

LIVING AND DYING IN THE CONTEMPORARY WORLD

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LIVING AND DYING IN THE CONTEMPORARY WORLD

A Compendium

Veena Das and Clara Han, editors



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For Harry Marks

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"IF YOU REMEMBER, YOU
CAN'T LIVE"

Trauma, Insecurity, and the Futility of "PTSD" in Haiti

Erica Caple James

In recent years Haitians have struggled to live with a seemingly unceasing chain of human-authored and natural disasters that have placed their nation's most vulnerable populations in states of *ensekirite* (Haitian Creole for "insecurity"). The trope of *ensekirite* provides a metaphor for the lived experience of fear and anxiety provoked by quotidian risks. The mid-1980s through the mid-1990s was a period that saw the rise of human rights activism in protest of the Duvalier dictatorships (1957-86) and the election, exile, and then restoration of President Jean-Bertrand Aristide, who many thought would usher in an era of sustained peace and security. During this period of political turmoil, the term *ensekirite* began to be used to describe cycles of political violence that was directed primarily against the poor pro-democracy sector by reactionary military and paramilitary forces. More recently the term has come to signify the uncertainties of living with crime, multiple forms of violence, kidnappings, economic stagnation, environmental hazards, and other social precarities.

During therapeutic work and ethnographic research I conducted between 1995 and 2000 among Haitians who were beneficiaries of a number of publicly and privately funded victim advocacy programs, I learned that the ontological uncertainties wrought by *ensekirite* were especially acute for those who were targets of organized violence. After the years of terror—between the September 30, 1991, coup that ousted the nation's first democratically elected president and the October 15, 1994, restoration of democracy by the U.S. and UN Multinational Force—international and national governmental and nongovernmental actors worked to support the recovery and rehabilitation of both the

nation and its citizens. In this chapter I suggest that the complex challenges that faced those who gave and received care during those years prefigure many of the struggles that individuals and institutions have confronted following the January 12, 2010, earthquake. During the 1990s (and now in unprecedented levels), humanitarian and development interveners attempted to reduce social precarities and repair the psychosocial ruptures that Haiti's survivors experience between life and death, and between the living and the dead.

International humanitarian actors intervened in the postcoup era to provide safety and security to populations that had been persecuted during the nation's protracted transition to democracy. A plethora of new governmental and nongovernmental psychosocial treatment programs that the Haitian government was unable (and in many cases unwilling) to provide were inaugurated for Haiti's "victims." In the context of these reconstruction and rehabilitation efforts, the psychiatric diagnostic category *posttraumatic stress disorder* (PTSD) became an organizing trope influencing how many humanitarian and development interventions in Haiti were conceived. As I have described elsewhere (James 2010, 2011), a variety of individual and institutional interveners attempted to disseminate an understanding of "trauma" as defined within the *Diagnostic and Statistical Manual of Mental Disorders (DSM)* of the American Psychiatric Association and that conformed to the criteria of other Western nosological systems that categorize mental and emotional distress. In their interactions with Haitian *viktim*—survivors of human rights abuses who claimed victim status as a marker of their political identity—international and Haitian mental-health-care providers, and women's- and human rights organizational staff members (among others), vernacularized and disseminated the concept of PTSD among their clients. The medico-legal framework through which these institutional actors documented and classified the material and psychosocial effects of traumatic suffering offered a means of transforming experiences intended to dehumanize and abase their targets into forms that could launch quests for justice and reparations.

Amid an unpredictable climate of *ensekirite*, the programs that these actors inaugurated also created what I call *purgatorial spaces*:¹ material spaces of security (or containment) outside everyday life or the normal social order in which caregivers introduce a set of therapeutic or "penitential" practices in order to instill moral dispositions and practices in recipients of care that can help relieve (and redeem) suffering. In Christian theology the concept of purgatory has been used to describe a liminal space (or condition) into which the souls of the dead who have failed to fully repent their sins are temporarily assigned in order that they may undergo purification prior to salvation. External actors may intercede on the soul's behalf through prayer and other religious works. In temporal therapeutic spaces, facilitators encourage the confession of suffering and the analysis of traumatic experiences, and then prescribe practical modes of action to remedy pain and sorrow that in many respects can be considered penitential. Through such secular acts of discipline and penance, beneficiaries were "converted" from one social status to another and encouraged to repair ruptured relationships between the living and the dead.

THE POWER OF DEATH TO SUBJUGATE LIFE

Members of the coup apparatus inflicted upon their targets a style of violence that can only be described as necropolitical (Mbembe 2003). Through intimidation, detention, torture, killings, and "disappearances" of those persons deemed enemies, and by forcing their targets to engage in acts that violated moral norms (such as rape, gang rape, and forced incest), the terror regime mobilized the power of death to subjugate the living. As I discuss elsewhere (James 2008), these egregious acts ruptured bonds of kinship within the family. Many of the Haitians targeted understood the individual to be at the nexus of an extended social group that includes the living, the ancestors, and the *lwa* (divine spirits). The style of violence perpetrated inculcated in victims a status that resembles Orlando Patterson's (1982) description of "natal alienation" and "social death" among enslaved populations. Alongside the destruction of material property (homes, movable goods, and items like personal identification papers), necropolitical acts dehumanized individuals, families, and whole neighborhoods during the coup years in Haiti. Violent campaigns perpetrated against activists and their families reduced many of them to a life more "bare" than the desperate conditions prompting their struggles for human rights, democracy, and economic justice in the first place (Agamben 1998). In addition to the physical damage inflicted upon the bodies of activists, their families, and the neighborhoods viewed as pro-Aristide, the disappearance of loved ones, and in particular the absence of the "corpus"—the material body of the living (or the presumed dead)—produced tremendous fear, anxiety, grief, and guilt among a number of survivors. An inability to observe kinship obligations to the living, and especially mortuary rites for the dead, was a cause of tremendous affliction for *viktim* with whom humanitarians worked.

Some interventions aimed at ameliorating and redressing trauma inscribed or made legible the ineffable but enduring marks on the "souls" (de Certeau 1984; Foucault 1979) of individuals and families who were harmed through direct and indirect means by agents of the state and other parastatal actors. When tethered to a legal understanding of the violation of "human" rights, the concept of PTSD offered a secular moral discourse that laid blame for ongoing psychosocial suffering at the hands of state actors rather than in the survivors' failure to observe norms of sociality and reciprocity in Haiti. In many cases, such discourses and practices of trauma remoralized individuals whose victimization had produced shame, isolation, avoidance of social interactions with others, and pervasive feelings of guilt and embodied fear (Frank and Frank 1991; James 2010; Kleinman 2006).

But the processes by which individual and collective histories of suffering and *ensekirite* were rendered visible (and legible) also produced what I have characterized previously as "political economies of trauma" (James 2004). Haitian psychiatrists with whom I worked questioned whether the concept of posttraumatic stress was actually required to identify and treat the symptoms of patients living with the complex sequelae of egregious events: the categories of "depression" and "anxiety" were deemed sufficient.

Despite such professional ambivalence about the necessity of a new diagnosis, both care providers and recipients quickly recognized that framing suffering through the language of PTSD was useful to gain recognition of their worthiness and status as political martyrs, as well as to gain greater access to humanitarian and development resources that circulated in this political economy.

As will be discussed below, the adoption of the PTSD construct, particularly in individual and group psychotherapy sessions, created new subjectivities for Haiti's victims that challenged conceptions of distress arising from "traditional" understandings of personhood and embodiment. The example of Christian Dieusibon demonstrates how the narration of "individual" traumatic experience through the legal framework of "human" rights could be therapeutic and empowering. At the same time, structured forms of confession reinforced the groups as purgatorial spaces in which clients engaged in penitential practices of self-reflection. In so doing, posttrauma rehabilitation programs encouraged a new manner of life and identity that transformed the so-called boundaries between the living and the dead, the political and the civil, the sacred and the secular, and between "tradition" and "modernity." In other cases, however, discourses of trauma and the therapeutic practices offered to aid traumatized victims were inadequate to mitigate the ongoing challenges of living with *ensekirite*. The case of Odette Jean demonstrates that for many traumatized individuals coping with contemporary states of *ensekirite*, everyday life remains an unending struggle between past and present social ruptures into which specters of the past may irrupt, especially as Jean stated, "if one remembers."

HUMAN RIGHTS AND CIVIL RIGHTS AS THERAPEUTIC DISCOURSES

In 1994, the Americas Development Foundation (ADF), a controversial private voluntary organization that had been promoting democracy abroad since the 1980s, began offering victim assistance with financial support from USAID through a program called the Human Rights Fund. Beneficiaries of the initial program were Haitian activists (*militan*) who had been targeted during the coup years. In 1997, former members of the Medical Unit of the UN Civilian Mission in Haiti inaugurated a new Victim Assistance Rehabilitation Program (the Rehab Program) within the Human Rights Fund (HRF, or the Fund). The program provided comprehensive medical, legal, psychological, educational, and social services. During the time of my research at the Fund (1997–2000), the Rehab Program's therapy groups offered a space of security that permitted *viktims* to recount and reassess past traumatic experiences. The well-attended groups challenged a common perception among many Haitian mental health professionals that "talk therapy" was beyond the comprehension and capacity of poor Haitians and that psychotherapy is, therefore, unnecessary or superfluous. In my discussions and interviews with these caregivers, many expressed the view that the satisfaction of "basic needs," rather than the exploration of psychosomatic conditions, was a priority for *viktims*. Negating such

conventional views, however, was the fact that after the Rehab Program reduced the material benefits it was able to provide to beneficiaries, many of the Fund's clients continued to attend the therapy groups in order to share their experiences with others and to give voice to their feelings of injustice and moral angst—in some cases attending after having waited several months to participate.

Between fall 1998 and spring 1999, I participated in five biweekly therapy groups of four months' duration to learn about the experience of *viktims* and to understand how attending the groups helped members live in the postcoup era. Psychiatrists, psychologists, and psychiatric nurses with whom I studied at the State University Hospital Mars/Kline Psychiatric Center (between 1998 and 1999), "traditional" healers (practitioners of manual therapies, herbal medicine, etc.), lawyers, and others with expertise in aiding traumatized Haitians facilitated the sessions. One group had a psychological orientation: Rehab Program staff members had diagnosed the participants as suffering from prolonged somatic stress and other acute psychological symptoms and thought their clients would benefit from participation. A second therapy group had a legal counseling orientation: facilitators with medical and legal expertise advised participants on how to move from recounting stories of suffering to preparing for potential legal cases against their perpetrators. (This group seemed to be the most effective in enabling its participants to regain a sense of empowerment and agency to change their circumstances.) The third group was for women only; the majority of participants had been raped during the coup years. While the latter was intended as a support group, the information disseminated there was primarily in the form of reproductive health and nutritional counseling and was less focused on the devastating acts of gendered torture that had brought these women to the Fund. A fourth group focused on treatment methods arising from Haitian traditional healing modalities. A fifth group also had a psychological orientation.²

As each group commenced, Dr. Christine Thomas, a French ethnopsychiatrist who directed the Rehab Program, reiterated that the purpose of the sessions was for participants to "work" on the memories of the past (*travay sou memwa*).³ Although there was little implication that the beneficiary was expected to examine his or her own merits and faults—a practice characteristic of a purgatorial mode of self-reflection that recalls Michel Foucault's (2007) description of pastoral power—the mode of therapeutic work occurring among beneficiaries and care providers possessed a "confessional" character (Nguyen 2010). Each participant was asked to recount the story of the traumatic events that led to his or her experience of victimization or that gave eligibility for beneficiary status, whether the events were experienced directly or indirectly. Fellow beneficiaries and facilitators acted as witnesses and supporters, but also provided constructive comments regarding action the narrator could take to improve his or her quality of life in the aftermath of trauma. Dr. Thomas stressed, however, that if a participant failed to recount the details of past experiences of human rights violations, the memories of the event or events would linger or stagnate inside them "like a poison in their minds." Without engaging in this process of purification, the client remained trapped, as it were, in a

purgatory of the body and mind. Thomas assured *viktim* that by verbalizing past experiences they would no longer have nightmares and intrusive recollections of traumatic events throughout their lives. Externalizing the details of private suffering and sharing them among a group of individuals who had suffered similarly would also reduce feelings of isolation and shame.

The ultimate goal of the groups, however, was for each participant to adopt a subject position or identity that no longer was oriented toward or framed by "victimhood." Because *militan* had become *viktim* by protesting conditions of abject poverty, political exclusion, limited educational opportunities, and widespread unemployment—and some discovered that victim status conferred secondary benefits through access to posttrauma rehabilitation programs—this task of remoralization and self-transformation prove challenging. Many *viktim* saw themselves as martyrs for the cause of democracy and wore that status as a badge of honor deserving of political recognition. The majority also continued to live with risk, uncertainty, and the dangers of *ensekirite* in everyday life. *Viktim* status provided a means of asserting claims for recognition, rights, and justice, not only upon the Haitian state, but also upon members of the international aid apparatus whose transnational institutions appeared to offer a kind of belonging that supplanted the negligence (and even predation) of either the Haitian state or foreign governments. For a limited time, these mobile humanitarian actors offered multiple forms of support and intervals of security and protection from the hazards of *ensekirite*.

At the opening of each meeting, Dr. Thomas and the other therapy group staff members asked beneficiaries how the intervening two weeks had gone. The daily struggle for survival of self and family was a typical focus of the first part of the discussion. Then after each person had checked in, one or two *viktim* recounted the narrative of the events that had brought him or her to the Fund, so that by the third or fourth session most beneficiaries had had a chance to introduce themselves and to share their stories. Facilitators also discussed their own past experiences working with Haitians to promote human rights and health. Although participants had unequal power and authority, the meetings were not solely performances by beneficiaries for an audience of clinical spectators, but rather a group dialogue among people grappling to understand and move forward from diverse histories of trauma.

The focus on individual experiences in the therapy sessions and a greater emphasis on past rather than present tribulations attempted to inculcate in participants a mode of purgatorial self-reflection. Many men in the groups displayed a common practice involved in public displays of masculinity by debating Haitian politics vociferously. However, the therapeutic staff decided to keep the focus on personal suffering rather than foreground the broader political and economic situation from which such experiences arose. To some degree this strategy countered the human rights frame through which the Fund operated and produced double binds for participants. Typically, HRF's justice and human rights education programs acknowledged how individual beneficiaries were typically embedded in extended family networks. Indeed, an individual's eligibility extended to his or her

dependents, whether consanguineous or not. In the therapy group setting, however, the attention to individual experience encouraged the adoption of a subjectivity that may not have been customary for the participant, but that aligned more closely with predominant Western conceptions of human rights (An-Na'im 1992; Mutua 2001).

Limiting discussions of the broader political and economic structures that contributed to victimization and focusing on *individual* trauma further engendered the transformation of *militan* into *viktim*. In the group with the psychological orientation, participants first recounted their trauma narratives and then were asked to describe the more distant past. Each was asked to respond to the question, Who were you before you became a victim? The question often provoked nostalgic and emotional descriptions of childhoods spent in the countryside, where "one could at least live and eat from the land." These recollections of idyllic lives in rural areas were often nostalgic representations of the past: although less vulnerable to the waves of political and criminal *ensekirite* than was Port-au-Prince, the provinces were generally acknowledged to be the poorest areas in Haiti and those least protected by the centralized state. In the stories that *viktim* told, however, life in the city was, by contrast, precarious, dangerous, and also unpredictable. Both men and women *viktim* told stories of leaving behind extended families and the routines of agricultural life to *chèche lavi* (search for life or a living) in the city only to be confronted with the "depravity," "risk," and "lawlessness" of life. During the coup years, many of them were forced to flee *an mawonaj* (into hiding)—a state of internal displacement that evoked the flight of slaves from plantations in Haiti's colonial period—after having been subjected to threats, assault, and truly debasing treatment by affiliates of the extensive military apparatus. In some cases, *viktim* returned surreptitiously to the safety of their provincial homes. Being compelled to flee the city and seek security in a natal home compounded many participants' sense of shame and humiliation; a number of them expressed feelings of failure or inadequacy at not being able to uphold expected obligations to support their kin.

The question, Who were you before you became a victim? was also intended to encourage the participant to revive or recreate an identity that existed prior to victimization, a transformation of self presumed to have been provoked by an instance of "grave psychophysical threat" to the narrator or someone close to him or her. Focusing on a particular event that conferred *viktim* status reinforced contemporary understandings of PTSD that identify singular historical events or occurrences as the cause of trauma, rather than the routines of rupture characteristic of *ensekirite*. As I have elsewhere discussed (James 2010), a framework of "PTSD" that privileges the recounting of singular acts of "politically motivated" repression rather than an emphasis on the routine threats to economic, cultural, and social security paralleled contemporary emphases on promoting and protecting civil and political rights in human rights discourse. Although the framework of PTSD was not taught in an explicit way in these groups, facilitators emphasized that participants should work to transcend or leave behind a victim identity through this memory work.

CHRISTIAN DIEUSIBON

The trauma narratives of some participants in the therapy groups did not solely convey feelings of anger at perpetrators of violence, nostalgia for the past, or laments for the loss of a public political identity as a *militan*; rather, *viktim* also expressed feelings of trepidation, anguish, and remorse for failing to honor kinship obligations to family, whether living or dead. As I have previously described (James 2008), the inability to perform expected mortuary rites for the dead provoked profound feelings of guilt and sadness, whether such losses occurred at the hands of human-authored or "natural" disasters. Anthropologist Alfred Métraux ([1959] 1972, 243) has written that regardless of the religion that Haitians observe (Catholic, Protestant, Vodou, etc.), Vodou funeral ceremonies are "always observed over every dead body." Furthermore, Métraux asserts that "fear of the dead is such that their close relations would never dare, under any pretext whatever, to avoid those duties which custom exacts. Even the most destitute family does not hesitate to sacrifice its last pennies to ensure a proper funeral for one of its members," since such rituals are linked to the soul's fate in death (243-44).

During the coup years, the parents of Christian Dieusibon, a young man who lived in the rural northwestern Artibonite department, were murdered. His father's body was never found. Christian became the sole breadwinner and protector of his siblings and felt tremendous pressure in that role. But not only was it difficult to support the family, he had not yet been able to hold a funeral to lay his father's spirit to rest. The impact of neglecting to perform such funerary rites could be profound: "The dead . . . have the power of bringing down a 'punishment' on the head of a guilty relative. This can take the form of illness or persistent bad luck" (Métraux [1959] 1972, 256).

After we listened to Christian share his feelings of grief at the loss of his parents, angst from the new pressures of guardianship, and remorse over his failure to honor the dead, Dr. Thomas and a psychiatrist from the Mars/Kline Psychiatric Center proposed that he offer a "symbolic" funeral for his father to reorder the relationship between the dead and the living (*mete an plas moun ki mouri ak moun ki vivan*). Once he had completed the ceremonies, these caregivers suggested, both living and dead would be at rest (*tèt yo pli trankil*). Dr. Thomas also said that even in the absence of the corpus, the observance of expected mortuary rites would enable Christian to transform his own condition in life and move forward. The intent of the ceremony would not be solely about honoring the dead, but also about performing what can be viewed as a penitential act of restitution to repair the relationships with the deceased and, in so doing, to transcend the binds of "traditional" culture that seemingly contributed to his distress.

Christian next asked whether the Fund still offered the burial assistance it had once provided to *viktim* during the coup years; unfortunately, this form of aid had since been discontinued. In the weeks following this meeting, however, he procured funding and material resources from members of the community in which he lived to offer mortuary rites for his father. (It was not clear whether such rituals were conducted with an effigy of

the body or in some other manner.) At the group therapy meeting following these commemorative activities he expressed feeling relieved of feelings of remorse for not having yet been able to meet customary obligations to family and community. Although the malfeasance of state actors had prevented him from being able to "produce the body," the rituals enabled both Christian and, presumably, his deceased father to make the transition from this purgatorial condition to another state of being. He later consulted with a lawyer to learn whether he might be able to mount a case (*revandikasyon*) through the Haitian judicial system. The complex psycholegal and sociocultural strategies that he pursued over the course of the groups contributed to a compelling comment he made at their closure. Before attending the Fund's programs, he said, he "did not know that [he] was a person." Through participation in the therapy group and with the communal support he received to honor the ritual obligations to the dead, he now recognized himself "*kòm moun*"—as a human being or as an "individual" in the Western sense—and as a subject possessing human and civil rights. Although in its focus on individuality this model of "modern" personhood challenged Haitian "traditional" conceptions of the relational self, it was not incompatible with them. Christian had undergone what can be interpreted as a process of conversion: after receiving human rights training at the Fund, he became a field agent and worked to identify and assist other survivors of organized violence living in the Artibonite region.

Thus far, I have discussed how experiences of trauma are grounded in material and social losses and can be expressed as feelings of guilt because of an inability to properly mourn for, and lay to rest, the dead. In cases like Christian's, the narration of trauma in a structured or circumscribed manner in contained spaces of security helped to remoralize the victim. In others, the intersubjective sharing of traumatic stories did not inculcate a sense of self and identity that necessarily transcended victim status. Many *viktim* endured the legacies of being targets of organized violence—psychosocial fragmentation and natal alienation—in contexts of chronic urban violence. In such contexts, some *viktim* interpreted the singular experience of victimization that made them eligible for beneficiary status as a part of routines of rupture occurring in daily life. In contexts of chronic *ensekirite*, explicitly religious interpretations of suffering and purgatorial practices of self-mortification helped *viktim* to put words around and mitigate the embodied experience of social precarity.

ODETTE JEAN

In February 1999, I interviewed Odette Jean, a fifty-eight-year-old woman, at "Chanm Fanm" (the Women's Room), a women's clinic at which I had been volunteering since its founding in March 1996 to provide physical therapy to rape survivors and other patients. Chanm Fanm was established in Martissant, a highly populated poor area southwest of the capital, through a partnership between Haitian and American women's rights organizations. The goal of the clinic was to improve the health status of poor women in the area, and especially to support survivors of human rights abuses.

In the small room where we worked, Odette told me her life story. The endemic violence in the Martissant neighborhood—a zone virtually ruled by armed gangs and beyond the capacity of the fledgling Haitian National Police force (established in 1995) to survey and protect—figured prominently in her tale of sorrow. A few days prior to our meeting, the body of a young man had been discovered in the mountains above the clinic. Odette learned about the killing from other women *viktim* who lived near the murder site in the Zòn (zone) Siyon, a section of a deforested mountain from whose heights was visible the densely populated capital and the bay below. During the coup years, the *siyon*, an open-air church, provided sanctuary to many internally displaced Haitians. In the postcoup period the mountain had become the permanent home of large families of squatters who resided in flimsy shacks and one-room cinderblock homes with corrugated tin roofs.

Odette told me that the murder victim was the son of a close friend of hers. Gang members had drowned him in an oil drum that stored rainwater. The reasons for the killing were unknown. Because the suspected perpetrators lived in the same vicinity, neighborhood residents were too frightened to retrieve the body or to report the murder to the police. Eventually, two women *viktim* who were also my clients at the clinic reported the death to the police, and the young man was eventually buried. These events were extremely distressing for Odette because it reminded her of past ruptures when her own family members were attacked while living in the same neighborhood roughly eight years prior to our interview. Although devastating tropical storms had wrought changes in the topographical landscape, and a steady influx of Haitians from rural areas had transformed the neighborhood's social space, her memories of tragic events had become unavoidable lenses through which she saw and experienced the zone.

I had heard many disturbing stories about violent crime in Martissant during and after the coup years, and witnessed its effects on the women I saw at the clinic and at the Fund. The way that Odette recounted her story was in stark contrast to the semistructured narratives that the Rehab Program therapy groups encouraged and produced. Her words were hesitant, coming sometimes in fragments and then erupting into longer discourses on the recent murder. In disjointed elliptical phrases Odette would then describe feelings of shock that struck her at a bodily level (*sezisman*) and sentiments of resignation and lamentation for her losses of loved ones. A few words later, she spoke barely above a whisper about the recently murdered young man, and then gazed at a distance at a scene that I could not see. Because she seemed to be experiencing "intrusive memories," I asked to use a semistructured diagnostic interview schedule (the Clinician-Administered PTSD Scale) to provide a discursive framework through which to document the ruptures that had marked her family's life in the city. Using a quasi-formal interview format, we attempted to record her life history. Throughout the interview, the events from 1990 were interwoven with the 1999 drowning of the young man.

Odette's journey paralleled that of many Haitians who left the provinces at a young age to seek a better life in the capital. After years of exploitation as a veritable slave

(*restavèk*) in her stepmother's household (her birth mother died when she was very young and her father died after remarrying), she escaped to the city at age sixteen. She worked as a maid, and found love—and then loss, when an unexpected pregnancy provoked her partner to abandon her and the unborn child. Without his help she could not pay for medical care for the delivery, and this lack of support had devastating consequences. After days of labor on her own, she was finally admitted to a public hospital, only to survive the birth of a stillborn son. After this tragedy she began life once again, this time as a *madanm sara* (market woman), and eventually, as the mother of five more children.

Odette could not recall the exact date when her family was attacked but said it occurred prior to Jean-Bertrand Aristide's inauguration in February 1991. Odette was living with her brother, sister, and sister's children. Reactionary political forces in her neighborhood had pressured the family to vote against Aristide, but they remained loyal to the pro-democratic coalition. Then members of the civilian paramilitary killed one of her sons while he was out at a local market. Others stormed her house and gang-raped her daughter, who became pregnant. Another son was beaten senseless, but later fled the house, never to return. Odette was also beaten during the course of the attack. When she was able to escape, she fled to the mountains and ravines south of the squatter settlement. (It is possible that she ran while her children were still under attack, but I am uncertain of these details.) It was unclear when she returned to the area, but presumably after the October 15, 1994, restoration of constitutional democracy.

Despite the promise to "uphold democracy" by military intervention, the U.S. and UN Multinational Force failed to disarm the coup regime fully, and many residents who were formerly subjected to repression had no other choice but to live in the same neighborhoods as these armed perpetrators. Upon returning to Martissant, Odette felt tremendous guilt about not being able to protect her own daughter, who had since abandoned a baby girl born from the gang rape. The little girl lived with another family in the neighborhood and knew that Odette was her grandmother. The girl sometimes asked her for food and care, but Odette's destitute material condition, and, perhaps, ambivalent feelings about how the child came to exist, prevented her from aiding the girl.

The disappearance of Odette's son was most distressing. She had not heard from or seen the young man in almost ten years, and he was presumed dead. It was the lack of knowledge about the son who had fled that persecuted her and exacerbated her *tansyon* (literally, "tension"), a disorder of the blood that results from emotional distress. Odette described experiencing problems in her head (*mwen gen pwoblèm nan tèt mwen*) that the recent drowning of the young man had intensified. His murder reminded her of her own flight from the house during the coup years and of her inability to protect her children.

Odette also told me about how she survived the insecurity of the zone by forgetting. She said, "If you remember, you can't live." The intrusive memories she experienced dominated her thoughts and were likened to blows to the head (*frape tèt ou*). Odette anticipated that these thoughts would eventually kill her. But her reflections on how she survived suggest that other kinds of purgatorial spaces and the practices inculcated in

them may offer deliverance from embodied traumas. Odette had converted to Protestantism and attended a *siyon*, an open-air church in the mountains above Martissant, where several times a week Haitians made pilgrimages to worship together and seek divine assistance. As Paul Brodwin (1996) has described in his work on medical pluralism in Haiti, conversion to Protestantism is viewed as shielding Haitians from negative supernatural influences like sorcery. Perhaps religious conversion also protects the pious from the demands and afflictions of the vengeful dead, as well as the specters of the absent persons whose status as living or dead cannot be determined.

Through faith in God, and by centering herself in the conversion experience, Odette felt she was becoming another person. She could not control or order the unpredictable risks of *ensekirite* in Martissant, nor had she been able to resume the economic activity that had previously brought her temporal successes. But by forgetting past traumas and blocking awareness of what could not be controlled around her, she coped with the violences of everyday life (Kleinman 2000). She exercised agency instead through her prayer practices and through self-mortification. By fasting on behalf of others, for Haiti, and the world, she experienced some liberation from the conditions around her and from her past.

Odette's story contains a chain of deeply distressing events, any one of which could provoke posttraumatic stress. Her strategies for survival challenge contemporary conceptions of PTSD that view systematic avoidance of situations and places that evoke traumatic memories as somehow pathological. Her tactics of building and maintaining hope—by centering life around religious experience, by attempting to heal others through self-sacrifice and mortification, and, especially, by deliberately forgetting the past—challenge trauma-treatment modalities that encourage direct engagement with traumatic memories.

The January 12, 2010, earthquake killed more than two hundred thousand people, many of whom were buried in mass graves without customary mortuary rites for each individual soul. Nearly five thousand inmates escaped from prison facilities and remain at large (Pankhurst 2012). Some of these escapees have resumed careers as agents of the terror apparatus and have exacerbated *ensekirite* through violence, crime, rape, and intimidation of those inside and outside camps for internally displaced persons. While the nation continues the process of rebuilding infrastructure and lives devastated by the disaster, Haiti also grapples with a devastating cholera epidemic and the spread of other infectious diseases. It is imperative that international interveners, and their counterparts at the national and local levels in Haiti, continue working toward creating opportunities that enable the nation's poorest citizens to meet their "basic needs" while also living amid secure social spaces.

Numerous international organizations have also created programs to treat postearthquake "PTSD" (alongside other mental health conditions). These programs resemble, but are not identical to, interventions that were implemented during and after the 1991–94 coup years. The trauma treatment programs I observed and in which I participated in the

1990s and early 2000s contained an explicit focus on violations of law, and of human and civil rights. Preliminary research suggests that, rather than offer comprehensive psychosocial rehabilitation, the philosophies and scientific assumptions underlying postearthquake treatment methods increasingly medicalize and locate within individual biology the traumatic stress reactions of their clients. For example, the Israel Center for the Treatment of Psychotrauma (ICTP) has launched Project Resilience Haiti: Rebuilding Community—an intervention that deploys cognitive behavioral therapy, Eye Movement Desensitization Retraining (EMDR), Somatic Experiencing, and other therapeutic modalities to treat PTSD in Haitians.⁴ The U.S.-based Trauma Resource Institute (TRI),⁵ an initiative of the Unitarian Universalist Service Committee, promotes somatic trauma-healing techniques to address PTSD in Haiti (Atcheson 2014). The TRI's Trauma Resiliency Model (TRM) depicts PTSD as a biological phenomenon.⁶ TRI treatment methods build upon "current science about the physiological and psychological impact of traumatic and highly stressful experiences." Initial models for the method drew from "Peter Levine's Somatic Experiencing, Jean Ayres' Sensory Integration Theory, Eugene Gendlin's Focusing, basic biology and the laws of nature,"⁷ to engender treatment modalities aimed at transforming the individual bodies, minds, and consciousnesses of their clients.

It is possible that, given the proliferation of international governmental and non-governmental actors that have intervened to assist with postdisaster reconstruction, there has been a concomitant specialization and compartmentalization of "rehabilitation" programs and technologies. It is also likely that as each intervention is implemented and completed, what I characterize as a political economy of trauma has only expanded internationally and throughout Haiti. Each "new" method contains and reinforces a purgatorial mode of treatment that inculcates in the client a set of techniques and practices of self-care intended to transform internal dispositions and consciousness. More research is needed to determine the extent to which these technologies of trauma also propose penitential modes of reparation between living survivors and the dead. It also remains unclear the extent to which emotional distress resulting from the earthquake has exacerbated or revived traumatic stress that resulted from earlier periods of political upheaval, for example, among Haiti's *viktims*.

Although many scholars have suggested that no disaster is "natural" and without disparate impact on a population because of prior sociopolitical inequalities (or subsequent failures of human actors to respond adequately), on the surface, a massive earthquake lacks a human agent responsible for individual and collective suffering. "Blame" or causation for negative symptoms and suffering can, therefore, more easily be attributed to personal biology than to an external actor or perpetrator. In times of emergency, a narrow or limited treatment focus also enables interveners to more easily demonstrate tangible results to their organizations' constituents and donors. Only time will tell whether such programs will have been effective; but at a minimum, they will reinforce institutional attempts to transform the identities, minds, and bodies of Haitian clients while *ensekirite* grows unabated.

NOTES

1. See also Cohen 1999, Garcia 2010, and Rabinow 1999 for additional applications of the concept of purgatory in social theory.
2. Both of these latter groups were begun late in 1998 and dwindled in attendance in early 1999 because a new cycle of heightened *ensekirite* commenced after President René Préval's January 11, 1999, dissolution of parliament and decision to rule by decree.
3. See Richard C. Keller, *Colonial Madness: Psychiatry in French North Africa* (Chicago: University of Chicago Press, 2008) for a compelling analysis of the emergence of ethnopsychiatry as a discipline. See also Didier Fassin's critique of contemporary ethnopsychiatry in his dialogue with one of its leaders, Tobie Nathan, in *Genèses* 35 (June 1999): 146-71; and 38 (March 2000): 136-59.
4. See the Israeli Center for the Treatment of Psychotrauma website (accessed February 28, 2012, www.traumaweb.org/content.asp?pageid=434).
5. According to the Trauma Research Institute's website (<http://traumaresourceinstitute.com/trauma-resiliency-model-trm/>, last accessed February 28, 2012), "Trauma Resiliency Model (TRM) Training is a program designed to teach skills to clinicians working with children and adults with traumatic stress reactions. TRM is a mind-body approach and focuses on the biological basis of trauma and the automatic, defensive ways that the human body responds when faced with perceived threats to self and others, including the responses of 'tend and befriend,' fight, flight and freeze. TRM explores the concept of resiliency and how to restore balance to the body and the mind after traumatic experiences. When the focus is on normal biological responses to extraordinary events, there is a paradigm shift from symptoms being described as biological rather than as pathological or as mental weakness. As traumatic stress symptoms are normalized, feelings of shame and self-blame are reduced or eliminated. Symptoms are viewed as the body's attempt to re-establish balance to the nervous system."
6. See Trauma Resource Institute, "Trauma Resiliency Model (TRM)," accessed February 15, 2015, <http://traumaresourceinstitute.com/trauma-resiliency-model-trm/>.
7. See Trauma Resource Institute, "History," accessed February 15, 2015, <http://traumaresourceinstitute.com/history/>.

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