" is characterized as "more than one", as "adult", and as "caring, but too fearful and therefore too clumsy to not hurt the child". The child, in contrast, is in singular in the women's accounts, which highlights the adults' pain of not having been able to shelter the child.

These characteristics are not uncommon in other mass violence accounts from various parts of the world, albeit with a significant difference: if mass violence lies in the more distant past, survivors may already be able to produce whole-life narrations which integrate all parts of a biography into a larger whole by sensemaking connections over time and space. In the Brandenburg case, however, the Êzîdî survivors have so far only told self-contained parts (of a potential whole), as the events are still too close, too "unfinished" to form a larger entity.⁶² Concluding elements are therefore absent; the tears, too, hinder further narration. The above account is of a narrator who has not yet had time enough to create further distance between herself and the past. In other words, the Kurdish language of home has not yet become "home" to recounting the traumatic experiences.

The project of recording, transcribing, and translating the Brandenburg women's accounts for the German public is still ongoing to date (summer 2025).

62 Rosenthal, *Erlebte und erzählte Lebensgeschichte*, 154.

Its completion is in the hands of those who initiated it: a group of female Êzîdî survivors together with their translator and their therapist.

8 Discussion: A Sociolinguistic Retrospect

The most important difference between psychology and sociolinguistics might be the latter's lack of methods for identifying a person's feelings. What a sociolinguistic view can see, however, are different positions and dynamic practices that modify positions within a larger whole. We will now use the sociolinguistic inventory for a look back from "outside" (from sociolinguistics) on a completed whole (the Dance Movement Therapy).

One of the intentions of introducing DMT was to encourage individual female survivors within a medium-size group to move and thereby consciously feel their body. The feelings were to be verbally shared with the group, translated between languages by the translator, and further discussed.⁶³ The (re)connection of movements and feelings likely failed because of a dissonance between Western therapeutic models and Êzîdî norms of mourning, but the (re)connection of feelings and language was not successful either. The sociolinguistic concept of voice can help us understand why: in order to represent their sensations (e.g., bodily pain), the survivors had to activate not only their *material voice* (e.g., sound and volume) but also their self-representation through language, that is to say, their *metaphorical voice*. Translating material sensations into both material *and* metaphorical voice, however, proved to be unattainable at this point. In other words, representing one's pain convincingly enough to be not only heard but also understood seemed to be beyond reach. The task may have been even harder to complete in a circle of survivors who were not only able to understand but also judge what was voiced, based on their own experiences.

As we know, preference was then given to the individual one-to-one setting, suggesting that, perhaps, the survivors needed a break or distance from collectivity. At the same time, another important change occurred: not only did several survivors reject the collective settings, but virtually all of them also refrained from practising their metaphorical voice, meaning they refrained from representing their sensations through language. Instead, they made full use of the materiality offered by the therapist: colours, pencils, and a sheet of

63 The translation aspect deserves an article on its own; it is far too complex to be treated here.

paper.⁶⁴ What we see here is another form of material voice, composed of tactile feel and colour sensation rather than sound or volume.

Nevertheless, the survivors' shrinking collectivity and expanding individuality seems to have benefitted their metaphorical voice: each of the women began to develop an own individual lexicon to represent her bodily sensations. Moreover, material sensations were increasingly united with emotional memories and, for the first time, translated into representational, i.e., metaphorical, voice. All this was still done in the domain of the minimal circle.

We will never know if it was the pandemic with its contact restrictions that finally satisfied the women's need for individuality. All we know is that the survivors' metaphorical voice became a collective enterprise very soon after the contact restrictions were lifted.

As if they were running out of time, the next steps were taken with increasing speed. The survivors proceeded from bodily to virtual "movements" by exploring the most up-to-date online resources the Êzîdî culture had to offer.⁶⁵ Engaging a photographer was another step, together with planning an exhibition and preparing short accompanying texts for the photos, translated, written down and printed out with the help of the translator and the therapist. The texts may have mostly been expressions of material voice (i.e., descriptions of the photographed materialities), while the survivors' first encounter with the local Brandenburg public offered clear evidence of a prospering metaphorical voice. And, together with an ever-increasing mobility between bodily movements, online activities, intimate and public circles, the voicing of emotions and memories also became a collective endeavour.

The last momentous twist in the therapy context—autobiographical interviews and their publication, explicitly desired on the part of the survivors—finally brought together individuality, collectivity, and the wider public. The public was, and still is, the envisioned audience. And while the desire has collectively grown over time, the interviews have to date remained an individual affair, conducted in a minimal circle of three: survivor, therapist, and translator. The above excerpt demonstrates how the interviews cover both material pain and immaterial memory. However, they are expressed by both *material sound and intonation* as well as by *metaphorical, self-representational voice*.

Viewed "from outside" and "looking back", the women's withdrawal from the initial DMT setting was only an attempt at reducing complexity and (re)learn every articulation resource on its own: individual material voice, individual

64 Cf. also Busch, "Message in a Bottle", 418–422.

65 E.g., several Êzîdî cultural archives.

metaphorical voice, collective material voice, and collective metaphorical voice. In sociolinguistic terms, the Kurdish language of home became “home” also to verbal remembrance. For a rather long time, small and minimal circles were the dominant domain of choice; when the circles finally began to grow, they soon led online and into the public—yet individually for each of the women, and without the demand for “one to speak up for all” ever being raised.

9 Conclusion

The aim of this article was to gain a deeper understanding for the dynamics and needs of “making oneself heard and understood” in a therapeutical, female setting right after surviving mass violence.

To Argenti-Pillen’s groundbreaking study on humanitarian work in non-Western communities, we add a complementary perspective. While Argenti-Pillen points out the damage Western approaches can do by defining survivors as needing individual trauma care,⁶⁶ we showed how Western views approaching Êzîdî women as a collective can be equally far from how the survivors themselves tackle their trauma. The significant demand for providing a choice between various therapy approaches—while being alert to *female individuality*—is one main finding of our study with Êzîdî women.

To Blommaert’s sociolinguistics of globalization we contribute a detailed portrait of female voices, and particularly of their *semiotic mobility*, in a context not yet studied in sociolinguistics: the therapeutical DMT setting with Kurdish-speaking Êzîdî survivors. We showed how an apparent immobility, here the “intranslatability” of feelings into language, was a necessary step to regain semiotic mobility for switching, first, between bodily symptoms and material voice; then between bodily movements, memories, and metaphorical voice; then between visual, verbal, and virtual modalities as well as smaller and larger circles; and finally between material and metaphorical, personal and public voice, all of this while balancing collective and very individual needs after mass violence. To well-researched sociolinguistic settings such as asylum procedures in Europe, the Êzîdî case may contribute an impression of the sheer enormity of the effort to regain speech after genocidal violence.

However, the women’s insisting on (re)learning each aspect on its own provides evidence for how voice is practiced as *agency* by an—albeit persecuted,

66 Argenti-Pillen, *Masking Terror*, 159 ff.

marginalized—group of females. Or, as Schäfers (2018: 4) puts it, “[...] feminist scholarship has usefully questioned the idea that inaudibility necessarily indicates a lack of agency”.⁶⁷ And while the women’s audibility is increasing in the German public, Kurdish has remained their language for reaching out to radically new circles.⁶⁸

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67 Schäfers, “It Used to Be Forbidden”, 4.

68 Cf., e.g., <https://www.rbb24.de/politik/beitrag/2024/12/jesiden-frauen-vergewaltigung-i-s-trauma-bad-saarow-brandenburg.html> (last accessed on 1 January 2025). This may also be due to Kurdish being the language of religious Êzîdî tradition.

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