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The Impress of Extremity: Women's Experience of Trauma and Political Violence

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INTRODUCTION

This chapter concerns traumatic events associated with political violence and their consequences for women's emotional well-being. The gender-specific nature of and response to events and conditions of political violence are analyzed here through a case study of Salvadoran women refugees' experience of extremity[1] as manifest in emotion and illness experience. In light of the recent explosion in refugee populations worldwide (Hein 1993; USCR 1994),[2] the critical need to examine the health consequences of forced departure from natal countries is obvious. To date, several investigators have reported that refugee populations commonly suffer from depression and post-traumatic stress disorders (Kinzie et al. 1984; Mollica et al. 1987; Westermeyer 1988). Insofar as the meaning and experience of refugee status is likely to vary for women and men, it is important that we take into consideration the way in which the health consequences of emigration may occur in gender-specific ways.

Illness experience is examined here in both indigenous (as *nervios*) and psychiatric terms (as symptoms of depression and post-traumatic stress disorder). Do events and conditions of extremity invariably evoke a traumatic emotional response? How can the specificity of this response be characterized? How is it that some women experience and characterize events and conditions of political violence as "extreme" or "extraordinary" while others represent these same events as "mundane" or "routine?" Finally, while the women discussed here certainly experienced pain and suffering in ways that are consonant with examination of their

experience within an illness framework, my most striking observation concerning this ethnographic case is that it can be analyzed as a powerful example of the women's considerable resilience and resistance in the face of extreme human circumstances. The sustained emotional integrity—as opposed to a fragmented (psycho)pathology—must equally compel our attention.

I begin by briefly reviewing depression, trauma, and the social conditions of women's lives. The relationship between the social conditions of women's lives and their mental health status is well-established for depression (Strickland 1992; Weissman et al. 1991). Women are twice as likely to become depressed as are men (Weissman et al. 1988). This epidemiological difference does not appear confined to North America and Europe, but rather to occur with regularity cross-culturally (Jenkins, Kleinman, and Good 1991). This epidemiological difference is not reducible to biological factors (e.g., endocrinological) or methodological artifact but can be traced instead to extrinsic features of the social milieu (Weissman and Klerman 1981) and inequities with respect to cultural domains of power and interest (Jenkins, Kleinman, and Good 1991).

In a study of working-class English women residing in the London area, Brown and Harris (1978) empirically identified a set of factors that are predictive of clinical depression. The specific factors are: premature loss of mother; poor-quality housing; unemployment; lack of socially supportive relationships; and the exclusive charge of three or more young children. In India, Ullrich (1987) argues that the traditional cultural standard for women virtually guarantees women will see the world and themselves in the negative terms that comprise Beck's (1967) very definition of depression. Among Southeast Asian women refugees who have survived rape and torture, symptoms of depression (and post-traumatic stress disorder) are reportedly commonplace (Kinzie et al. 1984; Mollica et al. 1987; Westermeyer 1988). In light of studies such as these, depression appears diagnostic more of women's *social situations* than of women as *persons* (Howell 1981). However, while this characterization of depression provides an important opening for political analysis, it should not be invoked to obscure the immediacy of personal suffering that accompanies depression as a way of life.

Psychological trauma, especially as it affects women, has long been of empirical and theoretical interest to psychiatry (Ellenberger 1970; Freud 1973). Over a century ago, Janet (1920) theorized a process whereby traumatic experience is transformed into illness. In the wake of overwhelming emotions such as fear or horror, dissociation often occurs that may be followed by disturbances of memory or identity. The presumptively maladaptive character of these strong emotions is their subsequent association with semiautomatic behavioral responses that fail to take into account novel information about one's behavioral environment. While these early ideas about the psychic organization of emotion, trauma, and illness processes have served as a productive starting point, three aspects of Janet's analysis are subject to feminist critique: (1) emotion is pathologized as an "inferior" and inherently problematic form of experience; (2) theorizing about trauma and emotion are confined to the intrapsychic level; and (3) the case study

basis of theorizing stems from the methodology of the time, that is, the "grand rounds" display of "hysterical" young females in Victorian medical theatre as much for male entertainment as for "medical-scientific" purposes (Havens 1966).

Only recently have conceptualizations of trauma in intrapsychic and personality-based functioning begun to be supplanted by feminist formulations of the problem in terms of institutionalized and collective social features, such as father-daughter incest and other forms of violence against women (Herman 1992). The full epidemiological parameters of these problems are currently unknown. Empirical studies are required to systematically identify traumatic events specific to women across a variety of cultural contexts. In accord with the diagnostic criteria for post-traumatic stress disorder (PTSD), symptoms that comprise the syndrome are the result of trauma-related events "outside the range of usual human experience" that would be "markedly distressing to almost anyone" (American Psychiatric Association 1987:250). These events include serious threats to one's life or physical integrity, sudden destruction of one's home or community, or witnessing another person who has been injured or killed through accident or violence. Flight from events of political violence—a global problem that has recently escalated on an unprecedented scale—clearly constitutes one such set of extremely traumatic stressors (USCR 1994). Below we explore the emotional and mental health consequences for women who have fled political violence.

EMOTIONAL AND HEALTH CONSEQUENCES OF *LA SITUACION*

The events and conditions of political violence that constitute *la situacion*[3] of El Salvador have been documented elsewhere (Jenkins 1991). Events of political violence may be discreet or recur as part of the established conditions of these women's lives. An example of a discrete event is the witnessing of an assassination or actually undergoing torture and interrogation. Recurrent events may include violent nightmares of *la situacion.* Following immigration to the U.S., the women's lives continue to be dominated by *la situacion.* Nearly all have family, including young children, who still reside in El Salvador. In addition, the terror of *la situacion* in El Salvador comes to be overlain by new fears associated with life in the U.S., including dread of deportation by immigration authorities, discrimination, and economic exploitation by employers and landlords. The 1992 settlement between the government and guerrilla forces has been met with a mixture of skepticism and uneasiness, leaving unresolved the question for refugees of whether and how to repatriate.

The Salvadoran women's refugee study reported here was conducted from 1987–1990 through an out-patient psychiatric clinic at a university teaching hospital in the Boston metropolitan area.[4] This ethnographic study included research interviews and observations with twenty-two women in home, community, and clinical settings. All of the women reported suffering from a variety of problems related to *nervios.* The cultural category of *nervios* has wide currency throughout Latin America (Low 1985, 1994) and refers unitarily to distress of mind, body,

and emotion. In the Salvadoran context, complaints of *nervios* are embedded within conditions of chronic poverty and unrelenting exposure to violence.

The clinical and research diagnostic data reveal that these women commonly report symptoms of affective disorder (primarily major depression) and anxiety disorders (including post-traumatic stress disorders or PTSD).[5] For depression, the women often suffered from sleep and eating disturbances, irritability, difficulty concentrating, loss of energy, sadness, and hopelessness. Nearly all of the women report symptoms in accord with research criteria for diagnosis of the syndrome of major depressive illness.

Although the women reported symptoms of PTSD, the majority would not make full diagnostic criteria for this syndrome as outlined in the Diagnostic and Statistical Manual III-R. The primary symptoms include sleep disturbance, intrusive memories and feelings associated with the traumatic event, and an avoidance of stimuli associated with the trauma. Autonomic features include increased arousal, irritability, outbursts of anger, and hypervigilant monitoring of the environment. The criterion of an extreme stressor—one that threatens one's life, the sudden destruction of one's home or community, or the witnessing of another person who has been injured or killed—was present in all cases. Highly disturbing memories and reexperiencing of traumatic events were commonly reported as nightmares about violent scenarios and generalized terror for the safety of one's family. Less observable among these women were attempts to avoid feelings and memories of trauma.

Problems of application of the PTSD diagnostic category to this population may be related to (1) difficulties inherent in observing some of these symptoms; or (2) restricted cultural and/or gender validity of the full syndrome as currently constituted and applied to this sample. If the latter hypothesis were true, it could mean that the parameters of the syndrome should be differentially constructed for this group or that the PTSD construct is simply of limited utility in characterizing the nature of the distress manifest among this group of refugee women. A separate analytic point, that care be taken not to improperly pathologize that which is arguably a normal human response to abnormal human conditions, is further discussed below (also see Jenkins, in press).

POLITICAL ETHOS AND REPRESENTATIONS OF EXTREMITY

In a previous essay, I sought to expand anthropological discourse on the emotions by examining the nexus among the state construction of what I termed a political ethos, the personal emotions of those who dwell in that ethos, and the mental health consequences for refugees (Jenkins 1991).[6] By political ethos, I referred to socioculturally constituted feeling and sentiment pertaining to social domains of power and interest. What I am concerned with here—events and conditions of political violence—can be categorized in the forms of (1) generalized warfare and terror; (2) poverty; (3) violence against women; (4) death of kin due to political violence, and (5) torture and detention. These must be understood not as inde-

pendent factors but as coordinate dimensions of a single political ethos. Specifically, preliminary analysis of the data reveals that the women (N = 22) who participated in the study were in different proportions subjected to these dimensions of political violence that define *la situacion*: twenty had witnessed violent death or evidence of violent death; nineteen were living in poverty; eleven had been physically and/or sexually assaulted; ten had experienced the death or disappearance of kin; and one woman had undergone three separate instances of torture and imprisonment.

Note that these themes are coded for what were active narrative issues for the women.[7] The precise manner in which these dimensions of violence combine to constitute a political ethos must be left for a more elaborated discussion. In the space available here I can only briefly excerpt from narrative responses that address the two questions with which I began. How can we account for the fact that some Salvadoran women experience and represent these situations as "extreme" while others would appear either to deny or minimize the impress of extremity under conditions of political violence? And in what respect can these dimensions be characterized as evoking traumatic emotional responses regardless of whether they are represented as extreme or mundane?

TERROR AND DREAD: POLITICAL VIOLENCE AS EXTREME

1. *"Everything Trembles, It's So Horrible."* From Gladys Gonzalez,[8] the forty-year-old, married mother of five, who came to the clinic with severe problems of *nervios*:

> I have seen so many dead bodies. It fills me with a great terror and dread, when you leave to go out on the highway, you see them without heads. . . . everything (in my body) trembles, and it's so horrible. And at night I am not able to sleep thinking about it, because I live with so many ugly, horrible things. When I was pregnant with my second child I saw things so close to the house. I would see people with sacks over their heads (being taken away to be assassinated). . . .
>
> I feel the right side of my face all numb and my lips "go to sleep . . ."

Gladys decided to leave El Salvador to come to the U.S. (and join her husband) after the following event:

> It was New Year's Eve, and they came to the house of my brother-in-law. He is from a very humble family and hasn't been involved in anything and they came to his house, knocked on the door, and because it's the custom that on the 31st of December at midnight neighbors and all of your friends arrive to give you a hug for the New Year, he thought that when the knock on the door came it would be some friend or relative. He opened the door and someone fired a shot straight in his head and he died and they never knew who or why. He died and we never knew who or why and then my husband told me that with all this he felt ill. With the money that he already had from being in the U.S. he preferred that we come. . . .

> I didn't want to come, but life was so difficult there, more than anything I had to think of my children, to avoid also having them drafted into the military or being taken by the guerrillas, to lose their lives. I had such strong fear that something would happen to them. I consulted with a lot of people, to get their advice, and they told me "you have to do something. . . ."

> I came here (to the U.S.) not to be alone, because my husband was already here. And as I said, the children had suffered, the children were so nervous because of everything that had happened. In the nights they didn't sleep because of the shootings. Shootings, here and there. They would throw bombs and destroy houses. The father of my husband was the landlord of a lot of places, and they would extort a certain amount of money they had to give, and it was too much. It was the danger of the war. The children were so nervous. When they would go to sleep, they didn't want to be alone. They would cry when they would hear all these things—bombs, shootings—they would say "mommy, if we die here alone, without our father, what then?" It was the same problem for them (as for me), a serious problem of *nervios.*

2. *"My Terror Was that My Children Would Study Too."* From Elsa Hernandez, a 36-year-old married mother of two children, who had arrived alone in the U.S. just six months before the time of this interview:

> (I have seen) many dead bodies. Many, for example there in (specific town), many dead bodies, we went walking looking for a cousin, they had made him "disappeared," and . . . we never found him dead or alive, in any place and his mother also went out looking for him and we never found him and there were many young people who were persecuted, the students, and that was my terror that my children would study too, if I could have taken them with me I would have, but I couldn't . . . seeing all the dead bodies has affected me terribly, from that I am sick too, especially one time when I saw a woman that they killed right in front of me, this made me sick, and I felt very ill, desperate really. . . . They shot her in the head with me in front of her, I saw her fall and everything, then I became, like paralyzed, like I couldn't move to see that, then at that time lots of persons were killing people, and one time when I saw them kill that woman it made me afraid to go outside, at night we were used to locking the door, and I was used to thinking that they would come and knock on the door because I had seen this woman killed, right? (I was) thinking that they would come and knock on the door to get me too, and this for me made me ill with *nervios* and I was afraid for my husband, for my brothers and sisters, because I have nine brothers and sisters. . . .

3. *"He Would Have Hit Me at That Moment."* From 35-year-old Lucrecia Canas, married mother of two children still residing in El Salvador with her mother. Lucrecia's experience of *la situacion* as extreme derived from her regular encounters with violence both within and outside the home. An example of *calor* (heat) and *susto* (fright) in response to *la situacion* prior to fleeing El Salvador:

> In my country I had a *susto* (a fright) when a man was dying. Already the man couldn't speak (but) he made signs to me with his eyes. It was during the daytime, and I was going to get some chickens for a Baptism. He could barely move his eyes. He had been shot in the forehead. It was the time of the fair in November. When I came back he was already dead. I returned home with a fever, a great fever, and it

> wasn't something I'd ever experienced. Since it was carnival time, strangers cam
> They kill strangers.

Recurring events of violence were also part of her experience in her new hom in Massachusetts.

> I dropped a casserole dish with dinner in it and then *nervios* came on because m husband was right in front of me. When I dropped the casserole dish it gave me shiver throughout my body and I felt immediate pain and then, so my husban wouldn't see that I was afraid, I didn't say anything. . . . He had seen I dropped th dinner and since he is really angry, well, I, so he would see that I'm not afraid I sai nothing to him. I had the heat attack in the moment I dropped the dinner. I felt a electrical charge was put inside my body. It was because of the fear I have of hin it's because he would have hit me at that moment, he would have beat me becaus I dropped the food.

> When he goes out drinking on Fridays, he comes back at three in the morning o Saturday, then I feel my face is on fire, really numb, the middle (of my face) onl and the agitation in my chest, I feel desperate, with an urge to leave (the apartment running, and running, running to get far away. . . . I feel the desire to run away, bu I don't actually do it (just as) there's the same pressure when he goes out drinkin and returns irritable. Then I want to focus my attention and not be afraid of him be strong, but I can't. . . .

4. *"It's the Kind of Injury that Remains on the Brain and Can Be Difficult to Heal."* Thi 33-year-old mother of three (whose husband was assassinated) was imprisone and tortured three separate times for activities as a union organizer:

> I have suffered a lot because of the torture. It is the reason I have the *nervios*, all th difficult experiences I've had, it results in a kind of injury that remains on the brai and can be difficult to heal. All the trauma over the war, the bombings, the arrests the mutilated bodies produce a constant tension that cannot be gotten rid of. Nine ty percent of the people are traumatized and since it can begin at a very young ag it is very difficult to erase.

> My baby was born at the height of the strikes and violence and he was born wit *nervios.*

THE DAILY GRIND: POLITICAL VIOLENCE AS MUNDANE

1. *"But That Was Clear across the Street."* A first instance of representing the violence of *la situacion* as unremarkable comes from 57-year-old Luz Pena, a divorced mother of five who had been in the U.S. for three years. She explained that she enjoyed working in her own *tiendita* (little store) making cheese in El Salvador because it kept her busy. Further, "no misery or suffering" had befallen her. She maintained she had come to the U.S. to be with her sons (who had emigrated earlier), and that *la situacion* played no role in her decision to come. She then went on to claim that she really had not witnessed any violence in her country

and that no one in her family had been affected. Later, when she narrated an event of violence in which eighteen persons were killed, I gently reminded her that she had said earlier that she hadn't really seen any violence in her country. She responded by saying

> but that was across the street from my house . . . and I had only lived there for nineteen days. I didn't know them.

Five of those (eighteen) murdered were lined up in front of the house directly across the street from where she was living, and were shot dead.

2. *"I Liked My Job."* A second example of *la situacion* construed as mundane is the case of Diana Vega, a 36-year-old middle-class woman with no children. Educated at one of the principal Salvadoran universities, she received an advanced degree and worked as a public official in cases requiring identification of dead bodies. Her job involved cases of criminal action, often requiring her to collect evidence from medical investigators concerning the (often mutilated) bodies of victims. She reported feeling pressured by her supervisors, on the one hand, and the relatives of the victims, on the other hand. She received death threats, was often followed, and her home was ransacked on one occasion. Following these events, she arrived in Boston with complaints of depressive and anxious feelings which she articulated in terms of *nervios.* Noteworthy in her narrative presentation was how much she enjoyed her job in El Salvador, claiming the problem-solving dimensions of identifying dead bodies held great intellectual interest despite the fact that "the bodies are decomposing" and "there is a lot of putrefaction":

> (The type of work I did) had always attracted me, but then in El Salvador, the judicial system has problems. . . . Sometimes the corpses are lost, or there is not sufficient personnel or adequate instruments (for examinations), the paperwork is not carried out at the time when it should be done. . . . Many times they destroy the victims (bodies).

Thus she enjoyed her job despite the bothersome irregularities of missing dead bodies and missing paperwork but appeared not keenly interested in precisely why or how the bodies had disappeared. Although Diana appropriately represented the process of identifying mutilated bodies as but part of the professional duties she carried, she simultaneously showed signs of having been marked by the process, saying she was haunted by thoughts of the dead bodies requiring her scrutiny.

3. *"We Never Had Any Problems."* A final representation of *la situacion* as mundane—virtually as nonproblematic—comes from 49-year-old Antonia Serrano, a married mother of four. Despite the fact that she came to the U.S. in 1979, a time when political violence had escalated tremendously in El Salvador, she made the unusual claim that *la situacion* played no part in her decision to emigrate. Citing health and medical reasons primarily—she could see doctors for severe headaches—it

was her expectation that the standard of living in the U.S. would be better. At th time of the interviews, she regularly traveled back and forth to El Salvador to vis relatives. Her most recent (three-month visit) was made just weeks following on of the bloodiest of rebel offensives (November 1989), coinciding with the go ernment-sponsored assassination of the Jesuit priests, their cook, and her daug ter. Claiming it was easy to travel and live in the country, she stated:

> I have not lived tortures and I go to El Salvador, I come and go and I don't ha problems. . . . You may perhaps have heard that we had the last war in El Salvad just lately—and during this time I would go out at 9:00 A.M. and supposedly th (trouble) began at 11:00 A.M., but I never saw anything. My husband was head of government campaign against (a particular disease) and he never had any problem

MODES OF TRAUMA

In these examples, we are presented with two modes of representing the exper ence of the various dimensions of *la situacion* as a political ethos. Despite the apparent difference, my argument is that both are representations of experienc that can be defined as traumatic. That such experience is sometimes represente as mundane can be accounted for by a combination of political constraints o expression and the psychological suppression of response—more precisely, by th overdetermination of repression as both a political process and a psychologic defense. This dual sense of repression goes hand in hand with terror and violenc on the one hand, and dissociation and denial on the other. This formulatio leads directly to our second question, the characterization of *la situacion* as evoc tive of traumatic emotional response.

Upon analysis of the narratives of the twenty-two women interviewed, it wa determined that each of the women was exposed to discrete events of violence t themselves or others. But if some expressed their experiences as mundane, ho can it be said that they experienced a pronounced emotional response of th kind described by the DSM for PTSD? Of interest again is that this definition o PTSD identifies an "active" and a "numbing" phase of the disorder. This suggest as a preliminary hypothesis that the extreme and the mundane may be differen expressive modalities for the same severe emotional responses. On the one hand forceful emotion is actively and explicitly acknowledged; on the other, emotion i "numbedly" and implicitly acknowledged through denial, minimization, and with drawal.

Between these two modalities lie a variety of phenomenological shadings o experience and expression among the relevant emotions of fear, terror, dread anxiety, and anger. I mention only one here, the experience of *el calor*, or intens heat that suddenly pervades one's whole body. The emotional dimension of *calo* is defined by fear, dread, and anger in the face of severe social and political real ities. More precisely, *calor* is existentially isomorphic with anger and fear, and i grounded in personal encounters with violence: the "domestic" violence of mal kin and the broader political violence of *la situacion*. Both forms of violence con

tribute to the political ethos of a culture of terror in which brute violation is regularized. In conformity with cultural proscriptions of outwardly directed verbalizations of anger and rage by women, the refugee narratives in our study revealed that the women's association of their experiences with either anger or fear often remained implicit.

Cultural variation in the elaboration or suppression of the existential modes in which violence is experientially engaged is a potentially valuable dimension for examining cross-cultural differences in experiential and communicative worlds of emotion. *Calor* may actively engage unjust worlds of violence through justifiable anger, but may also reactively engage these same worlds through fear and trembling (Jenkins and Valiente 1994). Personally and culturally unwelcome, anger, fear, and heat engage the intentional body. Yet this engagement is clearly problematic: on the one hand it is described under the metaphor of *nervios*, and on the other these Salvadoran women speak specifically of their perceived need to control themselves—to harness their anger and fear (see also Jenkins 1991; Jenkins and Valiente 1994). In this way, they are not unlike most other women worldwide who, feel they must suppress their anger (Lutz 1990).

CULTURAL AND CLINICAL CONSIDERATIONS

As noted above, the experience of *calor* must be contextualized within the broader indigenous framework of conditions associated with *nervios*. Thus, while the experience of *calor* is common among these Salvadoran women, their narratives of illness and suffering are articulated within a universe of cultural discourse on *nervios*. As we have seen, both *nervios* and *calor* are semantically ordered by emotions of anger and fear. While this fear is sometimes expressed with reference to the emotion of *susto* (fright), the experience appears phenomenologically and etiologically distinct from conditions of *susto* commonly reported by other ethnographers throughout Latin America (Tousigant 1979; Rubel et al. 1984). Symptoms of *susto* as illness include problems with sleeping, eating, and difficulties in the performance of work or social activities.

Presentation of complaints of *calor* in medical settings poses a challenge not only for anthropological analysis of women, culture, and society but also for clinical practice in biomedical settings. Misdiagnosis of *calor* can result in serious problems, as the following case example illustrates. One young Salvadoran woman who had come to hospital emergency services was overcome by *calor* while waiting for a physician to come into an examining room. To obtain relief, she removed her blouse and soaked it in cold water from the sink. When the doctor entered the examining room to find she was not only quite distressed but also half-nude, he concluded she was psychotic and immediately had her transported to a local state psychiatric hospital, where she stayed for some days without benefit of an interpreter or her family's knowledge of her whereabouts.

Other common misdiagnoses are to conceive of *calor* as a problem of menopause. The fact that men also experience *calor* and that it is reported by

women in the twenties appears to negate such a possibility. Diagnosis of *calor* as hypertension can also be ruled out on the basis of the distinctive differences in the symptom profile for these two experiences. Finally, *calor* cannot be appropriately diagnosed as a symptom of post-traumatic stress disorder and, as noted above, the women cannot be said to fully meet diagnostic criteria for PTSD. The lack of clear application in ways comparable to American Viet Nam veterans (for whom the diagnosis was initially fashioned) may stem partly from contextual features such as culture, gender, and sociopolitical meaning. In sum, *calor* is not reducible to psychosis, menopause, hypertension, or PTSD and these observations are of clinical relevance to diagnosis and treatment.

While I have contrasted cases in which women construe conditions of political violence in ways that can be described as "extreme" and in ways that can be construed as "mundane," it is important to make a broader observation about this group of Salvadoran women as a whole. Given the common condition of enduring and surviving human circumstances of conditions of political violence that cross-cut civil and domestic contexts, the overall resilience and resistance of these women is striking. Survival of such circumstances—often with a palpable grace and dignity—raises fundamental questions regarding gendered adaptations in the face of extreme circumstances.

CONCLUSION

The questions we have been considering with regard to the emotional consequences of existing within a political ethos of violence can be reduced to the single question of whether, when the extreme is common, its very commonality defines it experientially as not extreme. Certainly from these Salvadoran women's points of view, things are considerably other than usual. On the other hand, the regularly recurring circumstance of political violence on a global scale and the regularization of life under such circumstances would seem to suggest that such experiences cannot adequately be characterized as "abnormal." The circumstance of extremity comes to be thought of simply as "the way things are."

From these women's standpoint, the extreme and mundane are not necessarily alternatives, but simultaneous states of affairs that are lived with as a persistent existential contradiction. When this contradiction cannot be sustained, either with respect to living within the political ethos or living with psychological trauma, the survival strategy is a dampening of awareness and expression. Such a strategy is the direct consequence of repression in both the political and psychological senses of the word. Finally, however, while refined understandings of the emotional distortion that occurs subsequent to traumatic experience are needed, it is also clear that accounts of the sustained emotional integrity and resilience of persons surviving extreme horrific human circumstances must equally compel our attention. This will require not only informed analyses of individual and social dynamics surrounding traumatic situations but also closer attention to emotional response in forms such as *el calor*, and to actions ranging from "fight or flight" to immobilized dread in traumatic situations that threaten one's physical integrity.

NOTES

1. Forche (1993) has recently explored the poetics of trauma and memory under the "impress of extremity," a phrase I have borrowed for the title of this essay.
2. There are currently over sixteen million refugees worldwide, up some ten million from only ten years ago (UCHCR 1994).
3. *La situacion* is the most common way of referring to the intolerable conditions within El Salvador, including civil warfare, psychological terror, and poverty.
4. The study was carried out by the author, in collaboration with clinical staff of the Latino Mental Health Team of the Cambridge Hospital, Department of Psychiatry, Harvard Medical School. The primary collaborator was the USCR. E. Valiente, a Salvadoran clinical psychologist, worked closely with the author in providing clinical consultation and referrals to the study (Jenkins and Valiente 1994). The women in the study were 20–62 years of age. The majority were Catholic, of peasant background, monolingual Spanish-speakers with little formal education.
5. Diagnostic data were collected from clinical records through use of DSM-III-R categories according to the SADS research interview schedule (Endicott and Spitzer 1978). The case for productive use of specific DSM diagnostic categories (as opposed to generalized distress) has been argued by Good (1992). Good notes that although DSM categories are clearly based on Western cultural assumptions, they are systematic enough to be used in cross-cultural research and should be the subject of critique in light of empirical work. Preliminary analyses of these data suggest that the parameters of distress as outlined in these symptom criteria do not neatly adhere as syndromes (Jenkins, in press).

   In addition, there is the question of whether DSM categories may serve inappropriately to pathologize normal human response to horrific human conditions. While the adequacy and cultural validity of DSM categories are therefore subject to empirical and conceptual critique, these questions do not form the focus of this chapter.
6. Mary-Jo DelVecchio Good and her colleagues have advanced the problem of state control of emotional discourse defined as "the role of the state and other political, religious, and economic institutions in legitimizing, organizing, and promoting particular discourses on emotions" (DelVecchio Good, B. Good, and Fischer 1988:4). The need for analyses of the "state construction of affect" have been put forth by Mary-Jo DelVecchio Good.
7. This is not a comprehensive list of events and conditions of political violence, but does constitute a narratively salient set of experiences for this group of Salvadoran women. The coding does not necessarily deal with the biographically distant past and is also affected by the fact that some of the women did not currently have "domestic violence" issues in their lives by virtue of not living with a man (as lesbians, widows, or divorcees). There also may be instances of underreporting.
8. Pseudonyms are used and identifying details preserve anonymity.

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