The academic study of how people respond to adverse life experiences has been dominated by Western conceptualisations of distress, resilience and growth. The current literature base regarding responses to adversity has been criticised for focusing on one response trajectory (Post Traumatic Stress Disorder; PTSD). This criticism stems from the privileging of Western understandings of self and to neglecting to consider sufficiently the role of context (the available social, cultural and political discourses). The significance of this void in the literature is that it has led to the development of models and theories which could be considered culturally insensitive, if applied outside of the context from which they have been derived.

This research addresses the highlighted gap in the literature by exploring how the context of Sierra Leone influences how people respond to the experience of Civil War and continuing adversity. Nine in-depth interviews were carried out within two ‘mental health’ organisations in Sierra Leone. The qualitative methodology of Narrative Analysis was used to analyse both the stories people told and the stories which may have remained unexpressed. A focus was placed during analysis on the role of context and the dialogic process.

The main findings of the research indicated that cultural resources within Sierra Leone both influenced and constrained the narratives which individuals were able to tell. ‘Stories of Survival’ seemed to be told through two dominant social narratives of ‘Bear it, and Forget’ and ‘Because of Almighty God, we Forgive’. ‘Stories of Resistance’ however, demonstrate what was implied but often left unsaid. Furthermore, findings suggest that it is the interaction between the dominant social narratives and individual meaning-making which influences the trajectory of stories told.

The implications of this research request a commitment to valuing the role of social context in conceptualisations of distress, resilience and growth following adversity. Finally, the need to establish ways of offering support to individuals and communities, which fully considers the role of social context, is emphasised. This paper concludes by exploring the relevance of social context for the planning of services, training programmes and continuing clinical practice.