"WITNESSING" SOCIAL SUFFERING:

Testimonial Narratives of Women from Afghanistan[*1]

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INTRODUCTION

It is only in the last decade that issues of violence and social suffering have received substantive attention from anthropologists. The fact that both traumatic and everyday forms of suffering have become endemic to our world may be one motivating factor behind this attention. But there is also the issue of disciplinary rejuvenation. In anthropology, important questions have surfaced in the wake of critical reflection on how we research and write about the people whom we study at close range. Given the discipline's conventional interest in peoples of the Third World (read: the colonized), anthropologists witnessed acts of violence and cultural genocide inflicted on local populations. Yet we remained mute and chose to focus on the "cultures" of disappearing worlds.[2] Such a depoliticized stance gave us a comfort zone that we still enjoy as we continue to write for institutions that support and reward us for our work. We rarely research or write for the people whom we study, even if they are now mobile and live in our midst.

Taking a guarded approach, some anthropologists have argued that disciplinary constraints could not accommodate rapid colonial interventions "so that by the time the anthropologists had something

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1 Testimonial refers to a collective story articulated to make a political statement.

2 This is not an across-the-board statement: there are exceptions (see, for example, Farmer 2003; Scheper-Hughes 1992).

to say it was usually long after the fact" (Scheper-Hughes and Bourgois 2004, 4). Other anthropologists have taken a critical stance, suggesting that we must acknowledge the contradictions that have been our longtime companions, salient among which is our complicity with colonialism (Behar 1996; Harrison 1991). This critique has given rise to two questions: (1) given the fact that our subjects have been and continue to be among the oppressed, why were anthropologists slow to address various dimensions of inequality (social, economic, cultural, and political)? and (2) why do we lack political commitment? Further interrogation is warranted with regard to situations in which we come into contact with social suffering: do we witness what we see and hear in the field or do we merely observe? If we choose to act as witnesses, then how do we go about doing this?

In this article I address these questions through a reading of testimonial narratives of Afghan women from a low-income housing area in metropolitan Vancouver, British Columbia. The narratives form part of a larger study, which examines the impact of displacement and resettlement on the health and well-being of aging Afghan women. The terms "health," "aging," and "women" suggest social marginality. The health status of older women has been extensively researched because these women are considered to be doubly disadvantaged: both being old and being a woman are constructed as social burdens (Lock 1993). However, the research on aging racialized women who are subject to intersecting inequalities such as gender, race, class, and age has been negligible. Their lives may be read within the context of "social suffering" – a term that suggests three scenarios: existential suffering, institutional responses, and the remaking of worlds by those who have been victims of structural violence and war (Das and Kleinman 2001).

DILEMMA OF "CLOSE-IN CONTACT WITH FAR-OUT LIVES"

In *Vulnerable Observer* Ruth Behar, (1996, 2) problematizes the ethnographic method of participant observation on the grounds that, at some point in time, we need to decide whether we should "stay behind the lens of the camera, switch on the tape recorder, [and] keep pen in hand" or whether we should follow the example of the fictive photographer, Rolf Carle, who threw aside his camera and flung his arms around a girl whose heart and lungs had collapsed in an avalanche in Colombia. Behar's response is to assume the position of a vulnerable observer so as to intertwine her personal stories with her field research.

While this merging may address the dilemma of what Behar refers to as "close-in contact with far-out lives" (7), and even the problem of power dynamics in the field (Wolf 1996), it does not touch on some key concerns. These concerns are revealed in the following example.

Consider the picture of a vulture waiting to pounce on a Sudanese girl who has collapsed from hunger. This image raises an ethical question: should the photographer, Kevin Carter, have saved the girl rather than waited for the perfect pose, which earned him a prestigious award? When Carter committed suicide he became famous and earned sympathy for bringing to the world's attention scenes of horror; and yet the girl remained unnamed. The implicit message in the lone picture of the girl (also used widely by international agencies to solicit funds to alleviate hunger) is that the West is the saviour of the starving and deprived people of Africa. Like the little girl, the colonial narrative of exploitation remains unnamed (Kleinman and Kleinman 1997). This brings into relief the need for what Razack (1998) and Farmer (2003) refer to as "generous contextualization." This method allows us to see the link between large-scale forces and biography, between here and there. It is at this level that we can witness stories of suffering, provided we pay close attention to the particular ways through which the sufferers (those who have been subject to political and structural violence) communicate their experiences. While we cannot fully understand the pain of others, we can witness their stories. As Das (2001, 572) has expressed it:

> In the end one can say that while the ownership of one's pain rests only with oneself – so that no one speaking on behalf of the person in pain has a right to appropriate it for some other use (e.g. for knowledge, for justice, for creating a better society of the future) – there is a way however, in which I may lend my body to register the pain of the other. The anthropological text may serve as a body of writing which lets the pain of the other happen to it.

We need to problematize the exclusive emphasis on the anthropological text, keeping in mind that the focus on *the text* is informed by institutional discourses. Within the research scenario the power of the text is revealed in the labour-intensive paperwork that goes into research grant applications and ethics approval – none of which reflects the reality and aspirations of the people we study. In a clinical situation the medical text forms the basis for diagnoses of symptoms but not for people's life trajectories. In the social service sector it is policy (rules and regulations) that informs practice. There may be room for subversion but nothing leads to a fundamental transformation that would make

a difference in the lives of marginalized populations. In my research, setting the need for social transformation concerned basic human rights (e.g., adequate housing, access to health care, and opportunities for work), the attainment of which would have alleviated pain caused by violence, both structural and political. By way of a modest beginning, I want to suggest a contextualized and layered reading of Meena's testimonial narrative.[3]

I use the term "testimonial" in an expanded sense. While I focus on the story of one woman, the voices of her cohort are not necessarily excluded. As I show below, opening up the boundaries of a text constitutes one way for us to witness stories of suffering.

If these women have taken the initiative to witness their own stories, then what is our responsibility as researchers and readers? We do not endure their suffering: we study it. This is why we need to witness *with* the women and not *for* them; to do the latter would be to appropriate their stories of suffering. But we must also recognize that the boundary between these two positions is blurred. I do not think that the process of appropriation can be reversed; however, it can be minimized through an active process of listening, which entails paying attention to alternative means of communication.

THE STUDY

The testimonial account presented here comes from narrative interviews with fifteen Afghan women from a residential area in Burnaby, British Columbia, which, to maintain confidentiality, I call by the fictive name of Valley View. I also change the women's names and identifiable markers. Each of these fifteen women granted me two to three interviews, and five more women participated in a focus group session. The women determined the interview schedule, depending on whether they wanted to continue with their stories or whether they felt that other women should fill in for them. This mode of collective storytelling is common among marginalized groups (Dossa 2004). Originally I had planned to interview aging Afghan women, but young women came forward and stated that they considered themselves to be old. War and displacement had deprived them of their middle adulthood. The women were Convention refugees, sponsored by the state. Some had an elementary education, while others had a mid-range education. Their

[3] It is important to emphasize the fact that Meena's testimonial narrative captures the situation of other Afghan and other refugees from war-torn societies.

length of time in Canada ranged from two to twelve years, which enabled us to gain insight into their settlement experiences from an early to a relatively later period in their lives. In the interview sessions I invited them to tell the stories of their lives, which included such topics as being a newcomer to Canada, work and everyday life, encounters with social and health providers, and managing health and illness. Group interviews were designed to encourage dialogue and discussion among the women themselves as well as between the women and other parties (i.e., indigenous service provider, researcher, and research assistant). All the interviews were conducted in the women's first language – Dari – and were subsequently translated and transcribed by two research assistants: one Afghan and one Iranian.[4]

MEENA'S STORY: LAYING OUT THE CONTEXT

Meena came to Canada in 1998 with her second eldest daughter. Like other women in our study, Meena came from another country (India) where she lived for seven years with her husband and five children (four daughters and a son). Since 1979, when the Soviet Union invaded Afghanistan, Meena had lived through war and civil strife. A decade of Soviet presence (1979-89) resulted in Afghanistan becoming a battleground for the Cold War (Rubin 2002, Montgomory & Rondinelli 2004). The United States provided arms and ammunition to several hundred anti-community Jehadis (resistance fighters) in order to drive out the Russians, thus converting Afghanistan into a land mine (Cooley 1999; Rashid 2004). During the time of the Soviet occupation, 1.5 million Afghans lost their lives, 2.5 million were injured, and 1.1 million were internally displaced. Out of 5 million refugees, 2.6 million lived in camps in Pakistan and Iran, where the living conditions were only marginally better than what was found in war-torn Afghanistan (Brodsky 2003). This is what Meena has to say about her country: "All our houses were bombed. Several bombs came to our neighbourhood. I am not saying that the situation was bad only for us. No – for everybody in that area. When they bombed a neighbourhood close to us, eighteen families were killed." She continued: "Who can not be happy in their own country? Who likes to be homeless and confused? Who? Don't you like your

[4] It is not a coincidence that I worked with an Afghan and an Iranian research assistant. To begin with, Dari and Farsi are kin languages. Anyone who speaks Dari understands Farsi and vice versa. Second, it is not uncommon to have Farsi-speaking health and service providers working with Afghan women and men.

home country? Everybody likes to live in their home country so far as there is peace, food and happiness" (interview data). Note how Meena engages the reader through the use of the words "who," "you," and "everybody." As I show below, it is within this broad social context that Meena acts as witness to her own story.

Meena related that her family had to flee Afghanistan in order to avoid the abduction of her daughter by a mujahedeen (a fundamentalist anti-Soviet faction that ruled with an iron hand from 1992 to 1995). Following an incident during which a bearded man came to their house at 2:00 A.M. asking for Meena's daughter, Meena's husband sold their house at a low price and used the money to get fake passports for India. Their eldest daughter, who stayed in Afghanistan to continue her work as an airline host, supported the family for a year until the Taliban forbade women from working outside the home (even if they were supporting families). Meena's husband left the family in search of work and Meena lost regular contact with him. She and her second eldest daughter were accepted into Canada on the grounds that Meena was a "single mother" (her other daughters got married). When Meena came to Canada she sponsored her husband. Five years have gone by, and the couple is still separated despite the fact that the judge has accepted Meena's husband's application. The separation has caused Meena a lot of agony. In response to our question regarding health, Meena observed: "This [my health] depends on my need for my husband. He needs me and I need him. He is my husband. He is depressed. So all my depression is about this. My illness is about this. I have cried and cried, shouted and screamed but no one has listened to me until now" [referring to the research interview, November 2003].

Meena's everyday life is governed by her concern that her husband is not with her. She uses his absence to tell a larger story of pain and suffering – one that is common to her cohort.

SPEAKING THROUGH THE LANGUAGE OF EVERYDAY LIFE

Feminists have endeavoured to document the everyday lives of women, noting two points. First, in order to benefit the capitalist system, women's everyday activities have been rendered invisible. Without women's unpaid work within the private sphere and low-paid/ghettoized work in the public sphere, capitalism would not be a viable enterprise (Fraser 1989; Smith 1984; 1987). This gendering of everyday life reveals the workings of the larger system within a localized space. Second, women's

engagement with the materiality of everyday spaces has brought into relief the numerous ways in which they subvert the system: this is critically important as it contains the seeds of social change (Dossa 1988).

Everyday life featured strongly in our interview schedule. In assessing Meena, what was foremost in our minds was the image of a busy woman carrying a double load. But this image was not of interest to her, although she looked after her two-year-old granddaughter, cooked for three people (her daughter, her son-in-law, and herself), and did all the cleaning. Meena's everyday life was filled with one worry: her separation from her husband:

> I have become ill. I have got blood sugar. I am sick because of my stress for my husband. He is my husband. We lived together. He is in India. He is sick as well. He is worried, lots of pressure. I went to my doctor. She wrote a letter that I am sick. I am worried. I long for my husband and I am sad. I gave them the letter. I have got depression. Doctor said so twice. We have sent them letters but I do not know why nothing happens.

Meena stated that they have taken all the necessary steps to facilitate her husband Mohammed's immigration to Canada. She has paid back the government loan she received for her air ticket to Canada; she has obtained a letter of employment for Mohammed from an Iranian shopkeeper (a friend); and she has submitted all the necessary documents. The latter includes a medical certificate attesting to the fact that spousal separation has made Meena sick. Over the past five years, the only response she has received from the immigration office is: "today, tomorrow, today, tomorrow, so we do not know when he will come."

Attending to her wounds has become part of Meena's everyday routine. The term "wounds" is of value as it blurs the boundary between Meena's diagnosed illness (high blood pressure and diabetes) and the pain and suffering caused by over two decades of war and violence (which the women in our study thought of as the "rape" of Afghanistan). This violation has been expressed in the form of wounds on women's bodies.[5] Meena speaks from her wounds when she says: "I have become ill. I have got blood sugar. I am sick because of my stress for my husband." Her illness cannot be reduced to a clinical diagnosis that silences the socio-political context. Meena is on medication, which places the onus on her to get well and absolves societal institutions from responsibility.

[5] The use of body language is significant as it brings to light the intricate ways in which the body of the national land is linked to the bodies of women. We may note that national narratives are gendered (Yuval Davis 1997; Nazmabadi 1998).

Meena is not the only one who tends to her wounds on a day-to-day basis. Consider the following two scenarios relayed by Leila and Salima, respectively.

> I was at home once. We had made some food. I told my son to go to the bazaar and buy something. He left and I went to wash my hair. I had washed all the clothes and cleaned the house. A boy from the neighbour came and said, "Lady. Your son was taken from the road. They put him in a car and left." I put on my burka and ran to the streets. I did not know where to go. The car had stopped somewhere close to get other boys, ten to eleven years old. So I found the car and told that man: "Dear father please. I will go on my knees but do not take my son." He said: "No. We have to." And I have seen so many things. Our sons and children beaten, and slashed on the streets. So much cruelty we have seen. No one can believe.

The poignancy of this event is highlighted by the disruption of what we regard as ordinary activities: Leila's cooking and her son's going to the bazaar for a missing ingredient. It shows how war and violence penetrate civil space, the end result of which is the drastic displacement of people and the loss of civilian lives. Although Leila's son returned, it did not lessen her trauma as she witnessed his friends being "beaten and slashed on the streets."

Salima stated: "God knows that we have seen the killings of people, our neighbours, other people, relatives. Seen them dying in their situation. I have suffered so much. Still when I see someone without a leg, I suffer for that person. But what should we do? Go where?" With the onset of violence, there did not seem to be any safe space within which the women and their families could continue with everyday life as they had known it. All the women in our study had multiple stories that they recalled on a daily basis for the simple reason that their wounds have not healed – not even in Canada, their new country of settlement. Neglect and institutional insensitivity to their pain and suffering have given rise to more wounds, which have become embedded in the bodies of the women. It is from these wounds that they tell their stories. Yet, the women worked hard not merely to survive but also to live. Meena, for example, went for walks and to the library (she loved reading). She also went to Surrey by bus. Being a kindergarten teacher in Afghanistan, she wanted to earn money by baby-sitting. The extra money would help her with household expenses, including her medicine. But she was afraid to take this job as she was told that if she dropped the baby, owing to her dizzy spells, she would be sued.

Other activities that formed part of women's routine included going to a make-shift mosque on Fridays, participating in the Afghan women's drop-in programs (organized by a resource-deprived community centre), and keeping in touch with relatives in other parts of the world. But all these activities may be considered to be "peripheral" as they did not address the fundamental issues with which the women were confronted in their new homeland. Women's everyday lives were filled with emptiness, which, on the surface, could be attributed to their experiences back home. Here are two accounts, from Meena and Nargis, respectively.

> They took everything from us. Everything was destroyed, even our homes were bombed. Three or four times we had bombs in our house ... For a minute all our houses were shaking. Mirrors got broken and shattered glass came like rain on our head. Blood everywhere and people were dripping in blood because of all those ruins. So we had a very bad situation in Afghanistan. Many people lost their legs, hands and other body parts.

Nargis stated that they lived in misery. "No electricity, no lamp, nothing. You cannot see. You are scared. All the noise, all the bombs over our heads. So I had also illness at the time. My legs did hurt. So we had so much misery. We had no choice but to leave the country, leaving everything behind: our house, furniture, rugs, china, our life there."

It is important to note that stories of suffering can be pathologized. Kleinman and Kleinman (1997, 10) make two points. First, "their [sufferers'] memories (their intimately interior images) of violation are made over into *trauma stories*" (emphasis in original) by institutions that deal with asylum seekers. Second, in the hands of medical professionals, these stories/real life events are converted into images of victimization; that is, into images of passivity. Based on these observations the authors contend: "We need to ask ... what kind of cultural process underpins the transformation of a victim of violence to someone with a pathology?" (ibid). For Kleinman and Kleinman a step forward is to ensure that local participants are included in the process of policy making and program development.

This laudable goal, I argue, cannot be fully accomplished without listening closely to what the participants have to say about their experiences of suffering and pain. And this listening is not merely confined to hearing the words. This does not mean that we underestimate the power of words. After all, the women in our study used words to build vivid images: "shattered glass," "dripping in blood," "missing legs and

hands," "grief in my body," and so on. But we must also acknowledge that words do not fully capture experiences of pain and suffering. Furthermore, the words and stories of marginalized people are not valorized unless they resonate with the language of the dominant group. Hill-Collins (2000, vii; 1990, 1st Ed.) puts it this way: "Oppressed groups are frequently placed in the situation of being listened to only if we frame our ideas in the language that is familiar to and comfortable for a dominant group. This requirement often changes the meaning of our ideas and works to elevate the ideas of dominant groups."

In order to avoid diluting their experiences of suffering or risking having them be appropriated by institutions, the women in our study took the stance of wounded storytellers – a position that allowed them to witness their own stories. It is at this level that the women sought to engage the reader/researcher so as to effect multilayered change, ranging from small acts to large-scale solutions. The emphasis is not on the expert (anthropologist or health and service provider) as witness – a top-down approach – but, rather, on ethical listening, which focuses on *speaking with* our research participants rather than *for them*. This is a significant move, especially in light of Spivak's (1988) observation that the history of Europe as Subject is narrativized in institutions and ideology, leaving no space for the subaltern to tell her own story.

THE WOUNDED STORYTELLERS: "AFGHANISTAN HAS BEEN DESTROYED"[6]

Acting as a witness to your own story of suffering and pain is an intricate process. People who witness their own stories are aware of the need to speak in a different language – such is the extent to which they have been silenced (Ross 2001). This alternative mode of communication, which is not severed from dominant discourse, has a threefold function: (1) it ensures that the self is not constructed as a victim; (2) it brings home the reality of suffering in ways that are socially visible; and (3) it tells a collective story. This alternative mode of communication makes it possible for the sufferers to witness their own stories. This is what gives the stories of wounded storytellers their power. As Frank (1995, 63) expresses it: "What makes an illness story good is the act of witnessing that says, implicitly or explicitly, 'I will tell you not what you want to hear but what I know to be true because I have lived it.'" For Frank,

[6] The term "wounded storyteller" comes from Arthur Frank (1995). It is the wounds, argues Frank, that give a person narrative power, effecting a shift from a passive stance to an active one.

reclaiming a voice begins with the body, which, in turn, creates the self that connects with people who may be motivated to effect change within their spheres of influence.

Afghanistan carries multiple scars, which are evident in destroyed buildings, lost lives, disabled bodies, and dislocated people. The women in our study carry these scars on their bodies, and it is from this space that they tell stories that are at once individual and collective. This impulse is also found in the work of the Revolutionary Association of the Women of Afghanistan (RAWA). Mariam, a RAWA supporter, has this to say:

> RAWA has felt the pain and the miseries of the people of Afghanistan, especially its women, and that is why they can be the real representatives of the women of Afghanistan. I don't think that other women can be the true defenders of women in Afghanistan, like so many who have not spent their life among people, who have not experienced the bitterness of the society with their skin, bone and flesh (quoted in Brodsky 2003, 145).

Referring to the death of her husband, Nargis stated, "I was in pain, a lot of pain. But I was not alone. Everybody lost someone: brother, sister, mother, father, son, daughter. It was war. Everyone got killed there. People got killed in huge numbers." Meena recalled the happy times when Afghans lived in peace and had 200 guests at weddings – a marker of good times. "Now they [United States] say there is peace in Afghanistan [angry tone of voice]; even if there is peace in Central Afghanistan, there is war in the four corners of the country ... Who likes to be homeless and confused? Who? Don't you like your home country? [she begins crying]."

The women in our study talked about the destruction of Afghanistan from the Soviet invasion (1979) to the present time. They also talked about Iraq. "Now they want to liberate Iraq. But look at the women and kids getting killed or disabled. This is not liberation. Bush has destroyed the world" (Meena). Our research participants were not content to speak only about Afghanistan. This is because, in the aftermath of war, they migrated to the First World, which, they believe, must be held accountable for its actions in Afghanistan (Dupree 1997; Goodson 2001; Kakar 1995; Mamdani 2004; Mahmood 2005; Mahmood and Hirschkind 2002; Rubin 2002; Rashid 2004). As a settler society and as a longtime ally of the United States, Canada is not exempt from blame, despite the fact that it presents itself as a kinder and a gentler nation than its neighbour – one that could not possibly engage in any kind of violence (Razack 2000). The women were left with the task

of establishing a connection between the violence they experienced in Afghanistan and the misery and neglect that they are subject to in Canada. Meena's "failure" at the citizenship test implicates the society that has failed to heal the wounds of her body.

It is from the skin, bone, and flesh (i.e., wounds) that the women in our study told their stories, and this is why they must witness their own testimonies (i.e., their collective story). For our part, we need to listen (to unlearn the privileged status that we assume as experts) so that we dismiss neither the multiple ways in which women speak nor their own initiatives for effecting change, however small they may be. This is the context that informs my reading of two ethnographic moments from Meena's testimonial narrative.[7] My purpose is to show how Meena, like other women, acts as a witness to her own story.

CITIZENSHIP TEST

> I get dizziness. My eyes do not see well. I have done the citizenship test twice but I have failed. I have read, borrowed all the books for citizenship test. I read them but I get dizzy ... How can I do this test? I have gone to the judge twice. They asked me questions and I answered but then they told me to study more. I failed, so you know if one is sick, nervous and sad, how can one not fail?

In this account Meena brings to light two scripts. In the first one she states that she has left no stone unturned to ensure that she passes the citizenship test. But then she explains that it is not her inability that is the issue. She points out that she is sick and that her condition is a result of a larger social issue. She is not only sick: she is nervous and sad. She states: "There is much grief in my body." This sentence effects a paradigm shift from clinical diagnoses to social pathology, a point that anthropologists have brought home in no uncertain terms (Lock and Kaufert 1998). The judge is unaware of her social situation. He asks her to study more. This is the second script, and it is a depoliticized one. The onus is on the individual to get well, while society is absolved from its responsibility to take any action.

In short, Meena's sickness/wounds tell a multilevel story. She is unable to pass the citizenship test because society (i.e., the international community) has failed her on two fronts: in Afghanistan and in Canada.

[7] The "ethnographic moment" refers to a process that allows us to read the global in the local as well as to explore how the local may affect the global.

It is her wounds that establish the link between the two. She bears the wounds of a war-torn country and she bears the wounds of an indifferent host country.

Wounded storytellers initiate their own process of healing not only through the act of telling the stories of their lives but also through identifying strategies that allow them to live as opposed to merely survive. Given their vulnerable position in society – this is, after all, why they are wounded – these women create strategies that point to spaces and areas where change can be effected, and they also bring into relief the fault lines of the system. It is important to take note of both of these points if we are to work towards incremental change from the grassroots level.[8]

SCATTERED SPACES: LIBRARY/CLINIC/BUS

When Meena discovered that there was a public library in her neighbourhood, she was overjoyed. Her love of reading drew her to this place, apart from the fact that it made her forget her sorrow over war-torn conditions in Afghanistan and societal indifference in Canada. Although the latter is a much-sought-after place (Canada presents itself as a land of opportunity), it could not meet Meena's most basic needs: adequate shelter, access to services, and opportunities for work. Her $400 allowance was barely enough, especially when she had to pay extra for medication not covered by her basic plan as well as for the special diet that she needed in order to manage her health. The fact that no one addressed the issue of her separation from her spouse caused her to become even more ill than she already was.

On one occasion, when Meena was walking to the library she met an Afghan woman who advised her not to go there as she might contract SARS. The woman told her that the librarian had advised her to keep away from crowds because of her age (she was only fifty-six but she looked older as war had taken its toll). In the eyes of the librarian, this woman looked seventy, as did fifty-eight-year-old Meena. "So I came back. Now I will not go there this Monday, but next Monday I will go to the library for sure."

It was because Meena and her friend were considered to be old and, therefore, more vulnerable to disease than younger people, that the librarian felt the need to protect them. Their social vulnerability and

[8] The term "incremental change" comes from RAWA's model of change, which incorporates multiple dimensions: individual, family, community, and society. Here small-scale changes are not dismissed as insignificant.

the fact that they looked old was masked by social factors. As noted above, the Afghan community in Valley View has been rendered socially invisible. The fact that the librarian wanted to "protect" these seemingly elderly women from biological disease but could do nothing to help them alleviate their social suffering speaks volumes about how an exclusive focus on the diseased body masks and silences social pathologies (Lock 1993).

The library incident brings home two other points. First, Meena's neighbourhood contacts are limited to people from her own community. A superficial explanation for this would be that Meena does not speak English. However, what this overlooks is the structural fact that there are barely any ESL (English-as-second-language) classes available for Afghan women in Valley View. The reason for this absence seems to be that these women are not breadwinners and that, therefore, any investment in them would be a waste. Such is the thinking prevalent in a market-oriented society. Second, despite Meena's "illness" (the dis-eased social body), she has taken the initiative to find a public place and to engage in an activity that she enjoys. Meena's initiative must be built upon as it brings to light "a lively engagement between people and place" (Professor Isabel Dyck personal communication, 23 September 2004).

VISIT TO A DOCTOR

> About the doctor, the clinic is close to us. Thank God. I have learned and I go there by myself. I understand Hindi and I talk to the doctor in Hindi. Now I can comprehend English as well. [She looks happy] I say, "There is a [medical] problem." In the beginning, I took this or that person [Afghan] from the mall or whoever else I found on the street. The young girls in the mall, I told them: "I have doctor's appointment." So they came with me and talked with the doctor. But now, why should I lie? I am good and I can take care of everything by myself.

We have much to learn from Meena's resourcefulness and initiatives, especially given the fact that she has scant resources (material and/or social) from which to draw. It is interesting to note that she makes use of the Hindi language, which she learned in a refugee camp in India. This is something that health and social service providers do not pick up on as they pay little attention to the details of the everyday lives of their patients/clients (i.e., local knowledge). It is these details that enable us

to shift from perceiving these sufferers merely as victims to recognizing their humanity. Recognizing that Meena knows two languages (Dari and Hindi) and that she has taken steps to learn English on her own ("why should I lie? I am good and I can take care of everything by myself"), Meena brings to the fore a resourcefulness that is not always acknowledged by service providers. This should be the point from which they start, rather than simply saying, "How can these aging women ever learn English?"

Of interest is the fact that Meena draws limited resources from the people around her. However, these people are Afghan; she has no access to mainstream people. Again, there are structural factors at work. Racialized minorities in Canada are demarcated into certain spaces, where they are Othered and marginalized – a process that is compounded in the case of women (Bannerji 1995, 2000; Agnew 1996; Dossa 2004). Meena is no exception. Her trips to the library and the clinic speak to the spatial limitations of Afghan women in Canada.

TAKING A BUS

> When we first came we lived in the hotel. An Afghan man taught us the bus to take. He used to work in the Canadian embassy in India. He was a nice man. He knows English. He applied for our telephone as co-signer. He told us go there, go there. So he taught us.

It was from this Afghan man that Meena learned about bus routes.

> Once or twice people tell you where to go. But then I tried to remember the streets, the numbers, the buses. And I keep doing the same: here is Nanaimo, here is Metrotown. I wrote down the names and checked my notes. I told myself, one station, two stations, three stations, and I remembered where to get off the bus. I went to Surrey, once, twice. I went there to learn. I taught myself where to go. I went to a clinic to get an injection, and I learned everywhere like this. I go to Surrey to see all those stores, Hindi stores and Arabic stores, to buy halal [lawful] meat. These are my happy days.

Meena debunks the myth that "aging" immigrant women stay home, are a social burden, and do not know what to make of their lives in a foreign country because they are too old to learn (Dossa 1999). The fact that Meena learned the bus routes speaks to the initiative that women take, despite numerous constraints. In Meena's case, her constraints are illness, the language barrier, a foreign environment, and financial

limitations (Meena is only able to take the bus after she gets a discount to which she, like other citizens with limited income, is entitled). The fact that Meena only goes to areas where there are Hindi and Afghan stores speaks to the structural issue of accessibility and limited social spaces. While one may be drawn to one's culture, and to a space that echoes the sounds and sights of one's homeland, one must also question why racialized migrants do not feel at home in mainstream public places. The issue is not cultural; it is structural (Anderson and Kirkham 1998).

Meena's narrative indicates that ESL programs should recognize her bilingual ability and that this may require a different approach from that based on the assumption that immigrants only speak their mother tongue (Dossa 2004). This is an important point as immigrants' exposure to multiple languages and multiple cultures is often underplayed in Canada, a society that only recognizes two official languages.[9] Other languages are placed under the umbrella term "heritage" (read: are frozen in time and placed within discrete, marginalized spaces). I speak Gujerati, Hindi, Swahili and English. Yet, the interest of those in the public sector invariably focuses on whether I am fluent in English. Meena's use of the limited public space at the clinic, where she looks for Afghans to help her with translation, highlights society's inability to put into place inclusive communities where meaningful interactions can occur.

While the women in our study endeavoured to remake their worlds in the best way they could, they did not lose sight of the fact that they had a larger story to tell not only for themselves but also for the people of Afghanistan. This was brought home to me in the two sentences that were on the lips of all the women: "Afghanistan has been destroyed" and "the people of Afghanistan have been forgotten." As one woman expressed it: "In Afghanistan, the war never stopped. It will not stop. It is now twenty-two years. They have made Afghanistan into pieces and splinters."

For our research participants, the issue of being forgotten was carried into their country of settlement. As noted above, the women talked about how their basic needs were not being met in Canada. These women took it upon themselves to tell two intertwined stories: the story of war (Afghanistan) and the story of the war's aftermath (Canada). The most challenging task was to link the two stories as Canada and other Western countries do not recognize their responsibility for waging

[9] To valorize the languages spoken by racialized minorities would be to take a step towards recognizing that we are dealing with people who have a history and a culture rather than with mere immigrants and refugees who should assimilate quickly into mainstream society.

their wars (whether the Cold War or the War on Terror) on the soil of Afghanistan. To compound the situation, the West has positioned itself as the saviour and liberator of the people of Afghanistan, especially of Afghan women. For the West, Afghan women's liberation is measured in terms of whether they can move around without their burkas (which it considers to be the symbol of their oppression). The West has failed to address such substantive issues as women's education, the availability of waged work, and women's rights in a society whose infrastructure it has helped to destroy (Rubin 2002; Mahmood 2005; Mahmood and Hirschkind 2002).

In short, while one would want to argue that there is a substantive difference between the lives of women over there and the lives of women over here – especially as the First World posits itself as the saviour of the Third World and never as the source of its troubles – this is not the case. It is to highlight this unarticulated connection between Afghanistan and Canada that these women engage in the act of witnessing their own stories. Our reciprocal engagement must then be to recognize this connection, which the women make through the language of everyday life and the language of their wounds.

Meena's husband is sick over there (Afghanistan/India); Meena is sick over here (Canada). The "sick" bodies/wounds of the husband and the wife connect the two worlds, which are otherwise deemed to be separate. Their separation speaks to the cruelty of dividing the world in ways where one world (the West) presents itself as superior to and the saviour of the other for the purpose of exploitation and control. This is the colonial narrative (Bannerji 2000), otherwise known as Orientalism (Said 1978). It is at this level that I have presented my argument regarding the witnessing/writing of stories of social suffering.

WITNESSING STORIES OF SOCIAL SUFFERING: A VIEW FROM THE HOME DISCIPLINE

Writing on hunger and terror among peasants in Brazil, Scheper-Hughes (1992) cautions us to reflect on the issue of resistance. She argues that undue attention to the multiple ways in which the peasants "survive in the cracks and crevices of daily life" does not allow us to capture "the horrifying scene of savagery of scarcity and the brutality of police terror" (508). An exclusive focus on resistance, she notes, can lead to romanticization where the oppressed are held responsible "for

their collusion, collaborations, rationalizations, 'false consciousness,' and more than occasional paralyses of will" (533). On the other hand, documenting the larger scene, through which acts of brutality and terror are exercised on the "helpless" peasants, victimizes the latter and misses the multiple ways in which they exercise agency and assert their autonomy. Scheper-Hughes suggests that a middle ground – where resistance is not romanticized and where suffering does not translate into lack of agency – offers a way out of this dilemma.

Physician-anthropologist Paul Farmer (2003) adopts the position of advocate for the oppressed and the poor, whom he defines as people who have been subject to both political and structural violence. The latter includes lack of opportunities for employment, lack of decent housing, and lack of access to education and health care. For Farmer, these exclusions constitute a violation of human and health rights brought about by the increasing disparity between the rich and the poor both within and between societies. The advocate's responsibility, then, is to delineate these scenarios, which are brought about by such forces as globalization and the near-universal adoption of the market economy, with its emphasis on cost-effectiveness and sustainability. Farmer argues that we need to work towards removing the politicized gap between human rights discourse (with its emphasis on civil and political liberties) and health rights discourse (with its emphasis on basic rights to food, health care, education, and employment).

Working among the sick and the poor in Haiti, Russia, and the United States, Farmer documents stories that bring home the reality of socially produced suffering and misery. He offers a model of engaged scholarship that goes beyond mere research. He recognizes that, as we study and write about social suffering rather than work towards alleviating it, we are implicated in the global production of inequality. For Farmer, then, providing documentary evidence of violations of the rights of the world's poor helps to expose the relationship between social injustice and suffering and illness. He contends that, without this kind of broad analysis, we will end up managing social inequality rather than addressing issues of violence and suffering.

Kleinman, Lock, and Das (1997) and Das and Kleinman (2001) contend that, in order to evoke a particular kind of response, suffering must be understood within the social context within which it is framed. The social context is multilayered. At one level, we are called upon to identify the social, economic, and political factors that cause suffering; yet at another level we need to map the way in which these factors,

in the form of ideology and practice, become embedded within local and global institutions. Designed to alleviate suffering, institutional responses accentuate it. Furthermore, institutional responses silence everyday forms of suffering by normalizing them. How do we explain a situation in which some forms of suffering are recognized only to be compounded, while other forms of suffering remain invisible? As Cavell has observed: "withholding acknowledgment of pain is a societal failure" (quoted in Kleinman, Lock, and Das, xvi). The study of social suffering, then, must contain a study of society's silence towards it. While the authors recognize the importance of capturing how sufferers remake their worlds, they emphasize the point that this focus should not be divorced from the larger social and political contexts that researchers must delineate. In short, the authors urge the reader to take into account local idioms of dismay and grief in the wake of powerful bureaucratic forces that normalize suffering for political purposes. The issue here is to expose how institutions appropriate suffering, reify and fragment it, and then cast a veil of misrecognition over it. "The vicious spiral of political violence, causing forced uprooting, migration, deep trauma to families and communities ... spins out of control across a bureaucratic landscape of health, social welfare and legal agencies" (Kleinman, Lock, and Das, ibid, x).

The above works bring to light the tension between on-the-ground realities (the local) and the broader political context – the source of suffering and oppression. Scheper-Hughes's middle-ground approach is viable in so far as it provides a balanced perspective. Nevertheless, it suggests a division of labour, with the experts taking care of the political perspective and the research participants providing the raw data. The participants are not considered to be "experts" on political economy. Hill-Collins (2000), Moore (1996, 2000), and Dossa (2004), among others, address this Cartesian tension. These authors suggest that we must recognize our research participants as producers of knowledge in their own right. This knowledge may not be exclusively expressed in the language of the dominant society, where the experience of pain and suffering is diluted and silenced. Using alternative mediums of expression, research participants undertake multiple tasks. They critique the larger system in their own terms, establish the link between the individual body and the body politic, and remake their worlds in relation to the larger society.

In the anthropological spirit, the above authors take pains to delineate the local worlds of their research participants. But research participants

are not positioned in order to provide context-specific knowledge of their experiences. This task is left to the anthropologists – a task from which I, as author of this article, am not exempt. Nevertheless, this article provides glimpses of how research participants tell their own stories using the language of everyday life and the language of the body. I suggest that it is within a framework of linkages between individual lives and the broader social and political contexts mapped by research participants and researchers alike that the act of witnessing takes place. In sum, witnessing stories of suffering must begin in the spaces that the participants have carved rather than in the largely textual space created by the experts. Let us see how Meena and other women in our study engage with the "person-is-political" paradigm considered as the preserve of the expert.

We have noted that Meena first identifies the concern that consumes her everyday life: separation from her husband. Meena is well aware of the fact that mere words, even in the form of a question as to why her husband is not able to join her, have evoked no response. Her long-time suffering, like that of the other women in our study, has been silenced for the primary reason that the world's acknowledgment of its involvement in the massive displacement of Afghan people would mean that it would have to take responsibility for alleviating their suffering. As one woman informed us, not a single family has been spared the pain of this long drawn-out war. The blame has been laid at the door of the Taliban and other military factions, notwithstanding the fact that these armed factions were created by the United States and its allies/enemies. The women were well aware of this scenario, which the world has ignored.

The women took it upon themselves to tell, in their own terms, their stories of suffering and pain, and this meant speaking from their wounds. It is within this context that Meena is able to tell a powerful and multilayered story, using body language (the language of symptoms and suffering). She notes that Afghanistan is also a wounded body, and she implicates foreign powers that have systematically destroyed her country. Through her wounds, Meena also tells the story of indifference and structural violence that she encounters in Canada. The wounds on her body speak of her isolation, of the loneliness that she experiences on a daily basis, and of her struggle to meet her basic needs. The fact that she became more sick after migrating to Canada speaks to the link between her body and the political economy. Her speaking in her own terms should prompt us to acknowledge our complicity, as global

bystanders/researchers, in the pain and misery to which she is subject through circumstances not of her own making. It is within this space created by the research participants that the act of witnessing can take place, and this is the first step towards bridging the gap between theory and practice. Witnessing stories of social suffering must prompt us to work from the grassroots level; this means giving up the comfort of being mere observers. The last words go to Nargis: "We do not want to tell our stories unless [they bring] about some results. But we should not let others speak for us. They [the system/welfare workers] do not understand, and maybe our education is higher than that of the welfare worker, but they give themselves permission to treat us like we are nothing."

REFERENCES

Agnew, Vijay. 1996. *Resisting Discrimination: Women from Asia, Africa and the Caribbean and the Women's Movement in Canada*. Toronto: University of Toronto Press.

Anderson, Joan, and Sheryl Kirkham. 1998. "Constructing Nation: The Gendering and Racializing of the Canadian Health Care System." In *Painting the Maple*: *Essays on Race, Gender and the Construction of Canada*, ed. Veronica Strong-Boag, S. Grace, A. Eisenberg, and J. Anderson, 242-61. Vancouver: UBC Press.

Bannerji, Himani. 1995. *Thinking Through: Essays on Feminism, Marxism, and Anti-Racism*. Toronto: Women's Press.

———. 2000. *The Dark Side of the Nation: Essays on Multiculturalism, Nationalism and Gender.* Toronto: Canadian Scholars' Press.

Behar, Ruth. 1996. *The Vulnerable Observer: Anthropology that Breaks Your Heart*. Boston: Beacon Press.

Brodsky, Anne. 2003. *With All Our Strength: The Revolutionary Association of the Women of Afghanistan*. New York: Routledge.

Cooley, J.K. 1999. *Unholy Wars: Afghanistan, American and International Terrorism.* London: Pluto Press.

Das, Veena. 2001. "Sufferings, Theodicies, Disciplinary Practices, Appropriations." *International Social Science Journal* 49 (4): 563-72.

Das, Veena, and Arthur Kleinman. 2001. "Introduction." In *Remaking a World: Violence, Social Suffering, and Recovery*, ed. Veena Das, Arthur Kleinman, Margaret Lock, Mamphela Ramphele, and Pamela Reynolds, 1-30. Berkeley: University of California Press.

Dossa, Parin. 1988. "Women's Space and Time: An Anthropological Perspective on Ismaili Immigrant Women in Calgary and Vancouver." *Canadian Ethnic Studies* 20 (1): 45-65.

———. 1997. "Reconstruction of the Ethnographic Field Site: Mediating Identities: Case Study of a Bohra Muslim Woman in Lamu (Kenya)." *Women's Studies International Forum* 20 (4): 505-15.

———. 1999. "(Re)imagining Aging Lives: Ethnographic Narratives of Muslim Women in Diaspora." *Journal of Cross-Cultural Gerontology* 14 (3): 245-72.

———. 2004. *Politics and Poetics of Migration: Narratives of Iranian Women from the Diaspora*. Toronto: Canadian Scholars' Press.

Dupree, L. 1997. *Afghanistan*. Oxford: Oxford University Press.

Farmer, Paul. 2003. *Pathologies of Power: Health, Human Rights, and the New War on the Poor*. Berkeley: University of California Press.

Frank, Arthur. 1995. *The Wounded Story Teller*. Chicago: University of Chicago Press.

Goodson, Larry. 2001. *Afghanistan's Endless War: State Failure, Regional Politics, and the Rise of the Taliban*. Seattle: University of Washington Press.

Harrison, Faye, ed. 1991. *Decolonizing Anthropology: Moving Further toward an Anthropology for Liberation*. Washington, DC: Association for Black Feminists, American Anthropological Association.

Hill-Collins, Patricia. 2000. *Black Feminist Thought: Knowledge, Consciousness, and the Politics of Empowerment*, 2nd ed. New York: Routledge.

Kakar, M.H. 1995. *Afghanistan: The Soviet Invasion and the Afghan Response, 1979-1982*. Berkeley: University of California Press.

Kleinman, Arthur, Margaret Lock, and Veena Das. 1997. "Introduction." In *Social Suffering*, ed. Arthur Kleinmn, Veena Das, and Margaret Lock, ix-xxvii. Berkeley: University of California Press.

Kleinman, Arthur, and Joan Kleinman. 1997. "The Appeal of Experience; The Dismay of Images: Cultural Appropriation of Suffering in Our Times." In *Social Suffering*, ed. Arthur Kleinman, Margaret Lock, and Veena Das, 1-24. Berkeley: University of California Press.

Lock, Margaret. 1993. *Encounters with Aging: Mythologies of Menopause in Japan and North America*. Berkeley: University of California Press.

Lock, Margaret, and Patricia Kaufert. 1998. *Pragmatic Women and Body Politics*. Cambridge: Cambridge University Press.

Mahmood, Saba. 2005. *Politics of Piety: The Islamic Revival and the Feminist Subject*. Princeton: Princeton University Press.

Mahmood, Saba, and Charles Hirschkind. 2002. "Feminism, The Taliban and the Politics of Counterinsurgency." <http://fathom.lib.uchicago.edu>

Mamdani, Mahmood. 2004. *Good Muslim, Bad Muslim: America, the Cold War, and the Roots of Terror.* New York: Pantheon Books.

Montgomory, D., and Debbus Rondinelli, ed. 2004. *Beyond Reconstruction in Afghanistan: Lessons from Development Experience.* New York: Palgrave Macmillian.

Moore, Henrietta, ed. 1996. *The Future of Anthropological Knowledge*. New York: Routledge.

———. 2000. *Anthropological Theory Today.* Cambridge: Polity Press.

Nazmabadi, Afsaneh. 1998. *The Story of the Daughters of Quchan: Gender and National Memory in Iranian History.* New York: Syracuse University Press.

Rashid, Ahmed. 2004. *Afghanistan: The Mirage of Peace.* London and New York: Zed Books.

Razack, Sherene. 2000. "From the Clean Snows of Petawawa: The Violence of Canadian Peacekeepers in Somalia." *Cultural Anthropology* 15 (1): 127-63 .

Ross, Fiona. 2001. "Speech and Silence: Women's Testimony in the First Five Weeks of Public Hearings of the South African Truth and Reconciliation Commission." In *Remaking a World*, ed. Veena Das, Arthur Kleinman, Margaret Lock, Mamphela Ramphele, and Pamela Reynolds, 250-80. Berkeley: University of California Press.

Rubin, Barnett. 2002. *The Fragmentation of Afghanistan: State Formation and Collapse in the International System*. 2nd ed. Yale: Yale University Press.

Said, Edward. 1978. *Orientalism*. New York: Vintage Books.

Scheper-Hughes, Nancy. 1992. *Death without Weeping: The Violence of Everyday Life in Brazil.* Berkeley: University of California Press.

Scheper-Hughes, Nancy, and Philippe Bourgois, ed. 2004. *Violence in War and Peace: An Anthology.* Oxford, UK: Blackwell Publishing.

Spivak, Gayatri Chakravorty. 1988. "Can the Subaltern Speak?" In *Marxism and the Interpretation of Culture*, ed. C. Nelson and L. Gossberg, 217-313. Urbana: University of Illinois Press.

Wolf, Diane, ed. 1996. *Feminist Dilemmas in Fieldwork*. Boulder: Westview Press.

Yuval Davis, N. 1997. *Gender and Nation*. London: Sage Publications.