VIOLATION AND HEALING OF THE SPIRIT:

PSYCHO-SOCIAL RESPONSES TO WAR OF MOZAMBICAN WOMEN REFUGEES.

BY

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Thesis submitted in partial fulfillment of the requirements of the degree

D. LITT ET PHIL.

IN

PSYCHOLOGY

IN THE

FACULTY OF ARTS

At the

RAND AFRIKAANS UNIVERSITY

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CO-PROMOTER: Professor C.S. van der Waal

January 1999

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For Tasha and Michael who kept me grounded

Acknowledgements

This study is based on the generosity and courage of thirty women, refugees from war- torn Mozambique, who, over a period of two years, patiently gave of themselves to help me formulate and clarify the ideas presented in this thesis. They lived the horror, and are left to do "battle with the ghosts".

There are several people, to whom I am very grateful for actively assisting and supporting my work. Professors Kees van der Waal and Marietjie Joubert provided invaluable help. Kees van der Waal's enthusiasm, availability for consultation, his thoroughness, and his integrity, were ongoing sources of motivation. His interpretative approach always stimulated a creative and sensitive reflection on the complexity of lived experience and the perceptive observations he made refined my analysis and arguments. Professor Marietjie Joubert gave careful guidance at a precarious time. Her calm and wise input was played a critical role in directing this study to conclusion.

During many informal talks and formal interviews Rachel Nsimbini and Sally McKibbin generously provided very important information about the living conditions of refugees in the Nkomazi district. Rachel Nsimbini made this study possible. The trust and respect that Rachel commands amongst Mozambican refugees and her close ties in language, culture and spirit, to the women, not only provided accuracy in translating words but also sharp insight into the meaning the words expressed. Her assistance kept the research near to the lived experience of the women.

My parents willingly gave a great many hours to care for grandchildren, which freed me to explore and learn. They proudly encouraged me to pursue my interests and their good will facilitated this research.

Eddie Koch, my husband, was one of the few South African journalists to investigate the plight of Mozambican war refugees, and to convey in his reports the human reality of the violent destruction imposed on Mozambican society. His work fuelled my interest in the topic. His generous support and eager encouragement sustained my research.

Charles Hlebela kindly listened to tape recorded interviews and read transcripts of the interviews to assess the accuracy of translation. Natalie Roberts carefully, but with remarkable speed, read the final draft for technical errors and prepared the reference list.

The Rand Afrikaans University and the Human Sciences Research Council provided financial support. The opinions expressed in this thesis do not however reflect the opinions of the University or of the Human Sciences Research Council.

Abstract

For over a decade, from the late 1970's to October 1992, a war raged in Mozambique that resulted in what has been described as, one of the "most terrible genocides in the history of Africa". Over 4 million people were displaced during this war. Conservative estimates put the number of Mozambicans who sought refuge in South Africa at 250 000. This study examines the trauma created by the war, and its psycho-social outcomes, from the perspective of women refugees who came to settle in villages in the Nkomazi region of Mpumalanga province, in South Africa. Posttraumatic stress disorder, the concept which dominates research in the field of trauma studies, was based on research with male war veterans in western industrial societies. Recently a body of work has emerged which questions the validity of applying posttraumatic stress disorder to contexts of massive social conflict, and its utility in cross cultural contexts. This body of work suggests that an understanding of extreme trauma and its outcomes requires careful consideration of the social and cultural dimensions of trauma. The inclusion of a cultural formulation in the latest edition of the Diagnostic and Statistical Manual for Mental Disorder, DSM-IV, reinforces a growing acknowledgement amongst mental health researchers of the influence of culture on mental health and disorder. The gaps in research on African women survivors of war and the lack of standardised assessment tools, makes this an exploratory study which uses qualitative research methods. Unstructured interviews were conducted with 30 Mozambican women refugees to explore their experiences and definitions of trauma, the psycho-social outcomes of the trauma, and coping and survival in the aftermath of the war. The magnitude of the trauma evident in the research findings called for a conceptual definition which reflects multiple risks and the interdependence of social and individual trauma. Thematic analysis and qualitative coding of the interview data revealed clinically well defined posttraumatic stress disorder symptoms and locally specific discourses of suffering framed by cultural beliefs, social practices and historical experiences. Their testimony and observations in the field, revealed that the survivors demonstrated a capacity to survive and reconstruct their lives. Their coping strategies and survival tactics were fundamentally shaped by socio-historical experiences and the limits and possibilities contained in the recovery environment. The results of this study suggest an approach to examining the complex relationship between trauma and its consequences, which abstracts neither trauma nor its victims from cultural and social-historical contexts.

Samevatting

Vir meer as 'n dekade, vanaf die laat sewentiger jare, tot Oktober 1992, het 'n oorlog in Mosambiek gewoed wat gelei het tot wat as een van die ergste volksmoorde in die geskiedenis van Afrika beskryf word. Meer as 4 miljoen mense is ontwortel gedurende hierdie oorlog. Konserwatiewe beramings skat die getal Mosambiekers wat toevlug in Suid Afrika gesoek het op 250 000. Hierdie studie ondersoek die trauma wat deur die oorlog veroorsaak is sowel as die psigo-sosiale gevolge daarvan uit die perspektief van vroulike vlugtelinge wat hulself gevestig het in dorpies in die Nkomazi omgewing van Mpumalanga Provinsie in Suid Afrika. Die konsep wat navorsing op die gebied van trauma studies domineer, nl. "post traumatiese stress sindroom", is gebaseer op navorsing met manlike oorlogsveterane in westerse industriele gemeenskappe. Onlangse navorsing bevraagteken die geldigheid daarvan om "post traumatiese stress sindroom" in die konteks van massiewe sosiale konflik toe te pas sowel as die bruikbaarheid daarvan oor kulturele grense. Hierdie navorsing suggereer dat 'n begrip van uiterste trauma en die gevolge daarvan, 'n deeglike kennis van die sosiale en kulturele dimensies van trauma verg. Die insluiting van 'n kulturele formulasie in die nuutste uitgawe van "Diagnostic and Statistical Manual for Mental Disorder" (DSM-IV) herbevestig 'n toenemende erkenning onder sielkundige navorsers van die invloed van kultuur op geestesgesondheid. Die gebrek aan navorsing op vroulike oorlewendes van oorlog in Afrika en die gebrek aan gestandaardiseerde navorsingsinstrumente, maak hierdie 'n eksploratoriese studie wat van kwalitatiewe navorsingsmetodes gebruik maak. Ongestruktureerde onderhoude is gevoer met 30 vroulike Mosambiekse vlugtelinge om die definisie van trauma, die psigo-sosiale gevolge van die trauma en hulle verwerking van hul oorlewing van die oorlog te ondersoek. Die skaal van die trauma wat blyk uit hierdie ondersoek se bevindinge bewys die noodsaaklikheid van 'n konsepsuele definisie wat erkenning gee aan veelvuldige risikos en die inter-afhanklikheid van sosiale en individuele trauma. Tematiese analise en kwalitatiewe kodering van die onderhoud data onthul klinies goed-gedefinieerde post traumatiese stress sindroom simptome en plaaslik-spesifieke diskoerse van lyding gesien uit die oogpunt van kulturele gelowe, sosiale praktyke en historiese ondervindings. Die getuienisse en waarnemings het laat blyk dat oorlewendes 'n merkwaardige kapasiteit besit om te oorlewe en hul lewens weer op te bou. Hul oorlewenstaktieke en strategieë is fundamenteel gevorm deur sosio-historiese ondervindings en die beperkinge en moontlikhede van die omgewing waarin hul herstel plaasgevind het. Die gevolge van hierdie studie suggereer 'n benadering om die komplekse verhouding tussen trauma en die gevolge daarvan te ondersoek, wat nóg die trauma nóg die slagoffers daarvan uit hul kulturele en sosio-historiese verband abstraheer.

CHAPTER ONE: INTRODUCTION
WOMEN AND WAR IN MOZAMBIQUE: A SILENT TRAGEDY

"To break the silence of events, to speak of experience however bitter or lacerating, is to discover the hope that these words may be heard, and that when heard, the events will be judged" (Berger, 1984:98).

1.1 Women and War: a Southern African Perspective

Women and war - this is a relatively new topic in the field of trauma studies. Work on the psychological consequences of war has historically been conducted with male combatants. The development of the concept of posttraumatic stress disorder, which dominates discourse on trauma, and its inclusion in the Diagnostic and Statistical Manual for Mental Disorder III (DSM-III) in 1980, was based on research with male Vietnam war veterans (American Psychiatric Association, 1980; Andreasen, 1995; Buydens-Branchey et al, 1990; Hendin & Haas, 1984; Tomb, 1994; Wilson, 1994). For example, the overwhelming majority of the sample used by the Veterans Administration Study in the United States, one of the largest studies of trauma response patterns in war veterans, were male (Kulka et al, 1990).

Women are not regarded as part of war in the same way that men are. Military institutions, the political arena of war and the power relations which structure wars are dominated by men who decide the terms of battle and settle the spoils. This order of power which constructs war in the image of men obscures and misrepresents the ways in which women are directly embroiled in warfare (Brownmiller, 1975; Dolgopol, 1995; Nordstrom, 1991b; Ridd, 1986).

Conventional wisdom casts women as bystanders in armed conflict - either as unfortunate casualties or as supports for the *war effort* (Brownmiller, 1975; Macdonald et al, 1987; Nordstrom, 1991b). The battlefield is defined in male terms. But the actual experience of women during wars challenges these dominant views. The history of war is filled with evidence of women raped, killed, tortured and utilised as sex slaves (Brownmiller, 1975; Dolgopol, 1995; Helsinki Watch, 1993; Swiss & Giller, 1993; Thomas & Ralph, 1994). This

evidence shows that women are targets of attack, not simply unfortunate victims caught in the crossfire (Brownmiller, 1975; Nordstrom, 1991b; Swiss & Giller, 1993; Thomas & Ralph, 1994).

It has only been lately, with the coverage of the mass scale rape of women during the conflict in Bosnia-Herzegovina, that the notion of women as an integral part of the battlefield has been more seriously considered (Helsinki Watch, 1993). But at least a decade before atrocities in former Yugoslavia started reaching public attention, African women were being attacked and raped in a brutal war in Mozambique (Magaia, 1988).

The gap in the literature on how women are affected by war is matched by the neglect of African survivors of war. Since 1970 more than 30 wars have been fought in Africa. In 1996, 14 of 53 countries in Africa were affected by armed conflicts. The deaths that occurred during these conflicts accounted for more than half of the war related deaths world wide and resulted in more than 8 million people being displaced (PRODDER News, 1998). These are startling statistics.

But these figures are made even more shocking by the fact that civilian casualties constitute the greater percentage of deaths in current wars. Richard Goldstone, South African judge, and senior prosecutor of the United Nations war crimes tribunal, points out that at the beginning of the century, the ratio of civilian casualties to soldiers was 9 soldiers for a single civilian death. In contemporary wars the ratio is reversed to 8 civilian casualties for every 1 soldier that dies (Goldstone, 1998).

Thus the majority of the people who died in recent African wars were civilians, and a large number of these were women. Women are also the principal victims of the chaos created by war. United Nations High Commission for Refugees statistics show that women and children make up the bulk of refugee populations. It was estimated that of the 18 million refugees in the world, 75% were women and children (Friedman, 1992). In the light of the statistics on wars in Africa, the paucity of inquiry into the psycho-social effects of these conflicts, shows that the field of trauma studies has been slow to expand its knowledge base to new areas of content (PRODDER News, 1998). The consequences of war for

African women survivors probably constitutes one of the most neglected subjects of trauma research.

Mozambique was one of the 30 African countries affected by armed conflict. The war in Mozambique which started in the late 1970s, went on for over a decade, before a peace agreement was signed in October 1992. For a war which has been described as an "appalling" horror, causing one of the "most terrible genocides in the history of Africa" and during which over 4 million people were displaced, the death and destruction has passed relatively "unremarked" (Minter, 1994; *The Wall Street Journal*, December 24 1987; *Weekly Mail*, January 26 to Febrauary 1 1990). The silence surrounding the war in Mozambique is surprising given its direct association with "apartheid's struggle to maintain itself", - a socio-political system which received much international attention (Davies, 1989; Minter, 1994:1).

The armed conflict which ravaged Mozambican society provides a good case study for the examination of the effects of war trauma on women. Media coverage, academic analyses, government reports, and literary accounts provide strong evidence showing that the majority of Mozambican women were directly affected by the war (Arnfred, 1988; Buruku, 1989; Chingono, 1994; Hall, 1990; Magaia, 1988; Minter, 1989; UNICEF, 1989; Urdang, 1989; Wilson, 1992b).

With a few notable exceptions, the literature which examined the war in Mozambique did not provide a systematic analysis of how women were involved (Arnfred, 1988; Chingono, 1994; Urdang, 1989). Neither did a body of work emerge which adequately documented and explored the psychological consequences of the war for women.

It is useful here to give a brief overview of the war in Mozambique, to outline its relevance to South Africa's history of conflict and trauma, to illustrate the extreme brutality which characterised it, and to point to how women were an integral part of the battlefield.

In 1975, after a long struggle against colonial rule, the Mozambique Liberation Front Frelimo), won independence from Portugal. Soon after independence, in

the late 1970s, the newly independent country was plunged into war again. This time the government of Frelimo was engaged in armed conflict with a right-wing insurgent group that called itself the Mozambique National Resistance Movement (Renamo) (Hall, 1990; Minter, 1994; Urdang, 1989; Vines, 1991).

Renamo was formed in 1976 by the Central Intelligence Organisation of Rhodesia to assist the Rhodesians in their fight against the Zimbabwe African National Liberation Army guerrillas, who were operating from Mozambique (Finnegan, 1989a; Hall, 1990; Minter, 1994; Vines, 1991). Renamo was established as a fifth-column in Mozambique in the provinces of Manica and Sofala which are closest to Zimbabwe, where it started to launch attacks on agricultural development projects, health centres and schools (Minter, 1994; Vines, 1991).

Renamo's high command and most of its military forces were transferred to South Africa when Zimbabwe became independent in 1980 (Minter, 1994; TRC Report, 1998). At about the same time, the defeat of South African military forces at Cuito Cuanavale in Angola, growing resistance inside the country and an increase in ANC guerrilla attacks from outside, led the South African government of Prime Minister P.W. Botha, former minister of Defence, to adopt the policy of *total strategy*. Under the total national strategy, essentially a military strategy, the South African government developed its military machinery and strengthened its special commando forces. As part of the strategy, repression of the anti-apartheid movement inside South Africa was intensified, and covert military operations and attacks on neighbouring territories increased (Minter, 1994).

Special forces of the South African Defence Force actively supported Renamo which expanded its operations to more regions of the country and intensified its attacks on Mozambican infrastructure and the peasant population. Documents, known as the Vaz diaries which were found when a Renamo base at Casa Banana was captured in 1985, named officials of the South African Military Intelligence who provided help to the rebel movement (Hall, 1990; Minter, 1994; TRC Report, 1998; Vines, 1991).

In 1984 the Mozambican and South African governments signed the Nkomati Accord of Non Aggression and Good Neighbourliness which bound the parties to prevent their territories from being used to plan and commit violence or aggression against each other. But by 1989 there was still evidence of covert South African support for the insurgents. Media reports in South Africa and in Mozambique published evidence that South Africans were training Renamo soldiers, and providing the rebels with arms, equipment, uniforms and even bases in South Africa (TRC Report, 1998; *Weekly Mail*, May 27 to June 2 1988; *Weekly Mail*, Aug 18 to Aug 25, 1989).

Most commentators on the war in Mozambique agree that until 1990, because Renamo was largely an artificial creation by outside forces, rather than an indigenous rebel movement, it did not develop a coherent political programme as an alternative to the Frelimo government (Hall, 1990; Minter, 1994; Vines, 1991).

The agenda of Renamo was to destabilise the state and demolish the Mozambican economy. The Vaz diaries, referred to above, noted a plan of action which was to destroy the rural economy, demolish communication networks, prevent the movement of domestic produce and imports and exports, and to sabotage the activities of foreigners working in the country (Hall, 1990).

By 1988, 978 rural health clinics had been destroyed (Minter, 1994). The cost of damages to health buildings, by 1986, was estimated at USD 21 550 000 and the contents of these at USD 3 800 000 (Noormohamed & Cliff, 1987). UNICEF (1989) reported that between 1980 and 1988, 494 000 Mozambican children had died of war related causes.

But it was the brutality perpetrated against the civilian population, that made Renamo notorious. By 1987 Renamo attacks had reached a peak. Media reports compared the war in Mozambique to the killing fields of Kampuchea (*Weekly Mail*, May 27 to June 2, 1988). In 1987 the media reported on the massacre of 424 civilians in the town of Homoíne in Inhambane province. During this attack the rebels entered the hospital and killed children and preganant women (Finnegan, 1989). Later in the same year Alexander Cockburn, correspondent for

the *Wall Street Journal* wrote, "Of all the horror stories in the world this year, one of the most appalling is that of Mozambique" (December 24, 1987).

In 1988, Robert Gersony of the United States State Department released a report which highlighted the savagery of Renamo policies. The survivors he interviewed gave accounts of murders by Renamo forces that included shooting, executions, knife/axe/bayonet killings, burning alive, beating to death, forced asphyxiation, forced starvation, forced drowning, random shooting at civilians in villages during attacks, and rape.

Reports emerged which described large scale abduction of women to Renamo camps where they were held for enforced sex (*Weekly Mail*, May 27 to June 2, 1988). Evidence was provided by journalists that when villages were attacked, women and girl children were almost always raped and very often sexually mutilated. Men were forced to watch the violation of their mothers, wives and daughters (Magaia, 1988).

Eddie Koch, one of the few South African reporters to provide consistent coverage of Renamo activities, wrote "The list of acrocities committed by the rebels is endless" (*Weekly Mail*, March 31 to April 6, 1989). In the same article Koch quotes Kok Nam, a Mozambican war photographer who gave a description of a Renamo attack on a village in Gaza province, which illustrates the depravity of the Mozambican war.

> "The rebels lined the entrance to the village with the heads of men on top of poles. They each had their genitals cut off and stuck into their mouths. On the other side of the path was a line of women's bodies. They were naked and had their heads and legs cut off" (*Weekly Mail*, March 31 to April 6, 1989).

By 1989, 250 000 Mozambicans had fled to South Africa seeking refuge from assaults and famine in their country (South African Council of Churches, 1988/9). It is a reflection of apartheid myopia that the vast majority of South Africans were oblivious to the human tragedy on their doorstep. The hundreds of thousands of war refugees crossing into South Africa were officially regarded as

"illegal immigrants". It was left to private relief organisations, homeland authorities and the generosity of poor people in border towns to provide for those seeking refuge from a savage war.

Interviews with refugees reported in the press described the dangers that the Mozambicans braved to come into South Africa. Those who did not risk the wild animals of Kruger Park, devised ways of crossing the electrified fence which runs for 62 kilometres along the South African border (*The Guardian*, December 6, 1989; *Newsweek*, February 15, 1988; *Weekly Mail*, May 27 to June 2, 1988). Surviving lions in the Kruger or the 3 500 voltage of the electric fence, popularly known as the *snake of fire*, did not mean the war refugees were safe. Officials of the South African government, in particular members of the defence force and the police, were instructed to deport Mozambicans.

The severe restrictions that existed on entry to South Africa, created an opportunity for men with a knowledge of the geography of the border regions to set themselves up as guides to lead people across the border. These guides charged fees of between R150-300 per adult to deliver the individual to South Africa. Safe passage was not a guarantee and many people reported being abused and abandoned by their guides (McKibbin, 1992).

The guide system developed into a trade in humans (Anti-Slavery International, 1993; McKibbin, 1992). Guides, known in Xitsonga as *marheyana* (the ones who set traps), began to sell Mozambican refugees as labourers, prostitutes, concubines and domestic slaves to South Africans (McKibbin, 1992). Mozambicans lured by the promise of jobs in South Africa were unaware of what kind of "work" they would be expected to do. The guides received fees from the Mozambicans and from South African buyers. Women were particularly vulnerable to the human trafficking as is evidenced in the numerous reports of women and girl children as young as 12 years, being sold as sex slaves (Anti-Slavery International, 1993; McKibbin, 1992).

McKibbin who played an active role in publicising the slave trade, was an aid worker in the former homeland of KaNgwane. She joined the Hlanganani refugee committee, which was formed by local community leaders to assist Mozambicans

coming into the country. She described the condition in which many of the refugees arrived:

> A lot of Mozambicans came with nothing only what they had on. A lot came naked and yet not one of them came to the transit camp like that. Locals gave them clothing. A few did come with loin clothes. One man came with a loin cloth. I gave him porridge and he said how can I eat when my family have fainted on the way. We got in the car and searched. After a few hours we found them. They were gaunt. There were so many people who didn't know how to eat - out of starvation - food had been withheld from them in the camps (personal communication, 29 April 1995).

McKibbin and her colleague Rachel Nsimbini, who registered the refugees that sought help through Hlanganani, pointed out that almost all the women they interviewed had been raped during the war.

> The majority of the women who came through the transit camp had been raped. This emerged in discussion with them. When they came to the transit camp, with some there was a false elation because they had finally arrived at a place of safety. Apart from that you could see in their tone and their body language that they had suffered a lot (personal communication, 27 April, 1995 and 29 April, 1995).

For these women rape was only one amongst many terrible experiences that they had faced during the war. Press coverage, the Gersony (1988) report, academic literature and official accounts of the war in Mozambique reveal that for over ten years the Mozambican nation lived with continuous terror, during which the economic and social infrastructure of the country was destroyed, civilians were brutally attacked and mutilated, millions of people were dislocated from their homes, and hundreds of thousands died of war related causes. For women the terror and destruction meant that they lost their families, their subsistence base, and all stable sense of place.

The refugees who found safety from death in South Africa suffered ongoing strains. As "illegal immigrants" they had no legal status and protection. They faced the constant threat of deportation. As marginalised people they were exposed to various forms of economic exploitation and were especially vulnerable to crime. Many of the war refugees who arrived in the country in the 1980s and did not accept UNHCR voluntary repatriation, continue to live in South Africa as " illegal aliens".

1.2 The Research Problem and Aims of the Study

That violence of the kind described in these accounts has harmful psycho-social consequences is predictable. But how do we conceptualise the trauma? Is it the attacks on physical integrity that were traumatic or is it the grotesque nature of the assaults that disturbed and shocked? Was the trauma Mozambicans went through above a threshold of severity likely to cause distress in almost anyone or did people define the trauma according to what it meant?

What exactly are the effects of such atrocities? Are there universal human responses to vicious assaults on person and property, or do social histories mediate the outcomes? Are there factors and processes which moderate the effects of the extreme violence? What resources do survivors draw on to cope with the images of horror, broken connections and a multitude of losses? Do victims of war have the capacity to survive and endure - to reconstruct and live ordinary lives or are they permanently damaged?

These are some of the questions which have been at the heart of research and clinical enquiry in the field of trauma and stress response studies. This study falls within the tradition of trauma studies in that it examines how people respond to the violence and destruction inherent to situations of armed conflict. But it departs from the traditional psychological studies of war trauma in significant ways because it explores the responses of African women, whose experiences and views have not been a primary focus of the research which developed the concepts to explain psychological responses to war.

The first aim of this study is to document the experience of war and its outcomes from the perspective of a group of Mozambican women war survivors, who sought refuge in South Africa during the 1980s.

The investigation of African women survivors' responses to the trauma created by war raises conceptual questions and poses methodological challenges. If the development of the concepts which are used to explain war trauma and its consequences was based largely on the study of male survivors from western industrialised countries, then it cannot be assumed that these concepts are universally applicable. Similarly the assessment tools and instruments used to examine the outcomes of trauma have on the whole been evolved and validated in western cultural contexts. Thus an examination of trauma and its outcomes amongst African women, calls for a critical review of the relevance of existing concepts for promoting our understanding of their experiences.

The need to assess the values and limitations of existing concepts in trauma theory does not only apply in cross-cultural research. A body of work exists which questions the adequacy of current theories in the field and suggests that they contain considerable conceptual confusion, especially in relation to understanding trauma as it occurs in situations of political repression, armed conflict, and war (Kleber, et al, 1995). The key areas of debate relate to conceptualising trauma, theorising the social and cultural dimensions of trauma and its outcomes, and defining the relation of trauma to its consequences.

As Kleber, Figely and Gersons (1995) argue, it seems a fairly "simple point of departure" to identify a set of experiences or events that would be distressing to almost anyone and to examine the well-defined categories of disorders that are the outcomes. But, as they point out, understanding the consequences of the type of trauma outlined above, in which extreme individual traumatisation and massive social destruction occur simultaneously, presents us with a task which has a great deal more conceptual complexity (Kleber et al, 1995:12).

Some of the questions which have been at the heart of the conceptual debates include:

The term *trauma* has been applied to a wide range of events and experiences, including discrete incidents of violence, industrial accidents, incurable diseases, natural disasters and war. Are the threats and losses engendered by these events of the same order or do they constitute distinct categories, which have particular meanings (Becker, 1995; Martin-Baró, 1989; McFarlane, 1995)? For example, is the violation of individual integrity inherent to rape similar to the devastation of social integrity intrinsic to war? Or more complicated still, does rape which occurs in the context of multiple losses and social destruction take on a different meaning and traumatic significance? And is the meaning and traumatic siginifcance attributed to rape framed by social constructions of sexuality and culturally sanctioned sexual practices?

Even though the latest edition of the classification manual for mental disorders, the DSM-IV (American Psychiatric Association, 1994), contains reference to cultural factors for the assessment of mental health and disorder, how to understand the influence of culture remains a question of considerable debate. Are there universal processes underlying trauma response patterns which are influenced only in course and presentation by cultural factors or are responses to trauma structured by the social positions people occupy, the political and economic realities they face and the cultural values and beliefs which regulate their actions and relationships (Summerfield, 1995)?

The second aim of this study is to explore the relevance of social and cultural factors for promoting our understanding of the Mozambican women's war experiences and their responses to the trauma they faced.

Since the inclusion of posttraumatic stress disorder in the DSM III (American Psychiatric Association, 1980), this concept is used to define the psychological outcomes of a wide range of adverse experiences. But research which reveals that survivors present with symptoms of other DSM diagnostic categories has

questioned the unique relationship of posttraumattic stress disorder to stress and trauma (Breslau & Davis, 1987; McFarlane, 1995; McFarlane & Papay, 1992; van der Kolk et al, 1996).

What about those survivors who do not display posttraumattic stress disorder symptoms, can we assume that they have not been affected (Richman, 1993)? Are the outcomes of discrete experiences of violence in stable social situations similar to those of prolonged, enduring situations of danger and massive social upheaval (Herman, 1993b; Kleber, 1995)? Can the concept of posttraumatic stress disorder or even other DSM diagnostic categories which describe individual psychological and physical injury capture the psycho-social consequences produced by collective trauma (Summerfield, 1995; Turner, 1993)?

The third aim of this study is to explore the utility of posttraumatic stress disorder for understanding the Mozambican women war refugees' responses to the war.
The conceptual and theoretical debates in the literature which define the research problem and establish the aims of the study are reviewed in Chapter Two, which concludes, under section 2.5, with a more detailed discussion of the research questions which are asked.

1.3 Motivation for the Research

An examination of the responses of Mozambican women refugees in South Africa, to the trauma created by the war provides an opportunity to fill the gaps in the literature. By adding findings on the trauma experiences of African women to research in the field of trauma studies, this study can make a contribution to the existing body of knowledge, and contribute to amending the neglect of women and particularly African women in research on war and its outcomes.

Research based on new areas of content can help to refine and reformulate existing concepts and develop fresh perspectives to explain trauma and its psycho-social outcomes. In the light of the inclusion of a cultural formulation in the DSM-IV, it is pertinent to conduct cross-cultural enquiries.

Further to the academic considerations which provide motivation for research on Mozambican women refugees, there are ethical reasons for doing this research. Health professionals by documenting the negative effects of war on people can play an important role in advocating against war (Mollica 1992; Sidel et al, 1995). This has particularly significant implications for women. Because conventional wisdom has misrepresented the role of women in war, the atrocities and human rights abuses committed against women tend to be disregarded (Dolgopol, 1995; Thomas & Ralph, 1994).

The ways in which rape during war has been dealt with, provides a clear example of the neglect of human rights abuses committed against women. In spite of the fact that historical research provides evidence of the systematic and mass scale rape of women during wars, rape has been considered an unfortunate by-product of armed conflict (Brownmiller, 1975; Nordstrom, 1991b). It is only the recent publicity on rape which occurred during the war in Bosnia-Herzegovina, which has forced a reconsideration of rape as a weapon of war (Arcel, 1994; Arcel et al, 1995; Helsinki Watch, 1993).

Thus an examination and documentation of the human rights abuses suffered by Mozambican women during the war in that country can provide important testimony for advocating against the violation of women.

There is a second ethical motivation for doing this research which is more locally specific, but integrally linked to the first. This ethical concern relates to the hand played by South African security forces in the war in Mozambique. The fact that South African security forces actively supported Renamo with training and supplies is common knowledge and has been acknowledged by senior members of the apartheid regime (Davies, 1989; Minter, 1994; TRC Report, 1998).

In January 1990 José Craveirinha, Mozambique's national poet, and a group of 70 poets, writers, artists and scientists, published an open letter in the South African press to State President FW de Klerk. The letter asked the State President to use his powers to confront forces in South Africa that continued to destabilise Mozambique and help put a stop to "one of the most terrible genocides in the history of Africa" (*Weekly Mail*, January 26 to February 1, 1990).

Craveirinha explained, in an interview with a journalist from the *Weekly Mail* newspaper, the view held by many Mozambicans that peace in their country depended on political stability in South Africa and a cessation of support to Renamo rebels.

> "There is not one simple reason why we sent the letters. For many years we have been living in an intolerable situation and we are conscious of the fact that we cannot call this thing that is happening a war. In a real war the adversaries are well defined and know how to recognise each other. But the population here in Mozambique is living like a child in a dark room filled with ghosts. The result is fear and confusion. The letters may have come too late because thousands of lives have already been lost in this situation of the child in the dark room. But it is better late than never.
>
> To use another metaphor: We are sailing in a ship that has a very particular characteristic. We don't know whether the bow of the ship starts in South Africa and ends in Mozambique or starts in Mozambique and ends in South Africa.
>
> Though it seems a paradox, both South Africans and Mozambicans are floating in the same waters under the same stars. They are subject to the same tides, the same winds, the same tempests. And they are subject to the same calm" (*Weekly Mail*, January 26 to February 1, 1990).

The cease-fire and peace agreement between Frelimo and the rebel forces of Renamo signed in October 1992, and the transition to democracy in South Africa in 1994, heralded for both countries new periods of national reconstruction. In the interests of reconstruction and reconciliation political compromises were made which resulted in governments of national unity on which the perpetrators and architects of human rights violations were represented.

International human rights organisations have cautioned that immunity for perpetrators can perpetuate human rights abuses (Hamber, 1997). Minter argues that "If criminal prosecution is ruled out by the necessity for political compromise, then at minimum what happened should be exposed to public scrutiny" (1994:282).

In South Africa, the South African National Truth and Reconciliation Commission (TRC) was established as an independent body through an act of parliament known as the National Unity and Reconciliation Act. This body started its work at the end of 1995 with the express purpose of reconstructing a history of the human rights violations that occurred between March 1, 1960 and May 10, 1994. While the TRC Report (1998) has reconstructed a horrifying chronicle of gross human rights abuses in South Africa, it contains relatively less documentation on the responsibility of the apartheid government for human rights abuses committed during wars it supported in the region.

The TRC Report (1998) provides more detailed evidence of South African military and security force operations in Angola, and Namibia than it does of their actions in Mozambique. But evidence presented to the Commission, including that of former minister Pik Botha confirms the strong hand played by South African security forces in fostering wars in Mozambique and Angola. As Minter argues "understanding the dynamics - and counting up the costs - of apartheid's struggle to maintain itself is impossible without including Angola and Mozambique" (1994:1).

By examining the consequences of the war in Mozambique for women, this study can make a small contribution to reconstructing the devastating effects that apartheid had on individuals living in the region.

1.4 Methodological Challenges

The women who are the focus of this study are Mozambican, from a culture of which the researcher does not have an insider's perspective. Neither, as has been pointed out, is there an established body of scholarship which provides a comprehensive explanation of the psycho-social outcomes of the war for these

women. Adequate and culturally sensitive assessment tools and diagnostic instruments have not been developed for southern African women survivors of war trauma, and many researchers caution against the uncritical application of assessment tools developed for populations in western cultures (Bracken, 1993; Kirmayer, 1991).

Given the facts that the researcher is from a culture different to the participants in the study, that knowledge about the psycho-social consequences of the war trauma for the women of this study is rudimentary, and that appropriate standardised instruments for the participants are not available, this study is exploratory. It is an empirical exploration of the responses of women who went through war.

But what kinds of procedures does a middle class white clinical psychologist adopt to collect information from marginalised African women who survived profound violations of their physical, emotional and social integrity? This question relates as much to ethical considerations as it does to debates about methodology.

All research raises ethical concerns about how we treat those we work with and how they are affected by our work. But, as has been emphasised by Mollica (1992), ethical issues are critical when conducting research with people who have survived extreme experiences of violation and degradation. Mollica (1992) emphasises the importance of protecting the researched from further harm by avoiding procedures which recreate the degradation and exploitation of the abuse.

Elaine Scarry (1987) in her exploration of pain and torture concludes that the infliction of pain is language destroying. Torture deconstructs and shatters the world, self and voice of the victim. A key element of the degradation experienced by the Mozambican women is that it was designed to break the humanity of victims, to destroy the belief in self worth which affords people their voice. Mozambican women relate that their torturers threatened to kill them if they cried out with human pain upon seeing their relatives tormented. Nordstrom quotes a Mozambican women who had been abducted by Renamo: "I do not have

anything of importance to say. You do not want to hear my words. I have no value, no worth. I am nobody, less than nothing" (undated:7).

Thus if as researchers we neglect the views of survivors, we are in danger of repeating the destruction of *voice* inherent to torture and abuse. According to Mollica (1992) there are certain groups of survivors whose voices are especially muted. He argues, survivors of torture in particular, have not had a space to articulate their political, social and personal needs within the medical and psychiatric literature.

Feminist scholars have raised similar concerns about the muffling of women's voices in social scientific research (Bowles, 1984; Dubisch, 1986; Wilkinson, 1986). They argue that not only has traditional research suffered from an androcentric bias, but that the research methods used tend to reproduce the subordination of women by treating them as passive objects of investigation. In these ways both the content of research and research procedures reflect dominant ideologies, and tend to negate the relations of power which marginalise women. Hence, feminists argue, knowledge is produced in particular social and historical situations, and will reflect hegemonic ideas and therefore the processes of collecting information and making knowledge are not *neutral*.

As part of their critique many feminist researchers argue for investigative procedures which take women's experiences and views seriously and which do not exploit women (Acker et al, 1983). Methods of gathering data have been proposed which engage the research participants as active collaborators and promise to share with the researched the knowledge that is produced (Mollica, 1992). By considering alternative research methods, and recognising the social production of knowledge, feminists do not exclude themselves from contemplating on their practices (Bowles, 1984; Marshall, 1986).

The argument made by many feminist scholars that knowledge is produced in social, historical and political contexts and is therefore neither neutral nor value-free, is echoed in the concerns raised by many who have worked in cross-cultural contexts and adopt a relativist approach to understanding human actions (Fabrega, 1989; Good, 1996; Mezzich et al, 1996). Essentially cultural relativists

insist that western epistemology should not be privileged. If knowledge is made in context then alternative systems of explanation and understanding must be given equal validity and must be understood with reference to the particular circumstances in which they are embedded (Bracken, 1993; Kirmayer, 1991).

Of particular concern for those theorists who critique universalist approaches to research is that the opinions, views and cosmologies of non-western people have been marginalised. Therefore they emphasise the importance of approaching cross-cultural research with methods which will give research subjects a voice.

There is a common theme running through the work which raises ethical concerns about doing research with people who have been victimised, women and members of non-western societies - the importance of taking seriously the views of the researched and privileging their explanations and interpretations of experiences. Qualitative methods of research are recommended because they provide the opportunity for research subjects to present their accounts of events and for the researcher to investigate the particularities in which these accounts are located (Acker et al, 1983; Kirmayer, 1991).

But qualitative research methods do not automatically ensure that the power differentials between researcher and researched are eliminated, neither do they guarantee the absence of exploitative practices (Acker et al, 1983). All researchers need to find ways of equalising the power imbalances inherent to the research relationship. Mollica (1992) suggests at the very least a commitment to sharing the knowledge produced with the researched. Taking a more radical stance some feminists have argued that the knowledge produced should be such that it can be used by women to challenge their experiences of subordination (Bowles, 1984).

Trauma, gender and culture organise the identity of the women who are the focus of this study, and therefore the implications these constructs have for research procedures need to be carefully considered. This fact combined with the lack of adequate or appropriate standardised instruments and assessment tools, called for approaches to data collection, which could elicit the views of the women, understand the particularities of their experiences, but at the same time make a

contribution to the discipline of trauma research. How the ethical and methodological concerns mentioned above apply to the research problem and the research procedures adopted to fulfill the aims of this study, are discussed in detail in Chapter Four.

1.5 Field Entry

Planning the most appropriate methods of collecting information is essential to adequate research. To a certain extent designing research procedures can be controlled by the researcher, who is able to make choices, within academic and theoretical constraints. But there are processes equally important to satisfactory research which depend to a great extent on the context in which the investigation is being conducted and hence are more or less within the command of the researcher. One such step is gaining access to those from whom we want to learn. When the lives of research participants are fundamentally different to our own in terms of class, race and lived experience, making contact is most difficult to plan and control, and very often is the result of opportune and fortuitous meetings facilitated by those who straddle both worlds.

My first meeting with Mozambican war refugees took place in 1991, during a visit with a journalist to Shongwe, a settlement in the Nkomazi region of the Mpumalanga lowveld. We were hosted by an aid worker who had been assisting Mozambicans for the past 4 years. At her home we met Patrick, an 11 year old orphan whose left arm was amputated because it had been burnt while crossing the *snake of fire* - the electric fence, and Jabulile, a 17 year old girl who had been rescued from near death after she was beaten for resisting the sexual demands of an old man, to whom she had been sold as a sex slave.

The apparent ordinariness of these two young people was striking in the light of the extreme violence to which they had been exposed. Both displayed a keen and active interest in the things that attract teenagers - music, soccer, clothes, television and other adolescents. However the woman with whom we stayed provided a more realistic assessment of the effects of their suffering when she described their un-answerable questions of why these things had happened, their feeling of being different to other young people, their fears of being deported and

sent back to war and famine, the regrets about time lost for education, and the sadness she observed in them.

She did however also comment in subsequent discussions on an energy to survive that she saw amongst the refugees. Those who got jobs worked hard, most parents sent their children to school and many took the opportunity to establish their own homesteads. "Locals gave the Mozambicans shelter in their homes and properties. In that situation you are helpless and dependent. A lot of the refugees moved out as soon as they could. When you are in a situation like this you are forced by circumstances to pick yourself up. Much more so than South Africans might living in Soweto because they can rely on the system" (personal communication, 7 July, 1994).

Several visits to the Nkomazi district after first meeting Patrick and Jabulile, provided exposure to further accounts of the atrocities the Mozambican refugees reported, the areas that they lived in, their interactions with local people, and the ways in which South African authorities identified Mozambicans whom they sought to deport. The deportation and the ways in which it was carried out, illustrated the ongoing humiliation to which these people, who were already victims of terrible degradation, were subjected.

Mozambicans have vaccination marks on their forearms, in contrast to South Africans whose immunisation marks are on their legs or upper arms. At road blocks set up by the South African Defence Force people without documents were examined for the distinguishing marks, and usually without any other evidence about their citizenship, those with scars were sent back to the war. Many Mozambicans, adults and children, tried to obliterate the signs of inoculation by mutilating themselves but this was a largely unsuccessful strategy in the face of determined authorities.

Thus these visits to Nkomazi gave some insight into the circumstances in which the Mozambican refugees lived, a sense of the violence they had been through, and how as refugees the experiences of local generosity, exploitation, and outright hostility co-existed. Community activists assisting refugees pointed out that most of the women they had dealt with had terrible experiences of sexual

violence and continued to be vulnerable to sexual assaults in local communities where the incidence of sexual violence was very high.

Direct exposure to the plight of the refugees and the horror they had been through, made the relative silence in South Africa about the Mozambican war shocking. This silence was especially noticeable when by 1993, the South African press began to carry reports on the war in Bosnia-Herzegovina, the plight of refugees from that war and the violation of women that was taking place. To the best of my knowledge South African media coverage did not draw parallels with the devastating war that took place in our region. Even in academic circles where the relationship between sexual violence and repressive social situations was being discussed few people referred to the mass scale rape of women during the war in Mozambique.

Aid workers confirmed that apart from journalists and the few private relief agencies that provided food and medical assistance, there was not much interest in the refugees. In particular no organisation had come forward to investigate and address the psycho-social needs of the war victims, which, they suggested, were considerable.

In July 1994 on a visit to Nkomazi with the express purpose of investigating the possibility of conducting a study with the Mozambican refugee women, I was introduced to a member of the local committee of community leaders who had assisted refugees. This woman was well known for her work with Mozambicans. When the research proposal was presented to her she expressed a keen interest and enthusiasm, and agreed to arrange contact with Mozambican women and to act as an interpreter. This woman, Rachel Nsimbini, facilitated the selection of the group of women who participated in the study.

Rachel, a large and imposing Xitsonga-speaking woman, was 45 years old at the time. On the 11th of November 1985, Rachel was nominated, as a Salvation army officer, to join the Hlanganani Refugee Committee. Mozambicans wanting to receive aid had to register as refugees at the Hlanganani Refugee Transit Camp offices. One aspect of Rachel's job was to interview refugees and register their names. In a short space of time Rachel became more than an administrator who

recorded biographical information and distributed food. Mozambicans of all ages referred to her as "mama", and turned to her for help in solving their problems, arranging burials, resolving family conflicts, negotiating for land with the local authorities, taking the sick to the hospital, and fighting with the army and police who sent refugees they caught, back to the war.

Rachel recalls, "In such a way it became a 24 hour job trying to help. It affected me a lot physically, spiritually, even mentally. It made me exhausted. You go home tired and worried" (personal communication, 15 July 1994).

In 1993, after the Peace Accord between Renamo and Frelimo was signed in October 1992, the United Nations High Commission for Refugees (UNHCR) began its repatriation programme. Rachel was employed as a representative for the

Nkomazi district to register those Mozambicans who chose to return home. She co-ordinated transportation of people and goods, and accompanied returnees on the trip across the border into Mozambique.

The UNHCR terminated its repatriation project in 1995. Relatively small numbers of Mozambicans from the Nkomazi district returned and Rachel continued to provide informal support to those living in her village, which is called Block A. Rachel's description of her relationship to the Mozambican refugees reveals her intimate knowledge of their social lives and their trust in her, and so provides evidence of her credentials for the task of interpretation and research assistance.

> These people are used to me now. They have now realised that we are together. If there is death I go to their house. We mix. They take me as part of their community. But I find it very tough. As these people are neighbours, you know you are eating well, you have everything and these people have nothing. It was better before because I used to have the food distribution. Many of these refugees don't eat - two, three, four days they don't eat. On Wednesday Maria's child came here. I said to her, "I have made a

soup of beans", it was cold - I said to her, "can I give you some?" She said, "Oh! granny it seems as if you can see that this is the third day I ate nothing." I said, "no, I didn't see." She said, "just look at my mouth how dry it is." Then she said, "do you want me to show you what I have in my hands?" She is about 13 years old. I said, "yes show me." She had come from the bin behind my kitchen to get what we had thrown in the bin. She had put that food in a plastic. You know, ... I was so upset. Sometimes, I even blame myself for building my house here to face all these people. But then I say maybe it was God's will, God's plan. Even the rape cases are reported here. I deal with the cases here. Many people are directed to my house for help (personal communication 29 April, 1995).

Rachel Nsimbini was respected and trusted by the Mozambicans. Her agreement to work with me made the study possible. For her, participation in the research was a learning experience, a way of improving her lay counselling skills, and developing better insight into the psychological responses of the refugees to the war, and of women to sexual violence.*

The fieldwork started in February 1995. Interviews were conducted in the villages of Block A and Mangweni. Block A is populated mainly by Mozambican refugees who were offered plots by the local chiefs. All the interviews conducted in Block A took place at Rachel's home. The interviews in Mangweni were conducted at the old Hlanganani Refugee Transit camp, except for interviews with two women who were met at their homes.

From February 1995 to August 1996 I travelled from Johannesburg to Nkomazi twice a month. On each visit I spent two days working in the area. From September 1996 to November 1996 I reduced my trips to once a month, but often

*Shortly after we started working together we agreed that the high incidence of rape in the area justified setting up a service for women. Rachel and I established a women's centre to provide counselling, support and advice to survivors of rape and domestic violence. Based in Mangweni, Masisukumeni Women's Crisis Centre is still operating and by July 1998 our staff had grown to a total of 14 women, 10 of whom are lay counsellors and peer educators.

spent three or four days in the area, interviewing the women, talking to Rachel and observing village life, which gave me the opportunity to get a better insight into the villages and observe how people live.[**]

In the final analysis Rachel became more than an interpreter because of her relationship to refugees. She reported that between interviews many of the women called on her to clarify questions they had about the interviews. She remained a source of moral and emotional support to those women who felt they needed to speak about what had been expressed in the interviews. She also kept me informed about any significant changes in the lives of the women and mediated important personal interactions. For example when the child of one of the women died Rachel facilitated the visit to pay our respect.

1.6 Limitations of the Study and Issues for Further Research

For an outsider, both to the lived experience of extreme violation and to the local life worlds of its victims, the comprehension of their experience of suffering is necessarily limited and flawed. Thus at the most general level this study constitutes an *imperfect* comprehension of rural African women's responses to acts of unspeakable human atrocity (Scheper-Hughes, 1992).

Medical anthropologists Arthur and Joan Kleinman (1991) argue that in their attempt to analyse the experience of disease, ethnographers freeze the illness experience "at a certain moment". In this way "the anthropologist creates the illusion of finality and continuity and coherent meaning, when in fact even the simplest illness episode has more complex resonances than can be accounted for by the analytic models that are available to us" (Kleinman & Kleinman, 1991: 279).

[**]The process of setting up Masisukumeni Women's Crisis Centre started while fieldwork was proceeding. The groundwork for this project included negotiations with local tribal authorities, civic organisations, and discussions with members of the police, teachers and health workers. These meetings and discussions gave me important insight into social relations and living conditions in this area.

This study examines the responses of women to their experience of war at a particular moment in time, long after they were in the midst of the battle. The testimony produced by the research is thus located in time, but it is also firmly situated in place. The research data was gathered from Mozambican war survivors who fled to a particular social location in South Africa, where the local population responded in some distinct ways to the refugees.

The study, then, suffers from the limitations of a retrospective study. The women's accounts constitute current interpretations of past events and current expressions of distress. But it also suffers from the limitations of a contextual study. If, as has been argued by some, perception is framed by context then the women's interpretations and expressions of suffering are filtered through the lens of present social experiences (Holloway & Ursano, 1984). Thus, the study does not link their suffering to the war trauma, in linear cause and effect terms. Neither does it suggest that the responses to the war of women located differently in time and place will be identical.

But *suffering* is a shared human experience (Kleinman & Kleinman, 1991). Although the experience of suffering is specified by social structures, political conditions and cultural arrangements, takes different forms and has specific meanings, the actual experience of *suffering* "is itself a defining characteristic of human conditions in all societies" (Kleinman & Kleinman, 1991: 280). The suffering experienced by the women who are the focus of this study resulted from the situation of war, itself a common feature of the human condition. Therefore their particular experiences, expressions and explanations of distress will add some meaning to the suffering of others who have been through the state of war.

This research attempts to stay *near* to their experiences, by eliciting and reporting their views, interpretations, perspectives and socio-historical experiences - experiences of survival, kinship, place, religion, trauma and healing. But life experience has different domains - personal, interpersonal, communal and social and therefore different descriptions can be drawn out depending on the domain about which one enquires (Kleinman & Kleinman, 1991).

This study attempts to elicit individual women's personal experiences of the trauma created by war, but locates these in an analysis of shared socio-historical life experiences. In other words the complex and idiosyncratic life histories of each individual are not explored in detail. Instead the research participants are representatives of a category of individuals who were especially exposed to attacks and deprivation during the war in Mozambique - rural women who lived and farmed in the southern provinces of that country.

Further research could deepen the investigation by engaging in a more comprehensive exploration of the psycho-social background of individual members of the sample. A detailed examination of the unique personal experiences of each individual women could provide a more textured description of how the particularities of individual lives may affect the response to extreme situations.

Even if we accept that human subjectivity and a sense of self are created in context, there are multiple complex ways in which individuals and socio-cultural environments interpenetrate to create distinct subjectivities and experiences. For example relations of power structured by patriarchy, are played out in different ways in particular families and between specific men and women. Within the boundaries of structural conditions human relations are negotiated, and in this way individuals have shared and unique life worlds. An understanding of how distinct personal experiences mediate the consequences of trauma would require a detailed exploration of individual life histories embedded in particular socio-historical contexts and structured by shared social conditions.

Because this study focuses on women, gender, the social construction of what it means to be woman or man, is examined in relation to women's experiences of trauma and their responses to what they went through. Although focusing on the perspective of women and particularly African women makes an important contribution to the field of trauma studies, it holds the danger of presenting women's experience as an isolated category. A more comprehensive gender analysis would require a comparative exploration of the research questions from the perspective of male Mozambican refugees, and an analysis of social

constructions of masculinity. This kind of research could provide a better understanding of how gender in its broadest sense, frames trauma and its consequences.

1.7 Outline of the Thesis

The study is presented in six chapters. Chapter Two examines the literature on trauma and its consequences. The chapter explores different theoretical perspectives and debates in the literature as they apply to conceptualising trauma, delineating its outcomes and explaining coping and survival. As far as possible the review refers to literature which deals with situations of war, armed conflict and political repression, but the theoretical debates require a discussion of literature in the broader field of trauma research. Because the focus of the study is women, particularly African women, the review includes a discussion of work in which the relationship of gender and culture to trauma is examined. The gaps and debates in the literature establish the research questions, and therefore this chapter concludes with a discussion of the aims of the study and the research questions which are posed in order to fulfil these aims.

Chapter Three locates the research in context by providing a more detailed outline of the war in Mozambique and points to its defining features. This chapter also locates the women who are the focus of the study in context by describing their socio-economic and socio-cultural worlds. While the chapter provides a grim account of the extreme trauma to which they were exposed, it reveals that Mozambican women are not strangers to adversity. Finally the conditions to which the women fled and which provided the constraints and possibilities for their survival, are examined.

The methodological challenges presented by the study and which led to the use of a qualitative research method are examined in Chapter Four. The research method and procedures are described in detail, including interpretation and translation. The chapter examines some of the complex issues that arise when working with survivors of trauma. For example in this study the question arose of how to respond to the pain and distress that the interviews were likely to evoke. The chapter includes a detailed description of the methods used to analyse the data.

Chapter Five presents the findings of the study. The results of the data analysis are summarised in tables containing categories which are explained with extracts from the testimony of the women. The chapter describes specific features of the war which define the trauma and shows the presence of clinically well-documented posttraumatic stress disorder symptoms and locally specific discourses of suffering, which include somatic expressions of distress. Social and cultural factors feature in the women's interpretations of the trauma, its psycho-social outcomes and their survival strategies. Their testimony on survival is remarkable for the strength it portrays escpecially in the light of the severity of the trauma they went through and the damage it caused.

In Chapter Six an attempt is made to make sense of the findings which are examined with reference to debates in the literature. This chapter starts with an interpretation focused on the particularities of the trauma, the women's life worlds, and the recovery environment, and concludes with a reflection on the significance of the particular for the general - that is for theoretical approaches to understanding trauma and suffering in situations of massive social conflict. Gender emerges as an important construct for analysing women's experience of trauma, how they are affected and their expressions of distress. The dangers of extreme forms of cultural relativism are discussed in the light of the relevance of social and contextual factors for understanding women's responses to trauma.

CHAPTER TWO: LITERATURE REVIEW.
GENDER, CULTURE AND TRAUMA: CONCEPTUAL DEBATES

"The trauma field has grown immensely in the last 15 years and major contributions from various disciplines have been made. Victims of violence, war and disaster are being recognised by society, and as such receive support. Knowledge on trauma has reached a large audience, and many ideas that were novel in the seventies and eighties have become well-known and well-accepted in the nineties. It is nonetheless evident that we have to surpass the current insights, concepts and ideas. New perspectives on adaptation to trauma and disturbances have to be developed, and new ideas on helping people have to be formulated. If this is not done, then the field could reach an impasse" (Kleber, 1995:300).

2.1 Introduction

There is vast body of research in the field of trauma studies which deals with the psychological consequences of war. Investigations into how war affects individuals started before Freud's 1917 *Introductory Lectures to Psychoanalysis*, which referred to traumatic neuroses produced by war, and culminated in the establishment of the diagnostic category posttraumatic stress disorder (Kleber & Brom, 1992; Wilson, 1994). The inclusion of posttraumatic stress disorder as a category in the DSM III, in 1980, was based on research with Vietnam war veterans who, it was argued, displayed a common set of symptoms. Since then posttraumatic stress disorder has become widely used to describe responses to a diverse set of events (Andreasen, 1995; Kleber et al, 1995; Nemiah, 1995; Tomb, 1995; Wilson, 1994).

Theoretical approaches which have guided research on people's responses to war are varied, resulting in the development of a range of concepts to explain how individuals react to trauma. But on the whole the theoretical approaches that have been used fall within a western medical and psychiatric framework of analysis. More recently investigations of the consequences of war and organised violence in non-western social settings have prompted researchers to consider alternative frameworks for analysing the psychological effects of war (Kleber et al, 1995).

Some of the research which examines the responses to war, civil conflict, organised violence and state repression in non-western survivors, points to the relevance of social and cultural context for analysing the trauma events, for

understanding how people react to these, and for conceptualising the processes involved in survival and recovery. The view that social context is a definitive determinant of trauma and its outcomes is relatively new in the field of trauma studies and leads to questions which contest the dominant frameworks of analysis used in traumatic stress research (Kleber, 1995; Summerfield, 1995).

The inclusion of cultural factors relevant to diagnosis and a cultural formulation in the latest version of the DSM, DSM-IV (American Psychiatric Association, 1994) points to an acknowledgement amongst mental health professionals that culture and social context have implications for understanding mental disorders.

Feminist scholarship has for long emphasised the importance of social constructions of femininity and masculinity for understanding the trauma of sexual violence and how it affects women (Herman, 1993b; Lebowitz & Roth, 1994; Walker, 1989). Given that women are the focus of this study, literature which examines gender and its relationship to trauma is discussed.

The review in this chapter focuses on significant themes, approaches, and debates in the literature in order to identify the central concepts which have been used to: 1) conceptualise war as a trauma, 2) interpret the psychological outcomes of war trauma, and, 3) to analyse the process of healing and recovery.

2.2 Conceptualising War as a Trauma

2.2.1 *Posttraumatic stress disorder - criterion A*

Posttraumatic stress disorder is an unusual category in the DSM. In contrast to the other categories, the diagnosis of posttraumatic stress disorder posits external factors in the aetiology of the disorder. The diagnostic criteria for posttraumatic stress disorder proposes criterion A, the stressor criterion as the cause of the three symptom groups described by criteria B, C, and D. The important point is that without the stressor criterion A, the diagnosis cannot be made. In other words, according to the DSM criteria for posttraumatic stress disorder, symptoms without a stressor do not constitute a disorder (Breslau & Davis, 1987; Green, et al, 1985a).

Although the stressor is critical to the definition of this diagnostic category, the specification of criterion A has been the subject of long-standing debates in the field of posttraumatic stress disorder. There are two essential points to the debate. What are the characteristics of the class of stressors which are associated with the syndrome? Can ordinary life stressors also be associated with the triad of symptom clusters described in the diagnostic category posttraumatic stress disorder (Andreasen, 1995; Breslau, 1990; Breslau & Davis, 1987; Bromet, 1990; Green, 1990; Green et al, 1985a,b; Horowitz et al, 1987; Kasl, 1990; Lindy et al, 1987; Mcfarlane, 1989; McFarlane & Papay, 1992; Robins, 1990; Solomon & Maser, 1990; Ursano, 1987)?

Some writers have questioned the validity of posttraumatic stress disorder by arguing that there is no empirical evidence to link the symptoms with a distinct class of stressors (Breslau, 1990; Breslau & Davis, 1987; Mcfarlane, 1989; McFarlane, 1995). It has been argued that besides a general list of examples, researchers have not provided a set of guidelines which delineate the features of events which qualify them for posttraumatic stress disorder. The provision of examples has not been helpful because victims exposed to the same event may be involved in different ways and hence have a different experience of the stressor (Breslau, 1990; Breslau & Davis, 1987, Davidson & Foa, 1993).

Researchers who submit that there are stressors which are strongly related to posttraumatic stress disorder symptoms have proposed particular dimensions of stressors (Green, 1990; Wilson et al, 1985). The dimensions which they suggest increase the risk for posttraumatic stress disorder include threat to one's life, severe physical harm or injury, receipt of intention to harm or injure, exposure to the grotesque, violent or sudden loss of a loved one, witnessing or learning of violence to a loved one, learning of exposure to a noxious agent, causing death or severe harm to another (Green, 1990).

Green (1990) argues that the term dimensions allows for a variation of *stressfulness* within particular events. Wilson et al (1985) use the term *degree* and proposes ten stressors based on previous research, including degree of life threat, degree of bereavement, degree of displacement in home community and potential for recurrence. Qualities of events such as their predictability and the scope they

provide for control have been linked to the risk for developing posttraumatic stress disorder, and some researchers have emphasised the subjective response to the event as definitive (Breslau, 1990; Horowitz et al, 1987; Norris, 1990). Norris (1990) proposes a restricted category of events which involve violent encounters with nature, technology, or humankind. He defines a violent event as involving a) extreme or sudden force, b) an external agent, c) can arouse intense fear or aversion.

Empirical evidence is available which links particular stressors more directly to posttraumatic stress disorder. In a review of the literature Kilpatrick & Resnick (1993) argue that posttraumatic stress disorder is associated with criminal victimisation. But they suggest that there are particular crimes within the broad category of criminal victimisation, which have a stronger association to posttraumatic stress disorder outcomes. Their findings identify rape, physical assault and relationship of the victim to the perpetrator as high risk factors. Ursano (1987) based on his research with Israeli and Vietnam combatants, argues that it is not combat per se which increases the risk of psychological disorder because combat involves soldiers differently. He argues that there is a correlation between intensity of battle and the risk of developing psychological disorder.

Empirical research has not resolved the debate. Studies show a dose response effect in which stressor magnitude is proportional to the risk of developing posttraumatic stress disorder (March, 1993). However even those who make a strong case for linking the quantity or intensity of the stressor to the risk for posttraumatic stress disorder do not discount the influence of mediating factors (Green, 1990).

Pre-morbid functioning, personality, appraisal of threat, social support in the recovery environment, social attitudes towards survivors, demographic characteristics such as age and gender and feelings of helplessness have been noted as mediating factors which will contribute to the cause of posttraumatic stress disorder and its course. It has also been emphasised that the psychological meaning of trauma experiences may result in different patterns in the relationship

of the stressor to symptoms (Breslau & Davis, 1987; Creamer, 1995; Fontana et al, 1992; Green, 1990; Kilpatrick & Resnick, 1993; Lindy et al, 1987; Ursano, 1987; Ursano & Fullerton, 1990).

Interactive models have been proposed in which posttraumatic stress disorder is seen as a function of both an external event and the victim's psychological characteristics (Davidson & Foa, 1993; Green et al, 1985a; Wilson et al, 1985). Davidson and Foa (1993) argue that the risk for developing posttraumatic stress disorder is partly determined by the severity and nature of the trauma and partly by the predisposing features of the victim. In their model they argue that there are events above a certain threshold of severity which are likely to cause posttraumatic stress disorder in most individuals. These are not clearly delimited. By the same token they suggest, events that are relatively low in stress could induce posttraumatic stress disorder where there are multiple predisposing features.

The debates in the literature on the specificity of the stressor, a key aspect of the diagnosis, have led to ongoing revisions of criterion A. Psychological definitions dominated the earlier definitions of the stressor. More recently emphasis has been placed on physical factors (Andreasen, 1995).

DSM-IIIR (American Psychiatric Association, 1987) specified criterion A as a stressor "outside the range of usual human experience which would be distressing to almost anyone." This specification emphasised the severity of the stressor. The revision of posttraumatic stress disorder for DSM-IV shifts the emphasis to include threat to physical integrity and the person's response to the event. In DSM- IV criterion A has two specifications. The stressor as (a)"an event involving actual or threatened death, or serious injury to oneself or others, and, (b) the person's response must involve intense fear, helplessness or horror." Without the latter response the criterion is not fulfilled (American Psychiatric Association, 1994; Tomb, 1994).

In a discussion of the changes to the criteria for posttraumatic stress disorder in DSM IV, Tomb (1994) argues that the diagnosis of posttraumatic stress disorder has come to depend more on clinical presentation and less on the severity of

external events. He raises two potential dangers in this approach. The diagnosis will become increasingly subjective and those seeking redress will encounter greater confusion in the legal arena. One of the outcomes of the symptom based approach is that the researchers will seek objective criteria in the biological characteristics of the disorder (Tomb, 1994). Thus there will a greater emphasis on the biological substrates of posttraumatic stress disorder which may result in a neglect of the psychological features of the stressor (Andreasen, 1995).

The debates in the literature pertaining to the stressor criterion and aetiology reveal a number of unresolved issues and a lack of clarity on the defining characteristics of the stressor. Posttraumatic stress disorder does not have specificity in relation to war as a trauma. Although the concept has its roots in war related events, the syndrome is applied to a wide range of events, including rape, criminal assault, natural disasters, vehicle and industrial accidents, and life threatening illnesses.

Empirical research has not provided a conclusive categorisation of stressors which are uniquely associated with posttraumatic stress disorder (Breslau & Davis, 1987; Kasl, 1990; McFarlane, 1995; Solomon & Maser, 1990). Research has been complicated by the fact that most studies are retrospective which make it difficult to distinguish objective indicators of the stressor from subjective appraisals and current versions of the past (*Am J. Psychiatry editorial*, 1997; Bromet, 1990).

Finally work on the stressor criterion has not systematically examined the context in which stressor events occur and how this may affect the meaning these events have, and hence their potential for being defined as stressful (Creamer, 1995). Bromet (1990) argues that contextual factors are likely not only to influence the meaning of events, but have implications for the objective assessment of events as traumatic. She gives the example of the differential effects that a tornado will engender in a highly populated suburban area as against a less populated area.

2.2.2 *Stress or extreme trauma*

Researchers who have worked on the Holocaust, with survivors of torture and human rights abuses and with victims of civil conflict have proposed specific and defining features of the trauma. Holocaust literature has distinguished the events and environmental conditions of the Holocaust by using terms such as massive and extreme, which emphasise the magnitude and the intensity of the events (Kahana et al, 1988b; Lifton, 1988).

Based on their work with Holocaust survivors Kahana et al (1988b) have clearly defined elements of extreme stress which they put forward as a distinctive category. They note five aspects of extreme stress.

1. The total life experience is disrupted. Unlike a stressful event that takes place against a backdrop of normal psychological and social functioning, these conditions replace the total fabric of normal life with a surrealistic existence, unanchored in the familiar elements of reality.
2. The new environment is extremely hostile, threatening and dangerous.
3. Opportunities to remove or act upon the stressor environment are severely limited.
4. There is no predictable end to the experience.
5. The pain and suffering associated with the experiences appear to be meaningless and without rational explanation.

The model presented by Kehana and colleagues (1988b) suggests that extreme stress is qualitatively different from ordinary life stressors, and as such, has specific implications for sequelae and coping. These implications are described by the authors in the following way:

- the trauma environment is "universally stressful", leaving little room for subjective appraisal of the overall situation;
- extreme stress overwhelms adaptive capacities because individuals have to respond to situations for which they are unprepared and the options for changing the environment are severely constrained;
- given the fact that individuals are powerless to change the overall situation

variance in outcomes is not a function of individual coping strategies, that is, coping responses have minimal successes;

- physical and psychological survival are under assault so that survival issues are a primary concern for individuals;
- failure to respond to the environment has severe consequences - death;
- in contrast to ordinary life events where trauma is compartmentalised and the efficacy of coping can be assessed, in extreme situations trauma is layered; within the overall situation there are specific stress situations and demands, which means that there is no respite and responses have minimal impact on the overall situation;
- the multi-layered nature of extreme trauma does mean that there are opportunities to control specific stressors even though these don't change the overall situation, for example, stealing a bit of bread does not change the conditions of starvation but can preserve life.

The notion that extreme stress overwhelms adaptive capacity and leaves little room for individual differences in responses is echoed by Lifton (1988) who suggests that massive trauma can create dissociation in anybody. The core characteristic of an extreme situation or massive trauma in Lifton's (1988) view is that it constitutes a threat to the entire self.

Becker and colleagues (1989; 1995), of the Latin American Institute for Mental Health and Human Rights, who have worked with Chilean survivors of human rights violations, takes issue with the use of the term *stress* to refer to what these people have been exposed. He argues that *traumatic stress* is a contradiction in terms, because trauma is qualitatively different from stress. Trauma implies structural breakdown in the person. In contrast the individual response to stress requires a reorganisation of cognition and affect but the self is not injured.

Drawing on the work of Bettleheim, Khan and Keilson all of whom analysed the Holocaust, Becker (1995) suggests the notion of *extreme traumatisation*. He uses this notion to denote that the trauma is a process which continues after exposure to discrete events, the process involves a violation of individual and social

activities, which makes it qualitatively different to events such as accidents, natural disasters or illness. What distinguishes extreme traumatisation from other trauma in Becker's (1995) view is that:

- it is a process that is individual and collective where the social and psychological are interdependent;
- it is a process, that is, the trauma is not limited to discrete events in time but there is an overall situation of trauma which endures and that even after discrete experiences such as torture stop, traumatisation continues when the overall situation of political repression and persecution remains unchanged; in this sense Becker (1995) questions the *post* in the concept of posttraumatic stress disorder;
- its aim is the destruction of social activities, and the sense of social belonging;
- it overwhelms the adaptive capacities of both individuals and society.

Becker's (1995) framework emphasises the social and collective nature of extreme traumatisation. This implies not only that there is simultaneously individual victimisation and social trauma but that there is a dynamic interaction between the individual and the social in the process of traumatisation. Extreme traumatisation, he argues

> "... exceeds the capacity of the psychic structure of the individuals and of society to answer adequately to this process. Or said in another way, extreme traumatisation is never only individual destruction or only a socio-political process" (Becker, 1995:107).

Summerfield (1995) who has conducted studies with survivors of wars in Nicaragua and has worked with survivors of civil conflict from a range of societies, distinguishes between discrete experiences of trauma and the collective nature of the trauma in war. He describes war as a *collective trauma*. Whole societies are damaged by war and the victimisation of individuals takes place in the context of social and cultural destruction. He suggest that destruction of social and cultural institutions can be a key determinant of the psycho-social outcomes for individuals and whole societies.

Similarly Martin-Baró (1989) the El Salavadorian psychologist, emphasises the *all encompassing* nature of war which, he argues, subordinates all social processes and affects all members of society directly and indirectly. Martin-Baró (1989) highlights the social nature of the trauma, by analysing its source in social and political systems of oppression. Although he argues that a defining feature of war is that it damages the whole society, he suggests that the social backgrounds of victims will fundamentally influence how individuals experience the trauma. In other words, within an overall situation individuals will be involved in different ways and relationships to specific aspects of the trauma. The important point is that their relationship to the trauma situation is framed by social factors.

2.2.3 *Gender and the definition of trauma*

A review of the literature dealing with women and war, women and torture and women in situations of civil conflict suggests that the nature of war as a trauma, is specified in important ways, by gender relations, gender identities and gender roles, all of which shape the way women experience war, the consequences war has for women and the form that attacks against women take (Agger, 1989; Groenenberg, 1993; Meijer, 1985).

Gender - the social construction of what it means to be male or female - is an organising principle of all societies. Gender as a construct implies that while the biological attributes of sex are universal, the way in which biological differences are interpreted and understood is a social phenomenon. Research reveals that there are features of gender which are shared by many societies. These features include the unequal distribution of power between men and women, the subordination of women, the association of men with the public domains of social life and women with the private spheres of home and family (Dubisch, 1986; Kuhn & Wolpe, 1978; MacCormack & Strathern, 1980; Rowbotham, 1983).

Anthropological and sociological research shows however that neither culture nor gender are uniform across and within societies. Gender constructs are historically and culturally specific. In other words gender roles, identities and relations vary across time and space and intersect with race and class to shape how women and men experience themselves, how they relate to each other, their positions in

society, and their access to social power and resources (Bozzoli, 1983; MacCormack & Strathern, 1980).

The South African sociologist, Jackie Cock (1991) in her book *Colonels and Cadres: Gender and War in South Africa*, argues that gender relations were central to the process of militarisation of South African society and that they shaped the way the conflict during the 1980s was experienced by people. She makes the point that gender occupies a central place in the discourse of war. Cock (1991) points out that men and women experienced militarism in different ways because militry discourse draws on existing definitions of masculinity and femininity. She provides evidence in the book to show that women were excluded from combat both in the South African Defence Force and in Umkhonto we Sizwe, the military wing of the ANC, because they are regarded as vulnerable and to be protected.

The literature on women and war reveals that general features of patriarchy and the specific ways in which these are manifested in particular societies mean that the nature of the trauma of war is divergent for men and women. The research reveals that by virtue of their positions in particular societies the relationship that women and men have to war differs in several ways (Brownmiller, 1975; Macdonald et al, 1987; Rowbotham, 1972).

Firstly, women are seldom part of the decision making structures of war and even where women are part of military organisations they do not have access to positions of power which place them in authority over men (Nordstrom, 1991b). The role that women play in these organisations is shaped by ideology which casts women as weak and places them in traditional feminine roles, and their status in relation to men is contested. There is evidence to show that male combatants resist equal status with their female counterparts and that woman combatants are sexually harassed (Rowabotham, 1972; South African National Truth and Reconciliation Commission, 1997).

In many third world countries women joined revolutionary forces both as combatants and in support roles to end colonial rule. Historical evidence suggests that both their status and contribution are contested. Rowabotham (1972) points

out that women in liberation movements faced the hostility of men who accepted the participation of women while fighting imperialism, but in their vision of the future society saw women as being returned to their traditional roles.

In the post war context men who were involved in battle are received as warriors, women combatants very often return to subordinate positions in society and in some cases are rejected by their communities for having participated in what are perceived as traditionally male spheres of activity. For example large numbers of women in Mozambique joined Frelimo in the struggle to end Portuguese colonial rule (Arnfred, 1988; Urdang, 1989). Arnfred (1988) argues that the active participation of women in the revolutionary struggle resulted in many women developing a new identity which challenged traditional gender relations. Women saw themselves participating equally with men in the struggle to end colonial rule and they challenged men who tried to prevent them from engaging in war tasks.

After independence Frelimo continued to advocate the full equality of women. Women were given political and legal rights and encouraged to become involved in productive activities outside of the home. However relations between men and women in the domestic sphere were not given priority by the Frelimo party which meant that those women who did engage in these activities became overburdened because they still had the full responsibility for maintenance of the household (Urdang, 1989). Arnfred (1988) suggests that gender relations reverted to what they were in the pre-war situation soon after the transition to independence. In her research with women in the northern provinces of the country, from which large numbers of female activists were drawn, she provides evidence which shows that women felt that they had lost out and been abandoned.

This literature suggests then, that even for women who are combatants with men, the war is experienced differently. Women who engage in military institutions encounter the macro-level trauma of conflict but in many instances are faced with additional specific stresses at a micro-level which include sexual harassment and abuse, and the struggle to assert their status within the organisations. In the post war situation very often women must deal with the realisation that their war

efforts have not had real impact on their status in society, which contributes to a sense of meaninglessness in relation to the trauma events they experienced in war.

The second way in which women's experience of the trauma of war differs from men relates to specific experiences of the multiple destruction of war. Reports of the United Nations and Amnesty International show that by far the majority of casualties of wars in recent history are women and children. A UNICEF report in 1990 states that 90% percent of war casualties are civilians, most of whom are women and children. They compare this figure to the estimated 5% civilian casualties during the first World War.

These reports reflect strategies which have as their aim the destruction of community, society and culture. These kinds of strategies define home, family, and cultural institutions and symbols as specific targets of attack (Nordstrom, 1991b). The domestic sphere is under direct assault and women become victims of shootings and assault. Their homes are burnt, their land is ravaged and their property stolen. Lina Magaia (1988), a journalist who documents the stories of peasants during the war in Mozambique in her book *Dumbe Nengue*, recounts tragic tales of attack on person and property.

The strategies of social destruction result in massive dislocation. In an article on the political economy of refugee creation in Southern Africa, Mazur (1988) notes that there were more than one and a half million refugees in the region as a result of conflicts and socio-economic economic devastation in Mozambique and Angola. The conflict in KwaZulu Natal in South Africa during the 1980s led to hundreds of thousands of people being displaced from their homes (Annecke, 1990; Bonnin, 1991). It was estimated that of the over 18 million refugees in the world, 75% are women and children (Friedman, 1992).

Dislocation from home and land represent serious and specific threats for women. They are severed from their means of subsistence and face the challenge of trying to recreate home and a livelihood in host countries where conditions can be hostile. In the case of Mozambican women from northern regions of the country,

Wilson and Nunes (1992) argue, severance from the land represents a greater threat to the economic and social status of women than of men.

Women in flight and in refugee camps are vulnerable to sexual threats and assaults. The evidence from South East Asia is most well known (Dieu De, 1989; Friedman, 1992). Mattson (1993) reports on the proceedings of the 1985 United Nations Decade for Women conference in Nairobi where Cambodian women came forward and described experiences of rape and sexual torture in refugee camps and during their escape journeys.

The loss of family, home and land represents for women not only a threat to material subsistence, but also the destruction of those structures and activities which ground personal and cultural integrity (Nordstrom, 1991b; 1995). As Hassim (1991) points out for women whose identities, personal and social, are structured by their domestic roles, a threat to the family constitutes a threat to identity.

But women do not always just yield to the assaults on their communities, homes and children. Where women do mobilise to resist, their mobilisation very often occurs around issues which affect their lives directly and threaten the family. In Argentina it was the disappearance of their children, which mobilised the women of the Plazo del Mayo into public protests challenging the military regime (Hamber, 1995). Women who resist are targeted for attack.

But women are also frequently attacked as relatives of male activists (Meijer,1985; Women's Rights Project/America's Watch 1992). The intention of these attacks is as much to punish male activists as it is to extract information and it reflects the social construction of women as the property of men. Meijer argues that the attackers intend to "hurt him in his role of protector by violating her" (1985:6).

Finally, a growing body of literature shows that in the context of war and political violence there are particular attacks whose form are defined by gender. The use of both rape and sexual torture as tools of terror is located in specific notions of

masculinity and femininity and is directly targeted at particular features of male or female sexuality.

Agger (1989) examines the work of Chilean psychologists Lira and Weinstein (1986), to show that methods of sexual torture of activists under the military dictatorship, perverted culturally defined gender roles, and differed for men and women. For men the methods of sexual torture imposed were designed to activate homosexual anxieties and sexual passivity while for women the methods exploited the feelings of guilt and shame associated with active sexuality.

Religious and ethnic values intersect with constructions of gender and sexuality to give sexual violation special meanings. For example in Muslim societies the sexual torture of women provokes anxieties about honour and being ostracised. A sexually violated woman is considered culpable and a disgrace to family honour. As a punishment the soiled woman can be cast out of her community (Groenenberg 1993; Meijer, 1985; van Willigen, 1984). In a case study of therapy with a refugee woman called Fatima, Sveaas and Axelsen quote the victim - "In my country a raped women is lower than a dog" (1994:15).

Thus sexual attacks in situations of organised violence are tactics of intimidation and instruments of social destruction.

> "Rape, as with all terror-warfare, is not exclusively an attack on the body -- it is an attack on the 'body-politic'. Its goal is not to maim or kill one person but to control an entire socio-political process by crippling it. It is an attack directed equally against personal identity and cultural integrity." (Nordstrom, undated: 8).

In an impressive examination of historical documentation, Susan Brownmiller (1975) in her book *Against Our Will*, shows how women have been direct targets in wars throughout history. She provides evidence to show that women were raped and sexually abused, either in ad hoc attacks or as part of a systematic strategy of intimidation and control.

There are countless examples of systematic sexual violence in situations of armed conflict. The rape of large numbers of women in former Yugoslavia during the Bosnian conflict provides a classic example of the use of rape as a weapon of ethnic cleansing. Rape was used to fragment family and community by destabilising the sense of ethnic integrity of particular groups (Helsinki Watch, 1993). In Peru female activists in community organisation are commonly targeted. Rape takes place during interrogation and as part of the security sweeps in emergency zones (Women's Rights Project/America's Watch, 1992).

In South Africa when political violence in Natal deteriorated into low intensity civil conflict during the 1980s there were several reports of acts of sexual violence perpetrated by men of one faction against women of the opposing political group. The media also reported incidents in which women were sexually violated by their male comrades as punishment for consorting with the enemy (Annecke, 1990; Hassim and Stiebel, 1993).

The indiscriminate rape of women commonly takes place in the context of attacks. In Burma, women report that troops of the dictatorship forcibly conscript women as slaves and human mine detectors. Once women have been abducted they are subjected to repeated sexual violence (Asia Watch, 1992). The evidence from Mozambique suggests that women were raped in vast numbers during Renamo raids (Magaia, 1988; Nordstrom, 1995; Urdang, 1989).

Sexual access to women is considered the right of soldiers and submitted as a way of keeping forces content (Brownmiller, 1975). This is reflected in the use by Japanese forces of Korean women as *comfort women.* The recent testimony of these women documents experiences of ongoing rape of individual women on a daily basis, sometimes by as many as 10 soldiers (Dolgopol, 1995; Korean Council for Women, 1993). The Gorongosa documents, captured in 1981 in Mozambique, contain minutes of discussions between Renamo and South African officers in which it is suggested that women's detachments be placed in Renamo camps to *entertain* soldiers (Minter, 1989).

The documented evidence of rape in war makes a strong case against defining acts of sexual violence by soldiers as a fulfilment of the need for sexual

gratification (Brownmiller, 1975; Thomas & Ralph, 1994). Thomas and Ralph (1994) argue that both mass scale systematic rape, cases of indiscriminate rape, and the holding of women as sex slaves, are political in character and have political effects. Brownmiller makes a similar point in this way "... the original impulse to rape does not need a sophisticated political motivation beyond a general disregard for the bodily integrity of women. But rape in warfare has military effects as well as an impulse. And the effect is indubitably one of intimidation and demorilization for the victim's side" (1975:30).

The view that rape is a political act wherever it occurs has long been espoused by feminist scholars (Burt & Katz, 1987; Brown, 1991, Lebowitz & Roth, 1994; Walker,1989). Although rape in war and *peace* are not different categories (Nordstrom, 1991b; Nordstrom, undated) in the context of war, where rape is more overtly an instrument of terror its political implications are readily apparent. Sexual violence attacks the basic social relationships and values which ground societies and cultures, so that the individual body becomes a site on which political conflicts are enacted (Nordstrom, 1991b; Nordstrom, undated).

In summary, the literature on women and war suggests that gender shapes the nature of the trauma of war in very specific ways:

- Gender determines the status, position and perception of men and women's roles in war;
- Gender (with race and ethnicity) defines who is attacked: In wars which have as their strategy total destruction of society women are specifically targeted as the sustainers of family, as cultural symbols (the property of men) and as community members and activists;
- Gender shapes the experience of war: The assault on family, property and culture is an attack on women's social and economic status and personal and social identity;
- Gender shapes the form of attack manifested in particular methods of sexual torture and in rape;
- Gender specific forms of attack are experienced both by the individual and collectively by the family and community.

2.2.4 *Conceptualising war as a trauma*

A review of the themes and approaches in the literature which refers to the conceptualisation of war as a trauma throws open several key issues. The DSM-IV, which is widely used by mental health professionals and has the status of an official diagnostic system, has opted for broadening the scope of the stressor criterion. This manual does not specifically define features of events which qualify them as trauma and does not have specificity in relation to war as a trauma. Critics who have studied the Holocaust and situations of war and political repression in Latin America, Africa and in other situations, argue that these situations have specific characteristics which make the trauma qualitatively different to discrete events of violence which occur under relatively normal conditions. Primary amongst these features is that in situations of organised violence both individuals and society are under assault.

Researchers who use the posttraumatic stress disorder framework interpret social factors as mediating variables, which may affect appraisal and perception of events. The critical approaches to defining trauma, that is certain analyses of the Holocaust, the dissenting voices of David Becker and colleagues (1995; 1989), Martin-Baró (1989) and Derek Summerfield (1995), and the work on women and war, posit social constructs as definitive in specifying the nature of the trauma.

2.3 The Psychological Consequences of War

2.3.1 *Posttraumatic stress disorder*

The changes made to the DSM-IIIR definition of the stressor criterion A, for DSM-IV, were not matched by changes to criteria B, C, and D which have largely remained the same. One important change to DSM-IV has been the inclusion of the cultural formulation for use in making diagnoses. DSM-IV notes the importance of clinicians knowing the cultural identity of patients and cultural explanations of illness in order to avoid incorrectly diagnosing "normal variations in behaviour, belief, or experience" in particular cultures as psychopathology (DSM-IV, 1994: xxiv).

In the DSM-IV description of posttraumatic stress disorder, under the heading "specific culture features", it is noted that the "severity and pattern of response may be modulated by cultural differences in the implications of loss. There may also be culturally prescribed coping behaviours that are characteristic of particular cultures. "Dissociative" symptoms are given as one example of symptoms which may be sanctioned by particular cultures (American Psychiatric Association, 1994: 431).

The acknowledgement of the importance of cultural factors to the diagnosis of mental disorders contained in the DSM-IV, is not evident on any significant scale yet in research on posttraumatic stress disorder. More evident in the literature, is the move towards identifying the biological substrates of posttraumatic stress disorder (Andreasen, 1995; Tomb, 1994).

Criteria B, C, and D of posttraumatic stress disorder in the DSM IV describe three clusters of symptoms: B) intrusive and re-experiencing symptoms, C) avoidance reactions to reminders of the trauma and psychological numbing and withdrawal, D) heightened physiological arousal. A diagnosis of *acute* posttraumatic stress disorder requires the symptoms to be present for at least 1 month but less than 3 months since the trauma, while a diagnosis of *chronic* posttraumatic stress disorder requires symptoms to be present for at least three months. Onset of the symptoms at least 6 months after the trauma is diagnosed as delayed onset.

The symptoms of posttraumatic stress disorder have been identified through empirical studies in a wide range of war victims. The most well known are the studies conducted with Vietnam war veterans (Buydins- Branchey et al, 1990; Figley, 1985; Figley & Leventman, 1980; Holloway & Ursano, 1984; Jordan et al, 1991; Keane, 1993; Laufer et al, 1985; Norquist et al, 1990; Ursano, 1987). More recently the disorder was confirmed in victims of the war in former Yugoslavia (Arcel, 1994; Arcel et al, 1995).

The growing awareness amongst clinicians and researchers that refugees bore psychological scars related both to exposure to violence and dislocation prompted investigations of posttraumatic stress disorder in refugee populations. Amongst

the earliest research were studies carried out amongst South East Asian refugees in the United States (Carlson & Rosser-Hogan, 1994; Kinzie & Fleck, 1987; Mollica, 1988; Mollica et al 1987; Moore & Boehnlein, 1991). More recently centres in Western Europe set up to assist victims of human rights abuses have noted the disorder in survivors from the Middle East, Latin America, Turkey, Greece and Eastern Europe (Bilanakis, et al 1997; Sarantidis et al, 1996).

Mollica et al (1987b, 1992) in their work on validating the Hopkins Symptoms Checklist and the Harvard Trauma questionnaire confirm high rates of posttraumatic stress disorder amongst South East Asian refugees, very often accompanied by diagnoses of depression and anxiety. These findings have been confirmed by others working with Mien refugees and Cambodians (Boehnlein 1987; Carlson & Rosser-Hogan, 1994; Kinzie et al, 1984; Kinzie & Fleck, 1987; Moore & Boehnlein 1991). Shrestha et al (1995) found in their study of physically tortured Bhutanese refugees that those refugees had posttraumatic stress disorder and those with posttraumatic stress disorder were more likely to display symptoms of anxiety and depression.

Recent literature shows that posttraumatic stress disorder has been found in African survivors of war. Reeler (1995) who worked with Mozambican refugees in Zimbabwe screened a sample of adults attending the out patient department of a local primary health care clinic for psychiatric symptoms. He concludes that all of the people who reported an experience of organised violence in Mozambique "would probably receive a diagnosis of posttraumatic stress disorder; all were severe and all would require treatment" (Reeler, 1995:19). Reporting on their work with victims of civil conflict in Uganda, Bracken and his colleagues (1992) note that the people they worked with suffered from posttraumatic stress symptoms.

The clinical picture of posttraumatic stress disorder which emerges in the literature, shows that the symptoms *wax and wane* and even in people whose symptoms have remitted they can be easily re-evoked by exposure to new traumatic events, and life crises (Herman, 1993b; Tomb, 1994). Herman (1993b) argues that there is never complete recovery. In her view the trauma *reverberates* through the lives of survivors. Holloway and Ursano (1984) suggest that

traumatic memories can become a metaphor to represent and through which to resolve current crises.

Investigations of the course of the disorder show that the symptoms of posttraumatic stress disorder are persistent over time but do not necessarily result in long term impairment in functioning (Gong-Guy, et al 1991; Kinzie & Fleck, 1987; Tomb 1994). Studies have shown that people with significant posttraumatic stress symptoms achieve adequate occupational and social functioning (Gong-Guy, et al 1991).

Relatively few studies have examined positive outcomes following exposure to trauma (Casella & Motta, 1990; Hendin & Haas, 1984; Holloway & Ursano, 1984). Hendin and Haas (1984) in their work on soldiers, identify traits and behaviours which they suggest are protective factors. These include the ability to accept fear, the ability to remain calm under pressure, intellectual control and task oriented actions. Janoff-Bulman (1989) suggests the creation of meaning encourages positive adjustment. With few exceptions these studies take the absence of psychological symptoms as the main index of resilience and adjustment (Holloway & Ursano, 1984).

Kahana et al (1988a,b) argue that in addition to the traditional health and mental health indices, occupational, financial and personal achievements should be considered in the assessment of adjustment and coping after trauma experiences.

Although empirical research confirms the diagnosis of posttraumatic stress disorder in a broad range of war victims and in victims of many other kinds of trauma events, there exists considerable disagreement amongst researchers and clinicians on the diagnostic specificity of the disorder. This is based on the findings that show that the symptoms of posttraumatic stress disorder overlap with other psychiatric disorders and that individuals who have posttraumatic stress disorder very often have other disorders as well (Brett, 1993; Keane, 1993; McFarlane & Papay, 1992; van der Kolk et al, 1996).

Several studies have shown that individuals with posttraumatic stress disorder also qualify for a diagnosis of a separate DSM psychiatric disorder, most often

depression or anxiety (Brett, 1993; Davidson & Foa, 1993; Shrestha et al, 1995). Thus it has been suggested by some researchers that posttraumatic stress disorder is only one of a range of possible reactions to trauma (Eberly & Engdahl, 1991).

Keane (1993) based on his work with Vietnam war veterans argues that it is difficult to determine which symptoms are central to posttraumatic stress disorder and which are secondary to the presence of other disorders. The hyperarousal features of posttraumatic stress disorder overlap with the anxiety disorders, while the avoidance and numbing symptoms overlap with symptoms of depression and severe re-experiencing symptoms are similar in clinical phenomenology to dissociative disorders.

Recently some clinicians and researchers have questioned the value of the concept of co-morbidity to capture the complexity of the responses to trauma. Van der Kolk et al (1996) argue that a list of symptoms from a variety of disorders does not encompass the relationship between symptom clusters and the underlying processes that result in these symptoms.

These authors argue that dissociation, somatisation and affect dysregulation have a strong association with trauma experience and posttraumatic stress disorder. It is proposed that symptoms of posttraumatic stress disorder, dissociation, somatisation and difficulties in regulating affect (especially anger and sexual behaviour) do not constitute discrete diagnosis but instead represent an interplay of the cognitive, emotional, somatic and behavioural effects of trauma. Dissociation occupies a central place in their framework of analysis in which they suggest that dissociative problems are more commonly found in people who were victimised before age fourteen than in older survivors.

In an attempt to improve diagnostic specificity some have suggested the creation of a spectrum of posttraumatic stress disorders (Brett, 1993; Herman, 1993a,b). Brett (1993) puts forward an argument for a separate category of disorder which will apply only to extreme stress and will maintain aetiology as the basis for the disorder. In a similar vein, Herman (1993a) suggests that there is evidence to support a more complex posttraumatic stress reaction (DESNOS) which would apply to survivors of repeated and prolonged interpersonal violence or

victimisation. She bases this suggestion on her work with survivors of childhood sexual abuse and domestic violence. But Newman et al (1995) explore the presentation of DESNOS in combat veterans.

Tomb (1994) argues that resolution of the questions relating to diagnostic specificity of posttraumatic stress disorder will ultimately depend on the identification of physiologic and biological criteria and assessment measures. Psychobiological and cognitive processing models dominate the research which explores the underlying mechanisms involved in the development of posttraumatic stress disorder and its course. Historical reviews of the development of the concept of posttraumatic stress disorder point out that it has its roots in Freud's theories (Kleber & Brom, 1992; Wilson, 1994). Psychoanalytic concepts are still used by some researchers to explain posttraumatic stress reactions (Brett & Ostroff, 1985). However the cognitive processing model dominates the literature which theorises the mechanisms underlying posttraumatic stress disorder.

Drawing on Freud's psychoanalytic concepts of repression, repetition compulsion, and the unconscious aim of mastery, Horowitz (1986, 1990) was amongst the first to put forward a cognitive model to explain the re-experiencing and avoidance symptoms of posttraumatic stress disorder. Horowitz (1986; 1990) presented a model of mental schemata which, he argued contained the individual's views, assumptions and expectations of the world. Trauma events challenge existing schemata by presenting information which is inconsistent with previous assumptions and expectations. Horowitz (1986) proposed that the new information has to be processed so that it can be integrated, and the pre-existing schemata have to be modified to absorb the trauma experiences.

According to Horowitz (1986) avoidance reactions are defensive and represent the initial shock and denial of the trauma. The traumatic memories break through this defensive structure. The re-experiencing symptoms of posttraumatic stress disorder represent attempts at working through, and are part of the process of assimilating the trauma information. Without successful working through, warding off the memories, in avoidance reactions, continues and there are ongoing phases of re-experiencing and numbing.

Other authors have presented similar cognitive models to explain posttraumatic stress disorder, all of whom emphasise the processing and integrating of trauma information into a restructured view of the world. In their model Foa et al, (1989) posit that trauma events result in trauma memory networks which contain both the stimulus information and response information. They argue that the trauma memory needs to be activated by reminders in order for processing, and ultimately, a weakening of the stimulus information to occur.

Creamer (1995) argues that the appraisal of the trauma events and the meaning attached to them result in a traumatic memory network. The memory network must be activated and modified which occurs by confronting trauma memories. He suggests that intrusive experiences differ in that, some may be functional to reducing symptoms levels while others result in such high arousal that they prompt escape responses and are therefore dysfunctional. He suggests longer periods of exposure to traumatic memories may facilitate cognitive processing. For Creamer (1995) avoidance reactions are a response to the distress caused by the re-experiencing responses.

In line with the sensitivity to cultural factors proposed in the DSM-IV, Creamer (1995) argues that social and cultural context may affect the activation of the trauma memory network. "Widely held beliefs about the way people "should" cope with such events may promote or inhibit this process of modifying the meomory network and may influence how survivors interpret their own reactions" (Creamer, 1995:71).

Physiological and biological factors associated with posttraumatic stress disorder refer to increased arousal, changes in hormone production, alterations in brain functioning and permanent changes to sleep architecture (ver Ellen & van Kammen, 1990). Assessments of physiological changes in individuals exposed to trauma stimuli reveal effects on heart rate, respiratory rate, blood pressure levels and alpha activity measured by electro encephalogram.

Evidence has been provided of changes in cortisol production in posttraumatic stress disorder patients which are explained as consistent with a dissociation

between the sympathetic adrenal medullary system and the pituitary adrenal cortical system.

Cortisol production is linked to the psychological defences - denial of danger, bolstering of feelings of omnipotence (which lead to altered perceptions of reality), and to high levels of arousal of nervous system activity. Alterations in neuroendocrine production and disruption in neurotransmitter functions are then associated with disruptions to areas of the brain including the hippocampus, amygdala and hypothalamus (ver Ellen & van Kammen, 1990)

Van der Kolk et al (1996) refer to brain imaging techniques which reveal that exposure to trauma stimuli results in activity in the right hemisphere which is involved in emotional arousal. They suggest that the concomitant observed diminished activity in Broca's areas would lead to a decreased capacity to express the experience in language.

2.3.2 *The holocaust and the survivor syndrome*

The theoretical framework used by most writers examining the effects of the Holocaust is psychoanalytic. Drawing on Freud's concept of regression in the face of overwhelming stimuli and later developments in psychoanalytic theory, some theorists put an emphasis on regression to primitive levels of ego functioning, while others stress that consequences are shaped by the interpretation of the trauma experience in the light of how it impinges on pre-existing psychic conflicts. In the latter view the interpretations of the event are synthesised with previous intrapsychic conflicts, unconscious fantasies and wishes to create fantasised meanings, which can operate to prevent resolution (Jucovy, 1986; Krystal, 1984). Hoppe (1984) for example suggests that some victims related unconsciously to their torturers as parental figures.

The former view proposes that the ego's adaptive capacities are overwhelmed by the trauma event. There is a threat of annihilation. The mind is unable to assimilate the experience. In an attempt to master and adapt, the ego employs mechanisms of defence or modes of adaptation. There is regression of emotional and cognitive functioning to states in which emotions are undifferentiated and

somatic. Adaptational modes include repetition, repression, and avoidance of repetition. While this view sees interpretation as part of the process of dealing with massive trauma, meanings are considered secondary to the process by which the adaptive capacities are overwhelmed and regression occurs.

By and large the literature on Holocaust survivors suggests pervasive and irreversible psychological damage and impairment. The multiple symptoms found in those who experienced the ravages of the Holocaust are commonly referred to as the *survivor syndrome*. The syndrome includes in varying combinations symptoms of chronic anxiety, chronic depression, constricted cognition, memory disturbances, disturbances in body image, emotional numbing and alexithymia, isolation and withdrawal, survivor guilt, aggression and psychosomatic complaints (Hoppe, 1984; Jucovy 1986; Krystal, 1984).

Therapists and researchers have argued that survivors who faced the brutal and meaningless death of loved ones have been unable to complete mourning and form new object relations. Permanent difficulties in family relationships and inhibited capacity for sexual interaction have been noted. Some who have worked with Holocaust survivors argue that they have found hate addiction and chronic reactive aggression in survivors which manifests in loss of trust, fantasies of revenge and idealised expectations of justice (Hoppe, 1984).

There has been considerable debate in the literature on the Holocaust regarding the pathogenic processes leading to psychological damage, the aims of treatment and more recently the notion that all Holocaust survivors are severely impaired. Loss and mourning occupy a central place in these debates. Terry, (1986) a psychoanalyst who has worked with survivors for many years, argues that the indiscriminate application of the diagnostic label *survivor syndrome* deprives people of their individuality and denies them their dignity. He argues that many survivors emerged from their experiences with dignity and held within them something that was not damaged.

Terry (1986) suggests that the survivor syndrome and other diagnostic entities which describe the symptoms of survivors have been based largely on the need for restitution and compensation. For Terry (1986) the trauma was not necessarily

pathogenic. In his view the pre-trauma personality plays a great role in the responses to trauma. Terry (1986) places emphasis on loss and unresolved grief above famine, torture and humiliation as trauma experiences. He suggests that it is loss and the inability to mourn which creates the greatest risk for pathology. In concentration camps grief was not permitted, nor, he argues, was the ego of victims strong enough to mourn lost objects. Further obstacles to mourning were that death was not confirmed, the dates of the death of a loved one were unknown and there were no burial sites. But he suggests that the capacity to complete mourning varies amongst individuals and depends on psychic maturity.

Anna Ornstein (1986), a survivor and analyst, applies the theory of self psychology to Holocaust survivors and their treatment. She puts forward an argument which stresses the importance of the pre-trauma personality, the specific experiences during the holocaust and the conditions to which survivors returned for the effects on each individual. She suggests that incomplete mourning does not necessarily result in an inability to form new object relations. Rather, what is important is that new self objects are necessary for the re-establishment of the self cohesion required to tolerate the painful affects associated with trauma memories, without which mourning cannot proceed.

It has been suggested by some researchers that studies conducted with survivors who had not sought professional help, provide evidence of successful social and occupational functioning, and successful family relationships and bonds (Kahana et al, 1988b; Whiteman, 1993). These writers do not trivialise the trauma nor do they suggest in a simplistic way, that those who have adjusted are not negatively affected by their experiences. Whiteman (1993) points out that the survivors who participated in her study felt that they were left with a "permanent sense of being different from others". Most had been left with a cynical perspective and a pessimistic outlook on life with an ongoing sense of potential danger (Whiteman,1993:448).

Whiteman (1993) presents the concept of *double track* to explain the ability of survivors to achieve and have intimate relationships at the same time as being deeply affected by their losses. She argues that there is one track belonging to the tragedy. This track carries memories of terror and sorrow at having lost relatives,

friends and meaning. The other track is for daily living and is linked to the survivor's ability to work effectively and engage in positive interactions with peers and family.

Kahana and colleagues (1988a,b) who have done extensive research into coping, adaptation and resilience amongst Holocaust survivors question studies which have focused only on psychiatric symptoms. They provide evidence of successful occupational, educational and interpersonal achievement and adaptation amongst Holocaust survivors in the United States and Israel. In their view these achievements are not compensatory but should be considered alongside physical and mental symptoms as indicators of health.

The significance of mourning in the Holocaust experience is raised in a recent study by Yehuda et al (1996) who investigated dissociation amongst aging Holocaust survivors. In contrast to the literature which proposes that dissociation is central to responses to trauma, these researchers found relatively low levels of dissociation amongst Holocaust survivors. The results of their study also reveal an absence of correlation between trauma and dissociation.

They propose that the collective mourning and commemoration facilitated by Judaism's tradition of ritualising and institutionalising national trauma events may help individuals cope with the trauma memories. Furthermore they argue that having others bear witness, and the encouragement of survivors to document personal testimonies for archives, provides some measure of collective social support. Having others bear witness, has been noted as an important aspect of clinical treatment. In conclusion they suggest that if collective support lessens dissociative symptoms resulting from trauma, then treatment must include sociological intervention strategies (Yehuda et al, 1996).

2.3.3 *Lifton - the encounter with death*

Lifton's (1986; 1988) work on the Holocaust, Nazi doctors, Vietnam veterans and survivors of Hiroshima has been seminal in the field of trauma research. Several principles underlie his conceptualisation of the reaction to trauma. He sees the sense of self and identity - which is under assault in the trauma context - as

developing over the life span in relation to the world in which people live. He stresses the continuity of life and psychic continuity through connection with others both in the immediate community and broader social involvement.

The *formative* principle in his work suggests that the mind needs the perpetual action of creating images and inner forms - symbolisation - in order to function. The search for meaning plays a significant role in the process of symbolisation and takes place for individuals both in relation to connection with those near to them, and in relation to a broader human connectedness. There is a strong moral dimension in Lifton's (1988) work. He argues that the moral stance adopted by clinicians and researchers is bound up with how effective their work with survivors will be. He stresses the importance for researchers to delegitimise trauma situations in their discourse, in relation to patients and in public opposition to destructive behaviours. For Lifton survivors have a right to their symptoms. He emphasises that post-trauma reactions are normal responses to abnormal situations. This he calls the *normative principle* (Lifton, 1988).

The theme of death is central to Lifton's (1986; 1988) conceptualisation of the response to extreme or *massive* trauma. He identifies five themes which are characteristic of the psychology of the survivor - the death imprint, death guilt, psychic numbing, conflict around nurturing, and the struggle with meaning or formulation .

Trauma confronts the victim with a threat of annihilation of the self. The *death imprint* is an enduring image or feeling of this threat which the survivor holds in the ongoing struggle to assimilate the threat. He suggests that the degree of anxiety associated with the image is related to the unacceptability of the death encounter due to its grotesqueness, suddenness and prematurity. The encounter with death evokes prior experiences of separations and disintegration but the victim's symbols, inner forms and images, cannot absorb the *death imprint*. There are, in Lifton's view, two levels to the threat contained in the death imprint, actual death anxiety - fear of dying, and symbolic death - the disintegration of the self.

The power of the *death imprint* Lifton (1988) argues, has to do with *death guilt*. *Death guilt* is linked to the inevitable limited capacity to act in situations of

trauma - what Lifton terms *failed enactment*. In situations of massive trauma both physical and psychological action are severely limited. Not only are victims curtailed in their ability to help fellow victims, and resist victimisation but also in

their capacity to feel pain and anger. Lifton (1988) suggests that survivors feel responsible, and blame themselves for what they were not able to do and feel. The images keep recurring as part of the attempt to rework the event to a more acceptable *enactment*. Lifton (1988) suggests that while this self-blame is unfair there is a paradox in survivor guilt which is that it is not only psychological but has a moral dimension in that it evokes the accountability we have to the existence of others and raises questions about judging the trauma events.

In order to avoid physical and psychic death, the victim closes off to feeling and dissociates from what is happening. There occurs a diminishing capacity to feel - *psychic numbing*. Lifton (1988) argues that psychic numbing involves not only the loss of emotion but also a loss of the capacity to symbolise, because the self is severed from its grounding in history, in compassion for others and in human connectedness. It is this severance which accounts for *failed enactment* and *death guilt*. For Lifton (1988) *psychic numbing* undermines the essential psychic processes - the perpetual process of creating images and inner forms in relation to others and the world.

Lifton (1988) argues that survivors need human relationships to experience themselves as vital human beings again, but struggle to accept gestures of support, help and nurturance. The rejection of relationships has to do both with the fear of being weak and a loss of trust. Survivors guard against re-experiencing shattered relationships. Furthermore he suggests that survivors have a sense of being tainted by death and annihilation, accompanied by feelings of worthlessness. Others intensify this feeling of stigma, he suggests, because the survivor activates their latent anxieties about death.

The final theme characteristic of the survivor's psychology is the struggle to find *meaning* or significance in the trauma events. This, argues Lifton (1988), is crucial to developing new inner forms, or symbols. *Massive* trauma evokes in survivors fundamental questions about the world, the value of human life and

human suffering. Survivors question the goodness of humans, the connections between people, how to trust their relationships. In Lifton's (1988) view unless the search for meaning is successful so that survivors can re-establish connections they remain locked in *psychic numbing.*

2.3.4 *Psycho-social critiques*

Martin-Baró (1989) the Salvadoran Jesuit priest and psychologist who was executed, argued that the notion of psycho-social trauma is a more appropriate concept for describing the consequences of war. He explained psycho-social trauma as the "crystallisation or materialisation in individuals of the social relations of war that are experienced in the country" (1989:16).

Unpacking the concept psycho-social trauma, Martin-Baró (1989) suggests that there is a dialectical relationship between the psychic injury of a particular individual with the social trauma that affects the whole nation. He argues that the damage will be shaped by the experiences of particular individuals. The individual's social background and specific relationship to aspects of the war process form these experiences. He emphasises two points. The roots of the injury are not found in the individual but in social conditions. The nature of the psycho-social trauma is sustained by the interaction of the individual and society mediated by institutions, groups, and other individuals.

The examples Martin-Baró (1989) provides illustrate the concept of psycho-social trauma. He hypothesises that experiences of extreme social polarisation, such as when geographical regions move continually from the control of one side to that of the opposing side, or when there is a barrage of propaganda from opposing sides, result in the development of psychotic alienation in people who have to endure these changes without any choice and without being able to state their own beliefs and opinions. He explains the personality becomes weakened and there is *experiential* confusion because people are unable to affirm their identity, assert their values, make choices about their lives and they have no sense of security and belonging.

Martin-Baró (1989) argues that in war, social relations become dehumanised and that this establishes a framework for structural, group and interpersonal relations according to which the other is negated. Because identity is dialectically constructed in interaction with the other, the rejection of the humanity of *enemies* and the desire for their destruction affects personality and identity development. The militarisation of society results in a militarisation of the mind such that ways of thinking, and behaviour in social life accept and promote violence and destruction as solutions to problems. People who are "formed in this context assume an inherent contempt for human life, adhere to the law of the strongest (or the most violent) as a social criterion, and accept corruption as a life-style" (Martin-Baró 1989:18). He gives the example of young people who assert that the solution to poverty is to execute poor people.

The emphasis on the social roots of the psychological consequences of violence in war situations is echoed in the work of Becker et al, (1989), psychiatrists who have worked with victims of military repression in Chile for close to two decades. As has been noted above they use the concept of *extreme traumatisation* to denote that, "traumatisation is a result of a socio-political occurrence that has been transformed into a mind-damaging process" (Becker et al, 1989:85).

These authors identify four themes which they argue define the pathological process, *1) loss and grief, identification with death, guilt, 2) contradiction, 3) equilibrium-disequilibrium and 4) privatisation of damage. Loss* refers to personal losses, loss of socio-political rights and the loss of the capacity to determine one's life. Because these occur in a context of repression, where people define themselves in relation to political activism, mourning and grief work is not completed. Instead dissociation and denial of the losses take place. Becker et al (1989) suggest that on the one hand these defensive processes allow for survival but on the other prevent people from resolving their emotions.

One of the responses people have to loss is what Becker et al (1989) call *identification with death* which results in a range of reckless and self destructive behaviours. In a political situation which is filled with threats to life the identification with death becomes particularly intense. They argue that *guilt* is a response to the questions of why and how things happened. In repressive

situations this can provoke answers that are hidden from the public. But at a personal and individual level *self-incrimination* is a risky form of support.

The Chilean researchers note that people who have been through torture, imprisonment, faced death, and have been in exile have a desire to forget what happened and return their lives to normality. But where the political repression continues, to try and return to normality, confronts the subject with multiple *contradictions.* For example, to have a normal life and reconstitute emotional relationships feels like a disloyalty to those who can't do this because they are in prison. The *contradictions* are realities which infringe on psychological functioning and are a part of the damage inflicted by the social situation.

The trauma experiences damage individual and family equilibrium. Within the context of continuous trauma there is no space to work through these experiences. Dissociation, denial and displacement are defensive processes used to create a new form of *unhealthy* equilibrium, in order to achieve some kind of survival. This results in symptoms of anxiety, and dysfunctional relationships. But because victims of trauma fear re-experiencing feelings of helplessness, they desperately try to maintain the homeostasis achieved (Becker et al, 1989:81).

Finally they suggest that damage which has socio-political roots is transformed into *privatised damage.* They provide the examples of a mother whose son is murdered, who feels that she is responsible for allowing him to go to the neighbour, or the torture survivor who feels ashamed for not resisting. They suggest that if looked at psychodynamically privatising the damage allows the person to re-establish a sense of control. They point out however that this reaction results in guilt and depression which do not allow people to work through the trauma.

The examination of the work of the Chilean psychologists and psychiatrists shows that although they identify symptoms described in conventional psychopathological nosology, their emphasis on the socio-political aetiology of these symptoms leads to a framework of explanation which posits the interplay of individual vulnerability and socio-political processes (Becker et al, 1989:83).

2.3.5 *Gender and meaning*

Sexual violence has constituted the major focus of the research on women and trauma. This research has until recently, examined the responses to discrete experiences of sexual assault in situations of *peace.*[*] It was feminist scholarship in the 1970s that opened up research to look at the psychological effects of rape. Studies on the effects of rape identified fear and anxiety, depression and a set of responses in victims which included shock, insomnia, startle responses, nightmares, flashbacks, dissociative and numbing symptoms (Burgess & Holstrom, 1974; Sutherland & Scherl, 1970).

Burgess and Holstrom (1974) noted an acute reaction in which behaviour was disorganised and long term responses included the development of rape-related phobias, and restrictive changes in lifestyle. They coined the phrase *rape trauma syndrome* to describe this pattern of responses (Burgess & Holstrom, 1974; Sutherland & Scherl, 1970). The work Burgess and Holstrom (1974) proposed stages in the response and recovery process, from acute reaction, to denial or suppression and finally integration and resolution.

Since the inclusion of posttraumatic stress disorder in the DSM the responses following rape were noted as consistent with the symptom criteria for posttraumatic stress disorder (Kilpatrick & Resnick, 1993; Kilpatrick et al, 1985; Roth & Newman, 1991; Rothbaum et al, 1992). Steketee and Foa (1987) reviewing the situation in the United States, argue that rape victims constitute the largest single group of posttraumatic stress disorder sufferers.

The well known work of Kilpatrick, Resick and Veronen (1981) using a social learning theory model noted that fear and anxiety are both prominent and persistent reactions to rape. In a series of studies conducted for the Sexual Assault Research Project these authors identified what they called *profound* cognitive and physiological symptoms of anxiety in rape victims immediately after the assault

[*]Nordstrom (undated) notes the paradox of referring to situations where rape against women is commonplace as peaceful. Similarly Herman (1993b) equates violences against women and children in ordinary situations to war, when she calls this kind of violence the"sex war".

which lasted up to 1 year after the experience of victimisation. They compared victims with non-victims on trait anxiety scales, the Modified fear survey and subscales of the SCL-90-R to find that rape victims were significantly more distressed than non-victims.

Although generalised anxiety and rape-related fear have been noted as the most prominent reactions to sexual assault, the literature reveals long-lasting depressed mood, impairment in social functioning, particularly occupational functioning, sexual dysfunction and sexual dissatisfaction and poor self-esteem, as common emotional and behavioural responses in victims of rape and attempted rape (Kilpatrick et al, 1981; Koss & Burkhart, 1989). Guilt, shame and self-blame amongst victims of sexual assault are also widely reported in the literature (Frazier, 1990; Janoff-Bulman, 1979; Meyer & Taylor, 1986; Miller & Porter, 1983).

The act of rape, by taking away the right to control one's body and by dispossessing the victim of the right to consent to sexual interaction, contains within it the message that the victim is unworthy and inferior which results in commonly reported feelings of degradation: "The worst was to be treated as if I am not a human being - I felt so worthless, they might just as well have killed me. It was more than a violation, he annihilated me as a person, a human being" (Dahl, 1993:152).

The widely reported feelings of guilt and self-blame amongst victims of sexual violence led to research on attributions. Janoff-Bulman (1979), in a study investigating blaming strategies used by survivors of sexual violence, distinguishes between behavioural and characterological self-blame. She suggests that behavioural self-blame is adaptive because it implies that by changing specific behaviours victims can re-establish control over their lives. Studies which have investigated the relationship of self-blame to post-rape adjustment suggest that both types of self-blame are associated with low self-esteem, poorer adjustment and depressed social functioning (Frazier 1990; Hill & Zautra, 1989; Miller & Porter, 1983).

One explanation that has been forwarded for the tendency amongst rape victims to blame themselves is that women are socialised into the victim role and therefore accept responsibility for negative life events (Meyer & Taylor, 1986). Psychodynamic theory explains self-blame as a response to the rage at loss of competence and omnipotence and suggests that self-blame can facilitate behavioural changes which allow victims to regain a sense of control (Moscarello,1990).

Kilpatrick et al, (1985) suggest a social explanation for self-blame amongst victims. They argue that women are conditioned into accepting responsibility for sexual assault by social beliefs and propose that one part of the treatment of rape victims should be the unlearning of these attitudes.

Studies using cognitive processing models of research note the importance of cognitive appraisal of the event, the shattering of previously held assumptions about the self and the world, and integration of the experience into redefined cognitive schema for understanding the effects of rape (Hartman & Burgess, 1993; Janoff-Bulman, 1979; 1989). Many of these studies point out that there are unique features of rape victimisation which influence cognitive processing. Rape is an interpersonal act which challenges the basic trust victims have in others and raises fundamental questions about how to relate to people. Rape occurs in a social context in which there are widely held beliefs that women are responsible for sexual assault. This can leave the victim wondering about availability of social support with resultant feelings of isolation and shame (Burt, 1980; Dahl, 1993; Koss & Burkhart, 1989; Lebowitz & Roth, 1994).

A defining feature of feminist research on rape is the emphasis it places on social and political ideas and beliefs to specify both the nature of sexual trauma and the content of its psychological consequences. Rape was defined as a political act, and the critically important role that social and cultural constructions of male and female sexuality play in supporting rape myths and in framing survivor responses to rape was highlighted (Brownmiller, 1975; Burt & Katz, 1987; Leobowitz & Roth, 1994; Walker, 1989; Wolfe, 1990).

Empirical investigations have confirmed the relationship between endorsement of rape supportive attitudes and victim blaming (Burt, 1980). Lebowitz and Roth (1994) examined the influence of cultural beliefs on the ways in which victims of rape make sense of the experience. Using Horowitz's (1986) notion of cognitive schemas and the meaning construction in the response to trauma they argue that schemas and meaning derive in large part from culturally constructed beliefs. Women internalise social and cultural beliefs held about women and about women and rape. In the aftermath of rape victims activate these beliefs to process the experience.

The results of their study show that women who had been raped drew on social and cultural beliefs about women and sexuality to process the trauma of rape. These beliefs include: female sexuality is a commodity whose value is defined by male ownership and usage and is considered spoiled and devalued by rape; women's responsibility for male sexual behaviours and desires; the pressure on women to deny their own sexual agency; and the construction of women as dependent. These internalised cultural beliefs provide victims with ways of understanding and interpreting rape but essentially leave them with a degraded self-image, encourage self-blame and promote self destructive behaviours (Lebowitz & Roth, 1994).

Research which examines the effects of rape across cultures is largely based on refugee studies. In this work locally derived cultural constructions of women and sexuality have been identified as crucial for understanding the responses of women to rape and sexual torture in situations of war. Groenenberg (1993) who works with refugees in the Netherlands suggests that responses to sexual torture are shaped by the way in which women experience their bodies, relate to men and see themselves, which in turn are based on the internalised values and taboos of the society in which women are socialised. Based on their work with Cambodian women, Mollica and Son (1989) point out that the subjective meanings of sexual torture and assault are created by historical and cultural traditions.

In work done through the Dutch refugee council, van Willigen (1984) points out that in Muslim culture the fidelity and fertility of females is important to family honour. Violation dishonours the family and the victim can be cast out leaving

her with the additional trauma of loss of family. The fear of this kind of punishment leads to many victims keeping the sexual assault a secret. Sexual purity defines the value of female sexuality in Vietnamese culture. The defilement of rape is kept hidden from others by the family. Women do not come forward to seek treatment for sexual trauma, but the effects of both the rape itself and the secret it becomes, lead to marital discord, family conflict, and symptoms of depression and anxiety in the victim (Mollica & Son, 1989; van Willigen, 1984).

The literature on the consequences of rape and sexual torture which are perpetrated in the context of war identifies similar responses in victims to those identified in the literature on sexual assault in ordinary circumstances. These include anxiety, depression, sleep problems, intrusive symptoms, sexual dysfunction and somatic problems (Agger, 1989; Allodi & Stiasny, 1990; Lunde & Ortman, 1992; van Willigen, 1984). Several authors however point out that knowledge about the ways in which cultural differences influence the interpretation and integration of trauma generally and sexual trauma in particular is rudimentary (Agger, 1989; Mollica & Son, 1989). The existing body of work is based largely on research with Southeast Asian refugees in the United States and refugees from Latin America, the Middle East and Eastern Europe living in Europe.

Somatic complaints presented by victims of sexual violence very often reveal physical damage left by the assaults they endured. Sexually transmitted diseases, vaginal injuries and damage to internal organs are common consequences of rape and sexual torture. Medical literature on survivors of sexual torture provides evidence of long term fertility problems and in severe cases, permanent impairment of reproductive organs (Sharma et al, 1995).

Often however, the distress that victims experience in specific body sites are found to have no organic explanation. The distress of rape survivors which is expressed in somatic complaints reflects an ongoing worry about damage and sometimes reveals a distorted body image. The literature defines these as somatising responses.

Groenenberg (1993) found that rape victims with whom she worked were preoccupied with pain in the abdomen. Van Willigen (1984) suggests that disturbances of menstruation, pains in the lower abdomen and fear of venereal disease are commonly found consequences of sexual violence. Mollica and Son (1989) detected severe and chronic pelvic pain of unspecified medical aetiology in Lao women who had been raped, and suggest that this may be a culture dependent syndrome.

Sveaass and Axelsen (1994) describe their treatment of a woman who was raped daily during her 6 month imprisonment. After her release, she experienced herself as unclean. She smelled the torturer's semen and felt that it was still in her mouth and womb. The authors use the phrase "the body's memory of ill treatment" to capture this aspect of her distress (Sveaas & Axelsen, 1994:15).

The literature on sexual violation in war situations highlights the social content of sexual violence both for the individual victim and for the broader community. What differentiates rape from other attacks on the body-self is that it is a violation of the person as a sexual being (Dahl, 1993). Rape involves the victim (albeit forcibly) in human sexual interaction. It is the sexual content of the attack which implies human interchange and leaves the victim feeling like a participant.

> "The individual experiences himself (or herself) as a partaker in a homo-(or hetero-) sexual relation and is overwhelmed by a feeling of being a party to the act, with an intensity which is much greater than the feelings experienced in connection with other forms of torture" (Lira & Weinsten, 1986: 6, English translation quoted in Agger, 1989:309).

Documented evidence reveals that in various war situations large numbers of women have been abducted and kept for raping or held as comfort women (Korean Council for Women, 1993; Magaia, 1988; Thomas & Ralph, 1994). In these situations the experience of participating in an "ambiguous piece of human sexual interaction" is exaggerated (Dahl, 1993:163). Individual victims are left with what Scarry (1987) has described as an "unseen sense of self-betrayal". She uses this notion to describe the experience of the tortured body as an active agent

in its own pain when amongst other things "normal needs like excretion and special wants like sexuality are made ongoing sources of outrage and repulsion" (Scarry, 1987:48).

The distortion of culturally normative sexual interactions that takes place during sexual violations represents at the same time an attack on family, community and culture (Nordstrom, 1991; Summerfield, 1995). Individual victims experience the deep personal anguish that comes from the violation of the body-self and at the same time the threat of social dislocation and cultural disintegration. Summerfield (1995) points out that in the Phillipines women who were raped by soldiers became prostitutes. He argues that the *catastrophic* injury that rape inflicted on them is social because they lost their place in their communities. Nordstrom stressing the destruction of social integrity, quotes an elder in a Mozambican village, "Every single woman in this town was raped during Renamo's occupancy. The entire town is plagued by sexual disease, forced pregnancies and all the social chaos that go with these" (undated:8).

Sexual violence in situations of war occurs in the context of multiple traumas. Numerous writers have made the point that where people have faced multiple traumas it is difficult to differentiate a full set of psychological responses which are the outcome of rape from those which are the result of other traumatic experiences. The Danish researchers, Lunde and Ortmann (1992) who have examined the consequences of sexual torture argue that it is complicated to identify specific consequences which are a direct result of sexual torture because the survivors they examined were all subjected to other forms of torture - physical and psychological. They make the additional point that even for survivors not specifically sexually tortured, sexual problems can be a consequence.

Agger (1989) makes the same point. In her work she found sexual dysfunction to be one of the responses in people who have been exposed to general trauma. Summerfield (1995) argues that in the context of multiple trauma it makes no sense to try and separate or prioritise trauma experiences. In his view a woman who loses her child and who is raped is both a rape victim and a bereaved mother,

nor, he suggests, can we predict which of these experiences particular women will find more difficult to deal with.

While the body of literature which examines the psychological consequences of war related sexual violence is growing, there are relatively few studies which investigate the effects of social dislocation, loss of traditional roles and the loss of cultural support systems. Care taking and domestic activities play a significant role in the creation of personal and social identity of women in many cultures (Hassim, 1991; Nordstrom, 1991b). The loss of these roles through the destruction and dislocation caused by armed conflict is identified in the existing literature as a special burden for women.

Mollica, Wyshak and Lavelle, (1987a) found that Cambodian widows were a particularly high-risk group for major social and psychological impairment. They report that the widows had higher levels of depressive symptoms than all other patients at the Indochinese Psychiatry clinic. These women were socially isolated, overwhelmed by the need to work outside of the home, and the lack of economic and emotional support from a spouse made them very vulnerable. Their marriages had been arranged according to cultural traditions and they had no understanding of ideas of dating common in the host country. Poor English language skills deepened the feelings of inadequacy and hopelessness experienced by these women.

Research into the effects of the war in the former Yugoslavia on women notes that in addition to the psychological impact of personal violence, the disturbance of womens' relationship to family and home constitutes an important source of psychological problems. Women deprived of their homes and their roles as guardians of the home are left with a deep sense of insecurity and loss of identity. Women forced to take on the role of head of the family displayed both feelings of guilt towards incapacitated or missing husbands, and feelings of anger towards the perceived weakness of their partners. The traditional view that the role of head of the household should be filled by a male resulted in some women passing the responsibility for the family to young sons, leading to severe emotional problems in the child and dysfunctional family relationships (Arcel et al. 1995).

A series of studies on Mozambican women in refugee camps in Malawi, Zambia and Zimbabwe note both the vulnerability of these women and their fortitude. Factors noted to increase vulnerability and feelings of anxiety and despair amongst refugee women are: loss of access to land for food production, dependence on aid for basic necessities, loss of social support and kinship networks (Berry-Koch, 1990; Buruku, 1989; De Wolf, 1995; Makanya, 1990; 1992; Rakumakoe, 1990).

The psycho-social instability resulting from loss of social roles, support, and relative economic autonomy is exacerbated by administrative practices in refugee camps which discriminate against women. Women are generally excluded from decision-making processes, skills training projects and income-generating projects. The result of this kind of gender discrimination is that the needs of women are overlooked leaving them with a greater sense of helplessness and increased dependency (Rakumakoe, 1990)

Studies reveal that the breakdown in social structures resulting from dislocation confronts women with extreme stressors. Raising children in unstable physical and social environments increases the material and emotional burdens of childcare for women. Without access to traditional economic roles women experience a deep sense of insecurity about their lack of skills necessary to establish self-reliance. Men, not having the responsibility for domestic tasks and childcare have both more time and mobility for seeking jobs (Callaway, 1985; De Wolf, 1995; Ferris, 1991; McCallin, 1991).

The disruption of traditional social norms creates instability in marital relationships. Many refugee women report increased physical and emotional abuse from their partners. Sexual infidelity rises exposing partners to sexually transmitted diseases, adding to existing health problems. And women report that their husbands become more controlling, further curtailing their possibilities for becoming self-reliant and seeking social support (Arcel et al, 1995; De Wolf 1995; Ferris, 1991; McCallin 1991). McCallin (1991) argues that current life stressors work against the resolution of trauma experiences and result in negative consequences for emotional well-being.

Gender emerges as a central theme in the literature examining the outcomes of violent experiences for women. Culturally prescribed relations between men and women, women's strong relationship to the domestic domains of life, social beliefs about and expectations of female sexuality, and the social construction of women as passive and dependent, are shown in the literature to shape women's interpretations and responses to trauma in fundamental ways.

Leonore Walker (1989), stresses the social dimension of women's psychology when she argues that women's lives are *woven* in context and that without an understanding of social context erroneous conclusions will be made on the psychology of women. The feminist contribution to psychology has been to underscore gender, which is embedded in social and cultural beliefs and practices, as core amongst the elements which constitute the psychological experience of people.

But the literature on women's psychology and the literature on the consequences of trauma shows that subjectivity, the way in which people experience themselves and act in the world, is not constructed by gender alone. Race, class, ethnicity and religion all bear on the social, psychological and symbolic levels of people's experience. A multiplicity of cultural discourses and practices, together constitute subjects who interpret their circumstances and act accordingly.

2.3.6 *Culture - the individual and society*

The bulk of cross-cultural studies on the psychological effects of trauma have been conducted amongst refugee populations. By and large these studies have focused on South East Asian refugees in the United States, and refugees from the Middle East, Asia, Latin America and Africa residing in Europe (Chung & Kagawa-Singer, 1993; Eisenbruch, 1990, 1991; Felsman et al, 1990; Ferris, 1991; Kinzie et al, 1984; Mollica et al, 1987a; Moore & Boehlein 1991; Morris & Silove, 1992; Sheperd, 1992).

A review of the literature dealing with the psychological responses of refugees to trauma and uprootment reveals a common set of themes. Loss is a central theme in the lives of refugees. Culture plays a significant role in shaping expressions of

distress. Posttraumatic stress disorder and symptoms are prevalent amongst refugees. The content, meaning and significance of posttraumatic stress disorder symptoms vary across cultures. DSM diagnostic entities do not cover all the responses to trauma that have been noted amongst refugee populations.

Reactions to trauma have been compared to mourning and grief (Horowitz, 1990). Those who have worked with refugees have identified loss as a dominant theme in their lives. The losses refugees are confronted with include not only loss of relatives, friends, property and possessions, and physical and personal integrity which affect many survivors of war, but also the loss of cultural traditions, loss of place and a sense of belonging, and loss of identity (Boehnlein, 1987; Chung & Kagawa-Singer, 1993; Eisenbruch, 1990).

Drawing on the literature on grief, mourning, and nostalgia, Eisenbruch (1990) developed the concept of cultural bereavement to refer to the grief resulting from massive social losses caused by uprootment. In his view a large part of refugee existence is shaped by loss, both personal and cultural, that is, loss of culture, identity and past. He suggests that an exploration of cultural bereavement provides the clinician and researcher with insight into culturally normative expressions of mourning and culturally appropriate mourning and healing practices. By gaining this kind of understanding practitioners can avoid misdiagnosis. For example in some cultures communication with ancestral spirits in visions and dreams is part of the mourning process. Western clinicians can misinterpret this kind of normal mourning as a psychotic symptom which can result in inappropriate treatment.

Ceremonies that mark the passing of death exist in most cultures. These ceremonies and rituals usually operate to facilitate personal mourning and allow for the community or groups to share grief. The harmful consequences for refugees of not being able to perform socially prescribed rituals and ceremonies have been noted. Boehnlein (1987) describes the intense fear of a Cambodian woman that the improper burial of her father would negatively affect his reincarnation. Mozambican refugees express concerns that the spirits of relatives who were not afforded proper burial rites are not at rest and can bring ill fortune to the living (Bracken et al, 1995; Harrell-Bond, 1991; Summerfield, 1995).

Cross-cultural research in psychiatry has raised questions regarding the universality of disease entities across populations (Bracken, 1993; Eisenbruch, 1990; 1991; Fabrega, 1989; Kleinman, 1980; Kirmayer, 1991). The *universalist* position which has dominated western psychiatry has been challenged by psychiatrists who have drawn on anthropology and sociology to emphasise the importance of cultural constructs for understanding the form and meaning of illness behaviour, symptoms and distress in people. Kirmayer (1991) argues that psychiatric distress and maladaptive behaviours are constituted by cultural beliefs and concepts of the person and these behaviours are sustained by cultural norms and rules of social interaction.

An examination of somatisation illustrates the questions raised by the debate. As has been noted above, recent literature has proposed that somatisation, with dissociation and affect dysregulation, is a prominent feature of the trauma response pattern (van der Kolk et al, 1996). In the biomedical framework somatisation is characterised as a syndrome in which there are somatic complaints without organic dysfunction and is explained as a defence, against affect, repressed or denied (van der Kolk et al, 1996).

The expression of social and personal distress through somatic complaints has been noted amongst South East Asian refugees. The principal reasons submitted to explain this tendency are that medical/physical symptoms are considered less stigmatising and a more legitimate reason for seeking help than emotional and mental problems, and refugees prefer to seek solutions for emotional problems from traditional sources of help (Eisenbruch 1990, 1991; Mattson, 1993; Mollica et al 1987; Moore & Boehlein 1991).

The medical anthropologists Scheper-Hughes and Lock criticise western conceptualisations of the body and suggest that they have failed to conceptualise, "a mindful causation of somatic states ... pain, it seems, was either physical or mental, biological or psycho-social - never both nor something not quite either" (1987:11). Scheper-Hughes (1992) maintains that the body is both a natural and cultural artefact. In her work on women in a Brazilian shantytown she asserts that the way individuals experience their bodies is formed by the roles that they perform which are structured by class, race and gender. She refers to the work of

Luc Boltanski the French phenomenologist who argued that the working and peasant classes who depend on physical labour for their livelihood communicate with and through their bodies. In contrast to the middle and upper classes, she points out, where distress is articulated in psychological terms.

Bracken et al (1995) put forward a radical critique of the assumptions underlying medical discourse. They argue that the emphasis on the individual and internal psychological processes contained in western psychiatric philosophy is not universal. They suggest that in socio-centric societies "the intrapsychic is not isolated and emphasised as it is in the west and the physical and mental are not separated to the same degree as in western experience" (Bracken et al, 1995:1074).

In their work with survivors of violence in Uganda, Bracken et al (1992) found that by and large rape victims presented with somatic complaints. They argue that the somatic complaints were not *epiphenomena* but actual experiences of distress. Literature reporting on work done with Salvadoran refugees in the United States suggests that Salvadorans describe their emotional experiences in bodily terms referring to both specific body sites and a "totalising bodily experience" (Hunter Jenkins, 1991:153).

Hunter Jenkins (1991) describes the experience of *calor* which patients describe as intense heat rising through the body. This experience is connected both to panic, fear, and the experience of torture. According to her *calor* is an embodiment of distress and what Csordas has called "a somatic mode of attention" (1991:153). Hunter Jenkins (1991) notes that the chief complaint with which Salvadoran refugees present is *nervios*. This indigenous illness construct refers to a wide range of bodily and emotional complaints including worries, depression, and schizophrenia.

These examples of cultural illness constructs support the argument that DSM psychiatric categories do not cover all possible responses to trauma (Adler, 1995). Even where DSM categories do apply the symptoms may not have the

same meaning and significance for people from cultures other than western. The high prevalence of posttraumatic stress disorder amongst refugees is revealed in the literature referred to above in section 2.3.1.

While the evidence from research shows that posttraumatic stress disorder and its symptoms are commonly found in refugees, there is work which shows that the symptoms of the disorder may have a different meaning or significance for people from non-western cultures. Mollica et al (1992) found that recurring nightmares did not distinguish posttraumatic stress disorder patients from non posttraumatic stress disorder patients. They suggest that nightmares are highly prevalent in people who have been through trauma whether they meet the full criteria for the diagnosis posttraumatic stress disorder or not.

Other researchers point out that although nightmares are prominent in the reactions of victims they take on a different significance according to cultural beliefs. In some cultures dream states provide the place and space for communication with the spirits and ancestors (Bracken et al 1995; Eisenbruch, 1991). For people in these cultures nightmares may convey dissatisfaction from the ancestors and exhort the dreamer to some action in order to bring relief to the ancestral spirit and the living relative (Boehnlein, 1987). Eisenbruch (1991) notes that the western based notion of survivor guilt does not apply in a direct way to Cambodian survivors for whom there are degrees of guilt bound up with belief in karma.

Many practitioners who have worked with refugees make the additional point that even where DSM diagnostic categories can be confirmed these are not necessarily prioritised by those seeking help (Bracken et al, 1995; Groenenberg 1993; Kinzie & Fleck, 1987; van der Veer, 1992). It is suggested that the demands of uprootment may dictate that current social and acculturation problems are the most pressing for refugees. In those cultures in which social relations and social cohesion are emphasised above intrapsychic experiences, the most pressing issues for survivors may be the loss of social bonds and a sense of belonging which foster individual integrity (Bracken et al, 1995; Summerfield, 1995).

The literature which examines the response to trauma across cultures raises important questions which relate to the universality of diagnostic categories developed in western medical discourse. The first question which emerges is whether people in all cultures endorse an emphasis on intrapsychic processes which form the basis of explanations of posttraumatic stress disorder. Secondly even where symptoms described in western medical and psychiatric categories are found in survivors from other cultures, do they have the same significance and meaning? Finally how do alternative views of the world conceptualise illness causation and what are the implications of differing aetiologic theories for responses to trauma?

2.3.7 *Psychological consequences of trauma - questions and debates*

Posttraumatic stress disorder dominates the research literature which examines and explains responses to trauma. Although the symptom clusters were described close to twenty years ago and the diagnosis is widely used, the specificity of the diagnosis has still not been resolved (Tomb, 1994; van der Kolk et al, 1996). One outcome, of the lack of certainty about the unique relationship of posttraumatic stress disorder symptoms to trauma, has been to seek some clarity by identifying specific neurochemical and biological processes linked to trauma response patterns. In other words some researchers have turned to attempting to find biological evidence of the effects of trauma (Andreasen, 1995; Tomb, 1994).

Investigations of posttraumatic stress disorder in cross-cultural contexts have on the whole been carried out from a *universalist* approach to psychiatric and psychological categorisation of disorders. In other words researchers have sought to determine the presence of the disorder and its symptoms in survivors from non-western cultures. Differences in presentation of symptoms, in the experience of and meaning given to the symptoms, are explained with reference to cultural beliefs and factors in the socio-cultural environment. But by and large the cognitive processing model used to explain the posttraumatic stress disorder response and the biomedical framework in which it is located have not been questioned.

More recently a body of work has emerged which could be described as adopting a relativist approach to analysing trauma and its outcomes. In its more radical form the argument emanating from this approach submits that posttraumatic stress disorder is itself a cultural construction based on particular assumptions about disease, the individual, and the relationship of the individual to the social. In this view the applicability of the diagnosis to survivors who have different cosmological beliefs is questioned. An analysis of locally specific explanations, experiences and expressions of distress and suffering are encouraged, with the explicit understanding that these should be given equal value and status as biomedicine, by the professional community (Bracken et al, 1995; 1995; Kleber, 1995; Summerfield, 1995).

It is important to note that these critiques of posttraumatic stress disorder as a concept, have not been focused on identifying culture bound syndromes. The focus of the challenge to the dominant body of work has been to emphasise that the social and cultural dimensions of people's lives are critical to their psychological responses. Thus these researchers have not only sought to examine religious beliefs and practices, values and traditions but also the implications that factors such as class, race, economic realities, and social relations of power have for people's responses to trauma (Martin Baró, 1989; Summerfield, 1995). Some of this work has an explicitly political message which challenges mental health professionals to examine trauma and its consequences from a human rights perspective rather than simply a medical view (Becker, 1995; Kleber, 1995; Sidel et al, 1995; Summerfield, 1995).

There has not been a large body of feminist work which has challenged posttraumatic stress disorder as a concept. But many of the criticisms levelled at the biomedical framework are contained in feminist critiques of social research and feminist analysis of sexual violence. An underlying principle of much feminist scholarship is that scientific research and its concepts have been constructed from the dominant male perspective. They argue that gender analyses, which not only give the alternative view, but also examine social relations of power, should be accorded the same value and status (Acker, et al, 1983; Bowles, 1986; Dubisch, 1986; Wilkinson, 1986).

Feminist analyses of sexual violence have been particularly concerned with emphasising the social and political content of rape as a trauma and the social and political determinants of women's reactions to this violation. Some feminists have presented findings which show that women's psychological reactions are framed by social constructions of female sexuality (Davies, 1994; Herman, 1993b; Lebowitz & Roth; Walker, 1989).

The debates and differences in approaches do not by any means provide a simple solution to what is clearly an extremely complex relationship between trauma and its outcomes. For example even if we do accept the need for greater cultural sensitivity, the finding of posttraumatic stress disorder symptoms in non-western survivors is significant. Does this mean that there are shared and universal features in trauma response patterns, or do these symptoms constitute a distinct category? Does an acknowledgement of cultural difference and social particularities necessarily mean that responses identified in western survivors are never applicable to people from distinct contexts? Conversely, where locally specific responses to trauma are identified, are these always only locally specific or could they represent alternative explanations of the consequences of trauma, which have not been examined in western industrialised societies?

2.4 Healing and Recovery

The relationship between trauma, coping and adjustment is complex. Questions that have been posed in the literature on coping and stress include: do people use familiar methods of coping or are coping actions based on the demands of the situation, does successful coping change the impact of the trauma, what are the indicators of adjustment and healing in the aftermath of trauma, can people who continue to display vulnerability to the trauma engage in normal social relationships, work and play (Kahana et al, 19988a; 1988b; Kleber, 1995)?

There is a vast body of literature which analyses coping and trauma. Dimensions of coping which have been investigated refer to: behaviours, consistence of strategies over time, actions based on the appraisal of the environment, and the range and flexibility of coping resources (Kahana et al, 1988b; Lazarus & Folkman, 1984). Coping actions have been described as either instrumental,

affective, and avoidant, or as emotion focused or problem focused depending on whether they are attempting to address emotional responses or to change the external stressor.

Some theorists argue that coping strategies are consistent over time and can be described as *traitlike*. Others have put forward models in which coping actions are regarded as predominantly situation specific, that is, based on the assessment of the stress (Kahana et al, 1988b; Lazarus & Folkman, 1984). Kehana and colleagues (1988b) suggest that any given coping strategy may have both *traitlike* and situation specific properties. In their view coping must be evaluated not simply on the basis of strategies, but also in terms of range, flexibility, and appropriateness to the demands of the stress.

Questions concerning culturally constituted and socially constructed coping strategies have not been systematically explored in the literature. Neither has this body of work investigated whether notions of coping and what is considered successful adjustment, are socially constructed.

In the field of trauma studies there are two concepts which repeatedly come up in discussions on coping and recovery - reconstruction and integration. The notion that individuals who have been through terrible experiences must reconstruct the trauma events, and integrate the trauma experience into reconstituted perceptions of self, other and the world, is shared across a range of theoretical conceptions of trauma and its consequences (Horowitz, 1981; Mollica, 1988; Ochberg, 1988; Ornstein, 1986).

2.4.1 *Individual healing or social recovery*

The early work on posttraumatic stress disorder defined the syndrome as a normal response to abnormal events (Horowitz et al, 1987; Ochberg, 1988). Stable social support networks, and positive and uncritical societal attitudes towards survivors in the post-trauma context, were identified as creating positive conditions for recovery. Reconstruction of the trauma events with emotional abreaction and the

creation of a reinterpreted trauma story in which there occurred a shift in self perception from victim to survivor, were considered crucial to successful recovery (Ochberg, 1988; 1991).

Reconstruction and re-experiencing of the trauma events have kept a place in many theories of healing and recovery. Work with refugees and survivors of torture and organised political violence have stressed the importance for survivors of confronting the traumatic events. The work of the Chilean psychologists Cienfuegos and Monelli (1983) which has become known as the testimony method is particularly interesting. They incorporated political advocacy into the reconstruction of the trauma story. The process involves survivors audiotaping their experiences and then writing and re-working these to arrive at a testimony of the individual experience but also a testimony against the political system which created the trauma situation. In their view simply reconstructing the subjective experience without locating this within the socio-political process did not facilitate healing (Agger & Jensen, 1990).

Becker et al (1989) who propose psychodynamic models of healing for individual survivors, advocate simultaneously a politicised treatment approach. In other words they argue that for recovery to be successful the trauma needs to be recognised as a socio-political problem.

In the work which falls more directly within the posttraumatic stress disorder framework the concepts of reconstruction and integration have been linked closely to specific models of explaining the symptomatology (Creamer, 1995; Horowitz, 1990; Kinzie & Fleck, 1987).

Reconstruction is central to psychodynamic and psychoanalytic theories of recovery and healing of the impact of trauma. The need for survivors to reconstruct and confront the outer traumatic event is linked to intrapsychic reorganisation and integration with the aim of mastering the emotions associated with the trauma. The model is not curative in the sense that the process of working through is not seen as eradicating the trauma from the internal world but rather helps to *free* intrapsychic processes (Bustos, 1992; Krystal, 1984; Ornstein, 1986; Rothstein, 1986).

Cognitive models of posttraumatic stress responses emphasise reprocessing meaning assignment, correcting memory networks and altering cognitive schemata in the recovery process. For example, cognitive behavioural models of the development of posttraumatic stress symptoms which suggest that fear memory networks are established, stress that for healing to occur these networks must be reactivated through reliving of the trauma events and that new information must be presented which corrects and counters the fear network. This view of healing proposes that information processing is central so that meanings assigned to the trauma stimuli and the behavioural and emotional responses to these can be reconstituted, and the fear networks gradually weakened (Creamer, 1995; Kleber & Brom, 1992; McFarlane, 1995; Resick & Schnike, 1992; Rothbaum et al, 1992).

Re-living the trauma, through *in vivo* and imaginal exposure, constitute a central component of behavioural models of healing. Based on conditioning theory and the theory of behaviour inhibition, treatment strategies include systematic desensitisation, flooding and implosive therapy. The idea behind systematic desensitisation is that the patient is exposed to fear stimuli. Alternative behaviours, such as relaxation are introduced with the aim of inhibiting the fear responses. Flooding and implosive therapy are designed to allow the patient to re-live the trauma and high levels of associated arousal until there is extinction of the arousal responses (Kleber & Brom, 1992).

Research into the biological substrates of posttraumatic stress responses, and research which suggests that exposure to trauma creates neurobiologic changes has led to pharmocotherapy. The medical treatment usually combines drugs to deal with specific symptoms or clusters of symptoms. These drugs include mood stabilisers, tranquillisers and anti-convulsant medication. Medication is used as an adjunct to psychotherapy and is not generally regarded as an appropriate treatment option on its own (ver Ellen & van Kammen, 1990).

Critiques of the posttraumatic stress disorder framework imply that the focus on mental and physical symptoms, treatment aimed at the individual, and the relative neglect of social context, has resulted in the *disorder* in posttraumatic stress disorder becoming prominent. In other words responses to trauma are

increasingly being defined in terms of pathologic entities (Becker et al 1989; Bracken et al, 1995 Kehana et al 1998a,b; Kleber, 1995; Summerfield, 1995). This not only results in *pathologising* responses to trauma but also *medicalising* the recovery process, so that healing and recovery are seen to be possible only through specialised interventions.

The implications of this for healing are that positive responses are overlooked, the social dimensions of recovery are downplayed and there is a paucity of research into the factors which contribute to resilience and adaptation. Summerfield (1995) for example, argues for a shift from *victimologic* studies to *survivorologic* research, that is, research which examines the ways in which people are able to recover without the intervention of professionals.

Summerfield's (1995) work suggests that both what is defined as healing and the process of successful recovery will depend as much or more on the social and political realities in which the survivor exists as on internal psychological factors. For example, where violence has attacked individual and social integrity and in which social relationships, community cohesion and spiritual communion take precedence over intrapsychic concerns, restoration of family and community ties may be considered more important to healing than emotional abreaction. Martin Baró (1989), goes even further when he argues that in situations where trauma is collective and violence has permeated society, individual healing, even with psychotherapy, is not possible without fundamental social change.

An important concern is that the overemphasis on the socio-centric nature of non-western societies can lead to a neglect of real experiences of subjective pain in individual survivors. In as much as the consequences are multilayered phenomena, Bracken and his colleagues (1995) argue, healing is a multifaceted phenomenon and thus individuals will draw on a range of healing resources available to them. Both recovery and healing take place within specific social conditions which make available particular healing resources, create the possibilities and constraints for recovery and contain constructions of what constitute health and recovery.

Academic research and clinical practice with refugees has shown that cultures contain coping strategies and healing rituals which people draw on to address the consequences of trauma and effect individual and social recovery (Acha, 1996; Bracken et al, 1992; Bracken et al, 1995; Eisenbruch, 1991; Gong-Guy et al, 1991; Kleber, 1995; Monteiro, 1996a,b). The fact that in some host countries refugees are unable to engage in traditional practices and folk rituals is precisely a factor that can inhibit the process of recovery and adaptation (Boehnlein, 1987; Chung & Kagawa-Singer, 1993; Eisenbruch, 1991). Eisenbruch (1991) in his research with adolescent refugees from Cambodia found that those young people who were encouraged to participate in traditional religious practices, performed better socially and scholastically than their compatriots, who were denied access to traditional religious ceremonies in the interest of assimilation into the host culture.

There are some authors who have suggested that western based therapeutic approaches applied in a culturally sensitive way can co-exist with traditional healing practices. Boehnlein (1987) whose research provides a rich text on the cosmological belief systems of the Indochinese patients with whom he worked advocates a synthesis of both approaches to healing.

Van der Veer (1992; 1995), the Dutch psychologist who has extensive experience working with refugees, stresses the importance of cultural sensitivity. But van der Veer (1995) does suggest that there are basic ways of approaching survivors which are restorative and to which people from most cultures would respond. Principal amongst these is respect and interest. He expresses this poignantly when he says that after many years of working with refugees he has discovered that he cannot always understand the trauma and that survivors don't expect him to understand. What, he suggests, is most essential in his work with survivors of war and torture, is that they see he is interested in them and enjoys being with them.

2.4.2 *Lifton - formulation*

The *normative* principle, that is the affirmation of the human capacity to survive - to recover from trauma, to make healthy adjustments and even to grow in insight and humanity - is striking about Lifton's (1988) work because he shows so

clearly the sinister and damaging consequences of massive trauma. In Lifton's (1986; 1988; 1993) writing, life and death, change and stasis, psychic numbing and human connection, woven together, constitute the outcomes of trauma. He stresses that posttraumatic stress responses are normal reactions to abnormal events and encourages clinicians to bear in mind that victims can make healthy adjustments.

> "The clear point is that *survival is an achievement*. Moreover, survival has a dialectical nature. The survivor has different alternatives. He or she can remain locked in numbing, or he or she can use that survival as a source of insight and growth. We all seek the second choice in our work. The principle of survival keeps us on a normative level because we know that if one survives something, this is not of itself pathological" (Lifton,1988: 8).

Lifton (1988) posits that survivors move in and out of the traumatised self, that is in and out of the symptoms and feelings associated with the trauma. In his view the posttraumatic stress response is an adaptive response directed at re-integration of the self. The aim of recovery is mastery of the traumatised self with eventual integration of the trauma and its impact into an altered self.

Integration and healing are achieved through formulation. By this Lifton (1988) means the development of *inner forms*, that is narratives, symbols and imagery which include the trauma experiences. Formulation requires the *lifeline*, the continuity of the life and history of the survivor, to be re-established. This according to Lifton (1988) occurs through social bonds, both intimate personal relationships and communal actions. The key to formulation is the life-giving energy contained in social relationships, which provide the survivor with meaning derived from "human connectedness" and "symbolic immortality" (Lifton, 1988:26).

Lifton (1988; 1993) provides a strong element of optimism in his discussion of healing and recovery. He suggests that the survivor who can overcome psychic numbing and is able to transform static death guilt into moral growth may emerge

with "special forms of illumination" (1988:21). This is echoed in Judith Herman's (1993b) work on trauma and recovery. She makes the point that survivors who achieve recovery can emerge from the experience of trauma with greater strength and insight. For Herman (1993b) this is reflected in an attitude to life which has no illusions about the presence of death but at the same time is able to celebrate life with a renewed vitality.

Making a similar point, Terry suggests that many survivors of the Holocaust have "a unique knowledge and a keen appreciation for freedom and for life" (1984:139). Ursano (1984), in his work with Vietnam prisoners of war, acknowledges the long-term negative impact the experience had on these men, but he also found in his research that many men had achieved successful adaptation, with some even using their experiences to promote personal growth.

2.4.3 *Herman - gender and the social dimensions of recovery*

In her book, *Trauma and Recovery*, Judith Herman (1993b) does not examine women's experiences as survivors of war, but she casts sexual violence against women and children in the mould of war - the *sex war* - and argues that survivors of both kinds of *combat* must pass through three stages in recovery. Her work on recovery is significant in that she captures the complex interplay between subjective pain and the social dimensions of recovery.

The three stages of recovery which Herman (1993b) identifies are: 1) the establishment of safety, 2) remembrance and mourning, and 3) reconnection. Successful recovery requires a shift from "unpredictable danger to reliable safety, dissociated trauma to acknowledged memory and stigmatised isolation to social connection" (Herman, 1993b:155). She is careful to point out the path to recovery is not a linear and uninterrupted progression through these stages, but moves back and forth between stages in dialectical motion until increasing levels of integration occur.

Herman (1993b) argues that the core experiences of recovery are empowerment and reconnection. She suggests that therapy is not the only relationship through which recovery can take place and criticises medical models of intervention

because they tend to take control away from the patient. She emphasises that empowerment essentially means that the survivor must make choices about how to proceed and take control of her life again. In her chapter on *Commonality* she provides evidence of the significant role survivor groups have played in recovery (Herman, 1993b:215).

In her discussion of safety she explains that establishing safety does not mean only making sure that the living environment is relatively secure. She applies the concept to the body when she points out that the survivor must re-establish control over her body by taking responsibility for self-care and physical health. Creating a safe environment requires social support and involves mobilising the care of people the survivor can trust as well as assessing the continued potential for harm and danger in the survivor's life. She points our that this first stage of recovery very often necessitates fundamental changes in the material circumstances of the survivor's life which can entail significant losses. She gives the examples of battered women who lose their homes, survivors of childhood abuse who may lose their families and refugees who give up their homeland (Herman, 1993b:172).

Remembrance and mourning, the second stage of recovery, entails the reconstruction of the trauma events. This involves not simply remembering the events but creating a story, a narrative which locates the survivor in time and place and incorporates responses to the trauma and emotions. Herman argues that the "action of telling a story", that is the creation of a narrative which progresses in time and includes interpretation, transforms the trauma experience and creates the possibilities for integrating the trauma into the total life story of the survivor (1993b:175). A crucial aspect of transformation is the exploration of the meaning of the event, previously held beliefs and values which have been shattered, and ethical questions of responsibility and accountability.

According to Herman (1993b) remembrance is not enough for recovery to progress. She argues that the survivor has to mourn the losses generated by the trauma. These include the loss of emotional and physical integrity, family and

community, past lives, and coming to terms with not being able to undo what has happened. Confronting loss and mourning allows the survivor to integrate the trauma experiences and re-discover hope.

Reconstruction and mourning do not fully address the "social and relational" impact of the trauma, according to Herman (1993b). In the final stage of recovery, the restoration of social bonds in intimate relationships and through participation in social actions in the wider world takes place. The survivor engages in relationships with new insight and from a position of confidence to complete the process of empowerment and reconnection (Herman, 1993:197).

For Herman (1993b) recovery is never complete. The goal of recovery is not *exorcism* of the trauma but rather integration. The impact of the trauma *reverberates* through the survivor's life and can be stirred up by new life crises and developmental milestones. She points out that the shattering of previously held assumptions leads many survivors to question traditional ways of being in the world. For example survivors of sexual abuse who have successfully negotiated the stages of recovery, may challenge the subordination of women when they begin to reclaim their present lives (Herman, 1993b:211).

Feminist therapists and researchers have argued that questioning previously held assumptions is a crucial component of the recovery process for survivors of sexual violence. Essentially, these authors suggest, when survivors are able to make the connection between the violence perpetrated against them and the social practices and structures which perpetuate the exploitation of women, they can move beyond the experience of victimisation. If these connections and interpretations are not made then victims run the risk of remaining locked in self-blame, shame and guilt (Burt, 1980; Burt & Katz, 1987; Hill & Zautra, 1989; Lebowitz & Roth, 1994; Meyer & Taylor, 1986; Miller & Porter, 1983; Roth & Newman, 1991).

In the face of extreme trauma, immense psychological pain, and social disorganisation most survivors do not give up and die (Arcel et al, 1995; Kleber, 1995; Summerfield, 1995). Van der Veer (1995) is emphatic in his argument that survivors mobilise all their resources, internal and external, to deal with what has

happened to them. Research shows that most survivors actively try to reconstruct their lives and attempt to generate new meanings about the world and themselves (Kleber, 1995; Nordstrom, 1995; van der Veer, 1995).

2.4.4 *Recovery and healing - points of convergence and difference*

Theories on recovery and healing are based on particular and differing conceptual frameworks which explain the consequences of trauma. There are however points of convergence in these theories about the process of recovery. The first and most dominant amongst these is that some kind of confrontation of the trauma is necessary to the process of recovery.

The second point made about recovery across a range of conceptualisations of trauma is that social support makes a positive contribution to healing. A third and related point of convergence is that being heard, listened to, or having someone bear witness, has restorative power for survivors. Finally there exists a shared view that recovery does not imply that the memory of the trauma is eradicated or *exorcised.* Instead authors have argued that the goal of recovery is to *integrate, master, process,* or *reappraise* the trauma experiences.

But the different theoretical frameworks within which trauma is explained and interpreted also lead to divergent conceptions of recovery and variations in emphasis on what is necessary for healing. The principal point of difference that can be noted in the literature is the variation in emphasis on the social dimensions of recovery. There are two aspects to this point. Firstly there are authors who emphasise that it is critical for successful recovery that survivors realise the social roots of the trauma they have experienced. Feminist scholars and those writing about trauma from a human rights and political perspective are representative of this position.

The second aspect applies to the emphasis that has been put on the importance of social restoration for individual recovery. This view, which has been put forward mainly by researchers who have worked in cross cultural settings, suggests that for individual survivors recovery is constituted by the restoration of community bonds, and social order. The point made by those who espouse this view is not

just that individual survivors must re-establish intimate relationships and social connections, but rather that in some cultures recovery for victims of violence will be focused more on reconstructing the family, community and social links that have been ruptured than on dealing with intrapsychic processes .

There is also an underlying difference in the way that victims of trauma are perceived. Critics of the medical framework of analysis argue that this framework can lead to a perception of those who have been through terrible experiences as passive victims of external forces who emerge from the experience with physical and mental symptoms which require specialised treatment. Instead, they argue, victims of trauma, are human agents, who, within the possibilities and constraints created by social contexts, will actively try to deal with what has happened to them.

2.5 Conclusion and Aims of the Study

The literature review shows there are major gaps in the research which examines the outcomes of war, and that there exists considerable debate, amongst clinicians and researchers, about how to define trauma and its consequences. These gaps and debates suggest that it is important for the development of knowledge in the field of trauma studies to expand research to areas of content which have not been systematically investigated and about which comprehension is elementary.

Examining the experiences, interpretations and perspectives of survivors whose views remain relatively under-researched provides an opportunity to add a new dimension to the debates in the literature. The starting points of the debates from which more complex conceptual questions arise are:

- Definitions of trauma - what are the characteristics of trauma in situations of war and armed conflict, do these differ from trauma events in other contexts?
- Outcomes of trauma - is posttraumatic stress disorder the principal consequence of trauma in situations of war, or are there a range of possible outcomes, which are equally important?
- Coping and survival - how do people cope in the aftermath, are survivors irreparably damaged or do they manage to reconstruct their lives?

The gaps in the research and the questions which open the debates in the literature provide justification for the first aim of this research.

The first aim of this study is to document the experience of war and its outcomes from the perspective of a group of Mozambican women war survivors, who sought refuge in South Africa during the 1980s.

The following research questions are asked:

- **What experiences did women go through during the war?**
- **How did the informants define trauma?**
- **What were the psycho-social outcomes of the trauma?**
- **What coping and survival strategies did the subjects of this study implement in the aftermath of the trauma?**

One of the more complex debates that has emerged in recent research concerns the relevance of social and cultural context to understanding the complex relationship between trauma and its outcomes. The studies of female victims of violence and survivors of organised violence in developing countries, which were discussed in this chapter, suggest that social roles and relationships, and culturally constructed beliefs and practices can shape perceptions of trauma and responses to it.

Some of the questions that have been posed in the debates on the importance of social and cultural contexts for understanding trauma and its outcomes are:

- Defining trauma - do socially held beliefs influence people's definitions of trauma; do the social positions victims hold determine the kinds of trauma events they are exposed to?
- Outcomes of trauma - is posttraumatic stress disorder universally applicable; how do people from non-western societies interpret posttraumatic stress disorder; are there specific outcomes of war trauma which are framed by particular cosmological beliefs?

- Coping and survival - are there coping mechanisms which survivors in all contexts use; do survivors draw on socially constructed strategies to deal with what they have been through; do social contexts encourage and constrain coping?

The second aim of this study is to explore the relevance of social and cultural factors for promoting our understanding of the Mozambican women's war experiences and their responses to the trauma they faced.

The following research questions are asked:

- **Did the socio-historical experiences and cosmological beliefs held by Mozambican women influence the meaning they gave to events during the war and frame their definitions of trauma?**
- **Did the social positions they held as women, their gender roles and relationships, determine the kinds of traumatic experiences they were exposed to?**
- **Do the psycho-social outcomes of the war which were identified by the Mozambican women share features with those described by survivors from different contexts or were they specific to the experiences of these women?**
- **Does the social and cultural background of the women frame the outcomes of the war that they identified?**
- **In what way did social context inform the coping and survival strategies used by the Mozambican women?**

Finally, the debates in the literature, which refer specifically to trauma in situations of mass conflict, have raised questions about the validity of posttraumatic stress disorder as a concept for explaining the reactions that victims in such situations have.

The third aim of this study is to explore the utility of posttraumatic stress disorder for understanding the Mozambican women war refugees' responses to the war.

2.6 A Note on Culture and Psychology

The racial colonial history of southern Africa, during which *culture* was used to justify racially based social inequities and discrimination, makes the examination of cultural differences a sensitive issue (Dawes, 1994; Dawes & Donald, 1994; Lund & Swartz, 1998; Swartz, 1998). An emphasis on the particularities of cultural beliefs and practices relative to people in different social contexts, holds the danger of portraying a-historical and static definitions of culture. When culture is conveyed as an unchanging, autonomous, and internally coherent set of beliefs and traditions, the historically and socially shaped differences in beliefs, everyday practices and social arragements of people across situations, are reduced to radical differences and *otherness* (Rosaldo, 1989; Scheper-Hughes, 1992).

Swartz in a book which examines culture and mental health, argues that culture is "about the process of being and becoming a social being, about the rules of a society and the way in which these are enacted, experienced, and transmitted. Culture cannot be static, as interpretations of rules change over time with different circumstances" (1998:7).

The notion that culture is a *process*, is important because it implies the dialectical interaction between individuals and social conditions, in which humans are agents who actively process their experiences within the limits and possibilities created by social structures. E.P.Thompson, the social historian who wrote extensively on culture explains it in this way:

> "Any theory of culture must include the concept of the dialectical interaction betwen culture and something that is not culture. We must suppose the raw material of life - experience to be at one pole, and all the infinitely-complex human disciplines and systems, articulate and inarticulate, formalised in institutions or dispersed in the least formal ways, which 'handle', transmit, or distort this raw material to be at the other. It is the active *process* –

> which is at the same time the *process through which men* (sic) *make their history* - that I am insisting upon" (Thompson, 1981:398).

In order to avoid extreme relativism and static definitions of culture it is important to keep in focus the *process* of making culture. This is a process embedded in structural conditions, that is, particular forms of economic, social and political organisation which are shared across cultures. For example capitalist systems of economic production structure social relations, and determine the social positions which people occupy, which in turn colour people's experiences of self and world, and therefore the process of *making culture* (Lovell, 1980). As Rosaldo argues "rapidly increasing global interdependence has made it more and more clear that neither "we" nor "they" are as neatly bounded and homogenous as once seemed the case" (1989:217).

Marrying the concepts of culture, which emphasises the social process of being, and psychology which emphasises individual action, is a complex task. Attempts to integrate culture and psychology have ranged from looking at social factors as external variables which in different ways impact on individuals, to conceptions which see psyche and culture as integrally linked in which each creates the other.

Recently theories of psychology and culture have emerged which reject the separation of the individual and the social. Social constructionist perspectives place a strong emphasis on the discursive practices on which individual interpretations of the world and self are based. In this view, knowledge, that is understanding of self and world is not grounded in objective realities but is an artefact, a production that results from the social interchanges which occur in particular historical situations (Gergen, 1985).

Cultural psychology likewise emphasises the interdependence of socio-cultural environments and human beings, who seize meanings and resources from their environments, and whose "subjectivity and mental life" are changed by the process of taking socio-cultural meanings and resources and using these. In a

similar way to social constructionism, cultural psychology suggests that the world does not have a reality independent of the mental representations directed at it (Shweder, 1991:75).

In contrast some feminist psychologists have emphasised the real effects on women and their subjectivity of unequal power relations and ideological constructions which cast women as subordinate (Walker, 1989). Critical psychology using Marxist theory has noted the dialectical interaction between the individual and society, but has attempted to keep definitions of the social grounded in a materialist analysis which gives primacy to relations of production (Hayes, 1996).

It is not within the scope of this study to examine in any detail the above theories of individual and society, culture and psychology. Neither does this research aim to assess the values and limitations of these theoretical views for analysing trauma and its consequences. What is of relevance for the current study is that these kinds of theoretical approaches to psychology encourage a reconsideration of social and cultural context, not simply as background information but as integral to psychological functioning and that they suggest the historical and cultural situatedness of theoretical formulations.

It is evident from the literature review that the study of the social and cultural dimensions of trauma is relatively new in the field of trauma. But this perspective has begun to pose conceptual challenges to existing models used to explain trauma and its consequences. In their most radical form these challenges question the biomedical framework which underlies much of the analysis of individual responses to trauma. This study draws on the questions raised by this new perspective and attempts to integrate the research findings with the current conceptual debates.

CHAPTER THREE: BACKGROUND AND CONTEXT
MOZAMBICAN WOMEN REFUGEES: ADVERSITY AND SURVIVAL

"The most insidious aspect of the dirty war is that it is aimed at destroying, not other militaries and their contending ideologies, but the very foundations of society and culture. ... The disappeared, the incised body parts, the family scattered and missing, the smoking husks of burned out towns on the landscape all leave a void in social and cultural process and conception that horrifies by its senselessness as much as by its brutality" (Nordstrom, 1991:7).

3.1 Introduction

It is evident from the debates in the literature that in order to generate conceptualisations of trauma it is not enough to provide simple descriptions of events and circumstances. Developing an analysis of the defining features of trauma requires moving beyond the descriptions by attempting to categorise and explain the elements in situations which disturb and shock. But it is obvious that this analytical process cannot proceed without descriptions of particular cases. An account of the war in Mozambique, which draws on academic research, journalists' reports, books and women's accounts provides an outline of the trauma which is the focus of this study.

The social context of women who participated in this study, that is their historical experiences, cultural practices, religious beliefs and the social conditions of their lives, provides the necessary material with which to explore the relevance of social and cultural context to advancing our understanding of the trauma they experienced and their responses to it. At the same time the following summary of the socio-economic and cultural context of the women provides a description of the universe from which the participants in this study are drawn, and thereby provides replicability for the study.

Mozambique extends 1 800 kilometres up the east African coast, from its southern border with South Africa to Tanzania in the north. No more than 500 kilometres at its widest point Mozambican territory covers an area of approximately 783 000 square kilometres which contains a population of some 16 million people (Nelson, 1984).

Portuguese colonial occupation and conflicts between colonial powers over territorial interests drew the final map of Mozambique, which harnessed a "wide range of previously unintegrated communities" (Minter, 1994: 83). Although the African people of Mozambique all speak a Bantu language, there is considerable linguistic and cultural diversity between communities in the southern, central and northern regions of the country (Henriksen, 1978; Minter, 1994; Nelson, 1984). In the south, which incorporates the city of Maputo, the dominant language group is Xitsonga. Shona dominates the central region, with Lomwe-, Macau-, Yao- and Makonde-speaking people inhabiting the northern regions of the country (Henriksen, 1978; Minter, 1994; Nelson, 1984).

The pre-colonial communities incorporated into Mozambique had their own diverse histories characterised by migrations, invasions, conquests and varied degrees of assimilation of culture and language. Changing patterns of migration and occupation continued well into the period of colonial occupation. For example, as late as the 1820s the southern regions of Mozambique were invaded by Nguni-speaking people from Natal who fled to escape conquest by Shaka (Nelson, 1984).

Portuguese occupation of Mozambique dates to the 16th century when trading enclaves were founded in the interior and on the northern coast. But it was not until the 1940s that the country was governed as a single unit. Prior to this colonisation operated through privately owned agricultural estates (*prazos*) and through foreign charter companies who were given concessions over large areas of land and many of whom executed particularly brutal forms of control over local populations (Henriksen, 1978; Nelson, 1984).

Even after Mozambique was administered as a single political entity, the colonial government did not develop the country. Resources and profits were drained from the colony to bolster the weak home economy. The policy of coercing peasants to cultivate cotton in order to supply the textile industry in Portugal is one example of the exploitation of Mozambican agricultural production for the benefit of the metropole (Henriksen, 1978; Manghezi, 1993b; Nelson, 1984; Vines, 1991).

By the late 1890s the economy of the southern region was dominated by labour migration to South Africa. The Portuguese and the Transvaal Republic initiated a series of agreements which gave South African mining companies labour recruiting privileges in southern Mozambique in exchange for guarantees that the South Africans used the port of Lourenço Marques (Harris, 1959). The Portuguese ultimately received a portion of the mine workers' wages in gold at the official rate which they retained and paid the migrants in local currency (Harris, 1959). Thus the colonial government was able to benefit from gold market prices and used the revenue gained for the Portuguese economy.

Colonial occupation did not proceed without resistance. In the south the Gaza chiefs who initiated campaigns against the Portuguese in response to the implementation of hut taxes were only defeated in 1897 (Nelson, 1984). Various local forms of informal resistance from peasants to forced cultivation of rice and cotton, and against the system of *shibalo* (forced labour), included absenteeism, desertion, sabotage and the occasional strikes (Manghezi, 1993b).

But it was only in the 1960s with the formation of Frelimo (Mozambique Liberation Front) that a national struggle for liberation was born. By the late 1960s Frelimo had liberated large areas of Cabo Delgado and Niassa from Portuguese military occupation. In 1974 a coup in Portugal, partly a result of wars in the colonies, resulted in rapid decolonisation (Minter, 1994). After a decade of military struggle, Frelimo won independence in June 1975. Most white settlers who had occupied administrative positions and dominated the Mozambican economy left the country by 1976, many of them destroying machinery and buildings before they left (Vines, 1991).

Thus at independence, the Frelimo government inherited a fragile national state, a weak economy, a shortage of professional and technical personnel, poor infrastructure, a largely illiterate population, flight of capital and hostile neighbours in Rhodesia and South Africa. Frelimo established itself as a Marxist party and embarked on a programme of socialist reform. Radical economic changes included nationalisation of industry and property, and collectivisation of agricultural production. Government priorities were agricultural production, education and health. National literacy campaigns

were launched to counter the 90 percent illiteracy rate left by colonial rule. And facing a situation where there were less than 50 doctors for the whole country, systems to train community health workers, establish health posts in rural areas and deliver large scale inoculation, were set in place (Hall, 1990; Minter, 1994; Urdang, 1989; Vines, 1991).

One of the most controversial and least successful political policies instituted by Frelimo was the attempt to eliminate traditional authority structures, and to actively discourage and even proscribe the practice of indigenous religions and rituals, amongst the rural population (Vines, 1991). This prohibition was later manipulated by Renamo rebels who when they occupied or invaded an area adopted the rituals and embraced the religious authorities of the local population, and then contrasted their practices to government policies (Vines, 1991:112).

Neither the Frelimo government nor the Mozambican population had enough time to recover from the struggle for national liberation and to negotiate a future vision for the country. By the late 1970s Renamo (Mozambique National Resistance) initiated armed insurrection. Formed by Rhodesian security forces and later actively supported by the South African government and its special forces, Renamo rebels developed into a movement which became what was described by Mrs Thatcher as one of the "most brutal terrorist movements that there is" (Vines, 1991:1).

3.2 'Dirty War' - Social Destruction

Carolyn Nordstrom (1991), an anthropologist who has done work on women and war, uses the term *dirty war* to describe warfare in which civilian populations and their social and cultural foundations are the strategic targets. The war in Mozambique is a classic example of the *dirty war*. With the primary aim of destabilising Mozambique, Renamo insurgents did not only attack buildings, roads, and service networks. The rebels terrorised the civilian population. Murder, rape, and mutilation were perpetrated on a mass scale. Homes were plundered, land and crops were burnt, and livestock was butchered. The terror that they instilled in ordinary people, and the wholesale destruction of homes and land, disrupted the functioning of families and entire

communities. As Nordstrom (1991) argues, when this happens on a mass scale the viable functioning of society is undermined.

Robert Gersony, (1988) who compiled a report on Renamo activities for the US State Department, based on interviews with refugees from all regions of the country, argued that there were different forms of rule in Renamo controlled areas - tax zones, control zones and destruction zones - in which violent acts were modified according to local dynamics. He concluded, however, that the levels of violence throughout the country were extraordinarily high and conducted in a systematic and co-ordinated fashion.

The insurgent movement became notorious for its systematic destruction of state infrastructure and institutions of civil society, and for the brutalities committed against the civilian population. Destruction and terror were the principal ways in which Renamo established and maintained control when it entered an area (Gersony, 1988; Hall, 1990; Minter, 1989; Vines, 1991; Wilson, 1992a,b). Symbols of Frelimo's development programmes and the state administration became primary targets of Renamo attacks. Frelimo officials and administrators, and their offices and homes were often the first to be attacked when Renamo raided villages (Hall, 1990). Clinics, health centres and schools, which were examples of the Frelimo government's successes, were frequently raided, and either completely demolished or rendered inoperative because personnel were killed, abducted or forced to abandon their posts.

Renamo's destruction has been described as "meticulous", "methodical", and "ritualistic" (Wilson,1992b). When the rebels attacked clinics they were not satisfied to blow up equipment but dismantled and destroyed every part of that equipment (Hall, 1990). Finnegan a reporter for the *New Yorker* observed the remains of buildings in a town attacked by Renamo, "a thousand relics of annihilative frenzy. Each tile of a mosaic smashed, each pane of a glass-block wall painstakingly shattered. It was systematic, psychotically meticulous destruction" (1989a: 48).

The southern provinces of Inhambane, Gaza and Maputo were destruction zones. People living in these areas experienced extreme brutality at the hands of Renamo and the majority of the massacres carried out by Renamo occurred

in the south (Gersony, 1988; Minter, 1994). The popular support for Frelimo in the southern provinces of Mozambique, and the dominance of southerners in the Frelimo government have been presented by some as reasons for the excessive violence that Renamo perpetrated in these provinces (Vines, 1991). The proximity of the southern regions to Renamo's South African military supporters is another factor, which, some have suggested, explains the way Renamo dealt with the civilian population living there (Minter, 1994).

Alex Vines (1991) in his analysis of Renamo argues that the insurgents demonstrated their capacity for destruction to the rural population in the way that they controlled food. In the face of hunger and famine Renamo rebels burnt trucks carrying loads of food aid. They demolished crops and slaughtered cattle when they raided villages. The rebel soldiers routinely demanded food and looted the possessions of the peasants they attacked. Those things they didn't want they burnt in bonfires and the rest were carried to Renamo bases by the villagers they had abducted. Vines quotes from an interview with a Mozambican refugee in Zimbabwe who described Renamo rebels, referred to as *Matsangas*, after their first head Andre Matsangaisa, in the following way: "Matsangas, those are the ones that are the locust people. They eat everything, food, clothes and us, until we have no more. Then they go and eat elsewhere" (1991:89)

As a movement Renamo was characterised by the fear and terror it instilled in the population through its gruesome and gratuitous acts of violence. Mutilations, public executions, massacres, sexual violation, the deliberate exhibition of bodies and body parts, and the coercion of people into committing perverse acts, were common features of Renamo's cruelty. Wilson who investigated Renamo's strategies in the province of Zambezia argues that Renamo instilled "incapacitating fear by conjuring a vision of inhumanity and maniacal devotion to the infliction of suffering that sets them outside of the realm of social beings and hence beyond social control and even resistance" (1992b: 531).

Renamo's human rights abuses have been likened to those of the Pol Pot regime in Cambodia, both in terms of their brutality and their magnitude. It was common practice for Renamo insurgents to mutilate live victims by chopping off their limbs, ears, noses and genitals (Finnegan, 1989; Hall, 1990;

Magai,1988; Vines,1991; Wilson 1992b). The Mozambique Information Office reported an incident which occurred in Inhambane where men were castrated before they were executed. The bodies of people murdered and mutilated by Renamo rebels, were left for display. The heads of victims were impaled and publicly displayed, as a horrifying reminder of Renamo terror (Hall, 1990). A widespread method of murdering people, in villages in the south of the country, was to pack a dwelling with large numbers of people, lock the doors and set the hut alight. There are reports of women being forced to kill their children or to eat the body parts of relatives who were murdered by the rebel soldiers (Finnegan, 1989a).

The insurgent army relied heavily on forced recruits many of whom were children as young as 10 years old. Minter (1989) in reports based on interviews with Renamo ex combatants, argues that up to 90% of the men in the rebel movement were forcibly mobilised. Recruits were dragooned in extremely brutal ways. Many were forced to kill relatives or villagers before they were abducted. This served to alienate and ostracise them from their communities. Others were initiated into killing after they were kidnapped. Charles Boothby, a psychologist, who worked with child victims of the war presented a typical case to a reporter, Brian Duffy:

> "By the time he was 13, Fernando had murdered six people. When the bandits overran his village, killing his parents they found a well-muscled adolescent who could carry heavy loads long distances and with training, become an efficient killer. First, Fernando was taught to kill birds and animals. He was beaten and deprived of food. Then he was given the blood of an ostrich. Drink it. Fernando was told: it will make you strong. By the time he was 14, Fernando Maposse was leading a group of more than a dozen other Renamo soldiers, all younger than he. Fernando is pretty sure he killed six people, he says, because he saw them die. But there may have been more" (1989:33).

The human suffering caused by Renamo's brutality was compounded by the disruption of agricultural production and natural disasters which brought famine for massive numbers of the rural population. Roesch (1992) points out that by 1987, Renamo activities in the countryside, and prolonged drought

conditions resulted in food shortages which affected over 200 000 people, in the southern province of Gaza.

The few attempts made by Renamo leaders at articulating political propaganda contained reference to the peasant population's dissatisfaction with Frelimo policies of collectivisation and prohibition of religious practices, and this, they argued, formed the basis of the rural population's support for Renamo. Documented evidence provides no support for this argument. While research shows that Frelimo policies did not have the favour of large sectors of the rural population there is no evidence to show that this coincided with any significant support for Renamo (Minter, 1989; Minter, 1994; Vines, 1991). Vines (1991) provides data which shows that even in areas where local people and especially chiefs welcomed Renamo rebels when they first arrived, they were quickly disillusioned by Renamo forms of rule and their practices.

There is evidence which shows that discontented government soldiers, who had no food and clothing and had not been paid, extorted supplies from civilians, in some cases violently. There are also reports that Frelimo forcibly recruited young men and executed Renamo deserters (Finnegan, 1989b; Mozambiquefile, 1991:18; Vines, 1991). These abuses by Frelimo contributed, Vines (1991) argues, to the ambivalence peasants had towards the government, but not the same terror they experienced in relation to Renamo.

The documentation showing abuses committed by Frelimo troops does not provide evidence on anything approaching the brutality and scale of those committed by Renamo. The Gersony report (1988) noted that 9 percent of the sample of adults interviewed reported witnessing or experiencing violation from Frelimo forces, as against the 90 percent who gave first hand accounts of Renamo atrocities. Minter quotes reports critical of government policies and government force responses to Renamo attacks, which included forced relocation and scorched earth tactics, but provided evidence "confirming the overwhelmingly disproportionate use of violence by Renamo" (1994: 211).

3.3 Women and the War in Mozambique

In a war in which the domestic sphere was a primary site of conflict, women were at the centre of the battlefield. As members of the civilian population

their lives were overturned by the chaos created by the war. As the *linchpins* of domestic life, they were strategic targets of attack (Nordstrom, 1991). While they suffered the general brutality inflicted on civilians, women were also attacked in specific ways. Rape and other forms of sexual violence became weapons of terror and intimidation.

Wilson in his investigation of violence in Zambezia province argues that rape and the use of women as sex-slaves were seen by Renamo as their right of access to women and that rape was not ritualised "through elaboration or transformation" of the sex act itself. He proposes that "violence appears without a highly developed gender-definition of its target" (1992b: 536). Evidence from other provinces, in particular the southern areas, suggests that the sexual act was perverted. But even if the sex act itself was not transformed, the fact that women were raped rather than beaten, shot or tortured in other ways, that part of the initiation of boys into Renamo soldiers involved them being taught to rape, and that soldiers after being initiated were allocated women, demonstrates the manipulation of notions of masculinity and femininity and suggests that sexual violence was gender specific.

Sexual violence was commonly conducted in public with the aim of intimidation and humiliation. Women were raped in front of their husbands, children and compatriots. There are widespread reports from women and men who explained that husbands were used as mattresses - they were forced to lie on the ground and their wives were raped on top of them by the bandit soldiers. Children were raped in front of their parents. Lina Magaia recounts the dreadful fate of girl children who were captured:

> "... the bandits selected those who could return home and who could carry on. ... To demonstrate the fate of the girls to those who were going back, the bandit chief of the group picked out one, the small girl who was less than eight. In front of everyone, he tried to rape her. The child's vagina was small and he could not penetrate. On a whim, he took a whetted pocket-knife and opened her with a violent stroke. He took her in blood. The child died" (1998: 20).

Renamo soldiers abducted women and young girls who survived attacks on their homes and the massacres in their villages. They were used as porters,

slave labour at Renamo bases and as sex chattels. Countless women who were held in Renamo camps bore the children of their captors. Girl children of 12 years and younger were taken as sex slaves by Renamo soldiers, very often themselves only boys (Magaia, 1988).

A report in the *Weekly Mail* newspaper described the condition of a 14 year old girl raped and held in a Renamo camp, "a subsistence diet has combined with the abuses of Renamo life to retard the growth of Ana's frail body, but age her face beyond its years. To look at her, you would not imagine she gave birth to the child playing a few metres away in the dust. Ana thinks the father is probably about her own age. She says he did not talk much to her" (June 11-June 18, 1993).

Women who constituted the large majority of agricultural producers found it difficult to carry out the daily activities necessary to provide for the needs of their families. Routine tasks such as fetching water and collecting firewood became dangerous because of the threat of being abducted or killed by rebels in the bush. Work in the fields was disrupted by rebel attacks. Wells were contaminated by dead bodies. Livestock was decimated by the rebel forces (Urdang, 1989).

The homes of women whose husbands worked as migrants were favourite targets of the Renamo bandits who knew that they were likely to find more goods there than in the homes of other families. Lina Magaia (1988) documented the horror of Renamo's brutality through the stories of ordinary rural dwellers. In her book she captures the attacks on migrants' homes in a typical story of a woman who had just received food and clothes from her husband in Johannesburg.

> "The armed bandits, like treacherous snakes, came by night and pillaged the storehouse. They had kidnapped people as porters. But the quantities in the house were beyond the physical capacity of the carriers. She was also forced to be a porter and to witness her home set on fire with all the things that remained inside. She was made to witness the result of the fire that slowly and completely consumed flour, sugar, clothing and all that was left. When she returned from captivity weeks later she

> took refuge on the outskirts of the railway line, feeling fortunate that they hadn't killed her and wondering what would happen if they came back again and found her there. And there remained her cashew trees, her mafurra trees, her mangoes and her pineapples - abandoned" (Magaia, 1988: 96).

Few women escaped the effects of the war in Mozambique. Those who were not killed or taken captive by Renamo, were dislocated from their homes and displaced either inside the country or as refugees to neighbouring countries. During the war the wives of many migrant workers were abandoned by their husbands who didn't return and discontinued remittances. Women whose husbands left to seek work in neighbouring South Africa lost touch with their partners and never knew whether the men had managed to cross the border or had been kidnapped or murdered by Renamo on the route out of Mozambique. Many women abandoned their homes and fields to flee to towns or to cross the borders into neighbouring countries (Magaia, 1988; Vines, 1991).

3.4 Cosmology and Culture

Berger and Luckman (1966) argue that psychology presupposes cosmology. Psychology is relative to the interpretations of reality through which people create a meaningful and coherent view of the world. The world views that people hold, in particular their beliefs about nature, the relationship between people, the relationship between people and nature, divinity, and the causes of misfortune, are the basis upon which they formulate conceptions of well being, distress, and amelioration of affliction.

World-views are not static. Neither are religions and cosmologies autonomous, closed systems of belief. They adapt to and are reshaped by changing social circumstances. For example, in Africa, colonialism and the spread of Christianity resulted in people incorporating western based systems of medicine into their strategies of health care. At the same time particular aspects of indigenous beliefs have shown resilience. Fundamental tenets of African religious thought have retained an important place in the world views and religious practices of many African people. Thus there is both a resilience and fluidity in people's world-views, so that they are able to hold on to traditional ideas at the same time as incorporating new views and practices.

Some religious thoughts and beliefs that are still prominent amongst various groups of people in a range of African communities, include beliefs about the important role that the ancestors play in the lives of their living relatives, the dangers of witchcraft and sorcery, and the negative consequences of transgressing taboos. The strength of some of these convictions is evidenced by their incorporation into the discourse of indigenous Christian churches and sects (Magesi, 1997). Many of the women who participated in this study were members of Christian churches. But their narratives reveal strong beliefs in traditional African religious concepts and practices.*

Nordstrom in a report to the ministry of health in Mozambique, points out on the basis of her research into help-seeking behaviours and the treatment options employed by Mozambicans , that, "... nearly all Mozambicans use traditional medicine for at least some of their health care needs at some point in their lives. ... Even when fully operational clinical resources are available, indigenous medical treatment remains the resource of choice for a number of health related problems" (1991a:1).

In the same report she notes all the people she interviewed pointed out that the herbal and medicinal aspects of traditional healing cannot be separated from the spiritual and cultural concepts in which treatment is embedded (Nordstrom, 1991a: 2). Further evidence of the continued strength of indigenous beliefs amongst Mozambicans, is provided by reports from the general population and traditional medical practitioners which associate a rise in "spiritual-related" problems with the war (Nordstrom, 1991a:19). These problems include the facts that people were unable to bury their relatives according to proper ceremonies, the loss of ancestral lands and the saturation of land by blood spilt in battles, all of which, Nordstrom (1991) points out, can result in physical, psychological and socio-behavioural problems.

The societies from which rural Mozambicans came have been and still are essentially sociocentric in character (Shweder, 1991). Individuals are defined

*Reference to *African* religious thought and philosophy is not to suggest a homogeneity in African religious churches, sects and cults. Rather the notion of African religious thought/philosophy is used in this study in the same way that the notion of western cosmology or philosophy is used to refer to broad philosophies characterised by sets of principles and theories which unify them as systems of understanding the world.

in relation to kinship structures and their place in the community. People and personal identity are understood with reference to other persons (Magesi, 1997: 64). In contrast to rights based societies sociocentric societies are duty based (Shweder, 1991). Monteiro (1996a,b) an Angolan psychologist argues that in Bantu-speaking cultures, individual actions, rights and responsibilities are defined in relation to community cohesion.

According to Magesi (1997) the promotion of life, which is the moral basis of African religious belief, can only take place when there is order. By this he means that the bonds between people, people and the ancestral spirits, and people and the life forces of nature should be balanced and in harmony. "For God and the ancestors desire peace and order" (1997:61). In this religious system individual ill health, distress and misfortune is conceptualised in relation to the inversion of social order and cultural norms. Treatment is framed with reference to reintegration into communal life and activities.

Nordstrom (1995), who spent a year and a half doing fieldwork in Mozambique during the war of destabilisation, emphasises the importance of family and community in Mozambican society. She points out that individuals *thrive* as members of a community and it is through mutual social responsibilities, common goals and interpersonal relationships that individuals make sense of the world. The lives of individuals reflect the interconnection of the social and the spiritual - "the eternal, the social, and the collective are made apparent through the individual and the particular" (Nordstrom,1995:7).

In the religious convictions held by many Mozambicans the spiritual world of the ancestors and the social and natural worlds are in constant interaction and affect each other. Mbiti, 1975, a scholar of African religions argues that this is a commonly held belief in many African religious sects. According to Mbiti (1975) relationships between people are defined by cultural norms and taboos which are passed down from generation to generation and sanctioned by the ancestors. The relationships of people with the ancestral spirits is powerful especially with the "living dead" - the spirits of those who have recently died. He points out that a break with the spirits by not observing rituals is dangerous to "social and individual conscience" (1975:81). The ancestral spirits can affect family affairs, individual and social health and are the guardians of traditions. Failure to carry out traditional rituals and religious rites can be

insulting to the spirits and incur their dissatisfaction. For example the dead not buried in the proper way become offended and can take revenge by "haunting" or bringing misfortune to the offending person (Mbiti, 1975).

The power of ancestral beliefs is illustrated by evidence from Mozambique which shows the elaboration of these beliefs by Renamo rebels to instil fear in the population, and by the fact that pockets of resistance to Renamo developed around spirit mediums who attempted to establish areas secure from attack (Vines, 1991). Vines (1991) reports on the appearance in southern Mozambique of Mongoi, who invoked his power as a spirit, who could not die again, in other words who could not be killed by them, when he warned Renamo rebels to free those they had abducted and to halt all further attacks. This ostensible spiritual power so frightened the Renamo commanders that his region of jurisdiction became a neutral zone.

Vines also describes Renamo's use of *fetiçeiros* (spirit mediums) to treat and strengthen rebel forces who were going into battle. While rank and file members were given goat's blood to drink, rebel commanders were instructed by the *fetiçeiros* to bring the "inner organs of new born children so that she could make drugs from them" in order that they could become immune to bullets (1991:113). Hall (1990) argues that Renamo invoked the dark side of the indigenous spritual beliefs during the war.

Indigenous African cosmology, submits that one of the causes of unwellness or ill health can be sorcery or witchcraft. In contrast to biological explanations of disease, illness is said to be caused by malevolant social relations and the transgression of social taboos. Harm through sorcery is brought about by one's enemies who employ the powers of magical substances to cause damage (Hammond-Tooke, 1989). Witches, on the other hand who have inherited their powers employ them to do evil usually through the medium of *familiars* - monsters or animals. For these reasons people may consult a diviner to discover who the witch is or who has employed a sorcerer to bring bad health or to cause possession.

Diviners or spirit mediums may also be consulted to assist with issues related to the land, including ancestral rights to the land, rituals of fertility and for rainmaking ceremonies. Vines (1991) points out that in Mozambique

mediating rights to land, fertility and cults of rainmaking constitute a crucial domain of the work of spirit mediums, and indigenous healers through whom communication with ancestral spirits on these issues can be effected. He argues that there is a long tradition amongst peasants of invoking the authority of ancestral spirits to assert and secure rights to land (1991:117).

Pollution or contamination is another important theme in indigenous beliefs about the causes of illness. Early studies of religious practices amongst the people of southern Mozambique record that contamination could be caused by picking up something which belonged to someone who was possessed and whose *madness* will then be transmitted to you (Junod, 1927). Defilement results from contact with what are regarded as impure substances or states, such as contact with menstrual flow, being in the presence of death, the birth of twins, or being in the presence of impure persons (Hammond-Tooke, 1975).

Death causes defilement and there are numerous rituals which must be carried out in order for the family and the household to be purified, after someone has died. As has been pointed out, if appropriate burial rituals are not carried out, the spirits can be offended and can bring misfortune to the living. But because death is associated with defilement the correct purification procedures must also be followed to avoid illness of the individual and even of the social group (Earthy, 1968; Junod, 1927).

Pollution does not result exclusively from the ingestion of physical substances or exposure to impure states. The transgression of social taboos also accounts for defilement. For example Earthy (1968), a missionary who documented in detail the practices of communities in southern Mozambique, noted strict rules guiding sexual intercourse during the mourning period. She noted that cohabitation was forbidden for a week of mourning. After the first week of mourning sexual intercourse, guided by specific rituals, formed part of a purification rite. Another example is provided by the taboo on cohabitation during the menstrual period. Menstrual blood is considered *pfisa* (hot). A man who breaks the taboo and has intercourse with a woman who is menstruating can become ill (Earthy, 1968).

Fertility and procreation have a special significance in African philosophy and religious practice. The conception and birth of children ensures the continuity

of the ancestors through their descendants (Magesi, 1997; Monteiro, 1996a,b). Magesi (1997) argues that conception marks the formation and validation of "vast kinship" relationships between the visible and invisible worlds. But fertility and conception in humans are also linked to fertility in nature. The early studies of Junod (1927) and Earthy (1968) confirm the symbolic significance given to pregnancy, childbirth and the reproductive cycles of women. Pregnant women were subject to many taboos in order to protect the child and the crops, reflecting a conception of the interconnectedness of all living things.

Purification rituals occupy a significant place in African religious practice. Cleansing rituals have been used for centuries by herbalists and divining doctors for the treatment of ill health and misfortune, and to reintegrate people back into society. The importance of purification is reflected in the fact that many indigenous Christian churches incorporated cleansing into their practices. The leaders of some African churches, for example the Church of Zion, engage their members in elaborate cleansing ceremonies, as a treatment for a variety of afflictions (Sundkler, 1961).

Vasco Acha, (1996) a Mozambican psychologist examined the use of cleansing ceremonies by both traditional healers and Zion prophets to treat young men and women who had been abducted by Renamo rebels during the war. His research suggests that these purification rituals were used to treat physical complaints and psycho-social effects of the war. Acha (1996) emphasises that the ceremonies were not especially designed for survivors of the war, but were traditional rites reworked to treat survivors of violence. He argues that the purification rites conducted for young victims of the war are characteristic of rituals used in times of social crises and mark the reintegration of individuals back into community life.

Nordstrom (1991a) in her policy report to the ministry of health recommended amongst other things, that traditional medicine in Mozambique become part of formal treatment. She notes that traditional healers in Mozambique employ cleansing to treat people who had been in Renamo camps in order to remove the hold of Renamo and readjust individuals to traditional values and community life (1991a:19).

The centrality of cleansing ceremonies to the religious discourse of people in southern Africa is confirmed by writers who have examined the use of purification for the treatment of survivors of violence. Pamela Reynolds (1990) in a study of traditional healers and their contribution to the treatment of child victims of war in Zimbabwe, identifies cleansing ceremonies as an important part of the process of healing. Carlinda Monteiro (1996a) who worked with children exposed to the war in Angola, notes specific treatments recommended by traditional healers to treat distress in children. These treatments included bathing with herbal infusions. She points out that children not treated by customary methods risked rejection by the community.

Essentially the world-view of Mozambican women is characterised by an emphasis on the social. Personal identity is defined in relation to social relations and social order. Social order is understood with reference to the interconnection between God, the ancestors, people, and the natural world. In this world-view, human life, social and kinship relations, and social order are sustained by a bond to the land which gives the land both material and symbolic significance.

But it is important to note that these relations of order are hierarchically organised in African philosophy. God and the ancestors occupy the highest positions in the hierarchy. Equally, relations amongst people are stratified, such that different relations of power exist for example between chiefs and their subjects, or between men and women. These relations of hierarchy intersect with broader social forces and processes to structure the roles that people play in communities and their relationship to the social order. The description of the social and economic lives of Mozambican women before the war reveals that hierarchically structured divisions of labour between men and women combined with the forces of colonialism to give women a specific relationship to the land, over and above the symbolic and religious attachment.

3.5 Social Relations and Economic Activities Before the War

The women who fled the war and came to settle in the villages of the Nkomazi district came from the *destruction zones* of the war - the southern Mozambican provinces of Maputo, Gaza and Inhambane (Gersony, 1988). An historical examination of their social and economic lives reveals that, as a group, these

peasant women were not strangers to adversity. They have had to survive under difficult circumstances.

Farming occupied a central place in the lives of rural women in southern Mozambique. Agricultural production became a site in which they established competency and relative autonomy from the authority of men. Their history as subsistence farmers gave them economic survival skills. In a range of circumstances they found ways to meet the demands for material existence, very often without the support of men.

Deeply entrenched patriarchal gender relations meant that women had very limited access to power in the public domains of society. In their homes they had to submit to the demands of men. They bore the burden of domestic responsibilities and were subjected to the control of their fathers, husbands and uncles. Violence as a method of social control was not an unusual component of women's life experience (Urdang, 1989).

During colonial occupation gender relations intersected in complex ways with racial oppression and class exploitation to make women vulnerable to abuse in almost all domains of life. But women were not simply passive victims of historical forces. Within the constraints of social conditions they actively sought to ensure survival and alter the conditions of their existence (Bowen, 1989).

Historically women in rural Mozambican communities have been subordinated to the social and political power of men - their fathers, brothers, uncles, husbands and the chiefs. Men as the heads of households define the relationship of the family to the broader community. Polygyny and the practice of *lobola* or bride price were and still are common (Arnfred, 1988; Urdang, 1989). The basis for land distribution in southern Mozambican rural communities is patrilineal so that traditionally women could not gain access to land except through their husbands.

However women had a strong relationship to the land. The division of labour between men and women, gave women full responsibility for domestic tasks, and major responsibility for agricultural work. Women were almost wholly responsible for agricultural production to meet the subsistence needs of the

household. After men cleared the fields, women prepared the soil, sowed seed and reaped crops (Bowen, 1989; Earthy, 1968; Junod, 1927; Manghezi, 1983; Urdang, 1989).

The central role that peasant women played in agricultural production was reinforced by the migrant labour system which came to dominate the economy of southern Mozambique during Portuguese colonial occupation. The series of agreements governing labour migration which were instituted between the Portuguese and the Transvaal Republic as far back as 1897 and which gave South African mining companies labour recruiting privileges in southern Mozambique, resulted in large numbers of men from southern Mozambique leaving their homes to work on the mines (Harris 1959).

Within the colony the Portuguese practised coercive forms of labour use. In the southern regions the system of *shibalo* or forced labour was sanctioned by laws which allowed for the forced recruitment of workers for government projects and private enterprise. Males unable to prove that they were not "idle" could be conscripted for six months compulsory labour on public schemes such as road and rail construction (Harris, 1959; Manghezi, 1993b). The colonial administration also imposed taxes which forced people into wage labour.

The migrant labour system shaped the domestic economy in the southern regions of Mozambique in fundamental ways. The wage remittances of miners contributed to the emergence of markets and the demand for consumer goods (Roesch, 1988). Most families found migrant labour a more appealing way of earning additional income because unreliable and irregular rainfall in the region, difficult soil conditions, and the lack of equipment made farming arduous. The development of cash-cropping in this area was constrained by labour migration and land appropriation and on the whole agricultural production remained subsistence based (Harris, 1959; Roesch, 1988; 1992).

The dominance of the migrant labour system in southern Mozambique and colonial forms of labour use affected rural women in various ways. Women's responsibilities for the maintenance of the household increased because males were away working. Women became the backbone of agricultural production. Families who received remittances from their male relatives that were employed in South Africa had advantages over families without migrant

workers (Bowen, 1989; Manghezi, 1983). In some areas remittances in the form of household goods such as soap, oil and candles were used by rural families to pay for the employ of seasonal labour. In other families cash remittances were used to purchase equipment and cattle used for ploughing (Manghezi, 1983).

Manghezi (1983) argues however, that this was not a uniform process. In his view those families that were able to use contract workers' wages to accumulate resources and expand their agricultural production were those who were closest to the ruling classes in the countryside - the chiefs appointed by the colonial administration and the colonial administrators, and who thereby had access to good land. Manghezi (1983) points out that for the impoverished group of peasants, who had been moved from fertile valley lands to lands where farming was more difficult, in order to make way for settlers, the migrant worker's wage became necessary for the reproduction of the household.

Periodic droughts, difficult farming conditions, forced crop cultivation and forced labour recruitment contributed to increased impoverishment for most family farmers. Cash remittances became central to the maintenance of the household, and to survival during times of crisis. In times of drought and famine those families who received cash remittances were able to use these to purchase food (Manghezi, 1983).

Manghezi (1983) in his recording of the oral testimony of women in Maputo province describes the survival strategies of Mozambican women during these times. The women of families whose male members were working on the mines and sent them cash would organise to travel to shops across the border to buy food. Some of these women covered distances of up to 60km on foot to Komatipoort in South Africa.

Manghezi (1983) identifies a typical survival strategy used by rural Mozambicans to cope with famine conditions, which he refers to as *ku-thekela.* A central element of this system is, what he calls, "forward planning", such that whatever people receive from begging, in exchange for their labour or from selling goods, must include more than just what they will consume, "anyone who travels in search of food during a drought, must ensure that the

food parcel brought home to the family includes seeds in preparation for the following planting season" (1983:12).

During colonial occupation there were many women that were deserted by husbands who left and never returned. One of the women interviewed by Manghezi (1993b) explains how and why she was left by her husband.

> "I suffered a great deal because my husband went to the mines in South Africa and did not return home for fear of Shibalo (forced labour). What happened in those days was that my husband would arrive home from the mines for his holidays, and the next day he would be arrested by the colonial police and taken away for shibalo even though he was a worker, with all the documents to prove it. Because of all this, on one occasion he went to the mines never to return. I was left alone and was forced to cultivate cotton in order to pay for the hut tax, since my husband sent no money for this" (Marindzi quoted in Manghezi, 1993b:1).

Women were also forced to provide free labour to the traditional authorities - the chiefs and his headmen. Women whose husbands were away working in South Africa became easy targets. They were rounded up because their hut taxes had not been paid and were forced to work in the chief's fields. Most often records of the time that they had worked were neither kept nor receipts furnished so that they could not prove that they had met their taxes through the work they had done (Manghezi, 1993b). It was common for women who were forced to work on the chief's land to be subjected to sexual harassment and abuse by these chiefs.

The Portuguese introduced forced cotton and rice production to bolster the economy of Portugal. As the main agricultural producers in the region, women bore the brunt of the policy. The cultivation of cotton is labour intensive and is produced during the same season as food crops, such as maize, peanuts and sorghum. For family farmers this meant that food production suffered. The prices paid for the cotton that was produced were very low. These factors combined to increase the pressure on women trying to meet the material needs of the family (Manghezi, 1983).

Cotton and rice cultivation were strictly monitored by the colonial administration. People who resisted cultivation of cotton were beaten up or arrested (Urdang, 1989). The oral testimony of women recorded by Manghezi, (1993b) shows how foremen visited family plots and estimated the harvest. Women whose final harvest did not meet the estimations were beaten or punished in other ways, which included sexual violence (Urdang, 1989).

People in Mozambique did not passively accept colonial forms of labour use and the policy of forced cotton and rice production. Large numbers of men withheld their labour by fleeing across the border to South Africa, others took employment in the capital city. Peasants sabotaged the cultivation process by cooking seeds before planting them (Urdang, 1989). Many women directly confronted chiefs who abused them. Some of these women went as far as reporting their complaints to government administrators in the capital city (Manghezi, 1993b).

The oral testimony recorded by Manghezi, (1993b) describes how women working at the Nkomati sugar cane estates led a strike for higher wages in the 1950s:

> "...there had been a big strike during which female workers sharpened their cane knives and chased one of the white bosses, forcing him to seek safety behind locked doors. The women then went on the rampage, smashing up furniture and any other property on which they could lay their hands" (quoted in Manghezi, 1993b:21).

Women also engaged in less direct forms of resistance. For example they added pebbles, bits of pumpkin or chicken droppings to the bags of cotton they delivered to the authorities. This tactic was designed to increase the weight of the bags in the hope of earning extra money, but at the same time showed their opposition to the policy which forced them to cultivate cotton with such minimal financial returns (Manghezi, 1993b).

Colonial rule in Mozambique with its policy of compulsory labour, land expropriation, forced crop cultivation and labour migration had the effect of impoverishing the large majority of the rural population. Women formed the backbone of family agricultural production and the food that they produced

was central to meeting the needs of the family. The daily burden of women's work was increased but their capacity to meet the challenges became a basis of strength. The fact that women were responsible for the production of food for the family's needs, gave them a degree of self-sufficiency. For impoverished rural women, their farming expertise and their knowledge of the plants in the bush provided them with skills to use in times of crisis (Kruks & Wisner, 1984).

In communities in which power, both in the public sphere and in the home lies in the hands of men, women can counter absolute domination by achieving some economic independence. The tenacity of Mozambican women and their resolve not to lose the control they had over family production is demonstrated in the ways that they found to resist the exploitative and oppressive colonial practices of compulsory labour and forced cotton and rice cultivation.

Rather than being passive victims of history, women from these communities actively responded to critical events in their histories and acted to guard those spheres of social life where they felt they had some independence and authority. The challenges created by harsh circumstances and the demands of their roles forced them to develop skills with which to maintain survival. By virtue of their relationship to the domestic sphere and the role they played in maintaining the subsistence of the household, Mozambican peasant women played a pivotal role in the reproduction of society.

The point has been made that while women's activities may be regarded as *trivial* by men and women, "these very trivia of domestic life are essential parts of the process of social reproduction upon which the entire society rests" (Dubisch, 1986:25). For rural Mozambican women, home and family, and the tasks associated with maintaining and reproducing these, defined their place in the community and forged their social and personal identities. On the one hand domestic life was a principal site of women's subordination. On the other hand it was the sphere in which women were able to develop skills and assert their strengths and resilience.

3.6 The Recovery Environment

The merciless violence, looting and burning of homes and fields, carried out by Renamo resulted in many people abandoning their homes and fleeing to towns with the hope of protection from government troops, or seeking refuge in neighbouring countries. An estimated 3.7 million people were internally displaced and over 1 million people became refugees in neighbouring countries (UNOHAC, 1994).

Aid organisations estimated the number of Mozambicans who had fled to South Africa by 1990 to be as high as 250 000 (South African Council of Churches, 1988/9). Thousands of Mozambicans from the southern provinces sought refuge in the neighbouring South African *homelands* of KwaZulu, Gazankulu, Lebowa and KaNgwane (Cammack, 1990). The South African Council of Churches figures broken down by destination shows that 109 000 Mozambicans went to Gazankulu, 125 000 to KaNgwane, and 16 000 to KwaZulu (South African Council of Churches 1988/9). The South African government in power at the time, did not give Mozambicans fleeing the war refugee status. Instead they were officially regarded as"illegal immigrants" and South African soldiers and police were instructed to deport Mozambicans.

Sporadic reports in the press in the late 1980s and in 1990 described the dangers that Mozambicans braved during their flight (*The Guardian*, December 6 1989; *Newsweek*, February 15 1988; *New Scientist*, 27 January 1990; *Weekly Mail*, May 27 to June 2 1988). Because they were refused entry at official border posts as war refugees, the Mozambicans were forced to cross the electrified fence that stretches for over 60 kilometres from the Komati river to Swaziland, or to walk through the Kruger National Park.

A report by the South African Catholic Council of Churches estimated that, apart from the countless numbers of people who were burned and mutilated by the electric current, the fence caused more deaths in three years than the Berlin Wall had in its entire history (1988/9). The Mozambicans who walked Kruger faced the dangers of lions, which some reports suggested became man eating (*New Scientist*, 27 January 1990).

By 1990, an average of 500 refugees a month were settling in the Nkomazi district. The Mozambicans who were registered by Hlanganani, the committee established by local people to assist the Mozambicans, were largely women, children and the aged. Most of the younger men travelled to the cities and towns to seek employment (Correspondence S.McKibbin of Hlanganani with Chief Minister Mabuza, 1990).

The task of rendering assistance to Mozambican refugees was left to residents of the homelands, who themselves live in harsh socio-economic circumstances. Local churches, the South African Council of Churches and Operation Hunger instituted food aid which was distributed by locally established committees. Apart from the medical services provided by the international relief agency Medecins Sans Frontieres, the refugees relied on health services in the host communities which were already severely strained. There is no record of a systematic and concerted effort by any South African based or international organisation to offer psychological assistance to the Mozambicans, the vast majority of whom had been exposed to trauma of a severe nature (Cammack, 1990).

The Nkomazi district was part of the former KaNgwane homeland under the apartheid government. It is made up of about 35 settlements populated by Xitsonga- and Siswati- speaking South Africans. The villages are resettlement areas, a result of relocation of black people from their land to make way for white farmers and wild life conservation. Populations in the villages range from 2 500 people to 20 000 people in a settlement with the total population of the district at approximately 270 000. This figure excludes Mozambican refugees (LAPC, 1994).

Tribal authorities still have a powerful influence in the governance of many rural areas in South Africa. In Nkomazi, which is divided into seven tribal authority structures, district chiefs and their *indunas* (headmen) have power to direct land and resource use and to mediate in village and domestic conflicts. At the same time civic organisations and committees operate in the area. More recently rural development committees have been established as precursors to future local government structures. Relations between tribal authorities and civic structures are complex and there have been conflicts over jurisdiction.

The Nkomazi district is underdeveloped. Disposable income per capita for the KaNgwane area is R1029 per annum. Over 80% of households in the Nkomazi district fall into an income group of less than R5 000 per annum (Bureau of Market Research figures 1991 supplied by the Development Bank of South Africa). There is a high unemployment rate, 33.3%. Many people are informally employed and women especially engage in marginal activities. Migrant labour is common with an average male absenteeism rate of 27%. This means that there are many women who are heads of households responsible for young and aged dependants (LAPC, 1994). DBSA (1993) reports a 40% incidence of female headed households.

Social infrastructure and services are poor. The district is serviced by one hospital and its satellite clinics. It is estimated that there are 0.3 medical officials per 1 000 of the population. Primary and secondary schools are overcrowded and badly equipped. Statistics dated 1989 indicated that of the economically active population 37% have attended primary school and 22% have received secondary schooling. This is unlikely to have changed significantly (DBSA, 1993). Water is scarce in the district and there is not yet a developed sanitation system for domestic use (LAPC, 1994).

Growing population density which necessitates the conversion of arable land to settlement and the conversion of dry land to irrigated agriculture largely for sugar cane production has increased landlessness and placed considerable pressure on subsistence production (LAPC, 1994).

The quality of life is reflected in an infant mortality rate of 51.0 per 1 000 live births which is above the national average. Malnutrition and kwashiorkor are highly prevalent and noted as major health problems in this region. Life expectancy is below the national average. The incidence of HIV has increased rapidly. Statistics for the 1993 year found a threefold increase in HIV in one year (LAPC, 1994).

In essence social and economic resources are stretched. Women in these communities occupy positions which disadvantage them in the struggle for resources. Gender relations are patriarchal and relatively few women are to be found in positions of social or political power. The Nkomazi district contains all the necessary ingredients that contribute to domestic violence, rape and

sexual assault - poverty, high levels of unemployment, poor living conditions, patriarchal gender relations, high levels of alcohol consumption and violent methods of conflict resolution. For women sexual abuse and domestic violence are very frequent experiences.

Kotzé and Van der Waal (1996) in a study of resettlement villages in the former *homeland* of Gazankulu point to the violence that is endemic to social relations in these communities. Van der Waal (1995) argues that girl children and women occupy the lowest rung of the social ladder and are regularly exposed to violent forms of social control. He posits that the violence that exists in social relationships is not inherent to the culture of people but rather that the culture of violence is a result of impoverished social conditions and the history of oppressive forms of governance.

Van der Waal (1995) emphasises the harshness of life in these communities. He argues that political transition has raised expectations for improved living conditions and increased frustrations amongst the rural poor. Conflict and competition for scarce resources has increased, and conflicts between civic and traditional authority structures have sharpened.

Although local leaders recognised the strain that the refugees would put on the already stretched social resources, they extended their help to the Mozambicans fleeing the war. The then Chief Minister of the homeland of KaNgwane, Enos Mabuza, in direct opposition to the South African government policy, declared that the refugees should be welcomed and helped, in effect giving them refugee status in his area of jurisdiction. The refugees were given access to plots for building shelters. They settled on the outskirts of existing villages and were not confined to camps as were refugees in Swaziland and Zimbabwe (Waterhouse & Lurinciano, 1994). They did not get land for farming.

Manghezi (1993a) describes a similar response to refugees in Gazankulu. He argues that one explanation for this sentiment is the historical kinship connection between peoples across borders which were drawn by European colonisation.

Rachel Nsimbini who worked on assistance programmes for Mozambicans coming to the Nkomazi district describes the response of local leaders:

> The refugees were very much accepted in this Nkomazi, because on their arrival the Chief Minister, Mabuza, called all the chiefs and indunas together. And they were told that they had to welcome these people. Even the people in the villages welcomed them as they are our people. I started working with the refugees on the 11
>
> November 1985. I started working with them through the Salvation Army who had an officer who was involved in a committee to help the refugees. Actually what used to happen - from the beginning - they (the Mozambicans) used to come. If they were found by the South African police they were arrested and sent back. The Hospital superintendent, the local Reverends and some of the elderly people in the community got together and decided to form this committee - Hlanganani - this means - let's meet together and see what we can do (personal communication, 27 April 1995).

Hlanganani was responsible for registering the names of Mozambicans for the purpose of food distribution. Food packages consisted mainly of mielie meal and soup which were donated by organisations such as Operation Hunger and the South African Council of Churches. The Hlanganani Refugee Committee and the transit camp from which it operated in the village of Mangweni, became well known in the district and when Mozambicans arrived, local villagers directed them to Hlanganani (Rachel Nsimbini, personal communication, 27 April 1995).

Many of the Mozambicans arrived starved and almost naked. However the workers at the transit camp report that only very rarely did Mozambicans arrive to register in that condition. The kindness of local residents is reflected in the fact that before sending the refugees to Hlanganani local residents clothed and fed them (personal communication, S. McKibbin, 27 April 1995). Children who came from Mozambique on their own were taken in by local families. When the refugees first started coming into Nkomazi they were given shelter on the property of residents. Within a short time there were too

many people to accommodate. The tribal authorities allowed the refugees access to sites, for a nominal fee, on which they built shelters and established homesteads.

All social services in the district were made available to the Mozambicans. This put a strain on a social service infrastructure which was already stretched. For example schools in the area were overcrowded and poorly equipped. The acceptance of Mozambican children added to the burden which teachers felt. Furthermore teachers were not equipped to deal with the kinds of problems the refugee children brought. Most of these children were malnourished which affected their school performance. Some had not been to school for a long time and therefore older children had to be placed in the lower grades with much younger pupils. The refugee children had been exposed to severely traumatic experiences whose impact manifested in strange behaviour patterns which teachers found very difficult to handle (personal communication, S. McKibbin, 27 April 1995).

The generosity that local people, who themselves are poor, extended to the refugees is striking, but somewhat ineffective in the face of the overwhelming material needs of the refugees. The refugees fled without any material possessions. They came to villages in which there is a great deal of poverty. Under these conditions it is extremely difficult to provide for destitute people. The refugees themselves as well as members of the host community recount the privation that Mozambican refugees had endured. Most had experienced long periods without food, and they relied on begging to survive.

The hospitality of local chiefs has been explained with reference to the historical kinship ties between Mozambicans and South Africans living on the borders. But there were also material benefits for local chiefs, because once accepted, the Mozambicans had to pay tribute to local tribal authorities. They paid fees for land provided to build shelter, made contributions to local schools, and as subjects, increased the power base of chiefs and their indunas (Rachel Nsimbini, personal communication 27 April 1995).

The benevolence of the host community was not without exception and contradictions. Refugees, with no legal rights and protection, were laid open to various forms of exploitation and abuse.

Without access to land for farming, refugees were forced to find ways of generating cash incomes. For most rural Mozambican women who were essentially family farmers, wage labour was a new experience. Desperate for work, they took any form of employment and were willing to work for long hours under arduous conditions at very low salaries. Some women report working on farms as sugar cane cutters, six days a week from sunrise to sunset for R150.00 per month. Others reported salaries of R6.00 per day for similar work and working hours.

In many instances refugees were not paid at the end of a contract. In such cases the employers used the threat of deportation to avoid payment. Refugees report that at the end of their term of employment they were sometimes accused of theft or some other bogus complaint was made against them and then the employer threatened to notify the authorities. The risk of deportation made refugees reluctant to report this kind of ill-treatment to the authorities.

Similar cases of exploitation of refugees have been reported in other areas. Manghezi, (1993a) describes the practice whereby Mozambican refugees in Gazankulu were promised rates for work which they never got. If they complained they were beaten and sent away. He notes that both white and black employers exploited Mozambicans with the knowledge that they had not legal rights to protection.

Refugee women were particularly vulnerable to economic exploitation and criminal violence. They were the most vulnerable members of the community. They had marginal status and being poor they could not secure their homes adequately. These facts made them favoured targets of criminals who knew they could easily break into their homes and that as "'illegal immigrants" they had little recourse to sanction.

Many Mozambican women reported that they had been raped since settling in the district. Even for citizens of the country the policing and judicial systems are inefficient when it comes to dealing with sexual violence. For women who had no legal status the system offered almost no protection. The burden of the trauma of rape was doubled for the Mozambican women, because rapes reactivated their experiences of sexual torture at the hands of Renamo.

In situations of poverty, competition for scarce resources can result in hostility between local residents and migrants. Although the Mozambicans were generally welcomed by host communities, animosity was exhibited in the form of antagonistic attitudes towards the Mozambicans who were accused of increasing levels of crime, the spread of AIDS, and stealing people's jobs. Some local residents resented the fact that while Mozambicans were provided with emergency food aid, local people in need were left without (Rodgers,1994).

The strain placed on social services by the influx of Mozambicans also led to resentment. For example overworked nursing staff in local clinics expressed their frustrations in the form of critical attitudes towards the Mozambicans who they accused of being dirty and inferior. Existing derogatory ethnic stereotypes of Mozambicans as inferior, stupid and primitive were revived when large numbers of refugees entered South African villages. Many women point out that although they were welcomed by local people and not forced to go back they found that local people were proud and looked down on them (S. McKibbin, personal communication, 27 April 1995).

The post war living environment of the refugees was filled with contradictions. On the one hand they fled to an area where they were generally welcomed by the local authorities and residents. The cultural proximity that existed with people in South Africa gave them a sense of familiarity with the areas that they came to. They understood the language and many of the customs of their hosts. This context enabled them to institute coping and survival tactics and begin to reconstruct their lives.

On the other hand they found themselves in a precarious position. Economic conditions were austere. Deportation was a constant risk due to the South African government's policy. People's movement and ability to seek better conditions of work were constrained. They had the status of *illegals* in the country which made them vulnerable to extensive exploitation. Hostility from sectors of the local population further increased their vulnerability. Currently the material conditions of most of the Mozambicans have improved, but even so the majority continue to be amongst the poorest living in the Nkomazi district.

The large majority of Mozambicans did not make use of the UNHCR's voluntary repatriation. By November 1994 just over 16 000 refugees from South Africa had returned (*The Star*, 15 November 1994). Most refugees stayed, and their status is still the subject of considerable controversy. In 1997 the South African government declared an amnesty which distinguished refugees from illegal migrants, and gave the refugees the opportunity to apply for residence permits provided they fulfilled certain criteria. While many refugees took advantage of this, as many were unaware of the amnesty, and others were unable to due to financial constraints, loss of documents, and fears based on misinformation.*

3.7 Conclusion

The war of destabilisation in Mozambique was catastrophic. It has been estimated that the cost of the war to the Mozambican economy was over 15 billion USD (UNICEF 1989). In itself the devastation of social and economic infrastructure caused immense human suffering.

But the cost in human life and suffering was constituted by more than destruction of property. The social fabric was unravelled by the war. Social arrangements and institutions which provided people with inner security and a sense of stability and belonging were broken down. Sons killed fathers. Mothers were raped by their children. Humans were treated like animals.

The war confronted people with death and extermination and splintered the individual and social relationships which make the world a place in which humans can live and develop. In the words of a woman who went through it, "the war was the end of the world".

The overview of the social and cultural histories of the women who participated in this study provides an important source of data for an exploration of the social and cultural dimensions of the women's responses to the war. For example if, as Berger and Luckman (1966) argue, psychology presupposes cosmology, then insight into the world views of Mozambican women may throw light on their interpretations of the war and their responses

*The difficulties that many people who took advantage of the amnesty faced, are described in relation to the women who participated in this study, in Chapter Four, section 4.3.6.

to its consequences (Hammond-Tooke, 1975; Hunter-Jenkins, 1991). But if, as some researchers have argued, trauma shatters previously held assumptions about the world, what notions of self, others and world are these women left with (Janoff-Bulman, 1989; Turner, 1993)?

Some researchers have suggested that survivors draw on coping resources which they have used to address previous crises (Kleber, 1995; Summerfield, 1995). If this is the case then it is significant that the overview of the social background of rural Mozambican women suggests that they have socially constructed strategies and culturally sanctioned rituals which were developed and used to deal with the adversity they have faced as individuals and as a social group. But the fact that they have experienced adversity and have within their social and cultural history methods of coping, does not necessarily mean that past strategies will be effective, successful or even available to them.

For victims of mass violence, who have been dislocated and become refugees in foreign environments, social alienation, restricted opportunities to practice traditional religions, learning foreign languages, adapting to alien customs, economic vulnerabilities, loss of social support networks and hostile attitudes from others, can prevent people from implementing familiar methods of dealing with crises (Boehnlein, 1987; Eisenbruch, 1990; 1991; Green et al, 1985b). Were the Mozambican women able to reconstruct their lives in an environment where they were vulnerable to harsh economic conditions and were socially marginalised, but where they were able to communicate in the same language as the host population, engage in familiar religious activities, and were accepted by the local population, and traditional authorities?

These are some of the issues that the research questions outlined in Chapter Two address. The particular methods and procedures used to explore these questions are described in the next chapter, which starts off with a consideration of the methodological challenges posed by examining the views of marginalised people whose voices have been muted.

CHAPTER FOUR: RESEARCH METHOD RELATIVISM/UNIVERSALISM OR RESEARCH AS A CONVERSATION?

"There is no 'subject' in a narrow case history; modern case histories allude to the subject in a cursory phrase ('a trisomic albino female of 21'), which could as well apply to a rat as a human being. To restore the human subject at the centre - the suffering, afflicted, fighting human subject - we must deepen a case history to a narrative or tale" (Oliver Sacks, 1985:x).

4.1 Introduction: Methodological Challenges

The social identity of the women who took part in this study is defined by three core features. Firstly they are women, secondly they are African and thirdly they are victims of violence. Each of these features on their own have implications for the research method applied in this study. Although these elements - gender, culture and victimisation are not separate in their constitution of the subjectivity of the participants they will be examined individually to highlight the implications they have for the research procedure. Combined, these factors have the effect of marginalising the women, which in itself has implications for the method used to collect the data in this study.

4.1.1 *Research with women*

The paucity of research on the effects of war trauma on women revealed in Chapter Two, confirms the feminist critique, that social science research has tended to neglect women and the gendered dimensions of social experiences. But many of those working from a feminist perspective not only question the content of research but also traditional research procedures, which they argue, reflect social relations of power (Acker et al 1983; Bowles, 1984; Landrine et al 1992; Wilkinson, 1986). Two issues raised in the feminist critique are relevant to this study.

A substantial body of feminist scholarship in the social sciences has its roots in the early days of the women's movement which put violence against women on

the agenda (Walker, 1989). It was this work which focused attention on the experience of the rape victim rather than the rapist. The analysis of violence against women and women's responses to violation, emphasised that socio-political structures and relations of power create the conditions for the oppression and control of women, and frame ambiguous social attitudes to sexual violence. Thus early feminist analyses of sexual violence located women's experience firmly in socio-political context (Walker, 1989; Wolfe, 1990).

This tendency in feminist scholarship advances the argument that both values and knowledge are produced in particular social, historical and cultural contexts which are structured by relations of power. According to this view the notion that research is purely an objective investigation of empirical facts is an illusion, because both its content and the way it is carried out will reflect the theoretical assumptions, interests and social values of those conducting the work. For example it has been argued, that on the whole research on women has been shaped by hegemonic ideas which are dominated by a male perspective, and are oppressive of women (Bowles, 1984). If research is not a value-free undertaking, they argue, then those conducting investigations must contemplate both their theoretical biases and their research practices (Acker et al, 1983; Marshall, 1986; Wilkinson, 1986).

Feminist scholars espousing these views, have cautioned against methods of gathering information which replicate the subordination of women. It is important, they argue, to recognise that traditional research practices tend to objectify research subjects, by treating them as passive objects of information (Acker et al, 1983). For women, this is an extension of their objectification in social situations. The crudest example of this objectification is manifested in the social construction of women as commodities whose value is determined by men's judgements, desires and needs.

In contrast, much feminist scholarship and activism has challenged the ideological construction of women as passive and has stressed agency by pointing out that individual women act and struggle to re-negotiate the conditions of their lives, within the constraints and possibilities created by social structures. Thus the feminist aim is to put women's experience on the research agenda, to challenge

the male perspective of women's lives, and to argue for research processes which give women a voice, take their views and actions seriously, and in some cases enable the researched to take part in the process as active collaborators.

4.1.2 *Research in cross-cultural contexts*

The concerns raised about research methods and research practices, by feminist scholars are echoed in debates found in the literature which examines mental health in cross-cultural contexts.

Cross-cultural research in psychiatry has been dominated by a desire to find universal syndromes across populations. This research is based on medical theoretical approaches which tend to privilege the physical, biological causation of disorders. A key feature of the biomedical approach to psychiatric disorders is the development of diagnostic classification systems in which clusters of symptoms, evidence of syndromes, are described without reference to theoretical explanations of their aetiology. These descriptive syndromes are believed to comprise the main manifestations of mental disorders (Berry, 1969; Fabrega, 1989). Epidemiological studies using standardised symptom checklists and questionnaires have dominated research practices.

Culture is considered to influence superficial aspects of psychiatric illness, for example the content and manifestation of symptoms but not the underlying structural abnormality of the disease. In other words different presentations of syndromes are considered culturally influenced manifestations of universal disease entities. This interpretation is reflected in the DSM-IV which provides for the influence of culture and ethnicity on the assessment and diagnosis of mental disorders.

The inclusion of the cultural formulation in the DSM-IV represents an advance on the previous versions because it acknowledges the influence of culture on mental health and disorder. But sensitivity to cultural diversity does not challenge the underlying notion that the diagnostic categories are universal syndromes which differ only in presentation and course. The DSM-IV includes a

classification of culture-bound syndromes, but does not consider how culturally based systems of meaning and views of the world may produce distinct experiences and expressions of distress (Good, 1996; Mezzich et al, 1996).

The *universalist* position in western cross-cultural psychiatry has been challenged by psychiatrists who have drawn on anthropology and sociology to emphasise the importance of cultural context for understanding the form and meaning of behaviours, illness and distress in people. The views which stress the centrality of culture for understanding and analysing individual and social behaviour are sometimes labelled relativist. While *cultural relativism* incorporates a range of theoretical positions they have in common two fundamental premises.

Firstly, distress and maladaptive or deviant behaviours are constituted by cultural beliefs and concepts of the person and these behaviours are sustained by cultural norms and rules of social interaction (Kirmayer, 1991). This point applies not only to what have become known as folk illnesses or culture bound syndromes, but also to the manifestation, course, distribution, cause and social consequence of psycho-social distress generally. Kleinman (1980; 1986) for example maintains that affects are known by individuals through processes, which include perception, classification, explanation, essentially socially shared processes and in this way are culturally shaped. Through these processes the labelling of affective states as normal or deviant is socially constructed.

Secondly, those espousing a relativist view argue that western conceptualisations of psychiatric illness are based on particular theories which are themselves constituted by cultural values, and socially shared processes which occur in changing historical situations (Bracken, 1993; Fabrega, 1989). Biomedical psychiatry is grounded in western notions of the person and human behaviour. For example, it is suggested, the priority given to intrapsychic processes in western societies leads to what has been termed *psychologisation*, which is not necessarily valid for people from non-western societies, who view social factors as key to the constitution of human identity and behaviour (Mezzich et la, 1996; Kirmayer, 1991).

In the light of the specificity of behaviours and the particularity of systems of knowledge posited by these premises of *cultural relativism*, research procedures which produce detailed and in depth phenomenological information are favoured. Qualitative research methods are preferred because they allow the researcher to probe, among other things, the belief systems, theories of the self, views of the body, experiences and emotional reactions of the person within the social framework in which the individual experience is embedded. Researchers in the field of mental health who are committed to this critique of *universalism* have tended to draw on ethnographic methods of data collection and interpretative rather than causal models of analysis.

4.1.3 *Research with survivors of violence*

Mollica argues, in an article which discusses the principles and methods of scientific investigation into torture and the care of survivors, that it is "ethically correct to assume, as a top priority, a research position which protects the patient from further exploitation and harm as well as provides the patient with maximum benefits of the research process" (1992:26).

A starting point for the researcher who wants to avoid exploitation is to actively engage the researched in the process of creating knowledge. Mollica argues for a *working partnership* and a contract to share any new knowledge discovered (1992:26). A working alliance between the researcher and the researched implies that the participants become collaborators in the research endeavour. This kind of collaboration can reverse the abusive and exploitative relationship that was imposed by the perpetrator on the victim. However, in contrast to feminist scholars, Mollica (1992) does not address the question of how methodological practices can affect the establishment of a working partnership.

Critics of quantitative modes of research in the social and human sciences argue that these methods aspire to a natural science model, which, applied to social situations, tends to transform the researched into passive objects of investigation and observation. The investigator assumes the stance of the expert and neutral

details of their experiences, how can new definitions, meanings and constructions of the consequences of violence be discovered?

Mollica suggests four methods which can generate new insights and challenge accepted norms:

> 1. Studying "hard clinical cases", i.e. cases that do not provide unequivocal answers; unusual examples which challenge generally accepted norms and customs.
> 2. Collecting the life histories of torture survivors who have had the values of their social world threatened with collapse.
> 3. Conducting simple phenomenological descriptions of concrete clinical and socio-political practices.
> 4. Generating and testing hypotheses based upon radical theories (1992:29).

Clinicians and researchers who developed the Harvard Trauma Questionnaire (HTQ) as an instrument for the assessment of the outcomes of mass violence in Indochinese refugee populations, note that they drew on ten years of experience with patients to generate a valid and reliable instrument. The manual for the HTQ points out that adaptation of this instrument to non-Indochinese populations requires the creation of a new list of traumatic events and the identification of culture specific symptoms. The methods recommended for achieving this include ethnographic studies, oral histories, reports from key informants, focus group discussions and clinical experience (Mollica et al, 1996).

4.1.4 *Ethical considerations*

In addition to the ethical considerations raised in work with research subjects whose voices are muted either by their social status or their victimisation, trauma research is confronted by the ethics of the social silence that surrounds human rights violations. Herman in her examination of sexual violence and political terror, suggests that for both individuals and society the "central dialectic of psychological trauma" is a conflict between the "will to deny" and the "will to proclaim" (1993b:1). Vietnam veterans and Holocaust survivors complained that

no one wanted to hear what happened to them (Figley & Leventman, 1980; Ornstein, 1986; Smith 1980). Thus, imploring survivors to forget the past and move on, is not an uncommon social response.

Basoglu (1992), who works with survivors of torture, argues that torture is a neglected subject both because it occurs in contexts of political repression and because examining the needs of refugees in western countries is discouraged by negative government policies towards those seeking refuge.

Even under normal conditions, trauma is surrounded by silence. The abuse of women and children which takes place in the private realms of domestic life has been wrapped in silence. Women and children endure their violation in secret because they fear the backlash of perpetrators but also because they dread the shame and humiliation of social disbelief.

Feminist movements urged women to break the silence that conceals the suffering produced by sexual violence and the secrecy which sustains shame and guilt (Herman, 1993b). Herman (1993b) posits disclosure as part of the process of healing and recovery. She suggests that "in the act of telling the truth" survivors give up shame and responsibility, and place the blame where it belongs (1993b: 175).

For researchers and clinicians who work with victims of terror, two questions are raised by this social silence. Do we have a responsibility, an ethical obligation, to bear witness to the injustice committed against victims, both in our personal interactions with survivors and in how and what we write?

Several researchers working in the field of trauma research have argued that the study of the consequences of organised violence is political in nature (Basoglu,1992; Kleber,1995; Mollica, 1992; Summerfield 1995). Essentially they argue that medical and mental health professionals are well placed to advocate against human rights violations by exposing the terrible consequences of abuse.

4.1.5 *Implications for the research method used in this study*

The debates about research methods raised by those who have worked with marginalised populations - women, people from non-western cultures and victims of violence - caution researchers to reflect on their practices. If research on women has tended to objectify them then studies which want to discover the views of women must involve those with whom they work as active collaborators. If theories and research methods are culturally constructed, then researchers must be careful not to impose their own frameworks on those whose cultures are unfamiliar to them. If victimisation operates to silence, and research aims to proclaim, then the methods used to study survivors must give them a voice.

The aims of this study are to identify and promote an understanding of the psycho-social responses to the trauma of war, from the perspective of Mozambican women, to assess the relevance of social and cultural factors for furthering the understanding of their responses, and to explore the relevance of posttraumatic stress disorder to the experiences of these women. In other words the study aims to explore if and how the cosmological beliefs of these women, and their socio-historical experiences help us to understand and interpret their responses to trauma, and whether posttraumatic stress disorder can be applied to their response sets.

Unstructured interviews using the life history model, can generate a historical perspective on the consequences of trauma for survivors, families and communities and can provide an opportunity to explore the cultural and social meanings survivors attach to their experiences (Mollica, 1992). Smith (1980) who collected oral histories of Vietnam war veterans, argues that the aim of the interview is not to arrive at an objective description of historical events, but to elicit the experience itself.

Qualitative methods of research do not in themselves necessarily reduce the power differentials between the researcher and the researched. The research process is always characterised by differentials in power because the researcher has access to specialist knowledge and institutional resources. The feminist

researchers Acker et al (1983), note that one way to reduce the inequality in the relation between the researcher and the researched is for the researcher to share specialist knowledge, the results of the research, and the interpretation of the data.

Focus group discussions provide an opportunity to do this. The data that has been collected is fed back to those who have taken part in the study. The multiple interpretations that can be applied to the data are discussed. Acker et al (1983) argue that the analysis and interpretation of the research data are offered to the research participants as benefits. The women who took part in their study found it illuminating to compare their experiences and views to those reported in studies of other women. Locating their own experiences in a broader social context and linking them to theories of social relations provided those women with additional insights into their own suffering. There is an added advantage to following this kind of procedure. By checking interpretations with those who are the focus of the study, the research is grounded (Rizzo et al, 1992).

One of the problems with extreme forms of relativism is that it can lead to defining sets of non-comparable events and ultimately to a position which suggests there is no correspondence in the emotions and behaviours of people from distinct settings (Kirmayer 1991, Scharfstein, 1989; Scheper-Hughes, 1992). Scheper-Hughes whose ethnography of mothering in Brazil is steeped in context, points out "What draws me back to these people are just those small spaces of convergence, recognition, and empathy that we do share. Not everything can be dissolved into the vapour of absolute cultural difference and radical otherness. There are ways, for example, in which we are not so indefinably "other" to one another, my friends of the Alto and I" (1992:29).

Bracken's (1993) concept of post-empiricism offers a way out of the deadlock between *universalism*, which seeks to peel away all cultural meaning, and extreme *cultural relativism*. He returns to the notion that all scientific theories and methodologies are based on specific views of human nature and the world, and are in this sense value- laden. For Bracken (1993) accepting this means that cross-cultural psychiatry does not have to privilege a particular metatheory or

methodology. Instead what is crucial is a self-reflexive and self-critical stance towards all applications of theory and methodological practices.

For example, Bracken (1993) suggests, post-empiricism would not exclude the use of standardised assessment instruments in cross-cultural work nor prohibit causal analyses. But working from a post-empiricist position would essentially mean that conclusions drawn from these methods and procedures would be tentative and would need to be complemented with results from research which employed different methods and asked different questions.

Given that posttraumatic stress disorder occupies such a central place in the field of trauma studies this study investigates posttraumatic stress disorder symptoms through the use of instruments standardised for other populations. The aims of the study do not include the testing of the reliability and validity of assessment scales. Neither does the study intend to establish which of the participants meet the full DSM-IV criteria for a diagnosis of posttraumatic stress disorder.

The inclusion in the research procedure of established instruments in order to assess the presence of the well-documented posttraumatic stress symptoms in the Mozambican women is used to investigate if posttraumatic stress disorder symptoms are aspects of the responses of the participants, that is, to fulfil part of the first aim of this study. In other words do Mozambican women confirm as part of their reaction to the trauma they went through, the symptoms reported by other survivors.

Gilbert's (1987) notion of *conversation* as a guideline for a research strategy, captures the challenges raised for the research procedure adopted to fulfil the aims of this study. According to this view research procedure is a process of interaction, not only with the participants and the subject under investigation, but also with the work of other investigators who use different research strategies. The benefits of this approach are that the research method becomes not an end in itself but a means to developing understanding (Gilbert, 1987).

4.2 The Sample

4.2.1 *The research participants*

Thirty Mozambican women, who lived in settlements in the Nkomazi district of Mpumalanga province participated in this study. Twenty five of the women lived in a village called Block A, which had one of the largest settlements of Mozambican refugees in the district. In fact most of the population of Block A was made up of Mozambican refugees. Five of the women lived in Mangweni. Mangweni was established as a resettlement village in the 1950s after people were removed from land to make way for white farmers, and an expansion of the Kruger National Park. The large majority of the people living in Mangweni are Siswati-speaking.

The average length of stay in Nkomazi as refugees amongst the women was seven years. One of the women had only been in South Africa for three months at the first interview. Two of the women interviewed had escaped after attacks on their villages in the earlier stages of the war - nine years prior.

The women who took part in the study ranged in ages from 16 years to 60 years. Many of the women did not know their dates of birth and approximate calculations were made based on the ages of their children.

Except for four of the women all had between one and five children. The majority of the women had children in Mozambique with whom they fled. Four of the women conceived and gave birth to the children of their abductors while they were in captivity. Two of the younger women had their first pregnancies in South Africa. During the course of the study two women who were interviewed experienced the death of one of their children through illness.

Only four of the women interviewed were still with and supported by the men they were married to before the war. Five of the women were not married at the time of the interviews. Of the remaining twenty one women, nine were abandoned by their husbands. The husbands of the rest of the women - twelve - were killed during the war or were still missing. This means that twenty six of the

total of thirty women who took part in this study were supporting themselves and their children without any regular help from a male breadwinner.

4.2.2 *Key informants*

In addition to the thirty women whose experiences and views are the focus of this study, several key informants were interviewed. The literature on Mozambican cultural practices, and studies that have been conducted with other refugees, identify indigenous religious beliefs and healing practices as important for furthering the understanding of responses to organised violence (Acha, 1996; Boehnlein, 1987; Eisenbruch, 1990; 1991; Monteiro, 1996a,b). Two traditional healers, and a leader of a local church to which many of the women belonged, were interviewed to gather information on: their perceptions of the war and its psycho-social effects, locally specific conceptions of illness and distress, and approaches to treatment.

Two community workers, Rachel Nsimbini and Sally McKibbin, who were integrally involved in assisting Mozambican refugees when they came into South Africa and who set up aid structures for the refugees, were interviewed several times. These interviews provided invaluable background information on the mental and physical condition of the Mozambicans on arrival, and the relationships between members of the host community and the refugees.

4.3 The Research Procedure

4.3.1 *Sample selection*

The sample was selected through Rachel Nsimbini (whose work, close relationship to, and intimate knowledge of the refugees was described in Chapter One) because the women were referred to her for assistance, or because they heard through her that research was being undertaken. The criteria for inclusion were that the women were Mozambicans who had fled the war in their country. The thirty women who were interviewed, came to participate in this study via one of four routes.

1. Five women were referred to Rachel by members of the community, because they had been recently raped.
2. Fourteen women were referred to Rachel by a Mozambican community worker who was informed about the research. The community worker knew these women and was aware that they had suffered experiences of sexual violence during the war. She felt that they would benefit from discussing their experiences.
3. Three women presented to Rachel, explaining that they had heard about the work being done and they wanted to speak with the researcher.
4. Eight of the women, are well known to Rachel from her work on the Hlanganani Refugee Committee. She invited them to participate in the study.

4.3.2 *Help-giving*

The prospect of interviewing survivors of trauma raised the question of how to respond to the emotional distress the interviews were likely to arouse? As a researcher the aim was to engage with the participants to elicit their perspectives on the war and their responses to trauma. As a psychotherapist who had worked with survivors of sexual violence, with knowledge and skills with which to bear witness, it would be difficult and ethically vexing to turn away from expressions of emotion and distress.

The decision to provide basic therapeutic interventions during the interviews was supported by the fact that Rachel was identified as someone who provides support and advice, evidenced in her relations with the refugees, and in the reality that five of the women who participated in the study were referred for counselling.

Therapeutic interventions for the women took place within the parameters of the research. The time available to provide counselling was limited. Techniques developed in other situations could not be applied indiscriminately to Mozambican rural women. It was necessary to adopt an approach which, while not indigenous, would be culturally sensitive.

The reconstruction of the trauma story in a safe environment is commonly identified as having therapeutic value for survivors of torture and violence

(Cienfuegos & Monelli, 1983; Herman, 1993b; Mollica, 1988; Ochberg, 1988). In the context of long term psychotherapy the Chilean psychologists Cienfuegos and Monelli (1983) used the testimony method, to produce a written document of the torture experience. By giving emphasis to the social and political aspects of the trauma the survivor can give meaning to the torture experience. Herman (1993b) argues reconstruction and remembrance in the presence of an empathic witness contributes to an affirmation of the value and dignity of the survivor which are crucial to recovery.

It has been suggested that the life history model or oral history, in and of itself, is therapeutic. Patricia Robin Herbst (1992) working with Cambodian women in the United States of America suggests that oral history encourages survivors to recount events in their own words and at their own pace. This process permits survivors to reclaim their position as subjects of their own histories and is a reversal of the torture experience in which control is taken away. By placing the traumatic event in a personal historical context survivors are able to see that the horrible events are only one part of their experience. They are able to reflect on themselves as more than victims (Herbst, 1992).

The unstructured interview using a life history approach is flexible enough to allow the researcher to home in on the priorities presented by the survivor and to open up issues for discussion which the counsellor feels are of therapeutic significance. Because the interview process is unstructured there is space to add therapeutic interventions. For example the researcher/ clinician is able to explore meanings and participate in creating a shared framework of understanding. These procedures can enable a reappraisal of the trauma events.

The therapeutic interventions were guided by a fundamental principle. The women were not regarded as sick. Van der Veer (1995) argues that "After the damage has been done, the traumatised person will use every internal and external resource that is available to him to repair the damage" (van der Veer, 1995:4). In this view the survivor's responses are regarded as normal reactions to abnormal events (Horowitz, 1986; Lifton, 1988; Ochberg, 1988).

A decision was taken to respond to practical problems that the women might raise and to explore ways of finding solutions to these. Gill Straker (1987) points out that for survivors acts of practical support have symbolic value. Practical problem solving also has real implications for people's daily lives. The stress of living in harsh socio-economic conditions can be reduced by helping people to make use of available resources and to improve their living conditions. This can lead to better psycho-social functioning (van der Veer, 1995).

By bearing witness - hearing the unspeakable, recognising and affirming the survivors' experiences and feelings, and acknowledging loss, the therapist can establish a safe environment in which the survivor feels supported. The expression of emotional distress in a safe environment can contribute to *mastery* by allowing the survivor to feel without being overwhelmed (Straker, 1987). A supportive and holding relationship also provides the possibility of renewing interpersonal connection and thereby correcting the distorted relationship of the abuse (Egendorf 1995; Herman, 1993b; Straker, 1987).

Finally, even though the women who took part in this study are from *an-other* culture, there were points of recognition. One such correspondence is knowing the feeling of affirmation that comes with empathy. In the presence of someone willing to listen and learn, self worth can be revived. Van der Veer (1995) after many years of working with refugees says he discovered that what is essential in working with survivors of torture and violence is that they see that he is interested in them and enjoys being with them.

For Egendorf: "Hearing is ... appreciative and helps create relevance, an achievement usually welcomed by someone who suffers, because a great deal of the hurt is in not being able to discern or express any meaning at all" (1995:14).

4.3.3 *Working with an interpreter*

None of the participants speak English which means that all the interviews were conducted in Xitsonga with Rachel Nsimbini as interpreter.

Interpretation is a complex task that involves translating words from one

language to another as well as conveying the meaning of what is said and what is implied, that is the denotative and connotative meanings of the communication (Westermeyer, 1990). A minimum requirement is that the interpreter has an adequate command of both languages. In order to be able to transmit the subtle meanings expressed in communication the interpreter needs a detailed understanding of the topic being investigated, the purpose of the interviews, and the interview method.

The fact that this study focuses on personal responses to disturbing events in people's lives required the interpreter to be sensitive to emotional and psychological issues and to be empathic. Having these qualities and an understanding of the basics of a counselling relationship, especially confidentiality and positive regard, was also critical given the fact that a decision had been taken to provide therapeutic support.

Rachel speaks the same language as the refugees who come from the southern provinces. Her command of English is very good. She was trained in basic lay counselling skills in the Salvation Army for which she worked for 10 years. Her experience while working for the Hlanganani Refugee Committee and for the UNHCR and during which time she interviewed many hundreds of Mozambicans, gave her immediate insight into the trauma events that these people had been through. Her intuitive empathy and commitment to supporting people who were suffering and her ongoing assistance to the Mozambicans, all gave her the appropriate skills for the task of interpreting.

Two days were spent informing Rachel about the aims of the study and acquainting her in broad outline with the concepts used to describe and analyse psycho-social responses to trauma, in particular the concept of posttraumatic stress disorder. She became familiar with the DSM-IV criteria for posttraumatic stress disorder. We discussed in detail the interview procedure and the principles of informed consent, confidentiality, giving the participants the lead to steer the interview, and basic listening skills.

We agreed on the sequential process of interpretation (Westermeyer, 1990). This process extends the overall interview time but has the benefit of allowing for a

more accurate and penetrating transmission of what has been spoken. While the interpreter is translating, this method allows the investigator to observe non-verbal communications and provides time for the formulation of clarifying questions when necessary.

The facts that Rachel's home language is Xitsonga, and she shares a cultural background with the participants, were distinct advantages. She was able to convey in her interpretation subtle meanings of and inferences from the communications.

She offered guidance on culturally sensitive questions and explained as far as possible cultural expressions. She was an asset in regard to the supportive counselling that took place during the interviews because she advised where necessary on culturally appropriate interventions.

4.3.4 *Interviews*

At the start of the interview Rachel introduced me as a psychologist and student who was studying what had happened to people during the war in Mozambique. She gave them a bit of information about me, including my interest in women's issues and my personal background. I introduced the aims of the study and the nature of academic research. Some researchers caution against giving participants personal background and providing too many details about the aims of the research, for fear of leading the interviews (Marshall, 1986).

Given that the participants were trauma survivors. and refugees with no legal status, it was crucial to provide this kind of information in order to establish credibility, trust, and rapport. The issues of respect and reciprocity were equally important motivating factors for providing the participants with personal biographical information. The balance in a basically unequal relationship was adjusted, by providing this kind of information to people from whom deep personal exposure was requested.

The research agenda was made clear. The research aim was emphasised and the fact that their testimony would be written up and presented to teachers at an

institution was made clear. Essentially the inherent inequality in the research relationship was being described. They were to expose themselves to painful memories and to share intimate experiences in order to teach the researcher. They were offered recognition, an opportunity to reconstruct their experiences and the promise to share the results of the interviews with them.

The themes guiding the interview were presented to each women, confidentiality was assured and permission to audiotape the interviews was requested. Then, consent from each women was requested before proceeding. None of the women declined to participate in the research. Two women expressed a worry about confidentiality. A detailed discussion took place about how their identity was to remain confidential before they gave consent. These women were particularly concerned that their husbands did not find out about their rape during the war. No one showed concern about the audio-tape. Three women asked for excerpts of the recording to be played back.

Once the themes were described and consent was granted we explained to each women that she did not have to answer any questions she did not want to and that she could stop the interview at any time if she felt uncomfortable, too distressed or overwhelmed. Each informant was asked her age, marital status and number of children. Then she was invited to tell her story.

The interviews can be described as ethnographic and unstructured. Each respondent was expected to have a special story to tell in her own way. The purpose of the interviews was to let each women give her account and to gather descriptions of unique and overlapping experiences, and the meanings, interpretations and explanations attached to these experiences.

But interviews are never completely unstructured. The aims of the study informed the focus of the interviews and the questions asked during the interview. Although each woman was not asked the same set of questions, the interviews were guided by a set of themes - an agenda based on the research aims - which were explored in each interview. The themes which guided each interview were:

life before the war, the war experience, gender specific trauma events, attributions of blame, flight and resettlement, effects of the war, religious and cultural beliefs and practices, help-seeking behaviours, coping mechanisms, and current lives (Appendix A).

Guided by the research aims and themes, each woman presented her narrative, specific aspects of which were probed for further details and thicker descriptions. If a woman did not spontaneously talk to a theme she was questioned about it. I responded to emotional distress immediately in the ways described above. My sympathies were transparent. I did not disguise my opposition to human rights violations nor did I conceal the genuine sense of admiration for their survival which struck me over and over again. In this way, the final interviews were co-created by the interaction that happened between me as counsellor and student, and each women as survivor and teacher.

I aimed to interview each woman twice, the initial interview and a follow-up. Of the original thirty women who were interviewed, six left the area during the course of the study. Two old women who were interviewed died soon after I spoke to them, one of illness and the other, tragically, of injuries she sustained when she was attacked and raped in her home.

The remaining twenty two women were each interviewed twice. Of these, seven women were interviewed three times, and two women were interviewed four times. These nine women requested additional contact with me to seek advice on problems they were experiencing in their lives.

The interviews took an average of between one and a half and two hours each. Each interview was transcribed before follow-up interviews were conducted, which allowed for developing an advance plan of probes and questions on issues that required clarification.

4.3.5 *Posttraumatic stress disorder interview*

The structured interview to assess the presence of posttraumatic stress disorder symptoms was conducted after the initial unstructured interview in order to avoid

imposing these symptoms onto the narratives. At the end of each interview, once the woman had completed her narrative and the themes were explored, the Posttraumatic Stress Disorder Interview- PTSD-I was administered (Watson, Juba, Manifold, Kucala & Anderson, 1991).

The PTSD-I was developed by Watson, Juba, Manifold, Kucala and Anderson of the Veterans Administration Medical Centre, St. Cloud, Minnesota (1991). It presents 17 items which closely reflect the PTSD symptoms as described in the DSM for criteria B, C and D. Respondents answer each of the items according to a Likert rating scale which ranges from 1 ("no, never") to 7 ("extremely, always"). According to the administration procedure described by the authors, the respondent is given a copy of the rating scale, but provides an oral response which is recorded by the investigator. They consider a rating of 4 ("somewhat, commonly") produces an optimal sensitivity/specificity balance and is sufficient to meet the DSM symptom criteria (1991). The scoring system presents a positive/ negative statement for each symptom as well as a frequency/severity score for each symptom.

The PTSD -I was selected for use in this study because of its accessibility, (the items it provides closely reflect the DSM B, C, and D symptom criteria), the items are clearly phrased making it easier to translate than other instruments, and it is simple to administer.

As has been noted above, the purpose of administering the PTSD-I to the Mozambican women did not include the aim of testing the validity and reliability of the instrument. Neither was the aim to assess which of the women met the full criteria for a diagnosis of posttraumatic stress disorder. The aim was simply to assess the presence of posttraumatic stress disorder symptoms in the women. In the light of this the administration was altered so that only dichotomous data were collected, that is a positive/ negative statement for each symptom. To further simplify the administration, and in the light of the authors' acceptance of a rating of 3/4 as a cut-off, responses were rated either 1 ("no, never") or 4 ("somewhat, commonly").

At the end of the administration of the PTSD-I, posttraumatic stress disorder symptoms were explained as a set of clinically defined symptoms which were based on the responses of people to trauma in other contexts.

4.3.6 *Focus groups*

The interview material, organised into thematic categories, was presented to women organised into three separate focus groups. Explaining how the interview material was collated and organised into themes, and discussing the purpose of the focus group opened the group discussions. I took the opportunity to thank them for making this study possible and for their contribution to the study of trauma (Appendix C).

The data comprising each theme was presented and any interpretations of the raw data were also described. Each theme was discussed before introducing the next theme. The discussions were spirited and the women engaged freely with each other and with me. They debated issues amongst themselves and challenged my definitions of illness, suffering, and religion. The discussion on women, their subordinate position in relation to men and the burden of the war that women bore was particularly lively and sometimes humorous. The women were keen to hear analyses of gender roles and make comparisons about women in different cultures.

Carolyn Nordstrom, an American anthropologist, who has studied wars and violence in many parts of the world and who spent long periods doing research in the war zones of Mozambique, has coined the term *culture of talking* to describe a capacity she observed amongst Mozambicans to reflect together, to speak with each other, about what happened to them and in this way to constitute new identities and remake their worlds (personal communication 12 May, 1997). This aptitude was evident in the focus group discussions during which the women engaged with the material, each other, and me, with an openness and honesty which was amazing, given the pain that the material we discussed aroused.

The focus group discussions fulfilled the minimum requirement of sharing the results of research with those with whom we work (Mollica 1992). They also

provided the research participants with an opportunity to compare their experiences to those of survivors in other contexts and to think about their status as women in relation to broader social forces (Acker et al. 1983). If talking with others enables survivors to integrate their experiences and reconstitute their identities, then the focus group discussions made a contribution to emotional restoration.

For the aims of this research the focus groups provided important benefits. The discussions allowed the researcher to check understanding and interpretation of the material, to clarify issues and to ask further questions. The focus groups grounded the material already gathered and provided additional data.

A research report never captures all the interactions that take place between the investigator and the *subjects*, in research of this kind. Nor can we ever be absolutely sure of the complex and subtle ways in which we impact on each other, and the process impacts on us. I was struck at an early stage in the research by the damage caused by the unspeakable acts of terror these women described, and simultaneously by their capacity to go on, and to endure. There is an incident, which falls outside of the research procedure, that is described below because it illustrates in a mundane way what these women have to tolerate on a day to day basis, and their determination to persist and capacity to tolerate hardship.

> When in 1997 the Department of Home Affairs declared an amnesty for so called "illegal aliens" according to which they could apply for permanent resident status if they fulfilled certain criteria, I offered to assist the women in their applications, as a token of appreciation for the generous way in which they had contributed to this study.
>
> The problems they encountered and the treatment they tolerated brought home what it means to be marginalised, without legal status and protection. The first question was which Home Affairs office to go to. They were reluctant to go to the local office because they explained the officials demanded bribes before they would process documents. They explained that if they submitted

applications, without paying bribes, they feared that their whereabouts could be identified by the officials and they risked harassment and deportation. They were afraid to travel to the regional office in Nelspruit, 100 kilometres away because there was the danger of being apprehended at roadblocks staffed by police and soldiers who they feared would arrest and deport them. We agreed that if I travelled with them to Nelspruit my presence would offer some protection.

At the regional office they took their places in queues and waited patiently for up to 6 hours before they were interviewed. The bureaucrats who dealt with them were impatient, hostile, treated them with disrespect and provided the minimum of explanation and help. When we left the office at the end of the day most of the women were disappointed and confused. They needed more documents, affidavits and photographs before their applications would be accepted. Those without resources could not afford to make the return trips to Nelspruit. A year later only some have received their permanent residence permits, the others will continue to reside in the villages as "illegal aliens".

4.4 Analysis of the Data

The audio-taped interviews were all transcribed by the researcher. This is a time consuming process, which involves listening, rewinding, listening again and then transcribing. But listening and re-listening has benefits, because it produces a familiarity with the research data. Listening to the recorded interviews many times allows the researcher to absorb the details and to hear the things which are inevitably missed or not wholly attended to during the interview (Mashall, 1986).

A sample of recorded interviews with transcripts were given to a university graduate, Mr C. Hlebela, who has studied African languages and whose mother tongue is Xitsonga, to evaluate the quality of the interpretation and translation. His assessment confirmed that Rachel's interpretation is of a high standard and conveyed both denotative and connotative meanings accurately (Appendix D).

4.4.1 *Thematic analysis*

Processing unstructured interviews which are essentially personal accounts is a difficult task. Qualitative research produces material which presents the subjective experiences and meanings of others. The researcher seeks to make sense of the material. One way of doing this is to organise and categorise the data and then put it into a context of existing theoretical concepts and definitions, and previous research findings. The difficulty is involved in trying to remain sensitive to the meanings and interpretations of others while at the same time imposing structure, and order on the material (Acker et al, 1983; Mashall, 1986).

Acker et al. comment that, faced with this problem they moved back and forth between the data speaking for itself and categorisation and finally resolved to present the material in the words of the participants themselves, without much interpretation (1983:429). But the women whose lives they were researching pushed them to analyse the material further by interpreting their experiences.

In their discussion of ethnographic methods in psychology Rizzo, Corsaro and Bates (1992) argue that the *dimensions* according to which the data is sorted will reflect the interests of the researcher, assessments of theoretical importance, and will arise both from the existing literature and from within the study. The crucial point, in their view is not to try and fit interpretations into categories but rather to form new categories that reflect what is going on in the data.

The process of analysis adopted in this study was to look for patterns in the material, organise these into themes and categories and then provide descriptive statistics, that is to count the number of individuals endorsing a category and compile a percentage per sample.

There are two ways of looking for patterns, *direct intepretation* and *coding* (Stake, 1995). *Direct interpretation* involves in depth reading and re-reading the accounts, reflecting, intuitively comparing responses and asking "what did that mean?" (Stake, 1995). Research questions can provide what Stake has termed

templates for the analysis (1995:78). *Coding* involves constructing categories which make up themes in the material and then counting the number of responses per category.

The aims of the study and the research agenda provided pre-established themes or *templates* against which to look for patterns in the interview data. It is important to refer to the themes which guided the interviews: life before the war, the war experience, gender specific trauma events, attributions of blame, flight and resettlement, effects of the war, religious and cultural beliefs and practices, help seeking behaviours, coping mechanisms, and current lives (Appendix A).

The first step in processing the data was to organise the individual testimony under these themes, essentially to try and understand what people were saying about the trauma, the psycho-social outcomes of the war for them, their coping strategies and their current lives.

In the process of *direct interpretation*, words, phrases, and quotes which described and represented the general themes were listed on note cards. These lists provided the basis on which to identify the patterns and relationships in the individual narratives and between individual accounts. In this way general descriptions emerging from the research data were generated. These general descriptions made up of statements which shared meanings from all the interviews formed the basis of thematic categories.

The above process of *direct interpretation* was combined with qualitative coding. In order to extract the thematic categories that emerged from the data, the data was dissected into *natural meaning units*, that is statements describing a distinct experience, idea, or conveying a definite interpretation of an experience (Kruger, 1988). The following example constitutes a meaning unit related to intrusive thoughts.

"Sometimes I tell myself I mustn't think about these things. Then it comes back again. And I ask myself why? Because I don't want to think about these things. But it comes back again."

1. I tell myself I mustn't think about these things.
2. The thoughts come back again.
3. I ask myself why they come back.
4. I don't want to think about these things.
5. But the thoughts come back again.

Statements which are repeated, are eliminated, to arrive at a summary of the original response, which retains the meaning of the original text. Using the above example the summary arrived at is:

"I tell myself I mustn't think about these things. The thoughts keep coming. I ask myself why? I don't want to think about these things."

Once each interview was analysed in this way similar statements from the interviews were clustered to arrive at thematic categories which can be coded. There are however single instances, single responses, which can be important enough to define a category. In other words each category may be made up of statements from many respondents, or may be formed by the statement of one person only.

The thematic categories arrived at from this process of analysis were compared to those derived from the general descriptions. Where the thematic categories reflected similar meanings they were collapsed or combined.

The next stage involved *coding* of the categories. The number of responses per category were counted, that is the number of respondents who made a statement that fitted into the category were counted from which a percentage of the total sample was calculated.

In summary the themes were constructed from a combination of the research questions, the interview guide, the direct interpretation of the interview material, and of course ideas about the theoretical importance of issues found in the data. The thematic categories were derived both from identifying the patterns and relationships in and between interviews and the process of qualitative coding. This process of analysing the data sought to reflect the understandings of the

women themselves and to highlight the issues they emphasised. But there is no illusion that the data were not processed, analysed and interpreted, according to the research aims, and existing theoretical understandings. The operative principle underlying this approach was to always listen to the voice of the participants.

4.4.2 *The trauma events list*

A list of trauma events was compiled from the interview data. This list is modelled on the Trauma Events Scale of the Harvard Trauma Questionnaire (Mollica et al, 1992). Items included on the list were checked against academic literature, official reports, newspaper articles and journalists' accounts of the war in Mozambique. By this process a trauma events list was constructed to establish a comparable universe of trauma events to that described in the literature and which could graphically illustrate the exposure to trauma.

4.4.3 *PTSD- I*

Responses to the PTSD- I were aggregated to arrive at the number of women endorsing specific items. During the administration of the PTSD- I the respondents spontaneously elaborated on the symptoms after confirming the items. These responses provide evidence of their understanding of the items (Appendix B).

4.4.4 *Validity, triangulation and member checking*

Qualitative research no less than quantitative research raises questions about the validity of the work that has been done. Validity in social research refers both to the accuracy of measurement and to the logic of interpretation. It has been argued that qualitative research produces material which is open to multiple interpretations and provides no means for arriving at a consensus on the *truth*, or what really exists (Acker et al, 1983; Bowles, 1986; Stake, 1995). What makes qualitative research valid is accuracy of presentation and adequate reconstruction of the material (Acker et al, 1983; Stake, 1995).

Triangulation and member checking are presented as methods for increasing the validity of data collected through qualitative methods of research, that is for improving the confidence in our interpretations and the adequacy of our reconstruction. Triangulation includes checking the data we have collected against other sources of data and using multiple methods of collecting data in the same study. Member checking involves taking both the data and the interpretations made, back to those who were studied and asking them to critically assess the results (Acker et al,1983; Rizzo, Corsaro & Bates, 1992; Stake, 1995).

In this study both triangulation and member checking have been applied. In the first place three methods of data collection were employed - unstructured interviews, the PTSD -I, and focus group discussions. Member checking which took place in the focus group discussions was an important part of the research procedure. Finally the data collected was checked with other sources, specifically the key informants and the existing literature on the war in Mozambique.

4.5 Limitations of the Research Procedure

Factors which may affect the validity of this study include the fact that the research was conducted through an interpreter, the sample is small and was not randomly selected, the final conclusions were not subjected to member checking, and *negative cases* were not comprehensively explored (Rizzo, Corsaro & Bates, 1992).

When communication between two people proceeds through a third person, the third party makes a contribution to the exchange and influences the encounter in both seen and unseen ways. The accuracy of translation was established, the empathy of the interpreter was unquestionable, her knowledge of the experiences and culture of the subjects was more than adequate, and her understanding of the research process was good. But the research has not included an investigation of subtle interpersonal factors which may have affected the kind of data gathered. For example gestures and other non verbal forms of communication on the part of the interpreter may or may not have engendered constraints on the interviews.

The small size of the sample and the fact that the women who participated in the research were not randomly selected limits the generalisability of the findings and replicability of the study. Further research with larger numbers of women is necessary to check and refine the interpretations made in this study. But the fact that the subjects of this study were drawn from particular social situations whose conditions are constantly changing, makes it difficult to replicate the research procedure. By focusing on representative events and using triangulation the research has attempted to increase the internal validity and therefore the generalisability of the findings, but this does not provide a guarantee that findings will apply in other settings (Rizzo, Corsaro & Bates, 1992).

In qualitative research studies, one way of improving internal validity is to subject interpretations to member checking. This procedure allows research participants to evaluate both the data and to provide reflections on the interpretations made by the researcher. This procedure was instituted through focus group discussions, but the final interpretations made in this study were not subjected to member checking. Member checking as part of the process of triangulation can include other members of the sample setting, in this case, Mozambican refugee women who were not interviewed. Subjecting the final interpretations and conclusions of this study to the evaluation of refugee women in different settings would form the basis of important further research.

Negative cases, that is data which challenge the hypotheses that are emerging in a study, suggest that interpretations may need to be modified, reformulated and refined (Rizzo, Corsaro & Bates, 1992). Chapter Six shows that there were women who admitted to self destructive behaviours. Further research is necessary to investigate, more carefully and systematically, manifestations of vulnerability amongst the women, and the factors which may increase the occurrence of self destructive acting out, and diminish resilience.

4.6 Conclusion

Gilbert's (1987) notion of *conversation* guided the adoption of the research method and procedures described above. In other words the choice of a qualitative research method is not based on a view which privileges qualitative

over quantitative methods, but rather was determined by the research problem. Research with Mozambican women survivors of war is rudimentary, standardised assessment instruments do not exist for this population, and their status as African women, refugees and victims of violence all combine to marginalise them and muffle their voices. Hence the research called for a method and a set of procedures which would encourage self-expression, canvass their interpretations, avoid the imposition of pre-existing definitions of trauma responses, and involve them in the interpretation of the findings - in order to critically reflect on existing concepts in the field of trauma studies and to propose questions which open new perspectives for understanding African women survivors of massive social conflict.

Thus a qualtiative research method was adopted as a means to develop understanding. But while qualitative procedures may be best suited to the research problem of this study, this is not to suggest that they are neither limited nor flawed. As Kleinman and Kleinman argue (1991) no single concept or tool of investigation is able to capture the complexity of lived experience. Therefore the findings presented in Chapter Five do not constitute the *truth*, but a "particular angle of vision", which, as will be argued in Chapter Six, must be complemented by differently positioned views to arrive at a better understanding of the complex relationship between trauma and its outcomes (Rosaldo, 1989:215; Scharfstein, 1989).

CHAPTER FIVE: FINDINGS
DISCOURSES OF DISTRESS AND COPING: UNIVERSAL OR LOCAL?

"It is evident that questions of the parameters of human nature abound in studies of refugees from war-torn countries. What are the limits of human endurance, suffering, and tolerance for conditions and practices (such as torture) that must by any standards, only be characterised as horrific. How do we come to know and understand the human capacity for extraordinary strength and resilience in the face of human horrors? These basic existential queries have been quite striking to me, a middle class North American female anthropologist, who has imperfectly attempted to know my informants' worlds of phenomenal suffering on the one hand, and resilience, on the other" (Hunter Jenkins, 1991:156).

5.1 Introduction

The aims of this study are to document the experience of war and its outcomes from the perspective of Mozambican women refugees, and to explore the relevance of social and cultural factors for promoting our understanding of the war as a trauma situation and their responses to the trauma they went through. These aims required that the mass of data collected during the research, the variety of events experienced by the women at the centre of this study, their experiences and interpretations of the effects of the war and their strategies for dealing with consequences of the trauma, be generalised. The body of material collected needed to be analysed and grouped into a range of common themes.

In order to find the patterns in the data and categorise these, the unstructured interviews were interpreted and qualitatively coded according to the procedures described in Chapter Three. This process produced the following themes:

1. the trauma,
2. psycho-social responses to the trauma and
3. survival and coping.

In this chapter, the thematic categories which constitute these themes are summarised in tables to present the patterns found in the data. Each thematic category is illustrated with extracts from the testimony of individual women. This testimony serves both to deepen our understanding of these categories

and to show how those who experienced them perceived the events they summarise.

The dichotomous data collected from the administration of the PTSD-I are summarised in **Table 3** under section 5.3.2. The results of the focus group discussions are described and incorporated into all the sections of this chapter.

The analysis of the qualitative coding of the unstructured interviews and the focus group discussions, and the dichotomous data collected from the PTSD-I, presented in this chapter are relevant to the first aim of the study. The events experienced by the Mozambican women are documented. The women's interpretations of the trauma and their reactions to what they went through are identified. Their experiences and interpretations are then subjected to detailed analysis in order to promote an understanding of the women's explanations of trauma, their experiences of the psycho-social outcomes of the war and the tactics they used to deal with consequences.

In Chapter Six, these findings are discussed in the context of the debates on the social and cultural dimensions of trauma that emerge from the literature. The aim of this exercise is to assess how useful current conceptualisations of trauma are, in order to further a professional understanding of the women's responses to the traumatic events they experienced.

5.2 The Trauma

A list of trauma events, a generalised set of categories, was created out of the variety of individual experiences described by the women. The reason for doing this was to present these happenings in a graphic way and also to produce a systematic set of categories that describe the full range of events that the women went through. Qualitative analysis of their testimony then provides insight into how they conceptualised the trauma and the significance they attributed to particular aspects of their experiences.

With one or two exceptions, the women showed a strong will to recount their trauma experiences. This is clearly demonstrated by a woman who was referred for counselling because it was believed she had recently been raped. When invited to talk about what happened, she said, "I want to tell you what

happened to me in Mozambique before I tell you what happened two weeks ago."

Twenty six, or 86% of the women interviewed, responded in a similar way – choosing to recount in detail, without prompting, what they went through during the war in Mozambique.

During the interviews the women reconstructed horrifying encounters with brutality and death. Their descriptions of the war were coherent and, generally, they recounted events in sequential order. Their stories were personalised. They described how they were involved in and affected by specific events. Their testimonies were punctuated by emotional expression. They presented poignant narratives which represented an effort to create order out of the chaos and confusion that afflicted their lives.

The testimony generally shows that the subjects of this study were able to rely on their memory to produce an accurate and reliable reconstruction of events. The similarity between the testimony of the women and the literature presented in Chapter Three is striking. Their narratives coincide with the accounts that journalists, academics, writers and official reports presented of the war in Mozambique. It is reasonable to conclude from this that the unstructured interviews generated accurate reports.

5.2.1 *The trauma events list*

The Trauma Events Scale presented in **Table 1** below is modelled on the Trauma Events Scale of the Harvard Trauma Questionnaire (Mollica et al, 1992). The Mozambican women's experiences share features with the trauma of refugees from Indo-China and other conflict situations around the world. However, their attestation also refers to events and happenings which are not identified or listed in the Harvard scale.

Consistencies with the experience of survivors from the Indo-Chinese conflicts are captured in items, 1, 2, 3, 5, 6, 7, 8, 10, 11, 12, 15 on the scale. However, items 4, 9, 13 and 17 of the Harvard scale do not accord with the experiences of the subjects of this study. Item 4 – "Imprisonment" and item 9 – "Forced isolation from others" – are not listed by these women. Item 13 of

the scale – "Unnatural death of family or friend" – was difficult to translate because the concept *unnatural death* is ambiguous for Mozambicans. The women, and the interpreter, pointed out that all deaths due to the war were unnatural. Item 7 – "Brainwashing" – does have an application but assumed a specific meaning in the Mozambican context. Many of the informants reported that, during their captivity, Renamo gave them substances to drink or smoke in order to induce changes in their allegiance to the ruling Frelimo party and to their families.

Then there were experiences not reflected on the Harvard scale. Some of these derive from the particular strategies used by Renamo. The rebel movement became notorious for mutilating live victims and coercing villagers to kill members of their own families. There are also events or experiences which are peculiar, not identified on the Harvard scale, because of the particular cultural significance attributed to them by the subjects. The fact that people were unable to bury their relatives, for example, was a consequence of the war. For people from Mozambique, as in most African societies, the inability to observe proper burial rituals is a trauma that has far-reaching implications.

Thus additional categories have been added to the trauma events list used for this study. These are:

- mutilation,
- loss of property,
- forced to kill,
- pregnancy from rape,
- unable to bury dead relatives, and
- forced to eat rubbish.

The total number of women experiencing each event was calculated. Witnessing an event was included as a traumatic experience in this process. **Table 1** contains calculations that illustrate the magnitude of the war.

More than 90% of the women experienced loss of property, lack of food and shelter and were forcibly separated from their families Twenty nine of the women, 96%, experienced the death or murder of a relative due to the war. Twenty three women, 76% of the sample, were unable to bury their dead. A

high proportion, 76%, were abducted by the rebel forces and held in captivity. Some of these women spent up to eight years in Renamo camps. Eighty percent of the women were raped or witnessed the rape of other women and children. Seven women bore children conceived through rape. Twenty three women, 76%, were seriously injured during the war while 86% felt that they had been close to death.

Table 1 Number of Women Experiencing each event

TRAUMA EVENT	TOTAL NO.	% OF SAMPLE
1. Lack of food	27	90%
2. Ill health and no health care	15	50%
3. Lack of shelter	29	96%
4. Serious injury	23	76%
5. Combat situation	28	93%
6. Brainwashing	8	26%
7. Rape or sexual abuse	24	80%
8. Close to death	26	86%
9. Forced separation from family	28	93%
10. Murder or death of family	29	96%
11. Murder or death of stranger/friend	27	90%
12. Kidnapped/abducted	23	76%
13. Mutilation	4	13%
14. Loss of property	28	93%
15. Forced to kill	2	6%
16. Forced to eat body parts	1	3%
17. Pregnancey from rape	7	23%
18. Unable to bury dead relatives	23	76%
19. Forced to eat rubbish	13	43%

The trauma events listed in **Table 1** are validated by the following excerpts from the testimony of the women.

1. Lack of food

> It was on a Tuesday at 5 o'clock I was coming back from Maputo. I was just greeting my mother-in-law. She said, "what I can tell you is that Renamo passes from here". When we were still busy discussing Renamo came. They demanded food, they demanded everything and they told me to go with them. I refused. They beat me. It was late at night when we arrived at the Renamo camp. The bandits cooked a sheep with all the skin

and everything. They gave us raw rice which they had stolen from the people (Julia).*

2. Ill health and no health care

I did try and go and get treatment for my illness. But because of the conditions in Maputo I could not be treated and also when there is no money you can't get treatment (Flora).

3. Lack of shelter

We were very afraid during the war. We used to sleep in the bush. We left our homes (Celeste).

4. Serious injury

We were many. The Renamo took us to a place. When we arrived there they separated us. They put aside those they wanted to kill and those they didn't want to kill. We were all told to lie down and then they just started killing. I shouted and said, "I am dead". Some people were already dead. By shouting that I was dead all the Renamo went away thinking that everybody was dead. Renamo was using pangas. They stabbed my back and all over I was stabbed. And the blood was just flowing. And even my foot was hanging. I couldn't even manage to breath. I took off my scarf and tied it around me so that the blood could stop. And when I breathed the blood was spurting and spurting. But I crawled. Two people passed by the place I crawled to and they called the Frelimo soldiers to come and pick me up. I was sent to Maputo hospital. When I came out of the hospital I could no longer control my urine. I crossed into South Africa with the help of a guide. In South Africa I was taken to hospital in Garankuwa. They operated and since then I have a urine bag. I joined my sons in Mangweni. I live with them. They provide food. When I came here I was happy but now I am afraid that we will be sent back. I worry about going back. If I think of going back I am afraid that what

*To protect their identity the Portuguese first names of the women are used (without surnames) rather than their vernacular names which they use for formal identification, i.e. in their documents and in the villages.

happened to me will happen again - that means I will die (Rosalina).

5. Combat situation

When Renamo attacked us they were shooting. I was carrying something and the bullets were coming from the front and the back. I took my child from my back and put her on my side in order to protect the child and also to protect the child if I fell so that I shouldn't fall with her. A bullet came, she was shot here in her back and the bullet came out of her vagina. There was a very big hole in her vagina. We took her to the clinic. They managed to help. The name of my child is Sonja, she is about 10 years old now. She is okay but she is not really all right. Sometimes if the child coughs something comes out. She has not got good control. It comes out through coughing or maybe through heavy laughing. Even the way she walks it is not okay (Maria M).

6. Brainwashing

When I say my mind was not well it's because they used to give us something to smoke (in the camp). And when some people used to ask, "why are you giving us this?" They say, "we are giving you this so that when the Frelimo soldiers come you mustn't follow them, you mustn't love them you should love us" (Flora U).

We were many. They took us to carry what they had stolen. We were slaves. When the Frelimo soldiers attacked the Renamo bases they left to go and camp elsewhere. I carried their things every time. At the Renamo camp - what I remember - we used to eat dirty things. The Renamo used to go and collect cockroaches and insects and force us to eat these things. They gave us medicine to drink and smoke at the camp so that we could forget, to take our minds away from where we were, so that we just knew the camp. What happened to me is that the Renamo used to sleep with me nearly every day until I got

pregnant with the twins you see. Now when I am here I explain the Renamo as animals, but they have got two legs (Martha S).

7. Rape or sexual abuse

On the spot where the man raped me I was terribly shocked about seeing a man sleeping with a five year old - a very small child. That child couldn't even manage to walk. He took a panga and killed the child. Instead of caring about my own rape and feeling for what happened to me, even today I still see that man sleeping with that small child and after that the child was killed. Most of the people who were taken by Renamo were teenagers and school children. I have seen many young people being raped by these Renamo (Lucia).

8. Close to death

I don't think I should be alive by now. Because since 1984 we were moving from camp to camp. At the camp the chiefs sit around us. We used to be placed in the middle. The reason why they placed us in the middle if bullets came we would be shot because we were in the middle. If anything comes, the aeroplanes, we are in the middle. They were far and we were put down as if we are Renamos. They were not killed. In everything they were doing we were put in front so that we could be killed (Julia K).

9. Forced separation from family

Nobody is looking after me. My son died and my daughter who was married was taken by the Renamo and I don't know if she is alive or not (Cristina).

10. Murder or death of family

I remember the day we were attacked. I might not remember the date and the month and the year. But I remember the day we were attacked. It was on a Friday. It was late at night. They knocked on the door - "Open!" Because we could hear that these people are the ones we didn't open the door. But they

kicked the door until it opened and they said, "we want the father of the house". Meanwhile the Renamo had surrounded the house. Some other Renamo were now opening different doors in the house. They said to the old man, my father, "what are you eating in this house?" They said, "we are eating nothing, if you don't give us food we will kill you." And they said to my mother, "come let's go!" Then they said, "we mustn't leave all these people, let's take them because if we leave them they will go and call the Frelimo soldiers". They turned and took the rest of the people in the house. The old man said, "why are you taking me because you have taken my wife and my children?" They said to the old man, "you old man you are talking a lot let's cut off your head." They cut off his head. On the way they were tired. They put all the things they had stolen down. They said to my mother, "Come!" - and they made her lie down. They raped her. Meanwhile we were watching (Flora U).

11. Murder or death of stranger /friend

When Renamo attacked our villages they killed whole families leaving one child in order to go and report, or, in order to see all the dead. So I am lucky because me and the children are still alive. We decided to flee when one day Renamo attacked our village. There was one of our neighbours who dug a very big hole in order to get water. The Renamo took the whole family and put them into that well and they took branches of dried trees and put them into the well. They lit a match - all the people are dead - the whole family. One of the women we were with they took her small baby and put it in that well (Maria).

12. Kidnapped/abducted

In the village life was good. We were ploughing and we had food. Then the Renamo attacked our village. They took us and they took my first born. At the camp I was chosen to be the "wife" of the commander. And others together with my children were given as "wives" to other soldiers. Because my child was still too young she was damaged. They even used a

knife to cut her vagina. These people were not giving us a chance they were just sleeping with us at any given moment. The worst thing is that I was forced to the bush and I was forced to sleep with a man without any arrangement. We feel it because the Renamo were showing guns that, "if you don't sleep with me I will kill you." So that was a terrible thing to happen (Celeste K).

13. Mutilation

One of my relatives was pregnant. Renamo took a panga and slit open her stomach. The woman died. If Renamo found you hiding yourself they just took one of your parts - the ear, the mouth or the nose. You are left without that part (Maria M).

14. Loss of property

If you go to Ressano Garçia and Moamba its terrible. They destroyed a nice place. We used to plough peanuts and other things to reap and there came the devil. You watch them come and steal your cattle, make a braai (Madalena).

15. Forced to kill

What happened with us everyday is this. People used to run away and when they ran away Renamo would find them and bring them to the camp. They would give us machete and say, "you kill the one who ran away." If you don't kill they just shoot you. And one day they took me aside and said, "why are you afraid to kill people?" "If we arrive at your home and say kill a chicken you can't kill?" I said, "a chicken I can kill." They said, "why now are you afraid to kill." That's why I was beaten much and I do not feel well. I was beaten a lot in the Renamo camp by refusing to kill. I have seen some of my friends who used to take the panga and kill other people. But I used to pray to God not to do that. I was punished a lot by refusing to kill (Maria).

16. Forced to eat body parts

I was visiting my grandfather. When we were there the Renamo attacked. Renamo cut off the private parts of my grandfather and they cut off the breasts of my grandmother. They put everything together and cooked these parts. They demanded us children to eat. We couldn't manage this. They took us to a certain camp called Xi-nyaganini. There they put us in queues. The put the old people aside and killed them. They didn't kill the young women. Then they took the women, each and every one was given a man, a man, a man. Late that night we managed to escape (Alice C).

17. Pregnancy from rape

I come from Magude. The Renamo found me - I was grinding corn. They said to me leave the grinding. My husband was due to come home. When he came home they said to him - lie down. And they told me to lie on top of my husband. Then they had sex with me. They took the pestle and hit my husband. He died immediately. And they said to me, "don't cry be quiet!" I didn't cry. Because if I had cried they would have killed me as well. And from that day they took me with them to the Renamo camp where I got pregnant. I spent four years in the camp (Maria N).

18. Unable to bury dead relatives

I lived in Moamba. Renamo attacked our village. They gouged my husband's eye out. Then they took him out of the village. They shot him. They did not allow us to take the body and bury him. After many days the dogs came and ate his body parts (Regina).

19. Forced to eat rubbish

The Renamo soldiers were mixed, older soldiers and very young boys. We were many in the village who were taken, men, women and children. We used to hear lots of screaming and shouting. At first we women used to sleep with each and

every man but at last I was responsible for one. In the bush where we were the Renamo used to kill cattle and bring these into the camp. The used to give us bones to eat. We were not eating meat. Only the chief's wife used to eat the best. They told us to eat rubbish, lizards and snakes. If we didn't eat the rubbish they killed us. And another thing when the helicopters came they told us to take off all our clothes and be naked and lie down so that the helicopters didn't see people. We didn't know if the helicopters were going to come down or were going to shoot. Sometimes I even dream about dead bodies. Then I think its because when we were at the Renamo camp they used to kill people wherever they were (Maria).

A common theme running through the testimony from which these excerpts are taken is the multiple traumas women experienced. To determine the degree of trauma, the total number of events experienced by each woman was calculated and is presented in **Chart 1** below. **Chart 1** shows a high degree of exposure to trauma events. Three women were subjected to sixteen or more experiences. The majority, 83%, each experienced more than ten trauma events during the war and their flight to South Africa. Fifty six percent, twelve women, were each victims to twelve or more trauma events. Only one woman was exposed to less than seven trauma experiences.

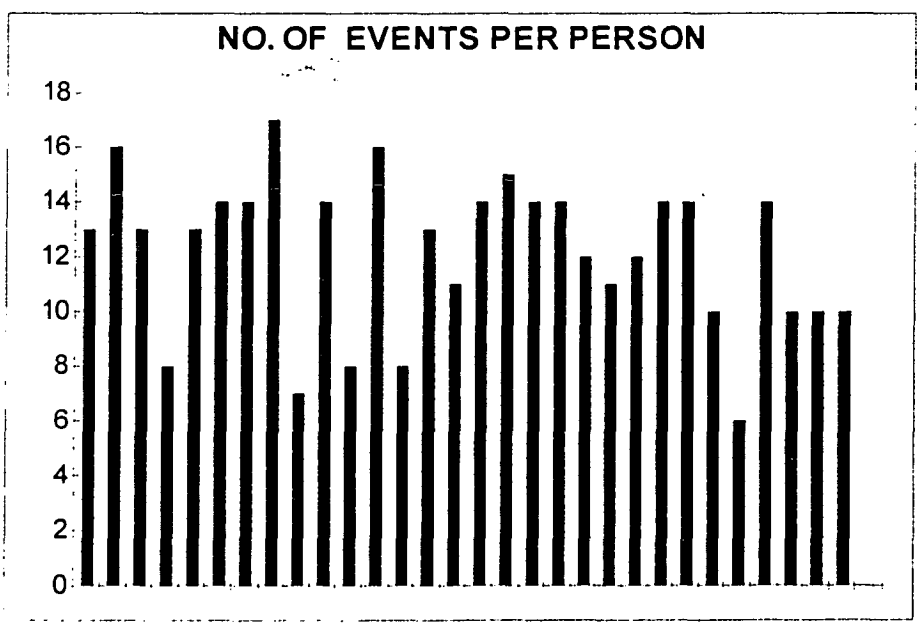

Chart 1 Degree of individual exposure to trauma events

The value of a Trauma Events List is that it provides a universe of items that can be used for comparison across situations. It can be used to collate and summarise trauma events from large groups of individuals. Such schedules help to calculate the degree of trauma experienced by individual survivors – and present a graphic illustration of the magnitude of these events.

However, checklists of the kind used above have inherent constraints when it comes to determining how survivors conceptualise the trauma. Firstly, such schedules are not designed to reflect the phenomenological features of a situation, which are themselves significant aspects of the trauma. Secondly, such instruments are unable to illustrate the meanings that survivors give to specific events and experiences.

5.2.2 *The trauma narratives*

The coding and analysis of the interview data revealed four features of the trauma which could not be included in the trauma list, because they cannot be described as incidents. These features refer to a generalised state of social disintegration and a collective sense of impotence, rather than discrete events.

Firstly, the testimony describes how an entire social system was forced to disintegrate and how established social arrangements were fragmented. Secondly, the women described an inversion of morality and culture. Sons killed fathers. Mothers were raped by children. Humans were treated like animals. Thirdly, the testimony contains a deep sense of meaninglessness about what was going on. The women had no explanations for what happened to them. Finally, they describe the powerlessness they felt to change the situation and an ongoing fear they could do nothing to end the violence that had permeated their society.

Social destruction

At the broadest level, the war almost completely destroyed the economy of Mozambique. It was noted in Chapter Three that the estimated cost of the war to the economy was USD15-billion (UNICEF, 1989). The real effects of the destruction of infrastructure and property were felt in every village and every home where Renamo left very little intact.

But as was described in Chapter Three the war did not only destroy buildings, roads, schools, hospitals, clinics, machinery, land and stock. The violence ripped through the fabric of society. Communities were dislocated, families broken up, close personal relationships severed:

> Our people who have died will never rise from the dead. We are left in poverty. We have got no children, we have got no land, we have got nothing. I am left on my own. I had to come and stay with small children (Celeste M).

The following account – in which an old lady places great emphasis on the fact that Renamo rebels stole the only memento she had of her missing husband, a radio – captures the extent to which significant human relationships were destroyed.

> The Matsangas heard rumours that my husband was a Frelimo soldier. They came looking for him. He ran away. I miss him a lot. There was no confusion. We didn't quarrel. Its only the war. When he went he left me his radio. He said, "take this radio you will think of me." I said, "no I don't want to remain with your radio - take it." He said, "no I will leave it." Then the Renamo came and they took the radio. They took everything in the house. They killed all the cows. I am left with nothing (Cristina).

Culture and values overturned

The women described the inversion of normal social arrangements that occur when young children murder and rape. Destruction of the moral order is reflected in their notion that humans became animals. That the breakdown of social norms and values was also experienced as trauma is illustrated by the following quotes.

> If you go to Ressano Garçia and Moamba its terrible. They destroyed a nice place. We used to plough peanuts and other things to reap and there came the devil. You watch them come and steal your cattle, make a braai. Some are so young - six, seven years old - they say, "we will kill you." The elderly boys are like this child here (13 years old) - those are the elderly

> boys. You see a nine year old saying, "I will kill you." Because its a small child sometimes you say to yourself, "never man, if I could hit this thing . He is so small and he is now showing me this gun." You just think if I could hit him I could kill him. But because he had a gun you can't. You are afraid - if you are carrying a baby and you start fighting then he will pull out the gun and shoot the baby. They were small children talking to you, asking you questions (Madalena).

A woman who spent six years in captivity explains how the social order was inverted.

> I don't know why these people are like that because even when you are there (in the camp) - you are all people. But you don't look like people, you just look like animals or cows because you are just in a cave. You are not like normal people. Because even the rape was not being done by ordinary men, elderly men. Just small children, small children were sleeping with us. Seeing small children on top of the women. There were small children with the bigger ones who were teaching the small one's what to do (Martha S).

Meaninglessness

The testimony describes a deep sense of meaningless. All the women were unable to explain the war and the brutality it inflicted on them. They struggled to find within their historical experiences and in their cultural and socio-political reference systems explanations for the events. Thus they used words like *wilderness* and *desert* to describe what it was like to be in the midst of that war.

> Really I cannot explain to you what I have seen. It worries me a lot because I don't know who this Renamo is, where they were coming from, and what was the cause of it that the Renamo attacked our villages. I cannot explain this thing (Alice).

> Firstly, the thing that went off was my mind and I also lost weight. I was unhappy everyday. I was just as a person who

was somewhere in the desert. I asked myself several times - why did this happen? We don't find an answer (Flora U).

My life has absolutely changed after the war. What has happened to us, our properties have been damaged, our bodies have been damaged, everything. Our life has absolutely changed because of Renamo. I cannot explain it. I have seen the Renamo suddenly coming to us. Why and how I don't know. We don't find an answer. We just cry. We don't find an answer. Because even if maybe you are discussing here - when you go to another village you find that people have been killed. Maybe you go to that side you find it is the same. That's why even if we are here remembering what happened on the other side we don't get an answer (Celeste K).

Powerlessness to end the violence

The inability to comprehend and explain the war contributes to a subjective experience of helplessness and powerlessness to change the situation. Many women argued that the violence of war had become endemic, continuing to afflict social relationships, and that there was no prospect of repairing the social fabric.

This war has really made the country bad. Even now they say the war is over but there are people who were in the Renamo camp that are now practising what they did in the camps. If they find people with their belongings and cars, they kill those people and take their belongings. They are practising what they used to do (Celeste M).

I was with my uncle on my way home after visiting my relatives in Inhambane. We were robbed and the robbers did what they used to do in the Renamo camp. They told the uncle to lie down and be a mattress and I was raped on top of him at gun point. I explain it as the war. Things like this were not happening before the war (Alice C).

The destruction of social worlds, the inexplicability of devastating historical processes and the collective sense of powerless cannot be described as trauma *events* – such as an attack on a village or being separated from a family member. However the testimony indicates that these experiences were, not simply effects of the war, but traumatising in themselves. Nordstrom describes this in the following way:

> "For the vast majority of Mozambicans, war is about existing in a world suddenly divested of lights. It is about a type of violence that spills out across the country and into the daily lives of people to undermine the world as they know it. A violence, that in severing people from their traditions and their futures severs them from their lives. It hits at the heart of perception and existence. And that is, of course, the goal of terror warfare, to cripple political will by attempting to cripple all will, all sense" (1995:132).

As noted, the second constraint of checklists is that they are unable to capture the way in which specific events are perceived by survivors. This constraint is clearly illustrated by the particular meaning that the women give to the fact that they were unable to bury their relatives.

A 15 year old young woman managed to escape from a Renamo camp. Her mother was left behind and killed by Renamo bandits. Soon after this incident she fled Mozambique with a guide. During the journey she was raped several times by him. On her arrival he stole all her clothes before abandoning her in a locked shack. She feared that what happened to her was a result of not burying her mother.

> When my mother died I didn't even see her. People came and reported that our mother had been killed. No one took care of it. Even our own father didn't take care of anything. Maybe all these things that are happening to me are because I didn't bury my mother, or because my father didn't do anything. Maybe that's why I am found in such a position (Melitta).

The meaning that this girl gives to the fact that she was unable to bury her mother can only be explained by referring to the cosmological beliefs held by Africans from Mozambique. These are described in Chapter Three. In this

cosmology, ancestors are seen to play a powerful role in the lives of the living. People believe that unless they observe proper rituals for ancestral spirits they will meet misfortune. Thus, for this girl, the trauma of not burying her mother has added significance with serious social and psychological implications that go beyond personal grieving and a sense of loss. The Mozambican women explained it in this way:

> If you do not bury the dead their *imoya* is not in one place, they are not resting. The n'anga will tell you this person his *imoya* is just wandering around, there is nothing you can do. This can bring bad luck, they can be angry because you didn't bury him or her properly (Focus group discussion).

5.2.3 *Conceptualising the trauma*

The trauma events list and the trauma narratives distinguish the following characteristics of the trauma the Mozambican women went through.

- Individuals experienced multiple traumas.
- There was destruction of the social fabric.
- Cultural norms and values were inverted.
- Gender specified the form of attacks.
- The trauma and suffering was meaningless.
- Individuals were powerless to change the overall situation.

5.3 Psycho-Social Outcomes of the War

The research results identify responses to the trauma and consequences of the war which have been reported in literature and are clinically well-defined and a range of other outcomes.

The women endorsed posttraumatic stress symptoms – which they explained as a consequence of their trauma experiences – but they also described psycho-social consequences of the trauma which they explained in terms of their own frameworks of understanding the world.

5.3.1 *Locally specific outcomes*

Qualitative analysis of the interview material, which described the psychological effects of the trauma, produced four thematic categories:

- Spiritual damage;
- Loss of social belonging and identity;
- Somatic problems.

These categories describe feeling states, expressions of personal distress experienced by individuals but defined by reference to social relations – severed bonds with the living and the dead and fractured community ties.

For the purposes of analysis, the four thematic categories are listed separately. The narratives, however, show these are closely interrelated with each other because they are based on a system of explanation according to which social order, self and body are dialectically linked.

Table 2 Locally specific psychological effects

THEMATIC CATEGORY	NO.= 30	% OF SAMPLE
Spirit damage	25	83%
Loss of social belonging/identity	28	98%
Somatic problems	30	100%

Spirit damage

The first thematic category – *vavisa imoya* – the spirit is in pain - emerged as a centrally important concept in the women's explanations of how the war affected them. Twenty five of thirty women, 83%, spoke with deep emotion about how their spirit was afflicted. They presented this as one of the most severe outcomes of the war, suggesting it was more serious than the other symptoms they experienced.

> I grew up being a good somebody and at the end of my life then I come across something like this. When people ask me, "why are you angry?" My answer is, "I don't know." It's that I can see I am in a wilderness. Some people you might tell them then

they will laugh at you. I tell them that, "yes, I am angry because I am not well spiritually" (Cristina).

The spirit is in pain from seeing many bad things. It comes to the mind and from the mind and the thinking the spirit is damaged. (Madalena).

The worst part of all this is when my grandmother was killed in front of me and my child was injured. My heart is sore and I am not well spiritually. The war has affected me spiritually. Sometimes if you say my heart is sore you feel that your heart is beating very fast. Then spiritual pain comes through thinking - its not a sickness (Maria).

The women pointed out that damage to the spirit can be overwhelming:

If the *imoya* is damaged and I sit alone then I might commit suicide" (Reverend).

If the *imoya* is damaged and you are alone and you are nursing the *imoya*, or maybe you are on the road, even a car can kill you because you don't hear anything, you don't hear a sound (Focus group discussion).

If the *imoya* is in pain you can get thinner and thinner (Focus group discussion).

The focus group discussion shows the women considered damage to the spirit to be more serious than the symptoms of posttraumatic stress disorder.

The damage to the spirit is worse than those other things of not sleeping, dreaming, being afraid. If the spirit is damaged you get thinner and thinner. The sangoma cannot heal the spirit. They can pray, whatever they are doing at church, if the spirit is damaged, it is damaged (Focus group discussion).

We have seen that the women identified social destruction as an important feature of the trauma and it is thus important to note that they argued that

social disruption is a principal cause of damage to the spirit.

> If your spirit is damaged it's because your heart is sore, then it affects your spirit. To make the spirit okay is that you have a happy family, no problems, there must be no killing. But if you hear all those kinds of things, you are always in trouble, the spirit will not be okay. To see killing as the Renamo killed, you cannot be okay, you are spiritually dead. The land from which we were living has been taken away. Your heart is sore but you are spiritually dead (Flora L).

This effect of the loss of grounding in time and place is echoed in the words of a displaced farmer quoted by Nordstrom:

> "The worst of it is the way this attacks our spirits, our very selves. Everyone here thinks: Before this I knew who I was. I farmed the land that my father farmed, and his ancestors before him and this long line nurtured the living. I had my family that I fathered, and I had my house that I built, and the goods that I had worked for. I knew who I was because I had all of this round me. But now I have nothing, I have lost what makes me who I am. I am nothing here" (1993:29).

A lay priest from the Apostolic Church, one of the African churches which has incorporated indigenous religious notions, explained that well-being of the *imoya* requires social order:

> When we say people are suffering it's that they are not well spiritually. If you have got no food in the house the *imoya* does not feel sorry, it's only that you say - what am I going to eat today. There is no way that it affects the *imoya* or the *mbilo* (heart). Its only if you are not well settled at your home and if there are problems from other people. If you see there are no ways to solve these problems then the *imoya* is affected. What helps the *imoya* is that you should look after yourself and things should be normal around you. So if there is war in your country the *imoya* cannot be okay.

Although the concept of *imoya* was used to describe subjective feeling states, it was used at the same time by the women to refer to the spirits of others. The testimony reveals that women referred to the *imoya* of the dead and also that of Renamo - the evil spirits of Renamo, which they argued contaminated people.

> The *imoya* is sore because of seeing many bad things. And it comes to the mind and from the mind and the thinking, the *imoya* is sore.

> Take for instance if your relative died, you are far from there and then you come home. People might say to you, go and see the grave. If you see the body is buried properly even the *imoya* will rest okay. But if the body wasn't buried properly that means the *imoya* is not okay. The *imoya* never dies. The *imoya* will only settle if the person is buried properly (Focus group discussion).

> If you don't cleanse yourself (after returning from a Renamo camp) you might be amongst us sitting here. If I can touch you that *imoya* from the Renamo will come out. If you are among people that *imoya* can behave like the Renamo because you are not cleansed (Focus group discussion).

Some of the women explained their reluctance to return to Mozambique because the continued existence of bad spirits would ensure ongoing violence:

> Yes that *imoya* (of Renamo) is still there. We don't want to go back.

In summary, the notion of *vavisa imoya* has the following core features:

- It is deeply felt and incorporates a profound sense of grief;
- It can overwhelm the adaptive capacities of individuals;
- It is not an illness and;
- A principal cause of spirit damage is social disorder.

From an outsider's perspective, the concept is difficult to understand. English meanings of spirit or soul do not adequately describe *imoya*. A better understanding requires reference to local cosmology.

Loss of social belonging/identity

A very high percentage of the women, 98%, expressed feelings of loss of social belonging and identity. The social conditions of the environment to which the women fled in South Africa were described in Chapter Three. On the whole, these can be described as hospitable surroundings. They were welcomed by the host communities.

They were able to communicate in the language of the local people. The structures of authority in the villages were familiar. Unlike refugees in other countries, the Mozambicans who came to the Nkomazi district were not confined to camps but were given access to plots on which to establish homesteads.

There were few constraints on religious practices. There were considerable overlaps with their own religious beliefs and organisations in the villages to which they fled. Traditional healers and prophets of the African churches were available and many women continued to consult them. Mozambican refugees were able to engage in familiar rituals and religious ceremonies. Despite these continuities, the women communicated a profound sense of feeling lost, alone and disconnected.

The thematic category – loss of social belonging and identity – comprises statements of the following kind:

> I am in a village where I am seen as a different person to all the people who are from here. In this place we are really suffering. The worst part of it is in this place we don't plough. We are used to ploughing. There in our place we used to plough. We got mielies from our field, we got maybe vegetables from our field, we got everything. We supported our children quite well. So here we are really suffering (Alice K).

> I feel very, very sad because even if my father died, if my two brothers were still alive, it would be better because they would remain making a home, supporting the old lady, even looking after me, but now if we come to it I see that my father had died, my brothers died, it is only myself and my mother who are free. I feel very alone (Flora M).

> My Christmas wasn't nice. I went to Mozambique. I found that all my relatives who were left in Mozambique, my uncle and his children all died. This happened when the Renamo were still there. They lit a fire and all the people in this house were killed. It is really terrible because if you know that maybe if you have got a problem you always go to your uncle but now what it is now I have got no-one, nowhere to go even in Mozambique (Lucia).

The large majority of the women agreed that loss of family, community and land were serious outcomes of the war. A small percentage lamented the loss of formal religious practices and cultural rituals but, on the whole, they emphasised that they were severed from people and place. The emphasis the women placed on loss of social position and community is explained by them both in relation to the real vulnerability these losses create and in relation to the ways this affects their sense of identity.

Severed from the land, the women had to reconstruct their lives in an environment which imposed severe constraints on material survival. It has been noted in Chapter Three that the marginalised position of refugee women made it difficult for them to generate incomes and exposed them to various forms of exploitation. Their testimony describes the harsh material consequences of the loss of their traditional economic roles:

> This place where we are money works. If you have got no money there is nothing. In this place we are suffering. Because firstly you cannot plough. Even if your husband can work its only to work in the farm and get that money which can only buy a bag of mielie meal. And if the husband brings a bag of mielie meal you as a wife also you have to take your child on your shoulder and go somewhere and work in order that you

> can buy soap, or something else that can help in the house - it's really difficult. If children cannot get better food then kwash comes (Alice K).

For women, the loss of social structures and kinship networks can lead to increased vulnerability in relation to men. The Mozambican women reflect on the strains that dislocation placed on their partnerships with men - many of whom abused women physically, financially and emotionally. They commented on the fact that, in the refugee environment, traditional checks and balances which provide some protection against excessive abuse, no longer existed.

> I am not okay with my husband. Even when he works and gets some money he doesn't look after me and the children. He spends his money on drinking. If all these things (referring to her husband drinking and not supporting her) were happening while I was in Mozambique I would have divorced him long ago and stayed by myself. I would have had my family to go to (Sarah).

> This man doesn't want to support the other children. He only wants to support me and the baby. That is the big problem. I say I can rather stay without support than throwing the three children away. There is a trap. The trap is that you have had a child with that man. When you have got a child with somebody it is difficult to leave. In Mozambique there would have been ways of maybe getting him to support us. But according to what I think I don't want a person forcefully to support his own child. He must be free. What I look forward to is to find work myself (Regina M).

We have seen in Chapter Three that patriarchy and colonial occupation interacted in complex ways to make the domestic sphere and agricultural production the sites in which women achieved relative autonomy and in which they anchored their sense of self-worth. In the light of this, loss of access to the land, family and community has an important significance. Their testimony suggests that these losses threatened their sense of who they are.

> In Mozambique we were ploughing. Many of the men were away in Joni and we were doing everything for ourselves. We were respected for the work we did. We had a place in the community. Now we are living as if we are lost (Focus group discussion).

Images of the horror are evoked when they wonder about their missing children. When they talk about losing their land and property they recall how Renamo burnt their homes, slaughtered the livestock and ravaged the land.

For the Mozambican women the violent means through which they lost family, community, land and citizenship, exacerbated their sense of aloneness and disconnection. They recognised and acknowledged that they were welcomed by local people yet they still felt alone and misunderstood.

> You feel alone. The reason why we are saying that is that the people we are living with haven't seen what we have seen. That's why you feel alone, meanwhile you are amongst people (Focus group discussion).

The findings presented above describe a loss of culture, in its broadest sense. In their testimony the women reflected on how the war deprived them of those daily practices, kinship arrangements, social rules and obligations which gave them a sense of purpose and dignity, and anchored their sense of who they are.

Social factors occupy a prominent place in these women's explanations of personal distress. They identify social disorder as a principal cause of spirit damage and loss of identity as a principal consequence of social dislocation. In their framework of analysis the sense of internal cohesion and identity is given by social order and belonging - social bonds which not only provide support but also determine emotional equilibrium, access to land which sustains life and kinship and participation in socio-cultural practices which create meaning.

Somatic problems

All the women identified somatic problems as an outcome of the war trauma. The human body was a primary object of attack during the war in Mozambique. Renamo used torture and mutilation as weapons to strike at the fabric of society. The narratives describe how Renamo severed body parts of victims and used mutilation as a constant reminder of the terror they could inflict. The sexual violation of women and girl children was also used to strike at family and community integrity.

At the simplest level the somatic complaints that the Mozambican women present indicate real physical dysfunction and actual damage. These were caused by injuries they incurred and the physical deprivations they were exposed to.

During the interviews many of the women pointed to scars on their bodies and described the physical disabilities that they have been left with. The narratives presented in section 5.2.1 provide graphic illustrations of the real physical injuries with which many women were left.

At the same time their somatic complaints describe a sense of indisposition which embodies the overall suffering produced by the war, even in cases where women had no external signs of physical disability.

> I have got sore feet and my kidneys are sore (Flora).

> I have pain in my stomach and I suffer from headaches since the war (Martha).

> Diarrhoea is my illness. I can have diarrhoea for one or two weeks without it being related to food or laxatives (Anna).

> I am not well - even to work. I only work because I have no one to support me. I mean that I am not well through what the Renamo has done to me. The Renamo have made me crippled. They beat me and raped me. Now it is as if I am a crippled somebody (Regina M).

These statements suggest somatisation or psychosomatic defences, which, psychological literature proposes, is rooted in repression and denial. However the testimony of the Mozambican women does not reflect a repression of emotion, nor a denial of trauma. Their narratives display a detailed memory for the trauma and a strong will to relate their experiences.

The women's discourse of suffering contains a somatic idiom. They express distress through sickness in specific body sites and describe total bodily indisposition.

> I can say I am sick. How can I describe my sickness I don't know. Because where am I now? I'm just in the middle of nowhere. There is nothing that can ever help me. I think a lot. That is why I can't say I have this or that. Everywhere all over my body is sore. I don't feel as if I am a person (Julia).

Mozambican women come from a society with cultural beliefs in which the body and physical health play a central role. Physical labour in agricultural production and the domestic sphere has shaped their subjective identity and structured their position in society. Their value as women is largely defined in terms of bodily functions - fertility, and reproduction. This helps to explain why physical sensations are given important significance.

The following case study illustrates the sensitivity that the women have towards physical symptoms and outlines the experience of distress in somatic symptoms. A woman who spent five years in a Renamo camp where she witnessed the rape and execution of her mother and was herself repeatedly raped expresses somatic complaints. Her physical distress provides a record of her trauma experiences in the Renamo camp and the strains that she had to face in order to survive and reconstruct her life.

> (In the camp) the first thing that went off was my mind. Also I lost weight. I was unhappy everyday. I was just like a person who is somewhere in a desert.... I have got sore feet. My kidneys are sore. I suffer from headaches. They get worse when it is hot. My heart beats very fast. When my heart beats I sweat... I am working at Lomati - a farm. They are ploughing. I work because I need the money. If you don't get a good job you

> just take any job. You find that you are not well and even the job is making you more unwell. I do not know what is wrong with my body. I have stomach troubles. Sometimes all my body is not well. When I go to work, as soon as the sun comes up and it is hot then the headaches start. We are working very, very hard in such a way that sometimes we work when it is hot. We have to stand in the sun. We have to work in grass that is longer than ourselves - cutting the grass. This week we worked very hard. All my body is not well. ... I have got friends at work. When I come back from work, being alone in the house, suffering, not managing to cook, I think that I am like this because of the war, the Renamo and all that has happened to me. But when I am at work with people, talking, laughing I forget (Flora U).

Thus somatic complaints, loss of social belonging and identity, and damage to the spirit characterise the psychological sequelae of the trauma. Analysis of the data shows clearly that spirit damage, loss of social belonging and somatic complaints are dynamically linked and defined by each other. Damage to the spirit encompasses the bodily disorder produced by vicious and dehumanising violation. The subjective pain of spirit damage is constituted by the fragmentation of social relations. Dislocation and ruptured social worlds disturb personal identity and cause damage to the spirit. Physical problems communicate social suffering. This dynamic interaction of states of mind, body and spirit, social and individual is illustrated by the following testimony:

> What has happened to us, our properties have been damaged, our bodies have been damaged. Everything - our lives have absolutely changed because of Renamo. The spirit has been damaged (Celeste).

The psycho-social consequences of the war identified by the women have been defined as locally specific. Their testimony reveals outcomes which have been described in the literature from other situations. But particular types of historical experiences and local world views give these outcomes distinct meanings.

5.3.2 *Posttraumatic stress disorder*

The results of the PTSD-I are contained in **Table 3**. The women's answers to the PTSD-I provide strong evidence that they understood the questions (Appendix B).

The women confirm the core cluster of posttraumatic stress disorder symptoms, intrusiveness, avoidance and heightened physiological arousal. The distribution of their responses suggests that social experiences structure the clinical picture.

The data reveals that 83% of the participants have had intrusive thoughts and nightmares about the war events. Twenty-one women, 70%, confirmed that they have distressing emotional responses to reminders of the stressors. Sixty percent experienced heightened physical arousal at exposure to reminders of the event. Thirty three percent, 11 women, described reliving the trauma experiences.

The answers to criterion C questions show that more women confirmed symptoms which describe conscious attempts to avoid thoughts, feelings (C-1), and reminders (C-2) of the stressor than those which describe social withdrawal and emotional constriction. Sixty three percent of the participants confirmed that they consciously avoid thinking about the stressors and try to avoid the feelings associated with the war. Fifty-six per cent of the women said that they try to avoid activities and situations that remind them of the war events. Fifty per cent said that they had lost interest in previously important activities. Twenty women, 66%, described feelings of a foreshortened future.

The majority of women were emphatic that they had not forgotten details about the trauma. Only one women said that she sometimes couldn't remember important things about what she went through. A low number of women, five, endorsed symptoms of social withdrawal. One woman confirmed emotional constriction. Answers to the questions which constitute criterion C, suggest active avoidance of thoughts, feelings and reminders of the trauma events rather than the emotional responses which are more closely associated to a depressive picture.

The responses to criterion D questions show that the majority of the women experienced heightened physiological arousal. Eighty six percent of the women described disturbed sleeping patterns. Twenty three women, 76%, confirmed that since the war they were more easily irritated or angered. Only five women, 16%, had trouble concentrating. Seventy six percent experienced hypervigilence and 75% had developed exaggerated startle responses.

Table 3 PTSD-I amended to meet DSM-IV

ITEM	NO. ENDORSING	% OF SAMPLE
B-1	25	83%
B-2	25	83%
B-3	10	33%
B-4	21	70%
B-5	18	60%
C-1	19	63%
C-2	17	56%
C-3	1	3%
C-4	15	50%
C-5	5	16%
C-6	1	3%
C-7	20	66%
D-1	26	86%
D-2	23	75%
D-3	5	16%
D-4	23	76%
D-5	22	73%

The data suggests that the posttraumatic stress disorder symptoms are long lasting. The women have lived with the symptoms since they fled, which in some cases has been over 8 years. The persistence of the symptoms is illustrated by the testimony of a woman who at the time of the interviews pointed out that she still suffered from exaggerated startle response.

> Really if you think of what happened to us it is very, very bad. Even if the children are playing and maybe you hear them popping a balloon, Oh, its frightening. Even if you are asleep and you hear the corrugated irons cracking or any noise, you say, "Oh" (Flora U).

The clinical picture the women described was one in which symptoms were re-evoked by life crises, and new violent or threatening experiences. For women,

who in the post trauma environment, were particularly vulnerable to criminal and sexual violence, symptoms were easily re-evoked. The following case provides an example.

In July 1995, a woman reported that while she and her daughter were at home a group of youths broke into her shelter and raped her. Five years before, this woman and her first-born daughter were captured by a band of Renamo rebels. One of the bandits raped and killed her daughter. She explained the effects of the recent rape:

> When we were taken by the Renamo one of them took my child to have sex on her. I cried and said to him, "what are you doing to my child"? He cut off the head of my child. Then he took a small stick. He nailed her head to the stick. Really I cannot stop telling you that the rape and the people who attacked my house now - it really brings back what happened in Mozambique. This rape has affected me badly. I am thinking a lot about what happened to me in Mozambique. I dream about the rape. It reminds me of the death of my child (Carlina).

The women displayed a realistic insight into the aetiology of their symptoms. They attributed the presence of symptoms to what they saw and experienced during the war. The view they put forward that the symptoms do not constitute sickness concurs with the conception of posttraumatic stress responses as a normal reaction to abnormal events.

Even though the women associated their symptoms with intense personal suffering, they did not regard these as the most serious consequences of the war. Their assessment of the gravity of the consequences of the war, in focus group discussions, gave priority to spirit damage, and loss of social belonging.

The focus group discussions prompted a more complex account of recurring nightmares. The women distinguished two types of war dreams. They described nightmares which replay war events, and dreams in which dream actors were relatives killed during the war and whom they were unable to bury. They attributed both kinds of dreams to the war, but they gave special significance to the latter.

Dreaming of relatives who were killed was disturbing, but as has been pointed out the women did not interpret these dreams in terms of disease or mental disorder. What they found disturbing was that their relatives were killed but also that they were prevented from observing appropriate rituals. The specific meanings given to these dreams is related to their cosmology which holds that the shades play a crucial role in the lives of the living.

All the women who participated in the focus groups argued that dreams mediate communication between the living and their ancestors. They maintained that dreams of their dead relatives contained exhortations, usually for the living to compensate in some way for not having performed prescribed rituals.

The strong presence of posttraumatic stress disorder symptoms which is evident in the research findings suggests that, in a wide range of survivors, there are common features in the responses to traumatic events. The high percentage of women, over 80%, who confirmed recurring nightmares, intrusive thoughts, and disturbance of sleep suggests that these symptoms are characteristic features of the women's reactions to the traumatic situation.

At the same time the results of this study show that social and cultural realities have implications for understanding both the clinical presentation of posttraumatic stress disorder, and the ways in which specific symptoms are experienced by different groups of survivors.

Social withdrawal, a key aspect of posttraumatic stress disorder was not commonly endorsed by the women. The material conditions of their lives and socio-cultural practices work against social withdrawal.

Economic survival in the host country required refugee women to engage with those around them. In other words the demands of the situation forced women into social contact and social relations. As has been described in Chapter Three, many women co-operated with each other and pooled their resources when they established income generating projects. Women who managed to get employment interacted with other workers. It could be argued that under harsh socio-economic conditions, active social exchange can make the difference between hunger and starvation.

Social norms also operated as a check to social withdrawal. In Chapter Three it was noted that the beliefs held by the women emphasise the importance of kinship networks, harmonious social bonds and religious activities both for individual well- being and the well-being of the larger group. The strength of these beliefs drew women into activities with a strong social component, which include going to church, attending funerals, and engaging in indigenous religious ceremonies.

The fact that the women did not consider posttraumatic stress disorder symptoms the only or the most serious psychological effect of the war, suggests that the priority given to posttraumatic stress disorder symptoms varies across social situations. The unique meanings and special significance given to a core symptom of posttraumatic stress disorder - nightmares - by the women, provides evidence of the specific meaning given to symptoms by cultural beliefs.

5.3.3 *Responses to rape*

Rape was one of the violations that the women were exposed to during the war. The analysis of the testimony which referred specifically to the consequences of sexual violence produced four thematic categories.

- Somatic complaints;
- Sexuality;
- Posttraumatic stress disorder;
- Locally specific outcomes.

Before discussing these categories it is important to point out that the women did not always distinguish between the effects of sexual violence and other aspects of the trauma situation. Sexual violence was a feature of the overall trauma, and therefore the locally specific outcomes and posttraumatic stress disorder symptoms which women described, also referred to sexual assaults and abuse. Women who did not describe specific effects of sexual violence, were asked to do so during the interviews. The data presented below applies specifically to sexual violence.

All the women identified somatic problems as a direct consequence of the sexual assaults they endured. The second thematic category, sexuality, is

constituted by statements which describe the negative effects of sexual abuse on interactions with men, intimate sexual relations, self image and perceived sexual status or value. Sixty two percent of the women described negatives consequences related to their sexuality. Forty nine percent of the sample confirmed posttraumatic stress disorder symptoms, in particular symptoms of intrusiveness and avoidance. In the focus group discussions, women described locally specific outcomes.

Table 4 Outcomes of Rape

THEMATIC CATEGORY	NO. = 24	% OF SAMPLE
Somatic Complaints	24	100%
Menstrual problems		
Fear of sexually transmitted diseases		
Pain in the pelvis and womb		
Feeling dirty		
General unwellness		
Sexuality	15	62%
Loss of trust in men		
Worry about partner's reaction		
Feeling different to other women		
Concern about social breakdown		
Post-traumatic stress disorder	11	49%
Diminished interest in sex		
Sex re-evokes original rape		
Locally Specific		
Breaking taboos		

Somatic problems

The fact that 100% of the women described somatic problems suggests that felt and perceived damage to specific body sites is a significant feature of their reaction to sexual torture. The literature on the war in Mozambique and the trauma narratives gathered for this study contain strong evidence of widespread sexual violence. Long term physical damage and sexually transmitted diseases are highly probable sequalae of sexual assault. Over 50% of the women reported that they had sought treatment both at clinics and from traditional healers for the physical consequences of rape and sexual mutilation.

Pain in the pelvis and womb

> The way I was raped, even now I am sore here (pelvic area). I have been to the clinic. They gave me some certain tablets. I was better. But if the weather is like this (overcast) I am sore (Flora T).

On the whole the distress that the women experienced in their bodies do not have organic explanations. Their testimony implies that somatic complaints communicate an ongoing worry about damage, and also reflect distortions of body image. The specific body sites which are the focus of their concern are those associated with fertility, reproduction and sexual activity. The following statements are examples.

Menstrual problems

> Sometimes I might have my period on the 3rd, sometimes on the 20th. And I always go to the toilet like a pregnant somebody (Anna N).

Fear of sexually transmitted diseases

> I expect that maybe there might be infections. Even if I complain of pains in the stomach or womb, at the clinic they don't give me proper treatment. It's only last week a blood and urine test was taken. They didn't say anything. They discharged me (Flora M).

The concerns they express about having contracted sexually transmitted diseases is appropriate but at the same time their testimony suggests that normal biological functions are given symbolic significance. They expressed repugnance towards the semen of Renamo rebels and used the word *rubbish* to describe it. Renamo semen is associated with disease and damage and is symbolic of the degradation they suffered.

Feeling Dirty

> I feel very worried. If that person has got a disease he has already put a disease in you. Who is going to heal you? How are you going to be healed? He made me dirty (Anna N).

General

> I have got stomach problems. I always feel constipated. Maybe its the rubbish of what Renamo has put into me (Martha).

One of the treatments recommended for rape by the Mozambican women is cleansing by a traditional healer or the church. Their explanations for this treatment linked pollution of the body through rape to the overall defilement of society by Renamo's inversion of morality. *Rubbish* refers to actual semen but is also a symbol of the baseness and destructiveness of Renamo.

> The reason why they say you must be cleansed it is because the place where you were is a bad luck place. If the n'anga washes you, they wash your body but the bad luck is something you won't see. This woman can be raped but it's the whole community that will feel it. She must be cleansed. They cleanse her to take the rubbish out. The bad luck is also taken out (Focus group discussion).

In the above testimony the defilement of an individual women is extended to the whole community. This illustrates the somatic idiom that bodily damage and defilement caused by rape strikes at collective integrity. Their conception of the somatic effects of rape supports the argument that the somatic complaints the Mozambican women describe cannot simply be explained as somatisation or psychosomatic disorders.

Sexuality

The thematic category sexuality refers to statements which described loss of trust in men, fear of being rejected by their sexual partners, feeling different to women who were not raped, fear that they would be judged by others, and concern about how men were affected by the sexual violence that took place

during the war. Fifteen women of the total of twenty four women who experienced sexual violence, that is 62% of the sample, identified such factors as a consequence of the abuse. The interview data reveals that both cultural constructions of sexuality and the conditions created by the war shaped the women's reactions.

Loss of trust in men

Women who described a loss of trust in men tended to regard all men as potential abusers. The case study presented below illustrates the general suspicion and insecurity that many women developed in relation to men. A close reading of this case reveals that loss of trust in men is linked to dislocation and loss of social belonging.

A woman related that when Remamo attacked Magude, a village in Maputo province, her husband was murdered by the rebel soldiers. Their marriage had been arranged by the elders in the family and she was satisfied by the negotiations and felt content with her marriage. During the attack on her village she and her mother were abducted. Her mother was raped and then killed. The woman was held in a Renamo camp for more than six years. She was "made to be the wife" of several soldiers and bore a child while in the Renamo camp. After the cease-fire agreement she left the camp and came to South Africa, bringing her child with her.

A few months after her arrival she was referred for treatment. The community worker who referred her said that she had been raped in South Africa. When she was asked to talk about the rape she requested permission to talk about what had happened to her in Mozambique and reconstructed her experiences during the war. Then she explained that she had not been raped recently but was reliving the rapes she went through in the Renamo camp: the classic re-experiencing symptoms of posttraumatic stress disorder.

Over an 18-month period of contact with the counsellor the woman revealed how her experiences had affected her sexuality. She explained that although she saw some benefits to getting involved in a relationship with a man, she had decided not to. Her testimony revealed intense ambivalence about men which was exacerbated by dislocation.

> If I could have a boyfriend it might be good. Because at work I am okay because I have people with whom I am discussing. Then at home the child is fast asleep and I remain alone. Then I start thinking. But I am afraid to have a boyfriend because maybe I fall in love with somebody who will become worse than the Renamo. Maybe I will get a very bad somebody who will trouble me. I am afraid because everything that happened to me it's because of men (Flora U).

In response to a query about whether she had any positive experiences with men, she explained. "Yes I had a very good husband. If it wasn't because of the war we could still be together." She explained how she came to marry:

> In our village the custom was that if they see that in one family there is a grown up somebody then the other family will come and say, "We can see that this girl is okay then she can be married to this family." Then they propose to you - elderly people not the young boyfriend. Elderly people will see that lady has behaved herself and she can join our family then they propose you and you can agree. At home it was okay but here I am afraid. Because you can find that a person is alone. He is alone, maybe he is a problem. Then I am not used to this place either, so I'm afraid (Flora U).

She was asked if there was any way in which the counsellor could help. Her responses reflected her desire to recreate those structures which regulate social relations.

> If there is one among those men who are proposing to me which I have made up my mind about joining his company then I will come and tell you. But me and that person will discuss together that I am coming so that he can respect my company. That's what I am thinking (Flora U).

Nine months later this woman revealed in an interview, that she had still not resolved her loss of trust in men and fear of sexual relationships. In fact her lack of trust had been reinforced by seeing the way women around her were treated by their partners.

> I have not got a partner. I see other people having lives with them (men) and they suffer. I think that if I can fall in love with them I will start with problems. Maybe if I didn't see these things or if I found somebody who is good but these that I am staying with around here I don't trust (Flora U).

In response to a question about whether she did not trust men because they reminded her of Renamo, this women offered a sophisticated analysis of the multi-layered effects of the war on the relations between men and women. She located her personal anxiety about sexual relationships within an analysis of how the war disrupted practices which regulated social relations. The social disruption created a void which left women more vulnerable to abuse and exploitation. It is precisely these kinds of experiences which constitute the feeling of loss of social belonging.

> The fact that these men come from Mozambique it's not the problem. It's only that they do not know how to behave. In Mozambique we used to marry them but because they were all innocent and from the same place. Our families knew them. They were working, farming. So it wasn't easy for them not to support us. Since they all came here they are totally changed. Really I will not tell you lies I am afraid because I am thinking that I might get a man who doesn't behave. If I see these people coming from Mozambique not looking after other Mozambicans who are their wives that means they are still having that Renamo thing in them. For the time being its okay to be without a man (Flora U).

Worry about partner's reaction

Another common theme in the sexuality category is made up of statements which described a fear amongst women that their sexual partners would find them repulsive. When they talked about what men would find repulsive they emphasised the fact that other men had had sex with them. This fear suggests a belief that men have the right to reject their partners because they were tainted by rape.

> Sometimes you sleep with a man unacceptable. If you are a married somebody and your husband hears you have been

> raped, even if he doesn't chase you from the house - but that feeling he is sleeping with a woman who has been raped it is not nice. For you as a woman it is painful because you didn't like it, it just came to you (Anna N).

The irony about this fear is that according to the discourse which defines masculinity and femininity, men are expected to have several women and women have no power to reject them. This is clearly illustrated by the following excerpt from a focus group discussion.

> We are really suffering. A man can go and sleep out and come back in the morning. When he comes he'll expect you to say, "Oh! are you back baby?" You make tea for him. You don't say anything. Even if you quarrel - you can't say to him, "You were out with your girlfriend." You can't say that because you will be beaten like hell (Focus group discussion).

> It is his home - you have no rights (Focus group discussion).

It is clear from the double standards that apply to male and female sexual behaviours that women are the inferior partners in sexual relationships. The fear of rejection suggests that women considered their sexual value to be determined by the perceptions of men, who place a high value on the fidelity and sexual purity of their wives.

In any society men and women internalise cultural constructions of sexuality which structure the way they experience themselves and relate to each other and this informs individual sexuality. The practice of *lobola,* bride price, described in Chapter Three, which involves a negotiation between families for payment to the bride's parents, contributes to the social construction of women as sexual commodities who are paid for and become the property of men who can assess their value and have the power to retain or discard them.

Feeling different to other women

The women felt that they were marked by sexual violation, which made them different to people who had not been raped. The feeling of *difference* they

described contains an expression of shame. They feared that somehow other people would know that they had been raped and would judge them.

Shame is associated with being completely exposed and visible to others. The experience of rape itself gives rise to shame. In a real sense the rape victim is bared and known intimately. But shame also arises out of the social construction of women who have been raped as spoiled, and therefore having less worth or value as sexual beings. In this way shame leads to fears of rejection.

> I feel worried because I feel I am not like everybody else. What has happened to me maybe it has never happened to anyone else. Sometimes I feel I am not as good as other people (Julia).

> I am worried that people will speak and point at me and say, "that woman has been raped." I am afraid that people might shout at me, talk bad about me. Meanwhile this thing didn't happen because I wanted it to happen. I think people will think badly of me (Sarah).

Concern about social breakdown

In the focus group discussions women described the break up of families caused by rape and the social rejection of women who bore the children of Renamo. Their discussions reveal a painful reflection on the social chaos produced by the sexual violence perpetrated during the war.

The women emphasised the negative effects of having children conceived by Renamo, when both mother and child are considered tainted. In the light of the value placed on fertility, procreation and mothering in the world-view of rural Mozambicans, it is reasonable to suggest that bearing the children of another man, gives the stigma of rape special significance.

Due to a paucity of research in this field, it is difficult to ascertain how widespread the practice was of rejecting women who bore children conceived through rape. The focus group data shows that women raised this as a serious effect of the war and as part of their own distress, even if they did not directly experience social rejection. Their reactions reflect an anxiety about the

fracturing of families and communities. This is illustrated by the following excerpt from a focus group discussion.

> People used to say that if you can get pregnant in the camp and deliver then they say, "Oh! Mrs so and so has got a small Renamo".
>
> The child does not have to be treated badly because he is innocent.
>
> On the other hand the child was treated badly. For example if you were married and happened to come home with a child conceived in the Renamo camp, there was going to be a fight with your husband. This has even led to many families breaking up.
>
> (Question: Do you think this is fair?)
>
> No we don't. But most of the men seem not to see this.
>
> There are differences. Some admit and some don't. And also what would happen. Renamo would get you and the husband. They sleep with you in front of the husband. Or maybe they force him to be a mattress. Then you get pregnant in his presence. Men are not all the same. Some do understand and some don't.
>
> When the war was still on if you brought a child from the camp or you were pregnant, people in the community wouldn't allow you back. They said that child also will be a Renamo and it is the thing that has made them suffer.
>
> How can cleansing change that child meanwhile it is a child that was born from Renamo?

> But the child is innocent. Even the mother also has got no bad things - she was forced.

> Yes if you are a good mother you will have a good child. But among those children there can be 1 or 2 who will not be good (Focus group discussion).

The concern the women described regarding the destruction of families and communities caused by rape, not only describe an effect of the war, but constitutes the subjective and internal feeling of pain that they express in damage to the spirit.

Posttraumatic stress disorder

The subjects of this study experienced multiple trauma events. Sexual violence occurred in the context of other kinds of violence and social destruction. This made it difficult to separate out posttraumatic stress disorder symptoms caused specifically by the sexual violence. Mozambican women who were raped by rebels were simultaneously exposed to other violent experiences. Some women described witnessing the rape of others while they themselves were being raped.

> On the spot where the man slept with me I was terribly shocked about seeing a man sleeping with a very small child. That child couldn't manage to wake up. He took a panga and killed that child because she didn't manage to wake up (Lucia).

The magnitude of the trauma this woman went through in that moment alone, increases her risk of developing posttraumatic stress disorder. But this kind of trauma makes it difficult to distinguish which event or aspect of the trauma resulted in the sleep disturbance or other posttraumatic stress disorder symptoms that this woman suffered since the war.

The symptoms of posttraumatic stress disorder are similar in form even though the stressor event may be different. Increased irritability can be caused by a motor vehicle accident or a violent assault. In situations where people have faced multiple trauma events, it is difficult to assign one symptom, or even a group of symptoms to a particular event.

The PTSD-I findings show that both survivors of rape and women who were not raped endorsed symptoms of posttraumatic stress disorder. Thus the PTSD-I findings include reactions to rape even though these were not always specified by the informants as resulting from sexual violence alone.

However there is interview data which associates posttraumatic stress disorder symptoms specifically to rape and sexual assault. The symptoms are event related by their content rather than the form of the symptoms. In testimony which describes the consequences of rape women referred to re-experiencing and avoidance symptoms illustrated by the following statements.

Sexual interactions re-evoke the rape

> All the time I am thinking about this rape. When I am with my husband or at any time I am thinking about the rape - the way it was done to me. I dream as if it is happening. Even now as I am here I see them as if they are attacking the house and taking me to the same spot (Sarah).

Diminished interest in sex

> You lose interest. The reason why, if you see a man it goes back to the rape. You say, "Oh! These people, that one do it like that to me - Oh! can I still have sex with a man?" (Regina).

Locally specific

During focus group discussions the women identified concerns about being raped which relate specifically to the transgression of cultural prohibitions on sexual activity under particular conditions. In their world-view a breach of taboos can result in individual affliction. The affliction that derives from breaking cultural restrictions is distinct from the affliction that results directly from the rape itself.

For example, the indigenous religion of these women prohibits sexual activity at times of death of relatives. Even though they didn't choose to have sex in the presence of death, the women expressed fear of the possible consequences.

Taboos broken

> We are concerned about this. We are afraid. We were told by our forefathers that this is not acceptable. If they say it, it must be followed, it must be. If not it can bring sickness and bad luck (Focus group discussion).

> There should be no sex until the time of mourning is over. If you have sex you can become sick - even cancer, coughing, hands can become thin (Focus group).

Damage to the Spirit

There are two ways in which damage to the spirit includes the effects of sexual violence. For the Mozambican women the subjective feeling of distress and suffering expressed in spirit damage is defined in relation to the social disorder and destruction inherent to the war. The mass scale on which rape was perpetrated during the war contributed to social disorder. Secondly, the forms that sexual assaults took served to undermine society and culture by perverting normal sexual relations and traditional sexual practices.

Attributions of blame for rape

The large majority of the women, 92%, attributed causal responsibility for sexual violence to external factors, either particular individuals or social conditions. Only two women blamed themselves for being raped.

Table 5 Attributions of responsibility for rape

THEMATIC CATEGORY	NO.= 24	% OF SAMPLE
External Factors	22	92%
War		
Rapist		
Husband		
Unstable social conditions		
Internal	2	8%

Those women who attributed responsibility for rape to external factors based

this on an assessment of the context in which the sexual assaults occurred. Their attributions reflect the experience of indiscriminate sexual assaults, widespread sexual violence and the disintegration of social structures and relationships which should provide protection against external threats.

> I blame the war. I don't blame myself because this thing didn't happen to me only. I should blame myself if this happened to me only (Martha).

> I blame the war and the Renamo (Celeste K)

> I blame it on not having parents to protect me. I feel it is my situation that is the problem (Julia).

> On my side I am blaming my husband. The reason why I am blaming my husband is this. He heard that there is war in Mozambique. He didn't even bother about going back and arranging a safe place for the wife (Maria).

Although the women emphasised that the war undid social and cultural integrity, they did not absolve individual Renamo rebels of responsibility for their actions.

> I blame the rapist because it is not the war which has sent him to come and rape. I blame the rapist (Alice C).

The two women who did blame themselves for being raped were raped under different circumstances to other women. After they escaped from Renamo where their mother was murdered they returned to their father's home. He did not treat them well and because of this they decided to come to South Africa. They were raped during their flight from Mozambique by the guides they paid to take them across the electrified fence on the border with South Africa. These women blame the rape on themselves. They attributed responsibility to their behaviour, not their personal characteristics.

> I blame myself. I am thinking why did we agree to come to Johannesburg (Clarissa).

The outcomes of rape described, and the attributions of blame made by the women, show that social conditions and beliefs give specific meaning to the sexual violence and also frame their reactions to the sexual attacks which were inflicted on them.

5.4 Healing and Recovery/Coping and Survival

The coping mechanisms identified in **Table 6** show that the women used both affective and instrumental coping tactics. Coping methods were realistic and task-oriented, and were geared toward survival in the host country. The women described mechanisms which they used to deal with the consequences of the war trauma. That is they described how they dealt with the effects of the trauma both psychic and social and with the demands of life in the new context. All the women used cognitive re-appraisal. They all drew on social support networks and resources. Sixty three percent of the sample described task oriented behaviours aimed at re-establishing normal lives. Sixteen women, 53%, suggested that it was only with the help of God that they were able to cope. Fifty three percent of the informants noted that cleansing was necessary for healing. Only one woman identified substance abuse as a means of coping.

Table 6 Coping and survival mechanisms

THEMATIC CATEGORY	NO. = 30	% OF SAMPLE
Congnitive Re-appraisal		100%
Recognising own strength	5	
Telling self it is over	2	
Realise this happened to many others as well	13	
Tell myself to find work	7	
Tell myself to accept what happened/carry on	4	
Making use of Social Support/Resources		100%
Go to church- singing and praying	14	
Talk to people I trust	18	
Being with a family member	1	
Re-establishing Normal Life	19	63%
Dedicate myself to looking after children	4	
Finding work	7	
Building a home/house	8	
God	16	53%
Traditional Healing/Cleansing	16	53%
Alcohol Abuse	1	3%

5.4.1 *Cognitive reappraisal*

The research data suggests that cognitive reappraisal was almost a *reflexive* response. The women described processes of thinking and talking to themselves in order to address their feelings and to reconstruct their lives. Cognitive re-framing was directed at subjective distress, as well as the challenges they faced in the new context. The women used cognitive reappraisal to re-define their identities from victims to survivors. By re-framing their experiences and realistically assessing the conditions in the host environment they were able to consider ways to survive.

> What happened with the Renamo it's just like death. Nobody teaches you if somebody dies this is what you must do. It's just to your own heart to tell yourself that this has happened to you, you must stand it (Celeste).

> Just because now I know how war is, somebody can just come and stand there holding a gun. You can die and I can survive because I know what to do. Because if somebody holds a gun you won't know what to do. You will just say "Yo!" then will I know what to do (Maria).

> Anything that happens in my life I learn to face it as I used to face all these things (Regina).

> Since I am here I tell myself I can sleep not thinking that I will wake up being killed (Maria M).

> The suffering has made me strong and it has made me think that let me do this going around asking for work. I'm very much proud that I have managed to get work, because I don't go begging for something. I can manage to buy equal to the amount of the salary (Maria).

> You tell yourself that what happened is over. We discuss with each other that the war is over and our problems are over (Anna N).

5.4.2 *Making use of social support and resources*

The women actively used social support and tried to reconstruct social networks in the host country. They distinguished between two types of social support, that which heals the spirit and material aid. The moral support provided by members of churches, friends and relatives addressed damage to the spirit and social dislocation. Practical help in the form of food, housing and advice was crucial to the survival and recovery of the women.

One of the first things that many women did after they arrived in South Africa was to join a church. They argued that going to church, praying with others and finding people at church in whom they confided, helped them deal with both the pain in the spirit and posttraumatic stress symptoms. Women pointed out that after they had been to church and prayed with others, the nightmares of the war recede.

> The church helps the spirit. Maybe at the church I will go and pray or else at the church I will see a suitable somebody whom I can go and talk to. Then that person I know that my conversation will be private to her and we will pray together (Alice K).

> When I go to church I feel comfort. Sometimes when I go to church instead of dreaming all the bad things, I dream singing - all the good things (Cristina).

The social connection that the church offers was emphasised. The church provides people with a relationship to God and the acceptance and support of the congregation -a relationship to a community. In these ways the church can give people the opportunity to renew their sense of belonging.

The healing potential of social relationships is reflected in testimony which describes how talking and being with friends was comforting and helped ease anxieties and intrusive thoughts. Nevertheless they had a realistic assessment

of the constraints on support that could be given by friends in a context in which so many people felt the burdens of war and of harsh socio-economic circumstances.

> I have a friend, it has helped to talk to her. I am breathing again (Julia).

> I have noticed that if I stay talking with people discussing, laughing I feel better. But if I stay alone thinking, I feel bad (Flora U).

> All these people have run away from the war. And even if I can tell them my problems there is nothing they can do for me. They have got the same problems as myself (Flora T).

Practical and material support from individuals in the host community was a crucial component of their coping. The provision of aid and advice from these individuals made a difference both to the material lives of the women and to their dignity.

The interviews conducted for this study were also described as a meaningful source of support. Women used the metaphor of mothering to describe the counselling, which highlights the value they ascribe to it. Bearing in mind that the interviews did not provide much more than witness to their suffering and survival, the significance they give to being heard implies that this kind of support restores a sense of self worth.

> Rachel is the only one who satisfies my life. Firstly on arrival she helped me. Even now if I have got problems or no food or the children are suffering I come to Rachel and we solve the problems together (Anna).

> In my suffering mama Rachel is the only person who knows and is helping me. This is the only place and house where I can come and ask for help. Managing to get work gives me joy because before I was thinking what am I going to do, how am I going to be, what will be the end of my life. Now I have got

> work and I have got our communication. Speaking with you I can now realise there is somebody who cares for me (Maria).

> What I am speaking is true, not just because I am seeing your eyes or Rachel's eyes. You have helped me a lot. Because now as we are here, we are your children (Martha).

5.4.3 *Re-establishing normal functioning*

The interview data and observations of how the women lived, show that they actively tried to re-assemble their lives. They acquired plots and built shelters. They engaged in new relationships, gave birth to children and found ways of generating incomes with which they supported their dependants.

The actions they took to reassert social ties and make a living address the social disorder created by the war and the demands of life. They were thrown into a harsh environment which forced them to find ways of avoiding starvation and even death. But the survival tactics demanded by these conditions were in themselves a source of healing. Their statements communicated a sense of pride and joy in their capacity to re-establish normal functioning and meet the challenges necessary for basic survival.

> I am very much proud that I have managed to get work because I don't have to go begging for something. I can manage to support the children (Martha).

> Managing to get work gives me joy because before I was just thinking what am I going do, how am I going to be, what will be the end of my life (Lucia).

The women showed creativity in adapting historical strategies of coping with economic crises to the new context. The review of the socio-economic context of the women in Chapter Three shows that they are not strangers to economic hardship. During times of drought and famine in the home country women found ways of sustaining their dependants.

Some of the refugee women co-operated with each other to generate incomes. They pooled their resources to set up informal vegetable marketing. This

system of co-operation shares features with *ku-thekela*, described in Chapter Three. A key aspect of the *ku-thekela* system was that food received in times of famine had to have seeds in order to generate new stock for planting. The following example illustrates the way in which this historical strategy was adapted:

> We go every morning to Ressano Garçia to sell tomatoes and onions and potatoes. We buy a lot at the farms - as a group of women. Then that group of women hire a truck for our stock. Then we go to Mozambique - Ressano Garçia and sell our stock and then we come back. The problem is when we go in just because we haven't got passports we have to pay the people in South Africa and Mozambique. Most of the money is going to bribes. Then with that money that is left you find that in the house there are no candles. You buy cooking oil. What you have to do is remain with some money so that you can buy stocks again. If it was not for the bribes we could make a better profit (Lucia)

These women faced hardships before and therefore had some strategies to draw on with which to address new economic challenges. However this does not fully explain their strength and will to survive.

Most of the women attributed their will to survive and their resilience to two factors, God and mothering. Their testimony about God, refers to theodicy. They talk about their connection to a supreme power who has a plan and a will which is just and part of destiny. Their testimony implies that God's will gives their suffering meaning and the hope for a better life.

> God has helped me, strengthened me to manage to carry all of what is happening to me. God gave me strength (Flora).

> I have taken it as it is God's gift that I will be happy for some time. After that there will be separations, there will be sufferings. No I have just told myself that this is what God has willed (Lucia).

The women distinguished two ways in which their roles as caretakers, nurturers and homemakers, that is their roles as mothers made them feel strong. Firstly they attributed the actions they took to save and protect others to the fact that they are women. They ascribed qualities of integrity and morality to their roles as mothers. They argued that they acted with humanity, maintaining a morality that honoured life despite a context in which people were being killed and degraded.

> Women are strong. The father will only suffer for himself. But the woman - let me say I had five children I had to save, I had to suffer for myself and try to protect the children from danger. But the man will just walk by himself (Regina).

> A woman even if it's bad she cannot run and leave her children. She prepares to die with her children. Being a mother makes a woman strong because you must look after other people. As a woman I managed to get some money to go and fetch my mother. If we come down to the truth the person who is responsible is the woman (Anna).

Secondly, the women suggested that being mothers, allowed them to recreate homes and families, that is to re-establish the normal functioning of a basic social unit. They argued strongly that men do not have the endurance to sustain a home in the face of difficulty.

> If somebody can come now with a gun and threaten me with the gun I can die for my children. But the man - if somebody comes with a gun - a man will run out the back door and leave you with the children. But the woman will never run and leave the children. What makes us strong is that a woman dedicates herself, that suffering or no suffering - my children I want to stay with them. As a woman you can build your home with maybe one of your children. But a man cannot build a home on his own (Martha).

In the act of mothering women asserted survivorship. One woman expressed this poignantly when she described a conversation she had with her children.

> During the war we used to move from place to place with these children. So when we arrived - sometimes I discussed with them. I reminded them, "Do you remember we have moved five times? This is your sixth home. Since your father left you being small boys you have started to build shelters. You have built five shelters. This is the sixth shelter." I always ask them, "if as we are here now, if the war can be here what can we do?" And the children say, "we can do something because we have been doing something before" (Lucia).

Their social and economic background shaped the kind of *mothering* required of these women and this became a source of strength in the aftermath of the trauma. They have had to mother under difficult conditions in the past which has given them strategies to draw on.

5.4.4 *Cleansing*

Fifty three percent of the women identified indigenous rituals, in particular cleansing either by traditional healers or prophets of churches as a method of coping.

> The people who I arrived at they tried to get somebody who has cleaned me - the n'anga - he has given me something to wash. They suggested it, I didn't ask because they know that if you come back from the Renamo camp your mind and body and thoughts are not okay. The n'anga only gives you medicine to drink to cure from what you have been given by the Renamo because they give you something to drink at the camp and to smoke. So all these things the n'anga know how to take them out of your body (Martha).

> The worst part of it is the death of my child and my husband. I have experienced that it (thoughts, dreams, heart palpitations) is pushing to come out and sometimes I want to run away from this. I always see that if it wants to come out it comes back again. Maybe it's the same as what the prophets say if they give me cleansing it can go. Since the prophets gave me a bottle and

they put something inside. They said, "go and drink this when you feel that your heart is beating." It does go down sometimes (Cristina).

The testimony presented above shows that cleansing rituals are a form of treating illness in individuals. The literature which describes the history and role of cleansing rituals in southern Mozambican communities suggests that cleansing has been used as a collective strategy for dealing with social crises.

5.4.5 *Self destructive behaviours*

Only one woman admitted to engaging in self destructive behaviour as a way of coping with her subjective distress and the harshness of life in the post war context. Her alcohol abuse started soon after she escaped from a Renamo camp where she herself was raped continuously over many years, and where she witnessed a rebel soldier rape and then behead her first born daughter. For this women "Drinking helps to forget".

Considering the magnitude of the trauma that these women were exposed to it is surprising that only one out of a sample of thirty women described self destructive behaviours. Substance abuse was not explored during the interviews and an assessment of its prevalence amongst Mozambican women refugees would require further research.

There is evidence that there were moments when the coping mechanisms used by the women broke down. Observations in the field and reports from the interpreter who lived amongst the refugees provide two examples.

In the first case the interpreter reported to me during a field trip that a woman we had interviewed several times had tried to commit suicide by drinking an insecticide. This was a women who had saved five children when Renamo attacked her village. She brought all five children safely to South Africa making the journey across the electrified fence. Soon after her arrival she managed to find some work, and build a shelter. She became involved in a relationship and had another child. Her suicide attempt was precipitated by a serious threat to the new life she had made. She found out her partner was living with and supporting another woman. After she was discharged from hospital she explained in another interview that she finally realised that her

new partner would not take responsibility and that she knew she had to take charge of her life. Once again she asserted survivorship by finding a job and making some money to support her children.

The second case involved a woman who had survived six years of captivity in a Renamo camp, where she became pregnant from rape and gave birth to twins, one of whom was physically disabled. When she escaped from the camp she took both the children with her and came to South Africa. On her arrival she was reunited with her husband who in the meantime had taken another wife. He broke with formal tradition and did not accord her the respect, status and material support the first wife should be given. She had to struggle to support herself and the children she had by Renamo. She reported in the interviews that she was extremely unhappy but had resolved to look after herself and *dedicate* herself to looking after her children which she did by finding occasional work. On one of the field trips it was reported that she had disappeared and abandoned her children. She had found another man. The ongoing stress she faced resulted in a temporary collapse of her dedication. Some weeks later she returned to her husband's homestead and resumed her care-taking responsibilities.

These cases illustrate the vulnerability of survivors to life crises and stresses. The significance of these cases is that they remind us that these women were not invulnerable. Their testimony on coping and recovery is remarkable for the resilience and courage to survive that it highlights. But it is important to recall the profound suffering and distress that they express in spirit damage, the feelings of loss of social belonging, the bodily ailments that they live with and the phantoms of death and destruction that plague them in recurring posttraumatic stress disorder symptoms.

5.5 Conclusion

This chapter fulfils the first aim of this study. It has identified the experiences that the women were exposed to and their responses to the trauma of a war in which over a million people were killed, more than 4 million people were dislocated from their homes, countless women were raped and infrastructure, estimated at 15 billion US dollars, was destroyed (UNIICEF, 1989).

This study thus far has explored three basic questions in relation to a group of female war survivors whose conceptions of and reactions to the trauma they went through have not been adequately documented or sufficiently examined: what defines an event or set of circumstances as trauma, what are the psychological consequences of trauma, and how do people cope and recover in the aftermath of trauma? The research findings were presented and analysed under three headings in this chapter - the trauma, the psycho-social outcomes of the trauma, and coping and survival.

By exploring the survivors' experiences during the war and the way in which they interpreted these, the findings suggest the need for a conceptualisation of trauma which emphasises: multiple risks, an overall process of social destruction, gender specific attacks, that the war had no meaning and people were powerless to change the situation.

The research findings show psychological consequences which have become widely known and are commonly noted as effects of trauma. The women confirmed core symptoms of the DSM-IV category posttraumatic stress disorder. The analysis of the responses to the PTSD-I shows that a higher percentage of the sample reported symptoms, of criteria B, re-experiencing symptoms, and of criteria D, hyperarousal symptoms, than the numbers who reported criteria C symptoms, the avoidance symptoms. Those women who did report criteria C symptoms, confirmed those which involve active avoidance of thoughts, feelings and reminders of the trauma rather than symptoms of withdrawal and emotional constriction.

Three important points emerge from the findings on posttraumatic stress disorder. Firstly, the women linked posttraumatic stress disorder symptoms directly to the war and they did not define the symptoms in terms of illness or as a disease entity. Secondly, they argued that the posttraumatic stress disorder symptoms were not as serious as spirit damage and loss of social belonging. Finally, the women distinguished two kinds of war nightmares, those which replayed the events and those in which dream actors were relatives who had died and were not buried according to prescribed rituals.

In addition to the clinically well-documented posttraumatic stress disorder symptoms, the women described a set of outcomes which are dynamically

inter-linked, by their aetiology. Damage to the spirit was described as a subjective feeling state which strikes at the core of being, can overwhelm adaptive capacities and has as its principal cause social disorder.

Secondly, they identified a deeply felt sense of loss of social belonging and disturbed identity. This feeling was linked to dislocation and the refugee experience but explained by the disruption of normal life, and the fragmentation of family and community structures caused by the war. The women communicated a sense of not knowing who they are, which in their terms was equivalent to not knowing their status in the community and not having access to the land which defined their roles and their lineage.

All the women described somatic complaints. There is evidence in the data to suggest that some of the somatic problems identified have organic origins and are a consequence of the injuries caused by brutal physical attacks, and a result of malnutrition and exposure to extreme conditions.

A close examination of the research data however suggests that many of the somatic complaints described did not have organic explanations. The women explained physical indisposition with reference to emotional and social suffering. They made a strong link between bodily damage and social disorder.

Responses to questions concerning the impact of sexual violence identified somatic complaints, negative effects on sexuality, posttraumatic stress disorder symptoms and concerns regarding the transgression of taboos. The specific body sites in which somatic complaints were located relate on the whole to sexual functions, fertility, reproduction and procreation.

The women described the negative effects of rape on their general interactions with men, their sexual relationships and their sexual value. Some women pointed out that their loss of trust in men was exacerbated by the fact that they did not have access to institutions which provided some checks against rampant abuses by men.

Although the women recognised that they had not deliberately transgressed sexual taboos, they still felt concerned that they might suffer the consequences, which include misfortune and sickness.

The interview data and observations in the field show that the women made efforts to address the psychological outcomes of the trauma and to deal with the demands of life in the host country. They not only demonstrated a will to survive but also the desire to build lives with some dignity.

The coping mechanisms they implemented include cognitive re-framing, recreating normal social lives, the active use of social support and social resources, and the use of religious ceremonies. It is important to point out that the orientation to survival demonstrated by the women does not mean that their coping strategies were implemented effortlessly, nor that their lives were without stress. They live in harsh circumstances, both economic and social. It is clear from their testimony that it is a struggle to eke out a living and support their dependants, and that their relationships with men are subject to the burdens of insecurity, subordination and abuse. Only one woman admitted to self destructive behaviour. Her testimony is important in that it is a reminder that even though their coping and survival strategies indicate immense resilience, the war has left women with deep scars.

In the next chapter these findings are discussed with reference to the questions that have been raised in the literature concerning the relevance of social and cultural context for understanding the relationship between trauma and its impact on people.

CHAPTER SIX: CONCLUSIONS AND IMPLICATIONS
GENDER, CULTURE AND TRAUMA: A CONTEXTUAL ANALYSIS

"Trauma is indeed context-bound. That fact creates an enormous task of carefully constructing context-bound definitions of illness, trauma, and expectable symptomatology" (Kleber, Figley & Gersons, 1995:16).

"The clear point is that survival is an achievement. Moreover, survival has a dialectical nature. The survivor has different alternatives. He or she can remain locked in numbing, or she can use that survival as a source of insight and growth. ... The principle of survival keeps us on a normative level because we know that if one survives something, this is not of itself pathological" (Lifton, 1988:8).

6.1 Introduction

The actual war experiences of women documented in this study, contest the dominant conception of war as a male affair. The research results portray a war in which civilians were on the front line, and murder, rape, torture and mutilation were the weapons with which they were intimidated and attacked.

The picture which emerges in this study is of a *dirty war*, in which soldiers and military installations were not the primary targets, instead land, homes, and families constituted the battlefield (Nordstrom, 1991b; 1995). Rural peasant women, the backbone of agricultural production and the real heads of households, were explicit targets of attack.

But the research findings suggest that women were tactical targets not only as civilians but as women per se. If *dirty wars* have as their aim social and cultural destruction, then the rape, mutilation and sexual defilement of women, undo the norms, values and social relationships on which society and culture are founded (Nordstrom, 1991b). When women are taken in violence to be the "wives" of the men who murdered their parents, children, and husbands, then it raises the question of whether society has the capacity to "answer adequately to this process" (Becker, 1995:107).

There are two ways in which the results of this study make a contribution to the study of trauma and its consequences. Firstly, by describing the set of responses to trauma found amongst female Mozambican war survivors, the findings presented in Chapter Five help fill the gaps in literature. The research

findings contribute to the body of literature which re-defines the role of women in war and add the perspective of African women to the study of people's responses to trauma situations.

The second contribution is analytical. It is necessary to make sense of these findings, to clarify and explain them in the light of the research questions, and the debates in the literature. Through this process of interpreting new areas of content, the values and limitations of concepts used in the field of trauma studies can be examined. In this way conceptual debates provide the backdrop against which the findings are interpreted, and the findings, in turn, inform the debates.

It is appropriate at this stage to recall and summarise the principal debates that have emerged in the literature which addresses the social and cultural dimensions of trauma. The review of the literature shows that there are three interrelated topics of debate amongst clinicians and researchers who are concerned with conceptualising the consequences of trauma.

Most of the research on trauma has been, and still is, conducted in terms of posttraumatic stress disorder (Kleber, 1995). Recently a body of scholarship has emerged which critically reflects on the value of posttraumatic stress disorder both as a diagnostic category and as a concept for explaining the outcomes of different kinds of trauma (Becker, 1995; Summerfield, 1995).

The critiques of posttraumatic stress disorder are largely related to the fact that it was developed within a western medical conception of mental illness which is based on distinct philosophical notions of the person, nature and disease causation. These notions include a focus on the individual as the unit of analysis, the isolation of the individual from the social, the separation of mind and body, the emphasis on the intrapsychic and a biological theory of illness causation (Eisenbruch, 1991; Kirmayer, 1991; Mezzich et al, 1996; Scheper-Hughes & Lock, 1987).

The philosophical assumptions which underlie posttraumatic stress disorder have implications for conceptualising trauma and its consequences. Because the unit of analysis is the individual, trauma, which may have social roots, is individualised

(Becker, 1995; Summerfield, 1995). The significance for individuals of the social and collective features of trauma are neglected. Thirdly, posttraumatic stress disorder tends to medicalise and pathologise reactions to trauma events which can result in a misleading perception that survivors are sick, impaired and unable to function in all spheres of their lives (Kahana et al, 1988a,b; Summerfield, 1995). This framework takes only mental and physical symptoms as indicators of well being and tends to ignore social, and occupational functioning (Kahana et al, 1988b).

The fact that posttraumatic stress disorder is part of a theory of medical knowledge constructed in western societies has led critics to question the applicability of the diagnosis to survivors from other cultures (Bracken et al 1992; Bracken at al, 1995; Summerfield, 1995). These critics point out that western theory of knowledge is one amongst many systems of knowledge. Non-western cultures have differing conceptions of the relation of the individual to the social, mind and body, and different theories of what causes distress, disorder and illness, which may include social factors and social relations (Kirmayer, 1991; Scheper-Hughes & Lock, 1987). Uncritical application of a diagnosis of posttraumatic stress disorder across cultural and social settings can result in an erroneous classification of symptoms (Bracken, 1993; Bracken et al, 1995; Good, 1996; Kirmayer, 1991).

These criticisms of posttraumatic stress disorder led some researchers and clinicians to investigate more carefully the social contexts in which trauma occurs and to explore alternative accounts of the effects of trauma (Becker et al, 1989; Bracken et al, 1995; Eisenbruch, 1990; 1991; Kleber,1995; Summerfield, 1995).

Feminist scholarship on the effects of sexual violence has been in the forefront of criticising psychological research which tends to downplay the social and cultural dimensions of trauma and to ignore the negative impact that social factors might have on reactions to trauma and recovery. Feminist researchers stress the social and political content of sexual violence when they define rape as a political act. In their work they highlight the critically important role that social and cultural constructions of male and female sexuality play in

supporting rape myths and thereby in framing survivors' psychological reactions to rape (Brown, 1991; Burt, 1980; Lebowitz & Roth, 1994; Walker, 1989; Wolfe, 1990).

Some of the researchers who have worked with non-western survivors have raised questions about the cultural specificity of definitions of trauma and reactions to trauma (Becker, 1995; Becker et al, 1989; Eisenbruch, 1990; 1991; Summerfield, 1995; Kleber et al, 1995). These researchers have not emphasised culture-bound syndromes. They have been more concerned with examininig the ways in which social and political realities structure violence and its meanings, and how they shape people's reactions to trauma.

For example, some of these researchers argue that an emphasis on intrapsychic processes and the psychological communication of distress is not universal. They suggest that survivors from socio-centric societies may be more distressed by social fragmentation and disintegration than by the clinical symptoms of posttraumatic stress disorder (Bracken et al, 1995; Eisenbruch, 1990; 1991; Hunter Jenkins, 1991; Summerfield, 1995). Another example of this argument is that survivors from those societies whose cosmology does not posit a rigid separation of mind and body may communicate their reactions to trauma in somatic terms (Bracken et al, 1995; Hunter Jenkins, 1991).

The points raised by the debates in the literature have important implications, not only in the academic or scientific sense, but also because the way trauma is conceptualised, and its consequences are explained, ultimately impact on theories of recovery and the design of intervention strategies.

Summerfield (1995), a strong proponent of the relevance of social context to an understanding of trauma and its outcomes, argues that trauma studies have been dominated by a *victimologic* focus. On the basis of his research Summerfield (1995) points out that the large majority of survivors find ways to reconstruct their lives by drawing on socially constructed resources and coping skills. This is not a new criticism of trauma research.

For example there are theorists who wrote about Holocaust survivors that not everything in every victim is damaged (Kahana et al, 1988a,b; Lifton, 1988; Ochberg, 1988; Terry, 1986; van der Veer, 1995). More recently some

psychologists who have worked in cross cultural contexts emphasise the resilience of survivors (van der Veer, 1995). These authors argue that survivors actively try and deal with what has happened to them. Victims have coping skills and resources which they will use to try to reconstruct their lives (Kleber, 1995; Summerfield, 1995; van der Veer, 1995). Other researchers argue that both the negative and positive outcomes of trauma need to be investigated. These theorists suggest that trauma survivors may emerge from their experiences with greater strength and insight (Herman, 1993b; Lifton, 1988; Terry, 1986).

The findings presented in Chapter Five raise questions which intersect with those raised in the debates concerning the social and cultural dimensions of trauma. In the light of the research questions posed in Chapter Two and with the debates as an overall framework a detailed interpretation of the research findings follows.

6.2 The War - Stress or Extreme Psycho-Social Trauma?

6.2.1 *Introduction*

The magnitude of the trauma revealed in the data presented in this study points to a quantitative and qualitative difference between discrete events such as an accident, and the process of war and violence which affected individuals and devastated the fabric of Mozambican society (Becker, 1995).

In contrast to the stressor criterion of posttraumatic stress disorder - criterion A which refers to discrete events, the trauma in Mozambique was an ongoing process (Becker et al,1989; Kahana et al, 1988b; Martin-Baró, 1989; Summerfield, 1995). The total social environment was threatening (Hunter Jenkins, 1991; Kahana et al, 1988b). The attacks on property, infrastructure, social relationships and individuals show that society as a whole was under assault. The multiple trauma that individual women experienced together constituted a violation of social integrity. Thus there was an interdependence between individual experiences of violence and loss, and the overall process of social destruction (Becker, 1995; Martin-Baró, 1989).

This trauma described in the data and the literature on the Mozambican war, calls into question the relevance of criterion A for defining situations in which individuals and social environments are violated (Becker, 1995; Bracken et al, 1995 Summerfield, 1995). Criterion A specifies confrontation with death and injury. Because its definition is based largely on discrete acts of violence perpetrated against individuals, it does not account for events which may be traumatic but do not involve a threat to physical integrity. For example, as McFarlane (1995) points out, the criterion A definition does not account for loss of property, as a traumatic experience.

Neither does criterion A allow for a definition based on the particularity of trauma and the meaning these are given by socially held beliefs. Summerfield gives the example of rape victims in the Philippines for whom, he argues, the injury of rape is social, because these women lose their place in their rural communities (1995:20).

Some of the items on the **revised** Trauma Events List constructed from the research data concur with the definition of the stressor contained in the DSM-IV criterion A (items 4, 5, 7, 8, 10, 11, 12, 15). These items describe events which involved "actual or threatened death, or serious injury to oneself or others" and invoked "fear, helplessness and horror" (American Psychiatric Association, 1994:430). But the other items on the list describe losses, experiences and events which did not directly threaten physical integrity.

Both the trauma described by these items and the interview data refer to assaults on emotional and social integrity, and can be explained with reference to the specific tactics used by Renamo, local cosmology and gender relations. An analysis of the research findings suggests that the trauma the women went through was defined by a connection between individual experiences of violence and the process of social destruction, and by cultural and social beliefs, and was determined by the social positions women occupied.

6.2.2 *The interdependence of individual and social trauma*

The Mozambican women made a strong link between rape and social fragmentation, when they said that the rape perpetrated by Renamo was felt by the whole community. They argued that when individual women were raped,

those present were also dehumanised. Relatives and compatriots, who were drawn into the public degradation of the rape victim by their witness to the attack and their participation in the assault, were shamed and humiliated. Their accounts of men who rejected women who bore the children of Renamo rapists, illustrate how rape resulted in the breakdown of family and community functioning.

Rape in war, both in its aims and its effects, perhaps more than any other act of violence perpetrated by one individual against another, highlights the link between individual experiences of violence, and social and political processes (Brownmiller, 1975; Thomas & Ralph, 1994). The paradox about rape is that an essentially political act, which has far reaching social ramifications, violates one of the most basic and intimate experiences individuals have of themselves (Burt & Katz, 1987). In the context of war both the fact that large numbers of women who are violated and the perverse form that attacks take, combine to undermine social stability.

Nordstrom (1991) argues that sexual violence, when it is perpetrated on a mass scale threatens the existence of community and family. She illustrates the costs to individuals and the social costs of the rape of large numbers of women with the quote of an elder in a Mozambican town who describes how all the women were raped and the effects in sexual disease, unwanted preganancies "and all social chaos that go with these" (1991:8).

But the threat to social stability described by the women was made up of more than the attacks on individuals and the break-down of families and communities. The ways in which Renamo raped women perverted social norms and in this way threatened social and cultural integrity. Women were raped by the children of their communities. Men were forced to participate in raping their wives. Women who watched their husbands being killed were taken in force to be the "wives" of the murderers.

These kinds of terror tactics constituted the inversion of cultural norms which is a defining feature of the trauma. In the context of the war in Mozambique the discrete event of rape was fundamentally linked to the pocess of social and cultural destruction. The trauma of rape for individuals was made up of both the violation of the body-self and the social body. Thus theoretical conceptions

which emphasise social destruction as a characteristic feature of trauma are needed for understanding the emphasis that the Mozambican women put on social destruction as an essential element of their experiences of trauma (Becker, 1995; Martin Baró 1989; Summerfield, 1995).

6.2.3 *Social and cultural definitions of trauma*

Those trauma events and experiences described by the Mozambican women which cannot be accommodated by the criterion A definition, refer to specific terror tactics used by the rebel soldiers, but also to experiences and processes which have significant social meanings. For example item 16 of the Trauma Events List, being forced to eat body parts, reflects a tactic for which Renamo became notorious - forcing relatives, under threat of death, to eat the body parts of those they had murdered.

Loss of property, pregnancy from rape, and inability to provide proper burial rituals for relatives, must be explained with reference to the meaning that social relations, economic realities, religious convictions and social beliefs give to land, home, sexuality and death.

At the most general level, loss of property for the Mozambican women represented a threat to material survival. But, if, as has been suggested, women's identities are intricately linked to the domestic sphere, then a threat to this sphere constitutes a threat to self and identity (Hassim, 1991). More specifically, for Mozambican women, gender relations intersected with culture to give the land a special significance for women's identity. The literature presented in Chapter Three suggests that for most rural Mozambicans the land is symbolic of lineage and sustains kinship relations. But historical forces gave women a specific relation to the land. Agricultural production became a critical determinant of their social identities. Thus the trauma involved in the plunder of their land by Renamo was that this was an attack on personal and social identity. (This point is discussed more fully under section 6.3.4).

Pregnancy as a consequence of rape is at once an individually experienced and socially constructed trauma. To bear the child of a rapist evokes immense distress and irresolvable personal conflicts. How do women deal with the

conflict involved in loving a child they give birth to but hating the way the child was conceived (Nordstrom, 1991; 1993)? Where the social construction of female sexuality places a high value on the sexual purity of women, the birth of children conceived by rape is real evidence of the violation of their virtue.

Gender relations and the specific ways in which these are informed by local social beliefs, help us to understand the particular significance that pregnancy from rape held for the Mozambican women. The social value given to women's sexual purity explains the fact that they argued one of the consequences of rape was rejection by men. But in a culture in which the ancestors play a significant role in people's lives and the birth of children both actually and symbolically carries on the line of the ancestors, bearing the child of the enemy can create irresolvable social confusion. How do the ancestors and their living kin take possession of a child whose lineage is unknown (Magesi, 1997)?

Ancestral beliefs also explain why the women defined the fact that they were unable to perform burial ceremonies as a trauma. Mourning rituals, individual and collective, are necessary to successful resolution of the loss produced by trauma (Boehnlein, 1987; Eisenbruch 1990; Herman, 1993b; Yehuda et al, 1996). But for the women of this study not performing appropriate rituals had a meaning and significance apart from resolving loss. Because the spirits of the ancestors who have not been buried according to customary rituals will be wandering and can send suffering to the living, being actively prevented from burying relatives was a trauma in itself, with serious consequences, which evoked fear and helplessness (Bell & Whiteford, 1987; Boehnlein, 1987; Summerfield 1995).

6.2.4 *Social determinants of trauma events*

The high percentage of the women, 80%, who reported rape, the high number of women who were used as sex slaves, 23 out of the total of 30, and the mass scale rape of women, documented in reports on the war in Mozambique, provides strong evidence to support the argument that women were attacked in gender specific ways (Agger, 1989; Allodi & Stiasny, 1990; Brownmiller, 1975; Gottlieb, 1985; Loncar, 1994; Swiss & Giller, 1993; Thomas & Ralph,

1994). Women, who are accorded social value for their sexual purity and domestic service, were raped and abducted to be used as concubines.

There is no available research which has investigated the gendered dimensions of sexual abuse of men and boy children during the war in Mozambique. But on the basis of findings of this study it could be argued that Renamo also targeted male sexuality. Those men who had to lie down and be "mattresses" on which their wives were raped were rendered impotent, unable to protect their *property* (Meijer, 1985). It is significant that a woman who experienced this kind of rape, pointed to the degradation this engendered for men and the helplessness that men felt (Agger, 1989).

It could also be argued that Renamo's notorious practice of initiating boy children into rape, was gender specific sexual abuse. It is clear from the interviews that this practice symbolised for women the inversion of normal social relations and morality. On the other hand teaching young boys to subordinate women through aggressive sexuality, manipulates common notions of assertive masculinity.

The research findings show that the social positions people occupy make them more or less vulnerable to attack. The argument made by some writers that social factors not only determine who is attacked, but shape in fundamental ways the forms that attacks on particular groups of people take, applies to the findings of this study (Brownmiller, 1975; Martin-Baró, 1989; Thomas & Ralph, 1994). Social constructions of male and female sexuality determined the difference in both the extent and the nature of the sexual attacks inflicted on men and women, boys and girl children (Agger 1989).

6.2.5 *Extreme psycho-social trauma*

Key features of the war, identified in the research findings, meet the criteria for *extreme stress* outlined by Kahana and colleagues: the total life experience is disrupted, the environment is hostile and threatening, opportunities to remove or act upon the stressor environment are severely limited, there is no predictable end to the experience, and the pain and suffering are meaningless and without rational explanation (1988b:61).

The following characteristics of the war in Mozambique are distinguished in the findings. The social fabric was destroyed and cultural norms and values were inverted which disrupted the total life experience. Individuals experienced multiple traumas which reveals the extent of hostility and threat in the environment. The women felt powerless to change the situation and they pointed out that the trauma and suffering they went through was inexplicable and meaningless.

The notion of *extreme stress* captures the magnitude of the trauma experienced by the women, but it does not clearly indicate the social dimensions and determinants of trauma identified in the research findings. Becker's notion of *extreme traumatisation* is more useful because it conveys that the trauma is a social process.

The kind of trauma identified by the research data calls for a definition which :

- reflects the magnitude and duration of the trauma that individuals were exposed to;
- captures the fact that for individual victims the trauma is in large part constituted by the overall process of social destruction which continues even after discrete events are experienced;
- reflects the role that social factors play in defining trauma;
- suggests the interdependence of individual distress with social trauma.

The concept of *psycho-social trauma* communicates the damage done to individuals and that the injury is integrally linked to social processes (Martin-Baró, 1989). Martin- Baró (1989), argues that in situations of war, society is under siege. All members of the society are affected. Social activities, relationships and social institutions are violated and this makes up the trauma for individuals. He points out however that damage done to individuals in this kind of situation is shaped by their particular relationship to aspects of the war process and to their social backgrounds. This implies that gender, class, race, ethnicity, religion and social status can determine who is attacked, how individuals and culture are violated, and the meaning events have for particular individuals and social groups.

By adding *extreme*, which distinguishes the quantitative and qualitative difference between stress and trauma, to the notion of psycho-social trauma - *extreme psycho-social trauma* - we arrive at a conception of trauma which provides a more appropriate and adequate definition of the kinds of events, experiences and processes which constituted the trauma for the women in this study.

6.3 The Outcomes of War

6.3.1 *Introduction*

The *extreme* nature of the trauma created by man-made disasters, such as war, indicates that the conditions are *universally stressful* and therefore do not allow for individual differences in appraising the overall situation as traumatic. Differing responses to and appraisal of events, does not diminish the "dominance of the actual environment", which threatens the adaptive capacity of individuals and society (Becker, 1995; Kahana et al, 1988b; Martin-Baró, 1989).

The fact that in situations of *extreme psycho-social trauma* damage is done, does not mean that there is a simple cause and effect relationship between the trauma and expressions of distress in individuals. There are a range of possible outcomes (Herman, 1993b; Richman, 1993).

The findings presented in Chapter Five confirm the presence of posttraumatic stress disorder, but suggest that the social situation in which the women live, their historical experiences and their religious beliefs influence the clinical picture and their interpretations of core posttraumatic stress disorder symptoms.

In addition to the clinically well-documented posttraumatic stress disorder symptoms, the findings describe distinct effects of *extreme psycho-social trauma*. These outcomes share features with those reported in the literature on self, loss and dislocation. But a deeper understanding of these expressions of distress requires reference to local cosmology.

The view that there are a range of possible outcomes of trauma is not new. Although western medicine has given posttraumatic stress disorder a central place in its discourse on the negative effects of trauma and stress, it is evident in the literature review that some theorists have put forward different interpretations of the outcomes of trauma.

Existential dilemmas, the impact of trauma on self and identity, the complex interplay between current experiences of trauma and past trauma in psychodynamic terms, the effects of trauma on the human capacity to symbolise, and the biological and neurochemical effects of trauma, are some of the outcomes described which were discussed in Chapter Two (Krystal, 1984; Lifton, 1988; Turner, 1993; van der Kolk et al, 1996; ver Ellen & van Kammen, 1990).

Even those working from within the posttraumatic stress disorder framework have argued for the heterogeneity of responses to trauma (Brett, 1993). The co-mordity of posttraumatic stress disorder with other DSM diagnoses has led researchers to question the unique association of posttraumatic stress disorder to a particular class of stressors and to trauma generally (Breslau & Davis, 1987; McFarlane, 1995; McFarlane & Papay, 1992).

The questions that have been raised by those investigating the diagnostic specificity of posttraumatic stress disorder and its universal applicability indicate a growing concern in the field of trauma studies that existing concepts are limited and that "new perspectives on adaptation to trauma and disturbances have to be developed" (Kleber, 1995:300). Of relevance to this study is that a key aspect of these new perspectives, is the importance of social and cultural dimensions for furthering our understanding of the consequences of trauma.

It is evident in the literature that the relevance of social context to trauma is approached in different ways. On the one hand researchers have investigated the impact of culture on posttraumatic stress disorder without questioning the underlying framework contained in the DSM. For example some researchers emphasise the effects of socially held perceptions and meanings on the onset of symptoms and the course of the disorder (Mcfarlane, 1995; Ursano et al, 1992). Creamer found in his study that the relationship between trauma and

avoidance symptoms is mediated by intrusion experiences. He suggests that the activation of intrusion and avoidance may be influenced by cultural practices and social expectations (1995:71). This research reflects the greater awareness and sensitivity to culture in the DSM-IV.

On the other hand researchers have questioned the value of posttraumatic stress disorder as a concept (Becker, 1995; Summerfield, 1995). Bracken and colleagues (1995) provide a radical critique not only of posttraumatic stress disorder but of the biomedical framework of analysis in which it and many of the other concepts used to explain the consequences of trauma are located. Their work suggests the need for an interpretative model of understanding which takes into account the particularities of lived realities and does not privilege the assumptions of western systems of medical knowledge.

These debates raise the question of how to interpret the presence of posttraumatic stress symptoms in the women of this study. Do these symptoms imply that this diagnostic category is universally shared, or are the women describing a distinct form of suffering?

The locally specific effects of *extreme-psycho-social trauma* identified by the women are more evidently informed by social context. But seeing this does not lead to a simple resolution of the *relativism-universalism conundrums* (Summerfield, 1995:22). Are these locally specific responses culture-bound or do they provide an alternative conceptualisation of the outcomes of *extreme psycho-social trauma*, which can be applied to survivors in other social settings?

6.3.2 *PTSD - social constructions of a psychiatric diagnosis*

Clinical picture

The findings presented in Chapter Five corroborate evidence presented in research reports which have found posttraumatic stress disorder in victims of war and in refugee populations (Mollica et al, 1992; Reeler, 1995; Shrestha et al, 1995). The few studies which have examined psychological problems in Mozambican refugees, confirm the presence of posttraumatic stress disorder. Reeler (1995) presented clinical data on Mozambican refugees who were

treated in out patient clinics in Zimbabwe. He argues that all the patients who reported experiences of violence would probably receive a diagnosis of posttraumatic stress disorder.

The high percentage of women in this studied who endorsed recurring nightmares (83%), intrusive thoughts (83%), sleep disturbances (86%), heightened fear and exaggerated startle responses (75%), suggests that these were significant features of the reaction to extreme trauma. Disturbance of sleep has been posited as a core feature of the traumatic stress response (Ross et al, 1989). In a review of the literature on the outcomes of torture, Somnier and colleagues (1992) found that sleep disorders with frequent nightmares were amongst the most commonly reported symptoms.

The clinical picture in which long lasting symptoms are contained, but easily re- evoked by life crises, has been described by some writers (Herman, 1993b; Tomb, 1994;). Herman's (1993b) argument that the trauma *reverberates* through the life of the survivor so that recovery is never complete, is echoed by a traditional healer from Mozambique:

> Even if you can be given a medicine to heal that heart, your heart will always tell you that, yes my child has been killed. I haven't got many children but the children I had died. When I see children of the age that my children should have been I say, "Oh! my child should have been like that." It's very difficult for that thing to go away because it's painful (Sangoma).

The fact that the percentage of women who confirmed avoidance symptoms was considerably lower than those who endorsed intrusion symptoms and heightened arousal suggests that posttraumatic stress disorder symptoms do not present in a uniform pattern across survivor populations. Given that avoidance is considered an important element of the posttraumatic stress responses it is worth repeating the findings which present a different picture.

The women who confirmed avoidance symptoms, endorsed active avoidance of thoughts and reminders of the trauma (over 60%). Very few women endorsed social withdrawal (16%) and emotional constriction (3%).

Creamer (1995) in his formulation of a cognitive processing model of PTSD argues that avoidance may be part of the process of coping with the distress caused by intrusive memories. As time passes cognitive and behavioural avoidance may become a positive adaptive strategy less directly dependent on intrusive memories. He makes the important point that avoidance will be influenced by socially sanctioned coping tactics. Societies to a greater or lesser extent may discourage survivors from talking about their experiences and expressing their emotions (Creamer, 1995:71).

One explanation for the relatively lower number of women who avoided talking about the war is suggested by the work of Nordstrom (1995). On the basis of her fieldwork, she portrays Mozambique as a society which encourages survivors to talk about what happened during the war and this, she suggests, helped them to re-establish their identities. She uses the term *culture of talking* to describe the capacity of Mozambicans to engage with each other about their experiences (personal communication, 12 May, 1997). In an article she describes their capacity to talk in this way:

> " ...as the Mozambicans talk about what has happened and what will happen, and as they discuss this in the context of human nature and the meaning of life, I found I could not only understand but "see" the world they were creating. ... New identities of suffering and resistance were forged, home was reinvented, the world was relandscaped with significance, people survived" (1995:148).

The strong will shown by the majority of the women, when they were interviewed, to give an account of their war experiences confirms Nordstrom's (1995) observations.

It was suggested in Chapter Five that social withdrawal is contrary to the social practices to which Mozambican women are accustomed. They come from a culture which encourages social activities and interactions with others, particularly through religious activities which occupy a prominent place in their lives. In Creamer's terms, social withdrawal is not a socially sanctioned coping response (1995:71).

The second reason put forward to explain the fact that only a few women were socially withdrawn relates to the demands of the harsh economic conditions with which they were confronted. It is part of the historical experience of these women to co-operate with those around them in order to survive in hostile conditions.

The work of Bracken, et al (1992) provides evidence to show that social withdrawal was not common amongst victims in a different context. Their research on survivor responses to the conflict in Uganda reveals a reaction which is in fact the opposite of social withdrawal - *social cohesion* - which they point out appeared to be a protective factor against an increase in severe psychiatric breakdown in the population.*

Creamer (1995) makes the point that cognitive processing of the trauma is facilitated in those cultures which encourage discussion of the events and which provide individuals with strong social support. In such situations the role of the clinician may simply be to promote and defend local coping strategies.

Normal response to abnormal events

In contrast to the current trend in posttraumatic stress disorder literature to cast responses to trauma in terms of illness and disease, the women explained the posttraumatic stress disorder symptoms they live with as *hlupeka* which means suffering. They explicitly stated that they do not regard these symptoms as sickness. Their views accord with the original conceptualisation of posttraumatic stress disorder as a normal reaction to abnormal events (Lifton, 1988; Ochberg, 1988).

The idea that negative psychological reactions to extreme events are reasonable and legitimate has been expressed by several writers in the field of trauma studies. Lifton's (1988) idea of the normative principle emphasises that

*Although these authors do not give an analysis of the factors which encouraged cohesion amongst Ugandan survivors, such analyses are important in order to avoid a portrayal of these reactions as "cultural" in a static sense.

post trauma reactions are normal responses to abnormal situations and implies that survivors have a right to symptoms.

Van der Veer (1992; 1995) who worked with refugees who live in Europe is at pains to point out that he avoids casting their responses in the language of illness. In her book on interventions with survivors of the conflict in Bosnia Herzegovina, Libby Arcel quotes Dr. Kos, a child psychiatrist from Slovenia who points out "To be sad is not the same as to be sick" (1994:11).

The use of language of pathology and disease to label the responses of survivors, has negative consequences for advancing our understanding of the human response to extreme events, for how survivors are treated, and also has broader human rights implications.

With few exceptions, (Casella & Motta, 1990; Holloway & Ursano, 1984) the studies in the field of posttraumatic stress disorder which examine positive adjustment following extreme stress use the absence of psychological symptoms as the main indicator of adjustment (Kahana et al, 1988a,b). The common tendency to focus on symptoms can result in overlooking other indicators of well being, and the possible positive outcomes of adverse experiences.

What Summerfield (1995) terms the *victimologic* focus in trauma research discourages the investigation of resilience in survivors and the resources that may be available to them for reconstructing their lives (Herman, 1993b; Kahana et al, 1988a; Kleber, 1995; Summerfield, 1995; Terry, 1986).

When their responses are pathologised, people who have been through extreme trauma are construed as damaged and therefore unable to achieve normal social and occupational functioning. The stigma associated with psychiatric diagnoses and disease labels can inhibit access to opportunities which could allow survivors to make positive adjustments in their personal and social lives.

Finally, by labelling the responses people have to war, political repression, rape and battery as disease, a biomedical explanation is suggested, which implies that these responses have pathophysiological causation. This kind of

explanation diverts attention from the social roots of the distress (Becker, 1995; Hunter Jenkins, 1991; Kleber, 1995; Singer, 1990; Summerfield, 1995; Young, 1980). The danger of this is that the social conditions which create war and produce violence are not analysed and the perpetrators of atrocities escape with impunity.

Cultural interpretations of psychiatric symptoms

Cultural interpretations of posttraumatic stress disorder symptoms are illustrated by two findings in this study. Women gave priority to the locally specific outcomes, above posttraumatic stress disorder symptoms which they did not consider as serious as damage to the spirit (Eisenbruch, 1990; 1991; Summerfield, 1995). Secondly, nightmares, a core feature of posttraumatic stress disorder, were given special significance and unique cultural meaning.

Even those who accept a western medical framework of analysing responses to trauma argue that posttraumatic stress disorder may be only one element in a spectrum of possible reactions, and not always the most important one (Brett, 1993; Eberly & Engdahl, 1991; Keane, 1993; 1989; McFarlane, 1995; Turner & Gorst-Unsworth, 1990). Is it possible that in some survivor populations posttraumatic stress disorder symptoms will not be present at all? Richman (1993) implies this when she argues that it cannot be assumed that victims who do not display symptoms found in the DSM classification, have not been affected.

In order to understand manifestations of distress in survivors it is necessary to be sensitive to their world-view. The cosmology of Mozambicans privileges the social in explaining individual well being. It is reasonable to expect then that symptoms which focus on intrapsychic processes and do not incorporate reference to the impact of social cohesion on personal integrity, will be given less weight in an assessment of the gravity of the sequelae of trauma.

The significance women gave to dreams of dead relatives is based on indigenous cosmology. As was discussed in Chapter Three dreams are believed to mediate communication between the living and the ancestors, especially those who have recently died, - the living dead (Mbiti, 1975). The important point is that the shades play an active role in the life of the living, so

that these communications may exhort the dreamer to specific actions or may warn the dreamer of misfortune or may even bring protection to the dreamer.

The women did not interpret their war dreams as symptoms of a disorder. They argued strongly in focus group discussions, that communication with the ancestors through dreams are considered a normal and important part of personal and social life.

Communication with the dead, could, according to the biomedical approach to mental illness, be interpreted as indicative of delusional or psychotic processes (Eisenbruch, 1990; 1991). But what are defined as dissociative symptoms or psychotic processes in a western psychiatric framework may be considered reasonable, albeit not desirable, in alternative frameworks of explaining the world (Boehnlein, 1987; Eisenbruch, 1990; Hammond-Tooke, 1975).

The Mozambican women who reported that they saw the people who were killed as if in a vision, or felt the Renamo rebels raping them when they were not asleep, described these experiences with alarm and repugnance. They linked these experiences to what they had been through during the war. Those who had visions argued that these were *shadows* of the people who were killed. The women did not explain these experiences in terms of disease. Although they certainly did not consider the visions they had desirable, they did not label them as signs of mental disorder.

Hammond-Tooke (1975) in a paper which examines the relevance of African religious beliefs for western psychiatry argues that it is essential to distinguish between private constructs of meaning and shared cultural constructs in order to avoid the mistake of diagnosing culturally accepted states as psychotic symptoms. Referring to psychological research he argues that hallucinations, visions and stereotyped dreams are reasonable experiences within the belief system of southern African people. This view is consistent with statements made in the DSM-IV about the cultural specificity of symptom manifestation.

Conclusion

How then do we explain the findings on posttraumatic stress disorder? Kleinman's (1980) notion of *explanatory models* is useful for analysing the findings. He distinguishes between diseases, physical, organic malfunctioning, and the experience of the disease which he calls the *illness experience*. The *illness experience* is shaped by the *explanatory models* held by individuals which may differ across and within social settings and which will determine the kinds of treatment sought.

Using Kleinman's (1980; 1986) model it could be argued that for Mozambican women the *illness experience* of posttraumatic stress disorder differs to that of survivors in western industrialised societies. Their particular experience and interpretation of recurring nightmares and visions, the priority they assign to the symptoms and their rejection of biomedical aetiologic explanations for the symptoms evidence this.

The *illness experience* and the beliefs which people use to interpret posttraumatic stress disorder have implications for the kinds of interventions that clinicians make. For example, if a clinician devised treatment which addressed posttraumatic stress disorder symptoms as a prioirty, and failed to assess the importance given to these symptoms in relation to other outcomes by the survivors, then interventions would be targeted at outcomes to which the women gave less priority.

In the case of recurring war nightmares, the meaning that the women gave to their dreams does not require a treatment strategy which is aimed at reducing the frequency and intensity of the dreams. Without a sensitivity to the cultural discourse which informs the interpretation of the dreams, the clinician is likely to ignore the strategies which survivors define as appropriate and effective, for example, to follow the exhorations of the dream actors (Boehnlein, 1987; Eisenbruch, 1990; 1991).

However the research findings show the *fluidity* of *explanatory models* (Lund & Swartz, 1998; Swartz, 1998). The Mozambican women readily accepted psychological explanations for their posttraumatic stress disorder symptoms, and they responded positively to the western model of individual counselling

which is an uncommon treatment modality in their socio-cultural environment. Furthermore, their analysis of these symptoms concurs with original conceptions of posttraumatic stress disorder as a normal reaction.

While the distinction made between disease and illness experiences provides a valuable analytic tool, the use of the medical constructs *disease* and *illness* can lead to a privileging of biomedical views of the world. There is also the potential danger in this distinction of implying the *disease*, the professional's perspective, is the stable, universal category which reflects the real underlying aetiology, while the *illness experience*, the patient's interpretation is a *non-scientific* representation (Shweder, 1991).

> "...I prefer the distinction between "forms of suffering" and "the causal ontologies or theodicies invoked to explain them" to the distinction between "illness" and "disease" (which presupposes, and hence privileges, a biomedical view of the world and its biomedical discourse" (Shweder, 1991:315).

The Mozambican women use the term *hlupeka*, suffering, to describe their posttraumatic stress disorder symptoms. In this sense then posttraumatic stress disorder can be described as a *form of suffering* experienced in different ways by survivors across a range of situations, who invoke common and differing causal ontologies to explain this suffering (Shweder, 1991).

By moving away from a model which privileges biomedical perspectives and accepts the *fluidity* of *explanatory models*, researchers are freed to consider the analytic value contained in descriptions of alternative *forms of suffering* and their causal ontologies. The research findings suggest that survivors do no always regard posttraumatic stress disorder as the gravest form of suffering so that an exclusive focus on these symptoms provides a limited perspective on the outcomes of extreme psycho-social trauma.

6.3.3 *Local discourses of suffering - damage to the spirit*

The locally specific *forms of suffering* identified by the women are strongly informed by social and cultural context. The feeling states they describe, cannot be adequately explained in terms of biomedicine, or intrapsychic variables. They emphasised social disorder and social relations in their

explanations of the aetiology and phenomenology of the sequelae of the trauma. Their explanations drew on cultural constructions of self, society and the world, and religious beliefs occupied an important place in their accounts.

Chung and Singer, (1995) in an investigation of the impact of cultural background on symptom presentation in Southeast Asian refugees, suggest that concepts of mental health, the nature of the stresses, culturally framed symptom interpretation, individual coping repertoires and social support and resources, interact in a complex way to affect the expression of symptoms of distress.

Religious beliefs should be added to this list. Turner and colleagues (1995) argue that the religious and spiritual dimensions of culture are amongst the most important influences on values, beliefs, behaviours and on illness patterns (1995). Geertz (1968) defines religion as "... in part an attempt (of an implicit and directly felt rather than an explicit and consciously thought - about sort) to conserve the fund of general meanings in terms of which each individual interprets his experience and organises his conduct" (quoted in Magesi, 1997:4). This definition is particularly apt for African religions which are by and large functional and lived, rather than doctrinal (Magesi, 1997: 51).

"V*avisa imoya*" - *The spirit is in pain*

From an outsider's perspective *vavisa imoya* - the spirit is in pain - is difficult to understand. Because *imoya* is translated as spirit, it is tempting to equate this notion with the soul and give it connotations of spirituality. The literature on African religions which discusses *umoya* (Zulu spelling) cautions against making such simple comparisons.

Hammond-Tooke (1989) argues that an accurate translation of *umoya* is life force. He disagrees with the Christian missionaries who equated *umoya* with the western concept of the soul. In his view "umoya refers to life in a physical sense: if the moya leaves the body permanently the person dies" (1989:53).

Bergland (1976) concurs with Hammond-Tooke (1989) that it was Christian missionaries who used *umoya* as a translation for the concepts of soul, and spirit. He suggests that *umoya* is far more meaningful for Christians than for

traditionalists. Interviews conducted by Bergland (1976) show that amongst Catholics, the belief is that *umoya* goes to God after death. For Congregationalists *umoya* is the breath given by God to people in creation, which, they argue, can be used well in life or misused.

Sundkler (1961) in his work on the indigenous churches in southern Africa points out that the concept of *umoya* is fundamental to Zionist ideology. He points out two distinct aspects of the concept. The first is that of general piety and good Christian behaviour. The second aspect of *umoya* contained in Zionist ideology refers to supernatural gifts, the state of being divinely possessed by the Holy Spirit.

Sundkler (1961) and other scholars (Comaroff, 1985) of indigenous African Churches and the Zion movement in southern Africa, provide evidence to show that these churches incorporated indigenous religious rituals and beliefs into their practices. For example, notions of pollution and beliefs about the role of the ancestors remain distinctive elements in the discourse of these religious movements, albeit in transformed forms. In the light of this Sundkler (1961) argues that *umoya*, even when defined as the Holy Spirit, embodies the collective power of the ancestors and is crucial to healing ceremonies.

This literature suggests that the meaning and significance of the concept of *umoya* are shaped by particular religious interpretations, and by the object the concept is applied to. *Umoya* can refer at once to life force, the presence of the Holy Spirit in people, supernatural gifts, and the power of the ancestors. By association with the realm of divine powers, either of God or the ancestors, *umoya* has connotations of sanctity. It is also used to describe good or evil in people. For example, the women referred to the evil associated with Renamo when they said - "that *imoya* of Renamo is still there, we don't want to go back."

In contrast to the work discussed above, the theologian, Magesi (1997), gives the notion of the life force great significance in his analysis of indigenous African religious thought. According to Magesi (1997) a cornerstone of African religious belief, is that all creatures have been given the force of life by God, and humans have a responsibility, a religious obligation, to use this force to sustain and enhance life in others, and in nature: "The sole purpose of

existence, ... is to seek life, to see to it that human life continues and grows to its full capacity" (1997:52).

But the power to sustain life depends on the life forces of others, of the ancestors and God. By implication any disorder in the connection between people and between people and the ancestors and ultimately God, can weaken a person's vital force. In the light of Magesi's (1997) interpretation of life force, *vavisa imoya* communicates a sense of injury which cuts to the core of existence and self.

The profound sense of damage implied by *vavisa imoya* is conveyed in its phenomenology and its aetiology both of which suggest that it is qualitatively different to stress (Becker, 1995).

The experiential components of damage to the spirit are: preoccupation with the trauma, intense grief, physical deterioration, bodily distress, loss of vitality, loss of efficacy to sustain life, feeling destitute, lost and abandoned, changes to the sense and continutity of self, and suicidal ideation. Family discord, community fragmentation, moral disorder, loss of place, loss of relatives, destruction of land, and loss of social connection, cause damage to the spirit.

Existential injury

In the focus group discussions, during which the women elaborated on the concept of *vavisa imoya*, they referred to *ixinzuthi*, a concept which they associated closely to *imoya*.

> The war has taken our *ixinzuthi*. We are not the way we used to be before the war. In our villages we were people with dignity but the war has taken it away. The *ixinzuthi* is who you are. It goes together with your spirit. If your dignity is respected your spirit also will be okay (Focus group discussions).

Ixinzuthi (in Zulu isithunzi) literally translated means the shadow of a person. Bergland (1976) argues that this concept has great significance in traditional Zulu thought. The material he gathered from interviews suggests that it is associated with clan characteristics, the image the person has in the

community and that which gives the person life. He refers to Doke and Vilikazi, scholars of African philosophy and religion, who explain *isithunzi* as "firstly, the shadow; secondly, moral weight, influence and prestige, while, thirdly, it is the soul, personality" (1976:86). Hammond-Tooke (1989) adopts a more conservative translation of *isithunzi* as the personality of the individual.

If *ixinzuthi* is likened to personality and refers to *who one is* as the Mozambican women have suggested, then it implies identity. Their descriptions of how the war has impacted on *ixinzuthi* has connotations which are similar to those referred to in the literature which suggests that extreme trauma strikes at identity and a coherent sense of self (Turner, 1993; Wilson, 1989).

Some researchers point out that survivors of extreme psycho-social trauma are left with *existential dilemmas*: alterations to a cohesive and coherent sense of self, fragmentation of identity, loss of trust in others, questions about the world, and deep feelings of alienation (Becker, 1995; Herman, 1993b; Janoff-Bulman, 1989; Lifton, 1988; 1993; Turner, 1993; Wilson, 1989; Wilson & Lindy, 1994). Both Becker (1995) and Lifton (1988), argue that a defining characteristic of extreme trauma is that it constitutes a threat to the self.

It is beyond the scope of this study to explore the debates in the psychological literature on what constitutes identity and a coherent sense of self. However, in so far as alterations in identity are reported as a consequence of trauma in the literature and in the findings of this study, it is relevant to the research aims to examine how the Mozambican women conceptualised what constitutes their sense of who they are.

Questions about how the sense of self is defined and identity is constituted, were not explored in the interviews. If, however, the deeply felt and potentially overwhelming subjective pain implied by injury to the spirit, is essentially attributed to social disorder, then it can be suggested that in large part, social order provides a sense of inner vitality and coherence. According to Magesi (1997) social order is critical to the life force of humans.

It is useful here to recall the testimony of individual women who argued that,

> ...to see killing as the Renamo killed, you cannot be okay, you are spiritually dead. The land from which we were living has been taken away. Your heart is sore but you are spiritually dead. What has happened to us, our properties have been damaged, our bodies have been damaged. Everything - our lives have absolutely changed. The spirit has been damaged (Celeste).

Similar effects are echoed in the words of a victim of Renamo, quoted by Nordstrom:

> "The war brings many types of violence, and some we can deal with better than others. The physical mutilation and massacres are horrible: the women raped, the ears and lips cut off, the friend chopped to death with a machete ... There is no excuse for this, no easy solution to the suffering it cause. But you want to know what I think is the worst thing about this war? It is sleeping in the bush at night. Animals live in the bush, not humans. My marriage bed is the center of my family, my home, my link with the ancestors and the future. This war, the Bandidos Armados (armed bandits - RENAMO), have broken my marriage bed, and with that they try to break my spirit, break what makes me who I am, make me an animal. This is the worst violence you can subject someone to" (Norstrom, 1993:29).

These accounts help to unpack the notion of social order and its relationships to a coherent sense of self. They convey the importance of harmonious relationships between people, between the living and the ancestors, and between the social and natural worlds, to social order and to a sense of who one is. They also convey the importance of the sustenance of life - that is to be without scarcity, to have home, land, and to be free of afflictions - for the well being of the spirit. The women made a strong association between dignity and *ixinzuthi*.

According to Magesi (1997) dignity is defined by the absence of want - "It means wealth in crops, animals, and children. It means the absence of disease

and other social afflictions. It means there is practical evidence of abundant life" (1997:264). Thus what anchors the sense of self, gives people a sense of who they are, and provides inner vitality, are bonds - connections to others, which provide meaning, and to land and place, which sustain life, dignity, and kinship.

It is important to note in this regard that Lifton (1986; 1988) in his work on trauma raises the importance of social connections for psychic continuity. He argues that individual psychic continuity is dependent on connections to others in immediate (proximate) relationships, and in ultimate connections through social movements and a broader human connection.

Scholars of African religion argue that relationship, communion, and participation in community life, are essential to conceptions of the person (Magesi, 1997; Mbiti, 1975). Magesi submits that there cannot be personal identity without reference to others (1997:64). The individual can only be understood and only understand herself or himself, as part of a family, a clan, a tribe, the lineage of the ancestors. Without others there is no personal identity. Equally, as Magesi points out, and the above accounts convey, community and relationships cannot be sustained without the earth (1997:60).

6.3.4 *Local discourses of suffering - loss of social belonging/identity*

If African religious conceptions of person posit communion, that is relationship to family, community, lineage, ancestors and the land, as vital to identity and being, then it is reasonable to expect that social dislocation will be felt intensely.

The Mozambican women describe feelings of aloneness, destitution, abandonment, alienation, humiliation, and economic insecurity, which together make up loss of social belonging. Their sense of aloneness is created by the loss of elders, fathers, mothers, uncles and brothers, that is the loss of the support, protection and continuity of kinship. They describe feeling different to those around them, misunderstood and wanting, the alienation that comes from loss of continuity and relatedness to community and place (Fullilove, 1996). And they describe the threat to material survival and human dignity that loss of access to land posed.

The sense of loss of social belonging they described denotes a feeling state, an alteration in personal and social identity which is a response to the process of social destruction. It describes a set of emotional responses, which are essentially constituted by social processes.

Loss is a central theme in the work on refugees, loss of language, cultural values, economic roles, respect, social status, familiar environment, religion and self identity (Eisenbruch, 1990, 1991; van der Veer, 1995). Eisenbruch (1990; 1991) developed the concept of *cultural bereavement* to analyse the response of Indo-Chinese refugees living in Australia and the United States, to the *catastrophic* loss of social structure, cultural values and self identity.

Research on the psychology of place notes the negative psychological impact of displacement. Because place is not only crucial to survival, but also to meaningful relationships, personal history and the formation of personal identity, displacement can result in deep feelings of alienation, sadness, nostalgia and disturbed self identity (Fullilove, 1996).

Social factors mediate the losses which result from dislocation and displacement. For example, for an activist who has escaped political repression, the loss of political association and the love and respect from political comrades may be particularly significant, while for a widow who has abandoned home and country, the loss of social and economic support structures may be more important.

The social mediation of dislocation and displacement raises the question of how social factors frame loss of social belonging? The social order which is critical to African philosophies and religious practice, that is, the harmonious and balanced system of relationship between people, nature and the visible and invisible world, is organised hierarchically.

Age, gender, and spiritual realm are some of the foremost organising principles of the hierarchy. The particular social positions they occupy, place individuals and groups in distinct relationships to family, community, land and the elders. For example, gender defines the place that women occupy in the family, their status in relation to children, men and the elders, the economic

roles, and also structures their religious obligations. This suggests that women will have a particular experience of loss of social belonging.

Women, dislocation and loss of social belonging/identity

Evidence in the literature reviewed shows that social displacement affects men and women differently. Loss of economic roles present a greater risk to women who are less mobile due to their caretaking roles, than for men who can more easily seek work in unfamiliar environments (Ager, 1991; Buruku, 1989; Callaway, 1985; Ferris, 1991; McCallin, 1991; Wilson & Nunes, 1992). Women's caretaking roles are strained by having to raise children in unstable environments, with few support structures and economic insecurity. Without kinship support networks and institutionalised conflict resolution mechanisms, women become more vulnerable to abusive practices on the part of their husbands (De Wolf, 1995; Ferris, 1991; McCallin, 1991).

Almost all the women in this study identified the insecurity and burdens they experienced due to loss of access to the land and their traditional economic roles as one of the worst outcomes of dislocation. Women who were neglected and abused by their partners pointed out that access to kinship support in the home country would have made it easier for them to get some protection against these men. They emphasised the absence of elder relatives, who could support, protect them, and negotiate their relation to men.

Although practices such as *lobola*, in which family elders negotiate marriage and bride price, reinforce women's subordination to male power, many women regarded these negotiations as providing some checks against unrestrained abuse by men.

But the women communicated a sense of self worth, which suggests more than economic confidence, when they described their work on the land in rural Mozambique. They described the pride derived from being able to provide for one's children, the status gained from being able to maintain subsistence while men were engaged in migrant labour, and the position they enjoyed in their communities. Their roles as subsistence farmers gave them a sense of self worth, dignity and fundamentally shaped their identity.

Feminist scholars have argued that for women whose identities are embedded in their domestic roles, a threat to the domestic sphere represents a threat to their identity (Hassim, 1991). For the Mozambican women subsistence production, and by extension the domestic sphere, was a site in which they developed their skills, established relative autonomy in relation to men, and earned the respect of the community. Access to the land for production was crucial to the development of a positive sense of who they were. They pointed out, "In Mozambique we were ploughing ....We were respected for the work we did. We had a place in the community. Now we are living as if we are lost."

The research findings show that social dislocation affected women in specific ways. Due to the relationships women had to family, community and land, loss of social belonging and alterations to identity were constituted by disruption of particular bonds. These findings support the argument that gender frames the outcomes of social disruption.

6.3.5 *Local discourses of suffering - somatic expressions of distress*

Somatic complaints are a distinctive feature of the women's responses to trauma. All the women reported somatic problems as a direct consequence of the extreme psycho-social trauma they experienced. Although some of their complaints derived from actual physical damage, others apparently had no organic explanations.

This finding is consistent with evidence published in the literature which notes that somatic complaints are a prominent feature of the trauma response pattern (van der Kolk et al, 1996). Those who have worked with Southeast Asian refugees, and survivors from central America and Africa argue that somatic problems are often the dominant presenting problem, in these populations (Bracken et al, 1995; Hunter Jenkins, 1993; Mattson, 1993; Mollica et al 1987).

One reason put forward for the prominence of somatic complaints in particular survivor groups is that some cultures dictate physical problems are a more legitimate and less stigmatising reason for seeking help than mental problems (Mollica et al 1987; Moore and Beohnlein, 1991).

Kleinman (1980; 1986) argues that somatisation is one amongst a range of coping strategies used to manage feelings. Based on his work with patients in China he submits that in that context, somatisation is a culturally constituted strategy for processing primary affect. According to Kleinman this is not a matter of suppression or denial, but rather that Chinese people do not have a good feeling vocabulary, they have little experience in labelling and expressing feelings, and they experience somatisation as an effective coping strategy.

Western psychiatric and psychological discourse tends to interpret the expression of distress in somatic forms as a maladaptive defence mechanism, that is a mechanism that is used to avoid experiencing and dealing with painful affect. In this *explanatory model*, somatisation is associated with the suppression and dissociation of trauma memories and a failure to integrate trauma memories into a personal narrative (van der Kolk et al, 1996).

Somatisation has also been associated with alexithymia, a cognitive and emotional disturbance whose principle feature is an impaired capacity to experience, label and express emotions (Hyer et al, 1991; Zeitlein et al, 1993). More specifically, the symptoms which characterise alexithymia are a limited capacity for dreaming and fantasising, concrete and repetitious verbalisation and a focus on physical symptoms by the patient (Hyer et al 1991: 131).

Critics of the biomedical approach to trauma argue that in societies in which mind body distinctions are not as rigidly emphasised, somatic complaints in survivors are not *epiphenomena* but experiences of distress (Bracken et al, 1992; 1995; Hunter Jenkins, 1991). Some medical anthropologists have put forward a strong argument for conceptualising the body as natural/ biological and culturally/ socially constructed (Scheper-Hughes & Lock, 1987; Singer, 1990). Such a conceptualisation, they argue, permits an understanding of alternative, culturally constituted expressions of pain and illness which can be biological and mental, or "something not quite either". (Scheper-Hughes & Lock, 1987: 10).

In the context of the interviews, the somatic complaints described by the women do not suggest psychological repression. In their accounts the women

constructed personal narratives of the trauma, that is they related the experiences to themselves and they described and expressed feelings associated with the events.

None of the women was formally assessed for dissociation, or alexithymia. But the clinical impression they left did not suggest evidence of dissociated memories, nor of buried war memories. Memories of being forced to participate in the killing of their relatives, being forced to watch the rape and murder of their children, were described with deep emotion, rather than denied or hidden from consciousness. It is difficult to imagine more horrifying events, that might require repression.

The women, on the whole did not seem to misinterpret their somatic symptoms. That is they associated the complaints with the war, and explained them with reference to the disorder caused by the war. They included notions of pollution, contamination and the breaking of taboos in their explanations for some of their bodily complaints. Although these interpretations are not intrapsychic, this is more likely a reflection of cultural conceptions of illness causation, than repression or denial of feelings (Kleinman, 1980; 1986).

The research results show that the women identified feeling states but on the whole they did not focus in depth on intrapsychic variables. They defined their states of distress in relation to others and the social order. These expressions of distress are culturally constituted. The fact that people do not psychologise and internalise, does not necessarily imply that there is suppression or denial of painful affect. There are variations across cultures in the strategies used by people to express pain and grief (Hunter Jenkins, 1991; Kleinman, 1980; 1986; Scheper-Hughes, 1992;).

Somatic problems -naturally and socially constructed

The idea of the body as both a natural and cultural artefact is useful for interpreting the findings of this study (Scheper-Hughes, 1992; Scheper-Hughes & Lock, 1987). The body is not simply a biological mechanism. Social relations, cultural ideas and symbols are inscribed on the body. The natural body, pain and illness are socially constructed and culturally mediated (Mechanic, 1986; Scheper-Hughes & Lock, 1987). For example, Mechanic

(1986) refers to research which shows that there is no direct relationship between the amount of tissue damage and the degree of pain reported by patients. He argues that both biology and culture shape pain responses.

Scheper-Hughes (1992) argues that race, class and gender, that is, the positions that people occupy in society, will shape the way individuals perceive their bodies, the physical functions and organs they consider important and their felt needs. Referring to the work of the French phenomenologist Luc Boltanski, she argues that class shapes how people express distress. The working and peasant classes, she suggests, have a *somatic culture* which privileges the body and leads people to pay close attention to the physical senses and symptoms, in contrast to the middle classes who psychologise distress (Scheper-Hughes, 1992:185).

The bodies of women, especially their sexual and reproductive functions have particular symbolic significance. Many taboos in indigenous Mozambican religious practice are related to the reproductive cycles of women's bodies. For example menstrual blood is considered hot (*pfisa*) and it is prohibited for a man to have sexual intercourse with a women who is menstruating, because menstrual blood can make him ill. In addition a large measure of the social value women have derives from their capacity to bear children.

As subsistence farmers, the women depended on physical labour for their survival, the survival of their children and elderly relatives. Able and reliable functioning of their bodies was essential to staying alive. But as has been argued above this economic role also gave women a sense of self worth and dignity, which gives the body's capacity to perform even greater importance.

The social value assigned to women's reproductive functions and the real importance of physical functioning in the daily lives of ordinary rural women, supports the argument that both their gender and class roles produce, what Boltanski calls, a reflexive and conscious relation to the body (Scheper-Hughes, 1992:185).

Furthermore, the body and biological functions have symbolic significance in indigenous religious beliefs of Mozambican people. Saliva, faeces, urine may all contain the spirit of the person and if contaminated those who touch these

emissions, even by accidentally walking over them can be polluted (Junod, 1927). Blood which in certain circumstances is hot (*pfisa*) can harm those who come into contact with it (Magesi, 1997; Junod, 1927).

Local views of the causes of physical sickness include social problems. Social discord, the transgression of taboos and moral codes, and malignant social relations (greed, jealousy, witchcraft) can all cause physical problems and sickness (Hammond-Tooke, 1989; Junod, 1927; Magesi, 1997). In this sense the natural body reflects social relations (Hunter Jenkins 1991; Singer, 1990).

The somatic complaints described by the women are both naturally and socially constructed. The brutal attacks and physical deprivation they suffered caused physical damage. But their somatic complaints also reflect social distress. They express their suffering, that is poverty, loneliness, alienation and grief in somatic states (Hunter Jenkins 1997; Singer, 1990). This is clearly illustrated by the testimony of the women which shows how their somatic complaints change during the different phases of their traumatic experiences (see, Chapter Five, section 5.3.1 *Somatic problems*, in particular the testimony of Flora U).

It could be suggested that the natural body, the biological body, provides a record of trauma, not only in physical scars, wounds and injuries, but in the embodiment of external trauma and violation, that is through the senses. The senses register the violation. Degradation is *inscribed* on the body through the senses which later recall the ill treatment. Sveaas and Axelson use of the phrase "the body's memory of ill treatment" to describe the physical sensations of a victim of sexual torture, who after she was released smelled the torturer's semen and felt it in her mouth (1994:15). The Mozambican women described still feeling the dirt of Renamo inside them.

Anna who was raped several times has been to the clinic for testing. No signs of sexually transmitted diseases were found. Yet she still feels the *rubbish* of Renamo is inside her and despairs about ever being healed. "I was taken to the clinic after the rapes and I am okay." Yet she says, "He (the rapist) made me dirty. How am I going to be healed? Who is going to take that out of me?"

Anthropoligists using phenomenological approaches to understand bodily experience emphasise the "existential immediacy of bodily existence" (Csordas, 1994b). Csordas (1994b) uses the term *embodiment* to convey how the world, reality, is experienced bodily, and to conceptualise the body as a function of "being in the world"- the existential ground of culture and self. Embodiment does not imply that existence, lived experience, or being in the world, is outside of culture, but rather adds to the analysis of self and culture "sensory presence and engagement" (1994b:11). Csordas (1994b) argues that the notion of embodiment goes beyond the view that the body is both biologically and culturally constructed to suggest the body as the experiential base of biology and culture.

Thus for Anna the sensation of Renamo dirt in her cannot be separated from the emotion of feeling dirty and sexually impure and is, in this sense, the body's emotional experience of gendered dimensions of sexuality.

Conclusion

Locating the outcomes identified by the women in an analysis of social context furthers an understanding of the psycho-social effects that the war had. Their responses are informed by socially held beliefs, cultural values, religious practices and their historical experiences as women in societies where patriarchy structures relations between men and women, and the status of women. Thus the consequences of the war described by the women are context-bound, but not necessarily culture-bound.

The ways in which they explain the outcomes of extreme psycho-social trauma provide an alternative analysis to that provided by the dominant concepts in the literature. One of the criticisms levelled at posttraumatic stress disorder is that it refers to discrete experiences of violence and hence is limited when it comes to explaining how people respond to the social destruction and chaos inherent to war, that is to collective trauma (Becker, 1995; Kleber,1995; Summerfield, 1995; Turner, 1993; van der Veer, 1995). In their accounts of the psycho-social consequences of the war, the women described how *communal violence* affected them as individuals, and their interpretations

provide a contextual analysis of the subjective distress produced in trauma situations, which is largely lacking in conventional traumatic stress research (Turner, 1993) .

6.3.6 *Psycho-social outcomes of rape*

Rape in the context of war - social destruction and multiple traumas

Studies which examine the psychological outcomes of rape, by and large focus on rape that takes place in relatively normal social situations (Burgess & Holstrom, 1974; Burt & Katz, 1987; Dahl, 1989; Kilpatrick et al 1981; Lebowitz & Roth, 1994; Rothbaum et al, 1992). In the context of war, rape is enacted in specific forms, which frame its consequences.

During the war in Mozambique masses of women were raped. They were usually violated in public and relatives of victims were forced to participate in the attacks. Rape was often accompanied by genital mutilation and many rape victims were murdered. Large numbers of women were abducted and kept as sex slaves by the rebels. The specific ways in which sexual violence is perpetrated highlight its political intent - to undermine the foundations of social relations.

When rape is one of the weapons used to destroy culture, acts of sexual violence take on a special significance. For victims of rape and non-victims alike, the individual act of sexual violence is related to the destruction of social order. Thus the trauma of rape is multidimensional. Victims respond to the lived experience as a discrete incident of violence and to the social destruction of which it is an integral part.

But the paradox about rape is that an essentially political act is perpetrated in an intensely personal way (Burt & Katz, 1987). "Rape may be a social/political phenomenon, but its reality is acted out in an intensely personal and personalised manner" (1987:58). Because of the very intimate nature of the assault victims are involved, albeit forcibly, in their violation. In situations where rape takes place on a mass scale and is so evidently a weapon used to attack culture, victims are involved in the corruption of social norms.

Scarry points out that there is "an unseen sense of self-betrayal" in the pain of the tortured body because the body itself is experienced as an "active agent, an actual cause" of the pain (1987:47). "Only when a person throws his head back and swallows three times does he begin to apprehend what is involved in one hundred and three or three hundred and three swallows, what atrocities one's own body, muscle and bone structure can inflict on oneself" (1987:48).

This process is exaggerated in sexual forms of torture. Rape involves the victim in human sexual interaction. The sexual content of the attack which implies consent and familiarity leaves the victim feeling like a participant in a repulsive interchange. (Agger, 1989; Dahl, 1993; Metzger, 1976). According to Dahl the victim's involvement in an "ambiguous piece of sexual interaction" is a particularly traumatic aspect of rape (Dahl, 1993:163).

The situation of those women who were abducted by rebels and continuously raped in captivity offers a clear illustration of how victims of sexual violence are left feeling like active participants in the attacks on themselves and society. The women spoke of being made the "wives" of rebels for whom they were forced to provide sex and perform domestic tasks. By performing these activities the women were involved in their own ill treatment and took part in the perversion of the sexual exchange that takes place between husband and wife (Agger, 1989; Dahl, 1993; Scarry, 1987).

Sexual violence was not the only weapon of terror used by the bandits, even against women. Most Mozambicans experienced the death of someone close to them. People were forced to witness the mutilation of their relatives and friends. Many women had to stand by and witness the rape of their children. In other words rape occurred in a context of multiple traumas.

The facts that in the context of war rape is one of many traumas that people face, and that it so integrally linked to the overall process of social destruction, makes it difficult to identify a full set of reactions which are uniquely related to rape (Lunde & Ortman, 1992). The posttraumatic stress disorder symptoms, that the women reported as a consequence of the war, encompass their reactions to rape. Sexual violence was also a cause of the subjective distress expressed by *vavisa imoya*.

Social constructions of female sexuality and the outcomes of rape

In response to questions about the effects of rape the women were able to distinguish outcomes directly related to sexual violence. The somatic complaints they described, the negative effects on their sexuality and the concerns they had about the long term effects of transgressing sexual taboos, suggest that social constructions of female sexuality which apply across a range of societies, as well as locally specific gender relations shape the outcomes of rape.

The particular body sites which were a focus of concern amongst the women are those concerned with reproduction and sexual functioning. Medical literature on survivors of torture provides evidence of long term fertility problems and in some cases permanent impairment of reproductive organs (Sharma et al, 1995).

As often however somatic complaints in victims of sexual violence are found to have no organic explanations. Disturbance of menstruation, non-specific pains in the lower abdomen and pelvis, and fears of having contracted sexually transmitted diseases, which were described by the women are commonly reported in research on survivors of sexual torture and war refugees (Allodi & Stiasny, 1990; Groenenberg, 1993; Mollica & Son, 1989; van Willigen, 1984).

A complex interplay between the nature of the attack involved in rape, the social significance attributed to female fertility and the social construction of female sexuality as a commodity which can be spoiled and devalued, provide an explanation for the ongoing concerns victims have about damage to their reproductive and sexual organs.

What distinguishes rape from other assaults is that it attacks one of the most intimate experiences people have of the body-self. The physical spaces directly concerned with sexual functions are invaded (Metzger, 1976). It is reasonable that people who have experienced this kind of violation have an ongoing physical/bodily sense of damage.

In her analysis of rape trauma, Cathy Winkler herself a survivor of rape argues that the trauma must be understood *sensorially* (1994:250). She describes the lived experience of the rape attack, the bodily experience of odours, saliva, pain, and how through the body's memory, in other contexts, *visceral* reactions, that is bodily re-enactments of the horror occur. Winkler (1994) argues that this bodily memory has an important function for recovery. She argues that not only do *visceral* reactions serve as warnings about dangerous situations but they also validate the meaning that the trauma holds especially in contexts where others are nonsupportive. For example she argues that when those from whom victims expect support, blame the victim or deny the feelings of survivors, "emotional tremors surface in our bodies" and "our bodies shout the validity" of feelings and meanings (1994:263).

But, as is implied by Winkler's (1994) reference to common rape myths, the lived experience of rape is located in socio-political contexts in which sexuality is embedded in particualar relations of power, and where specific symbolic significance is given to sex, and particular cultural meanings are attached to women's bodies and their reproductive powers. Therefore these relations and meanings must be considered in trying to understand the anxiety rape victims have about damage to particular body sites.

The many sexual taboos contained in indigenous Mozambican religion and the power that biological functions associated with sex and reproduction have to cause illness and misfortune, attest to the importance of sexual symbols. Considerable social value is given to the capacity to bear and produce children by rural Mozambicans. For women themselves fertility is associated with self-worth. Men judge the value of their wives by their capacity to conceive and bear children and many women have been punished and rejected for not conceiving.*

Thus women's concerns about being permanently damaged by sexual violence are rooted in the real dangers of being devalued and rejected, and in the

*Workers at a rural rape crisis centre in Nkomazi, Masisukumeni Women's Crisis Centre, report that the fear of being beaten by their husbands for not falling pregnant, prevents many women from using contraceptives.

symbolic significance that sexual and reproductive functions have. In both sources of this anxiety female sexuality is essentially defined in terms of reproduction.

The Xitsonga word for rape is *pfinya*, which means to possess by force. The women emphasised that there was no agreement or arrangement with Renamo for sexual interchange. On the one hand they emphasised that rape involves sex without consent. On the other hand there is an implication in their views that women can be legitimately possessed if appropriate arrangements have been made.

The practice of *lobola* (bride price) presupposes that women belong to men, who negotiate their exchange. This idea of belonging to men is internalised and becomes an integral part of the way women experience themselves and relate to men. It is relevant to understanding the fears that they would be rejected by their husbands and the broader community, and the deep sense of shame that they described.

Feminist scholars have used the notion of women as the property of men to analyse and explain the subordination of women in the social, political and legal spheres across social situations. Research on the effects of rape employs this notion to explain the psychology of shame and the fears of rejection that victims have. If women are socially constructed as sexual property, then as a commodity female sexuality can be spoiled and devalued and therefore rejected by men (Lebowitz & Roth,1994). Similarly, it has been argued shame and guilt arise when women are possessed by other men because they feel they have failed in their roles of belonging to their husbands or fathers, and they see this as their fault (Brownmiller 1975; Meijer, 1985).

Magesi (1997) argues that shame and guilt are not easily distinguished in African religious views of wrongdoing. "Being and doing cannot be divorced", so that if one has made a mistake, one "is a mistake" (1997:170). The consequence of shameful wrong is social rejection. For people who understand themselves in relation to others, social rejection results in self rejection (1997:172).

The sense of worthlessness implied in the women's testimony, and the feeling that others somehow knew or could tell that they had been raped, which would lead to social rejection, is better explained both by the rape itself and by the value attributed to sexual purity. Rape victims are in a real sense exposed and humiliated, which leaves them with an ongoing feeling of being known to others.

As has been argued, women internalise social constructions of their sexuality. For victims of rape the bodily sense of being dirty and impure coincides with the feeling of worthlessness, which evokes fears of social rejection. The fact that rejection does occur reinforces the sense of unworthiness. Magesi's (1997) argument that the feeling of being wrong comes from having done wrong is not supported by the research data. This will become clearer in the discussion of attributions of responsibility.

According to the women, it was giving birth to a child conceived by Renamo, that most often led to rejection of rape victims by their families and communities. Nordstrom (1991; 1993) reports that in some Mozambican communities, children conceived by rape were called *lixo* which means rubbish.

The emotional, interpersonal and social conflicts involved in accepting a child conceived in violence are understandable. Magesi (1997) points out that in African religious thought children reinforce kinship relationships and carry forth the lineage of the ancestors. Children trace their descent through the father, whose family must take ownership of them and it is the father who has ultimate power over them (Junod, 1927). Given the significance of children to ancestral descent and the importance of the father for tracing descent, the question arises, how can children, whose fathers are unknown and worse yet unacceptable be integrated into the family and the lineage (Magesi, 1997)?

The social rejection of women who bore the children of Renamo shows that, in Summerfield's terms (1995), the *definitive* injury of rape was social, because women lost their place in the community and children could not be integrated. This kind of rejection must leave rejected women feeling condemned for the rape and the social chaos it produced.

The strong influence of religious and cultural beliefs on responses to trauma is illustrated by the women's concern that rape during the war transgressed the taboo which prohibits sex at times of death. They feared contracting illness as a consequence, even though they knew they had not willingly broken the taboos. Their concerns are based on the authority of taboos, which by definition do not take into account the intentions of transgressors (Magesi, 1997).

Attributions of responsibility

The attributions of causal responsibility for rape made by the women suggest that the context in which rape is perpetrated influences to what or to whom victims assign blame. The majority of the women attributed blame to external factors which differs from the findings in the literature on rape and self blame.

With few exceptions (Frazier, 1990) studies investigating the attributions of responsibility for rape, report that self-blame is common amongst victims. One explanation that has been put forward for the tendency amongst rape victims to blame themselves is that women are socialised into the *victim* role and therefore accept responsibility for negative life events (Meyer & Taylor, 1986). Self-blame and societal blaming of rape victims are closely linked, by feminist explanations, to social myths about male and female sexuality which cast women as *seductress* and men as victims of their uncontrollable sexual instincts.

Psychodynamic theory explains self-blame as a response to the rage at loss of competence and omnipotence and suggests that self-blame can facilitate behavioural changes which allow victims to regain a sense of control (Moscarello, 1990).

The idea that self-blame can allow victims to re-establish control over their lives is also put forward by Janoff-Bulman (1979), who distinguishes between behavioural and characterological self-blame. She argues that it is the former which facilitates adjustment, by allowing for changes in behaviours. In contrast, several studies which have investigated the relationship of self-blame to post-rape adjustment provide evidence to show that both types of self-blame

are associated with low self-esteem, poorer adjustment and depressed social functioning (Frazier, 1990; Meyer & Taylor, 1990).

Some feminist researchers argue strongly that for positive adjustment to take place survivors of rape need to recognise the social and political content of sexual violence, and to understand the way they have internalised negative social constructions about women and their sexuality (Brown, 1991; Herman, 1993b; Koss & Burkhart, 1989; Lebowitz & Roth, 1994). In a similar vein, Becker and colleagues (1989) argue that for victims of extreme trauma recovery requires a recognition of the socio-political nature of the trauma.

Studies on rape and self blame investigate discrete acts of sexual violence under normal circumstances. A defining feature of *extreme psycho-social trauma* is that the threatening environment is dominant and allows little room for individual appraisal of events as traumatic, and few opportunities for individuals to impact on the overall situation (Kahana et al, 1988b).

The findings of this study suggest that in situations where rape is used as a weapon to destroy social systems, women attribute responsibility for the attacks to external factors. The women demonstrated a realistic understanding of the fact that where social institutions disintegrate, behavioural changes provide scant protection against external threats. But the fact that the rape they experienced was one of multiple traumas makes it difficult to assess the impact external attributions of blame for rape have on the adjustment of victims.

What is clearly shown in this study is that feeling ashamed of being raped is not necessarily accompanied by accepting causal responsibility. Both shame and self-blame may be rooted in social constructions of women and their sexuality. But it would seem that the experience of being raped and the situation in which it occurs can overdetermine socially held beliefs. The sense of being intimately known and exposed which plays an important role in producing shame, is part of the lived experience of rape. Though they feel spoiled, worthless and devalued by rape, women are capable of assigning responsibility to the source of the violence. By not accepting responsibility for being raped the women were able to avoid the *privatisation of damage* which Becker et al (1989) identify as one of the damaging outcomes of extreme traumatisation.

6.4 Coping and Survival. Individual Recovery and Social Restoration

6.4.1 *Introduction*

The women who are the focus of this study mobilised internal and external resources to try and deal with the outcomes of the trauma they went through, and with the challenges of survival (van der Veer, 1995). They demonstrated and expressed a will to survive. The majority attributed their efforts to survive to the desire to ensure a future for their children. But the courage they showed during the war and flight indicate an *orientation to survival* (Kahana et al, 1988b). The findings suggest that an understanding of the social conditions to which they fled, their previous experiences of adversity and their roles as women are important for explaining their capacity to survive.

The presence or absence of mental and physical symptoms in survivors have been the principal criteria by which adjustment in the aftermath of trauma has been measured (Kahana et al, 1988a,b; Kleber, 1995). The focus on symptoms is located in the dominant tendency that exists among clinicians and researchers to emphasise pathology and irreparable damage in survivors of trauma. Several criticisms have been levelled at the medical and psychiatric approach to survival.

Critiques argue for a more complex interpretation of the consequences of trauma. The point made is that the negative consequences of trauma do not necessarilly annihilate adaptive capacities in survivors (Herman, 1993b; Lifton, 1988; Ornstein, 1986; Terry, 1986; Whiteman, 1993). Lifton's work is a good example. He argues that massive trauma can create dissociation in anybody. But he also suggests that the damage need not necessarily be permanent or irreversible.

> "The clear point is that survival is an achievement. Moreover, survival has a dialectical nature. The survivor has different alternatives. He or she can remain locked in numbing, or she can use that survival as a source of insight and growth... The principle of survival keeps us on a normative level because we know that if one survives something, this is not of itself pathological" (1988:8).

Kahana et al (1988a.b) argue that symptoms are not the only indices of adjustment. Occupational, financial and personal achievements should be included in the assessment of successful adjustment. In contrast to the view which perceives achievements as compensatory, Kahana and colleagues offer an alternative interpretation, "...people who, despite 'dark memories of the concentration camp' became highly successful and functioning members of society" (1988b:72).

In a more radical critique of the biomedical framework, Summerfield (1995) argues that notions of adjustment, recovery and health are framed by cultural realities. For example, survivors in cultures which define individual well being in relation to social relationships, may assign greater importance to restoring social attachments than the alleviation of intrusive thoughts.

Some researchers have pointed out that the vast majority of survivors do not present as patients, who need treatment. Most people find ways of addressing the consequences of trauma. Implicit in this view is the notion that, to a greater or lesser extent, families, communities and societies have strategies and resources for dealing with crises, which can assist individual adjustment and broader social reconstruction (Kleber, 1995; Summerfield, 1995). Summerfield (1995) argues researchers should shift from a *victimologic* focus to one which examines sources of resilience, a *survivorologic* approach.

6.4.2 *Coping and social context*

In addition to the task of dealing with posttraumatic stress disorder symptoms, spirit damage, loss of social belonging and somatic problems, the recovery environment presented specific adaptive challenges for the women. Harsh socio-economic conditions made material survival precarious. As marginalised single women they were particularly vulnerable to crime (including rape) and high levels of interpersonal violence that exist in the villages to which they fled. Furthermore there was the constant threat of deportation.

Yet, even under hostile conditions they continued to try and re-establish lives with some dignity. Ongoing efforts to reframe and integrate the trauma through cognitive reframing, the *culture of talking*, indigenous cleansing rituals, collective prayer and creating narratives of the war, are evident in the

findings. They made real efforts to re-establish the *lifeline* by building homes, engaging in new intimate relationships, having children, actively making use of social support and participating in social activities (Herman, 1993b; Lifton, 1988).

In the light of the general poverty and scarcity of resources in the host community, the fact that the women found ways to generate incomes and meet the demands of survival can be labelled an achievement. If, as Kahana and colleagues (1988a,b) suggest, financial and occupational performance are indicators of positive outcomes of dealing with trauma, then it can be argued that in this sphere the women have made successful adaptations, within the constraints which existed in the recovery environment.

Several scholars of the war in Mozambique have commented on the will of Mozambican people to survive. Stephanie Urdang (1989) entitled her book on women in Mozambique, *And Still They Dance*. In this book she reflects on the capacity of Mozambican women to reassemble their lives in the face of extreme trauma and deprivation. Mazur (1989) quotes Marshal who worked with internally displaced Mozambicans. He describes the efforts of ordinary Mozambicans to restore production at every opportunity, as an "indestructible energy to survive" (1989:463).

In the same way that Nordstrom suggests Mozambicans have a culture of talking, could it be argued that they have a *culture of survival* ? Further research would be needed to confirm whether the capacity to rebuild life in the aftermath of crises is a general tendency amongst Mozambicans and if so, what factors encourage this tendency and how it intersects with the coping strategies employed by individuals and social groups. Without adequate evidence however, suggesting national or cultural characteristics holds the danger of ethnic stereotyping.

The overview of the situation to which the women who are the focus of this study fled suggests it provided possibilities for war refugees to reconstruct their lives. They were in a relatively safe situation. They had escaped the battlefield, and, as they pointed out, were not confronted with the threat of death at every turn (Herman, 1993b). Although coming to a safe environment

entailed significant losses, they communicated tremendous gratitude towards the host population who on the whole received them kindly.

Unlike the fate of refugees in other situations, the Mozambicans who came to Nkomazi were integrated into villages and not required to remain in camps. This gave them an opportunity to re-assert some autonomous control over their lives (Herman 1993b; Mazur. 1989; Rodgers, 1994). Furthermore many individuals in the host community gave both moral and material support to refugees, which has been identified as beneficial to recovery (Green et al, 1985b).

In addition to the support of individuals the Mozambican refugees were given access to social resources in the form of health services and schooling for their children. These services had been destroyed by the war in their home country. Access to basic social services was a significant source of help to the refugees in their attempts to normalise their lives and those of their dependants.

Familiarity with language, customs, and social hierarchies made it easier to negotiate ways of meeting basic needs, and eliminated the strains which refugees in other countries face, such as learning a new language. They had access to indigenous religious practices, giving them the option to engage in familiar religious activities (Boehnlein, 1987; Eisenbruch, 1990; 1991).

Thus these aspects of the recovery environment enabled the women to institute coping and survival strategies. But, as has been noted, life in the villages to which they fled was not by any means comfortable. Socio-economic conditions were harsh, in particular for women. There were few employment opportunities and refugees were vulnerable to extreme forms of exploitation. The subsistence that the women managed to eke out was meagre. Their testimony, confirmed by aid workers, shows that most women and their children lived in poverty.

Herman (1993b) argues that for survivors, taking control over their lives and facing the task of creating a future is an essential aspect of recovery. It could be argued that the demands presented by hostile social circumstances force people to take control over their lives. Because unless they meet these demands the most basic physical survival is at risk. Survivors who are thrown

into harsh environments are forced to find ways of avoiding material hardship, starvation and even death. In other words the challenge to survive forces people to mobilise their coping resources, and coping under these kinds of conditions can in itself foster resilience.

Primo Levi in his book the *Drowned and the Saved*, which bears witness to the horrors of Auschwitz, writes:

> "I almost never had the time to devote to death; I had many other things to keep me busy - find a bit of bread, avoid exhausting work, patch my shoes, steal a broom, or interpret the signs and faces around me. The aims of life are the best defence against death: and not only in the Lager" (1989:120).

In his work on women in Mozambique Chingono (1994) provides evidence which demonstrates that women who were forced by social upheaval to change their usual patterns of meeting basic needs, and were successful, developed greater personal confidence and strength. The war disrupted agricultural production and women were forced to adapt their subsistence strategies. Many were so successful that they achieved relative economic independence, and even began to contest the subordinate status of their relationships with men.

The data in this study provides evidence of similar experiences. Women who managed to eke out a living were very proud. Several women had to fend for themselves. A few made the decision to care for their children without the support of male breadwinners. Some made this decision because they could not depend on the support of men, others because they were afraid of the abuse they might have to face in relationships with men. All of them continued to survive under very difficult circumstance. This finding suggests that experiences of adversity can enhance coping skills, and promote resilience (Kahana et al, 1988b).

The fact that some women decided to live without the support of men indicates a re-nogotiation of conventional patriarchal relationships, but it does not mean that patriarchy is done away with. It is striking that women who managed, on their

own, to survive extremely dangerous situations and to reconstruct their lives in adverse circumstances, are still submissive to the authority and power of men in interpersonal interactions and in personal relationships, which is the submission that patriarchy demands.

Those women who were involved in intimate relationships with men, reflected on the inequalities that existed in their relationships. In the focus group discussions the women noted the power wielded by husbands, both physical and financial, who by threatening to beat their wives or withhold financial support retained control and authority. The women made it clear that the inequalities between men and women in personal relationships and in the public sphere, pre-date the trauma situation, but they pointed out the war destroyed those instutitions which afforded women some protection against rampant abuse.

Thus it was under difficult circumstances, and from a disadvantaged position, that the women instituted strategies and tactics to meet the demands for survival. By doing this they asserted a capacity to manage their lives and meet some of their needs. This process of regaining control over life has been identified as an important element of recovery and illustrates the link between the restoration of social functioning and individual healing (Herman, 1993b).

If the destruction of social activities and relationships is one of the defining features of *extreme psycho-social trauma* and loss of social belonging is one of its outcomes, then the reconstruction of social activities and connections must be critical to recovery. The findings show that for a high percentage of women re-establishing social and community life, by building homes, engaging in relationships, having children and reconstituting links with cultural institutions was an important coping action.

Both Lifton (1988) and Herman (1993b) argue that for victims of extreme trauma whose bonds with others have been ruptured, social connection is necessary for the restoration of psychic continuity and the revitalisation of the sense of human connection and human care towards others:

> ".. but in the case of severe trauma we can say there has been an important break in the lifeline that can leave one permanently engaged in either repair or the acquisition of new

> twine. And here we come to the survivor's overall task, that of formulation... Formulation means establishing the lifeline on a new basis. That basis includes proximate and ultimate involvements. The survivor seeks vitality both in immediate relationships and ultimate meaning..." (Lifton, 1988: 26).

The conceptions of person contained in African religious thought and philosophy emphasise social connection. This suggests that re-building human relationships is a necessary requirement of individual recovery. Because without social bonds, belonging and connection, there is no person. Mbiti asserts the importance of relationship to conceptions of the person: " I am, because we are; and since we are, therefore I am'" (1975:108).

6.4.3 *Socially constructed coping actions and resources*

Re-constituting normal life, actively seeking and engaging social support and undergoing cleansing constitute a historically based repertoire of coping mechanisms, which the women adapted in order to address the outcomes of the war and the challenges they faced in the recovery environment. Thus coping strategies are both trait like and situation specific (Kahana et al, 1988b).

The coping methods they adapted were developed in response to particular social and historical conditions. For example, groups of women who pooled resources to buy produce and hire vehicles to transport it to border town markets where they sold it, pointed out that they aimed to keep money to buy more produce and not spend all they had made for family consumption. This echoes the principle of *ku-thekela* described in Chapter Three which guided strategies that had been used to sustain dependants in times of drought and famine in rural Mozambique (Manghezi, 1983; Roesch, 1988).

Actively seeking social support and engaging in support networks, undergoing cleansing, and attending church are part of a reserve of strategies for dealing with social changes and crises, contained in the cultural discourse of rural Mozambicans. Cleansing is a treatment for illness, misfortune, and defilement. But this treatment is not only directed at individuals. Cleansing serves to

restore social order and normalise social relations, so that affected individuals can be re-integrated into communal life (Acha, 1996; Monteiro, 1996a; Nordstrom, 1991).

The use of cleansing as a method to deal with the psycho-social consequences of the war cannot be adequately interpreted in the terms contained in the literature on coping. Cleansing is not simply an instrumental or affective coping strategy because it does not only address individual afflictions caused by external events. The ritual also addresses the well being of the community and the spiritual realm of the ancestors. Cleansing cannot be described as traitlike because this term implies that the strategy is a personal characteristic. Instead cleansing is a collective and cultural coping strategy aimed at social restoration and individual recovery.

> "The sacrifices, offerings, and attitudinal and behavioural changes mandated by divination are intended to re-establish harmony and equilibrium in life. Tacit in every divination procedure is the need to re-establish ties in the community and /or between the living and the spirits, the ancestors, and God" (Magesi, 1997: 234).

The research findings show that healing is a multifaceted phenomenon (Bracken et al, 1995). The women drew on a range of resources to cope in different spheres of their lives. The fact that social context frames the coping mechanisms and tactics that survivors use does not mean that their social practices are sealed and impermeable to divergent methods of coping and help.

For example, even though in the world of Mozambican women the western model of individual counselling is not common, they responded positively to individual clinical interviews. One of the most important things about the counselling was that it showed them someone cared about what had happened and respected their views on what they had been through (van der Veer, 1995).

6.4.4 *Sources of resilience*

The women identified three principle sources for their strength and capacity for survival: God and the church, social relationships, and mothering.

Although harsh socio-economic conditions constrained the extent of support women could give each other, there were networks of reciprocity and solidarity amongst them. These social relationships, they argued, provided a source of consolation for the pain in their spirits. They discussed what they had been through amongst themselves and comforted each other. These kinds of relationships seemed to offer the women the basis of healing by re-establishing the feeling that there is some stability in the world and that there can be continuity in social relationships (Herman 1993b). The kind of continuity which provides meaning in people's lives - the meaning that Lifton (1988) refers to when he describes the *proximate* relationships, that is the meaning that people derive from everyday relationships, interactions and behaviour.

As has been noted, the moral and material support that the women received from members of the host community and the access to social services enabled them to institute coping strategies, devise survival tactics and normalise daily living. This kind of social support has been identified in the literature as important to the development of resilience (Green et al, 1985b).

The women who participated in this study were drawn from villages where individuals in the host community extended support and were fortunate to come to an area where local authorities gave them access to social resources. Research on women refugees who found themselves in situations without social support would be necessary to assess the negative impact that lack of social support has on resilience.

It has been pointed out that support, even practical and material support, has symbolic value for survivors (Straker, 1987). Chapter Four describes the decision taken to adopt a therapeutic approach in the interviews which incorporated practical support. For many women the practical support given had real benefits by directing them to resources and by facilitating the resolution of problems, and thereby supporting the process of reconstructing their lives, that they had already started.

The symbolic significance they attributed to the moral and practical support offered, is reflected in their reference to the support as *mothering*. To know that someone cared about what had happened to them and was happening to

them, was healing, they argued. The silence that surrounded the suffering of the women, muffled their voices and marginalised them. By caring about what has happened, which presupposes listening to and hearing their trauma stories, their experiences were privileged and their voices could be revitalised.

The women's identification of the church as a source of strength also derives in large part from the social support offered by going to church and being part of a community with a similar set of values and from whom one feels a sense of acceptance and belonging. They pointed out being part of a trusted community sustains one's sense of hope.

The strength derived from the connection to God, is based on the unquestioning faith in the justice, goodness and wisdom of God's will. The belief that suffering takes place with the knowledge of God can provide people with a sense of some ultimate meaning for what they have been through. It is worth recalling the testimony of one of the women which clearly illustrates the calming sense of acceptance and strength she derived from her belief that her suffering is part of God's plan. "I have taken it as it is God's gift that I will be happy for some time. After that there will be separations, there will be sufferings. No, I have just told myself that this is what God has willed."

Relationship to God as a source of strength has been noted in research on victims of extreme trauma in other social settings. A notable example is the work on the Holocaust (Lifton, 1988; Yehuda, et al; 1996). Religion can provide people with a source of meaning with which to integrate their experiences. As noted by the Mozambican women quoted above, suffering, seen as the will of God, can be more easily endured.

Mothering was identified as a fundamental source of strength and resilience by the women. Their narratives reveal that they distinguished two ways in which their roles as mothers made them feel strong and proud of themselves. Firstly they attributed the actions they took to save and protect others to the fact that they are women and mothers. In this sense mothering allowed them to avoid the *failed enactment* which Lifton (1988) argues results in guilt and psychic numbing. By saving and protecting others the women were not immobilised by the threats in the environment and were left with a sense that they actively helped others to survive.

Herbst in her report on therapeutic work with Cambodian women survivors quotes one of the women, "My children helped me and supported me. I needed to get food for them so I stayed alive" (1992:154). The notion that mothering fosters the will to survive, suggests that the demands which are inherent to nurturing roles can be a source of resilience.

Essentially the women ascribed their qualities of integrity and morality to their roles as mothers. The ability to act with integrity and to maintain one's values in the face of personal danger has been associated with positive outcomes for those exposed to trauma (Herman, 1993; Lifton, 1988; Hendin & Haas, 1984; Scurfield, 1985). Thus mothering re-affirmed the possibility of rediscovering dignity and humanity, of experiencing the ability to create and value life rather than being degraded and treated like an animal.

Secondly, the women argued that being mothers, that is creating homes and taking care of families, helped them re-establish normal functioning and restore order in their world (Herman, 1993b; Lifton, 1988). As has been described the refugee women, usually without the support of men, negotiated to acquire plots on which to build their shelters. They generated some income to feed and clothe their children and made efforts to enrol their children in local schools. By doing these things they were able to renew the roles which provided them with a positive social identity and a sense of self esteem. They executed those skills which made them feel competent and when they were able to achieve the most basic requirements for existence the subjective feeling that they are strong and that they survived the war was reinforced.

The way in which these women defined mothering shows the subtle ways in which social context shapes the definitions of universal constructs. Their definitions reflect elements of general ideas and views of mothers as nurturers who make ultimate sacrifices to protect their children from harm. At the same time there are core aspects of their definitions which derive from the experiences they have had as mothers and as children in specific historical contexts.

A central element contained in their interpretation of mothering is that mothers take full responsibility for taking care of children and other dependent

members of the community, such as the aged and the disabled. They contrasted the responsible role of mothers to the behaviour of fathers and men who, they argued, only worried about themselves in critical situations.

The mothering role they emphasised - the ultimate responsibility for the well being of children and aged relatives derives in large part from the form of household organisation which existed in southern Mozambique. Women were responsible for the subsistence needs of the family, particularly during the period of colonial occupation when the migrant labour system was entrenched. Historical evidence suggests that they were capable of carrying this responsibility on their own. Harris, a historian of this period points out that "women were quite capable of carrying on alone, and could meet the basic food requirements of the household while the men were away working..." (1959:57).

The ego psychology of Erikson (1963) which posits that skills are accumulated through the successful resolution of developmental crises, provides a useful model for discussing the sense of efficacy the women derived from being mothers in difficult circumstances. The resolution of crises produces skills which can be used to deal with future demands. In other words, overcoming the odds in life can give people coping resources and resilience.

But the process of developing competency and efficacy does not occur in a vacuum. Social context frames the crises to be mastered. The ways in which people resolve problems are culturally prescribed and socially constructed. People's choices and responses are made within the framework of social structures (Kotzé & van der Waal, 1995).

Scheper-Hughes (1992) in her ethnography of mother love and child death in the shantytowns of Northeast Brazil, describes impoverished socio-economic conditions which place children, especially in the first few months of life, at high risk for disease, malnutrition and death. The high infant mortality rates that have become a prominent feature of life in these slums, fundamentally shape patterns of mother - infant attachment. Mothers who are not sure that their children will survive adopt a cautious approach to investing emotional care in fragile babies. In fact she suggests that the interactions mothers have with their new born children are characterised by detachment. Social and

economic realities, she argues, challenge theories of maternal bonding which are presented as natural.

Thus mothers take care of children and others in particular historical circumstances. The challenges and demands facing mothers differ within situations and vary across cultures. Socio-economic realities determine what particular skills must be developed to sustain dependants, the success that women have in maintaining their dependants, and thereby can influence the sentiments they develop towards mothering.

The rural Mozambican women who participated in this study described both the increased material burdens and the sources of resilience that they derived from bearing the full responsibility for the survival of their children. The views they articulated contest commonly held notions of men as the prime providers and protectors and women as their vulnerable dependants.

But the women also challenged simplistic analyses of the burden of motherhood, which focus only on the negative effects for women of domestic responsibilities. Although the women noted the huge burden, it was the responsibility that they took for others - as women and as mothers - that made them strong. In the aftermath of the trauma they drew on accumulated skills and their sense of strength to deal with new demands for survival. They expressed their pride and the feeling of dignity that came from managing to provide for their children even though they knew it was meagre. The actions they took to maintain their existence at the most basic level allowed them to re-establish control over their lives again (Herman, 1993b). In this way they were able to counteract the feelings of helplessness that were engendered by the experiences of physical violation and the personal losses they endured.

6.4.5 *Victims and survivors*

A complex interplay of resilience and vulnerability characterised the actions and feelings of the women. The fact that they survived the war gave many of them the capacity to deal with even the most trying circumstances, "anything that happens in my life I can face it as I used to face all these things." But these same women still suffered the wounds of the war. As Kahana and colleagues describe so aptly they are "condemned to doing battle with ghosts

of the trauma endured, rehearsing them in his or her nightmares, and confronting them time and again in the face of a minor illness or slippery roadway" (1988b:72).

The cases of those women who abused alcohol, attempted suicide and ran away from home, clearly illustrate the vulnerability of the women to ongoing life stress and crises. The instability of their relationships suggest what Becker (1995) refers to as the establishment of *unhealthy equilibrium* in family life. But on basis of the findings of the study the instability of intimate relations can be explained as much by patriarchical social arrangements which make women vulnerable to male abuse, as by the severe strains that the war trauma placed on the individual capacity to endure being abused and let down in the recovery environment.

It is too simplistic to label people who have been through extreme trauma as, either or, victims or survivors. The women who participated in this study construed themselves as both victims and survivors. They moved between the experience of being the victims of severe disruption and deep distress, and active agents who tried to adapt and cope with the damage the war caused and the new challenges they encountered.

Many of the women made remarkable efforts to ensure the safety of their children and aged dependants during and after the war. They recreated family bonds and social and community relationships. Under hostile socio-economic circumstances, they tried to generate the income to secure food and build shelters for themselves and those they take care of. In this sense their survival represented more than the difference between living and dying. They actively tried to reconstruct life.

The concept of survival as an adaptive response by active human agents to master traumatic experiences requires mental health researchers and practitioners to examine and understand the social contexts and collective understanding of survivors. The demands of social realities, their cultural and religious beliefs, their social roles and status, and their historical experiences moulded the coping methods implemented by the women and the resources on which they drew.

Survival in this active sense represents the attempts by those who have been through terrible things to master the traumatic experiences. It is worth repeating the words of van der Veer because they capture the active element of survival: "After the damage is done, the traumatised person will use every internal and external resource that is available to him to repair the damage" (1995:4).

By broadening the scope of research and consultation with survivors to examine the negative as well as the positive outcomes of traumatic experiences, that is by moving away from a model which focuses only on the physical and psychiatric symptoms of disorder - clinicians will be able to broaden the scope of interventions. In this sense, mental health workers can take their cue from the survivors themselves to actively and creatively support and strengthen sources of resilience and the coping methods which facilitate mastery of the traumatic experiences and feelings.

Despite the magnitude of the adversity they went through, the women did not give up. Even in difficult conditions they mobilised resources to try and deal with what happened to them. By taking actions to maintain existence and to restore some equilibrium in their external worlds, these women re-established the experience of themselves as dignified human beings and renewed meaning and internal coherence which were broken down by the abuse and humiliation that Renamo attackers inflicted on them. The healing of internal fragmentation and the reconstruction of social functioning were inextricably linked.

The argument put forward here suggests that, in general, those who have been through extreme processes must be understood as both victims and survivors. But the analysis of the particular constraints and possibilities provided by the situation to which the women fled, proposes that the interplay between resilience and vulnerability must be firmly located in context.

To illustrate this point it is useful to reflect on mothering, in particular the mothering of those children who were conceived through Renamo rape. The women who participated in this study, that is who fled Mozambique, still live in South Africa and whose kinship ties have been ruptured, were able to conceal the paternity of their children. And even if they did not hide the origins of their children they did not experience the same kind of rejection

from the host community or from other refugees, that those women in Mozambique did, whose children were labelled *lixo* (rubbish) by family and community (Nordstrom, 1991;1993).

How social rejection impacts on the resilience that is derived from mothering must be considered, when motherhood itself is the source of that rejection? Rejection must constrain the reconstruction of social bonds, the recreation of immediate relations, which, it has been argued, nurture recovery. Therefore such rejection is likely to increase the vulnerability of these women. What effects this has on their mothering and therefore the transgenerational effects of the trauma can only be speculated. Thus the same trauma but different recovery environments can create distinct priorities and demands for mothering, and also specific conditions of childhood.

Local variations in structural conditions which limit or promote the material base for survival will also frame the possibilities for reconstructing lives with dignity, and are, therefore, crucial considerations for understanding the interplay between resilience and vulnerability in survivors of extreme situations.

6.5 Conclusions about the Aims of the Research

The war in Mozambique created a multi-dimensional trauma. The magnitude of the trauma, the perverse nature of the events, the destruction of social processes, the collective experience of terror, and the inversion of morality, described by the women who participated in this study, call for a definition of trauma which extends beyond the threat to physical integrity contained in the DSM-IV category - posttraumatic stress disorder. The war was an *extreme psycho-social trauma* which threatened the psychological continuity, social coherence and existential integrity of individual victims and the social order.

The narratives of the women show a constellation of consequences, which include the well-documented posttraumatic stress disorder symptoms and a set of feeling states which are integrally linked to the destruction of social structures, loss of land and place, and the transgression of social norms and cultural taboos. They described experiences of distress in the core of their being. But their narratives also conveyed remarkable resilience. Their survival

implies more than the difference between living and dying. They demonstrated a capacity to hold on in the face of immense suffering, to uphold relationships and to maintain basic existence.

The posttraumatic stress disorder symptoms reported by the women supports the thesis that survivors in many different contexts share forms of suffering. The persistence of the symptoms over time, and the fact that symptoms *wax and wane* as a reaction to life events not necessarily related to the trauma, have been described in the literature (Herman, 1993a,b; Tomb, 1994). Intrusive thoughts and memories of the trauma, vigilance, sleep disturbances, nightmares and avoidance of thoughts and reminders of traumatic events, were the most commonly endorsed symptoms. These symptoms are the hallmarks of the posttraumatic stress disorder reaction.

The particular pattern of the symptoms evident in the data highlights the role that social context can play in shaping the relationship of symptoms to each other and the overall clinical picture. The ways in which the women explained specific symptoms shows that when we consider symptoms from an alternative cosmology, they take on different meanings and significance for individuals. The difference in clinical presentation, the special meaning given to symptoms and the fact that the women gave less weight to posttraumatic stress disorder symptoms in an assessment of the gravity of the outcomes, confirms that posttraumatic stress disorder, as a form of suffering, is elaborated by social context.

To the extent that posttraumatic stress disorder identifies shared elements in human response to trauma, it remains an important aspect of research and clinical practice. Some commonality implies that not everything can be reduced to relativism - "absolute cultural difference and radical otherness" (Scheper-Hughes, 1992:29).

The presence of posttraumatic stress disorder symptoms in non-western survivor populations also creates an awareness that in cultural systems which define subjective distress with reference to the social group, intrapsychic dimensions of suffering may be underemphasised. In these contexts asking people about posttraumatic stress disorder symptoms can be the opening cue

for them to focus on dimensions of distress which may be downplayed by their *explanatory models*.

Posttraumatic stress disorder has also provided an idiom with which to publicly articulate the negative impact of extreme adversity. Because the language and practice of biomedicine enjoys wide credibility, there have been political advantages in utilising this discourse to advocate against war and torture. In some situations it has been used to legitimise compensation claims in favour of victims of human rights abuses (Kleber, 1995; Tomb, 1994).

It is precisely in its values that the limits of the concept of posttraumatic stress disorder are contained. This psychiatric diagnosis has been applied to survivors in other cultures, without questioning the orthodoxy of biomedicine. One result of this uncritical application is that alternative explanations of trauma and its consequences have not been afforded the same clinical attention and academic investigation.

The biomedical framework which underlies posttraumatic stress disorder takes the individual as the unit of analysis, which has meant that the social dimensions of responses to *extreme psycho-social trauma* have been neglected. Finally, because posttraumatic stress disorder is increasingly being framed in the medical language of pathophysiological processes the social and political roots of trauma are negated.

The use of medical language to describe the reactions people have to *sick* social actions, serves to sanitise the profound human distress caused by political, economic and social processes, and the violation of basic human rights. It is a paradox that people's responses to disturbed social orders, are characterised in terms of pathology, dysfunction and psychiatric disorder.

The consequences of the war identified by the Mozambican women are based on their own framework of understanding the world. Theirs is a system of explanation in which the individual and the social, the mind and the body, and the visible world and the spiritual realm are not separated to the same degree as in western cosmology (Summerfield,1995). Explanations of the causes of affliction are more unified, such that individual well being is integrally linked to social health (Scheper-Hughes, 1990; Singer, 1990). Physical ailments can

be an expression of disturbed social relations. And the invisible world of the ancestors plays a significant role in both individual and social health.

Spirit damage, loss of social belonging and somatic complaints are the outcomes of the *extreme psycho-social trauma* experienced by the Mozambican women. Damage to the spirit conveys an injury to the life force. Loss of social belonging expresses a deep sense of alienation and alteration of identity. The somatic symptoms described by the women suggest both organic disease and an expression of subjective and social distress. These three feeling states are dynamically linked by their causal ontology - social disorder and dislocation, loss of place and kinship, and the transgression of social norms and cultural taboos.

The types of subjective distress described by the Mozambican women echo the existential injuries, cultural bereavement, and somatic disorders that have been identified as consequences of extreme forms of trauma in other survivors. But the descriptions and explanations of their feeling states differ from the general descriptions of alterations to self described by literature using existential theoretical perspectives, and from the cultural loss described by Eisenbruch (1990).

In contrast to those notions of self which focus on the deep, inner experience of being in individuals, where self tends to be equated with psyche, the women's testimony suggests a consciousness of themselves in relation to others, and to the world around them, an intersubjective experience of self. Although some writers, such as Lifton (1993), emphasise the contextual nature of the self, a self that is produced and changes in relation to the surrounding world, he does not provide a detailed analysis of the constitution of self in social relationships which are embedded in and structured by economic and political dimensions of power .

The accounts in this study present a women's view of changes in personal and social identity, alienation, loss of social belonging and bodily indisposition. It is clear that gender colours the experience of self and world, culture, tradition and religions. Thus the specificity of the Mozambican women's *existential injuries*, cultural bereavement and somatic complaints derive not only from their particular cultural values and religious beliefs, but in a more complex

way is rooted in women's encounters with their socio-cultural environments. Thus for men and women, who have differing access to resources and power, loss of social belonging and identity may be experienced and expressed in distinct ways.

Finally, the causal ontologies used by the women to explain their somatic problems are fundamentally different to prevailing western psychological and psychiatric theories, which have largely regarded somatic presentations of distress, at best, as primitive or repressed manifestations of intrapsychic conflicts and at worst, as the attention seeking behaviour of malingerers.

But the sense of *existential crisis* does reverberate through the accounts of the women. They were confronted with the "the end of the world " as they knew it and had to find new ways of being, of existing, of rebuilding their worlds. In this way then extreme trauma, by shattering the life worlds of its victims, produced a profound crisis in existence. Perhaps in this most basic sense and as an immediate, embodied experience, *existential injury*, is a universal aspect of the human suffering brought about by extreme conditions. As Kleinman and Kleinman argue eloquently ,.

> "For there is, we hold, something panhuman in the experience of distress of the person, in the bearing of wounds, in the constraints to the human spirit, in the choke and sting of deep loss, in the embodied endurance of great burdens, in the search for coherence and transcendence" (1991:292).

But the findings of this study also illustrate that the immediate, lived experience, is "elaborated in greatly different ways in different cultural settings" (Kleinman & Kleinman, 1991: 292).

Posttraumatic stress disorder symptoms and the local discourses of distress presented in this study describe distinct *forms of suffering* and suggest different causal ontologies (Shweder, 1991). Posttraumatic stress disorder is explained by experts in terms of incomplete cognitive processing of emotions, biological changes and neurochemical processes. This kind of biomedical discourse is *ill suited* to describing and interpreting the locally defined feeling states which are integrally linked to social processes and whose solutions lie outside medical interventions (Shweder, 1991).

The findings suggest that a model for understanding the effects of extreme psycho- social trauma which can incorporate different *forms of suffering* and alternative systems of conceptualising trauma and its outcomes is necessary. The strong tendency that exists in the field of trauma studies to identify distinct diagnostic categories is a disadvantage in this regard. Frameworks which account for the multi-dimensional nature of *extreme psycho-social trauma* and its multifaceted psycho-social consequences provide a positive alternative to the *diagnostic enterprise* (Solkoff, 1992; Turner & Gorst-Unsworth, 1990).

Such models would also have the value of allowing for a flexible approach to intervention strategies. The strict adherence to western psychiatric diagnostic labels often leads to a situation where locally specific healing and coping strategies are overlooked or not given the status of medical and psychiatric treatment. The findings in this study show that the women found solace for spirit damage, loss of social belonging and somatic distress in social relationships, the communal activities of churches, indigenous rituals of cleansing and reconciliation with their ancestors.

Interventions which could strengthen their own attempts to cope could include community based programmes which encourage women's development, support income generating efforts, reconstruct family and community bonds, facilitate social networks, sustain women in those roles which assert their confidence, and which respect the importance that practising religious rituals had for these women.

The ways in which the women who participated in this study conceptualised trauma and its outcomes, provide some solutions to the shortcomings that the concept of posttraumatic stress disorder has, particularly with regard to understanding *extreme psycho-social trauma* and its outcomes. As an alternative to the discrete events conveyed by the stressor criterion, the women described the social destruction which characterises man-made disasters such as war and the collective suffering it engenders.

The outcomes they identified provide insight into how the destruction of social and cultural order is manifested in subjective forms of distress which reflect the interdependence between human psychological functioning and social

environments, that is neglected in the biomedical discourse underlying posttraumatic stress disorder.

Schweder argues that the person who is created in and creates a meaningful world, and who uses and makes socio-cultural resources "somehow gets lost in the search for the inherent central processing mechanism of the mind " (1991:93).

The strategies the women used to deal with the psycho-social consequences of the war and to reconstruct their lives reveal active human subjects who interpret the world around them and draw on and re-fashion socially constructed resources to achieve their goals.

The findings of this study show that social context has a significant impact on trauma and its consequence. Particular social relations, roles and beliefs, played a significant role in defining trauma, influenced the patterns in which posttraumatic stress disorder symptoms presented, shaped the meanings given to specific symptoms, and informed those outcomes of trauma which are not represented by posttraumatic stress disorder.

Social context has been used in this study to refer to more than "cultural" or ethnic religious practices and beliefs. Neither has culture been used in a static way to suggest a closed universe of beliefs and practices. Local social situations and their socio-cultural practices are structured by wider social relations, economic systems and political processes (Singer, 1990). The social positions people occupy, defined by gender, race and class mediate the experience of religious beliefs, cultural rules, values and social practices, and the meanings these have.

Evidence from this study of Mozambican women refugees suggests that gender structured both their experiences of violence and their responses to the trauma. The general subordination of women to men, unequal access to public power and the widely held notion that women are the property of men created the conditions for women to be raped. The roles that women had in society and the beliefs held about women's sexuality influenced their sense of loss of social belonging and shaped their somatic complaints. Their domestic and economic roles and the ways in which changing historical circumstances

structured these roles combined to frame the efforts they made to master the psycho-social consequences of the war.

The findings challenge patriarchal constructions which cast women as weak and ineffective victims of their circumstances. Although it is clear that the women internalised dominant, negative constructions of their sexuality, their actions and responses also demonstrated that they reflected on their experiences and despite the odds stacked against them, they tried to find ways to improve their lives.

The notion of human agency implied in the view that women are active social agents makes an important contribution to comprehending how the vast majority of survivors of extreme psycho-social trauma find ways to reconstruct their lives. The research findings demonstrate that despite the immense distress they bear, survivors are not simply powerless victims of external events.

6.6 Theoretical Implications

One of the dangers of investigating and documenting locally specific conceptions of trauma and its effects, in a field which is dominated by biomedical theories, is that alternative explanations are treated as a component of culture or *exotica* while biomedical explanations are regarded as *examples of science* (Singer, 1990: 181).

The locally specific discourses of suffering found in this study cannot be accommodated by the concept of posttraumatic stress disorder. But the women's conceptualisation of trauma and its outcomes are not simply context-bound. They present an alternative way of understanding *extreme psycho-social trauma* and responses to the collective experience of violence.

The *explanatory models* of trauma and its outcomes that were presented in the testimony of the women is compatible with developing psychological theories: the cultural psychology of Shweder (1991) which posits that human beings and socio- cultural environments interpenetrate each other's identity and cannot be analysed into independent variables; the feminist scholarship of Walker (1989) who argues that women's psychology is woven in context; and

phenomenological approaches which argue that humans are in contact with and they carry the social by the mere fact of existing (Csordas, 1994b).

The research findings suggest that individual psychological reactions to *extreme psycho-social trauma* do not simply represent intrapsychic processes. Instead the findings present a divergent conception of psychological responses as constituted by, and in, the social interchanges that take place in, and are framed by changing political and historical circumstances.

Shweder explains the process by which individual mental life and socio-cultural environments are interdependent in this way: "subject and object, self and other, psyche and culture, person and context, figure and ground, practitioner and practice, live together, require each other, and dynamically, dialectically, and jointly make each other up" (1991:720).

The principle that social context and social understandings must be taken into account in the attempt to understand the complex relationship between trauma and its outcomes, is one that researchers and clinicians should apply when working with people in all cultural contexts. The importance of this principle is illustrated by the evidence in this study which shows that gender relations significantly shaped the ways in which women were traumatised. In other words women, by virtue of their socially constructed roles and identities, had a specific relationship to the war events.

But the social positions people occupy also frame their knowledge and experience of self and mould their personal and social identities. "The practical activities people are involved in are structured by positions they occupy in the world and this colours subjects' experience of self and world. The way in which self and world are experienced in turn structures the kinds of explanations sought and found plausible about the world" (Lovell, 1980:49).

The research evidence reveals religious beliefs, socio-cultural practices and the particular ways in which women experienced and expressed these, structured their responses to the war and conditioned their survival strategies. The findings reveal that gender mediated trauma and its consequences. Given that gender is an organising principle of all societies it should be carefully

considered when trying to comprehend the kind of trauma people are exposed to and the responses people have to terrible experiences.

Martin Baró articulates the dialectical relationship between individual and society which determines the damage done by trauma:

> "The dialectical nature of psycho-social trauma implies that the injury or damage depends on the particular experience of each individual, an experience conditioned by his of her social background and degree of participation in the event and by other characteristics of the individual's personality and experience" (1989:13).

The challenge for researchers and clinicians working in the field of trauma, is to construct models which synthesise the many factors that inform the damage that is done to people. The results of this research underscore the inextricable link between contextual factors, structural conditions and individual experiences of and reactions to trauma.

The results of this study suggest an approach to examining the complex relationship between trauma and its effects, which abstracts neither trauma nor its victims from historical and social contexts. This kind of approach implies examining the differences rather than similarities between traumatic experiences and the responses that people have to these. War itself is context bound. The Trauma Events List constructed on the basis of atrocities committed in Cambodia did not cover events specific to the war in Mozambique.

The question of the role of biological mechanisms inevitably arises when an emphasis is placed on the socio-cultural determinants of psychological functioning. This is an important question in the light of research which provides evidence of the biological substrate of hyperarousal symptoms and the neurochemical processes involved in trauma responses (ver Ellen & van Kammen, 1990). An examination of the biological processes which both construct and are affected by responses to trauma was not within the scope of investigation of this study.

seems to me that the survivor cannot be constituted as a unified subject. His position in the social structure intervenes and gives direction to his grief as well as to restructuring the world" (1990:389).

Similarly it has been suggested in this study that processes of healing and recovery, the interplay between resilience and vulnerability must be understood with reference to the possibilites and constraints created by social and material circumstances, existing in particular places. The different losses, demands, expectations and priorities created for women who stayed in war-torn Mozambique and those who fled to South Africa to remain as "illegal immegrants" must be considered in conceptualising survival and thereby on the ultimate consequences of the trauma.

One of the dangers of extreme relativism is that it can work to negate the shared humanity through which people empathise with others and which asserts a moral accountability to others. If social contexts are non-comparable how do we judge social practices? The question of moral responsibility towards others and moral reckoning of social and individual actions, is a particularly important issue in work with survivors of extreme psycho-social trauma.

Scheper-Hughes argues that the ethical is "prior to culture": "Accountability, answerability to "the other" - the ethical as I am defining it here - is "precultural" in that human existence always presupposes the presence of another" (1992:23). Thus moral judgement of torture, destruction, repression and rape is not context-bound. For example rape whether it was used as a weapon of terror in Mozambique, as part of ethnic cleansing in Bosnia or takes place in the new democratic South Africa, is an act which attacks human integrity in the most base way.

But it is important to note that a recognition of biological forces and their role in trauma response sets does not negate the importance of social context. The biological mechanisms involved in trauma responses may constitute a universal and consistent aspect of human responses to atrocities. But then again, if the body is both biologically and socially constructed, the biological substrates of trauma reactions must be systematically examined in survivor populations across different contexts, which may reveal subtle and complex influences of social and economic forces on biological processes. Biological and social constructions of trauma responses are not mutually exclusive and an investigation of both can contribute to an enriched understanding of the outcomes of extreme experiences (Bracken, 1993; Dawes & Donald, 1995; Scharfstein, 1989).

One of the dangers of prioritising social context in analysing responses to trauma is that the responses and actions of survivors from different contexts can be reduced to non-comparable experiences. The results of this study emphasise the relevance of context and the meanings it produces, for deepening an understanding of trauma and its consequences. But the findings also show that gender which is a universal organising principles of social relations structured the experience of trauma and its outcomes.

In all societies gender is one of the factors that constructs personal and social identities, determines social positions, shapes social relations and influences human actions. Gender is a likely unifying factor, so that particular trauma events may elicit greater similarity in response between women from different social contexts, than between men and women in the same context. Veena Das in her examination of survivors' responses to the riots following Indira Gandhi's death in Delhi, argues that men and women experienced the violent riots in different ways and that notions of masculine responsibility and feminine obligation structured their grief (1990:389).

The important point is that while an analysis of social context reveals differences in the experience of trauma and its outcomes, the differences are not always necessarily culture-bound. Thus while the socially held beliefs and practices of people in distinct cultural settings will frame divergent responses to trauma, social structures can differentially shape the experience and consequence of trauma for people in the same culture. As Das argues "...it

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APPENDIX A

Interview Guide*

Biographical Information:
Age, marital status, number of children, level of eduction.

Place in Mozambique from which they fled.

Life Before the War:
Place of birth
Work and subsistence
Family life
Health
Community relations

The War Experience:
Personal experience of the war
What was the worst experience?
Understanding and explanations of why the war occurred
Who were the rebels?
Where did the rebels come from?

Gender Specific Trauma Events:
Experience of rape or other forms of sexual violence
Why were women raped?
Experience of abduction
Life in Renamo camps if abducted by rebels

Attributions of Blame:
Who do you blame for the rape and sexual violence

Flight and Resettlement:
Why fled?
How came to South Africa?
How received by host population?
Did you get any support from anyone?

Effects of the War:

How did the war affect you as a person

Effects of the war on the country as a whole

Effects of the war on women

Effects of rape and sexual violence

Religious and Cultural Beliefs and Practices:

Church membership

Beliefs about how illness is caused

African religious beliefs and relevance of ancestors, n'yangas and sangomas to daily life

Views on men and women and their roles and responsibilities towards each other, marriage and children

Help Seeking Behaviours:

Who do you go to for help if you have problems in your life?

Who do you seek treatment if you are sick?

Coping Mechanisms:

How coped with war?

How cope with the effects of the war?

Current Lives:

Work and subsistence

Family life

Community life

Relations with men

Relations with host population

* This schedule of themes and questions provided a guide for the basic information required from each interview in order to explore the research questions. The unstructured nature of interviews meant that on the whole the women's accounts did not follow the format of the guide. Where informants did not talk about any of the areas listed in the guide they were specifically asked questions on these issues. Furthermore as has been noted in Chapter Three, issues relevant to the research questions, research aims and issues of theoretical relevance that came up during the interviews were probed by the researcher. In this sense the final accounts are a co-creation of the interaction that took place between the informants and the interviewer.

APPENDIX B
Responses to the PTSD-I

Responses to the PTSD Interview provide evidence of a good understanding of the questions.

B-Criteria Re-experiencing symptoms

1."Even if I am sitting or sleeping or doing anything I think of those things" (Martha).

"Sometimes I think that I must forget about what has happened, but all of a sudden I see myself being raped" (Cristina).

2."I dream as if I am there. I dream the Renamo killing people. I dream them telling us to carry their baggage" (Martha).

3. "What happened two weeks ago - I was sleeping. I saw people, there were too many, they were sleeping with me, changing and sleeping with me. I wasn't raped. Actually I was seeing these things" (Flora L.).

4."I really cannot stop telling you that the rape and the people who attacked my house now - it makes me feel again what happened in Mozambique" (Carlina N.).

C-Criteria Avoidance symptoms

5."I try to avoid remembering and thinking. Even if I do it doesn't go away. It keeps coming back" (Celeste K.).

6."Sometimes when people are around they talk about Mozambique and what has happened. I just leave and go because it reminds me of what I have seen" (Flora T.).

7."I haven't got an interest in anything. Even that interest of getting a man I don't have. Even if I can find a man I don't know what I can do" (Flora L.).

8."I want to be alone. I don't want to talk to people. If I could get a place to stay I would stay with my sister" (Melitta M.).

9."I hold my emotions. Even now I could cry but I hold it "(Flora T.).

10."The worst part of it is this thing has affected my whole future in such a way that I will never go back again to the life I used to have and now I'm suffering. There is nothing that I can see for a better life now"(Lucia).

D-Criteria Increased Arousal symptoms

11."I am not sleeping well because sometimes in my sleep it is as if I am in the Renamo camp. I am not dreaming. It is just while sleeping I feel I am at the camp" (Flora L.).

12."I can even beat a small child for nothing. For a small thing I can find myself beating the child. Then I realise that I have made a mistake" (Lucia).

13."Sometimes I want to go and fetch water. It takes me time to take a bucket. An even if I take the bucket by the time I get to the gate I forget about what I am doing" (Flora L.).

14."I have a problem of becoming more easily frightened by things around me" (Flora).

"I am afraid of things around me. I am even afraid to walk in the street" (Julia).

"I don't sleep properly because each and everything that makes a noise wakes me up"(Regina).

15."If I go where I am reminded of the rape I get heart trouble - my heart beats very fast" (Julia).

APPENDIX C

Focus Group Introduction to the Meeting, Introduction to Themes, and Questions

Introduction:

Thank you for coming. I want to thank you for working with me over the last 2 years. I think we have helped each other and learnt a lot from each other. I also believe that what you have taught me may help others to understand how terrible situations affect women and how women deal with such things. I have invited you to this meeting for three reasons:

1. To present to you what I have haeard you say as I promised;
2. To check with you that I have understood you correctly;
3. To discuss amongst each other the responses you gave, to give you an opportunity to add to what has already been said and by sharing experiences to provide some comfort to each other.

The Trauma

This is a summary of the horrible experrieces all of you have experienced or witnessed.

Trauma events list.

You also described how the war destroyed your society, by going against normal values and accepted behaviours and you explained that the you have no explanations for the war and suffering. Most of you talked about how powerless you felt to stop the war and your fears that the violence is still there in your country.

Have I left anything out? Have I understood what you have told me?

Discussion.

Questions re Trauma:
Not burying dead relatives:
What is the effect of this for them and for you?
Can anything be done to correct the problem created by not burying your relatives properly?
SA involvement in the war
Some women told me that they saw white soldiers giving goods to Renamo and others told me that they had heard about this. Why do you think the South African soldiers did this?

Were you ever offered an explanation, by officials of the government, about the war while you were in Mozambique?

Discussion

Psycho-social Consequences of the War

Posttraumatic stress disorder results.

As I mentioned to each one of you, these kinds of feelings have been reported by others who have survived violence in different places.

Have I understood you correctly?
Would you like to add anything to what I have presented?
How do you explain these feelings?

You have also described effects of the war which I have not read about before.

Locally specific effects.

Have I understood you correctly?

Discussion.

Questions.
Vavisa imoya.
Please can you tell me if there is a treatment for this?
Does cleansing help the mbilo or the moya?
What is the difference between vavisa imoya and vavisa mbilo?
Where do you feel vavisa imoya and vavisa mbilo?
What are the causes of vavisa imoya?
Suffering
Please remind me of the xitsonga word for suffering?
Loss of social belonging
Many of you have told me that marriages and funerals are not done in the same way on this side as in Mozambique. What is the effect of not being able to practice your traditions?
Does this affect the moya?
How will this affect the children?
You have expressed great pain about losing your land. Besides losing the means to survival does loss of your land have any other effects?

Effects of rape and sexual violence.

Have I understood you correctly? Would you like to add anything?

Discussion.

Questions.
I have read that in some parts of Mozambique the childen conceived from rape by Renamo are called "lixo". Have you heard about this? What do you think of this?
Why do think Renamo chose to rape women rather than hurt or torture them in other ways - what were they trying to do or show?
Some women said there was no rape before Renamo and others said there has always been rape. Can we discuss this?

Coping and Survival

One thing that has impressed me greatly is that even though you have all suffered immensely and still carry much pain and you face big problems in trying to survive even now through poverty and being in a strange country, but you have not given up.
You have told me that manged to cope in these ways:

Coping results.

Have I understood you correctly?

Discussion.

Questions.
Religion
Are there any ceremonies that have been conducted that are especially for war experiences?
Are there any ceremonies that you have been unable to conduct because youu are in a foreign country?
Social Support
Do you think Mozambicans talk with each other about things that have happened to them more than local people talk to each other about their problems?
Have there been ways of coping in the past that you learnt which helped you to cope with what happened due to the war?
Has the support of local people helped you to be strong?
Gender relations
Most of the women said that they coped better with the effects of the war than men did and that it is the fact that they are mothers that made them stronger.
What is it about being a mother that makes women strong?
Some people say that being mothers is what makes us weak in society, what do you think?
Even though women may be stronger than men emotionally and to make homes

and look after their children, they are in a weak position in their relationships with men and even in society they do not have the same status as men, why?

Discussion.

Closing, thanks and refreshments.

APPENDIX D

Box 5486
Johannesburg
2000
19 August 1996

Tina Sideris
Clinical Psychologist
23a 6th Avenue
Melville

Dear Tina

Thank you for having offered me an opportunity to translate part of your research work.

I have gone through the tapes several times and the experiences related are so real, interesting, painful and touching.

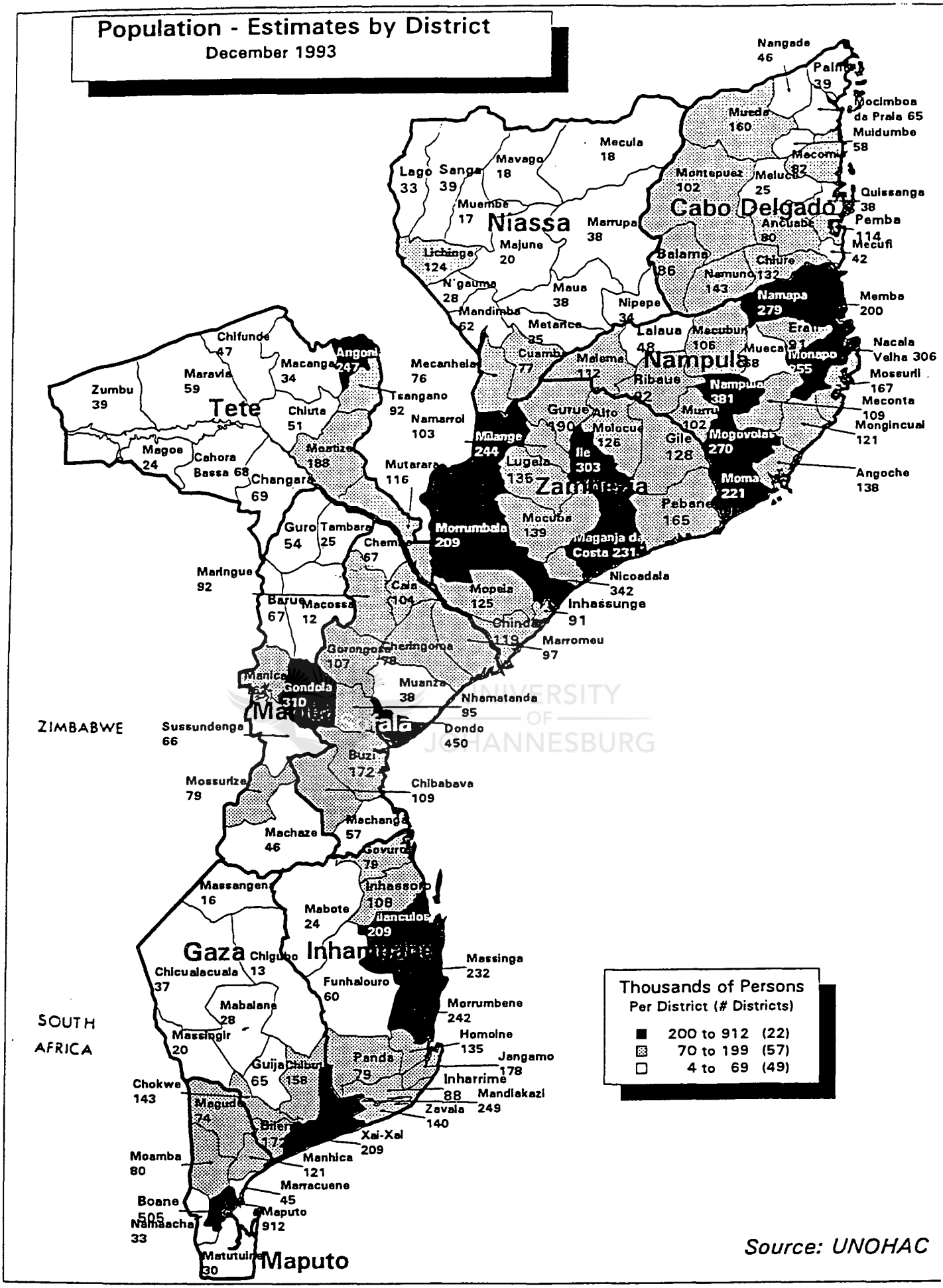
Rachel's translation is excellent. I felt that there was no need for me to record my translation on the tapes as it would have been a duplication. However, I have put down some aspects of the discussion that I think needed clarifications. In doing this, I have written the questions you asked the group and their responses. I have also indicated the tape number and side on which the discussion is recorded.

If ever you will need some further clarifications or anything, you are welcomed to contact me.

I enjoyed doing this work and appreciate your co-operation.

Kind regards

Charles Hlebela



United Nations Office For Humanitarian Assistance Coordination

December 1993