

Introduction

Hannah Bradby and Gillian Lewando Hundt

Suffering is a universal feature of humanity from which no group is seemingly immune. Suffering is a dehumanising experience: one's humanity is undone by pain and sorrow. To suffer is to lose sight of one's personhood and a sense of connection with anything beyond oneself. Recovery is regaining a sense of one's human, embodied self and its connectedness with the world. The recovery process involves making sense of the suffering, reintegrating it into an ongoing story, as described by narrative and biographical approaches to disease (Frank 1995, Kleinman 1988). The rise of identity politics over the last hundred years has brought narratives of suffering predicated upon a group's gender, class, sexuality, ethnic group, occupation or age to the fore. Stories of, for instance, gay men, unmarried mothers, rape and bullying that were once shameful secrets have become familiar subjects for fictional and documentary work. As the suffering attributed to prejudice based on gender, age ethnic or sexual identity comes to be described and analysed, there is an unfortunate tendency to compare suffering: can the effects of racism be compared with the effects of sexism, poverty or anti-gay prejudice? Is the effect of multiple deprivation and prejudice additive or multiplicative suffering?

The question of whether or not different forms of suffering are commensurate is pertinent to the idea of social suffering which covers the range of 'collective and individual human suffering associated with life conditions shaped by powerful social forces' (Kleinman et al. 1996). While suffering may be a universal human experience, its context and meaning vary hugely. Every one of us, even the most fortunate, must suffer some loss, death, disease or disability as part of the human lifespan, so is it appropriate that such suffering be discussed together with what tends to be referred to as 'extreme suffering'? Following Kleinman and colleagues' definition and assuming that we are all subject to powerful social forces, then we all suffer.

'Extreme suffering' distinguishes excessive suffering from that which is ordinary and expected. Children growing up during war, recruited to fight or to service the sexual needs of adult soldiers, who are orphaned by AIDS or armed conflict, who witness rape and torture, who are raped and tortured experience what those of us in wealthy, politically stable societies would regard as extreme suffering. A structural approach to understanding suffering does not insist on distinguishing between intended and unintended forms of suffering: an understanding of war as primarily caused by economic imperatives does not lessen the suffering of those affected. However, the entrenched underlying assumption about 'extreme suffering', and particularly that arising from war, is that it arises from deliberate

wrong-doing and so is both avoidable and preventable. By contrast, ordinary suffering associated with the life-course, such as disease and death, cannot (and perhaps should not) consistently be avoided or prevented.

The sense that extreme suffering tends to be caused by particular and ultimately avoidable factors means that war, rape, infanticide and genocide are often treated as different causes of suffering compared with poverty, disease and ageing. Dividing the intended or avoidable suffering from unintended, unavoidable or routine suffering, is an intuitive approach born of a moral system which allocates individual actions as sinful or virtuous. However, this intuitive division is problematised by the social suffering approach, whereby individuals' misfortunes are seen as connected with structural features of a globalised world. This approach shows 'the brutal local effects of global political and economic forces coerce the moral economy of policies and programs as well as the distribution of adversity and woe' (Kleinman, Das and Lock 1996: XIX). The structural effects that bear down on individuals' suffering cannot be 'unintended' or indeed unavoidable since we can identify those who benefit from the structures that promote suffering in the powerless. Approaches to social suffering insist upon nominating beneficiaries and viewing responsibility as widespread, albeit often passive. By definition a structural approach focuses on institutional and organizational features of the social and economic world, nonetheless 'the question of social suffering brings a stubbornly moral orientation to social analysis' (Kleinman, Das and Lock 1996: XIX).

In the case of armed conflict and war the question of intention and responsibility is complex and often contradictory. War, by definition, involves the intention of inflicting damage on the enemy. The question of whether wars are ever a just or at least justified means of rectifying wrongs is beyond the remit of this book. Our attention, rather, is upon the suffering engendered by war which has tended to be ignored due to gender bias and a refusal to see how war is embedded in social structures and imbued with cultural meaning. While visiting suffering upon the enemy is an intended outcome of war, a structural analysis gets beyond what has been termed the 'fetishizing of violence' (Kovats-Bernat 2006) to make sense of the ways that poverty and disease are exacerbated by war so as to extend inequalities between rich and poor. A gendered analysis illuminates how violence itself is often a gendered expression of power and war permits the abuse of a variety of powers.

This introduction will consider some of the characteristics of suffering that make it difficult to study with an explicit and a coherent ethical commitment. The literature on war and gendered suffering is surveyed briefly to sketch the landscape in which the contributions in this volume can be placed. The connections between war and medicine and, importantly, the responsibilities of medicine towards alleviating the gendered suffering engendered by war will close this introduction.

The Problems of Suffering

Can suffering be addressed or does its inherent lack of sense make its analysis impossible (Pickering and Rosati 2009: 175)? Wilkinson (2005) enumerates the features of suffering that render it particularly difficult to define and to study. The nature of suffering lies in its divisively individualising nature, such that it cannot be shared with others, cannot be adequately represented or even described. Frank describes suffering as involving loss, negation and a sense that what is absent is irrecoverable and it is this 'reality of what is not' (2001: 355), this absence, that makes suffering so resistant to definition. The absent nature of suffering pervades all dimensions of human experience: it is an ubiquitous absence. For many, the work of defining, representing and thereby giving meaning to suffering has taken on the character not only of intellectual endeavour, but also of social reconstruction and psychic healing (Wilkinson 2005: 18). The difficulties of defining social suffering illustrate this. Suffering as a social problem is described as requiring the bringing

into a single space an assemblage of human problems that have their origins and consequences in the devastating injuries that social force inflicts on human experience. (Kleinman, Das and Lock, 2002: XI)

Although the term social suffering is widely recognised, it is just as ungraspable as suffering. If social suffering amounts to injuries inflicted by 'social force' as described above, then it excludes almost nothing from analysis. Hence we find ourselves back with the need to distinguish suffering from extreme suffering, to discriminate between suffering which is an acceptable part of daily life and suffering which is unacceptable and so should provoke a reforming impulse. If suffering is an inevitable aspect of human life then should day-to-day existential anxiety, disease and loss be dismissed from questions about social suffering? Is it demeaning to people who have suffered rape or torture to include their experience in with people who suffer the 'ordinary' effects of poverty? Indeed, is it possible to develop a language to analyse suffering which does not trivialise or demean individual experience? Can we interrogate suffering – its causes and remedies – while also expressing solidarity with those who suffer?

Almost as ubiquitous as suffering is the human attempt to make sense of it. People all over the world and through time have described their own suffering and have been interpreting it as meaningful in worldly or in metaphysical terms. Scheper-Hughes notes Clifford Geertz observing that the one thing that humans seem unable to accept is the idea that the world may be ultimately deficient in meaning (2002: 375). The meaning of suffering and its place in human life have, in pre-modern times been issues for religious and metaphysical thinkers but with the emergence of modernity and its rational, scientific approach to problems the role of God, gods and Fate in suffering has retreated. The pursuit of economic wealth through expanding commodity markets has been a central strategy for avoiding the suffering of poverty and sickness but has engendered new forms of

suffering. Rational, scientific thinking has been the central motif of modernity and its triumphs in securing human kind's security and comfort but has also been held responsible for facilitating the horrors of industrial genocide. Any enquiry into extreme suffering in modernity does so with reference to the genocide of an estimated six million Jews in Europe.

Despite humanity's consistent desire to make sense of its own suffering, the social sciences were relatively silent with regard to the holocaust in subsequent decades (Wilkinson 2005). During the aftermath of World War II the extent of the horror of the death camps where Jews, Roma and others deemed expendable by the Nazi regimen were systematically killed, slowly surfaced in public consciousness and discourse. Perhaps more than any other factor, a growing understanding of the organisation of the holocaust and the collusion of ordinary people therein, has re-awakened questions around the role of suffering in a progressive, technologically-informed society. Coming to understand the evil enacted in the extermination camps and the suffering of men, women and children en route to and in the camps has been an extended process. The reverberations of the holocaust or *shoah* continue to be felt in European society in legal, political, theological and artistic terms. The magnitude of the genocide is one reason for its profound impact on European society. But perhaps an even more powerful reason was the involvement of so many ordinary people either as passive witnesses (with more or less ability to deny any knowledge) or in facilitating the killing of prisoners. The ordinary people who knew or could have known about the holocaust, included professionals such as doctors and clergy, whose status rests on claims of propriety and impartiality beyond that of ordinary trades people or workers.

The initial silence regarding the holocaust has been attributed to the difficulty of representing the shocking horror of the violence and violation of industrial genocide in a way that makes 'sense of the "truths" which the Holocaust reveals about the moral condition of our humanity' (Wilkinson 2005: 6). Attempts to understand the difficulty of apprehending these events (Bauman 1989, Rose 1996) have indicated the insufficiency of our current conceptualisations.

For some there should be no attempt to make sense of the holocaust since to do so risks humanizing extreme atrocity: the bureaucratized destruction of the European Jewry must not be explained or understood since the trauma should stand, unmediated, outwith time as an 'unappeasable experience' (Langer 1996). From this position, the only appropriate response to the holocaust is 'silent witness in the face of absolute horror' (Rose 1996: 27) together with alarm and an alert means of regarding the world so as to be prepared for future atrocity (Langer 1996). This stance does not seek connection between the genocide of the Jews and other attempts to destroy a people. Seeing the holocaust or *shoah* as unique in its barbarity can mean that any interpretation linking the genocide of the Jews to other genocides or attempted genocide only serves to minimise the proportions of its horror.

The definition of genocide as 'the deliberate and systematic destruction, in whole or in part, of an ethnic, racial, religious, or national group' (according to

the 1948 United Nations Convention on the Prevention and Punishment of the Crime of Genocide) posits genocide as possible against any group of people. Anthropology has been accused of failing to report on genocides in the societies where field work is conducted due to a tendency to report only 'the good and righteous in the societies we study' (Scheper-Hughes 2002: 348–9). So while genocide, ethnocide and other forms of mass destruction have been ongoing, anthropologists have avoided drawing attention to them.

Far from being a uniquely horrific activity Scheper-Hughes (2002) views genocide as an extension of the dehumanising processes identifiable in many daily interactions. Drawing on analysis of the holocaust as the outcome of the general features of modernity, Scheper-Hughes posits a 'genocidal continuum' that connects daily, routine suffering and concomitant insults to a person's humanity with genocide (Scheper-Hughes 2002: 371). The institutional 'destruction of personhood', as seen in the withdrawal of humane empathy from the poor or the elderly, creates the conditions which eventually make genocide possible.

The argument that conditions of modernity including western rational legal metaphysics facilitate genocide has been criticised as too unifying and as conferring 'super-eminence' on the holocaust (Rose 1996: 11). The holocaust has become a crucial emblem through which we have sought to understand subsequent violence, wars and genocides. But the centrality of the holocaust in developing European thinking around conflict and suffering has made the resultant theoretical perspectives difficult to apply in non-European settings and in instances where conflict is less focussed around a clash of ideology. While the scale of the death toll of the holocaust should continue to shock, as should the organised nature of the attempted destruction of Jews, Roma, Gays and the disabled, there is very little to be gained in comparing scales or forms of suffering. It should be possible to use the study of the holocaust to inform understanding of other genocides in the context of other wars, to interrogate the link between war and suffering and to think through gendered perspectives without essentialising gender or making it the only explanatory variable.

This collection does not primarily seek to add to the discussion of the role of the holocaust in theories of human suffering. Our chapters are, however, an unfortunate witness to the fact that despite contemporary hopes and the scale of combatant and non-combatants deaths, the two World Wars were not the wars to end all wars. Rather wars, and their associated suffering, have been ongoing ever since, both in Europe and beyond.

War and Medicine

While structural approaches can problematise a division between intentional and unintentional suffering, intentionality is nonetheless crucial to the contradictory relationship that war and medicine have with suffering. War is an organised conflict between two military groups and armed conflict is bound to be accompanied

by suffering. Although 'rules of engagement' and the rhetoric of 'targeted interventions' deploying 'surgical strikes' suggest that 'unnecessary' blood shed can be avoided, war entails suffering, even if this is restricted to combatants. A limited, or targeted war is an oxymoron since war tends to be found in company with the other horsemen of the apocalypse, that is, pestilence, famine and death. Moreover, while the effect of war on soldiers is closely monitored by both sides, the disproportionate way in which the apocalyptic horsemen affect non-combatants and particularly those who are already disempowered such as women, the old and the young, has been less subject to scrutiny.

In contrast to war, medicine *intends* to alleviate suffering. Medical science has assumed an important role, not just in alleviating disease, but in addressing a range of social ills, particularly after World War II. Populations that were exhausted and demoralised by the length of that conflict looked to science as a means of rebuilding a healthy society that avoided suffering, rather than ignoring it or expecting people to endure. Medicine, and particularly scientifically informed biomedicine held out the promise of alleviating, not only the suffering of disease but also that of death and loss. The period of the World Wars coincided with a number of achievements which may have reinforced citizens' faith in its panacea potential for human ills. During the 1914–1918 Great War these included the development of new techniques for the repair of firearm wounds and hence the establishment of orthopaedics as a specialism and the recognition and treatment of the psychological damage of war, important in the development of psychiatry. Ideas and practice developed during the war went on to influence how medicine was practised in other contexts such as the industrial work place (Linker 2007). Sulfa drugs were available from the mid 1930s and then penicillin from the 1940s, which dramatically cut deaths from bacterial infection, suggesting an enormous potential for medicine to combat suffering and death. World War II, with the arrival of technologically sophisticated armaments such as long-range bombing, saw widespread civilian casualties. The arrival of the war wounded in British cities provoked the development of blood transfusion services and mobile paramedical teams, raising the visibility of medical intervention as a force for good.

Meeting the challenges of casualties in battlefields and in civilian theatres of war gave medicine opportunities to develop as a practice. Medicine's ability to respond to war-time suffering, greatly boosted by the astonishing effectiveness of penicillin in combating previously fatal infections, may have led patients to give medicine the benefit of the doubt with subsequent medical developments. The early years of transplant surgery for major human organs in the 1950s and 1960s had very low success rates: invasive surgeries that offered individuals no remission from suffering and no extended lifespan and yet individuals and their families continued to consent to the procedures. People are willing to undergo suffering when the promise of relief is held out, even when it is a slim likelihood. As the enormous promise of scientific medicine has not, in all cases been fulfilled, perhaps people have become less tolerant of the suffering that medicine causes, albeit unintentionally, through mistakes and as side-effects of treatment. The

problems associated with the prescription of thalidomide as sedative and anti-emetic for pregnant women caused enormous consternation in the late 1950s because of the physical disabilities it caused in the babies that were later born. At the time this was seen to be a genuine mistake, an error of clinical judgement. By contrast, an independent inquiry into the paediatric cardiologists working at Bristol Royal Infirmary in the 1980s and 1990s found that they were acting in professional rather than patients' interests in operating and subsequently retaining children's organs. Ideas about suffering change rapidly: only a few decades ago surgeons operated on newborns without anaesthesia, reasoning that they could not feel pain, a prospect that now seems horrific. Nonetheless, the sense that the doctors working in Bristol were operating in a way that induced suffering, without prospect of relief, and that this was intentional is awful in a way that accidental error is not.

There is a terrible and intractable dilemma in the heart of medical practice around suffering. As a profession, medicine has undertaken to alleviate suffering and act in the patient's best interests. In order to carry out their professional mission doctors have to inure themselves to their patients' suffering to some extent: to identify with a patient's pain personally would make it difficult to carry out 'invasive' interventions. Margaret Spufford, whose daughter's life was saved several times by surgical and other interventions, writes about this dilemma with great poise: life-saving surgery might never have been discovered if doctors had not been willing to inflict suffering on another's body. Nevertheless, Spufford questions whether it is right to use medical methods to prolong lives, such as that of her daughter who died just after her 22nd birthday, because of the high level of pain and suffering involved (Spufford 1989). She asks whether it is right to sustain lives through medical means that must, inevitably be lonely, because of the enormous amount of time spent in hospital, hampering educational and social development and painful because of the nature of the intervention. The long term suffering that medicine brings about is not something that practitioners focus on: a paediatric surgeon, by nature of the specialism of the job, tends not to meet the children on whom s/he operates once they reach adulthood.

Medicine as a practice is deeply implicated in human suffering and yet practitioners have often been reluctant to engage with that suffering. Palliative care has developed dramatically over the past thirty years, but nonetheless does not command high status within medicine, labouring under a reputation as the discipline to which patients are referred when everything else has failed. The reluctance and inability of medicine to engage with human suffering is illustrated by accounts written by physicians when they themselves require medical services: medicine's indifference and even brutality can be a shock (Green 1971, Sacks 1986).

Times of war have permitted the brutality of medicine more rein to discover new techniques. The development of orthopaedics during World War I when new, more powerful armaments produced injuries requiring novel types of surgical attention being a case in point. There is no doubt that people since the Great War

have benefited enormously from techniques whose development started in field stations where surgery was undertaken in primitive conditions and where the potential to save a life justified intervention that might have seemed excessively brutal in more peaceful and predictable times. How can surgery to replace painful hips and knees today be offset against the suffering of soldiers in the early twentieth century? Those soldiers were going to suffer as a result of their wounds anyway and surgery was intended to save life. The intention to help the patient is absolutely crucial in assessing the defensibility of suffering inflicted by medicine, although it is not a sufficient justification for painful intervention.

Ethics and Suffering

During World War II experiments were conducted on prisoners in Nazi death camps by SS medical officers which were abhorrent in their disregard for human suffering. However these experiments, while utterly unethical, gathered data that continues to be relevant. Making use of the findings of these fatal experiments continues to be ethically contentious. The experiments caused extreme suffering and death of the subjects. Is it acceptable to make use of knowledge today, despite the methods of its derivation being ethically abhorrent? Is there any parallel with the development of orthopaedic techniques, early versions of which did not necessarily save soldiers lives? The difference is, of course, that pioneers of orthopaedics, like early transplant surgeons, intended to develop means of saving lives, whereas the understood outcome of the SS medical officers' interventions was the death of their prisoner subjects. Conversely, we can ask whether there is any sense in which using the knowledge gained from unethical work, for instance regarding the performance of the human body in extreme cold temperatures, honours those who died?

The Nazi doctors who presided over experiments were identifiable, which has permitted subsequent research into how people could inflict extreme suffering on other people. Mental strategies whereby Jews who had been interned were regarded as already dead, allowed doctors to see the experiments as 'autopsies'. Furthermore, by killing inmates of the camp the doctors could see themselves as addressing the over-crowding that was part of the horror of the place (Lifton 1986). This question of how such extreme suffering can be tolerated by those who inflict it at close proximity or indeed by those of us who know that it exists but live at a safe distance from it, underlies much of the writing around structural suffering. How can we live in a world in which we know others to be suffering, and where we are responsible, albeit in an indirect and passive fashion? The structural approach changes the focus away from identifying wicked individuals as responsible for suffering, seeing all those benefiting from economic and political systems which perpetuate poverty, disenfranchisement and other social division as sharing responsibility.

And this brings us to another problem with suffering. How are we to engage with any material about the suffering of others in a way that is ethical? The dangers of what has been referred to as 'voyeurism' beckon when suffering is construed 'at a safe distance without the social responsibility of real engagement' (Kleinman, Das and Lock 1996: XVII). One aspect of this voyeurism is the fetishizing of violence (Kovats-Bernat 2006) in which analysts and observers focus on the violence between men at the expense of understanding the wider cost of war and conflict. Taking gender seriously means enumerating the costs of war that tend to remain hidden from public view and absent from policy agendas and that affect women and children disproportionately.

If suffering is a negation of humanity, and war is an attempt to negate another section of humanity's rights to peaceful existence, can it be studied in a way that does not implicate the scholar in this negation? How can suffering be studied in a way that takes gender seriously as a dimension of analysis, rather than voyeuristically rehearsing women's pain?

There are two strong trends discernible in research on suffering and violence. The first is the impulse to measure, calibrate and survey, to make the suffering of war visible through quantitative methods and the second is an ethnographic approach to creating a narrative of the pain of war. Efforts to quantify the impact of war on women and children are fraught with methodological difficulties (IFHSSG 2008; Salvage 2007), as with measurement of mortality and morbidity during any war or post-war context (Brownstein and Brownstein 2008). The best of this work uses a critical approach to interrogate the politics of measurement by, for example, considering the cultural specificity of the symptoms of 'post-traumatic stress disorder' (Miller et al. 2006a, 2006b). There is undoubtedly political significance in the attempt to measure, for instance, the non-fatal effects of trauma by developing a new measure of quality of life for conflict zones (Giacaman et al. 2007). Developing a new suite of questions for a standardised measure of quality of life in the context of Palestine may be an important commitment to understanding the particular suffering induced by a protracted and pervasive conflict (Giacaman et al. 2007).

However, the scientific, disengaged writing style through which an evidence base is amassed is unsettling in its apparent lack of involvement (eg Sibai et al. 2007). Furthermore, any exercise in survey and measurement articulates an important political stance in what it does not measure, as well in what it measures. Survey work with the perpetrators of violence (Vogt et al. 2005, Unwin 2002), the victims of violence (Jansen 2006), with combatants and non-combatants are all seeking to make visible the suffering of a particular constituency. But insisting on the significance of one constituency may simultaneously, albeit unintentionally, make another group invisible. Where the suffering of US and UK non-combatants is surveyed, the invisibility of the suffering of inhabitants of the Gulf seems compounded. Should an investigation of US women's involvement in US Gulf War Veterans activism (Shriver et al. 2003) address or at least express solidarity with victims of the war in the Gulf area? Is the specialisation of academic work

which facilitates the compartmentalised study of war another form of structural violence, since it allows the interconnections to be missed?

Where survey work attempts to address gender, it is often to make a comparison between the trauma of men and women (Salvage 2007, Vogt et al. 2005, Jansen 2006, Plumper and Neumayer 2006). The problem with this approach is that it confounds sex differences with gender, thereby ignoring the way that the process of war itself inscribes and re-inscribes gender as a social division (Patel and Tripodi 2007, Temkin 1999). Women whose resources have been devastated by war may have nothing left to barter as a means of survival for themselves and their children except for their bodies (Westerhaus et al. 2007). Thus addressing the gendered nature of the war and suffering implies understanding how gendered family work such as food provision interlocks with the gendered dynamic of the local environment such as the male power of peacekeeping forces (Patel and Tripodi 2007). Again, the specialist nature of most academic work mitigates against this. The anthropological efforts to apprehend structural violence are one of the places where the political economy of conflict is understood to be interconnected with gender and with poverty in ways that are difficult to measure, but only too easy to meet face to face in, for example, Haiti (Farmer 2004).

There is a real dilemma, in which this book is also implicated, of how to write about and work on suffering in a professional capacity without being implicated in its perpetuation. This dilemma is apparent in both the surveying of the effects of war and in the second trend notable in the published research, that is the use of ethnographic methods and narrative. As with survey work, the decision of whose narrative to represent is crucial because of those stories that are implicitly excluded. Writing about a conflict gives that war a status (Hallett 2007) and a reality beyond the individual's experience. The chaotic and structureless suffering of experiencing war contrasts with the post-hoc exercise in attributing meaning. This work leaves us in no doubt that war causes suffering far beyond the combatants. Structural analysis shows how armed conflict entrenches poverty and destroys the social, material and cultural resources on which people rely to dissipate the effects of poverty. It also shows that war is a powerful and almost unavoidable narrative such that even *non*-deployed and *non*-combatant British military personnel describe their own suffering in terms of a Gulf War Syndrome (Kilshaw 2004).

As a means of responding to the extremity and complexity of the suffering of war, there is a tendency for writers to present a single person's narrative as illustrative of the wider intricacy (Dossa 2003, Quesada 1998, Waterston 2005). By limiting the story to a single person, the subjective, experiential, painful aspects of suffering can be emphasised. A single narrative also permits the detailed complexity of a person's suffering that accretes over a lifetime to be described alongside the inter-connectedness of war's effects with poverty, gendered disadvantage and with disease. The rationale for offering one narrative, even when this single story is part of a wider ethnographic study, is described in terms of 'bearing witness'. Bearing witness and making visible stories that are usually lost

is a form of solidarity. One anthropologist describes a boy as an eloquent witness to suffering and 'an example of the predicament of many' (Quesada 1998: 52) and it is undoubtedly possible to examine the structural nature of suffering without going beyond a single narrative (e.g. Dossa 2003). The fact that publishing these stories also serves our own professional purposes does not make it wrong to do so.

Bearing witness to suffering, especially where the narratives are well written and nuanced is painful, albeit a pain that is infinitesimally attenuated compared to those to whom we bear witness. And perhaps making research that is painful to read is an appropriate response to the suffering of others. The story of 10-year-old Daniel who struggles to care for his mother and siblings in Nicaragua with very few resources to call upon, acknowledging that he may be working himself to death (Quesada 1998) is distressing to read. Daniel says to Quesada 'I'm already withering away' and the anthropologist finds it 'especially difficult' to hear such a young person summing up his life chances accurately (Quesada 1998: 61). Daniel was not directly affected by the Sandinista insurrection nor the Contra war but was subject to violence and poverty that was routine in the squatter settlement where he lived. Part of the pain of reading Quesada's account is that his commitment to Daniel and his family is so minimal and that this reflects a wider disciplinary collusion with structural inequalities.

Such collusion is not novel: social anthropology was an important tool for the British empire, being taught to colonial administrators by Malinowski (Assad 1973). Bauman (1991) reflects on how social science has failed to address morality, and this has not been for want of provocation. Franz Boas spoke out about the employment of scientists by armies and intelligence services during World War I (Boas 1991 reprinted 2005) for which he was censured by the council of the American Anthropological Association and so resigned from the National Research Council. This vote of censure was only rescinded in 2005. Recent research has examined the role of anthropologists during World War II (Gray 2005) and their position within the US forces as part of Human Terrain Teams in Iraq and Afghanistan is currently being fiercely debated (Guterson 2005, Gonzalez 2007, 2008, Robben 2009).

War, gender and suffering are an unavoidable, but often muted aspect of our globalised world. The discourse on gender and violence has been critically explored in relation to globalisation (Bahun-Radunovic and Rajan 2008) drawing on the work of both scholars and activists. Recent work on cosmopolitan feminism (Reilly 2007) focuses on the commonalities and connections in a globalised world of women's experiences of oppression and resistance and engages with universal human rights and emancipatory political processes. Werbner (2008) in an edited volume on anthropology and cosmopolitanism brings together feminist and vernacular perspectives that are transnational with global connections and local variations. Cosmopolitan feminism offers a means of bringing together the interests and concerns of women in apparently diverse situations in the world.

The need to analyse suffering in a framework that encompasses all of us has been brought home to the rich world by philosophical consideration of the

aftermath of the events of 11 September 2001 (9/11). This includes Butler's book (2004) on *Precarious Life: the Powers of Mourning and Violence*, which speaks out against the silencing of critical voices in the US concerning the wars in Iraq and Afghanistan and the Israeli–Palestinian conflict and the importance of non-violent ethics that recognises the precariousness of life.

Book Contents – War, Gender Suffering and Global Connections

It is a sad reflection of the widespread nature of suffering associated with war that this collection represents research across the globe: there are chapters in this volume that draw on research from Uganda, Morocco, India, Bangladesh, Pakistan and Ireland, as well as others that focus on global connections. The Indian subcontinent is represented through the chapters by Roy and Jasani, Africa through the chapters of Fiddian-Qasmiyeh, Liebling-Kalifani, and Almedom et al., and Europe by McKie and Yuill. Some contributions focus on testimony and narratives from particular conflicts drawing on original empirical work (Liebling-Kalifani, Fiddian-Qasmiyeh, Jasani, McKie and Yuill and Roy) whilst others also contribute global comparative reflections (Cockburn, Mukta, Almedom et al.).

The authors of these chapters provide a range of conceptual tools and theoretical frameworks in their research on gendering suffering these include reconceptualising war trauma, testimony and narrative (Liebling-Kalifani, Roy), resilience as a counter narrative (Almedom et al.), the reality and complexity of global social movements in relation to feminist antimilitarism and the usefulness of 'politica transversale' (Cockburn), the repressive implications of the representation (or 'repress-entation') of domestic violence (Fiddian-Qasmiyeh). Mukta has an aspirational vision of how to move towards a more 'peaceable life' through a politics of care.

Liebling-Kalifani in her work on sexual violence and torture in the Ugandan civil war argues that Post Traumatic Stress Syndrome is a psychological individualistic and non-gendered concept whereas women's war trauma can be conceptualised and experienced as a deconstruction of individual and collective cultural and social identity in a context such as civil war when rape is an instrument of war. Similarly Roy addresses the ways in which gendered trauma, in particular sexual violence experienced by women during the conflicts accompanying Indian Partition, the Bangladesh War, and the violence in Gujarat, is memorialised through particular representations of martyrdom, or silences around abduction. Roy like Liebling-Kalifani offers a critique of the individualistic concept of trauma and argues for a better understanding of linkages between personal and public trauma. McKie and Yuill's consideration of the gendered nature of conflict in Northern Ireland shows how violence entrenches gendered constraints on men's and women's public and domestic roles.

Fiddian-Qasmiyeh addresses the politicisation and 'repress-entation' of violence against women amongst Sahrawi refugees in the Western Sahara,

exploring why some kinds of violence are publicised and others kinds kept hidden and the way in which women are represented as political symbols by the nation state or in this case a quasi state. This invisibility she argues is a form of structural violence and has an impact on the well being of Sahrawi women.

In their chapter Almedom, Bensinger and Adam explore what they term 'the resilience factor' as a counter to ideas of vulnerability. Resilience can be utilised conceptually in relation to states, institutions, groups and individuals and is certainly being used by policymakers. There is growing interest amongst researchers and policy makers in this approach and this chapter considers the role of media in promoting resilience in conflict areas.

The moral and ethical dilemmas of researching the impact of violence and suffering for the researcher is raised by Jasani in relation to her fieldwork in Gujarat, India. The reflexive exploration of the positionality of the researcher has become part of the canon of feminist research (Stanley and Wise 1983) as well as being integral to writing ethnography (Clifford and Marcus 1986). When carrying out research with people who have suffered or are suffering, the dilemmas of the extent to which one is an observer, participant, activist are sharpened and are currently a topic of debate and concern within anthropology and professional associations as well as to individual anthropologists (Sheper-Hughes and Bourgois 2004). Indeed, the recent interest in collaborative ethnography (Lassiter 2005) has been an explicit means to address issues of ethics, representation, and positionality. When researching a setting where people are suffering, the researcher is often faced by moral dilemmas and can become a scholar activist engaged in advocacy (Nagengast and Velez-Ibanez 2004). In this volume Liebling-Kalifani describes her work with Ugandans to raise awareness of the need for more reproductive and mental health services as well as economic independence for women in Luwero and also to provide these services.

Cockburn's chapter shows that ethical, compassionate, hopeful, but nonetheless incisive, empirical research can be undertaken, despite the intractable nature of a gendered understanding of war and its effects. While keeping our common humanity in view, Cockburn turns her analytic gaze on men and women and their participation in feminist antimilitarism activism. She, like the other authors in this collection, seeks to scrutinize gender as a characteristic of society rather than simply to document women's suffering.

Conclusion

In researching suffering, Wilkinson notes a tendency to become 'embroiled in the fundamental questions of origins, significance and purpose' (2005: 45) which leads to analytic frustration. Wilkinson describes suffering as:

a cultural struggle to reconstitute a positive sense of meaning and purpose for self and society against the brute force of events in which these are violated and destroyed. (2005: 45)

The ongoing difficulty of 'making sense' of human suffering is thus not an indication that a more coherent rationalisation should be worked out, but, is a necessary part of the process as 'an involvement in what suffering 'is' in human experience.' (Wilkinson 2005: 44) The 'anassumable tensions', the 'terminal aporia' (Wilkinson 2005: 42), may be a necessary condition for the creation of social dynamics to develop radical alternatives to the ways we live now (Wilkinson 2005: 45). The need to live with some of the messy, unsatisfactory nature of research into suffering and perhaps resist the urge towards tidy conceptual expression is also expressed by Scheper-Hughes. She argues that in the face of unresolved issues, albeit vexing ones, we have to trust that empathic witnessing with humanity will provide us with the tools for 'anthropology to grow and develop as a "little practice" of human liberation' (2002: 373).

This collection of chapters is offered in the spirit of seeking a path through the unassumable tensions to find a means of bearing witness to contradictory aspects of war. The book bears witness to the chaos and dehumanising horror of the suffering of war, but at the same time it seeks to show how war is part of the ordinary social processes in which gender, in combination with age, religion and wealth structure people's chances not only of survival, but of health and of happiness.

References

- Assad, T. 1973. *Anthropology and the Colonial Encounter*. New York: Humanities Press.
- Bendelow, G., Carpenter, M., Vautier, C., Williams, S. 2002. *Gender, Health and Healing. The Public/Private Divide*. New York: Routledge.
- Bauman, Z. 1989. *Modernity and the Holocaust*. New York: Cornell University Press.
- Bahun-Radunovic, S. and Rajan, J. 2008. *Violence and Gender in the Globalized World*. Avebury: Ashgate.
- Boas, F. 1919. Anthropologists as Spies, *The Nation*, CIX(2842), republished in *Anthropology Today*, 2005, 21(3), 27.
- Brownstein, C.A. and Brownstein, J.S. 2008. Estimating Excess Mortality in Post-invasion Iraq. *New England Journal of Medicine*, 358, 445–7.
- Butler, J. 2004. *Precarious Life: The Powers of Mourning and Violence*. London and New York: Verso.
- Clifford, J. and Marcus, G. 1986. *Writing Culture Berkeley*. Berkeley: University of California Press.
- Dossa, P. 2003. The Body Remembers: A migratory tale of social suffering. *International Journal of Mental Health*, 32(3), 50–73.

- Farmer, P. 2004. An Anthropology of Structural Violence. *Current Anthropology*, 45(3), 305–24.
- Frank, A. 1995. *The Wounded Storyteller: Body, Illness and Ethics*. Chicago: Chicago University Press.
- Giacaman, R. et al. 2007. Quality of Life in the Palestinian Context: An inquiry in war-like conditions. *Health Policy*, 81(1), 68–84.
- Gonzalez, R. J. 2007. Phoenix Reborn? The rise of the Human Terrain System. *Anthropology Today*, 23(6), 21–2.
- Gonzalez, R.J. 2008. 'Human Terrain': Past, present and future applications. *Anthropology Today*, 24(1), 21–6.
- Gray, G. 2005. Australian Anthropologists and World War II. *Anthropology Today*, 21(3), 18–21.
- Greene, R. 1971. *Sick Doctors*. London: Heinemann Medical.
- Guterson H. 2007. Anthropologists and War. *Anthropology Today*, 23(4), 23.
- Hallett, C. 2007. The Personal Writings of First World War Nurses: A study of the interplay of authorial intention and scholarly interpretation. *Nursing Inquiry*, 14(4), 320–29.
- Iraqi Family Health Survey Study Group. 2008. Violence-Related Mortality in Iraq from 2002 to 2006. *New England Journal of Medicine*, 358, 484–93.
- Jansen, G.G. 2006. Gender and War. The effects of armed conflict on women's health and mental health. *Journal of Women and Social Work*, 21(2), 134–45.
- Kilshaw, S.M. 2004. Friendly Fire. The Construction of Gulf War Syndrome narratives. *Anthropology and Medicine*, 11(2), 149–60.
- Kleinman, A. 1988. *The Illness Narratives. Suffering, Healing and the Human Condition*. New York: Basic Books.
- Kleinman, A., Das, V. and Lock, M. 1996. Introduction. *Daedalus*, 125(1), xi–xx.
- Kleinman, A., Das, V. and Lock, M. 1997. *Social Suffering*. Berkeley: University of California Press.
- Kovats-Bernat J.C. 2006. Factional Terror, Paramilitarism, and Civil War in Haiti: The view from Port-au-Prince, 1994–2004. *Anthropologica*, 48(1), 117–39.
- Langer L.L. 1996. The Alarmed Vision: Social Suffering and Holocaust Atrocity, *Daedalus*. 125(1), 47–65. Available at: <http://www.jstor.org/stable/i20027347> [accessed 20 May 2009].
- Lassiter, L.E. 2005. *The Chicago Guide to Collaborative Ethnography*. Chicago: University of Chicago Press.
- Lifton, R.J. 1986. *The Nazi Doctors: Medical Killing and the Psychology of Genocide*. New York: Basic Books.
- Linker, B. 2007. Feet for Fighting: Locating disability and social medicine in first world war America. *Social History of Medicine*, 20(1), 91–109.
- Miller, K.E., Kulkarni M. and Kushner, H. 2006a. Beyond Trauma-Focused Psychiatric Epidemiology: Bridging research and practice with war-affected populations. *American Journal of Orthopsychiatry*, 76(4), 409–22.
- Miller, K.E., Omidian, P., Quraishy, A.S., Quraishy, N., Nasiry, M.N. et al. 2006b. The Afghan Symptom Checklist: A culturally grounded approach to mental

- health assessment in a conflict zone. *American Journal of Orthopsychiatry*, 76(4), 423–33.
- Nagengast, C. and Velez-Ibanez, C.G. 2004. *Human Rights: The Scholar as Activist*. Oklahoma City: Society for Applied Anthropology.
- Patel, P. and Tripodi, P. 2007. Peacekeepers, HIV and the Role of Masculinity in Military Behaviour. *International Peacekeeping*, 14(5), 584–98.
- Pickering W.S.F., Massimo R. 2008. *Suffering and Evil: The Durkheimian Legacy*. New York: Berghahn Books.
- Plumper, T. and Neumayer, E. 2006. The Unequal Burden of War: The effect of armed conflict on the gender gap in life expectancy. *International Organization*, 60(3) (summer), 723–54.
- Price, D. 2007. Anthropology as Lamppost? A comment on the Counterinsurgency Field Manual. *Anthropology Today*, 23(6), 20–21.
- Reilly, N. 2007. Cosmopolitan Feminism and Human Rights. *Hypatia*, 22(4), 180–98.
- Robben, C.G.M. 2009. Anthropology and the Iraq War: An uncomfortable engagement. *Anthropology Today*, 25(1), 1–3.
- Rose, G. 1996. *Mourning Becomes the Law*. New York: Cambridge University Press.
- Sacks, O. 1986. *A Leg To Stand On*. London: Pan.
- Salvage, J. 2007. ‘Collateral Damage’: The impact of war on the health of women and children in Iraq. *Midwifery*, 23(1), 8–12.
- Scheper-Hughes, N. 2002. Coming to our Senses. Anthropology and genocide. In *The Anthropology of Genocide*, edited by A.L. Hinton. Berkeley and Los Angeles: University of California Press. 348–81.
- Scheper-Hughes, N. and Bourgeois, P. 2004. *Violence in War and Peace*. Oxford: Blackwell Publishing
- Shriver, T.E., Miller, A.C. and Cable, S. 2003. Women’s Work: Women’s involvement in the Gulf War Illness Movement. *The Sociological Quarterly*, 44(4), 639–58.
- Sibai, A.M., Yount, K.M. and Fletcher, A. 2007. Marital Status, Intergenerational Co-residence and Cardiovascular and All-cause Mortality among Middle-aged and Older Men and Women during Wartime in Beirut: Gains and liabilities. *Social Science and Medicine*, 64, 64–76.
- Spufford, M. 1989. *Celebration: A Story of Suffering and Joy*. London: Mowbray.
- Stanley, L. and Wise, S. 1983. *Breaking Out: Feminist Consciousness and Feminist Research*. London: Routledge and Kegan Paul.
- Temkin, E. 1999. Driving Through: Postpartum care during World War II. *American Journal of Public Health*, 89(4), 587–95.
- Vogt, D.S., Pless, A.P., King, L.A. and King, D.W. 2005. Deployment Stressors, Gender, and Mental Health Outcomes among Gulf War I Veterans. *Journal of Traumatic Stress*, 18(2), 115–27.
- Unwin, C., Hotopf, M., Hull, L., Ismail, K., David, A. and Wessely, S. 2002. Women in the Persian Gulf: Lack of gender differences in long-term health

- effects of service in United Kingdom armed forces in the 1991 Persian Gulf War. *Military Medicine*, 167(5), 406–13.
- Waterston, A. 2005. The Story of My Story: An anthropology of violence, dispossession and diaspora. *Anthropological Quarterly*, 78(1), 43–61.
- Werbner, P. 2008. *Anthropology and the new cosmopolitanism: Rooted Feminist and Vernacular Perspectives*. Oxford: Berg Publishers.
- Westerhaus, M.J., Finnegan, A.C., Zabulon, Y. and Mukherjee, J.S. 2007. Framing HIV Prevention Discourse to Encompass the Complexities of War in Northern Uganda. *American Journal of Public Health*, 97(7), 1184–6.
- Wilkinson, I. 2005. *Suffering: A Sociological Introduction*. Cambridge: Polity.
- Wilkinson, I. and Morgan, D.G. 2001. The Problem of Suffering and the Sociological Task of Theodicy. *European Journal of Social Theory*, 4(2), 199–214.

© Hannah Bradby and Gillian Lewando Hundt 2010

All rights reserved. No part of this publication may be reproduced, stored in a retrieval system or transmitted in any form or by any means, electronic, mechanical, photocopying, recording or otherwise without the prior permission of the publisher.

Hannah Bradby and Gillian Lewando Hundt have asserted their right under the Copyright, Designs and Patents Act, 1988, to be identified as the editors of this work.

Published by
Ashgate Publishing Limited
Wey Court East
Union Road
Farnham
Surrey, GU9 7PT
England

Ashgate Publishing Company
Suite 420
101 Cherry Street
Burlington
VT 05401-4405
USA

www.ashgate.com

British Library Cataloguing in Publication Data

Global perspectives on war, gender and health. -- (Global connections)

1. Civilian war casualties. 2. War--Medical aspects.
3. Women and war.

I. Series II. Bradby, Hannah, 1966- III. Lewando Hundt, Gillian.

363.3'498'082-dc22

Library of Congress Cataloging-in-Publication Data

Bradby, Hannah, 1966-

Global perspectives on war, gender and health : the sociology and anthropology of suffering / by Hannah Bradby and Gillian Lewando Hundt.

p. cm.

Includes index.

ISBN 978-0-7546-7523-5 (hbk.) -- ISBN 978-0-7546-9911-8 (ebook)

1. Suffering--Social aspects. 2. Violence. 3. Women--Violence against. 4. Social medicine. I. Lewando Hundt, Gillian. II. Title.

HM886.B73 2009

303.6'6--dc22

2009031266

ISBN 978-0-7546-7523-5 (hbk)

ISBN 978-0-7546-9911-8 (ebk)



Printed and bound in Great Britain by
MPG Books Group, UK

Contents

<i>List of Box and Figure</i>	vii
<i>Author Biographies</i>	ix
<i>Editors' Foreword</i>	xiii
<i>Foreword</i>	xv
<i>Virginia Olesen</i>	
Introduction	1
<i>Hannah Bradby and Gillian Lewando Hundt</i>	
1 Feminist Antimilitarism: Scope, Problematic and Difficulties in a Potential Global Social Movement	19
<i>Cynthia Cockburn</i>	
2 Wounds and 'Cures' in South Asian Gender and Memory Politics	31
<i>Srila Roy</i>	
3 Sociological Perspectives on Defining and Accounting for Violence: Towards Gendering the Conflict in Northern Ireland	51
<i>Linda McKie and Chris Yuill</i>	
4 Women War Survivors in Uganda: Resilience and Suffering as Consequences of War	69
<i>Helen Lieblich-Kalifani</i>	
5 Concealing Violence Against Women in the Sahrawi Refugee Camps: The Politicisation of Victimhood	91
<i>Elena Fiddian-Qasbiyeh</i>	
6 Scribing <i>Dhama</i> (Chaos): Moral and Ethical Dilemmas of Working in Areas of Violence	111
<i>Rubina Jasani</i>	
7 Identifying the 'Resilience Factor': An Emerging Counter Narrative to the Traditional Discourse of 'Vulnerability' in 'Social Suffering'	127
<i>Astier M. Almedom, Evelyn A. Brensinger and Gordon M. Adam</i>	

Global Connections

Series Editor: Robert Holton, Trinity College, Dublin

Global Connections builds on the multi-dimensional and continuously expanding interest in Globalization. The main objective of the series is to focus on 'connectedness' and provide readable case studies across a broad range of areas such as social and cultural life, economic, political and technological activities.

The series aims to move beyond abstract generalities and stereotypes: 'Global' is considered in the broadest sense of the word, embracing connections between different nations, regions and localities, including activities that are trans-national, and trans-local in scope; 'Connections' refers to movements of people, ideas, resources, and all forms of communication as well as the opportunities and constraints faced in making, engaging with, and sometimes resisting globalization.

The series is interdisciplinary in focus and publishes monographs and collections of essays by new and established scholars. It fills a niche in the market for books that make the study of globalization more concrete and accessible.

Also published in this series:

**Globalization and Third World Women
Exploitation, Coping and Resistance**

Edited by Ligaya Lindio-McGovern and Isidor Wallimann
ISBN 978-0-7546-7463-4

Cosmopolitanism in Practice

Edited by Magdalena Nowicka and Maria Rovisco
ISBN 978-0-7546-7049-0

**Violence and Gender in the Globalized World
The Intimate and the Extimate**

Edited by Sanja Bahun-Radunovic and V.G. Julie Rajan
ISBN 978-0-7546-7364-4

Global Perspectives on War, Gender and Health

The Sociology and Anthropology of Suffering

Edited by

HANNAH BRADBY *and* GILLIAN LEWANDO HUNDT
University of Warwick, UK

ASHGATE