

'ELOQUENT CHAOS' IN THE ORAL DISCOURSE OF KILLING
FIELDS SURVIVORS: AN EXPLORATION OF ATROCITY AND
NARRATIVIZATION

ABSTRACT. If "narrative" implies a form of discourse in which sequenced events are meaningfully connected, an "anti-narrative" is a chaotic discourse form "of time without sequence, telling without mediation, and speaking about oneself without being fully able to reflect on oneself" (Frank 1995: 98). This paper examines narratives and anti-narratives in the oral discourses of survivors of the Cambodian killing fields. Through an extended analysis of two cases, we demonstrate the internal logic and "eloquence" of anti-narratives – i.e., the ways in which anti-narrative patterns vividly express and reveal a survivor's complex and continuing experience of atrocity.

INTRODUCTION

From 1975 to 1979, the people of Cambodia experienced the most brutal attack by a government against its own citizens the world had ever seen (Kiernan 1997). Following decades of economic and political destabilization and four years of internal strife, Cambodia was plunged into darkness, death and isolation by the Khmer Rouge "revolution" (Kiernan 1989). In an effort to "cleanse" the country of all vestiges of "corrupting" external influences and to create *Angkaa* [the new order], the Khmer Rouge's leader, Pol Pot, ordered the country closed from all external contact, the forced commitment of urban populations to rural work camps, and the "re-education" of groups considered disloyal to *Angkaa* (Kiernan 1996; Chandler 1991). Disloyalty was seen in myriad innocent actions, and resulting punishments were stunning in their cruelty. Conservative estimates are that from 1975 to 1979, during the time of the "killing fields," over one and one-half million Cambodian men, women and children died at the hands of the Khmer Rouge (Kiernan 1996). Many who survived suffered unimaginable terror, enduring starvation, torture, the destruction of their homes and villages, the witnessing of mass executions and the murder of loved ones. By 1979, Shawcross estimates, as many as 750,000 survivors had fled the killing fields, often traversing more than



half the distance of the country to refugee camps on the Thai borders (Shawcross 1984).¹ The escape from Cambodia was often itself a tortuous flight through mine-infested jungles, and the conditions and experiences awaiting refugees in camps too often extended the survivor's suffering (Lin 1986).²

Twenty years later, many survivors still report experiencing intrusive thoughts, chronic depression, anxiety, and other clinical symptoms (Kinzie 1989, 1993; Kinzie et al. 1990; Mollica, Wyshak and Lavelle 1987; Kroll et al. 1989; Carlson and Rosser-Hogan 1991, 1994), while clinical studies show little evidence of long-term effectiveness of treatments aimed at symptom reduction (Bemak and Timm 1994; Boehnlein and Kinzie 1992; Cheung 1993; Kinzie et al. 1987; Kroll et al. 1990; Morris, Silove, and Manicavasagar 1993). Implicated in this equivocal treatment track record, medical anthropologists suggest, is our failure to understand the meaning of survivors' experiences and the centrality of "meaning" to healing. Suffering is "produced, and alleviated," they remind us, "*primarily by the meaning one attaches to one's experience*" (Brody 1987, cited in Hahn 1995; emphasis added).

Published accounts exploring the meaning of the Cambodian killing fields for survivors are much too rare.³ This paper attempts a modest corrective to the literature. We examine the struggle of Seattle-area survivors to describe and come to grips with the past and to grapple with the "meaning" of the killing fields. Our analysis draws from transcribed interviews with two survivors, and is situated within a narrative framework. To provide context for this analysis, we first review basic assumptions about the links among experience, discourse, meaning making, and healing, and how these assumptions change when the subject of narrativization is atrocity.

ATROCITY, MEANING MAKING AND HEALING: A NARRATIVE VIEW

Experience, Personal Healing and the Personal Narrative

As Kleinman and Kleinman suggest, experience can be viewed as an assemblage of social processes – communication, negotiation, and other forms of patterned social engagement – that creates an interactional flow between the social spaces of institutions and the "body-self." Experience comprises a social medium that "joins norms to sentiments, social meanings to cognition, social relationships to psychobiological responses" (1994: 712). So joined, social rhythms resonate and interconnect inti-

mately with psychobiological rhythms, social relations affect (are in turn affected) by physiology, and social loss and devastation bring about illness and disease (Ibid.: 712). By the same token, the imprint of experience upon bodies-selves is social and semiotic as well as psychobiological. The incorporation of experience into the body-self involves a semiotic attempt to endow events with meaning, to incorporate them into a coherent life narrative (see Ricoeur 1984).

Emotional healing occurs, it is suggested, when we feel returned to a sense of wholeness following experience that has shattered or threatened that sense (see Cassell 1991; Frank 1995). The process that leads us to the conviction of wholeness and self-cohesiveness is semiotic in nature – i.e., it is one in which we create new semantic categories to encompass seemingly disparate and incongruous life experiences (Fernandez 1986: 177; Ewing 1990). To suggest that a past experience has meaning is thus to say that we have successfully collapsed it into relatedness with other life experience. To suggest that healing has occurred implies that, through the process of self (re)constitution, we feel “returned to wholeness.” This process is at once both individual and innovative (we create new life metaphors and imagine ourselves in uncharted roles and situations) and culturally patterned (we depend on the availability of familiar, culturally provided mental categories and images from which we can extrapolate). We engage in this process whenever we attempt to “make sense” of life experiences (Sarbin 1986, 1993; Polkinghorne 1988; Cohler 1982). However, it is particularly when attempting to come to grips with distressing, incongruous or painful events that we turn to figurative language and familiar mental images to achieve a more transcendent view of things (see Fernandez 1986; Langer 1991).

The processes of self-reconstitution and meaning making do not occur in a social vacuum, but rather in interaction with others, where individuals experience themselves from the standpoint of the other (Crapanzano 1981). Thus, conversation or discourse is a critical vehicle for making sense of incongruous experiences (Riessman 1991; Mishler 1995) and for “translating knowing into telling” (White 1987: 1). More precisely, it is the form of discourse commonly referred to as the “personal narrative” that most clearly engenders sense making. Here we refer to talk which is:

... organized around consequential events in a “world” created by the teller. [Personal] narratives represent a series of events and their associated meanings for the teller, and without this evaluative component there can be no narrative. They are a kind of cultural envelope into which we pour our experience and signify its importance to others. (Riessman 1991: 45)

In personal narratives people "create who they are, and the definitions of their situation that they want listeners to adopt in their biographical accounts" (Riessman 1991: 44). This is especially so in the context of face-to-face, open-ended interviews, such as those conducted in our study, where the social context clearly engenders a sense of responsibility on the part of participants to tell "coherent" public stories (see Bauman 1984: 11). The personal narrative is notable insofar as there exist alternative forms of discourse that do not as readily lend themselves to such self-creation – e.g., question and answer exchanges, arguments, and simple chronological reporting of events (Riessman 1991: 45; see also White 1987; Ricoeur 1984).

When narrativizing the past, the narrator attempts to tie together disparate fragments of personal experience to create a continuous life history that is intelligible to an audience (Riessman 1991). The teller aims to produce a narrative characterized by structural coherence – e.g., culturally appropriate and consistent use of tense and/or context to distinguish past from present and future, logical theme and metaphor development, and a general progression of themes and points (see Ricoeur 1984).⁴ But as some contemporary analysts have pointed out, attempts to narrativize painful past experiences and to recapture a sense of wholeness are not always successful (see Frank 1995; Charmaz 1991).⁵ Our analysis of interview transcripts suggest that, although survivors strive to grapple with the "meaning" of the killing fields, their attempts sometimes fail – in some cases despite great conscious effort to construct and communicate coherent narratives about the past. For many survivors time and treatment have failed to engender a sense of wholeness and healing.

Atrocity's Impact: The Ruination of Memory and the Deprivation of Language

A compelling explanation as to why some survivors experience extreme difficulties in meaning making and healing is suggested by Lawrence Langer's (1991) analysis of the oral testimonies of Nazi Holocaust survivors and Arthur Frank's (1995) treatise on illness and narratives. Langer's work suggests that these difficulties may be inherent in the survivor's experience of the killing fields as "atrocity." By definition, he reminds us, atrocities are events or conditions that defeat the capacities of our philosophical, ethical, and cultural systems to guide behavior (Langer 1991; also Lewin 1993; Weine and Laub 1995). They rudely dispel "as misconception the idea that choice is purely an internal matter, immune to circumstance and chance" (Langer 1991: xii). The external mechanisms through which atrocity strips away individual choice – for example, the

“normalizing” of abnormal experience such as mass starvation and genocide – degrade the person and force his participation in the degradation of self and others. Survivors’ “failure” to make sense out of such experience, Langer intimates, is the failure of morally decent people to come to grips with profoundly immoral events.

So unprecedented is the experience of atrocity that one loses the ability to think about oneself within such a context. Langer explains:

... one can say, “When I get married,” or “If I die,” or “If someone I love dies,” or “If I have a child,” or “When I get a job,” or “If I have some money,” creating certain theoretical probabilities and then imagining oneself into those situations because we know how to think about them – they have precedents in our own or other people’s experience. But no one before has ever said, “When I get to Auschwitz, I ...”; therefore, the mind remains blank. There is no way ... of imagining it in advance or of thinking about it when you’re in the midst of it, because mental process functions not in a vacuum but in relation to something that happened previously, that you had felt, thought, read, seen or heard about (Ibid.: 103–104).

Thus atrocity deprives culture and language of a most cherished capacity: *empowering the individual to engender narrative meaning – to construct coherent and meaningful narrative through time* (Ibid.: 72). This is a critical way in which atrocity “defeats” the guiding capacities of ethical and cultural systems.

Memory plays a key role in both the process of self-reconstitution and the deprivation of meaning (Hallowell 1955; see Langer 1991). As Hallowell (Ibid.) suggests, we maintain awareness of self-continuity and personal identity over time by recalling past experiences we identify with self-image. If we cannot recall at will the experiences of an hour ago or yesterday or last year that we readily identify as “our” experiences, we cannot maintain an awareness of self-continuity in time (Ibid.: 94; cited in Ewing 1990; 267). Atrocity deprives language of narrative meaning, Langer (1991) suggests, by “ruining” memory. It creates in its victims a schism in memory, a deep division between “common” and “deep” memory. While common memory is semantic and symbolic, adaptable to the needs of both narrator and listener, deep memory cannot be evoked at will nor condensed to fit social expectations (Janet 1925; van der Kolk and Fisler 1995; also Langer 1991; Kleinman and Kleinman 1994; van der Kolk and van der Hart 1989). When a survivor experiences the intense emotions associated with atrocity, memories cannot be transformed into a neutral narrative. He is “unable to make the recital which we call narrative [common] memory, and yet ... remains confronted by the difficult situation” (Janet 1925: 660; quoted in van der Kolk and Fisler 1995).

The deprivation of language and ruination of memory produces what Frank calls "chaos" in survivor narratives. If, as a form of discourse, *narrative* implies meaningful, sequenced events connected to each other through time, *anti-narratives* are chaotic narratives "of time without sequence, telling without mediation, and speaking about oneself without being fully able to reflect on oneself" (Frank 1995: 98). The survivor cannot consistently place the killing fields in "the past," cannot view it as an event sandwiched in between her previous and current life trajectories. She cannot maintain the emotional or temporal distance from atrocity necessary to turn raw into reflected experience. Analogies cannot be drawn nor metaphors created. As a result, the survivor's discourse is at some points characterized by an *absence* of structural coherence – confusion of contexts, tenses and time frames; unreflected enumeration of experience fragments; and disrupted theme progression.

Viewed from this perspective, a survivor's inability to create personal narratives that coalesce past and present is an expected outcome of experiencing atrocity. As audience, we should attend not only to *structural coherence* in the survivor's oral discourse, but to the *eloquence in chaos* – i.e., to the ways in which anti-narrative content and pattern vividly express and reveal a survivor's particular and complex experience of atrocity. Eloquent chaos, we suggest, is perhaps the most revealing and compelling aspect of atrocity discourse. Survivors' discourses and the anti-narratives parsed from them are powerful means to understand how atrocity "crosses over from public space to traumatize inner space" (Kleinman and Kleinman 1994),⁶ and then "crosses back" through oral discourse, in the survivor's struggles to narrativize those experiences (see Frank 1995). It is in particular *oral* discourse that reflects and preserves anti-narratives (Ewing 1991; Langer 1991; Lewin 1993). In contrast to written discourse, in which the author is expected to edit or delete "chaotic" expression to produce a smooth, coherent final narrative, oral discourse is spontaneous and unreconstructed.

Our own analyses suggest that anti-narratives speak eloquently to these crossovers. There is an internal logic to the anti-narratives which characterize survivors' discourse – i.e., a discernible fit between the ways in which atrocity as social experience apparently "crosses over" into the body-self (Kleinman and Kleinman 1994), the forms in which "anti-narratives" are then manifest in discourse (Frank 1995), and the points in discourse at which these anti-narrative forms appear. We find that anti-narrative patterns in the discourses of those for whom the experience of the killing fields have manifested in the form of overwhelming bodily pain (the "Chaotic Body" [Frank 1995]) are in many respects distinctive from

those for whom atrocity imprints most notably as a deep division in self-conception (the "Divided Self" [Langer 1991]).⁷ For the Chaotic Body, the primary narrative struggle appears to be to "give voice" to bodily pain which is beyond speech; for the Divided Self, it is to reconcile irreconcilable narrative voices. In both cases, however, narrative chaos reflects the refusal of atrocity to be "put in its place" and the perduring struggle of the survivor to apprehend the inapprehensible.

Following a brief description of study data and methods, the next section provides extended examples of these preliminary observations, based on our analysis of oral discourses of "Sithan" (an example of the "Divided Self") and "Sorom" (an example of the "Chaotic Body"). We begin in each case by summarizing the general nature of the narrative struggle experienced by the survivor. We then summarize segments of each survivor's discourse depicting childhood life under the Khmer Rouge. These segments are important because they illustrate, by contrast, the more coherent style of narrative demonstrated by Sithan and Sorom throughout much of their oral discourses and provide important background for apprehending the content and pattern of each survivor's anti-narratives. Finally, we analyze specific examples of each survivor's anti-narrative pattern, locating these within his/her overall discourse on life during and after the killing fields.

THE EXPERIENCE OF ATROCITY AND THE CREATION OF ANTI-NARRATIVES: EXAMPLES FROM THE ORAL DISCOURSES OF SITHAN AND SOROM

Study Background

The data employed in this analysis derive from a 1995–1997 study of the mental health, social networks, and health-seeking efforts of 31 Cambodian Americans in a metropolitan area of the Pacific Northwest who survived the Pol Pot regime (1975–1979). Participants were recruited through two institutions: a Khmer Buddhist temple and a large Asian American community mental health center serving the Cambodian population. Participants were from various cities and small towns across Cambodia and ranged from 30 to 60 years of age. All had lived in Cambodia for at least one year between 1975 and 1979, and reported experiencing long-term symptoms of psychological distress since 1975.⁸

Each survivor interview was conducted by an interviewer with assistance from a translator, if needed. All interviewers have extensive clinical experience with traumatized populations; all translators had received prior

training in how to effectively interpret in clinical mental health settings. Interviewers and translators received intensive training on how to conduct "ethnographic interviews" prior to and during the course of fieldwork. Interviews were conducted at participant homes, and took place over a period of between three to six two-hour sessions. The study's interview guide was designed to help the interviewer/translator team elicit participant narratives with minimum probing, interruption or leading. Study participants were encouraged to talk freely about a wide range of topics from family life history, experiences during the Pol Pot regime and the meaning of those experiences, physical/emotional symptoms they have subsequently experienced, and the role of family and social networks in healing and health promotion.

With participant permission, interview sessions were taped and subsequently transcribed. Approximately three-quarters of all interviews required translation from Cambodian to English. In these cases, transcribers were instructed to translate all recorded survivor discourse as faithfully as possible – i.e., without editing or deleting content. Transcriptions were checked against tapes to enhance comprehensiveness and fidelity.

Since we rely on translated interview transcripts in the current analysis, a word about the legitimacy of employing translated materials in narrative analysis is in order. Because concepts, words, and grammatical and syntactical rules do not "map" precisely from one language to another, literal translations are neither possible nor useful to convey the meaning and coherence of talk. Thus, to "translate" discourse, the transcriber must "recreate" in English the narrative structure observed in the original Cambodian text. Clearly, then, translated discourses are the "co-creation" of the survivor, interviewer, interpreter and transcriber. To what extent can these be viewed as the survivor's talk? And to what extent can the "structure" of translated discourses be legitimately analyzed for signs of narrative chaos or coherence?

Like translated poems, these discourses cannot fully convey the artful turn of phrase, the nuanced word, and other subtleties of language available in the original "text." What they can convey, we suggest, are the somewhat "cruder" qualities of narratives that concern us here. This includes, for example, whether or not the discourse follows a plot or timeline; the nature of metaphors and other figures of speech employed; and points where tenses and themes become unclear or fragmentary. We suggest that these survive the translation process, and are evident in translated transcripts (see White 1987; especially Ricoeur 1984).⁹

A final note concerning our presentation of narrative material: in the sections that follow, we use the dotted line (...) to indicate an ellipse (material we have deleted), and the dashed line (- - -) to indicate a pause on the part of the speaker. Transcript citations following quoted materials are presented in brackets and indicate the session number followed by the transcript page number (e.g. [1, 12]). Editorial explanations by the authors or interviewer comments/questions are also bracketed, the latter set in *Italics*.

Sithan: The "Divided Self"

Atrocity and Irreconcilable Memories

Toward the end of his first interview session, Sithan entreats our interviewer to create a coherent story from his discourse:

I just hope that you could put a story together somehow. That's why I try to keep, you know, in a chronological order. Hopefully it stays that way. But in terms of dramatic experience, you know, it's kind of just *there*. You have to put it together yourself, time-wise. [1, 32]

In this passage he reveals something of his struggle, as a self-conscious narrator, to put into "proper" chronological order events that he experiences as "just *there*." Like the Nazi Holocaust survivors described by Langer, he attempts to make his recollections of the Pol Pot era "coalesce with the rest of his life." And like those survivors, the overriding theme of his narrative is the impossibility of this task (Langer 1991).

In Sithan's oral discourse, two distinctive narrative voices struggle for dominance. When speaking from what Langer refers to as the *in media res* (or "in between time") voice, Sithan portrays the killing fields as an "event" sandwiched between pre-atrocity life and the present. The *in media res* voice, Langer suggests, is the voice of common memory. Here, atrocity experiences are treated like any "ordinary" event. They are positioned in the past and recalled by the narrator in service of creating continuity in personal history and sense of self. The functions of common memory allow the survivor to create detached portraits, from the vantage point of the present, of what it must have been like "back then" (Langer 1991: 5-6), to heal the historical breach created by atrocity, and to relocate himself within "normal" moral and cultural contexts. When speaking in this narrative mode, Sithan portrays himself as one who has survived a terrible ordeal, thanks to his energy and resourcefulness. He can accomplish anything: "nothing is impossible for me now" [1, 31]. It is this personal narrative – heroic in the literary sense – that Sithan implores us to "put ... together somehow" from his discourse. Yet his imploring is acknowledgment that he cannot always maintain this narrative voice, try as he might. At points in his interview, an alternative, less optimistic stream of discourse erupts and runs counter to his heroic narrative. When speaking in what Langer

refers to as the *in principio* ("time without end") narrative mode, Sithan talks as one whose experience of the killing fields *never ends* (it is "kind of just *there*"), whose fate could not have been changed by any amount of personal resourcefulness or resolve.

The *in principio* voice speaks from deep memory, running beneath and constantly belying "the banal reassurances of common memory" (Kleinman and Kleinman 1994: 717; see also Langer 1991; van der Kolk and Fisler 1995; van der Kolk and van der Hart 1991). Instead of integrating personal history and person, memory "here assaults and finally divides the self" (Langer 1991: 47). Common memory's impulse toward *in media res* narrativization is met and countered by the equally strong impulse of deep memory to experience atrocity as *in principio* – never-ending "present." Conciliation and resolution between these impulses are impossible. Deep memory checks any impulse toward historical continuity, self-integration and self-renewal, while deep memory's recall of the "choiceless choices" facing the survivor is negated by common memory's condemnation of the "tainted self" of the past. Ultimately, Langer suggests, the survivor is caught squarely between, unable to either heal the historical breach or to forgive himself for past acts. Hence, he lives in a state of permanent distress. Reliving the choiceless choices of the killing fields days and suspended between the struggles of common and deep memory, the Divided Self experiences contemporary life as a moral stranger: "I am among the living dead," Sithan proclaims [2, 8].

The discourse produced by the Divided Self is marked by a sharp discontinuity in narrative voice. The survivor careens "back and forth from one voice to the other, often unaware of the discrepancies produced by their alternating visions" (Langer 1991: 5–6). For example, this clash of narrative modes and careening of voices is evident in the following passage, again from Sithan's first interview:

Here in this country there isn't much germs because it's cold sometimes, but in the old country it's hot all the time, so there are germs. Fly - - - oh - - - flies swarming the rice wok. They never washed or anything, they brushed the flies off and cooked again. Very - - - very bizarre. I think you guys are lucky you know - - - [laughs] - - - I think you guys - - - should appreciate what you have - - - [laughs] - - - That's why - - - I see kids nowadays - - - it's crazy. My kid, I will send him off to live in Cambodia for several months. It's hard, you know. During - - - I watched the herds and stepped on - - - the corpses, well. Those corpses, well - - - they buried them, lightly covered them with dirt and so lots of grass grew. When there was lots of grass, the herds wanted to eat there, right, because of the plentiful fertilizer. I went looking for the herds, trying to bring it back, I stepped on it and penetrated through - - - Oh my God - - - I looked down and there it was - - - all the skeletons - - - maggots, yea big. They swamped my feet and I ran in panic. When it was corpses like that sometimes you lose - - - you lost your consciousness - - - [laughs] - - - When I was so scared, I was no longer afraid - - - no longer afraid. [1, 22]

Sithan begins this passage in *in media res* voice, with a comment on climatic differences between the U.S. and Cambodia. ("Here in this country there isn't much germs because it's cold sometimes, but in the old country it's hot all the time, so there are germs.") His *in principio* voice quickly intrudes, taking the passage to Cambodia during the Pol Pot era. ("Fly - - - oh flies swarming around the wok. . . .") His *in media res* voice then recovers, turning the passage to a hopeful subtheme related to his heroic personal narrative: the advantages of living in the U.S. compared to Cambodia, and the good fortune of those who live here. ("... you guys are lucky, you know ... You should appreciate what you have. My kid, I will send him off to live in Cambodia for several months.") But at this point his *in principio* voice counters. A rush of terrible imagery – verdant fields, grazing herds, and a child's discovery of corpses in a shallow grave – belies the "normal childhood" connoted by Sithan's reference to "kids nowadays" and an erstwhile son.

Boyhood in the krom komaa: "Being Among the Living Dead."

Sithan was ten years old when Khmer Rouge soldiers captured the city in northwest Cambodia where he lived with his parents and siblings. Like the vast majority of children in Cambodia at the time, Sithan and his siblings were quickly separated from their family and sent to age-graded work groups. Sithan was sent to a *krom komaa*, or children's work group. There, all children were expected to "forget about familyism," to "love *Angkaa* boundlessly," and to work for the good of the collective (Kiernan 1997: xiii).

Sithan describes the *krom komaa* as a place where the threat of starvation and exposure to death and physical brutality became *routine* – the mere backdrop to specific acts of atrocity he and those close to him suffered, and to certain even more appalling events that make "routine" atrocity seem ordinary by comparison. Adjacent to the Children's Hall where the children slept was a huge house, used by the Khmer Rouge as a prison. Every night, the children went to sleep to the moans of people being whipped and tortured; every night before sleeping they peeked through the windows of Children's Hall at large groups of prisoners being led to execution. Sithan recalls:

They tied them, their arms spread out like drying fish. They tied them and beat them every night. I heard the moans as they were beaten. And then we knew what was happening. And during the daytime we went to watch the herds and us children, no one noticed. . . . During the night, I saw them parading strings of people, you know. They strung them together and marched them off. Some of them didn't even have the strength to moan. Too tired to scream. . . . some of them just got knocked off unconscious, you know, but they buried them alive, anyway. [1, 15]

After nights suffused with the cries and moans of tortured and death-bound prisoners – nights where no torturers took “notice” of the youthful audience – the children were roused early to begin a long day of labor: watching herds of water buffaloes or goats, feeding chickens and pigs, planting and caring for food crops. In the daylight, too, brutality and death formed a routine part of life in the *krom komaa*. From their vantage in the rice or grazing fields, the children would regularly witness “truckloads of people, parrot tied,” herded toward mass execution; children “being executed along with their parents” [1, 18]. To survive, children had to become numb to such abnormalities:

Corpses fall down around me? No problem. Sometimes the guy worked by me just dropped dead and gone, you know. So they dragged it and buried it there . . . We didn't know who that kid was, we don't know. So we continued to work. [1, 11]

I saw this guy chasing and shooting a prisoner, maybe he tried to escape so they chased him and shot him. I heard, “tung-tung,” and he fell. I was watching over the herds, terrible. That was daily life to me. You see that everyday, you know. Morning, evening, morning, evening. So it was numb, it was more like a daily digest . . . [laughs ruefully]. [1, 19]

The events that stand out in Sithan's mind against this “daily digest” of brutalities served to calcify his numbness. He tells, for example, of feigning interest in watching a Khmer Rouge soldier cut out and eat a prisoner's liver (“he was still alive . . . because, cutting, you don't die right away” [1, 18]). After witnessing this event, Sithan had terrible nightmares for months to come. He describes watching his father eating his last meal and then being taken to his death. (“My mom cooked . . . broiled catfish with newly harvested rice . . . oh . . . it was so delicious, looking at him eat. He ate a bellyful” [1, 23].) After his father is led to execution, he says, “no one had any hope anymore.” Finally, he talks of one time when he was caught stealing food. His limbs were bound, and he was taken to be executed, like his father. The ultimate horror here, he says, is that his captors decide at the very last moment not to make good on their threat:

It gets to the point that they almost killed you and then it stops and they let you live. You know, they should have killed you right there, so you don't have to relive it, right? . . . Once they bounded you, your life is gone most of the time. Once they bounded you, they killed you off. Us Khmer call it “*luos proleng*,” [the soul went into shock] [3, 26–29]

Physical brutality did not ravage the Khmer countryside alone; hunger was its constant companion. Sithan describes the threat of starvation as a seasonal feature of life under Pol Pot. During the dry season, people were very, very hungry, but could sometimes, at least in the early years, obtain a small supply of rice to eat. But later, and in each monsoon season, starvation became a silent, eminent shadow:

When came the rainy season, people became skinny again. Skinny like our Barbie doll, you can see joints sticking out - - - the arms and stuff sticking out. When walking, they were like a skeleton - - - the walking dead. [1, 10]

Chronic starvation drove people to eat "almost anything that moves," Sithan says: "baby frogs and stuff, you know . . . I did it all" [1, 10-11]. When there were no tadpoles or rats left to catch, Sithan says, people ate old fish heads meant for animal feed, or boiled and chewed on oxen hides used to make plows. Sithan asks the interviewer rhetorically:

What did people eat when there were no hides or fish heads? Did we talk about that? If you don't have anything to eat, what do I do? [*Interviewer: I just remember you were eating fish heads. One interview you told me about*] - [interrupts] - What if there's nothing to eat, no fish heads nothing? Uh-huh, what do you do? You eat leaves. [3, 36]

Whenever the possibility of eating arose, "we gobbled . . . like a dog who [sees] chicken meat" [2, 9]. Pride and human dignity are utter irrelevancies under such circumstances. People stole food from the fields, from strangers - from the weaker, from the younger (see Langer 1991). When starvation is a constant threat, Sithan says, "you do whatever to survive" [2, 11], including acts unthinkable and unspeakable under "normal" moral conditions. Those who have been driven to such depths are forever ruined, unable to rejoin "normal" society (Langer 1991). "Like I said," Sithan tells the interviewer, "those that survived from the Pol Pot era are left over from the dead" [2, 9].

Not surprisingly, Sithan devotes considerable time to describing his attempts to stave off starvation. The Khmer Rouge distrusted the children in *krom komaa* much less than members of the adult and youth work groups, and often put children in charge of guarding food stocks or tending small herds. A smart child, Sithan comments on several occasions, would take advantage of this strategic position, of "being just a kid":

I took advantage of my young age . . . If I were an adult, I probably would have been scared. Because they don't give you a second chance. If you're an adult, you make a mistake, they caught you and you're gone. [*Interviewer: So did they ever catch you?*] They caught me often but I was too young. They reprimanded me, saying, "Comrade, don't behave like that in the future." [1, 13]

The key to success, Sithan explains, is to sidle up to the enemy. To survive, "you have to be nice to them" [1, 17]:

If they asked, you know, like if they need you to go fetch water and stuff for them. Like you cater to them and stuff and so they give you a little something to eat. And then they like you, that's how you do it. Anywhere you go, make people like you, you know, then they'll give to you. . . . And that's how I feel you know, you see I am never lazy. [1, 17]

On one hand, a clever child will steal for himself and his loved ones at every chance. But:

... at the same time, you have to be friends with those people [the Khmer Rouge], just to know what they're up to. Because sometimes they're nice, you know, they give you something. Yeah, when you're a kid, they give to you. [1, 17]

His cleverness at stealing food is both a source of pride and of self-condemnation. Sidling up to those who have created atrocity taints the survivor even as it permits his very survival. None can claim pride in surviving without guilt and remorse over so many others – equally clever and resourceful – who perished. Within the social structure of atrocity, acts of human agency to save oneself from starvation may also condemn others to death. “Me,” says Sithan, “I’ve been with the devil.”

It is when Sithan talks of two boys he met during the season he tended live stock that his anguish becomes revealed and his discourse chaotic. In contrast to the structurally coherent narratives we have quoted above, Sithan’s recounting of this season becomes increasingly chaotic as it continues, the clash of his narrative voices more and more intense.

Sithan’s Anti-Narrative: The Two Brothers Who Came for Fish Heads

Sithan begins to tell this story toward the end of his first interview session. At the time he met the brothers, Sithan had been taken to a temple in a rural area to tend small livestock (chicken, ducks and pigs). Since he was responsible for preparing and feeding the animals, he had ready access to their food supply (old fish heads, rice husks, and so on), which he routinely picked through, saving the larger, edible bits for his own consumption. The two young brothers apparently lived in the vicinity, and discovered that, at a certain time each day, Sithan would pick through fish heads intended for the pigs. The two brothers began to appear every day at this time, and would wait quietly by Sithan’s side. Some days, Sithan said, he would have enough to share with them, some days not. The two boys never complained or asked him for food, but rather took whatever they were given. When they received no fish heads, they slipped away as quietly as they came.

Sithan says that he identified strongly with them, especially the oldest child. These were “clever” and resourceful children, he said; clever to figure out that here was a source of food, and to appear at the source every day. The older brother knew better than to badger, beg, or in any way cause Sithan to become annoyed and chase them away. Sithan begins his discourse on these two brothers with a coherent narrative:

I remember one season I went to live in a temple called W__. W__ was close to my birth town. They had me stay there taking care of the chickens and the ducks. There were never any eggs because they laid one egg I took it and ate it, two eggs, I took it and ate them [laughs]. ... During the Pol Pot era there were two boys, they’re siblings. They came - - - at that time they fed the *kompleang* fish [a silver, flat fish] head to the pig, so I was the one to make the pig’s feed. That’s what I did, I just picked the good ones and roasted them

for myself. And then there were those two little children, one was about two years old, the other was about four - - - very young. They're younger than me, they called me "*Bong, bong*" [term of respect for an older person], you know. So when they came to my place, I gave them the *kompleang* head to chew on. They sat there eating roasted fish heads, and their bellies were really big and their legs when they stood up, their bellies were big and their legs curved like this - - - just like the flamingo. Every time, every day they came when time for the fish heads to arrive . . . So when they came, we all went through them and ate together. When we were full, they went home and I slept in the chicken coop. [1, 30]

Sithan speaks in *in media res* voice here, presenting a narrative characterized by logical thematic development and coherent chronological structure. However, one detail presented in this story foreshadows the anti-narrative that is to follow: the physical description of the boys. ("bellies were big and their legs curved . . . just like the flamingo.") The boys he describes are clearly starving. Shortly after this detail is presented, the narrative's "coherence" begins to dissolve:

Yeah, we roasted them over the fire together. The ones that weren't good, we put in the pig's feed, making fire for pig's feed as well as roasting them together. When they came. And processed rice shell for pigs feed, I always got first. I drained the good ones and ate them myself, little broken rice from those shells. So I ate that, and they ate, too - - - you know kids came to mind - - - flashback - - - All the time I recall - - - I don't know why that moment is - - - could never forget - - - when I returned [last summer] I drove by the Wat T, I could not recognize that place because the trees have grown much taller - - - I don't know what happened to those kids, I hope they are still alive. I still think about them. I - - - you know - - - I still - - - I - - - I - - - still remember the feature of their legs - - - yeah. I saw somebody just like him the other day in this country, but I don't think it was him, no. I - - - I - - - feel very bad - - - seeing them there. I still remember them. I just hope they - - - they deserve what I have. [1, 31]

Here, *in principio* and *in media res* voices intermingle. The discourse structure fragments between "I ate that, and they ate, too - *you know kids came to mind*," and time referents become increasingly ambiguous. As the *in media res* voice continues with the narrative of the two brothers, the *in principio* voice interjects an oppressive but as of yet unspecified theme. ("... *could never forget*," "... *feel very bad*," "*they deserve what I have now*.")

But what is it that Sithan now "has"? In the very next discourse segment, he struggles with this topic:

I consider myself pretty lucky now, you know. I get what I want. I get what I set my goal to. And I never think anything is impossible. That's what I think. So far nothing is impossible for me. But just like I say, you know, sometimes you think you got to be strong. If we let go according to our emotions, according to the situation, according to whatever comes. Well, I may die sooner because I have a lot suppressed in my system. I'm suppressing a lot of stuff, I'm suppressing a lot of stuff - - - I'm suppressing a lot of information. A lot of times I don't tell people what I have in mind, you know, a lot of times. I look very joyful every

day, everyday is a happy day for me, you know. But I think back in my mind, back of my head, there is still something. [1, 31]

Speaking in *in media res* voice, Sithan begins to paint an optimistic portrait of his current life in the U.S.: he is a lucky, strong and resilient person who, despite a horrific past, "now" gets what he wants and finds nothing impossible. But deep memory quickly intrudes, sketching an altogether different picture: he is suppressing so much that he "may die sooner." His joy is adulterated: in fact, the horror of his "past" never leaves him. It is always with him. ("back of my mind, back of my head.")

Sithan soon returns to the topic of the two boys, suggesting, "if I can find those guys, those two kids, you know, I will probably sponsor them to stay in the city and send them to school" [1, 32]. In response to the interviewer's query about the boys' whereabouts, he admits: "I - - I don't think they had a chance to survive - - they probably died during those years" [1, 34]. He speculates that the two brothers died of starvation.

In the final segment of the passage, his own condemnation of his past behavior is revealed:

What would I do to ease my mind? Maybe I - - I maybe build some kind of school in the Wat, maybe that Wat Ta Back, you know, where the pig and chicken place was, you know ... how would I relieve a certain thing that's wrong? Now - - I mean - - if those kids died - - you know, these kids used to come here everyday - - and they died because of starvation and he had an opportunity to eat the food that I had - - you know, to share the food. [1, 34]

Perhaps in some way Sithan senses that sharing food with the boys was a courageous act for a ten-year-old, himself facing constantly the threat of starvation and the penalty for stealing food (i.e., death). But common memory is relentless in its judgment. Like the Nazi Holocaust survivors described by Langer, Sithan "inhabits two worlds simultaneously, the one of choiceless choice then; the other of moral evaluation now" (Langer 1991: 83). Sithan's multiple references to being "among the living dead" seem to have a dual meaning for him. "Back then," during the time of the killing fields, all that was recognizably human in him had died, and he proceeded in life, from *krom komaa* to rice field and back again, as a walking dead person. And "now," supposedly reunited with society, he feels profoundly apart from and alone in this world.

Although he is gainfully employed and makes reference to having "a kid" some day, Sithan has no wife and very few he calls friend. In his narratives and anti-narratives, Sithan reveals the intense narrative conflicts that arise from the impossibility of reconciling deep and common memory. Speaking from common memory, he attempts to fashion out of his experiences a triumphant, heroic tale: a clever and resourceful boy survives

even the killing fields. But deep memory counters with a story of its own, rooted in defeat and pathos: in times of atrocity, any clever and resourceful boy could be next to die. In *in media res* voice, Sithan lays claim to post-atrocity optimism and resiliency: "I am lucky," he proclaims. Despite the horrors I have endured, "nothing is impossible for me now." His *in principio* voice immediately contradicts these claims: "I may die soon," he confesses, for I am "among the living dead." Deep memory reveals the Khmer Rouge's complete stranglehold on its victims. ("The Pol Pot controlled completely" [2, 9].) People were "like caged animals" and were driven to do "whatever to survive," including being "nice" to the perpetrators of atrocity and stealing food at every chance. But common memory insists on viewing the past through the "normal" lenses of morality: Sithan feels responsible for "a certain thing that's wrong": he did not adequately "share the food" that he stole, and because of this, two children are "probably dead." He has "been with the Devil."

Sorom: The "Chaotic Body"

Atrocity and the Embodiment of Pain

If Sithan's discourse reflects a deep and unresolved conflict between *in principio* and *in media res* voices, Sorom's suggests the ultimate failure of narrative voice – its muteness in the face of embodied pain (Scarry 1985; Good 1994).

Throughout her interviews, Sorom speaks as one for whom the experience of atrocity has imprinted most saliently in the form of chronic, ubiquitous, and overwhelming pain that now dictates whatever life she can lead. The mechanisms through which this cross-over from experience to body-self has occurred remain unfathomable. Frank describes those who suffer this existence as "Chaotic Bodies," subject to forces they cannot control and unable to find adequate recognition of and relief from pain (Frank 1995; also Good et al. 1994). When *not* so completely determined by embodied pain, a person can speak of pain as an "it" that hurts "me," and can separate from "it." For the Chaotic Body, however, the "it" has hammered the "me" out of self-recognition (Frank 1995: 103). The body has taken on agency "over and against the self" (Good 1994: 39; see also Gadow 1980).

Like Divided Selves, Chaotic Bodies cannot gain the distance from atrocity experiences necessary for the construction of coherent narratives. Deep memory holds both in thrall to the past. For Chaotic Bodies, however, narrative chaos emanates less from the struggle of common and deep memory for control over the narrative theme, and more from the "hole in the narrative that cannot be filled in" (Frank 1995: 98). Embodied pain

is the experience that is lived *in principio* ("just there," without end), and which cannot be relegated to the past by common memory through the *in media res* narrative voice. Such relegation requires distance from experience. But in the "lived chaos" of embodied pain, Frank suggests:

... there is no mediation, only immediacy. The body is imprisoned in the frustrated needs of the moment. The person living the chaos story has no distance from her life and no reflective grasp on it. Lived chaos makes reflection, and consequently story-telling impossible. (1994: 102)

Embodied pain resists symbolization and defies language (Scarry 1985; Good et al. 1994). But the urge to tell about the pain is as great as the impossibility of telling (Frank). The would-be narrator thus:

... traces the edges of a wound that can only be told around. Words suggest its rawness, but that wound is so much of the body, its insults and agonies and losses, that words necessarily fail. (Ibid.: 98)

Ultimately, chaos is told in the silences that speech cannot penetrate or illuminate. (Ibid.: 101-102)

This conflict creates a "staccato" verbal style in which all manner of events and troubles are enumerated in a disjointed stream, connected loosely by what Frank refers to as an "and then and then and then" syntactical structure. This is evidenced in Sorom's discourse when she attempts to describe the pain and illness that overwhelms and determines her existence:

... If it's not one pain it's the other, like throughout my whole body there isn't any part that doesn't have pain. After my head, it's my chest, after my chest, it's my bladder, after my bladder it's my stomach, and because of all this, my doctor said my life is too hard and he said that I should go to see counseling, that they might be able to help alleviate some of the pain. And going to counseling, they say they might help with the burden, but I notice that there isn't any method. I'm still sick. [3, 1-2]

Here narrative continuity and coherence is negated by the sheer quantity of illnesses enumerated (kidney infections, stomach aches, bladder infections, chest pains, and so on), by the abrupt and disjointed style in which these illnesses are enumerated (... "After my head, it's my chest, after my chest, it's my bladder, after my bladder ..."), and the irresolute manner in which the passages terminate. Provided with no summation, evaluation or other narrative niceties, the reader/listener senses that these pains and sicknesses go on indeterminately, without containment or boundary. "In the chaos narrative," Frank suggests, "troubles go all the way down to bottomless depths. What can be told only begins to suggest all that is wrong" (1995: 99).

The chaotic style in which Sorom speaks of her embodied pain contrasts sharply with the more conventional discourse style in other interview

segments. As the following passage illustrates, Sorom's talk is especially and painfully coherent when the topic of discussion is the horrors of daily life in the time of the killing fields.

A Girlhood of Terror and Flight: "The Only Thing I Could Do Was to Suffer"

Sorom was born in the mid-1960s to a farming family in a western province of Cambodia, one of the youngest among several children. Her father left shortly after her birth, leaving her mother to raise their children. In 1975, when Sorom was nine years old, the Khmer Rouge evacuated the entire family. During the evacuation, Sorom's mother became very ill and died. The rest of the family was quickly split apart. Sorom's brothers were taken away by the Khmer Rouge – two of them never to be seen again. Sorom was separated from her sisters and sent to a work camp at some distance from her older sister, to whom she was very close.

Like Sithan, Sorom describes childhood under the Khmer Rouge as a time in which exposure to death and starvation became routine:

... they made rice gruel in a wok, a huge old wok ... when they poured it onto the bowl, you could see just water and several grains of rice. It was clear water and so we drank that.

[Interpreter: *rice gruel with what as a dish?*]

Boiled morning glory with rats. And after they fed us rice gruel and rat soup, off we went again to work. And some people were so starved they would drop dead as they were walking due to the lack of energy. Especially a lot of children died – the little ones like one year old and two years old. [1, 10]

But while Sithan's survival strategy was to win over his captors, Sorom's response to being placed in the *krom komaa* was to flee. In fact, constant flight is a major theme in her narrative. She fled from the work camps repeatedly, often in a desperate attempt to find and rejoin her oldest sister. She ran from the "big group" she was placed in as punishment for fleeing from the work camps. And she fled from the Khmer Rouge when the Vietnamese invaded Cambodia. The Khmer Rouge responded to this behavior with fierce physical brutality. Each time she fled she was caught; each time she was caught she was brutally beaten. Constant physical brutality is thus the other major theme in her narratives of childhood under Pol Pot:

I heard about my sister so I walked for two nights and two days to her. And then I got to her but they know and called me ... an enemy because I didn't follow Angkaa's rules. Then they beat me – then – they beat me close to death. [Blows her nose]. Then they took me real far away – away from my older sister that I ran to.

They tied me in it. And then they dug a pit with a bulldozer. And then after that, some people were shot, some were beaten with bamboo sticks - - - I was at the end of the line, seeing people ahead of me being killed; I was in shock - - - I kept moving like I didn't

have consciousness. And then they got to our row. My hands were tied behind my back. So then what I saw clearly was a bamboo stick. Then they beat me, but I didn't die, I just lost consciousness because they only gave a single blow and I already fell. My head cracked open where the blow was from, the front all the way to the back. As they gave me the blow, I didn't seem to feel the pain. It cracked - - - blood seeped through my hair.

Being in that pit, when I came to, in that pit, you know, there were a lot of dead corpses - - - hundreds and thousands piled on one another, so the pit became more shallow, as I was one of the last ones to fall - - - so I crawled out [1, 8-9]. At first, I ran. I wanted to get to the Vietnamese, but they [the Khmer Rouge soldiers] saw me and shot at me - - - They chased us with shotguns. They shot and hit my left foot. . . . Oh - - - it got infected and spread all over. That bone was clearly exposed. It hurt and my flesh kept falling off - my flesh rotted - - - the infection spread bigger and bigger. At first it was swollen - then after a long time of being swollen it started to rot. The pain worsened - - - I crawled - - - I got a stick to support myself as I limped along. [1, 11-12]

The most devastating event Sorom experienced was the loss of her oldest sister and the near death of her sister's baby. Caught in the cross-fire between Vietnamese and Khmer Rouge troops, the three of them took shelter in a bunker - with horrifying results:

Well, the bunker was big like the soldiers' bunker. Too much artillery came in, the bullets penetrated through. Many died, not just us. I was hit, too, but it was minor, scattering all over my body. I kept digging through dead bodies. When I made it out, everyone was gone, they all ran away. So I was totally disoriented. And then I came out to the top of the bunker and I sat there thinking that when we went in, there were three of us, my sister held my hand and she held her child's on her side, running into the shelter. Too many people, we got separated. So it came to me that we went in, three of us. So when I gained my self-awareness, I jumped to dig through. Not too deep, only several people buried on top of her, her hands embracing her child. I turned her around to see that her back was totally hit everywhere. I looked at her stomach, the intestines came out, the feet were amputated, and the fingers were cut. She hadn't died yet. So I tried to pull them out. While she held the child, the bullets got through to the baby and she lost consciousness, so I tried to pull them out but couldn't because I was too small. [2, 4]

Two Cambodians passing by "took pity" upon her, and helped carry her sister to a field hospital run by an international organization:

When they [the American doctors] cut her broken bones and stuff, her breasts were all torn. So they bandaged her and stuff, put in the IV. She was alive all this time, but when all was done, she broke her last breath. [2, 4]

Incredibly, at that moment, the field hospital was shelled and burned to the ground:

So I snatched the baby and ran for three days and three nights. And I ran without food or water, people were dead everywhere. Sometimes while running, the bullets hit people and they would just drop dead. So I ran into Thailand, about three days and three nights later . . . some Thai soldiers spoke Khmer, and said, "Why are you carrying a corpse? It's dead; throw it away." She didn't cry for three days and three nights.

Unlike Sithan, Sorom does not portray herself as one who survived the killing fields through wit and strategy. In fact, when asked in the final interview what, if anything, she currently does to "make herself feel better" when she experiences problems, she interprets this as a query critical of her past responses to the terrible actions of the Khmer Rouge. She laments:

What could I possibly do? I couldn't do a thing, didn't you see my listing them all, what I couldn't do? What could I do, they wanted to take me to kill me, they took me to kill me. How could I possibly make a difference? The only thing I could do was to suffer. [5, 6-7]

Sorom depicts herself "back then" as a chaotic body, whose existence is utterly determined by the atrocities inflicted upon the body-self. The "choiceless choice" available to her, she insists, "was to suffer."

While Sithan seldom makes reference to current pains and illnesses in his discourse, Sorom's talk frequently turns to the topic of her body's contemporary suffering. Over the past ten years, Sorom reports, she has received a wide range of treatments from mainstream and alternative therapists for an array of bodily complaints, from "racing heart" to stomach cramps to excruciating headaches and more. Even after surgery, acupuncture, spot-burning, various medication and herbal regimens, absolution from Buddhist monks and interventions by *kru Khmer*, the terrible pain still persists. Neither she nor her various therapists can pinpoint its causes with certainty. At times, Sorom speculates that she suffers because she has failed to cultivate good merit in a previous life. More often, she attributes her current pain to the impossible conditions of life during the time of Pol Pot – the severe beatings and tortures, the loss of her sister and other family members, being left to "drift alone" as a child [4, 3], and the "filthy things" [4, 3] she was forced to eat. Ultimately, she acknowledges, her pain is a mystery, its causes unclear.

What is clear to Sorom is that pain now governs her life. "My obstruction," she tells us, "is my illness" [3, 8]. She is unable to work and to socialize, and her body's illness prevents her from doing anything about it. All other obstacles in life are removable except for embodied pain ("the only problem is my physical body being sick; anything else is not a problem" [3, 7]). And rather than engendering a common bond and sense of affiliation with other Cambodian survivors, Sorom's embodied pain isolates and marginalizes her (see Frank 1995; Good 1994). She feels "different" from other survivors. "During that era," she says, "some people had lived just like I did. Why are they all right? They're not sick" [4, 3]. "I don't see young people my age ever having these kinds of illnesses," she insists, "other folks have suffered but are not sick now" [5, 8]. Like Sithan, she feels profoundly apart from the rest of the world. "Even on the regular

days [when] I am not sick," she says, "I still don't have the energy that the normal people do . . . It's never completely cured like you folks" [4, 3].

Sorom's Anti-Narratives: Embodied Pain and the "Staccato" Voice

Sorom struggles to narrativize this embodied pain, and often fails dramatically. As described earlier, her oral discourse turns chaotic at the point when she attempts to convey exactly how pain and illness affect her body and her life. The most extended examples of these anti-narratives appear in her third interview, when she is asked to describe her post-migration life in the U.S., delineate health and mental health problems experienced post-migration, and provide an assessment of her current health status. She first notes that, despite the physical brutality she endured throughout the Pol Pot era, her bodily illnesses did not occur until 1987, two years after she was resettled in the Pacific Northwest. As she begins to describe these illnesses, Sorom's narrative style becomes disjointed, disrupted and difficult to follow. Near the beginning of this interview, for example, when she attempts to describe the panoply of illnesses and pains she has experienced, her discourse is marked by temporal indeterminacy and abrupt switches between time referents:

I'm ill a lot, Bong ["older one"; term of warm respect]. Since the operation on my gall-bladder, within my body, there isn't much energy. And then I would have kidney infection, and then severe stomach aches.

[Interviewer: When did you have the surgery?]

In 1990, in the twelfth month. . . . And afterwards, now that I'm in severe pain, my stomach keeps on hurting too much, the doctor is sending me to have this tube inserted in my mouth, down to my big intestine - - - to see - - -

[Interviewer: When is this?]

Maybe next week, but I went through it before. Before, twice a week they would administer medication to put me to sleep. In a week or two, I'll go through it again, because I have to see the doctor on the 13th of this month.

[Interviewer: And then they have to do that again?]

No, not on that day. And the medication . . . the doctor switched so many different ones, but it's not working. I take it and it's not working. Now, too, there is a new medication.

[Interviewer: And that's the medication you showed me last time?]

No, that has been switched. [3, 1]

Sorom begins this passage with what sounds like an observation about the current time period, initiated by a specific past event ("I'm ill a lot, Bong. Since the operation . . ."). However, this is quickly followed by a presentation of pain experiences of uncertain temporality ("And I would have kidney infection, and then severe stomach aches . . ."). The interviewer asks for temporal clarification regarding the date of the operation. Sorom replies, "In 1990, in the twelfth month" and then proceeds: ". . . And afterwards, now that I'm in severe pain . . . the doctor is sending me

to have this tube inserted. . . ." With the phrase, "And *afterwards*, now," Sorom telescopes the distant past (1990) with the present. She then rapidly connects these to the future ("the doctor is sending me . . ."). The interviewer must again ask for temporal clarification ("When is this?"). Sorom's response contains a number of rapid and confusing temporal switches ("Maybe *next week*, but I went through it *before*. *Before*, twice a week they would administer medication to put me to sleep. *In a week or two*, I'll go through it again, because I have to see the doctor on the 13th of this month."). In the final exchanges in this passage, the interviewer tasks for verification ("And then they have to do that again?") Sorom disconfirms and switches topic ("No, not on that day. And the medication . . . the doctor switched so many different ones, but it's not working").

Shortly after this, Sorom again attempts to describe her embodied pain, this time beginning in 1987. Here, her attempt is characterized by indeterminate and confusing temporal referents and a staccato-style enumeration of pains and illnesses:

. . . sometimes the ovaries would swell up on their own without a reason and that the doctor, too, was able to diagnose and sometimes the uterus itself, not just the ovaries, would swell up. And all of these ailments have been diagnosed by the doctor, my bladder is one, my ovaries second, and thirdly my pneumonia. All these have been diagnosed by the doctor . . . and also ulcer. [3, 4]

The passage ends on an anguished note, with an attempt to describe pain she has experienced in the past week:

. . . The pain lasted through the night, then it exhausted itself out. It broke me to the point that I could not walk, then it went away. Sometimes if it's not the severe sharp pain, it would be a mild pain like cramps. It goes on like that, sometimes throughout the whole day - - - starting in the morning - - - goes away the next morning. And the last two weeks I had stomach pains, when that is gone I now start having bladder infections - - - it's painful - - - I don't know what to do - - - I was planning to see the doctor this Monday, but then I don't have a ride so I changed it to Tuesday. Sometimes if I had the Tylenol 3, I would fall asleep. I sleep like that, but when the medicine's potency runs out, the pain starts again . . . sometimes I go to the emergency room. [3, 6]

This final segment is a crescendo of all of the previous chaotic elements described earlier: rapid switches in temporal referents ("when that was gone I now start having bladder infections"), a litany of complaints (sharp pain, mild pains, stomach pains, bladder infections); unrelieved pain ("it goes on like that, sometimes throughout the whole day"), and despair ("It's painful - - - I don't know what to do . . ."). The last sentence in the passage does not resolve the narrative, but rather presents us with another opening ("sometimes I go to the emergency room."). At this point, the interviewer steers the discourse toward other topics.

In these passages, it is as if Sorom's attempts to chronologize her body's illness (i.e., to speak from common memory about pain in the past, present and future) are eclipsed by the "just there" quality of embodied pain that swells up, uninvited, from deep memory and manifests itself in *in principio* voice. Try as she might to narrativize her pain, Sorom is reduced to presenting her audience with raw rather than reflected life experience. Anti-narratives of this type are painful to hear, since the pathos of pain and the staccato pacing of words and phrases "pecks away at the reader" (Frank 1995: 99), just as Sorom's life "pecks away" at her.¹⁰

SUMMARY AND DISCUSSION

A Truth About Living

If at the end of a war story you feel uplifted, or you feel that some small bit of rectitude has been salvaged from the larger waste, then you have been made the victim of a very old and terrible lie. There is no rectitude whatsoever. There is no virtue. As a first rule of thumb, therefore, you can tell a true war story by its absolute and uncompromising allegiance to obscenity and evil . . . If you don't care for obscenity, you don't care for the truth. [O'Brien 1990: 76-77; cited in Shay 1994]

Make a movie of what I have experienced . . . they can also have me as the actress. I would love to be performing my true story . . . If I were really to act on this story, I would be the first to cry. My tears, if they had me perform this story, my eyes would swell up to the size of my wrists. [Sorom 6, 7]

Neither clinicians nor the public-at-large have attended closely to understanding the "true stories" of atrocity survivors. Historically, too many of our treatment approaches have focused on symptom reduction and avoided confronting the socio-political and moral content of survivor suffering. At the same time, depictions of survivor stories in the popular press have presented sanitized accounts of the effects of atrocity on victims. In this analysis, we have tried to present the narrative and anti-narrative voices of Sithan and Sorom close to as they appear in oral discourse. We attempt to avoid smoothing over narrative chaos and turning "true stories" into heroic tales.¹¹

Like most participants in our study, Sithan and Sorom expressed a strong desire to "tell everyone" their stories. In acting on the desire to tell, they become witnesses, speaking out as much for others as for themselves, offering a truth about living that has been generally muted or suppressed. Their atrocity experiences are a source of narrative potency. Their anti-narratives are powerful statements that link the survivor's ever-present experience of atrocity (as part of "deep memory") and the continual urge to temporalize, apprehend and communicate the experience. Our

analysis suggests that anti-narratives articulate each person's recollections of childhood experience under the Khmer Rouge, salient forms of contemporary suffering, and specific patterns of narrative chaos in a manner that is manifestly logical and highly evocative. In this way and at this level, anti-narratives are among the most eloquent elements of survivor discourse.

Toward the Communalization of Atrocity and Remoralization of Care

Shay (1994) suggests that, after severe trauma of the sort experienced by Sithan and Sorom, a return to normal is not possible. How much healing and recovery an atrocity survivor can expect from psychological, social and pharmacological therapies during his/her lifetime is unknown (Shay 1994: 186; Mollica, Poole and Tor 1998). Clearly, Sithan and Sorom have experienced recovery in many areas of life. For example, Sithan is able to maintain gainful employment over time, and Sorom is raising her children on her own. But twenty years after the killing fields, they, like many survivors, remain highly symptomatic by DSM standards and continue to experience exquisite and extreme human suffering. Biomedical interventions can provide limited relief for some forms of survivor suffering (for example, antidepressants can sometimes successfully be used to treat insomnia and nightmares). But increasingly, clinicians acknowledge that there "is no quick or short-term fix" for the complex existential questions of loss and meaning that survivors face (Boehnlein and Kinzie 1995: 237). Survivors must be offered long term relationships that provide security and human support to "help . . . them ride through the ups and downs" of a difficult life (ibid.: 237).

In confronting the anguished suffering of Divided Selves and Chaotic Bodies, our primary responsibility is not to classify their diseases nor relieve their overt symptoms (although the provision of such relief, whenever possible, is clearly important). It is rather to engage intensively with the social and moral nature of their injuries (Good et al. 1994).¹² Since the essential injuries brought about by atrocity are moral and social, so the central treatments must be moral and social (Good et al. 1994; Kleinman, Das and Lock 1997; Shay 1994). As witnesses to their witnessing, our prime duty – whether as clinician or citizen – is to become trustworthy audiences, capable of hearing their narratives and anti-narratives (see Langer 1991; Kleinman, Das and Lock 1997). The best treatments are those that restore self-definition and control to the survivor (Boehnlein 1987; Boehnlein and Kinzie 1995) and encourage what Shay calls "communalization of the trauma."

Telling or narrating is clearly the first step in the atrocity survivor's larger move to communalize the trauma by inducing others who were not there to "feel what they felt" (Shay 1994). But narrativization aids in healing only if the survivor can find or create a trustworthy community of listeners for it (see Bohnlein 1987). To be trustworthy, listeners must be strong enough to hear without injury; strong enough to hear without having to deny the reality of experience or blame the victim; and ready to experience some of the terror, grief, and rage that the survivor did (Shay 1994; Kleinman, Das and Lock 1997; Langer 1991, 1997). Listeners must also be willing to hear the "true stories" of war and atrocity without acting on the self-serving wish to turn decency into heroism and anti-narratives into heroic tales.¹³

An audience demonstrates trustworthiness by its readiness to be changed by the survivor's narration. As Frank (1995) suggests, survivor discourse is distinct from other narrative forms (such as "reports") because it does not simply affect those who receive it. Testimony implicates others in what they witness. The appropriate response, as Frank suggests, is not, "what do you have to tell me?" but rather, "let me be with you" (Frank 1995: 144). The only mode for receiving testimony such as Sithan's and Sorom's is *being with*. This requires a ready willingness on our part to experience the secondary trauma that comes from the willingness to imagine ourselves in the unimaginable scenes they describe. This, in turn, requires an intimate involvement that is, in many respects, at odds with the professional distance we have been taught to maintain as clinicians and researchers. But as Shay suggests, without emotion in the listener there is no communalization of the trauma. The deep damage done to the trauma survivor can be understood as a reflection of her "radical aloneness and of the continued presence of the perpetrator in the survivor's inner life" (Shay 1994: 191). For survivors, the task is to remember and witness – rather than relive and reenact – and to grieve. For listeners, the task is to become trustworthy audiences and to enter into aloneness with the survivor (Shay 1994: 192–193). Though we cannot hope to "cure" survivor grief, we can respect and perhaps ease survivor suffering somewhat by conveying that they are not alone in their memory of atrocity; that there are listeners in the world who entreat, "let me be with you."

To the trustworthy audience, the communalization of atrocity narratives and anti-narratives imparts insights invaluable to preserving the possibility of ethical action in a world characterized by atrocities. Most crucial here, we believe, is the eradication of the false pride that permits an audience to set itself morally apart from survivors. Shay most eloquently captures this often-subconscious process in which we engage:

Many victims of such situations have done terrible things to survive, with devastating consequences for good character. The child singled out for incest may be forced to participate in the sacrifice of younger siblings, a battered woman in the abuse of her children ... a political prisoner in the torture of another prisoner. This is the ultimate bad moral luck. Cultural training and wishful thinking lead us to believe that our own good character would have stood firm to the point of death, rather than submit to this final degradation. Or we imagine that our intelligence would have seen a way out that the victim did not. These beliefs lead inevitably to the feeling that the person who was broken by coercion has been defective from the start ... (1994: 190)

Atrocity narratives and anti-narratives impel us to see "that our own good character is vulnerable to destruction by bad moral luck" (Shay 1994: 193).

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NOTES

1. As an anonymous reviewer points out, accurate estimates of the numbers of Cambodians who fled to the Thai border following the overthrow of the Khmer Rouge are difficult to make. The difficulty is compounded by the fact that some portion of refugees had returned to Cambodia by 1983.
2. The final leg of a survivor's journey to freedom and relocation in a new country involved yet new challenges: adjustment to new cultures, acculturation stress, accelerated modernization, social isolation, racism, loss and grief, and long-term consequences of trauma (Lin 1986).
3. Surprisingly, since the early 20th century, very few published studies have systematically explored the nature of traumatic memories based on detailed participant reports (van der Kolk and Fisler 1995: 506).
4. This is not to suggest that the individual necessarily presents/holds a single "self" history – we believe that, as Ewing suggests, people construct and maintain multiple self-representations that are based on selected cultural concepts of personhood and selected chains of personal memories (Ewing 1990: 253).
5. Indeed, as an anonymous reviewer points out, it is just at these points that we might suspect we are "getting closer to deeper phenomenological waters."

6. Our thesis regarding the mechanisms that create these "crossbacks" most closely follows Kleinman and Kleinman. "Experience" is an "assemblage of social processes" – communication, negotiation, and other forms of patterned social engagement – that creates a medium of interaction flowing back and forth through "the social spaces of institutions and the body-self" (1994: 712). This social medium:

... joins norms to sentiments, social meanings to cognition, social relationships to psychobiological responses. Because it is processual, social experience is about transition, transformation, change ... [712]

Something is always vitally at stake in the local setting – power, prestige, survival, and so forth – and what is at stake orients persons to the local world, giving social experience moral valency. So joined, social rhythms resonate and interconnect with psychobiological rhythms. Thus:

We can talk about the sociomatic processes of everyday life, through which social relations affect (and are affected by) blood pressure, heart rate, and respiration, and social loss and demoralization contribute to illness and disease. Experience is not limited to the isolated person but is shared across persons and even classes of person. The domain of the moral, then, is both within and without the person ... These processes transport metaphor from symbol system via event to relationships; they bring meaning into the body-self. (712)

7. The small handful of analysts who have examined atrocity and anti-narratives tend to blend together Langer's notion of "divided self" and "embodiment" (e.g., see Kleinman and Kleinman 1994; Frank 1995). Our discourse data suggest that a distinction can be made between the two. We hope that colleagues will view our work as a refinement, and not a refutation, of previous work.
8. We used modified versions of the traumatic events list from The Harvard Trauma Questionnaire (Cambodian version, Mollica 1992) and a posttraumatic stress disorder screening protocol (DSM-IV APA 1994) to determine history of distress. To be eligible for the larger study, participants had to report having experienced at least 5 traumatic events during the 1975–1979 period, and 3 PTSD symptoms for at least six months at some point since 1975. Participants were obtained through an Asian American community mental health center which serves approximately 95% Cambodians who receive publicly-funded mental health services in the Seattle area, and a large Khmer Buddhist society (temple) serving the Seattle Cambodian community. This dual sampling strategy was designed to capture variability in health-seeking strategies. All participants screened through the mental health agency were active clients at the time of the study; all screened through the Buddhist society were receiving no professional mental health services at the time. Identifying information has been disguised to protect participants' anonymity.
9. Indeed, White asserts that narratives comprise a mode of "fashioning human experience into a form assimilable to structures of meaning that are generally human rather than culture-specific. We may not be able to fully comprehend specific thought patterns of another culture, but we have relatively less difficulty understanding a story coming from another culture" (1987: 1).
10. Throughout her discourse, Sorom resists putting a positive face on her plight and whitewashing her talk of embodied pain. At one point, the interviewer attempts to press an "heroic" interpretation upon Sorom's discourse. She rejects it, holding true to the pathos of her anti-narrative:

[Interviewer: ... you have this incredible spirit inside of you that, when ... you still crawled through those woods for days and -]

[Interrupts, laughing]: - Strong mind - - - but my body cannot go forward. Right now my feelings are like this: "If others can do so and so, why am I so weak? I'm going to keep doing it until I succeed." I can't make it. My mouth keeps speaking in vain, my feelings say so, but my physical strength doesn't measure up with others, and that's how it is. My feelings are strong, they're good at only speaking in vain.

11. We do not claim that all who lived through the killing fields suffered in the same manner. Upon encountering Sithan's and Sorom's discourses, some clinicians have pointed out to us that not all Cambodian Killing Fields survivors experienced the same degree of horror and suffering. We concede this point. The Khmer Rouge "master plan" was implemented with varying degrees of intensity and ruthlessness across the country (Ebihara 1994), and targeted certain groups in the population (e.g., educated urbanites, scholars and intellectuals, Buddhist monks, ethnic Chinese) (Albin and Hood 1990). But the fact remains: Sithan's and Sorom's intense suffering is like that of many who have suffered intense and unspeakable atrocities. We thus cannot dismiss theirs as unusual cases.
12. I thank an anonymous reviewer for the phrasing of this new therapeutic stance.
13. There exists a subtle but pervasive expectation that survivor stories will support the myth of human invincibility. A trustworthy audience must neither succumb to the expectation nor support the myth. As Langer (1991) suggests, our wish to hear heroic accounts from survivors stems from our desire to assuage our sense of complicity in geopolitical atrocities and reassure ourselves that no event can be too defeating for the "indomitable human spirit." But these are falsehoods. We are complicit in the geopolitical atrocities that affect much of the world; atrocities do defeat human beings and the cultural and philosophical systems they create. Narrative chaos and anti-narratives are eloquent, personal expressions of such defeats. What is needed both in clinical work and more generally, Frank insists, is an enhanced tolerance for accepting chaos as a part of life story (1995: 111).

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