

JANIS HUNTER JENKINS

THE STATE CONSTRUCTION OF AFFECT:
POLITICAL ETHOS AND MENTAL HEALTH
AMONG SALVADORAN REFUGEES

ABSTRACT. This essay seeks to extend current anthropological theorizing on emotion. Although anthropologists have convincingly established the specifically cultural status of emotion, recognition also of "state" (including sociopolitical institutions of nation-states) constructions of affect has been slow in coming. The present essay seeks to expand the emerging scholarly discourse on the emotions by examining the nexus among the role of the state in constructing a *political ethos*, the personal emotions of those who dwell in that ethos, and the mental health consequences for refugees. This analysis is intended as a bridge between analyses of the state construction of affect, on the one hand, and the phenomenology of those affects, on the other. To illustrate, I examine the state construction of affect and its traces in the narrative and clinical presentations of Salvadoran refugees in North America. The saliency of fear and anxiety among a group of psychiatric out-patients is framed by bodily experience, knowledge of illness, and the ethnopsychology of emotion within the context of chronic political violence and poverty. Distinctions between terror and torture, distress and disease are proposed as essential to an account of refugee experience. Future directions for the study of the "state construction of affect" are suggested.

You think this mountain is beautiful? I hate it. To me it means war. It's nothing but a theater for this shitty war...

– Response of Comandante Jonas to a foreign journalist's request to take pictures of the mountains, eastern front, El Salvador, 1983. (Quoted from Manlio Argueta's *Cuzcatlan: Where the Southern Sea Beats* (1987:1).)

One can be a virgin with respect to Horror as one is virgin toward Voluptuousness.

– Celine, *Journey to the End of the Night*. (Quoted in Julia Kristeva's (1982:140) essay on *Powers of Horror: An Essay on Abjection*.)

INTRODUCTION

Over the course of the last decade, the intellectual landscape has been marked by an anthropological claim on the study of emotion (Abu-Lughod 1986; Myers 1979; Kleinman and Good 1985; Lutz 1988; Lutz and White 1986; Jenkins in press; Rosaldo 1980, 1984; Roseman 1990; B. Schieffelin and E. Ochs 1986; E. Schieffelin 1983; Shweder and LeVine 1984; White and Kirkpatrick 1985; Wikan 1990). Joining the existing discourses on emotion in philosophy, psychology, and physiology, anthropological studies of emotion have convinc-

ingly established the essential role of culture in constructing emotional experience and expression. The contemporary anthropological interest is rooted in traditions established by psychological anthropology (Bateson 1958; Benedict 1946; Hallowell 1955; Mead 1963; Sapir 1961) and enlivened by more recent interpretive-hermeneutic approaches seeking to collapse classical mind-body dualisms (Csordas 1983, 1990; Frank 1986; Gaines 1982; Good and Good 1982; Kleinman 1982, 1988; Scheper-Hughes and Lock 1987). This intellectual current has led to the anthropological realization that psychobiological theories of emotion have advanced little else than European and North American ethnopsychologies of thought and emotion as somehow separate, mutually exclusive cultural objects. This development has sparked the current fluorescence of theorizing on culture and the self and asserts an inseparability of ideas and sentiments, cognition and affect, thoughts and feelings (Jenkins 1988b; Lutz 1988; Rosaldo 1984).

The present essay seeks to expand the emerging scholarly discourse on the emotions by examining the nexus among the role of the state in constructing a *political ethos*, the personal emotions of those who dwell in that ethos, and the mental health consequences for refugees.¹ By political ethos, I mean the culturally standardized organization of feeling and sentiment pertaining to the social domains of power and interest.² Recognition of the essential interrelations between the personal and the political has long been central to feminist scholarship (see Rosaldo and Lamphere 1974) but has yet to be more fully integrated in culture theory in medical and psychological anthropology.³

In a recent special issue of this journal concerning discourses on emotion, illness, and healing, Mary-Jo DelVecchio Good and colleagues raise, among other issues, the problem of state control of emotional discourse, defined as "the role of the state and other political, religious, and economic institutions in legitimizing, organizing, and promoting particular discourses on emotions" (DelVecchio Good, B. Good, and Fischer 1988:4). These authors note that examination of politicized passions has been slow in coming. In an ethnographic study of the role of the state in authorizing and sustaining discourses on sadness, they examine how the current Iranian Islamic state has appropriated a traditional religious discourse on grieving, martyrdom and the tragic by redefining it as part of the official state ideology for the Iranian citizenry concerning ideal, morally upstanding affective comportment. In another study of Iranian immigrants to the United States, B. Good, DelVecchio Good, and Moradi (1985) document the interplay of cultural themes, sociopolitical events, and depressive disorder. A similarly convincing case for the social production of affective disorders (in China) has been presented by Kleinman (1986).

The need to make a theoretical move from the state control of emotional discourse to the state construction of affect became particularly evident to me in the course of recent fieldwork with Salvadoran refugees seeking psychological

help at an out-patient psychiatric clinic in the northeastern United States. The newly emergent discourses on culture, self, and emotion were not adequate to the task of interpreting the sentiments of persons whose lifeworlds are framed by chronic political violence, extreme poverty, unrelenting trauma and loss. It became apparent that the role of the *state*⁴ and other political, religious, and economic institutions must be examined to interpret the dominant ethos of a people. In the context of Salvadoran lifeworlds, I understand the state construction of affect in relation to *a pervasive dysthymic ethos and a culture of terror* (Jenkins 1990a).⁵

In this paper I propose a problematic to advance and refine our understandings of state and politicized sentiments. My argument about the state construction of affect is intended as a bridge between analyses of discourses about affect, on the one hand, and the phenomenology of those affects, on the other.⁶ I begin with a brief description of the political ethos in contemporary El Salvador, the process of flight by refugees to the United States, and the reasons for their flight cited by some of those refugees. I then examine mental health consequences of life within the Salvadoran political ethos, with special attention to the underlying ethnopsychology of emotion. I suggest a framework for the analysis of pathogenic trauma that attempts to bridge the collective level of the state construction of affect and the individual level of a phenomenology of affect. I conclude with a discussion of the implications of resilience in the face of the most trying circumstances for a theory of human nature, and several suggestions for further research.

LA VIDA IN EL SALVADOR: LA SITUACION

In the refugees' narratives of their emigration from El Salvador, they often speak of escape from *la situación*.⁷ *La situación* is the most common way of referring to the intolerable conditions within the country, and condenses a set of symbols and meanings that refer to a nation besieged by both devastating economic problems and violence. Although violence and civil warfare have been common throughout this century, the last eleven years in El Salvador represent the most intensive sustained conflict to plague the country. Since 1979, the new wave of warfare and terror has decimated the population by death and emigration. At least some 75,000 persons have been killed in the past 11 years, with several thousands more "*desaparecidos*" or disappeared, 500,000 displaced within its borders, and an estimated 1,000,000 more who have fled to other countries such as Mexico, Honduras, Panama, the United States, and Canada. In a country that, as of 1979, had a population estimated at 5.2 million persons, one begins to appreciate the horror of the decimation of the Salvadoran people (Fish and Sganga 1988).

El Salvador is a poor country, heavily reliant on agriculture. This most notably includes coffee exports. The other principal economic source is American aid, amounting to \$ 1.4 million per day. Recently, in November 1989, there was a major guerilla offensive, the largest coordinated attack in almost ten years, aimed at dozens of targets throughout the country, including the capital, San Salvador. Counterattacks on the part of the Salvadoran army were swift and pervasive, escalating in intensity to extensive daily bombing and strafing of villages and neighborhoods. I remember all too vividly the month of November 1989 as I watched my Salvadoran friends and research participants, inseparably chained to their telephones, desperately seeking the fate of their parents, children, grandparents, and other family. Not surprisingly, the escalation in the violence at home coincided with a pronounced increase in all kinds of exacerbations of distress and symptomatology.

In November 1989 also we saw the assassinations of six Jesuit Priests (faculty of the National University), their cook and her daughter. The priests, faculty from the University in San Salvador who supported a negotiated peace, were also widely regarded as the leading intellectuals of the country. The late Ignacio Martin-Baró, for example, was the leading social psychologist interested in the mental health consequences of long-term civil war in his country. As a research scholar, Martin-Baró was also particularly interested in the psychological rehabilitation of children who were orphaned by the war, displaced or traumatized by the endless violence. The manner of the Jesuits' assassination, which apparently included torture and extreme brutality, re-focused attention on the widespread human rights abuses that occur with impunity in El Salvador.

The emotional atmosphere of *la situación* is constructed by a variety of actions and practices. During the offensive, strict enforcement of a curfew from 6:00PM to 6:00AM ensures that no one can be on the streets or in any public place. Failure to adhere to this injunction can, and often does, have mortal consequences. In the private sphere, no socializing of any sort – family gatherings, parties, religious sessions – can be convened. Cross-cutting the public and private domains are “disappearances” and the ever-present evidence of violent death: decapitated heads hanging from trees or on sticks, mutilated dead bodies or body parts on the roadside, or on one's own doorstep. Nearly all of my informants spontaneously narrate their personal experiences of everyday encounters in a landscape of violence. Habituation to *la situación* amounts to a denial of its reality – a bomb going off may be interpreted as a car backfiring. The reality of *la situación* is noteworthy for its profound sense of unreality. Mistrust abounds on all sides, and people commonly say “You can trust no one.” A sketch of the situation and habituation to it is only a first step, however, toward inferring a political ethos, which must be fleshed out by considering both preexisting ethnopsychology and the phenomenology of psychopathology in situations where the defense of habituation fails. To my knowledge, no

anthropological study has ever been made of the emotional climate of populations under martial law, though analyses are beginning to appear on the specific transmutations of grief and paranoia in countries where “disappearances” have been institutionalized (Scheper-Hughes 1990; Suarez-Orozco 1990).

A repertoire of affective themes and strategies for constructing the emotional atmosphere is more directly evident in the onslaught of media communications that is an important tool in the state programming of sentiment.⁸ For a poor people with little formal education (90% non-literate or semi-literate), the principal media sources are radio and television. These sources suggest to a people how they might or ought to feel about *la situación*. Under conditions of civil war and martial law, these state-controlled media convey rigid and dogmatic messages leaving little doubt about which affective sensibilities are being communicated and why a truly moral person should justifiably feel them.

Quite revealing in this respect is a sample of regular programming from an audiotaped radio broadcast on the official Radio Nacional, San Salvador, on November 16, 1989 – the very day during the guerrilla offensive that the Salvadoran military assassinated the Jesuit Priests. Both moral/political and affective rhetorics (explicit and implicit) are operant in the broadcast. In response to the repeated rhetorical question, *Porqué lucha la fuerza armada?* (Why are the armed forces fighting?), several sociocultural, nationalistic, and capitalist values are cited. Most saliently, these include: a right to “keep on believing in God;” the preservation of the “nuclear family as the center of the Salvadoran social life;” “the right to live in liberty and freedom;” “the right to ‘equal opportunity’ in work, education, health and development;” “the right for citizens to have the right to choose.” Appeals are made to the personal and societal value of capitalism and the evident need for a military response to the opposition forces that would overturn the very fabric of society. Subtly distributed among these overt patriotic declarations are messages that allude to the emotional substrate of these values as they exist imperiled by *la situación*. We are informed that the Salvadoran military forces are fighting to put “*friendships without mistrust into practice*.” Repeated again and again are the emotional themes of fear, anxiety, and confusion said to be engendered by guerilla forces. Proper sentiments of hatred and disgust toward the latter and loyalty and love to one’s *patria* (mother country) are also salient. A generalized feeling of insecurity is inculcated by constant reiteration that the armed forces are “protecting you, providing for your security, that everything is under control, that the armed forces exercise total control over all the national territory.” Such messages would doubtless be unsettling even if there was no immediately perceptible threat, and must be doubly so when they are so immediately contradicted by destruction, aggression, and assassination in all quarters.

The Salvadoran populace is pointedly instructed not to listen to competing counter-discourses – so-called “clandestine” radio broadcasting of the opposi-

tion of the Farabundo Marti National Liberation Front or the FMLN – on the grounds that these illicit radio broadcasting stations seek only “to create confusion and uncertainty” in the Salvadoran family.⁹ The state construction of the eminently evil “other” (implied or stated as the FMLN and “Marxist” doctrines) is accomplished through reference to “savages” and “mental illness” – indeed, the listening audience is informed that adherence to Marxist doctrine causes mental illness. Religious officials are interviewed summarizing the barbarism and hideous crimes against humanity that the FMLN are accused of committing. They assert that these crimes (alleged, for example, to include placing bombs in hospitals) are worse than anything Christopher Columbus may have committed when he “discovered” America. The Spanish conquistadors, we are informed, would never have gone so far as to place a bomb in a hospital. In announcing the assassination of the Jesuit priests, the murders were attributed to the FMLN and denounced as irrational acts of savagery committed for the purpose of destabilizing the democratic process. (In the foreign press, these attributions of blame to the FMLN were later retracted and ultimately replaced with admissions by the President that the military armed forces had, in fact, committed these atrocities).¹⁰

FLIGHT FROM *LA SITUACION*: FORCED MIGRATION AND EMOTIONAL DISTRESS

Migrants are typically considered in two categories: as immigrants and as refugees. While immigrant implies some degree of choice concerning the decision to leave one’s natal country, the designation of refugee is meant to signal that departure from one’s native country is involuntary, and repatriation, all but impossible. Although the flight of refugees is not a new phenomenon, the dimensions of this problem have recently intensified. Whether we look to Cambodia, Liberia, Haiti, Argentina, or East Germany, the world’s populations are relocating in vast numbers. In a recent report from the U.S. Committee for Refugees (1990a), it is estimated that there are today more than 15 million refugees worldwide. In the last five years alone, the worldwide refugee population has increased by 50%. Many of these refugees leave their homelands under the press of conditions that threaten their personal, familial, and cultural survival. This is true for Salvadorans. The Central American situation of long-term economic conflicts and political violence often compel them not only to leave their natal country but also to live with little or no prospect for safe repatriation.

Refugees from the present study arrive in the United States from El Salvador through a variety of means. One common route is a series of bus trips to the U.S.-Mexico border. Arriving there, refugees make use of a *coyote* or guide

who, for a fee, assists groups of people in crossing the border without drawing the attention of immigration officials. These journeys are typically narrated as long, arduous, and dangerous. Sexual violence against solitary women is apparently commonplace. Moreover, *coyotes* are infamous for taking advantage of the persons they claim to serve. Some of the women in the study reported being abandoned or robbed by *coyotes*.

Popular destination points for Salvadoran refugees in the United States include Los Angeles, San Francisco, Washington D.C., New York City, and Boston. Reliable demographic data are currently difficult to acquire since this population is, by necessity, largely underground. Following the immigration law of 1986, legal residence has become particularly difficult to obtain. Under the law, 165,000 Salvadorans sought legal residence in the United States. Aside from the 1986 immigration law, many Salvadorans have sought political asylum from the U.S. government. These court cases are largely unsuccessful: in 1985, for example, only 3% of these applicants won their appeals. This is so because despite the well-documented and widespread human rights violations in El Salvador, the U.S. government does not consider their emigration to be based on a flight from political violence. Rather, such cases are typically considered "economic" in nature; the official view is that refugees have come here merely to enhance their economic future and are not acknowledged to be in personal danger. As Alvarez (1989:61) has eloquently stated, "... the official stance of the U.S. government and the societal attitudes prevalent in this country are characterized by massive denial, invalidation and indifference towards the collective experiences of violence which the Central American community has endured... The ever present threat of deportation and their ongoing exploitation leads many refugees to live lives marked by invisibility, frozen grief and despair." Not until late 1990, by act of Congress, were Salvadorans in the United States able for the first time to gain temporary legal status and avoid the threat of deportation.

As part of our ethnographic-clinical study,¹¹ twenty persons were interviewed at least two times each. Most have been in the United States for at least one year and have family, including young children, who still reside in El Salvador. Most work very long hours – sixty or more – in two jobs, in vigorous efforts to make as much money as possible to send back home to relatives. In spite of these strong economic motives, the reasons given for their flight from El Salvador fall equally under the three categories of escape from political violence, escape from economic conditions, and escape from domestic violence. However, as is clear from the following vignettes,¹² all three reasons for leaving are closely bound up with the overarching political ethos of *la situación*.

Escape from political violence has compelled refugees to leave their homelands in search of safe haven. Nearly all of the women report that they had regularly encountered brutal evidence of the war: mutilated bodies lying on the

roadside or in the doorsteps to their homes, family and friends who had disappeared, and the terror of military troops marching through their towns shooting at random and arresting others who would be incarcerated. For many of the women in the study, their narratives of fleeing political violence are suggestive of the relationship between state constructed affects of fear and anxiety, on the one hand, and indigenously defined conditions of *nervios* (nerves), on the other. These narratives also vividly portray everyday encounters with and habituation to truly horrific lifeworlds.

1. From a 36 year old married woman, mother of three:

In my country I had *un susto* (a fright) when a man was dying. Already the man couldn't speak (but) he made signs to me with his eyes. It was during the daytime, and I was going to get some chickens for a Baptism. He could barely move his eyes. He had been shot in the forehead. It was the time of the fair in November. When I came back he was already dead. I returned home with a fever, and it wasn't something I'd ever experienced. Since it was carnival time, strangers came. They kill strangers. They saw *him* throwing away some papers. Yes, I have seen various dead bodies. Since then, I became sick from *nervios*. *Nervios*, upon seeing the dead bodies.

2. From a 38 year old woman, mother of two: This informant survived a series of tortures subsequent to three arrests and imprisonments in the early 1980s.¹³ At the time of her first imprisonment, her husband was also taken away by the military, his head covered with a black hood, and assassinated:

When they told me that my husband was dead, for me it was like, like a dream, like something unreal. Yes, there are times he comes into my mind, but I know it's something that will never exist. He's a person that doesn't exist. It's something that I have to try to do, to forget him.

Still, on other occasions she has told me, "I think about him, I dream about him. I hear his voice calling to me." She now resides with their two children in the metropolitan area. She came to the clinic to seek assistance for some intense psychological suffering that has remained with her, in the form of major depression, anxiety, and trauma.¹⁴

She also reported that her eleven year old daughter has *un problema de nervios*. *Nervios* (nerves) is an indigenous cultural category widely used in Latin America for a variety of forms of distress and disease, including everyday worries, depression, and schizophrenia (Jenkins, 1988a,b) and may refer to a variety of bodily and affective complaints (Low 1985; Guarnaccia and Farias 1988). Although the daughter's doctor told her it was probably nothing and not to worry about it, this has not reassured her. Whenever her daughter gets angry her nose bleeds profusely. This problem began in El Salvador, but now recurs most often when she sees movies or TV about war or violent situations.

Whenever possible, I don't permit her to watch this. Another thing I think is related to her *nervios* is that she laughs uncontrollably for a long time – for an hour or two – laughing to herself. She can't stop laughing. Afterward, she cries.

When I asked her what she thought might have caused this problem, she provided a thoroughly embodied account:

I imagine that it probably happened while I was pregnant (with her). I had a lot of psychological problems. When one is very fearful, a nervous tension that the army is going to come, they're going to come through the streets, you're going to get hit by a passing bullet or the army is beating someone and taking them away – all of this affects a little baby you have inside. I feel that when you're pregnant all the nervous things, all the things that are important to you, all the things you see, the baby feels too. Because it's something inside. I think that everything I went through while I was pregnant is now part of her nervous system. When I was pregnant and we had a strike at the factory. The army would arrive, begin shooting, and throw bombs of tear gas to make us leave. Yes, all this affects you. The tension we had. We had 7 months without working, without receiving a salary, so much worry.

Escape from unrelenting hunger and poverty has impelled refugees to leave their country in search of income-generating work.

1. From a 54 year old woman, mother of four:

In El Salvador it was very hard. I used to wash clothes at the river by the dozens. I would do five dozen. I would get up at 5:00 A.M. and go to the bakery where I got left over bread I used to take the *mercado* to sell until 9:00 A.M. Then I would go to the river. I had no help. I didn't like it because I was hungry and sometimes I wouldn't get paid on time. And I would worry because I wouldn't have enough to feed my children.

I came here because the situation wasn't good, there were strikes by the teachers, there were no classes and then the teachers got together with the students and started to protest. After that, you would find dead bodies without heads and eyes on the roads. In 1980, on my own doorstep, I found many people dead. My son was here (in the metropolitan area), so I came.

2. From a 38 year old mother of two:

As immigrants in this country, the conditions of life are very different. There are so many economic problems, like health care. Employers don't pay MEDICAID, and we can't afford it. We don't have good (enough) jobs to pay for it. The bills add up and add up. It's very difficult, life and health, these days in this country.

(Back home) sometimes we say to ourselves, 'fine, I'm going to the U.S. I am going to earn money, to work.' But it isn't easy. I know persons who come and pass 3–5 months without working. They're new, and especially because of the language they are not able to speak. If you want to work in a restaurant washing dishes or work in cleaning, sure, it's an honest job, but sometimes it's really difficult.

Because it's the *only* thing you can do as an immigrant. To clean, wash dishes, or work in a factory, where they pay minimum wage, \$4.25 an hour. And it's little pay for so much work. It's very difficult. In one factory, for example, they don't give benefits, health care, nothing. Sometimes out of necessity you, as an immigrant have to accept it. If you're a parent, it's very difficult.

We come here from our country because of the conditions of living there (in El Salvador), the same situation, always through persecution, bombings, and the rest. For so many things that perhaps someone hasn't seen and at other times for others they have lived it, *en carne propia* (in one's own flesh or lived, bodily experience).

Many of the women in this study also reported that they had fled their homelands to escape family violence. The following vignette also provides a

further sense of how both societal and familial representations of violence become part of the embodied experience of women.

1. From a 27 year old married woman, mother of two:

(I have felt *un susto*) when my husband was drinking a lot, already before he would arrive home. Then I would feel my heart, pum, pum, pum. If you are fearful it can make you sick because it can cause you a *crisis de nervios*. I feel that my body isn't me. It can cause a person to go crazy. It makes me have stomach pain, shaking of my body, and it makes me cold.

2. From a 34 year old married woman, mother of two:

I was pregnant at that time (expecting my second baby), when he (my husband) started drinking...(and) he beat me. I was 'very fat' (in a very advanced stage of pregnancy), and he mistreated me. But later, he regretted it because the baby was born unhealthy, with a problem of *nervios*. He mistreated me for no reason when he was drunk. He was treating me like that because his mother told him very bad things about me, but the truth is that his mother never loved him, she was always telling him that I was very bad for him, that she paid his studies so he would marry a 'worthy woman,' not somebody like me because I was *nothing* ... he mistreated me and beat my stomach and then, when the baby was born, he had like a yellow color in his skin, and the doctor told me it was necessary for my baby to remain in the hospital for some time because he was ill. But when my husband found out about the baby's illness he blamed me as well; so you know, I was guilty for everything ... so I began having problems with my *nervios*, since I was pregnant, because his mother as well was treating me as if I was an animal, never like a person ... and then when my baby was born I started to have nightmares ... my daughter was 10 years old by then, and I was suckling my baby and when he arrived home completely drunk then ... she noticed all what was happening and she cried, she became sick from *nervios*, she became very ill. My daughter, sick with *nervios*, was screaming, throwing things around ... it made *me* sick but I couldn't say a word to him because he would beat me, so that I knew that I just had to cry and keep quiet.

During the course of the interview, however, she confided that she was ultimately compelled to flee her native country to escape general conditions of *la situación* and her husband's relentless, violent abuse.

Regular, so-called "domestic" violence and abuse are the bodily experience of many of the Salvadoran women refugees in the study. Indeed, some of them reported that they ran for their very lives from husbands and fathers they feared would kill them if they did not escape their regular physical, and often sexual, abuse. The ways in which societal representations of violence are embodied and reproduced in family settings is a topic of great importance, and something that, at present, we understand very little about. Future studies on this topic should comparatively and historically consider the prevalence of domestic violence (and cultural and sociopolitical values that surround it) both in situations of civil war and its absence. Regrettably, to my knowledge, there currently is little theorizing or systematic data on this subject. The women who spoke about their own personal experiences of domestic violence did so with great shame and apparent reluctance. In this regard, they have much in common with countless other women worldwide who are regularly subjected to acts of violence by male

kin within family settings (Campbell 1985; Counts 1990; Levinson 1989).

The importance of analyzing the state construction of affect is evident in the case of El Salvador, *una población asustada* (a frightened population, as Valiente has termed it). Activities of the state, economic conditions, and the domestic environment must be understood not as independent factors but as coordinate dimensions of a single political ethos. As Martin-Baró (1988) wrote, the entire nation can be characterized as one in which state induction of fear, anxiety and terror is elaborated and maintained as a means of social control. Warfare is thus waged through all possible avenues, tanks roll down the streets and bullets fly, minds and hearts are occupied by arresting affects that similarly immobilize. Through long-term exposure to this political ethos the experience of the "lived body" is shot through with anxiety, terror, and despair.

CLINIC AND CULTURE

Identifying the mental health concerns of refugee populations poses a substantial challenge for anthropologists and mental health professionals who seek to understand and treat these populations. Clinical literature on refugee mental health often concerns the fundamental question of whether a relationship between refugee experience and mental health status can be demonstrated empirically (e.g., Allodi and Rojas 1983).¹⁵ That these are not necessarily *expected* to be interrelated is so for reasons both scientific and political. First, we must consider the historical context of the current paradigmatic age that privileges biochemistry over contextual features of experience. Second, research that seeks to investigate the health consequences of war-related experience continues to be the subject of political controversy. It was not until 1980, for example, that the Diagnostic and Statistical Manual (or DSM-III) of the American Psychiatric Association included the category of post-traumatic stress disorder, or PTSD. The establishment of PTSD as a psychiatric diagnostic category was intended in large measure to address the cluster of symptoms that has plagued many Viet-Nam war veterans. From the point of view of many of those veterans, the slowness of this acknowledgement generated numerous psychosocial and economic problems for post-war adaptation in the United States.

Symptoms of major depressive disorders and post-traumatic stress disorder (or PTSD) are apparently common among refugees from political violence (Jenkins, Kleinman and Good 1990; Kinzie et al. 1984; Mollica et al. 1987; Westermeyer 1988). Although studies of Southeast Asian refugees have been pursued for a decade or more, studies of psychiatric vulnerability among Central American refugees in North America have barely begun (Alvarez 1990; Farias, this volume; Jenkins 1990a,b; Williams 1987). In the research experience of the

author and her clinical colleagues, depression, among other psychiatric disorders (e.g., dysthymia, panic disorders and post-traumatic stress syndromes) is very common, and is apparently due to the aftereffects of political violence and inhospitable life conditions in North American urban settings. While forced uprooting and culture conflict are sources of distress, political oppression and turmoil also clearly have an effect independent of migration. In addition, the refugees experience great psychic and bodily suffering in the aftermath of having fled *la situación*. Despite life in what ostensibly one may have hoped for as a "safe haven," *la situación* remains vivid in their dreams (often nightmares), is constitutive of their memories, and is present in the apprehension of everyday life.

According to psychiatric diagnostic and research criteria (DSM-III-R and the SADS), nearly all of the patients in the study had experienced at least one major depressive episode in their lifetime.¹⁶ Most had suffered one or more major depressive episodes within the past two years, and some have struggled with either chronic depression or dysthymia. The women voice a variety of themes of sadness and sorrow in relation to loss and bereavement, helplessness and hopelessness. The language of loss and mourning, however, is often communicated through somatic means, as insomnia, lack of appetite, fatigue, or psychomotor agitation or retardation. As Kleinman (1986, 1988) has demonstrated, somatized expression of depressive disorders is very common for most of the world's population. Many of these women also report symptoms of post-traumatic stress disorder (PTSD), including recurrent nightmares of traumatic violence, a sudden feeling that the traumatic event (or events) are recurring, and irritability or outbursts of anger. Psychiatrists refer to these "active" symptoms as part of the "intrusive" phase of PTSD, whereas symptoms such as restricted range of affect, feeling of estrangement from others, and efforts to avoid feelings associated with the trauma are associated with the so-called "numbing phase." As I argue below in greater detail, the traumatic event in these instances may be construed *broadly* – as the chronic presence of warfare and destruction – and *discretely* – as particular instances of extremely traumatic events such as witnessing an assassination or actually undergoing torture and interrogation.

In Foucault's essay (1973:85) on the relation between "Passion and Delirium," he mused that "(t)he savage danger of madness is related to the danger of the passions and to their fatal concatenation." A contemporary parallel of Foucault's observation is our simultaneous understanding of, for example, depression as an emotion and as a disorder (Kleinman and Good 1985). The problem of understanding the pathogenic consequences of trauma and the character of the resulting disorder is thus compounded by variations in the psychocultural bases of emotional life. In the present context, I can offer only the briefest summary of the Salvadoran ethnopsychology of emotion:¹⁷

1. In terms of what would be clinically categorized as the "chief complaint" or presenting problem when coming to the clinic, nearly all of the refugees in the study report that they suffer from a variety of problems related to *nervios*. The cultural category *nervios* is deeply embedded within the life contexts of chronic poverty and exposure to violence.¹⁸ *Nervios* refers at once to matters of mind, body, and spirit and does not make good cultural sense in relation to mind-body dualisms.
2. Salvadorans can in general be characterized in terms of a strongly kin-oriented and relatively sociocentric (Shweder and Bourne 1982) or referential (Gaines 1982) sense of self, with the experience and expression of symptoms framed in reference to the family context.
3. Spanish provides a rich lexicon for emotions of sadness and sorrow. Suffering may be reported through language rich in descriptive detail, and with a distinctly existential flavor. In Salvadoran culture, ethnopsychological elaboration of *tristeza* (sadness) or *pena* (sorrow) and an underlying sense of life's tragedy invariably color *la situación*.
4. On a phenomenological level, Salvadorans describe their emotional experiences in terms of bodily sensations. The body sites are often both specific and generalized. It is not uncommon to voice one's suffering as a totalizing bodily experience. Reports of various bodily sensations may be interpreted as signs of malevolent spiritual influence, and one's suffering could well be related to spirit activity.
5. Also common is the preoccupation with protection from the malevolence of others, as manifest in the ethnopsychologically salient themes of *envidia* (envy) and witchcraft.
6. Salvadorans evidence a great deal of involvement in dream life, and this serves as a means for communicating with distant, missing, or dead loved ones. Sometimes these communications are reported as comforting experiences, as dream memories focus on past family *fiestas* and Salvadoran love of the land and nature. The dysphoric and distressing quality of dream life becomes evident, however, in the alarmingly high incidence of dreams of disembodied and mutilated bodies, knives and other weapons, and a full array of war-related horrors. Especially noteworthy is the fact that most of the dream life situates Salvadoran refugees back home, not in the United States.
7. In Salvadoran ethnopsychology there is the belief that the experience of anger and hostility, whether directed by intimates or in witchcraft, may lead to serious illness or, in extreme cases, death.

Cultural proscriptions of outwardly directed verbalizations of anger and rage may be relevant to a distinct symptom or experience we have observed among some women, something they call "*el calor*" (the heat).¹⁹ *El calor* may be

experienced as intense heat rising progressively from the feet and emanating throughout one's whole body. One of my informants told me: "*el calor* is like fire. In your whole body." Another woman described it as the sensation of rolled up newspapers that were set ablaze and she could feel in her chest. The possibility that it is menopause-related does not seem to provide an adequate explanation for this phenomenon, particularly in light of its occurrence even among women from ages 25 to 30. Also, it may occur not only in situations of fear or panic but also under ordinary conditions. We have considered that in some persons the symptom may be related to torture experience, since persons who have been tortured speak of not only *el calor* but also the sensation of electric shocks throughout their body. Nevertheless, we have also been given these same phenomenological accounts by some persons who have not undergone torture. The clinical relevance of understanding *el calor* was made all too evident recently in a clinical case conference. While waiting for the resident to come into the hospital examining room, a patient was overcome by intense heat throughout her body. To relieve herself she took off her blouse and soaked it in cold water from the sink. When the resident entered the room and saw she was not only distressed but also half-nude, he apparently assumed she was "psychotic" and immediately transferred her to the local state psychiatric hospital, where she remained without the benefit of an interpreter for several days until her family discovered her whereabouts. The fact that *el calor* is a culturally elaborated total body experience leads me to conceive of it not merely as the embodiment of affective distress but also what Csordas (forthcoming) has called a culturally specific "somatic mode of attention."²⁰

MEANING, SENSE, AND REPRESENTATION: THE TRAUMATIZED BODY

Pierre Janet's work on trauma is undergoing a renaissance because it takes us a step beyond the question of whether trauma bears a causal relationship to illness. With the publication of his work on *Psychological Automatism* in 1889, Janet began to specify the internal dynamics that organize the trauma and the processes that turn trauma into illness. He stated that "traumas produce their disintegrating effects in proportion to their intensity, duration, and repetition" (quoted in van der Kolk and van der Hart 1989:1536). The initial response combines what he termed "vehement emotion" and a cognitive interpretation resulting in dissociation of memory or identity processes and attachment to the trauma such that the person has difficulty proceeding with her life (van der Kolk and van der Hart 1989).

Martin-Baró (1988, 1989) argued that individualized accounts of trauma and illness are insufficient in the context of long-term political violence. Although the trauma and suffering are manifest in individual psychic suffering, it is more

appropriate to speak of psychosocial trauma or “the traumatic crystallization in persons and groups of inhuman social relations” (1988:138). The trauma and suffering become manifest in psychic suffering, dysphoric affects, and a variety of forms of psychopathology. Psychosocial trauma is particularly evident in the collective experience of anxiety, fear, paranoia, terror, and above all, denial of reality. Martin-Baró (1990) interpreted the constellation of state-constructed affects, ills, and defenses as a potent means of psychological warfare. His insight is that, through its own peculiar dynamic, war unfolds into a more global phenomenon and is the dominant process that subordinates all other social, economic, political and cultural processes. Moreover, this process affects all members of a society, either directly or indirectly. For example, to a greater or lesser extent, all members of the society may experience the war *en carne propia*. The point is that no one remains untouched, or unchanged, by *la situación*.

Understanding the human meaning of trauma, especially as it affects refugees from political violence, is frequently clouded by failure to distinguish between a relatively enduring traumatic situation and relatively discrete traumatic events. I would suggest that this distinction is relevant in two critical dimensions, namely the state construction of affect and the phenomenology of affect. In the first of these dimensions, the conditions of trauma established by the state and resistance to it come under the distinction between the situation of terror and events of torture. In the second, the modes in which those conditions are taken up into human lives come under the distinction between the situation of distress and events of disease. Torture is different from terror, and disease from distress, by degree and by self-reference. With reference to degree, we might posit that there is a simple continuum between the diffuse effects of the generalized situation and the intensely focused effects of the discrete event. However, torture and disease take on their unique configuration in contrast to terror and distress as a result of what Marx termed the “transformation of quantity into quality,” the amplification of a phenomenon until it takes on a character and consequences quite its own. This understanding parallels that made by biological psychiatrists about the existence of a threshold the crossing of which constitutes a pathogenic alteration of neurological biochemistry.²¹ Related to this process is another, more distinctly qualitative threshold associated with the shift in the immediacy of self-reference. The generalized situations of terror or distress bear a relatively diffuse reference to the self, which is precisely the condition for the possibility of denial so characteristic of a political ethos such as that of El Salvador. Stated another way, one may be terrorized by a situation that includes the torture of others, and distressed in a situation that causes mental illness in others, but these can also become immediate events of torture or disease for the self.

Despite the profound differences in degree and self-reference, the essence that terror and torture, disease and distress retain in common is their fundamental

dependence on the problem of meaning, sense, and representation. Michael Taussig (1987), in trying to define the culture of terror that existed during the rubber boom in colonial Colombia, discovered that:

...terror provided only inexplicable explanations of itself and thrived by so doing... this problem of interpretation is decisive for terror, not only making effective counterdiscourse so difficult but also making the terribleness of death squads, disappearances, and torture all the more effective in crippling of peoples' capacity to resist (1987:128).

If as Taussig says, terror nourishes itself by destroying sense, Elaine Scarry (1985) shows that this is doubly so in the structure of torture. Interrogation and the infliction of pain, the two basic features of torture, are both language-destroying, and hence destructive of the three principal loci of human meaning: world, self, and voice. Pain creates a "discrepancy between an increasingly palpable body and an increasingly substanceless world" (1985:30), as even familiar objects such as walls, doors, furniture become weapons. Interrogation is not designed to elicit information but to destroy the voice, creating expressive instability in its conflation of interrogatory, declarative, and imperative modes and the exclamatory of each (1985:29), until every question becomes a wounding and every answer regardless of its content becomes a scream. The self's complicity in its own destruction is represented as self-betrayal in that a transformation occurs between the experience that "my body hurts" and "my body hurts *me*," and as betrayal of others in the signing of an unread confession. The effect of the confession is compounded insofar as it is likewise understood as a "betrayal" by the general populace (1985:47).

The same essential dependence on representation is true of distress and disease. Persons in a situation of terror are not necessarily in a situation of distress unless the terror represented as such: distress is a particular stance toward the situation, a consequence of the construal of terror as terror. When the political structure of terror is recognized for what it is, the only self-preserving stance is either to take up arms or to flee. The only other solution is to find collectively acceptable ways not to recognize it. Thus, it is no accident that Salvadorans use precisely the vague word *la situación* to refer to the state of affairs in their country, for it is of necessity rhetorically neutral in its non-acknowledgment of distress. This is especially relevant insofar as the acknowledgment of distress is itself considered a subversive act by the authorities. Jennifer Jean Casolo, the American church worker detained and interrogated by Salvadoran authorities in 1989, reported that when she cried upon hearing the moans of detainees in neighboring rooms, her captors quickly asked if she was "crying for her subversive friends." Her insistence on the human legitimacy of distress was summarized in her response that she would cry for her interrogator if the same was done to him.

Disease too is bodily representation, a constellation of symptoms constituting a clinical entity that may occur in episodes – and with respect to refugees, what counts as disease is a rhetorical and political issue. A recent study of Latin American refugees in Toronto and Mexico City and of families of *desaparecidos* (“disappeared”) in Santiago and Buenos Aires found that “victims of torture and refugees from violent political persecution within a period of ten years following the traumatic experience are impaired by psychosomatic and mental symptoms” (Allodi and Rojas 1983:246). Moreover, families of *desaparecidos* experienced more symptoms than refugees, not only because of the stress of uncertainty but perhaps because they still lived in the mode of terror that stifles resistance and expression of distress. In other words, the authors suggest that families of *desaparecidos* have more symptoms than do refugees because, unlike those who have escaped, they must continue to repress even their distress for fear the authorities will construe its expression as a sign of subversiveness, and possibly kill the *desaparecido*. This study has methodological flaws, and does not arrive at particular diagnoses, but I cite it as an example of a struggle to represent the consequence of political violence as disease in face of the ease of denying that someone in distress is persecuted, or even that persecution is wrong. Someone who is distressed might still deserve that distress, but, as Young (1982) has noted, someone who is sick is relieved of culpability.

The distinction between distress and disease can also be used to delegitimize the relation of suffering to disease, as has been shown by Brown and Harris (1978). They argue against those who – in standard dualistic fashion – would consider depression a disease only if caused biologically and not through stressful life events. They point out that depressive symptoms are prevalent in the general populace as well as among psychiatric patients, and the former may never reach treatment or be cared for by general practitioners precisely because the origin of their illness is understandable as depression originating in stress, or distress. Emphasis on biological causes can misrepresent the impact of distress and trauma by opening the claim that those who develop pathology had a biological predisposition to the disease, or had pre-existing or other compounding pathology. This problem of distress and disease is all the more tenacious because it is not only relevant to the refugee situation, but is inherent in medical thinking. As Kirmayer (1989) argues, “... the definition of discrete disorders remains an artifact of sometimes arbitrary criteria that leave the classification of milder and intermediate forms of distress ambiguous ... both the lay and medical diagnosis and treatment involve selective interpretations that hide some causes and consequences of distress while revealing others” (1989:327,328).

SUFFERING AND RESILIENCE

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 characterized 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.

Martin-Baró also concerned himself with the paradox that the suffering inherent in war also offers to some people the opportunity to further develop what we are fond of calling our "humanity" and strength. This process seems to almost completely elude social science concepts of adaptation, or worse yet, adjustment and assimilation. These seem wholly inadequate to the task of understanding how refugees attempt to reconstitute their lives and construct new meanings.²² For refugees, the kinds of personal, existential, and cultural losses they face virtually guarantee a (potentially unresolvable) grief reaction of profound sorrow and anger. It also seems to me that if, as Obeyesekere (1985) has argued, culture provides for the working through of grief that guards against depression, it would seem that many cultures necessarily fail in the face of circumstances so extreme.

Yet this is not always how it goes. The persistence of strong love of life, family, and native land, in the face of what would seem from a North American point of view overwhelming circumstances, constitutes a puzzle in understanding bodily and spiritual resistance and resilience. Despite a sometimes dizzying array of losses, traumas, somatic symptoms and life crises, Rosa, for example, manages to find the proverbial light at the end of the tunnel. Things were not going well: her apartment building was burned to the ground (there was the strong suspicion by many residents that the match was tossed by the owner of this dilapidated unit for insurance purposes). The new city-owned building she had moved into was populated mostly by *norteamericanos* (Anglo-Americans) whom she perceived as considerably less than enthusiastic about having Latinos in the building. Moreover, she had just learned that her daughter-in-law was again engaged in a "job" (that is, "witchcraft") against her, causing her no end of difficulties. Her therapist, empathetically frustrated and at her own wits end, said, "Ay, Rosa, I just don't know what you can do. I say it's time to get the candles out and light up as many as you can." (Candles are religious objects with spiritual powers that provide protection and good luck.) Rosa responded by saying, "But doctor: don't you know, I've already tried it! I want to, but I can't: If I light the candles, it sets the smoke detector off!" Following this, both patient

and therapist reported bursting out in peals of laughter. Thus humor and perseverance in the midst of disaster and misfortune serve as powerful tools for survival. (Also see Argueta 1987 on this point.)

CONCLUDING REMARKS

I can suggest the following issues for further theoretical elaboration of the role of the state in constructing affective experience and expression: (1) *covert* (in addition to overt) mechanisms for promoting and legitimating emotion discourses. Analysis of the covert and indirect affective communications (and meta-communications) from the state and other political groups is required since, in many or most instances, such messages go purposefully unacknowledged. Direct knowledge of purposeful intent in communicating a given emotional message would, in many instances, be explicitly disavowed if brought publicly to the foreground; (2) affective communications including symbolic acts and practices that “set” a particular affective tone; (3) the “redundancy” or apparent degree of accord in the nature of affective communications from multiple state and political sources; (4) the presence of competing “counter-discourses” on emotion; (5) institutionally and politically engendered “double binds”²³ as a system of affective interaction, generalized emotional atmosphere, and social control.

My argument has been that state construction of affect and what I have termed the political ethos of a society should be an important dimension of anthropological theorizing about the cultural construction of emotion. This requires that anthropologists be more attuned to political ethos than they have been in the past.²⁴ Culture, conceived within an interpretive framework of a symbols-and-meanings approach to personal and social worlds cannot fully “hold” the powerful analytic constructions of state and political realities. Likewise trauma, conceived within a framework of individual psychopathology, cannot account for the global affective consequences of terror and distress – the perspective of Janet must be synthesized with that of Martin-Baró. More explicit recognition of the state construction of affect, and research along the lines suggested above, should result in a greatly enhanced dialogue on emotion as psychoculturally and politically constructed.

*Case Western Reserve University
Departments of Anthropology and Psychiatry
Cleveland, OH 44106, U.S.A.*

NOTES

¹ *Acknowledgements.* This paper is based on a study carried out by the author in collaboration with Marta E. Valiente, a clinical psychologist who serves the Latino population studied here. We have enjoyed an anthropological-psychological collaboration on the present study for some three years now. I also extend my thanks to the Latino Team at the Cambridge Hospital (Department of Psychiatry, Harvard Medical School) who serve this particular patient population. Throughout the three and one-half years of my clinical-anthropological work with the Latino Team, I have been impressed by their energy, intelligence, and strength of commitment. I am especially grateful to Mauricia Alvarez, who, with great vision and purpose, encouraged multiple (particularly anthropological) perspectives on the issues at hand. I thank Pedro Garrido (Director, Latino Program) and Sylvia Halperin (Clinical Director) for their research contributions and referral of patients to the study. I am also grateful for ongoing collaboration with Pablo J. Farias and thank Thomas J. Csordas for helpful comments on this paper. I gratefully acknowledge support from the National Alliance for Research on Schizophrenia and Depression (NARSAD), for supporting investigation of the clinical and cultural issues associated with major depressive illness. Above all, I thank the Salvadorans who graciously agreed to talk with me. In my pursuit of anthropological questions of the strength and fragility of human nature, I have tried to learn from them.

Invaluable also has been the three and one-half years (1986–1990) of interchange I enjoyed as a member of the Clinically Relevant Medical Anthropology Program, Harvard Medical School, Department of Social Medicine. I especially thank Arthur Kleinman, Byron Good, and Mary-Jo DelVecchio Good, for a propitious invitation to join this group and their successful fostering of a lively intellectual environment. I am grateful to Arthur Kleinman for his steady, passionate vision of the interface between anthropology and psychiatry and for helpful contributions to the diagnostic and conceptual issues in the present study. These issues are more fully examined in a forthcoming publication.

Dedication. This essay is dedicated to the memory of Dr. Ignacio Martin-Baró, a psychologist from El Salvador who personally inspired several dimensions of this essay and research. In what now reads as a painful foreshadowing, Martin-Baró jokingly remarked during a recent visit to the United States, that, “in the United States it’s publish or perish. But for professors who speak and write on behalf of social justice in a totalitarian society, it’s often publish *and* perish.” Less than nine months after making these remarks Martin-Baró was dead, one of six Jesuits assassinated by the government during a bloody rebel offensive. As a social psychologist, he had been in a unique position to produce a social analysis directly relevant to the life situations of Salvadoran refugees in North America today. His loss to the international community of scholars concerned with the mental health consequences of civil warfare is profound. His loss as a humanitarian working toward a negotiated settlement of the conflict in El Salvador is incalculable.

² See Bateson (1958:118) for a definition of ethos as the emotional environment of an entire culture. See Jenkins (in press) for a discussion of ethos within particular family contexts.

³ See the edited volume by Lutz and Abu-Lughod (1990) on political dimensions of everyday affective communications focusing on various kinds of “talk” (such as narratives, text, speech, aesthetic performances, and scientific discourse). In the context of contemporary El Salvador, it’s clear that enforced silence and the absence of talk are equally important in constituting a political ethos.

⁴ The phrase “state construction of affect” comes from collegial exchanges with Mary-Jo DelVecchio Good, whose work has provided theoretical inspiration for my argument.

⁵ See Suarez-Orozco (1990) for a broad overview of encounters with “culture(s) of terror” in Argentina and Central America (Nicaragua, El Salvador, and Guatemala). His analysis documents the “unspeakable horrors” that pervade each of these Latin American

countries. For fuller historical background to the contemporary Guatemalan "culture of terror," see Manz (1988) and Smith (with the assistance of Moors 1990). For additional historical background to the political history of Central America, see Dunkerley (1988).

⁶ This paper is an introductory statement for a set of forthcoming publications on the mental health status, ethnopsychology, and ethnographic context of Salvadoran refugees living in North America by the author and her collaborators. One paper will concern questions of differential diagnosis and the relevance of psychiatric diagnostic categories for psychiatric out-patients in the present study (J.H. Jenkins, A. Kleinman, and M.E. Valiente). Also in progress are (1) a cultural analysis of gender and the mental health status of Salvadoran women; and (2) analyses of the cultural psychology (see Shweder 1990) of Salvadorans from anthropological and psychological perspectives (J.H. Jenkins and M.E. Valiente).

⁷ In a psychosocial study of motivation and achievement among Central American refugees who attend U.S. high schools, Suarez-Orozco (1989) also reports common usage of the term *la situación*.

⁸ Compare M.J. DelVecchio Good and B. Good's (1988) discussion of the affective consequences of program changes in Iranian television following the Islamic revolution.

⁹ Regrettably, audiocassette recordings of the guerrilla radio broadcasts were not available for similar analysis of the contribution these broadcasts make to the political ethos. My partial knowledge of these broadcasts (from approximately the same time period) suggests the broadcast salience of themes of "liberty," "revolution," and "victory."

¹⁰ I acknowledge that *la situación* is not unilaterally constructed by the state but is also constructed by actions in response to and in opposition to the state, such as those of armed forces of guerilla resistance. Tragically, the waging of war typically involves criminal and violent actions on both sides of the conflict. This fact has been acknowledged by members of the FMLN (for example, in recent admissions of the apparent execution of American military personnel subsequent to their survival in a helicopter crash landing), and has also been documented for the military forces by human rights groups compiling data for the United Nations High Commissioner for Refugees (UNHCR). The systematic practice of detention, torture, sexual violence, disappearance, and execution of those suspected of participating or collaborating with guerillas has been summarized by the U.S. Committee for Refugees (1990a). Yet another report by the U.S. Committee on Refugees (1990b:70) has summarized the overall situation as follows:

According to a United Nations study issued in November, both the government and the FMLN executed hundreds of civilians during the year. In an article on the UN report, the *Washington Post* said that 'accounts of murder and torture are so plentiful that he [the author] was unable to determine the true number of victims.' El Salvador was described as 'a society descended to near lawlessness, with government and guerrilla groups doing little to stop the bloodshed.'

These continued human rights abuses, and the fear and upheaval caused by the end of year (1989) offensive, led even more Salvadorans to seek to leave the country. In December, officials at immigration offices in San Salvador said that more than 2,000 people a day were applying for passports.

As it is impossible to document each feature in detail in a single paper, I have focused here on a more general sketch of how *la situación* is constructed as an emotional ambiance.

¹¹ The present essay is based upon ethnographic research in clinical, family, and community settings. The clinical setting is part of a medical school teaching hospital where the author worked for three years as an anthropologist. Ethnographic interviews, conducted by the author, were in-depth, semi-structured procedures and informal conversations in clinical, home, and community contexts. Depending on the research participant, between 2-15 interview visits were completed. For a smaller set of participants who served as anthropological "key informants" and with whom the author developed a relationship of friendship and trust, visits were more numerous and regular.

Since the majority of the patients who utilize this clinic were women, and since women's refugee experience is distinctive from that of men's, the author and her collaborator (Marta E. Valiente) decided to focus on women. The women in the study were 20 to 62 years of age and primarily of peasant background with little formal education. Most of the women were monolingual Spanish-speakers.

¹² For each of the cases described below, sociodemographic and other potentially identifying information has been prepared in such a way to ensure anonymity and confidentiality.

¹³ For a portrait of detention practices within the context of everyday life in El Salvador, see Argueta's (1983) novel entitled *One Day of Life*.

¹⁴ Trauma in the sense used here refers to episodic and enduring exposure to highly distressing events, experienced and observable in part through symptoms associated with post-traumatic stress disorder. These symptoms are summarized in the Diagnostic and Statistical Manual III-R (1987:250–251) and include, for example, recurrent distressing dreams and recollections of the event(s), hypervigilance, and sudden acting or feeling as if the traumatic event were recurring (e.g., "flashback" episodes).

¹⁵ Some psychiatric researchers (e.g., Kinzie et al. 1984; Mollica et al. 1987; Westermeyer 1989) have made clinically and socioculturally informed contributions that go well beyond this basic question. Their work has specified some of the mental health consequences and appropriate treatments for survivors of forced migration.

¹⁶ The research diagnostic instrument used in this present study, the Schedule for Affective Disorders and Schizophrenia (SADS), is in wide use and was developed by Spitzer and Endicott.

¹⁷ While there is doubtless a distinction between the emotional experience of those living in *la situación* and those in refuge from it, it nevertheless remains true that the experience of Salvadorans in North America is mediated by a culturally specific ethnopsychology of emotion. This summation here is based on ethnographic data collected for the present study and available sources (Ministerio de Cultura y Comunicaciones 1985).

¹⁸ For an elegant portrayal of *nervos*, as a metaphorization of hunger in the Brazilian context of political violence, see Scheper-Hughes (1988).

¹⁹ The dynamics of central heat in depression among Nigerians have been usefully discussed by Ifabumuyi (1981).

²⁰ Csordas has argued that the role of bodily phenomena in the constitution of subjectivity and intersubjectivity can be taken into account through examination of "somatic modes of attention."

²¹ For purposes of this paper, I have left aside the question of biological concomitants of emotional distress and disorder. In relation to the present essay, however, there can be no doubt that the kinds of bodily/emotional suffering experienced by Salvadoran refugees often have their (psycho-)physiological correlates. This is of course especially true for persons suffering from symptoms of major depressive illness and so-termed "post-traumatic stress disorder" (PTSD).

²² See Kleinman (in press) for an anthropological perspective on suffering and resistance within the context of local moral worlds.

²³ Here my intention is to take the concept of family "double bind" in all its specificity (as formulated by Bateson and colleagues, 1956:253–254) and extend it to societal constructions of affective madness. The five elements that comprise the double-bind situation have been more fully summarized elsewhere by Mishler and Waxler (1966:379). These are: 1. Two or more persons.... 2. Repeated experience.... 3. A primary negative injunction.... 4. A secondary injunction conflicting with the first at a more abstract level, and like the first, enforced by punishments or signals which threaten survival.... 5. A tertiary negative injunction prohibiting the victim from escaping the field.... Despite the fact that, as originally formulated, the notion of the "double bind" was intended to empirically describe disordered affective communications within families presumed to

foster schizophrenic reactions, I use it here to convey mechanisms through which states may engender particular (dysphoric) emotional reactions in their populace. The theoretical utility of the "double bind" notion as an etiological concept in psychiatry has, appropriately, fallen out of favor (see Jenkins in press).

²⁴ This issue has recently been addressed by Starn (1991) who argues that anthropological awareness of what amounts to a political ethos in contemporary, revolutionary Peru has been occluded by a professional bias of "Andeanism," equivalent to Said's "Orientalism."

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