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The poor have become rich, and the rich have become poor: Collective trauma in the Guinean Languette

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Abstract

This paper uses Kai Erikson's (Everything in its path: the disaster at Buffalo Creek. Simon & Schuster, New York, 1978) definition of collective trauma to interrogate the symptom reports and narrative accounts of six Guinean communities attacked by Sierra Leonean and Liberian RUF forces in 2000–2001. These data, collected in 2003, found high rates of fear, physical anxiety, emotional anxiety, depression, physical distress, sadness, and post-traumatic stress disorder-related symptoms across all communities, but found lower rates of distress among communities that had developed collective narratives of resistance to violence, or had concertedly resisted post-conflict social change. Communities with higher rates of distress tended to report community narratives of violence and post-conflict social life, which emphasized abandonment, isolation, disregard of community rituals and social supports, and the dislocation of local moral worlds. This study argues that the physical and emotional symptoms of trauma-related mental illness are articulations of collective trauma and represent the physical and emotional manifestations of the destruction of local moral worlds. It illuminates the processes by which violence inverts social experience, and argues that the social dimensions of trauma have long-term consequences for post-conflict reconstruction.

Keywords: Mental health; Guinea; PTSD; Social suffering; Violence; War

"People are dying of heartsickness and loneliness."—Quote from an elderly woman in Guekedou, 2003

Introduction

In recent years, the number of wars that target civilian populations has surged, leading to the proliferation of displaced and suffering persons, and the development of multiple disciplinary paradigms for understanding these persons psycho-social trauma in the context of mass violence. In the course of competition for resources and expertise claims, a false paradigmatic opposition has emerged that pits psychological (see De Jong et al., 2001; Mollica, Wyshak, & Lavelle, 1987; Eisenbruch, 1991; Momartin, Silove, Manicavasagar, & Steel, 2001) and biomedical (Goenjian et al., 2003; Zayfert, Dums, Ferguson, & Hegel, 2002; Redgrave, 2003) understandings of trauma, in the form of post-traumatic stress disorder (PTSD), against sociological and anthropological (Young, 1995; Das, Kleinman, & Lock, 1997; Summerfield, 1999; Pedersen, 2002) understandings of social suffering, which embeds explanations of distress in contexts of political instability, ecological deterioration, physical and economic hardship, social disruption, and emergency migration. This opposition obscures, rather than elucidates, the experience, dynamics, and consequences of trauma amongst war-affected

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populations, particularly the ways in which traumatic experience imposes a variety of functional limitations on the post-conflict lives of survivors of mass violence (Mollica, 1999). This paper attempts to resolve this analytical disjuncture by demonstrating how, under conditions of collective violence, symptoms of psycho-social and somatic suffering may in fact be the articulation of collective trauma, as well as manifestations of individual emotional and physical distress.

Significantly, PTSD and social suffering research have been noticeably absent among West African civilian populations affected by the political conflicts in Liberia, Sierra Leone, Guinea, and Côte d'Ivoire. Notable exceptions to this rule are epidemiological surveys of traumatic experience, PTSD, and other trauma- related mental illnesses in Sierra Leone (Fox & Tang, 2000; de Jong, Mulhern, Ford, van der Kam, & Kleber, 2000; Médecins Sans Frontiers, 2000), which found widespread exposure to traumatic events and symptoms of depression, PTSD, and anxiety. In light of the enduring, severe, and brutal warfare that has characterized this region for more than a decade, ignorance about the social contexts and consequences of trauma will have massive public health, political, social, and economic implications. In addition to the problems posed by war and displacement, higher physical morbidity and mortality rates, significantly greater physical vulnerability, fewer resources, and tragic environmental and sanitation conditions (Desjarlais, Eisenberg, Good, & Kleinman, 1995), survivors of war have to overcome the social and emotional limitations produced by traumatic experience. Mollica (1999) identified six functional limitations of traumatic stress, including: the inability to perform daily life skills and talents, physical injury, deteriorated intellectual performance, emotional exhaustion and physical fatigue, inability to accomplish social relationships and fulfill obligations, and spiritual and moral disillusionment. Individual PTSD and collective trauma seriously inhibit one of the most important social assets in post-conflict reconstruction: individual and social resiliency.

The objectives of this paper are threefold: (1) to advance the definition of collective trauma developed by sociologist Kai Erikson (1978), which positions social trauma as distinctive from, but overlapping with, individual trauma; (2) to report violence-related physical and emotional symptoms of trauma, and indicators of collective trauma, collected from 6 war-affected Guinean communities on the Liberian and Sierra Leonean borders; and (3) to link social histories of violence and reports of social change to traumatogenic, anxiety, depression, and somatic symptoms in an attempt to explore the occurrence and implications of collective trauma, individual trauma, and their interaction in these six Guinean communities.

Collective trauma

Erikson made a significant contribution to this domain of research by defining the term *collective trauma*, and by demonstrating the specific social pathways through which collective trauma manifests itself. In Erikson's book, *Everything in its Path: Destruction of Community in the Buffalo Creek Flood*, he examined the transformations in social relations resulting from the 1972 Buffalo Creek mining disaster in Logan County, West Virginia. Erikson argued that the loss of life, property, and massive displacement created by the flood generated trauma on both the individual and the collective level. Though it was possible for these two forms of trauma to overlap, collective trauma, itself, was a distinctive and widely pervasive phenomenon which occurred in response to social transformations resulting from an unforeseen, devastating event. Though trauma was often physically and emotionally articulated through depression and post-traumatic stress symptoms, respondents identified these symptoms with the loss or destruction of social connections and the loss of their "social self." Erikson defined collective trauma as,

> …a blow to the basic tissues of social life that damages the bonds attaching people together and impairs the prevailing sense of communality. The collective trauma works its way slowly and even insidiously into the awareness of those who suffer from it, so it does not have the quality of suddenness normally associated with 'trauma.' … [It is] a gradual realization that the community no longer exists as an effective source of support and that an important part of the self has disappeared. As people begin to emerge hesitantly from the protective shells into which they have withdrawn, they learn that they are isolated and alone, wholly dependent upon their own individual resources. 'I' continue to exist, 'You' continue to exist, though distant and hard to relate to. But 'we' no longer exist as a connected pair or as linked cells in a larger communal body." (Erikson, 1978, p. 154)

Although Erikson's definition of collective trauma rests on a theoretically outmoded Durkheimian conception of the "social," his recognition of the significance of the destruction or the loss of a "social self" adds important analytical insight into our understanding of post-conflict mental health and social experience. In this paper, I demonstrate that PTSD, long conceptualized as an individualized disorder, can inform our understanding of collective trauma. Towards this end, I present findings from a World Health Organization (WHO) emergency mental health assessment survey conducted among 171 Guinean civilians in a war-affected region of the Guinean Languette during the summer of 2003.

Fig. 1. Map of Guinean Languette Region (Médecins Sans Frontiers (MSF), 2001).

Background

The Guinean Languette (*English:* Parrot's Beak) is a geo-political region of Guinea bound on its southern flanks by Liberia and Sierra Leone (see Fig. 1). Since the beginning of the Liberian and Sierra Leonean conflicts, and most recently the civil war in Côte d'Ivoire, the southwest horn of West Africa has been characterized by war, massive internal displacement and refugee flight, property destruction, a booming weapons economy and diamond trade, and the presence of mercenary and child soldiers. Guinea (est. pop. 9,030,220)[1] lies to the north of these three countries and has been functioning for more than 12 years as a haven and staging ground for massive humanitarian efforts targeting the refugees displaced by these conflicts. During 2002 alone, 205,000 Liberian refugees fled to Guinea or Côte d'Ivoire, while 20,000 refugees from the civil conflict in Côte d'Ivoire fled to Liberia or Guinea, and 76,000 refugees were repatriated to Sierra Leone.[2] Consequently, during the 1990s, major humanitarian assistance operations were centered in and around the administrative prefectures of Guekedou and Macenta, with dozens of international organizations working to service hundreds of refugee and transit camps operating to care for over 1,000,000 refugees from Sierra Leone and Liberia.

These refugee camps and regional cities also served as optimal sites for the Taylor-run Liberian Revolutionary United Front (RUF) and its opposition, the United Liberation Movement for Democracy in Liberia (ULIMO- later split into ULIMO-J and ULIMO-K). The RUF was run by Charles Taylor, and the ULIMO emerged in opposition to Taylor's RUF, but later split along ethnic lines into Mandingo and Krahn factions. Both groups, uniformly referred to as "rebels" by civilians, used these areas for forced conscription, volunteer recruitment, rearmament, training, communications, housing, and basic needs provisions. Guinea's President, Lansana Conte, played an active role in encouraging the support of some rebels against the RUF, as well as playing some rebel groups against each other. The complex interplay of alliance, support, and opposition became incestuously confused along the the Guinean/Liberian/Sierra Leonean frontiers, with ruinous consequences for the civilian populations.

In 2000, relations gradually worsened between then-Liberian President Charles Taylor and Conte, as Taylor urged Conte to restrain rebel attacks against his armed forces and Conte denied any involvement. In mid-November, 2000, the Liberian based RUF launched an attack on the city of Macenta, which was followed 2 days later by an attack on the city of Guekedou and an invasion of the entire *Languette* region. Simultaneously, the Sierra Leonean arm of the RUF attacked the region.

[1]CIA World Fact Book, 2003.

[2]UNHCR "Refugees by Numbers 2003." UNHCR WEBSITE: www.unhcr.ch/statistics

By March 2001, the Guinean army had regained complete control of the Languette, and had formed a military cordon along its border areas to discourage future invasions.

Between November 2000 and March 2001, Sierra Leonean and Liberian forces attacked the communities of Yende, Guekedou, Tekulo, Nongoah, Katkama, and Bodou (among others) and engaged in summary executions, the burning of homes and property, food thefts, destruction of crops and livestock, kidnappings, forced labor, sexual assault, public humiliation, and the destruction of public markets, potable water sources and government buildings. This resulted in population flight, a cholera epidemic, and many war or flight-related deaths. In addition to the individual psychological effects of war and economic hardship on the region's residents, these attacks led to extreme political and humanitarian isolation, economic devastation, and deterioration of the social fabric. To date, no information beyond this study is available regarding the psychological health of the resident population following these traumatic events.

During this period, Guineans experienced torture by the rebels, imprisonment, executions, violent harassment and assault, deprivation of food and water, separation from family members, disease, and destruction of property. Many Guinean residents of this region experienced or witnessed atrocities including rape, forced acts of violence, forced labor, the abduction of children and relatives, and the public humiliation and degradation of senior community members. Other residents fled their homes, and experienced the separation and loss of family members through dislocation, abduction, murder, disease, dehydration, starvation, and exhaustion.

Methodology

The Center for Victims of Torture (CVT) developed and implemented this study at the request of the Anglican Archbishop of Conakry, Guinea, in 2003. The Kissidougou Bureau of the WHO provided financial support for the project. The objective of the study was to conduct an initial investigation of trauma-related mental illnesses among a sample of Guinean residents who had been exposed to the violent attacks of Sierra Leonean and Liberian RUF during the period December 2000 through February 2001. This study was commissioned to provide exploratory data, which was expected to support a political effort to recruit mental health and other NGO resources for the local residents of the Guekedou region.[3] The author designed this study to serve as a rapid assessment survey that would provide information on local residents' exposure to traumatic events, and to identify post-traumatic mental health problems requiring immediate assistance and intervention. The survey questionnaire included open and closed-ended questions regarding material needs and living conditions; changes in the community since the 2000–2001 attacks; traumatic events witnessed or experienced by the respondent; social resources; cultural practices and attitudes towards emotional stress; available mental health resources in the communities surveyed; and symptoms of psychological distress checklists. All interviews were conducted verbally in French, Kissi, or Malinke/Mandingo, and were translated and recorded into French or English by a member of the research team.[4] Interviews were one and a half hours in length, on average, depending on the length of respondents' answers and the initial time required for prospective explanation of the survey.

The data presented here draw on two principal sources: structured survey interviews conducted by research team members, and ethnographic and interview evidence collected by the author. In the course of the six day research project, I conducted informal interviews with community leaders, local residents, militants who had participated in the rebel attacks, and recent arrivals to the community. Due to time constraints, the ethnographic information is undeniably limited. However, some valuable information was obtained concerning the events of the attacks and the local memory of those events, public rituals, commemoration efforts, social life and social interaction, community morale, NGO and humanitarian assistance, local economic activity, and public institutions (i.e., hospitals and schools).

The research team conducted survey-driven interviews. These interviews inquired about community-level changes since the 2000–2001 attacks, respondents' exposure to traumatic events, social resources, cultural practices, attitudes towards mental illness, available mental health resources, and emotional distress symptoms [in checklist format]. The framework for the survey's symptom checklist components was derived from the WHO's *Rapid Assessment of Mental Health* (Petevi, Revel, & Jacobs, 2001). The symptom checklist included 26 questions with ordinal responses. Included symptoms were selected from a combination of several sources, including the Hopkins Symptom Checklist-25

[3]As of this writing, the author is not aware of any mental-health assistance in the Guekedou region. These data, despite

(*footnote continued*)
their demonstration of great suffering, were unable to mobilize NGO assistance.

[4]The research team consisted of five Liberian refugees trained as CVT mental health counselors and group facilitators, one Guinean CVT staff member, one Guinean researcher associated with an external NGO, the author.

(Derogatis, Lipman, Rickels, & Uhlenhuth, Covi, 1974), the Composite International Diagnostic Interview (CIDI) (Robins et al., 1988), and the Harvard Trauma Questionnaire (Mollica et al., 1992).

Due to space constraints, the author prioritize respondents' exposure to traumatic events, and respondents' reports of physical and emotional distress symptoms.[5] Data are presented in two formats: community narratives and statistical analysis of emotional and physical distress symptoms by location. In each community narrative, I aggregate respondents' descriptions of the attack events, conditions prior to and following the attacks, and available resources in their communities. I allowed for some repetition when recounting respondents' opinions about changes in their community to highlight the remarkable degree of consistent patterns across disparate locales.

Methodological limitations

This study suffers from three flaws arising from its design as an NGO-based rapid mental health assessment of a population which continues to live in politically unstable areas. First, due to the speed of the study's implementation, the survey instrument could not be tested for reliability and cultural validity.[6] Second, in the absence of baseline psychological information on the population before and after the attacks, informants were asked to report symptoms that had occurred in the two weeks prior to the study (June, 2003). As the data collection period occurred nearly two years after the attacks, respondents' symptoms may result from the attacks or from the subsequent year and a half of economic deprivation, social disintegration, and general instability. Additionally, scarce funds, a limited staff, and a six day research timeframe prohibited the selection of a large, random sample.

These are significant limitations. I offer the findings from this study as one would offer the findings of a field trial; they are meant to suggest compelling theoretical problems for further research, and to identify locales, events, and phenomena that are being overlooked in the current literature, with serious implications for the residents of these places. I am using this study to argue, not for the universality of its findings, but rather for the expansion of PTSD and collective trauma research in West Africa.

Sample

Survey and interview data were collected in an opportunistically selected sample of 171 Guineans of Kissi, Malinke, or Fular-Peulh/other ethnic groups. Due to the military instability of the region, the general administrative disorganization of the municipalities since the attacks, the high degree of informally reported social suffering, and the lengthy interview schedule, the assessment team identified informants rapidly and was thus unable to conduct a random sample. However, interviewers made conscious and concerted efforts to obtain a sample that was as inclusive as possible, with particular attention paid to representation by age, ethnicity, and sex[7] (for survey sample demographics, see Table 1). Frequency summaries of traumatic event exposure, including property destruction and the conditions and stressors of war and occupation, are summarized in Table 2 and elaborated upon in greater detail in the community narratives.

Community narratives[8]

This study posits the narratives generated by individuals in a community as an independent variable that predicts the rates of emotional and physical distress symptoms reported by respondents. In these individual accounts, a fictional community narrative evolves that has a strong association with the physical, emotional, and social suffering of respondents more than 2 years after the reported events.

[5] I will report and analyze data on gender, age, community change, rituals and social practices, and attitudes toward mental illness in subsequent papers.

[6] For a best practices approach to cultural validation of mental illness research in an African context, see Bolton (2003). In the absence of a culturally validated instrument, we relied on respondents' reactions to the symptom checklist to informally verify its applicability in a West African context. There were some powerful responses from interviewees. Many respondents had intense emotional responses of shock, familiarity, and recognition when presented with the symptom checklists, which often evoked tearful statements like, "This is me… how did you know that this is my life?" I offer this as a de facto attestation of some limited degree of cultural validity.

[7] Upon arrival in each community, a provisional map was drawn that illustrated sectors by occupational class and ethnicity. Research team members were assigned to areas on the basis of the population's characteristics, ensuring that throughout the region, Kissis were sampled more than Malinkes and Peulh, and farmers and traders were sampled more than government functionaries or students. Interviewers was responsible for tracking their own interviews, and through this process they attempted to interview men, women, elderly, adults, and youth as equitably as possible.

[8] The events recounted here have received no coverage in the western media press, and therefore no previous knowledge of these attacks, or this region, can be presumed. I therefore have chosen to offer some extended detail about the region and the attacks.

Table 1
Descriptive characteristics of respondent sample

Category	*N*	Percentage (%)
Males	85	49.7
Females	86	50.3
Location		
Guekedou	58	33.9
Tekulou	15	8.8
Nongoah	36	21.1
Yende	42	24.6
Bodou/Katkama	20	11.7
Age		
Youth (10–29)	57	33.3
Adult (30–59)	84	49.1
Seniors (60+)	30	17.5
Ethnicity		
Kissi	102	59.6
Mandingo/Malinke/Koniaka	58	33.9
Peulh	9	5.3
Other/missing	2	1.2
Occupational category	171	99.9
Farmer	44	25.7
Student	28	16.4
Professional	15	8.8
Skilled trade		
(Mechanic, carpentry, masonry, etc.)	18	10.5
Housewife	34	19.9
Commerce/trade	24	14
Police/military	4	2.3
No response	4	2.3
Interviews (Total)	171	100

Table 2
Summary of traumatic events witnessed or experienced by respondents

Category	*N*	Percentages (%)
Interviews	171	100
Traumatic experiences		
Experienced armed attacks, artillery shelling, or bombing	148	86.5
Separated from family members	121	70.8
Witnessed abductions	113	66.1
Witnessed outbreak of diseases causing death	110	64.3
Witnessed killings/executions	105	61.4
Witnessed or experienced forced labor	93	54.4
Experienced or witnessed torture by rebels	92	53.8
Experienced imprisonment or detainment	76	44.4
Witnessed sexual violence	70	40.9
Experienced deprivation of food or water	63	36.8
Victim of sexual violence	20	11.7
Observes an increase in domestic violence since the attacks	83	48.5

Guekedou

Guekedou is a large regional capital that was renowned as a major international commercial center for traders from Sierra Leone, Liberia, Cote d'Ivoire, and Guinea, as well as a base of operations for the many NGOs servicing the Liberian and Sierra Leonean refugee camps. During the month of November 2000, the number of itinerant young men, menial laborers, and "fous" (severely mentally ill and homeless individuals) increased dramatically in the city of Guekedou. Residents believe that these men were gathering intelligence in preparation for the attack. Rumors were circulating about a possible attack on the city and gained force as RUF rebels from Liberia crossed the border and attacked Macenta. At 1:00 AM on the morning of December 6, 2000, the first rebel attack took place. Residents awoke to the sounds of gunfire and mortar shelling. During the attacks, rebels destroyed property, burned and looted houses and shops, and they killed, tortured, and abducted residents. Many of the city's central buildings and institutions were destroyed, including the market, the post office, the government buildings, the municipal hall, and the regional hospital. People fled into the surrounding bush.

Guekedou sustained repeated attacks in the next two months, which coincided with the rice harvest period. Most people stayed away; among those who stayed was a small, thin woman whose home lay on the outskirts of the city, near a small stream. She sent her parents, children, and siblings into the bush to survive, while she stayed in the city. She watched the RUF burn the three brick houses in her courtyard to the ground; she looked out onto a street littered with bodies which dogs were casually perusing; and she struggled to survive in a food-starved city where the water supply was polluted by rodents and dead bodies. For the next 2 months, she became one of the leaders of the armed resistance, which was comprised of both youth and adult men and women. She hid in the rubble for the remainder of those two months, with a gun, and shot at anyone who came near her road. The Guekedou armed resistance, protected from bullets by medicinal incisions in their arms and chests, successfully repelled the third major

rebel attack in January 2001, with the assistance of the Guinean military. Today, she likes to joke that she has become fat, and the houses in her courtyard are in the process of reconstruction. She is in the second year of her five-year term as the first woman mayor in Guekedou's history.

The narrative of resistance occupies a complicated place in residents' accounts. Whereas some residents take pride in the resistance mounted by community youth, others say that they feel anger and distrust towards community leaders for having put untrained children in a position of jeopardy. Many youth were murdered by rebels or died in combat, and some were kidnapped or forced into slave labor. Since the attacks, NGOs have departed from Guekedou, and many of its displaced residents have not returned. The economy is devastated, but markets are slowly starting to attract traders seeking to profit from regional deflation. Poverty, unemployment, and overcrowding in remaining housing are endemic. Some construction efforts are underway to restore the physical infrastructure of the city. According to verbal accounts, alcohol, drug and alcohol consumption, and prostitution have increased throughout the population. Many students lost a year of school due to the attacks, and their families' deteriorating financial conditions preclude their return any time soon. Most respondents complain that public rituals like marriages, funerals, circumcisions, and initiations have ceased, but they primarily blame this dynamic on the lack of material resources (livestock and food stocks), and assert that public cultural rituals and practices will resume as soon as economic prosperity has been restored to the city.

Yende-millimouno (Yende)

Prior to 2001, the sous-prefecture of Yende-Millimouno was a small, relatively peaceful agricultural community and market center on the central route between Guekedou and Conakry. On the morning of Monday, December 4, 2000, Sierra Leonean RUF rebels entered Guinea at the border village of Kassadou. Residents of Kassadou came running to Yende to escape, which was how the Yende population first found out about the rebel invasion. People started fleeing on the road to Kissidougou. The rebels encircled the town and killed anyone who tried to escape in any direction. Many residents hid in the woods or the fields, and some managed to escape the city. The 13-day occupation that followed was characterized by massive loss of life, sexual assault, flight, destruction and theft of property, and the desecration of public institutions, including mosques, schools, and hospitals. When Guinean soldiers moved in to retake the town, respondents were horrified by the RUF's forceful abduction of several dozen young men and women for labor and troop reinforcement.

Yende residents complain of significant social transformation since the attacks. They report that no local or western treatments for "craziness from the war" have developed although some residents seek solace from fellow churchgoers or religious leaders. It is important to note, as well, the importance of material conditions in framing respondents' reports of destruction and despair.

> The poor have become rich and the rich have become poor. There is no respect in my community. No more values or morals exist in my community. Many of us have the experience of feeling less important in our communities. Women are involved in doing things that aren't good; for example, prostitution. Nobody has time for anyone any longer, no regard, and no respect. People have lost everything, and they are not happy. There are people who cry in their minds… you have to be with them before you know. There are no good relationships between people.

Social rituals have been transformed, and people complained that the nature of sociability has changed as well.

> I don't know, but Yende is no longer Yende. I was seeing many [people] around before. There were lots of traders. Now this town is empty. Many houses were burnt; many people were killed. Everybody is sad. There are many more crazy people around than there were; the community is full of crazy people. Social activities have changed. People's social behaviors have changed. My community is altogether changed. No good hospital, people are not caring for each other anymore; many are mentally ill, all development places have been burnt. The community is isolated and businesses are very poor. Many are sick mentally, and there is no good association among us. The population has decreased, and some houses were burned. My community is changing because of rapid dying everyday; there many mentally ill…parents are poorer, no more money and no goods, and prices are very high. Most of my family was burned. I am ashamed. People are living in fear.[9]
>
> All our cultural traditional practices are completely neglected. In fact, since the attacks, we do not know what cultural practices are anymore. Since the rebels

[9]A note on presentation format: I chose to present respondents' short answer responses in the above format because the respondents, interviewed separately, gave remarkably similar answers that, when taken in aggregate, weave a complex collective narrative of Yende's experience of suffering. This format, which follows on Malkki's (1995) strategic use of "narrative panels," allows the reader to recognize the dynamic of collective transformation through the voices of individual sufferers.

> entered Yende, all cultural practices have been completely lost; no more cultural practices in my region here. No naming children, Poro, Shandy, and no family meetings like SOSO clubs. No more contribution discussions…

The sole memorial to the dozens of people killed is a 1 m^2 plot of untended brown grass and stones in front of the sous-prefectural office: a mass grave marking 27 bodies killed on that site, on the first day of the attacks.

Nongoah[10]

Nongoah occupies an important strategic military location directly on the Sierra Leonean border. Because of its strategic and convenient proximity to Sierra Leone, Nongoah was the market, education, and transit center for numerous transit camps and refugee camps in the surrounding area. Like the other border communities, it achieved a certain degree of prosperity from the refugee population demands created by the Sierra Leonean war.

Between 4:30–5:00 AM on the morning of March 9, 2000, Sierra Leonean rebels entered Nongoah. Residents heard the gunfire, and rumor spread that the rebels had already entered Guekedou. Many residents were able to flee to the bush, where they stayed for varying lengths of time, and subsisted on leaves, wild fruit and vegetation, or sought contract labor in tiny villages. No local resistance was possible.

One woman, whose home is a stone's throw from the market near the Sierra Leonean border, talked about her living conditions as she prepared some rice. First, she recounted hearing gunshots early in the morning. She hid with her family until a neighbor told her it was safe to run to the bush. She saw dead bodies lying out as she ran. Looking on a crumbling pile of bricks that was supposed to have been built into a house several years before, she described the futility of trying to do business, send her children to school, and continue construction of her home in a military and economic no-man's land. Most of the demolished buildings in nearby courtyards were becoming overgrown with vegetation, and houses that remained standing were pockmarked with bullets and mortar shells. This woman is mainly being supported by her sister in Conakry, to whom she sends palm oil for resale every few months.

Since the attack, Nongoah has been reinforced by a large Guinean military presence which seems to have put a damper on formal market activity and resettlement. Large military controls have been set up at every entrance point to the town. Those Nongoah residents who had the resources to leave have left. Schools have ceased functioning, and it is difficult for Nongoah residents to obtain basic goods from the larger markets. Although many of Nongoah's residents are in contact with relatives throughout Guinea, the poverty is pervasive. Most of the destroyed public buildings, private homes, and shops have not been reconstructed. The recent peace in Sierra Leone, and its related refugee resettlement efforts, has led to an increase in traffic through Nongoah, but the town retains a sense of a place that has been left to die. Nongoah respondents reported the following changes in their community:

> The values and morals of my community have totally changed because the rich have become very poor, and the poor have become very rich; so there are no more morals and values for these people. The community has lost everything. Our government and organizations don't come to our aid. There is poverty, and people have become alcoholics to erase their worries. Things are not going well with my husband; my children are sick often. There are thieves here who had disappeared before. People from this community came and took our materials away. The population has declined, we are isolated and live in fear, and there are no social activities, and many houses were burned. Since the attacks, there are numerous mentally ill persons in this community. People are continuing to die.

However, some Nongoah residents also reported three significant adaptations that have occurred since the attacks: an increase in mutual support among the residents who have stayed, the use of local fetishes to protect bodies and property against thieves and aggressors, and the continuation of cultural practices.

> We are protected with fetishes against evildoers, knives, and firearms. Everyone in the community has become tolerant, and hatred has disappeared, we continue our customs and our moral values as before. Ceremonies of baptism and initiation continue as before. But because we are poor, we cannot render the same services to each other that we used to.

Tekulo

Tekulo is a rural community lying about 15 km from Guekedou and 3 km from the Liberian border. Prior to the onset of the rebel attacks of 2000–2001, the area surrounding Tekulo, like Nongoah, served as a major hub for transit centers and refugee camps developed to service the Liberian refugee population. Residents' accounts of the origins of the attack varied, but it

[10]Transit from Guinea through Nongoah to Sierra Leone may be much safer now due to the cessation of the Sierra Leonean civil war and the massive repatriation of thousands of Sierra Leonean refugees in Guinea. If this is the case, the local economy has likely improved. This is a representation of Nongoah as my research team and I saw it in June 2003.

appears that on a Monday morning, at 9:00 AM, Liberian rebels crossed over from Liberia and attacked Tekulo, after attacking six smaller villages. They killed many residents, destroyed houses, and looted crops, livestock, and merchandise. Many people fled into the bush, and survived on leaves, plants, and groundwater, and were separated from their families during flight. No resistance was mounted, but some youth from Tekulo reportedly fled the area and joined the resistance efforts in Guekedou. Currently, Tekulo is suffering, like the rest of the Guekedou area, from severe poverty resulting from the long-term consequences of crop and property destruction, and demolition of local homes and businesses. However, it continues to host a UNHCR (United Nations High Commission on Refugees) transit center for refugees fleeing Liberia, although new security restrictions surrounding the evacuation of refugees from high-risk areas seem to have mediated the positive effects of this role on the local economy and infrastructure.

The responses of Tekulo residents are almost identical to those of Nongoah and Yende. Materially, people are worse off, and this is acting as a serious stressor. Social activities have changed, and friendships and sociability seem to have been negatively impacted two years after the attack. Tekulo respondents also add that, since the attacks, people's ability to learn, and the functioning of school, changed for the worse.

Bodou/Katkama villages

Bodou lies between the Sierra Leonean border and Yende-Millimouno, and Katkama lies just off the road between Guekedou and Yende-Millimouno. Prior to the 2000–2001 attacks, Bodou and Katkama were neighboring rural agricultural villages with very small populations that were highly dependent on the market and services available in Yende. As Guinean partisans approached Yende-Millimouno to attempt to break the township's occupation by Sierra Leonean fighters, they passed through these two villages, and raided property, stole livestock, and recruited youth to join their ranks. Residents reported one murder or execution in each community. Most respondents were particularly affected by the murder, rape, abduction, or humiliation of family members visiting, trading, or living in nearby Yende.

Because of these communities' dependence on Yende as an educational, health, and trading center, the destruction of infrastructure in Yende affected them as seriously as residents of Yende. However, the insularity, intimacy, and continuity of community social life, including community schedules for cultivation, market activities, family life, and social life, seems to have had a strong effect on post-conflict social relations. Therefore, little social change was reported.

Quantitative data: symptoms of distress

Variation in community experience, response, and resources plays an important role in interpreting respondents' symptoms of physical and emotional distress. When we examine reports of emotional and physical distress by location, we find that location and context are associated with variations in psycho-social distress, a fact which is suggestive of the previously elaborated definition of collective trauma.

The English translation of the questionnaire read, "Below is a list of some problems that people sometimes have when they experience a war situation. Could you tell us how much these problems bothered you in the last two weeks including today. This interview might also allow us to determine what mental health needs you have and to direct you to the right agencies for services." Each of the 26 symptoms was scored as 'not at all', 'rarely', 'sometimes', or 'often'. Initial findings from the data suggested that, in the interest of identifying the quantity and type of respondent's symptoms, responses could be reduced to symptom 'presence' or 'absence' without any great loss of information. Therefore, responses were recoded for the purpose of this analysis into 'absent (0),' recoded from 'rarely' or 'never' responses; and 'present (1),' recoded from 'sometimes' or 'often'. At the outset of the analysis, the possible range of total scores was 0–26, with scores subdivided into symptom categories elaborated below.[11]

Due to institutional constraints, we did not have sufficient time to culturally validate the symptom checklist instrument. To compensate for this serious flaw, I conducted a factor analysis to identify the internal statistical coherence of symptom groupings. The factor analysis led me to regroup symptoms into five categories that drew on the 26 pre-selected symptoms from our initial symptom checklist. These five categories are: somatic symptoms with sadness and guilt, traumatogenic symptoms, physical symptoms of anxiety, depression symptoms, and emotional symptoms of anxiety/fear.

As Table 3 demonstrates, a large proportion of respondents tended to report the presence of a high number of symptoms in each category. The highest proportion of symptom presence was reported for traumatogenic symptoms (79.3–90.5%). This was followed by physical anxiety symptoms (68.1–80.2%), then by both somatic symptoms with sadness and guilt (42.1–77%) and emotional anxiety/fear symptoms (58.5–70%). The lowest proportion of respondents reported the presence of depression symptoms (34.3–59.6%).

[11]Following a factor analysis, three symptoms were dropped from the analysis, leaving a total possible score of 23 present symptoms. For detailed information about the factor analysis, please contact the author.

Table 3
Frequencies of symptoms present (Total $N = 171$)

Symptom groups	% With symptom present (*N*)
Factor 1: physical symptoms with distress	
Feel like vomiting most of the time	42.1 (71)
Feel sick most of the time	77.0 (131)
Stomach aches that cannot be justified	57.3 (98)
Constipation or diarrhea	56.8 (97)
Blaming yourself for no reason	64.5 (107)
Crying easily	62.5 (103)
Factor 2: traumatogenic symptoms	
Having repeated thoughts or memories about the experience	90.5 (153)
Having repeated bad dreams or nightmares about the experience	87.6 (148)
Trying to avoid thoughts, feelings, or conversations related to the experience	79.3 (134)
Trying to avoid activities, places, or people that remind you of your experience	81.0 (137)
Having difficulties concentrating or focusing your thoughts since your experience	81.1 (133)
Factor 3: physical anxiety symptoms	
Pain in any part of the body	72.5 (124)
Headaches	74.9 (148)
Heart pounding or racing	80.2 (134)
Feeling restless, cannot sit still	68.1 (113)
Having difficulty concentrating or focusing your thoughts since before your experience	81.1 (133)
Factor 4: depression symptoms	
Feeling hopeless about the future	59.6 (99)
Feelings of worthlessness	47.3 (79)
Thoughts of ending your life	34.3 (58)
Factor 5: fear symptoms	
Suddenly scared for no reason	69.0 (118)
Feeling fearful	58.5 (100)
Not planning for the future as much	70.0 (119)
Feeling more "jumpy" or "startled" by sounds or movements than before your experience	68.6 (116)

Table 4
Respondents reporting a majority of symptoms by location

	Symptoms reported	Yende	Nongoah	Tekulo	Guekedou	Bodou/Katkama	Total
Physical with distress % (N)	Three symptoms	75.6 (31)	91.6 (33)	79.9 (12)	68.9 (40)	50.0 (10)	74.1 (126)
Traumatogenic % (N)	Three symptoms or more	92.7 (38)	83.3 (30)	100.0 (15)	79.3 (46)	70.0 (14)	84.2 (143)
Physical anxiety % (N)	Three symptoms or more	92.9 (38)	80.6 (29)	86.7 (13)	72.4 (32)	65.0 (13)	79.4 (135)
Emotional anxiety/fear % (N)	Three symptoms or more	73.1 (28)	75.0 (27)	60.0 (9)	48.3 (28)	55.0 (11)	61.8 (105)
Depression % (N)	Two symptoms or more	58.5 (24)	52.8 (19)	40.0 (6)	43.1 (25)	40.0 (8)	48.3 (82)
Total symptoms % (N)	Thirteen symptoms or more[a]	77.9 (32)	83.3 (30)	73.4 (11)	63.6 (37)	55.0 (11)	71.2 (121)

[a]Each level of the table is a separate analysis; 13 symptoms were used as a breakpoint in the analysis of total symptoms by location.

Overall, the respondents in this sample reported a mean of 14.9 symptoms out of a possible 23% or 65% of symptoms. A majority of respondents also reported a majority of symptoms in each category, suggesting a high level of distress throughout the sample (see Table 4). The greatest number of respondents (84.2%) reported recently experiencing a majority of traumatic symptoms, followed by respondents reporting physical anxiety (79.4%). Nearly, three-quarters (74.1%) of respondents reported the presence of three or more somatic symptoms with sadness and guilt. Almost two-thirds of respondents (61.8%) reported a majority of symptoms of emotional anxiety/fear. Finally, nearly half of all respondents (48.3%) reported 2 or more symptoms of depression as "present."

Location was an important predictor of distress. Across categories, residents of Nongoah, Tekulo, and Yende consistently reported the highest proportions of

symptoms, and Bodou/Katkama and Guekedou reported the lowest (see Table 4). Within each of the symptom groupings, however, there was some notable variation. Yende, Nongoah, and Tekulo reported the highest proportion (92.3%, 83.3%, 100%, respectively) of respondents suffering from traumatogenic symptoms, followed by Guekedou (79.3%), and lastly Bodou and Katkama (70%). A similar pattern emerged for symptoms of physical anxiety, depression, emotional anxiety/fear, and physical symptoms with distress. Yende had the highest proportion of respondents reporting symptoms of depression (58.5%) and physical anxiety (92.9%). Nongoah had the highest proportion of respondents reporting symptoms of physical distress (91.6%), as well as the highest proportion of respondents reporting a majority of overall symptoms (83.3%). Respondents from Yende (73.1%) and Nongoah (75%) reported the highest proportions of emotional anxiety/fear symptoms. Tekulo (100%) and Yende (83.3%) reported the highest proportions of respondents reporting symptoms of general distress. Bodou and Katkama reported the lowest rates consistently across symptom groupings.[12]

Discussion

In this paper, I demonstrate that locality, local history, and exposure to traumatic events and transformations in social relations may be important predictors of emotional and physical distress among the Guinean population of the Guekedou region. Collective experiences, group narratives of events, and subsequent economic and social hardships are known to affect individuals' well-being and psychological resiliency (Eisenbruch, 1991; Das et al., 1997). But how do social conditions, economic/material conditions, environmental concerns, and fears for personal and communal security interact with past and present experiences of individual suffering to produce collective trauma?

Erikson postulated that symptoms of psychological distress converge around collective experiences to express mourning, loss, and grief for a social existence, indeed, a social self, which no longer exists. Erikson draws heavily on a modified understanding of Durkheim's organic and mechanical solidarities to produce a psychological justification for the suffering that accompanies a destruction of the part of the 'self' that had been sublimated to the broader community, which he characterized as a 'perfect democracy of the spirit,' also known widely in terms of the Weberian *gemeinschaft*, or the Durkheimian mechanical solidarity (Erikson, 1978). However, Erikson's psycho-sociology provides insufficient insight into the interaction between social, moral, and psycho-biological worlds.

Kleinman argued that, "*experience* may... be thought of as the intersubjective medium of social transactions in local moral worlds. It is the outcome of cultural categories and social structures interacting with psycho-physiological processes such that a mediating world is constituted", (Kleinman, 1995, p. 97). Categories of fear and emotional anxiety, physical anxiety, depression, physical symptoms with sadness, and traumatogenic symptoms, represent important dimensions of moral and subjective experience, as well as symptoms of physical and emotional distress. These symptoms are articulations of social, physical, and moral worlds in the process of fracture and transformation. Therefore, different contexts of social experience generate widely varying rates of symptoms with some communities demonstrating greater social resilience than others. Specifically, in Nongoah, Tekulo, and Yende, reports of emotional and physical distress were considerably higher than in Guekedou, Bodou, and Katkama.

The importance of economic, political, and environmental factors cannot be underestimated in the examination of collective trauma. In Nongoah, Tekulo, and Yende, respondents repeatedly decried a government and NGO system that seemed to have abandoned them, the public infrastructure of their communities, and their devastated homes and marketplaces. They mourned for the loss of their homes, shops, clothes, and goods, and despaired at the prospect of having to reconstruct all that had been lost. The economic struggle for survival in several of these communities prevented people from engaging in social rituals and practices like Poro, Shandy, funerals, baptisms, family meetings, and other social events. Perhaps even more importantly, it served as a sign to both the respondents and each other that social relations could no longer engage in the same systems of exchange, charity, reciprocity, and other forms of financial or material assistance that co-exist with many social relations in West African communities.

Repeatedly, respondents levied the accusation, "the poor have become rich and the rich have become poor," an implicit commentary on (1) the amoral paths to wealth chosen by some community members at the expense of others, (2) the strongly materialist characteristics of local systems of morality, distribution, ritual performance, and social status, and (3) the inversion of local moral worlds. The inability to perform the social practices of exchange, reciprocity, charity, and hosting of communal events that signified a social actor's role as a moral human being signals the ways in which violence fractures local moral worlds. Critical actions that served as the sign of the locally adapted social actor could no longer be predictably presumed. People could expect

[12]Symptoms, when analyzed by gender and age, varied noticeably, but ethnicity did not have a strong impact on the number of symptoms reported. These findings are significant and important, and will be reported in later papers.

kindness from each other, but they could not expect what they had once known to be moral behavior from each other, from the moral agents called NGOs, or from the ostensible agent of patrimonial support in cases of violence crisis, the Guinean state. Occasionally, churches and mosques, friends and relatives, stepped into the void produced by violence and attempted to fill it through various forms of mutual support. Notably, in Guekedou, there was a shared assertion that as soon as economic conditions had improved, customary social practices would be revitalized. In Bodou and Katkama, most of these practices never ceased. In Nongoah, Tekulo, and Yende, however, there was little expectation that social practices would be able to be revitalized; many respondents reported having given up hope.

In all of these communities, respondents reported widespread emotional and physical distress, the symptoms of which may have a deleterious impact on social relations. Interviewees in each community reported that mental illness had radically increased since the attacks, with the most common problems reported being: people being afraid all the time, people not being able to think clearly, no one wanting to talk to each other, and everyone being sad. Furthermore, respondents in Guekedou and Nongoah both reported a widespread increase in drug and alcohol abuse. Guekedou residents situate blame outside themselves; they blame the RUF for promoting the rise in drug abuse by forcing young people to smoke hash and drink alcohol during the attacks. Nongoah residents, in contrast, credit the desire to 'drown one's sorrows' with the rise in alcoholism in their community.

The social framing of each community's collective experience may be associated with emotional and physical distress symptoms. Guekedou residents currently invoke the rhetoric of resistance and revitalization. Some residents of Guekedou joke about experiences during the attacks. Community members have placed a figurehead of resistance at the head of their local political system; they rhetorically locate the source of their problems outside themselves (in the Guinean state and the consequences of the RUF), and for the most part, despite Guekedou's close proximity to the Liberian border, residents do not believe that the RUF would dare to attack them again.[13] Residents of the tiny village Bodou and Katkama regard the attacks as an aberration in the normal rhythm of village life; they decry the material hardships that have ensued, but the effects of the attacks have not seriously challenged the residents' social and moral identities.

In contrast, Nongoah residents, more so than the other locales, have come to perceive their community as a "No Man's Land," a community that is 'forgotten to death' (Nordstrom, 1997, p. 44). Yende residents seem to be unable to overcome the shame and anger generated during the two-week occupation of the rebels, when residents saw each other violated, abused, kidnapped, and forced to steal friends' and families' property for the RUF. Tekulo continues to function as the site of Liberian refugee assistance, but its residents do not identify any further benefits from this strategic position, nor do they seem to share in the rhetoric of resiliency that characterizes Guekedou.

There is a growing body of anthropological and sociological evidence that suggests that opening a discursive space for talk, memory, and mourning, be it through local or western therapies, is uniquely important in facilitating the emotional recovery of a community. In the wake of destruction, collective trauma can be minimized by addressing the physical, economic, political, and mental health needs of affected residents. Both the state and NGOs must facilitate the revitalization of economic activity, the reconstruction of important local infrastructure like schools, government offices, and hospitals. Counseling *should* be made available to those who seek it. Social healing can happen through re-engagement with social rituals, through narrative and allegorical representations of historical losses; through physical, tenable, collaborative efforts of reconstruction; and through the public and discursive commitment to remember and move on. However, in the case of several communities in this study, traumatic events debilitated social avenues for healing and recovery, and post-event social change produced lived experiences of moral chaos and disorientation. To reconstitute valued social forms, these communities will need the will to innovate new forms of social relations that preserve treasured social significations—the very thing that has been most damaged by trauma.

[13]Following from Fanon's psychology (Fanon, 1963), for Guekedou, the act of resistance was also an act of liberation and a site for the production of social resilience.

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