Love, War, and Healing in the Democratic Republic of the Congo: An Ethnographic Study of Torture-surviving Couples' Experiences in Multi-couple Group Therapy.

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Dedication

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Abstract

Citizens of the DRC experienced widespread and devastating torture at the hands of both government and rebel soldiers during the wars between 1998 and 2004. Among couples in which both partners survived, many separated or divorced after the war; intact couples suffered tremendous relationship stress; and parents and children struggled with relational and behavioral problems. In this dissertation I explored the experiences of torture-surviving couples who participated in a 10-session multi-couple group therapy (MCGT) intervention in 2008 designed to address the effects of torture and war trauma in Pweto, Katanga, DRC, as well as the feasibility of the intervention. Feasibility components included: acceptability, demand, implementation, practicality, and limited efficacy. Feasibility was found to be good for most components, with challenges mostly related to resources and training. Using critical ethnography as a guideline, I conducted individual or dyadic qualitative interviews with the wife, husband, or both partners of all 13 MCGT couples regarding their pre-war, wartime, and post-war group-related experiences as individuals and in their relationships with each other and with their children. Participants reported wide-ranging and profound negative effects of the war on their individual and relational health; mostly positive experiences, including marital and peer connection and relationship growth during the MCGT; and a number of improvements in mental health at the individual, couple, and family levels post-intervention. Clinical implications include that using relational interventions to promote trauma healing can be beneficial when the approaches are based on principles that inform effective therapies from both trauma treatment and couple treatment fields. Research and capacity-building implications include the need for increased action, rather than continued calls for action, to prioritize funding, research, training, and clinical priorities that match the increasingly clear utility of relational approaches to treating the effects of traumatic stress, including experiences of war and torture.

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Chapter 1: Introduction and Background

> Family therapy is a missing part of torture treatment. Torture treatment will not be effective if it ignores family dynamics and the long- and short-term effects of the transmission of torture effects to the spouse and children. Family therapy should be part of a multi-systemic, multi-modal approach to torture treatment. (Kira, 2004, p. 41)

Introduction

"Madame, it's the couples. So many couples have divorced since the war, and the ones who are still together are suffering in their relationships. We need to work with couples, to help them heal their marriages." Pascal, like many of the Congolese psychosocial counselors (PSCs) working at the Center for Victims of Torture (CVT) in Pweto, a territory in the Katanga province in the Democratic Republic of the Congo, had lived through the wars along with the clients we were trying to help. His neighbors and friends were those struggling couples, so when I asked what we could do to strengthen relationships in the community where so many ties had been broken by death and dislocation, he said we needed to work with them, and his colleagues agreed.

I arrived in Pweto in September, 2007, to work as a Clinician/Trainer/Researcher for CVT. I intended both to supervise clinical work already in place – mostly group therapy for men, women, and adolescents who were experiencing psychological symptoms subsequent to torture – and to develop and implement new practices that would help address the relational

difficulties that citizens – our clients – faced. The residents of Pweto (and many other regions in DRC) experienced widespread torture at the hands of both government and rebel soldiers during the wars between 1998 and 2004. Nearly every citizen in the area fled during that time; by 2006, repatriation had begun. Hundreds of thousands of women, men, and children moved from camps and communities in Zambia and elsewhere back to their communities to start over from scratch, with only what the United Nations' High Commission on Refugees (UNHCR) gave them: one or two months' worth of flour; a couple of tarps; a cooking pot; a few other household items[1]. In addition to the myriad of basic needs people struggled to meet, e.g., finding enough food to eat, getting medical care, and establishing safe shelter, many were overwhelmed with emotions that had either haunted them since they fled, or flooded in upon their return.

For survivors, the intrusion of torture into their lives and relationships was physically and emotionally devastating. Internal resilience and the support of family and community were enough for some to pick up the pieces of their lives, rebuild, and find something close to normal again, but many were left with lasting intrapsychic symptoms. Some who were most symptomatic participated in individual group therapy conducted by CVT. Though people generally benefited a great deal from group therapy, for many, their marital relationship quality remained poor compared to what it had been prior to the war. Of couples in which both spouses survived, many decided to divorce, and intact couples faced a great deal of marital difficulties and tension.

[1] Assertions in this paper, such as this one, that are offered without a citation reflect information I acquired first-hand, from direct observation, while living in DRC.

During my first eight months in Pweto, 15 PSCs and I conducted group therapy with hundreds of torture survivors, which helped build our understanding of their relationship difficulties and needs. This, along with a variety of trauma treatment and couple treatment models, informed the development of a group therapy model for torture-surviving couples. In 2008, we conducted 10 sessions of multi-couple group (MCG) therapy with a total of 13 couples (26 participants) in three groups. At the end of those three groups, we conducted individual or dyadic qualitative interviews with the couples about their experiences in group. In this dissertation I[2] have described the development and implementation of that MCGT model, discussed its practical and theoretical origins, and used a critical ethnography framework to analyze data from the qualitative interviews and to explore my own and my colleagues' reflections about all of the above. I have also explored several elements of the feasibility of MCGT: acceptability, demand, implementation, practicality, and limited efficacy. These concepts, outlined by Bowen et al. (2009), form a framework for exploring the potential usefulness of a new intervention.

Critical ethnography, unlike realist ethnography, uses the researcher's context and experience as data to be considered alongside data provided by study participants, or informants (Madison, 2012). The goal of doing so is to provide a more complete narrative that accounts somewhat for the biases,

[2] There were elements of the work on which I collaborated with my PSC colleagues, and elements for which I am wholly responsible. I have indicated joint efforts, such as communicating with participants or thinking about elements of the intervention, with the pronouns "we" and "us," and solo efforts, such as making decisions about the intervention or analysis approach, facilitating the intervention, and completing data analysis, with the pronouns "I" and "me."

perspective, and variables the researcher brings to the experience. Toward that goal, I have presented information about the following topics in this chapter: geopolitical, economic, infrastructural, and cultural background of DRC; background of Pweto, including marriage after mass torture, murder, and exile; background and perspectives of my colleagues and co-interventionists; and my own background and perspective on various aspects of my work and life in both my context of origin as well as in DRC. Throughout the dissertation, I use transcribed audio recordings on my reflections, as well as excerpts from a blog I kept during the year, to contextualize my own experience as a clinical researcher. Consistent with critical ethnography, but different from data collection in many other forms of social science research, I have included blog entries from the entire time I was immersed in the culture, not just from the time during which I conducted interviews, because I developed my understanding of and relationship to the culture over that entire period of time.

Background

DRC Context

Geography, topography, climate, and infrastructure. The DRC (see Figure 1) is the second-largest country on the African continent, about 905,000 square miles. It is situated in Central Africa, straddling the equator, bordered mostly by land, except for a small port on the Atlantic Ocean, a partial northwesterly border created by the Congo River, and an eastern border largely comprised of Lake Tanganyika and other, smaller lakes.

Figure 2: Administrative Map of Democratic Republic of the Congo (n.d.)

It is approximately one-fourth the size of the United States, with a population of about 70 million (Democratic Republic of Congo, Wikipedia, n.d.). There is a range of climate types in the country, but a majority of its area is characterized by a lush, tropical or semi-tropical climate. The eastern and southern parts of the country are home to vast mineral deposits, and mining has been a very contentious, dangerous, and lucrative part of the country's history since Belgian invasion in the 1870s.

Despite its massive size, as of 2006, there were about 1,400 miles of paved roads in DRC (Democratic Republic of the Congo, n.d.). A comparable

area of the U.S. has about 657,786 miles of paved roads (calculated from Public Road and Street Mileage in the United States by Type of Surface, 2012). There is no public transportation system in the DRC, and most people rely on foot and bike travel (the latter is considered a luxury for most people), and for rare, long trips, a person might pay to ride on the top of a hauling truck. There are about 9,375 miles of unpaved "roads," and many footpaths, but the terrain is hilly and frequently washed out by rains, making those byways difficult to travel (Democratic Republic of the Congo, n.d.).

Political and socioeconomic background. "War is a bad chisel with which to carve tomorrow" – Sierra Leonean proverb (Odoi, 2002).

The DRC was so named in 1997. Prior to that, it had been Zaire, Congo, Congo Free State, and Kongo (Democratic Republic of Congo profile – Timeline, 2015). It is the second poorest country in the world, according to the United Nations Development Programme's Human Development Report (2013), with a life expectancy at birth of not quite 50 years old, a mean of 3 years of schooling, and 88% of the population living on less than $1.25 per day.

Its neighbors are some of the most unstable countries in the world, clockwise starting from the northeast: Sudan (now South Sudan), Uganda, Rwanda, Burundi, Zambia – a stark exception to that instability, Angola, Republic of Congo, and Central African Republic. All of those except Zambia have been at war within the last 20 years, and most have a long history of continual conflict, including pervasive and brutal colonial domination by northern and western nations in the last 200 years. DRC is no exception. Political conflict has been a

steady presence in the country since even before colonial rule, and the influence of economic forces outside the country have been, and remain, a main cause (Clark, 2002). As Clark and many others have explained, the intervention and withdrawal of economic investment, political influence, and humanitarian aid by powerful Western and Northern countries, as well as by neighbor governments (e.g., Uganda, Rwanda) has functioned to maintain regional conflicts in profound ways. Though the last major war "ended" in 2004, with an estimated 5.4 million people killed by murder, malnutrition, and disease (Democratic Republic of Congo profile – Timeline), and though Pweto was mostly calm during the time I lived there from 2007 to 2008, fighting never ceased in Eastern DRC. Since 2012, fighting has also resumed in Katanga province, including Pweto (Kimfwende, P., personal communication, 15 May, 2012), and continues in 2015 (Democratic Republic of Congo profile – Timeline, 2015). Sexual violence has been, and remains, rampant throughout Eastern DRC (Peterman, A., Palermo, & Bredenkamp, 2011).

Pweto. DRC is divided into provinces, and within those provinces, territories – similar to U.S. counties. Pweto is the name of a territory in Katanga province, situated in southeastern DRC. Pweto is also the name of the village in the territory that could be compared to a "county seat" in the U.S. In Figure 1, Pweto is found west of Lake Tanganyika, which is at the border with Tanzania. Lubumbashi is near the south-easternmost tip of the country. The distance from Lubumbashi to Pweto is about 300 miles (personal experience), which at the time I lived in Pweto took two full days of driving to travel. Pweto was virtually

destroyed during the war from 1998-2004, and colleagues repeatedly told me that “everyone” fled during that time. Though straw-roofed mud houses were being rebuilt rapidly when I lived there, the ruins of burned homes were everywhere. Katanga province is widely known as a copper capital, and it is therefore considered a rich province, which means that the wealthiest in Katanga are wealthier than in other provinces, and that money flows in and out of Katanga, but poverty for most in the province, and in Pweto territory, is the same as in the rest of DRC.

Figure 2: Pweto Territory

Marriage in Pweto after mass torture, murder, and exile. Torture, especially sexual assault, has been used as a weapon of war throughout the course of human history (IRIN/UN-OCHA, 2005). Perpetrators intend to terrorize the population, humiliate women and men, and entertain themselves (IRIN/UN-OCHA). In the eastern region of the DRC, between 1997 and 2004, a vast

number of women and many men were raped, often by multiple aggressors. Politics, terrain, cultural stigma, language barriers, and ethical considerations severely complicate the task of gathering accurate data about the prevalence of rape in the region during that period, and there is agreement that most data collected so far are likely to be gross underestimates (Peterman, Palermo, & Bredenkamp, 2011). Those we worked with in DRC reported things like, "most of the women here were raped," "it was the whole village," or, "almost everyone I knew was raped."[3]

Sexual torture can take many forms, usually designed by the perpetrators to harm as much as possible, both physically and psychologically. One way for perpetrators to maximize harm is to involve victims' loved ones in the assault. In DRC, family members were often forced to watch the assault; applaud or laugh during the attack; or even assault their own family members while soldiers, rebels, or police officers watched.

In the West, we are accustomed to a certain amount of implicit victim-blaming in cases of assault, especially sexual assault (e.g., Pollard, 1992). In DRC and many other parts of the world, blaming the victim is explicit. Many women and men who are raped are shamed or ostracized by their families and communities, and sometimes the victim's responsibility is even codified (IRIN/UNOCHA, 2005). In DRC, it was not until 2006 that laws were passed

[3] I use the term "soldiers" to mean either government or rebel soldiers, whether FARDC, Mai-Mai, or Rwandan soldiers of a couple of different types. All committed atrocities, and I will not attempt here to differentiate because that is beyond the scope and purpose of this dissertation.

making sexual violence against a woman a crime against her, rather than a crime against her husband's or father's property (Manjoo and McRaith, 2011). Rape is commonly avenged with a nominal payment to the victim's father or husband. Attempts to report sexual or physical violence are complicated by widespread police corruption and impunity for perpetrators; in other words, the payment can also be given to police to get an investigation dropped.

In Pweto, a combination of political and cultural factors related to rape made the strain on marriages tremendous. Many women "admitted" to us that they were raped by saying, "I became an adulterer," emphasizing what they perceive as their own role in and responsibility for the rape, or, "I was destroyed," implying the damage is permanent. Husbands were angry and humiliated by the victimization of their wives and by their own inability to prevent it. There was an enormous amount of blame, of both self and other. Some men expressed rage that their wives had "allowed" soldiers to rape them, saying things like, "She's a military wife now," or, "She's not my wife anymore." Most women believed it was their own fault that they had been *violées*: violated; raped, at least in part because perpetrators often gave people impossible choices, like which of their family members would be raped or beaten, or the choice between rape and death – their own or a family member's. Most of the time, when a woman "chose" to be raped instead of having her child, sister, or mother raped, the other women or girls would be raped anyway. Many women believed that they were wrong to have chosen rape over death.

Though rape was used extensively, many other kinds of torture were pervasive. People were brutally tortured, whether by beatings, forced labor, witnessing executions, being burned in their house, or more bizarre punishments, like being forced to stare into the sun for days. Children were murdered, starved to death, and in some cases, were accidentally or intentionally abandoned, when parents simply could not manage to carry them or care for them. Parents faced profound guilt and grief regarding their losses, even if the loss was not of their child's life, but of their child's way of life. In addition to this weight on couple relationships, husbands and wives felt devastated by the poverty and homelessness war brought to them, and hopeless about their ability to fulfill roles they once had in their marriages.

In an informal assessment of the health of families, parents, children, and couples in the community, local PSCs identified that, for those who were still married, stabilization and rebuilding was essential for their relationships to survive. The PSCs and I believed that, in order to meet that need, we needed a therapeutic intervention that was time-limited, with large-scale feasibility, using relatively few human resources, and able to address torture-surviving couples' relational difficulties. Many existing (published) models meet a few of those criteria, but none meets all of them. The local staff and I designed, adapted for cultural appropriateness, and implemented a MCG therapy model intended to meet all of those criteria. That development and implementation is described in Chapter 3.

Center for Victims of Torture Background

The Center for Victims of Torture (CVT) was founded in Minnesota in 1985. For its first 14 years, CVT worked exclusively in the Minneapolis/St. Paul area, providing rehabilitative services to torture-surviving refugees and asylum-seekers. In 1999, CVT made its first foray into international work and started providing mental health services to torture and war trauma survivors in refugee camps in Guinea, West Africa. Since then, CVT has operated mental health treatment programs for torture and war trauma survivors in Sierra Leone, Liberia, the Democratic Republic of the Congo (DRC), Kenya, and Jordan. The organization launched its mental health program in the eastern part of the Katanga province of the DRC in 2007.

CVT's core International Services program consists of: community education; screening potential clients for appropriate history, symptoms, and desire for treatment; thorough clinical assessment of clients selected for treatment; 10 to 12 weeks of group psychotherapy for the vast majority of clients; individual psychotherapy for the minority of clients who require additional services in order to regain functionality; and in some programs, physical therapy for those with injuries or somatic symptoms. Follow-up assessments are conducted with available clients at one, three, six, and twelve months after intake to evaluate clients' change over time, to ensure that additional services are provided if needed, and to maintain a stable relationship with the client over a period of time. Clients may move or be unavailable for other reasons, but considerable attempts are made to reach as many clients as possible. CVT's clinical assessments consist of:

1) a detailed, structured clinical interview, including demographic information, social and health information, as well as war history; and
2) adapted, validated measures of somatic, anxiety, depression, and post-traumatic stress symptoms, as well as behavioral functioning.

Colleague and co-facilitator background

My colleagues were mostly Congolese nationals, with three exceptions: the Kenyan national who was a co-clinician from October, 2007 to December, 2007; the white Westerner who came to work as a co-clinician in June, 2008, but left a couple of weeks after arriving; and my colleague, Alieu, a Liberian national who was the program's Country Director, my only house mate, and one of my only friends, for most of my year in DRC.

Most of the Congolese staff was from one of three places in the region: Lubumbashi, Pweto, or Moba, a territory about 270 kilometers north of Pweto. Most of those who originated from Pweto or Moba had their own experiences of war. In many ways, that served as a powerful tool that informed treatment of our clients and provided compassion and understanding for people's suffering, especially to other staff members who had not had wartime experiences. At times, it was also a challenge for survivor staff members because the stories they heard were familiar and painful, and they often experienced moments of dissociation during sessions (as did we all, but to varying degrees). We took time during debriefing sessions and individual supervision to process some of the difficulties, and all clinical staff participated in a two-hour "self of the therapist/self-care" session on Friday afternoons during most of the year. I

eventually facilitated a mini-group on Saturdays for war-surviving PSCs who wanted to share and process with each other some of the difficulties they had experienced, and that continued to arise for them during their work with clients. Finally, PSCs who originated from Pweto or Moba spoke Kibemba, Kiluba, or Kitabwa as a mother tongue, as well as Kiswahili as a second (or third or fourth) language. These were also our clients' first languages, and it was essential to have staff members who were native speakers. They also were among the lucky few in the territory who had graduated from secondary school (and in a couple of cases, had a bit of post-secondary education as teachers), where they had learned French, which was the working language in the CVT office and the language we spoke to each other.

Other PSCs were originally from Lubumbashi, and most were entirely unfamiliar with a rural setting, not to mention a post-conflict setting. Many had not fully understood what was happening several hundred miles north of Lubumbashi until they arrived in Pweto and began to hear horrific stories of war and torture. In addition to adjusting their entire lifestyles and being far away from home and family, this was an abrupt shock for most of these PSCs. They were recruited by CVT as recent graduates from the psychology department at the University of Lubumbashi. Though their academic experience was an enormous privilege to which few had access, the department suffered from the same plague as almost everything else in the DRC: few resources, and those that existed were ancient.[4]

[4] In 2009, CVT embarked on a capacity-building project that included efforts to bolster the physical and educational resources of the psychology department at the University of Lubumbashi. At that time, there was no consistent source of electricity to the department's

PSCs who came from this background often struggled with the dual reality that they had received the finest education available to anyone in a 1,000-mile radius, and that they had received no training at all on how to talk with a person who was struggling with an emotional problem. They were expected to be experts, but that expectation was somewhat unfair.

Training on basic counseling skills was, therefore, a fundamental part of our work, throughout the entire year I worked there. They had already been through the initial two-week training designed by CVT before I arrived (though materials had not been translated into French), and there were some additional trainings I could draw from, adapt, and translate, but many of the training needs presented themselves as we went along, and I designed trainings at night and on the weekends to address those needs. I will not say "meet" those needs because there is no way those three-hour, or one-day, or two-day trainings could really *meet* the needs; they were always just the tip of the iceberg.

Researcher background

I am a white woman of Northern European roots, and I grew up in an upper-middle-income family in a mostly-white suburb in the U.S. Midwest. As an

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building; no computers; no textbooks for students; and no professors had ever had the chance to receive any clinical training. All of the coursework and expertise was theoretical and outdated. Professors taught by reading from photocopies of decades-old textbooks they had obtained during their own training, and students rapidly wrote down every word they could. I was the clinical supervisor for the capacity-building project, and during one of my visits, I had the opportunity to thoroughly review all of the literature – books and any other materials – available to the university's psychology students. It was all contained in a space of several shelves – perhaps 25 linear feet worth – in a very dark, small, dusty room. Students could not take the materials anywhere but could check them out to read in that room. This department was the best and most advanced mental health resource available to the entire, war-torn, southeast region of the DRC. It was at that time a two-day drive from Pweto.

adult, I have lived in several metropolitan areas on the U.S. East Coast, where populations were more diverse, but I have always been a member of the dominant racial majority in my home country. I have always had access to running water, electricity, and well-functioning government services like policing, administrative services, education, and libraries. I have never been concerned that my ethnic or cultural group was a target for the police or soldiers where I live, or been subject to harassment, assault, or discrimination for reasons of ethnicity. I have had those experiences as a result of my gender, though, so I have some personal knowledge of marginalization and limitations based on facts of life beyond my control.

I started working in domestic violence shelters in 1994, while completing my undergraduate studies. I graduated from a liberal arts university with a B. A. in English and a concentration in Women's Studies, and continued working in domestic violence and children's shelters for several years. It was concerning to me that many who worked in those settings were deeply affected by the discouraging cycle of violence and impunity, as well as workplace stresses. Staff often could not give adult and child clients the compassion, patience, and high-quality treatment they so desperately needed, and clients suffered. I eventually returned to school with keen interests in both trauma treatment and secondary traumatization prevention and mitigation, with the hope of one day being able to improve the conditions and quality of care at places like those where I worked.

As part of my history of privilege, after completing an M. S. in Human Development, with a specialization in Couple and Family Therapy, I had the

opportunity to pursue a doctorate in Family Social Science at the University of Minnesota, again with a specialization in Couple and Family Therapy. During my time in the program, I continued to do clinical work with trauma survivors and their families, and I found over and over again that, even when individuals did considerable work to heal from the intrapsychic symptoms subsequent to their exposure to traumatic events, they often had communicated little – or not at all – with their loved ones about the ordeal, or about the recovery. This meant that family members did not really know each other, did not really understand each other's experiences, and could not contribute to one another's healing. When I was able to see family members together, and they were able to share their different perspectives, their fears that uttering words related to the trauma would worsen the survivor, and their hopes about moving forward, a space seemed to open up. It was possible to imagine, and then to pursue, deeper healing in their relationships and therefore in the family as a whole.

My interest in the relational effects of trauma led me to wonder about the effects of trauma when it happened to not just one person, not just one family, and not just one village, but to a wide swath of society. How is healing possible? What resources are left when there are no community structures still intact, when families do not know any other families who were unaffected, and when they all have huge holes in their family trees due to the same experience? How could systems thinking, especially couple and family therapy, be useful in a setting like that? If everyone is affected in the suffering, would it not be best to affect everyone in the treatment? This wondering, and the interest in researching the

subject for my dissertation, led me to accept Dr. Elizabeth Wieling's invitation to accompany her on a meeting with some CVT leadership staff members, including Dr. Jon Hubbard, then the Director of Research for CVT. I followed up with Dr. Hubbard after that meeting, and we met regularly for several months, discussing my research interests, CVT's projects, and potential projects that could emerge. Dr. Hubbard convinced me over a period of months that I would have a better chance of knowing what would be helpful to do for people, and what should be studied about it, in a long-term placement in the field, versus deciding a priori what type of intervention I wanted to develop and going somewhere to do that. My high school and college French made it seem like DRC could be a reasonable choice (emphasis on *seem* and *could*), and CVT was hiring for this new project without much initial luck. My first meeting with Dr. Hubbard was in November, 2006. In April, 2007, I was offered a position as a Clinician/Trainer/Researcher for the project in DRC. I left for Pweto in September, 2007.

On living in Pweto. Pweto was a tiny town when I lived there – a large village, really: no electricity; no running water; mud houses with straw roofs; no paved roads and only NGO vehicles traversing the dirt roads. The town borders a large lake, and the territory is hilly, with a mix of grassy and forested land, punctuated by creeks and small lakes that would appear in rainy season and wane throughout the rest of the year. I lived in a house with, for most of the year, just one other expatriate CVT staff member. The house was made of concrete, not mud, like the houses around us, and was surrounded by a reed-and-bamboo

privacy (not security) fence. The house was extremely fancy by Pweto standards, and would be considered extremely basic, if not unsafe or condemnable, by U.S. standards. The CVT office was about a 5-minute drive from the house, and from there, most days, we would travel another distance, ranging from 10 minutes to 3 hours, to the village or villages where we would work for the day.

On security and privacy*.* Privacy and security are odd bedfellows, and I was acutely aware of their complex relationship while living in DRC. Being white, and being a white woman, I attracted a lot of attention anywhere I ever was in Congo, but especially anywhere outside of Lubumbashi, like Pweto. There was never a way to avoid the attention except for some of the time when I was inside my house – "some of the time" because we had a housekeeper and cook who was there from the time I awoke until late afternoon on weekdays; we had two guards right outside our door at all times; and there were multiple reasons that others could, and did, appear in our house when I was in my pajamas on a Sunday, or late on a weekday evening. Even when I was alone inside my house, it was easy for those outside to see through the single-layer cotton window coverings unless the lights were off. I had little privacy.

Part of that was by design. I was one of few white people in Pweto: two others worked at the NGO called Mine Action Group (MAG), and somewhere between five and ten worked at Medecins sans Frontieres (MSF) at any given time. Both of these NGOs had compounds far more elaborate and extensive than ours, and they were not situated in local residential neighborhoods. MSF was in

the center of town, but in a large compound, and MAG was on the outskirts of the town, on top of a hill overlooking Lake Mwero.

It became clear to me, after being initially frightened by the range of concepts people had about my security, that there was no consensus about how safe I was or was not; people were guessing. Some Congolese folks believed I was very unsafe and that I would be a likely target for anything from pickpocketing – true – to rape or murder – very untrue. We experimented with things like me walking around by myself (during the day), with varied results, until we developed some understanding of what posed security risks, what posed mere inconvenience or harassment risks, and when the latter could turn into the former. Following are some reflections from my blog about my experiences with privacy and security.

3 December 2007

> First thing on Monday morning, one of the PSCs told me that, when his wife saw me driving this weekend, she noticed that my hands were near the top of the steering wheel, whereas last weekend, when she saw me driving, my hands were near the bottom of the steering wheel. Also, I was driving more slowly this weekend than last weekend. Also, she told him exactly what time I passed. Both times.
>
> In other news, I decided to try the market with Fifi again on Saturday, just because it's kind of ridiculous not to, and the PSCs told me

today that, for the rest of the weekend, the entire neighborhood was asking Fifi what I was doing at the market, what I bought, why I went…

I imagine it'll be pretty much the same when I get home. When I go to the Mall of America, everyone there will go home and tell their families what time I got there, which stores I visited, what I bought, and on which side my hair was parted.

Wednesday, Sep 26, 2007

A word about driving in Lubumbashi

Or a few words.

A) Vehicles always have the right-of-way.

B) Lanes are in the eye of the beholder.

C) Traffic direction from a police officer in the middle of an intersection should be taken under advisement and carefully considered before making a decision about whether or not to allow it to influence your decisions in any way.

D) Don't forget A. This includes when a pedestrian has already begun traversing a path and a vehicle enters that path. It is the pedestrian's responsibility to determine how best to avoid contact with the vehicle. Most often, the avoidance is by inches, and at slow speeds, it can be millimeters.

So anyway, I leave my hotel room and, in accordance with the aforementioned rules, I virtually lash myself to a couple who is crossing

the street. I actually tell them I'm copying them, and they tell me you do it fast. I walk a couple of blocks, but I can't stop feeling ridiculous and anxious. I'm absurdly out of place. I *feel* out of place, which probably affects the situation most.

So I go back to the place where I saw a sign for pizza, kitty-corner from my hotel, and order spaghetti. It was really good, but I was right that I really wasn't very hungry. I drank my first bottle of water and, true to form, just didn't feel like asking for another one. You'd think by now I'd have fired up that spiffy new water purifier-in-a-bottle I brought, but I haven't. Seems like a really, really good idea, but it's all the way over there in my suitcase, and there are instructions that come with it. And it's 9pm and I feel like I could sleep for days. I think my body is fighting off a couple of different things.

Speaking of which…well, of things I'm *not* fighting off, anyway… We got a positive ID on the bed bug bites. Showed 'em to my parents on the webcam this evening, and the verification was anonymous. I mean unanimous. So my mom suggested I carefully wash clothes I'd worn that might have bed bugs on them, so I tossed everything in the Maytag Neptune on a hot cycle, and I'm waiting for them to come out of the dryer right now.

In another universe.

For as uncomfortable as I already was with the amazing, amazing economic chasm between us and them, it gets harder every day to sit in

the difference. Never would I suggest harder than being on that side of the chasm, but difficult nonetheless. (Some of) my Congolese coworkers can't afford to eat with me, and it seems it's partly their responsibility to look after me while I'm here. I, on the other hand, have a $20 per diem that was handed to me in front of them. True, I can't go home to my kitchen to make fou-fou (I don't know how to spell it, but it's ground corn and ground some-leaf-or-another, made into a paste, quasi polenta-ish), but still. Lubumbashi is very, very expensive because of the money brought here by mining, the lack of local agricultural production since the war, and…I can't remember what else. Very expensive. When I have an omelette and a Coke for dinner, it's $10. That's 1/4 to 1/2 of what a lot of people here make in a month, if they're "lucky".

Thursday, Sep 27, 2007

Might as well write it now while I'm still shaking. So it only took me five days to be arrested. I'm fine, and it's not a handcuffs kind of arrest, more a being detained kind of arrest. But I am still shaking.

I knew I wasn't supposed to take pictures anywhere without asking. I snuck a couple riding in the back seat of the car the other night (so maybe this is karma), but I've been very good otherwise. I was riding along with Odon and asked him if it was okay to take a picture where we were, and he said it's *interdit* – not allowed – to take pictures in the city. We were going through a tunnel, and infrastructure specifically is not

allowed to be photographed. The theory is, I could give these photos to the next rebel group who's planning the next war.

Anyhoo, we got a bit out of the center of town, and he said it would be okay now, so I took out my camera and just hit the movie button, because a movie's worth a thousand pictures, or a million words, depending on your calculation. I figured I might as well get as much as possible since I knew I wouldn't be able to get much.

Just as I was about to put the camera away, we turned onto the street where CVT is, and bam–two police officers, staring right at my camera. A lot of yelling ensued, mostly from one officer, and mostly at Odon, regarding why he would have been allowing me to take pictures, he knows it's *interdit*, he's lying if he says he doesn't know that, am I a journalist, I could do anything with those photos, on and on and on. They both get in our car, take Odon's license, the one continues yelling, Odon tries many times to explain that I'm a humanitarian, with an NGO, not a journalist, he's being honest, he didn't know, he told me not in the city, and we didn't, and on and on and on. They demand to know where we work, they don't believe us, prove it, take us there, show us your boss, let us talk to him, etc, etc.

So we drive to CVT, Odon trying the whole way to explain, convince, cajole, chagrin, etc. We come in, and on our way in, the other officer slows down deliberately and says quietly to me not to worry and that it's not a problem, presumably because he sees that my white face

has turned 18 shades of whiter. We go get Nelson, explain the situation to him, he comes out, and the whole lot of us, including Alieu, have a big ol' talk for–I was gonna say a half an hour, but I bet it wasn't that long at all. Talked and talked and talked about the fact that I'm a humanitarian, wanted the picture for a souvenir, not to show the rebel groups how to blow up the city (didn't actually say that, but you know. The one officer (who, btw, is about 19 years old), keeps saying he can't let it drop because he's already called it in to the boss, etc, etc.

So when it's clear to everyone that all he wants is money, he finally asks to see my camera. I fortunately had a chance to push the display button to remove the words "PLAY MOVIE" from the screen, before letting him see every picture in my camera. We all enjoyed ourselves over the fact that my bed bug bite pictures were still in there, along with my pictures of my meals. That had to seem totally bizarre. Oh well.

So then the officers and a couple of our group went outside, some money was exchanged, and life goes on. Everyone says it's no big deal, but the nervous system doesn't respond to words; it responds to experience. So the fact that my experience tells me that being arrested is, indeed, *grave* [serious], keeps me from adjusting to *C'est pas grave*.

Better now, though. Having several people share their stories right away and tell me it's just this way, this is just how it is, it happens all the time, definitely helps.

Thanks for the kind messages and sweet emails about my post from last night. I'm really okay, just the lonely hits sometimes, and things feel much more urgent when you're not in control of them. Like I want to get food, but I don't want to do what I have to do to get it, and I don't have control over what happens as I walk down the street. As I look less and less unsure of myself (interesting that I didn't say more and more sure of myself), that will get easier. But really, I'm doing well.

On transportation. Everything about transportation in DRC was less than ideal. Airplanes crashed at astonishing rates, due to ancient equipment, inexperienced and poorly trained pilots, difficult terrain, frequent bad weather, and the lack of modern navigation equipment. Road accidents were extremely common and often deadly; vehicles were always overfilled, with almost nobody wearing a seat belt. Chickens, goats, and children darted into roads constantly, and it felt like a victory to arrive home at night without having harmed anyone. Even boat travel was perilous, with boats in disrepair always carrying more people (or vehicles, in the case of ferries) than they should, further than they reasonably could.

The only way to arrive close to on time and relatively safely at our destinations via the dirt roads was to drive a high-clearance, four-wheel-drive vehicle with heavy-duty suspension, a bull bar, and a winch. Anything less meant a nearly unbearable ride, or getting stuck, usually for days at a time. Even in those field-equipped vehicles, there were many close calls.

10 April 2008

Just a breath away from tipping over, but then we collectively sucked that breath out of the air and instinctively threw our weight over to the high side of the vehicle, unconsciously preparing for the fact that we were going over, that we were going to land on our left side, and that the LandCruiser is watertight as long as the windows are up so we'd better latch 'em on our way up. Or down, as the case may be. And it was. But it wasn't. There was a clearly defined moment when the truck had already passed the point of no return, and then, almost certainly in reaction to our scramble, the slightest, nearly imperceptible sigh of a shift, and then we seemed to hold steady for a second, right at the fulcrum. Carefully place it in reverse, and gingerly back out of the mud that was so soft and so deep under the left tires that it made the solid ground under the right tires into a virtual hydraulic lift, propelling us into almost-horizontal territory.

Relative to all the other times I have thought, gee, we surely are at an unnatural angle relative to the ground, this time was truly, utterly different. But I still didn't think it was really possible that *we* could flip in *this* vehicle with *this* driver until the only person in the vehicle who has ever flipped a LandRover in a river said, "Oh…we're going…" And then I really believed we were.

And when we didn't, and when we then went straight through the mud pit instead of straddling it, and when we got out on the other side, everyone started breathing again and telling the whole story of the million thoughts that ran through their heads in the span of 2.7 seconds and

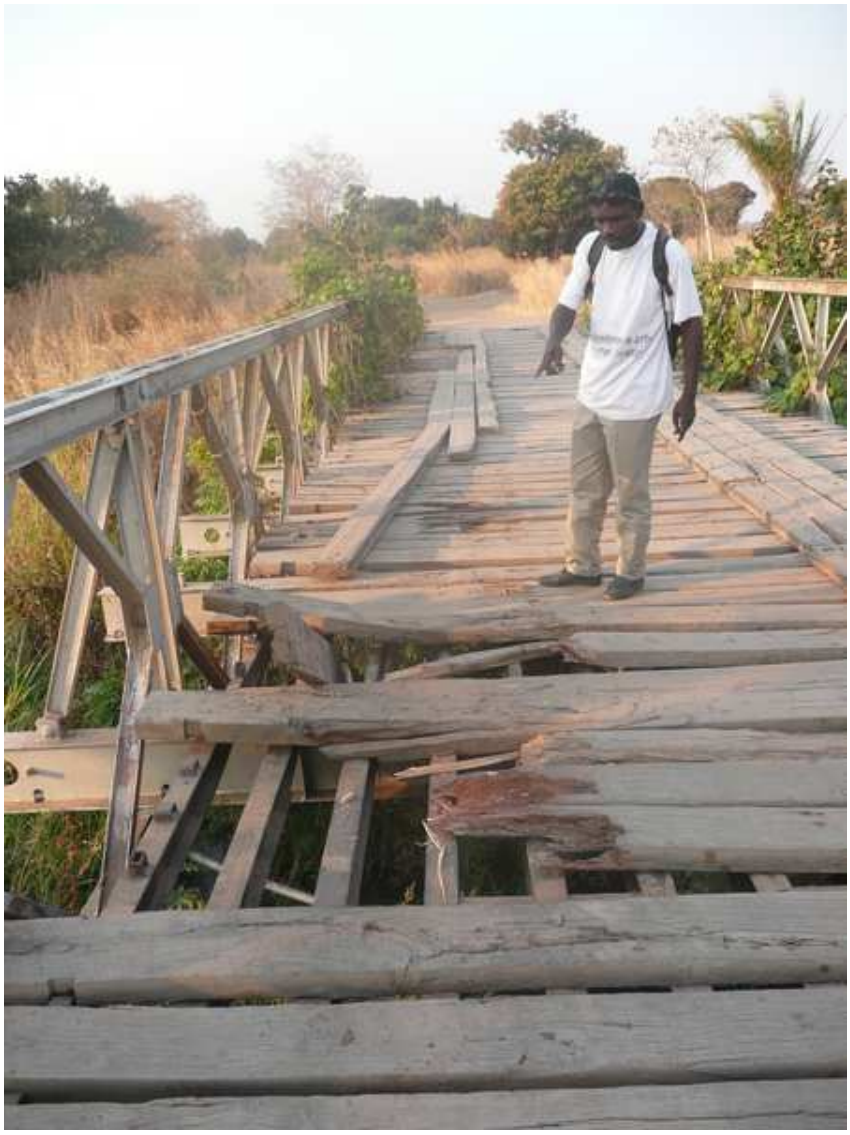
realizing what their bodies had done in those moments in preparation for the inevitable. Which wasn't actually after all.

Aside from those seconds, and all in all, it was a really fun, silly, crazy, hard-to-describe, harder-to-believe four-day adventure, and we've got the video and the sore muscles to prove it.

22 August 2008

Here's a bridge I drive on almost every day:

And here's what's happened to that bridge in the few weeks since that picture was taken:



Richard making impromptu bridge repairs: all in a day's work for a PSC. It is difficult to tell in the pictures, but the spaces between the lengthwise boards were just slightly narrower than the LandCruiser's tires, so the driver carefully chose placement, inch by inch, making sure that a tire did not slip in between and lodge there.

On resource scarcity. Almost every part and every aspect of the work we were doing that year in DRC was marked by a profound lack of resources. It was the first year and a half of a program in a new country for CVT, and we had about half of the operating budget we needed, which I wrote about often:

> 7 September, 2008
>
> [Alieu and I] had been talking [at dinner] about how rough certain times of this year have been, especially for him, trying to figure out how to get us through a year on a budget made for half of a year. I asked him how many

years he thought that took off of his life, because I had just been thinking this morning, I've grown up a lot this year, and I've also gotten older. He said, "During that time, oh really, every time I would look at the numbers, I just didn't know how it was going to work. But I thought, somebody has to do it, so why not me?"

Yes, why not?

Pushing through the scarcity, adapting, and making do was required much of the time, for everyone – citizens, NGOs, government workers, UNHCR. Everyone, it is, except those whose pockets were lined; corruption was everywhere – customs bureaus, tax offices, every level and office of government, it seemed. For the masses, though, survival was a daily struggle.

24 November, 2007

I have definitely noticed the culture of scarcity creeping into my brain. On one of our full days out in the field, I was sitting in the LandCruiser eating the piece of bread I had brought with me, and I realized that I was hoping against–and actively avoiding–being discovered by the kids nearby because I didn't want to share my bread. Wow. That was a tough one to take when I realized what I had been thinking. Let me make sure this four-year-old who never has enough to eat doesn't catch sight of my bread and inspire enough guilt in me for me to give it away to her so that I have to wait for my dinner that's cooked for me tonight. Ouch. Worse, I didn't do anything different once I noticed the thought. And yes, I know, I needed to go supervise two groups, and I needed to be able to think so that I can do

what I'm supposed to be doing here, and I probably need some food in me to be able to think. But still. Why not just bring 20 loaves of bread ever time I go? It would cost me a whole four dollars.

11 October, 2007

Copper and cobalt are but two of the reasons for ongoing war here. Another is desperation. *La misére*, they call it.

I had a hard time eating my dinner tonight. That didn't stop me; I wanted the food more than I wanted not to live in such disharmony with my surroundings. But every bite was haunted by the men in our group today–so thin. So, so thin. You might almost think they were just normally thin if you saw them walking around in clothes. But as I sat in group with these nine male clients, and four male PSCs, listening to the French translation being whispered in my ear, my eyes would drift over to their thighs and would see how the pants hung. Their legs go in–way in–above their knees. There is so little flesh there, it's hard to see and it's hard to look away.

I mentioned this to Alieu as I ate, and he told me about going to one of the villages yesterday–one that's very far away and will be difficult to reach when the rain really comes–to check on the roads, and talking to a soldier while he waited for the groups to be done. The soldier told him that if he thought it was bad there, he could take Alieu to a place a little ways away where at least 80% of the children are starving, largely because their

parents have lost all hope and can't even get themselves to get water or food of any kind for their families. They have nothing left–nothing material, nothing spiritual, nothing emotional, nothing to eat, just nothing.

He started telling Alieu this because Alieu had taken three of the very small loaves/big rolls–I eat one almost every day–of bread we bring to groups and divided it up for the children in front of him to share. They each got a piece of bread about 1″ x 3″ or so, and they nearly came unglued with joy and excitement. Alieu said that as he cut the bread into pieces, the children were picking up the crumbs from the ground and eating them. The soldier told him that most of the children had not had anything to eat since the morning before, so about 30 hours.

I just don't know what to do, really. As I've said before, it's a little bit hard being a non-material NGO here. I know mental health has so much to do with the ability to maintain physical health, but crumbs? Seriously, crumbs? Off the ground. For a little, tiny, underdeveloped four-year-old. What the fuck is going on here?

The soldier told Alieu that the rebels were often funded by a stream that originated from the mining companies, with the agreement that we'll give you arms, food, money, vehicles, etc., if you dig for us, find us copper and cobalt, uranium, etc., and we get to keep it.

On news, media, and awareness*.* The astounding scarcity in DRC felt to me like a constant state of emergency, so it was amazing to me how invisible

DRC seemed when I would listen to BBC or CNN or Al-Jazeera or read the New York Times online. There is one reporter who writes every New York Times story that pertains to all of Central Africa and East Africa, and much of the rest of Africa, too. One. My home country was always in the news – in every broadcast of every show, regardless of its national origin.

19 February, 2008

[I] just finished reading the Iraq section of the Lonely Planet Middle East travel guide that Jo lent me, [which] says, "As of this writing, Iraq is essentially the most dangerous place on earth, particularly for Westerners, who are regularly kidnapped, held for ransom, killed, etc. Therefore, we have not visited Iraq in order to revise this section of the guide." They go on to describe the beauty of Iraq, the cultural treasures, the incredible museums, and the amazing history of the region and the country. And they say, "These days, if you ask Iraqis what they think about the democratization process, they just shake their heads. Most of them are more concerned with the restoration of electricity and running water than with democracy at this point."

And it struck me that that sounded *so* primitive to me, and I thought, wow, I can't believe we sent people back to being without electricity and running water. And then I remembered that I've been living without electricity for five months. More than that, I live in a place that *has never had electricity*. It's not like the war destroyed the electrical infrastructure. It's not like there are old pipes here that are rusted out, or

> blown up by IEDs, or that might be repaired one day. There are wells built by NGOs. There are lines of women at each well, each day, all day, with 20-litre yellow former cooking oil jugs, waiting their turn to fill their *bidons* with water from the well [and then carry them home on their heads]. Water that is frequently contaminated with cholera because the numerous community sensitizations about how to keep water clean between the well and home, and the *bidons* clean from home to the well, don't always change behavior. Water they have to carry home if they want to launder, drink, bathe, cook, or wash.
>
> And just, isn't it interesting the same state of development is considered a tragedy in one place, and progress in another.

I was amazed at the attention that the *loss* of resources in one place could garner the attention it obviously deserves, while the utter *absence* of resources, and poverty in general, get so little attention on the news and in conversation in my home context. People from home would tell me that they had heard that an airplane carrying 12 people crashed. Deaths due to constant, pervasive malnutrition and illness had far more of an impact on daily Congolese life, but they are mostly not newsworthy. I felt ashamed of what I had not understood before going to DRC and helpless and hopeless about what I could realistically do to change anything about the deafening silence. I wrote in my blog both as self-preservation and also as the beginning, I hoped, of bringing more information to at least a few people – my family and friends – and maybe eventually to more people. Every time a client or colleague said, "*Madame*, you have to tell them –

tell them how we are living. Tell our stories when you go home," I renewed a promise to do so.

On privilege in Pweto. It is easy to imagine that there was no way to un-have the privilege I had as a white person and as an NGO employee in Pweto, but it can be difficult to imagine the reality of privilege and elevated status I was given.

20 October, 2007

What an odd contrast to need to pour the water in the sort-of-a-toilet bowl to "flush" it (and by the way, my aim is really getting good), not to have a shower or a stove or an oven, and to need a generator for electricity, but then also to have someone whose job it is–lots of different someones, actually–to do all kinds of things for me that I've always done for myself: Drive me. Make my food–and get a little bit confused or frustrated if I don't know in the morning what I want to eat for lunch and dinner. Wash my clothes (well, okay, I've always had a machine do that, but still). Iron my clothes. Wash my dishes-all of them, every time I eat. Clap my shoes together to get rid of (some of) the dust. If I don't get to it first, make my bed. Open the car door for me. Come pick me up and drive me wherever I say, whenever I say. My colleague has the drivers and guards carry her bags in and out for her every day. That will not come to pass on my end. If I say the generator goes on, the generator goes on. If I get up from my desk at work, three people want to know what I need so they can get it for me. I can't photocopy my own handouts; I can't staple

my own papers. If I want avocados from the market, they appear. Do I sound obnoxious enough yet?

It's a very odd feeling.

I never reconciled the contrasts and collisions of worlds: more services than I ever had in my "real" life back at home, but less true comfort. Part of this was necessary; because it took hours to cook a meal from scratch, and convenience foods were not available (the nearest grocery store was a day's drive away, in Zambia), there was no way I could have worked full-time and also eaten if I did not have someone making my meals. Dirt and dust were far more inescapable than they are at home, for a variety of reasons – dirt roads, high winds, no climate control, windows always open – so things get dirty much more quickly. Some of the privilege "made sense," but it was still uncomfortable.

On clinical work. I had been working with trauma survivors for about 13 years by the time I moved to DRC. I worked in domestic violence shelters with people who had black eyes and people who were relocated across the country because the abuser had vowed to find and kill them. I worked in children's shelters with young children who were abandoned, beaten, neglected, and sexually abused by their families until they were removed by the county. I worked with adults who were struggling to heal from a lifetime of abuse wreaked by a whole host of perpetrators. DRC was different. I am still not completely sure what makes it so different: the scale? The indiscriminate nature of the violence, or maybe the fact that it was like a war, but one against the people instead of against another government? I don't know. The following blog posts reflect some

of my experience attempting to understand and cope with the intensity and gravity of the traumatic experiences of our clients.

26 October 2007

2pm

The worst stories I heard today, and the title should be considered warning, were:

1) a woman was raped by *militaires* who forced her husband to watch, and now, years later, he calls her "*femme des militaires"*–wife of the rebel soldiers– and says she liked it.

2) a woman who was fleeing the *militaires*, running, in the bush, with her two children, and there were so many bullets flying through the air that she left her children so she could run faster.

In the village where both of these women reside, they don't say "*J'etais viole"*–I was raped–or "*Ils m'ont viole"*–they raped me, like most of the women with whom we work. They say, *"Ils m'ont force d'adulterer."* They forced me to commit adultery. I am still wrapping my head around that layer of shame.

The shame was always, is always, one of the most persistent and insistent parts of trauma symptoms and sequellae.

On coming home and life since then*.* Culture shock only gets you so far. People expect you to come home from somewhere like DRC a bit different than you left, and they expect you to struggle for a while. A little while. I am fortunate to have extremely supportive family and friends, but I struggled to

reconcile my previous life, who I had become, what I had seen, and what I was angry – raging – about inside. I was left with the feeling that there is no sense in this world; that feeling has stuck. I find myself lacking compassion for people who do not have any interest in developing an awareness of the world beyond themselves. I drive people crazy with my fixation on minimizing waste. “Can you close the fridge, please?” and “Let’s have a potluck wedding,” and “Thanks for the gift, but I don’t need a new wallet,” and suggesting others bundle up in the house in the winter are not winning strategies for building relationships. I still do not know how to live with the discrepancy between what I was born with and what so many in the world were born with, and I often feel like I have to shut off parts of myself in order to be tolerable to others, and sometimes to myself.

I am lucky to be able to continue working with people who have survived traumatic events, and, whenever they will let me, with their families, too. I talk about Congolese clients often in my practice now, when it is appropriate, just as I often talked about clients from home when I was working in Congo. Each time, I am struck by how useful it seems to people to know that others, far away, in very different circumstances, feel some very similar feelings about painful events in their lives, and that healing is possible.

Chapter 2: Literature Review

In this chapter, I have reviewed literature on the psychological and relational effects[5] of traumatic experiences, with an emphasis on the experience of torture. This is followed by reviews of clinical interventions designed to treat the intrapsychic and relational effects of traumatic stress and torture. I then reviewed empirical studies relevant to the qualitative research study of couples' experiences of MCGT, and of the feasibility of implementation. Last, I introduced the epistemological framework and theories used to guide the study's conceptualization and contextual interpretations.

Review of Literature

Torture and Its Effects

According to the United Nations' definition (1984), torture is:

> any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person for such purposes as obtaining from him or a third person information or a confession, punishing him for an act he or a third person has committed or is suspected of having committed, or intimidating or coercing him or a third person, or for any reason based on discrimination of any kind, when such pain or suffering is inflicted by or at the instigation of or with the consent or acquiescence of a public official or other person acting in an official capacity.

[5] PTSD is a specific diagnosis, not an umbrella term. Throughout this chapter and the remainder of this dissertation, I often refer to "the effects of trauma," which should be interpreted to mean the range of effects that happen to people intrapsychically and relationally, including, but not limited to: symptoms of posttraumatic stress, anxiety, depression, behavioral functioning, and relationship functioning.

Traumatic experiences can be classified in a few categories: natural disasters, accidents, extreme poverty, and interpersonal violence, for example. There are commonalities in consequences across those categories, such as the physiological experience of an exaggerated startle response, or the emotional experience of fear. There are also differences between categories, such as the ways trust in other people is affected for the survivor of severe child abuse, versus the ways it is affected for the survivor of an earthquake. Torture is a type of interpersonal violence, and its effects are similar to the effects of other types of interpersonal violence, as well as with those of traumatic events in general. Torture is also distinct from other forms of violence and intimidation, however, because perpetrators supported by a government or military systematically and purposefully design torture to cause pain and suffering, and to intimidate and control a population. The very instruments of civilization that were designed to allow people to live in greater peace and safety are used against the citizens they are supposed to protect, and sometimes against an entire population, as was the case in DRC. All of the couples in this study had experienced torture of some type or another, so they are war survivors, refugees or internally displaced persons (IDPs), and torture survivors. Because of these similarities and differences between torture and other traumatic experiences, in this review I focused specifically on the effects of torture, but I also drew from a wider range of literature on the effects of interpersonal violence including war and abuse, as well as from the literature on traumatic experiences more generally, especially when information on torture was minimal.

Empirical Research on the Relational Effects of Torture Trauma.

Individual effects. Experiencing traumatic events does not always lead to the development of psychopathology – far from it. Though most adults have experienced at least one traumatic event in their lives, population-based rates of lifetime PTSD prevalence are estimated to be around 9% (Lowe, Blachman-Forshay, & Koenen, 2015), meaning that most people who experience traumatic events will make sense of their experiences using a combination of internal resilience and social support. The dose-effect of traumatic experiences, however, means that survivors of multiple exposures are much more likely to develop symptoms of posttraumatic stress (Lowe, Blachman-Forshay, & Koenen), including intrusive thoughts, memories, and dissociation; avoidance; negative thoughts and feelings; hyperarousal; and withdrawal (American Psychiatric Association, 2013). Exposure to traumatic events is also associated with higher incidence and earlier onset of a range of physical health problems, including cardiovascular disease, hypertension, gastrointestinal disease, and chronic pain, and this association also increases with increased exposure (Lowe, Blachman-Forshay, & Koenen, 2015).

Recent research has highlighted the relevance in both clinical and empirical settings of the dose-effect of trauma (Kolassa, Illek, Wilker, Karabatsiakis, & Elbert, 2015). Rates of development of psychopathology increase considerably with cumulative exposure, and particularly with exposure to multiple *types* of trauma (Kolassa et al.), such that exposure to 25 types of

trauma results in a statistical probability of 1.0 for development of PTSD (Schauer, Schauer, Neunen, & Elbert, 2011).

Interpersonal violence is known to be a factor with higher risk for the development of psychopathology than other types of traumatic events (Cougle, Resnick, & Kilpatrick, 2009). Torture survivors are known to have relatively high rates of psychopathology among trauma survivors, and torture is known to be a specific risk factor for developing symptoms, even compared to war-surviving non-torture survivors (Basoglu, Paker, Erdogan, Tasdemir, and Sahin, 1994). Given the dose-effect described above, as well as the variety of torture experiences, duration, and context, and risk and protective factors that influence the development (or not) of symptoms (Agaibi & Wilson, 2005), it is difficult to speak generally about prevalence rates of psychopathology among torture survivors. In a comprehensive 2008 review, Johnson and Thompson found prevalence rates of PTSD among torture and war trauma survivors ranged from 4% to 92% in empirical studies. Some of the challenges the authors reported included great variability in the time since experience of torture and in sample sizes, and the inclusion of war trauma and displacement in some studies but exclusion of those factors in others. Johnson and Thompson categorized studies into similar groups for easier comparison, but still, prevalence rates found in studies in each group varied widely, from 31% to 92% in tortured refugees or displaced samples (with a single study finding 14% prevalence, possibly explained by contextual reasons); from 18% to 85% in tortured community samples; 9% to 71% among refugees affected by war trauma (not torture); and

from 4% to 33% in a community sample of war trauma (non-torture) survivors. The majority of reported PTSD prevalence rates fell in the mid- to higher regions of those ranges.

In all types of interpersonal violence, brutal acts defy our expectations of what we will experience at the hands of another human. Politically-motivated torture shares many characteristics with other forms of interpersonal violence; just as with other types of interpersonal violence, symptoms of posttraumatic stress, anxiety, and depression post-torture are common (Lowe, Blachman-Forshay, & Koenen, 2015; others). The unique elements of torture include the abuse of the victim by a system, supporting the perpetrators' careful, intentional selection of certain victims with the complicity of the law, rather than by an individual acting alone, usually against the law; the deliberation and calculation with which perpetrators strategize to dehumanize victims and erode their resilience; and the sometimes extended nature of the abuse, which can last over weeks, months, or even years (Holtz, 1998). These unique elements appear to have an impact on survivors' mental health outcomes; while those who live through war certainly suffer great hardship and often develop symptoms of mental distress, the rates of anxiety, depression, and posttraumatic stress seem to be even higher among torture survivors than non-torture survivors (e.g., Daud, Skoglund, & Ryelius, 2005; Baker & Kevorkian, 1995; Keller, Lhewa, Rosenfeld, et al., 2006).

Relational effects*.* Relationships are often, and sometimes profoundly, affected by the effects of trauma. Empirical studies focusing on vicarious, or

secondary, traumatization have established that many PTSD symptoms can be, essentially, contagious with enough exposure. Helping professionals who work closely with traumatized people and regularly hear about traumatic experiences are known to be at risk for developing symptoms (Pearlman & Maclan, 1995; Figley, 2002), and family members of survivors are at elevated risk for developing symptoms following a loved one's traumatic experience (Maltas & Shay, 1995; Kira, 2004; Goff et al., 2006; Monson, Wagner, Macdonald, &Brown-Bowers, 2015). There is some evidence that this finding holds whether family members ever hear the content of the family member's experience or not. In addition to developing symptoms of PTSD, family members may experience interacting with a parent who is dissociated, sad, or anxious; changes in the sexual relationship between the torture survivor and her/his partner; or socioeconomic changes.

Researchers and clinicians also know that, in general, the range of intrapsychic responses for survivors can influence they way they behave with others, particularly their family members (Barnes, 1995; Mills & Turnbull, 2004; Catani, 2010). Catani's comprehensive review of effects on families of wartime experiences of violence points out that the risk of family violence, both against partners and against children, is increased with exposure to wartime violence, and increases further with more exposure. This means that symptoms of distress are not the only concern, but further harm to survivor families is possible if symptoms are not treated.

A range of literature on the subject of torture has emerged within the larger literature on trauma in the last 25 years. A small but definitive group of studies from the trauma field clearly shows that spouses and children are affected by a traumatized family member, but just a handful have directly examined the effects of torture on multiple members of the same family. These studies typically allude to the idea that family members of the survivor are probably affected by the trauma their family member experienced (e.g., Kira, 2004), or advocate for the inclusion of family members in the treatment approach (e.g., Woodcock, 1995; Weine et al., 2004). In both the torture field and the larger trauma field, the calls to conduct research including family members, and to explore effective systemically-based treatment options, are far more numerous than the studies conducting that research.

There are several possible explanations for this. Research on torture survivors is difficult to conduct for many reasons (Hubbard & Miller, 2006), and research on the efficacy of interventions with torture survivors is even more so, and therefore is very scarce (McIvor and Turner, 1995). Dyadic or systemic research can be challenging as well, and the difficulty of combining all of these elements seems to have hindered the development of a body of literature that empirically examines the systemic effects of torture. A large portion of the peer-reviewed literature and professional conference presentations, therefore, falls into one or more of the following categories:

- Clinical (non-empirical) descriptions of either the types of torture survivors have experienced or the psychological symptoms and other difficulties experienced post-torture (e.g., Kaslow, 1999)
- Empirical prevalence studies, of either types of torture or symptoms experienced post-torture (e.g., Hooberman, Rosenfeld, Lhewa, Rasmussen, & Keller, 2007; Johnson & Thompson, 2008; Somasundaram, 2004)
- Clinical (non-empirical) descriptions of the author(s)' experiences treating one or more torture survivors, whether "in the field," in private practice, or in a setting specifically designated as a torture treatment center (e.g., Woodcock, 1995; Weine et al., 2006);
- Suggestions for how to treat torture survivors (non-empirical), usually from authors who treat torture survivors, and usually based on their treatment experience (e.g., Kastrup, Genefke, Lunde, & Ortmann, 1988; Ritterman, 1987); and recommendations for understanding the family implications of torture and including family in treatment (e.g., Weingarten, 2004).

A few studies have explored some family-level (couple or parent/child) variables in the context of torture. These studies are reviewed below.

Family members experience their loved ones' torture directly and indirectly. Perhaps one of the most intense, profound, and damaging types of direct exposure is the use of family members to inflict pain on other family members. Torturers do this in a number of ways, including torturing one family

member in front of another, depriving families of contact with the tortured member, and forcing one family member to participate in another's torture (Hooberman, Rosenfeld, Lhewa, Rasmussen, & Keller, 2007). Sometimes, the family becomes a part of the torture, and, almost always, torture becomes a part of the family. Even without direct exposure to torture, family members of torture survivors are at a high risk for developing symptoms of PTSD (Badr, Barker, & Milbury, 2011).

Some studies found that the family-related elements of the torture experience and aftermath were the most closely correlated with the well-being of family members, perhaps indicating that intimacy heightens people's experiences, whether positive or negative. For example, one study of 311 children found that PTSD symptoms, and fearing the future, were most closely associated with the experiences of a mother being tortured, or a father being disappeared (Montgomery & Foldspang, 2006). Basoglu and colleagues (Basoglu, Paker, Erdogan, Tasdemir, and Sahin, 1994) found that the effect of torture-related trauma on the survivors' families "was the strongest predictor of PTSD, explaining two to three times as much variance in PTSD symptoms as did perceived severity of torture" (p. 361). In another study, those who were granted asylum after being tortured, but whose families were not allowed to join them, appeared to suffer more symptoms than those whose families are allowed to remain intact, and this effect was stronger for those who had higher levels of traumatic exposure (Lie, Sveasss, & Dag, 2004). A couple of small, recent studies have examined the directionality and most likely symptom pathways in

the intergenerational transmission of war-related trauma, questioning whether the mechanism of transmission is more likely simple proximity, as in contagion theory, or the occurrence of additional traumatic events, e.g., interpersonal violence perpetrated by the survivor (e.g., Saile, Ertl, Neuner, & Catani, 2014).

The impact on family members of the torture survivor's experience was the strongest predictor of PTSD in the torture survivor in one study (Basoglu, Paker, Erdogan, Tasdemir, and Sahin, 1994). This finding raises the possibility of a cyclic nature in trauma transmission: family members are affected by the survivors' symptoms, and survivors are in turn affected by the effects on their family members. There also appears to be a slight correlation between a family member's presence ("close family" living in the same country) and low levels of psychological distress in the refugee when the refugee's exposure to traumatic events is low. That association increased with higher levels of exposure to traumatic events (Lie, Sveaass, and Eilertsen, 2004). Montgomery (2004) studied communication patterns in three torture-surviving families and noted there are differences between a survivor "telling" and "unloading" a torture story to his or her children (p. 361). Another study (Daud, Klinteberg, & Rydelius, 2008) found in a study of torture survivors' children, that 1) those with PTSD symptoms had more indicators of poorer mental health, social competence, or resilience than did their counterparts without PTSD symptoms, whether or not their parents had been traumatized; and 2) that children whose parents had not been traumatized had higher IQ scores than those whose parents had been traumatized, regardless of the presence of PTSD symptoms in the child. An earlier study by

Daud and colleagues (Daud, Skoglund, & Rydelius, 2005) provided some evidence that children's symptoms may correlate with torture-surviving parents' symptoms, but the analysis appears to be a simple between-group correlation, rather than an analysis relating children's symptoms to their own parents' symptoms. Montgomery and Foldspang (2001) found several relational connections in their investigation of sleep disturbances in children of refugee torture survivors, including whether the mother was tortured, whether one or both parents were tortured, and whether the father scolded more than prior to being tortured. Interestingly, a third-generation finding also emerged: "a grandparent's violent death before the child's birth" (p. 20) was also one of the strongest predictors of sleep disturbance. Having both parents with them, rather than one, in their resettlement country was a protective factor.

Very few studies (e.g., Bilinakis, Pappas, and Dinou, 1998; Allodi, 1990) found no differences in the mental health effects of children whose family member was tortured, versus whose families had no such history. These studies tend to have significant methodological problems, and authors often acknowledge that this may be responsible for findings that conflict with many other studies.

Effects on couple relationships. Couples face a range of challenges related to traumatic experiences, which are well known in clinical and research settings. In addition to being susceptible to developing similar symptoms, partners may respond to trauma-related difficulties with good intentions but in ways that help sustain symptoms, or, not knowing how to respond, behave in

ways that exacerbate symptoms (Monson, Wagner, Macdonald, and Brown-Bowers, 2015). One small, qualitative, non-torture-specific study, classified five types of difficulties related to the trauma histories of one or both partners: role difficulties, boundary issues, intimacy problems, triggers, and coping mechanisms (Henry et al., 2011). Monson et al. also point out that negative social interactions are associated with greater risk of developing PTSD and are linked to poorer therapy outcomes, and that "individual evidence-based treatments for PTSD do not consistently improve relational functioning" (p. 449). This is a crucial detail supporting the argument for effective treatments targeting relationship effects of trauma: most of the help currently offered to trauma survivors does not affect a range of relational effects of trauma, and relational problems interfere with trauma healing. Conversely, relational healing might enhance capacity for trauma healing, and at least one dyadic approach has tested that theory; while relationship effects were not detected and improvements in PTSD symptoms were not maintained at 6 months, improvements in other symptoms were (Devilly, 2002).

Exposure to traumatic events do not only cause symptoms of PTSD; anxiety and depression symptoms also commonly occur as a result, as does substance abuse; all three are strongly correlated with marital distress (Whisman, Sheldon, & Goering, 2000).

In addition to and perhaps more alarming than issues like low relationship satisfaction, intimate partner violence (IPV) rates tend to be high in post-conflict settings, and it is likely that those rates are influenced by the trauma-related

psychopathology of the perpetrators (Catani, 2010). IPV, in turn, is more likely than other types of violence to cause PTSD in the victims. In a large sample of rural Côte d'Ivoire women, those with recent experiences of IPV were three times more likely to have PTSD than the rest of the cohort, while those who had experienced personal victimization during the crisis were almost two times likelier to have PTSD (Gupta, Falb, Carliner, Hossain, Kpebo, & Annan, 2014). One study of IPV in Liberia and Sierra Leone showed that some women saw increased violence that they perceived as related to the wars, but others perceived that their necessarily greater economic independence post-conflict led to reduced rates of IPV (Horn, Puffer, Roesch, & Lehmann, 2014).

Baker & Kevorkian (1995) examined how husbands and wives differed in their responses to trauma. Interestingly, though this was one of extremely few studies on torture survivors that focused on couples, the research questions pertained only to the psychological symptoms of the two individuals, with no examination of the relationships. The two main findings of gender differences between torture surviving husbands and wives were that depression varied by both gender and traumatization groups and there were no notable differences in anxiety.

Trauma Treatment for Torture Survivors

As with other sections in this chapter, there is less information on the treatment of psychopathology caused by torture, or even war or refugee trauma, than on many other types of trauma, some of which, e.g., combat trauma in U.S. military service members, affect far fewer people globally, but are, of course,

more accessible problems to study in countries like the U.S., which has large numbers of returning veterans.

In a recent critical review of psychological treatments used with refugees who have PTSD, approaches were divided into either “trauma-focused” or “multi-modal,” the latter of which included a long list of interventions ranging from medical referrals to trauma counseling, one element of which *might* be “problem-solving delivered at the individual, couple, family or community level” (Nickerson, Bryant, Silove, & Steel, 2011, p. 401). The multi-modal approaches tend to have little, if any, empirical support for efficacy. Another recent review (van Wyk & Schweitzer, 2014) found that mental health interventions used with refugees in their countries of resettlement generally seemed to improve intrapsychic symptoms to varying degrees, but methodological limitations in the studies made comparison across interventions difficult.

Trauma-informed interventions. Recently, empirical evidence has mounted in support of number of manualized treatments for the effects of psychological trauma, including cognitive behavioral therapy (CBT), narrative exposure therapy (NET), eye movement desensitization and reprocessing (EMDR), prolonged exposure (PE), and others. This is useful information for the populations for whom it has been validated, but until recently, there has been little empirical research using any of these treatments with torture survivors, or even war trauma survivors or refugees. A 2010 review (Crumlish and O’Rourke) of randomized controlled trials (RCTs) evaluating the effectiveness of PTSD treatment for refugees was able to find only 10 studies worldwide published in

English that met their criteria. Notably, 9 of the 10 studies used the same two interventions – NET and CBT, and almost all of those 9 were produced by the same two groups of researchers. Evidence supporting the studied interventions was present, but weak. The authors call for larger sample sizes and more research protocol consistency, as well as greater diversity of researchers studying a greater diversity of interventions.

Lambert and Alhassoon (2015) completed a meta-analysis of all published RCTs that evaluated the effectiveness of trauma-focused therapy with adult refugee populations in reducing at least PTSD, and in some cases, also depression. Only 12 papers met the rigorous criteria for inclusion in their analysis, and they found that, though trauma-focused interventions seemed to be more effective than non-trauma-focused interventions in the aggregate, it was the number of sessions that predicted more variability. The authors were not able to distinguish effectiveness by specific intervention.

Dyadic trauma-informed approaches. A number of couple-based interventions designed to treat either PTSD symptoms, or relationship symptoms, or both, have been developed in very recent years. Some of the clearest emerging evidence shows significant improvements in both intrapsychic and relational symptoms with the use of a 15-session protocol called Cognitive-Behavioral Conjoint Therapy (CBCT) for PTSD and a 12- to 20-session protocol called Emotionally-Focused Couple Therapy (EFCT) for PTSD (Monson, Wagner, Macdonald, & Brown, 2015). Monson et al.'s investigations (Monson, Fredman, & Adair, 2008; Monson, Fredman, & Taft, 2011) mostly involve

American veterans and their spouses. EFCT for PTSD has involved small sample sizes in each investigation (Johnson & Courtois, 2009; Johnson & Makinen, 2003). Neither intervention, nor any other empirically-studied dyadic interventions intended for trauma-surviving couples, have tested a multi-couple group format. Monson, Macdonald, and Brown-Bowers (2012) pointed out that many veterans report wishing their families were more involved in treatment, and that family members often have symptoms themselves, but research on relational PTSD treatments is still lacking. None of these approaches, or any other with empirical support, has been tested with torture survivors.

Family trauma-informed approaches. There is scant research on family-level approaches for trauma treatment. One little-studied intervention, Behavioral Family/Couple Therapy (BF/CT) has shown very limited effectiveness, in interpersonal problem-solving and relationship quality, but not in PTSD symptoms (Monson, Wagner, Macdonald, & Brown-Bowers, 2015). Initial assessment of a systemically-based intervention for refugee families, involving multi-family support and education groups (Weine et al., 2004) indicated that it may be useful for addressing some family-level variables, such as changes in roles and communication. The authors pointed out that, for many refugee families, the family is the last existing unit of community, since other social structures have collapsed or are no longer accessible. This may heighten the importance of the role of family in the lives of refugees compared to what it might be for a family whose traumatic experience is a single incident in a non-conflict

setting. Family-level interventions are much-needed, and this may be a promising one, but further research is needed.

Murray et al. (2014) recently conducted a small feasibility study in Zambia that investigated counselors' and clients' perceptions of a trauma-focused CBT intervention for child sexual violence survivors and their parents or caregivers. They found that perceptions were generally positive, and that a variety of factors were improved during the course of treatment, including communication and problem behaviors. Their study shares a number of methodological similarities with this study: qualitative interviews were used to gather participants' (and, in their case, counselors') impressions of the intervention, and data were analyzed using domain analysis.

Theoretical Frameworks Guiding This Study

The studies relevant to torture survivors and their families reviewed here generally lacked a clearly articulated theoretical framework, with a few exceptions. Despite this, the mutuality of influence between loved ones is central to the data and the ideas behind each of theses studies. This circular influence is also central to the ideas described in ecological theory (Bronfenbrenner, 1979), family systems theory (Whitchurch & Constantine, 1993), attachment theory (Bowlby, 1969) and neurobiology, which I will discuss below, after describing the larger epistemological frameworks for the study: social constructionism and feminist ideology.

Social Constructionism

The conceptualization and design of this study were informed generally by a social constructionist perspective, which posits that realities are not independently true or objectively measurable, but are constructed, or co-constructed, by relevant parties (Gergen, 1985). Though not always philosophically connected to family systems theory or attachment theory, social constructionism is congruent with these two frameworks, in that events experienced by both individuals and dyads or systems, whether together or separately, are understood to influence the relationships and individuals in an iterative manner. Further, as technology in recent years has rapidly increased global access to knowledge of others, social constructionism has evolved to acknowledge the profound challenges of representing people, cultures, and lived experiences in both academically coherent and experientially respectful and inclusive ways (Gergen, 2014). A framework that considers all of these realities is useful for this study because of the complexities involving access, privilege, and need in the DRC.

Feminist Ideology

Family studies' exploration of feminist ideologies has evolved from an initially gender-exclusive focus to larger framework considering the importance of racial justice, gender equality, and cultural fluency in clinical practice and research (McGoldrick & Hardy, 2008). Considerations about racial and socioeconomic privilege, as well as a gendered lens (McIntosh, 2003), were central to undertaking work in the DRC. Baca Zinn (2000) explained that feminist thinking was largely responsible for the application of social constructionism to

American families, infusing the family studies field with the idea that the meanings and functions of families are co-constructed by their members. Family members are, in turn, influenced by each other and by their surroundings, culture, time, and events. This is especially important to note when a researcher studies families in a culture unfamiliar to her in order to avoid a "the tendency to treat families as if they were natural and inevitable human arrangements" (p. 46), as pre-feminist family studies in the U.S. often did. Feminist theory also contributed to the family field the understanding that violence is always the responsibility of the perpetrator. This concept was central to the decision to pilot and test feasibility of MCGT; many of couples' post-war struggles were related to shame, blame, and cultural beliefs about victims having done something to deserve their experiences, and especially blaming those who survived sexual violence.

Ecological Theory

Nesting individuals within concentric circles of influence, Bronfenbrenner (1979) provided social scientists with a framework for understanding the many and complex ways people are influenced by their surroundings, both human and institutional, both proximal and distal. I used ecological theory in this study to consider the wide-ranging effects of torture on people and society, as well as to inform the organization of participants' responses to interview questions, according to the sphere or category of influence, whether intrapsychic, relational, or contextual. The analysis also reflects the reflexivity of current thinking (e.g., Hosking & Plutt, 2010) about social constructionism and ecological theory,

paying attention to the ways participants explained, for example, that context affected their relationships; relationships with spouses affected relationships with children and feelings about self; and feelings about self affected participation in the larger context. Kohrt et al. (2010) found that the use of an ecological framework was supported by their analysis of the relative contributions of child-, family-, and community-level factors in former child soldiers' psychosocial outcomes; substantial variance was accounted for at each level.

Family Systems Theory, Attachment Theory, and Neurobiology

The convergence between family systems theory and attachment theory are not often acknowledged (Rothbaum, Rosen, Ujiie, & Uchida, 2002), due to their evolution in two distinct fields, but the overlap is obvious in the present study. Family systems theory focuses on the interdependency and interactive effects of family members on one another, as well as the regulatory capacity of its members and the whole, achieved in part through *positive* and *negative feedback loops* to maintain *homeostasis* (e.g., Whitchurch & Constantine, 1993). Attachment theory explores the role of the primary attachment figure (mother, father or other caregiver) as a *safe base* from which a child can explore, explaining that the ways a primary attachment figure responds to a child are central to shaping the child's developing perception of the world, especially her or his resilience and ability to respond to stress and adversity (e.g., Bowlby, 1973; Bowlby, 1988). Neurobiological studies increasingly show us the validity of these theories for studying traumatic stress, demonstrating that risk for wide-ranging emotional, physical, and behavioral consequences when children are exposed to

toxic stress, but also that attachment figures who are able to *buffer* stress serve as a powerful protective factor (e.g., Perry & Pollard, 1998).

As mentioned earlier, the concept of vicarious trauma emerged originally from work with helping professionals, but it has since been understood through a family systems lens. There is emerging evidence that resilience and healing can also be contagious (Hernández, Gangsei, & Engstrom, 2008; Pack, 2014). Walsh's (2003) family resilience framework described a variety of family characteristics, including flexibility, connectedness, and a relational approach to facing adversity, that are generally associated with greater resilience. It is possible that family interventions could be designed to help develop the expression of these characteristics, which might in turn produce greater resilience. Though there is more information to date on vicarious resilience regarding helping professionals than regarding family members, it seems conceivable that the effects could be magnified in family relationships, given the power of intimate relationships.

Finally, a classic, family systems-based, conceptual model of family stress that has been applied with war-affected families is the double ABC-X model (McCubbin & Patterson, 1983), which describes interdependent relationship between stressors, existing resources, and perceptions of stressors, all of which contribute to a family's experience of a crisis. After the crisis, the model argues, the family's response is influenced by the pile-up of demands, by the family's adaptive resources, and by their perception of all of the above. These combine to form the family's adaptation to the crisis, whether positive or negative. Although

used and useful in a wide range of studies of family life, criticisms of the double ABC-X model include that it lacks an integration of sociopolitical history and cultural context (e.g., Walker, 1985).

Though systemic interventions seem to be the most difficult interventions to manualize and study, we need to empirically test the effectiveness of relational approaches to treating the effects of trauma on families. If systemic models are effective and feasible to implement, a number of benefits might result. We might be able to reach a larger population by doing so, as well as possibly prevent and interrupt the intergenerational transmission of the effects of trauma, including family violence.

Conclusion

Though the establishment of knowledge that traumatic experiences are related to both intrapsychic and relational difficulties for survivors should have already spurred a great deal of empirical investigation of systemically-based treatments to both prevent and treat symptoms, very few treatments developed to address the effects of traumatic experiences have been informed by a systemic perspective. Even less research has been done to address the mental health needs of torture-surviving couples and families. There is a great need for such interventions, especially those that can be implemented on a large scale in post-conflict contexts, as well as for empirical study of the effectiveness and feasibility of these interventions. This was the basis for the development of the MCGT model described in Chapter 3 of this dissertation, and for the qualitative study described in Chapters 4, 5, and 6.

Existing studies share some methodological weaknesses, with generally small sample sizes, little theoretical foundation, challenges with analysis, and limited discussion of future directions for the field of torture treatment. These weaknesses are both understandable and limiting to the studies' potential contributions. Because of the novelty and scarcity of this type of research, all studies to date have been exploratory, which relaxes the expectations for rigor. This kind of research is also difficult to complete because of problems with recruitment and retention, cultural differences and the need for adaptation of measures and interventions, and the conditions of the research context, specifically in places such as refugee camps and communities of return, which can be difficult to endure (Hubbard and Pearson, 2006).

At the same time, torture survivors and their families desperately need help that can only come from more, higher-quality, clinical intervention studies, followed by a push to implement those interventions that effectively treat the relational effects of traumatic experiences. In this study, I aimed to address some, but not all (e.g., sample size), of the weaknesses described above, by grounding the investigation in theory and using ethnographic and phenomenological principles to guide a qualitative pilot study of a trauma-focused intervention designed to treat the effects of torture trauma on couple relationships.

Chapter 3: Multi-Couple Group Therapy with Torture-Surviving Couples

In this chapter, I first described the goals of the MCGT intervention, reviewed related literature, and then presented the model in four stages loosely based on Herman's: 1) Preparation; 2) Safety and stabilization; 3) Processing the relationship effects of trauma and grief; and 4) Reintegration and rebuilding couple and family life.

Goals

This intervention was designed to address the relationship issues remaining in committed couples after the partners had addressed their individual psychological symptoms in group therapy[6]. The goals were for participant couples to:

1) understand, via psychoeducation and normalization, the common effects of torture and dislocation on couples and the challenges couples faced to trust one another and reconnect;

2) have the opportunity, structure, and support to talk with each other and with other wives, husbands, and couples about what they had experienced during the war and how it had changed their relationships;

3) rebuild trust, remember and deepen connection, and improve communication;

4) construct, or reconstruct, a complete narrative: a story the couple re-visions about their past, present, and future lives together; and

[6] Not all participants in our groups had attended individual group therapy, but most participating couples included at least one spouse who had.

5) build hope for the future about relationship, family, and work.

Direct communication about marital relationships is uncommon in many cultures, including the cultures represented in Pweto, so we spent time during the assessment and initial group sessions building a foundation of comfort with this work. That process is described below.

In consultation with my advising committee and the Director of Research at CVT, I determined that IRB approval was not necessary for the development and implementation of the model, as that was a normal part of CVT's work to address the clinical needs of our clients. The permission I have to share clients' quotes comes via clients' verbal consent (most were illiterate) to release information, which was given during the groups, and which pertained to recording sessions and sharing quotes with the outside world, while keeping their identities concealed (Appendix A). I sought this permission prior to recording and again after recording started.

Theoretical Frameworks

Torture, like many other kinds of interpersonal, violent trauma, can cause a range of intrapsychic responses for survivors, and these feelings can influence behavioral changes that have consequences for their relationships with loved ones (Barnes, 1995; Mills & Turnbull, 2004). Many survivors experience and express feelings of anger, fear, grief, shame, and confusion, and they often express these difficult emotions toward loved ones, sometimes in the form of hostility or aggression, and sometimes in the form of withdrawal or isolation (Tuttle, 2011). Spousal relationships generally act as incubators for emotional

intensity, so people often express and experience their range of emotions most powerfully in intimate partnerships; this is one theory about why trauma contagion, or the acquisition of symptoms similar to the trauma survivor's, is common among spouses (Maltas & Shay, 1995). Sexual avoidance and dysfunction are common after many types of trauma, especially sexual trauma (Barnes, 1995).

Many cultures have taboos against talking about sex at all, and rape is an especially sensitive topic, so it can be difficult for clinicians to know whether torture survivors have experienced rape or not. Because many symptoms are shared between sexual trauma and other types of trauma, and because it is important to ensure that any rape-related effects are addressed, therapists working with torture survivors often conduct treatment with the assumption that sexual assault has taken place (Center for Victims of Torture, 2011). Given the high prevalence of reported rape in Pweto, we used that assumption.

Stories of trauma can be told from the perspective of victimization, from the perspective of survival, and with a sense of integration of the traumatic experience into a whole life story. There is dedicated space for all of these perspectives to be explored during the course of this MCG model. This is inspired partly by Judith Herman's classic text, *Trauma and Recovery* (1992), in which she outlined a three-stage model of healing for people who have experienced a traumatic event: 1) safety and stabilization; 2) remembrance and mourning; and 3) reconnection with normal life. I will present the model here in four stages loosely based on Herman's: 1) Preparation; 2) Safety and

stabilization; 3) Processing the relationship effects of trauma and grief; and 4) Reintegration and rebuilding couple and family life. A major treatment goal is the construction, or reconstruction, of a complete narrative: a story the couple re-visions about their past, present, and future lives together. The focus of the work in group sessions moves between the present, the distant past, the recent past, and the future. As couples moved through the group cycle, their narratives shifted from stories of victimhood to stories of survival. As with other trauma treatments (e.g., Herman, 1992; Johnson & Courtois, 2009; Tuttle, 2011), after the establishment of the therapy, mid-stage sessions in this model offer space and structure to explore the ways that the experience *happened to me, happened to us*, and *what happened to me and us because of what we lived through*. Late-stage sessions provide a framework for rediscovering resilience by exploring *what you and we did to stay alive, to save ourselves,* or *to escape*. This structure was also influenced by solution-focused and narrative therapies, as well as both of which focus on strengths and resilience early and often in the course of therapy, with the goal of creating a complete and nuanced, rather than singularly problem-focused, story about self and experience (e.g., Franklin, Trepper, McCollum, Gingerich, 2012; O'Hanlon & Bertolino, 1998; White, M., 2007).

Ideas and perspectives from neurobiology and attachment theory also influenced the development of this model. Scan studies of human and other mammal brains has shown us exactly how trauma overwhelms the brain, especially the amygdala, and sends the brain's and body's coping mechanisms

(e.g., the HPA axis) into overdrive, which begins a vicious cycle of unsuccessful overcompensation for arousal (Cozolino, 2010; Dedovic, Duchesne, Andrews, Engert, & Pruessner, 2009; Hopper, Frewen, van der Kolk, Lanius, 2007; Lanius, Bluhm, Frewen, 2011). Scans have also shown that, consistent with Bowlby's 1969 theory, the soothing comfort of a loved one – a parent or other secure base in the classic theory, or any intimate relation in modern attachment theory – is one of a small number of effective arousal reducers (McEwen, 2007). Attachment helps calm the pain of trauma, and the context of attachment between spouses can be powerfully healing after trauma, making couple therapy a compelling choice for addressing relational effects of trauma (Johnson & Makinen, 2003; Monson, Fredman, & Adair, 2008). This may be best summarized by Johnson and Courtois (2009) in their chapter on couple therapy with trauma survivors: "…the best predictor of trauma recovery is not trauma history per se but whether it is possible to seek comfort in others who offer solace and a safe haven" (p. 373).

Finally, we needed our model to address the critical issue of shame because the kinds of trauma that Congolese torture survivors experienced were tremendously shameful. Group therapy, effective for many kinds of psychological and relational struggles, including trauma (Beck, Coffey, Foy, Keane, & Blanchard, 2009; Ford, Fallot, & Harris, 2009) and even torture specifically (Kira, Ahmed, Mahmoud, & Wassim, 2010), is thought to be especially helpful for overcoming shame because that which can be spoken and shared with others naturally loses the shame once attached to it. We had been conducting individual

group therapy for eight months prior to starting the MCGs, and our clinical review of follow-up assessments indicated that clients' symptoms were improving. Furthermore, clients often spontaneously reported that group was a comfortable and helpful experience for them, so we had support for the feasibility of implementation of group work. We had adapted some of the details of CVT's work for use in Pweto, ensuring that we were respecting the local hierarchy when we approached communities, using stories and examples in group that were relatable in that setting, and managing issues like time and social interaction in culturally appropriate ways. This, along with the preliminary data and spontaneous reports, gave us enough information to believe that it might be possible to do group work with couples appropriately and effectively.

MCG therapy has been explored by several researchers and practitioners (e.g., Cloché, 2010; Shields, 1989; Wadsworth et al., 2011) for a variety of presenting problems, and multi-couple psychoeducation groups have even been used with trauma survivors (Rabin & Nardi, 1991; Rabin, 1995). In at least one problem involving couples and trauma – domestic violence – MCG therapy has demonstrated more effectiveness than therapy with individual couples (Stith, Rosen, McCollum, & Thomsen, 2004). Stith et al.'s model of MCG therapy was a primary structural inspiration for the model described here, due to its rigorous design and empirical testing.

Preparation

Assessment and Admission to Group

The model was developed for couples who have relationship problems related to their wartime experiences, so this is a criterion for participation and one of the areas evaluated during the clinical assessment. It was intended for people who had already addressed their most serious intrapsychic symptoms associated with posttraumatic stress or loss and grief because powerful, lingering symptoms can interfere with the ability of a couple to return to flourishing (Tichenor, Armstrong, Vann, & Green, 2002). Not all, but many participants in the MCGs described here had already participated in CVT's individual group therapy, and this was our primary means of identifying potential MCG participants. Partners were assessed both individually and together, for safety (the assessment included questions about relationship violence and fear) and confidentiality reasons, as well as for clinical reasons (Stith & McCollum, 2011). The goals of assessment in this model are similar to those of any good clinical assessment process: to establish a relationship and begin to build trust between client and therapist; to identify the clients' existing strengths and resources; and to understand the clients' current struggles and the kinds of change they envision for themselves (Tichenor, Armstrong, Vann, & Green, 2002). We emphasized accepting the clients' current position, e.g., their struggles, successes, and feelings about their spouse, therapy, or their experience of trauma; knowing that position may change with time and treatment; demonstrating this understanding with normalizing and reflecting statements, such as, "It is so painful for something outside the two of you to disrupt your intimate relationship so profoundly"; and explaining the goals of relationship therapy and the reasons for a MCG format.

Because of the group format, we screened carefully for signs of some motivation and hope among participants. Relationships could be very dysfunctional and still qualify for the group, but both partners expressing a complete lack of hope for, or interest in, the relationship was considered exclusionary (we did not see this in any of the couples who expressed an interest in the group, though the two couples that eventually dropped out of their respective groups appeared to have the least relationship motivation). Other couple and MCG formats share this criterion (e.g., Rabin, 1995; Stith & McCollum, 2011).

Safety and Stabilization

The first three group session themes form the safety and stabilization stage of the model. In addition to therapeutic work to build trust, two basic practices contribute to building and nurturing the foundation of therapy throughout the group cycle.

Ritual, or routine, is used all through the cycle, with several goals: to establish predictability and familiarity in the group, easing group members' acclimation to the group and enabling them to do the difficult work ahead; to introduce positive habits to support the cognitive-behavioral changes introduced throughout; and to model how practicing routines can help us manage difficult things. This technique is commonly used in group and individual therapy and to help manage family life successfully, especially for couples and families facing lots of chaos (Kira, Ahmed, Mahmoud, & Wassim, 2010).

Normalization is a common element in psychotherapy, and it is an important part of trauma work because of the isolation and bitter sense of betrayal many people feel (Monson, Fredman, & Taft, 2011). This model emphasizes that there are many kinds of difficulties in life, and that war is one very brutal kind. Millions of people all over the world have experienced war, and group participants are not alone in their struggles to rediscover normal life, and to redefine their relationships and family life after war. Even those of us who have not lived through war have lived through other difficulties, so couples in these groups can take comfort in knowing that couples all over the world struggle with ways to stay happy together in the face of adversity, and many succeed.

Theme 1 (Session 1): Introduction/Orientation. The purpose of this session is to build structure, safety, and trust between group members and between the group and facilitators. Brief introductions happened first, starting with facilitators, who included a bit of information about their professional qualifications or experience working with similar issues. In the early moments of the group, we aimed to keep clients' introductions free from references to their traumatic experiences by prescribing the exact elements of the introduction, such as offering just their name and a favorite activity.

We discussed the commitment and investment each individual had already shown by choosing to ask for help making their relationship better and explained that a decision to prioritize and invest in their relationship is, scientifically, already a predictor of success (Miller, Duncan, & Hubble, 1997).

We expressed hope that their work would be rewarded by improvement by the end, even if that is hard to envision at the beginning.

Orientation to group therapy and to couples' group therapy began with the question, "What did you think when you first heard "*couples'* group therapy?" and exploring some of the fears and hopes people had when we first spoke with them about participating. This opened a discussion of the problem of talking about intimate couple relationships in front of other couples, including neighbors. We posed questions such as, "Why do you suppose we offer a couples' group?" and "Why not do this as individual couples, in individual houses, behind closed doors?" These questions were usually answered by group members explaining that even though it would be more comfortable individually, they probably would not learn as much because they each have experiences to share. The exploration of this difficult topic continued with questions like, "What sorts of problems do you foresee with talking about matters of the household outside of the household?" and, perhaps most importantly: "So if it is difficult, *and* it is valuable, *how are we going to go about doing it?*" These questions were a crucial part of building trust in the group, and they set the stage for establishing the group compact that would enable people to show their vulnerability and believe it will be worthwhile. Additionally, the facilitators were demonstrating their deep respect for the courage and tenacity group members showed by deciding to do something so hard, and by choosing to be a participant who can be trusted and can provide support and encouragement to the others.

One of the safeguards built in to the model, and into some other MCG models (e.g., Stith & McCollum, 2011) was including separate gender sub-groups during certain sessions and separate couple sub-groups during certain sessions, though the group always reunited afterward to process what happened in the smaller groups. In the larger group, there was freedom to talk about themes discussed in the break-out groups, rather than the specifics, which can be very tender and sensitive to share in a mixed-gender, MCG.[7]

The conversation about a group compact set expectations for confidentiality (that group members can talk about their own stories with whomever they choose, but they cannot discuss each others' stories outside of the group); respect; opening and closing rituals; and other expectations like timeliness and regular attendance. From this point on, sessions followed this structure: Welcome; Opening ritual (determined by group members); Re-cap of the last session (elicited from group members by facilitators); Observations or reflections during the intervening week (sought from group members by facilitators); Introduction of this session's theme; Session content; Summary of the session; Suggestions for observations during the coming week (what might be called "homework" in solution-focused therapy); Closing ritual.

Theme 2 (Session 2): What my husband or wife does now, today, in the present, that I like or appreciate or enjoy. Traumatic events experienced during wartime often led to the development of patterns that were not

[7] Despite this, many individuals were undeterred by the fears and taboos we anticipated, such as the older woman who spoke first in one group, explaining very matter-of-factly the sexual difficulties she had had after rape. This seemed to remove the barrier for others after her.

representative of the partners' complete experiences of each other, but rather that reinforced the difficulties they experienced together and magnify the negative feelings associated with those hardships. The therapeutic work of group began by building a base of respect, appreciation, and goodwill between spouses, between couples, and between the group and the facilitators. The facilitators modeled a parallel process by intentionally and genuinely demonstrating the respect, appreciation, and goodwill between them. The question for contemplation and response was: What do you notice currently – today, yesterday, this week, last week – that your partner *does* that you like, appreciate, or enjoy? What *good things*, *thoughtful acts,* or *kind behaviors* do you notice? These things can be emotional, economic, religious, intellectual, sexual, or another dimension.

This session offered a first opportunity to change thought and behavior patterns by paying attention to something good, however small. The facilitators' role was to support clients to find one good thing about their partner and to patiently wait and understand that it can be difficult for us to find those things in our hearts when life has been so hard for so long. In addition to turning partners' attention to the long-neglected subject of what is currently going well, another important goal of this session was to build some strength and resilience in and between partners so that they will be more able to tolerate the painful sessions ahead (Fredman & Monson, 2011). The appreciation was offered publicly. Participants said things like, "I appreciate that, when I come home from the field, my wife has warm water ready and she washes me," and, "My *pagne* [fabric wrap

used for many household tasks] was very old and had holes – I didn't even notice, but my husband did, and one day he just brought me a new one because he thought I needed it," and, "I like that my wife/husband is very good with our children." Partners not only heard their spouses' appreciation, but they also received more objective appreciation in the recognition from other group members.

Once each person was able to identify one thing, the facilitators shifted the conversation to the experience of having spoken this appreciation out loud, and in front of the other group members, and participants' experience of having heard their partner tell the group what she or he appreciates about them. The facilitators acknowledged that this habit may feel artificial at first, but with practice, participants can have more of the positive feelings they got from saying and hearing these things. Furthermore, having learned (often for the first time) that partners appreciated a particular thing, they were free to choose to do that thing more often. Facilitators invited the group members to notice during the upcoming week what else they enjoy or appreciate about their partners.

Theme 3 (Sessions 3 and 4): What was good in our relationship before the war. After the opening ritual and recap, the facilitators invited a brief discussion of other things partners noticed appreciating about each other throughout the week, with the intention of solidifying the habit of turning attention toward the positive, and of continuing to reinforce the couples' foundations or build their "reserves" so that they are more ready to face the difficult material ahead.

Facilitators explained that war-related experiences can blur memories of the good times and close connections people had before the war, and that it can be difficult to remember or relate to a time when those things were true. We used role plays to show partners describing the positive things they remember sharing in their relationships before the war. The role players focused on relational elements, rather than on contextual elements; that is, they described the interaction and connection with their partners, rather than talking about the material things they had, or the political safety and security of that time and place. Facilitators made sure to bring up some of the most common themes, including those that can be difficult to mention because of stigma or taboo, like sex. Whenever sex was brought up for the first time, it elicited a flood of agreement and nervous laughter. Though the topic resonated for all group members, it could take a long time for them to raise the subject of sex, so facilitators always mentioned it as one of the elements of a relationship that is typically affected by trauma.

Our use of separate-gender groups began in session three. Husbands and wives split for the first half of the discussion and reunited for the second half. This offered a buffer and some anonymity because large-group discussions could focus on themes. Group members discussed the ways they felt like a strong couple; ways they connected and communicated with each other; ways they showed one another kindness and respect; and ways they prioritized their relationships before the war. Responses often included things like: sex was easy, good, and frequent; partners worked hard and cooperated to contribute to the

family's financial well-being; partners did small and big things to show each other their love and affection; partners were relaxed around one another; they smiled, joked, and laughed more often; they worked together to raise their children well, with love; or simply, "there was joy." Survivors often idealized the pre-trauma past because the present is so difficult, so we asked couples to think about whether things were perfect before. They usually acknowledged that it was a series of ups and downs, closeness and distance, good times and hard times. That was a normal ebb and flow, however, while the post-trauma patterns were much different, having been affected by all of the couple's experiences. We talked about the goal of returning to normalcy, not perfection, and perhaps deepening their connection and strengthening their relationship, just by focusing attention on their relationship and making it a priority.

Processing the Relationship Effects of Trauma and Grief

Theme 4 (Sessions 5 and 6): How I see that I have changed toward my partner, because of what I experienced during the war. The first of these two group sessions began with the ritual, a recap, and a brief discussion of what else couples remembered during the week about the good characteristics of their relationships before the war. Facilitators then introduced the theme by talking about how easy it can be to notice how others have changed toward us, and how much harder it can be to notice how we have changed toward others, acknowledging the courage and effort required to stand back and look at oneself from the outside, and the fact that it is not always easy to see what we see. The group discussed how to maintain safety so that individuals could take an honest

look at themselves, discuss what they saw, and know that they would not be judged by others while they did that. Role plays demonstrated individuals speaking about their own observations of changes in self, toward partner, related to torture or wartime experiences, highlighting issues that clients in individual groups cited many times. Examples included monologues like these:

I used to be so gentle and understanding with my wife. She cared for me, and I cared for her. It was easy. Now, I shout at her a lot. I take too much alcohol now. It is not good. I am not the way I used to be.

I always liked being close to my husband. We used to lay together often, and it was a good part of our relationship. Now, I do not want to be touched. I notice I am sometimes cold to him because I just want to be left alone. I do not see how this could possibly change.

During discussion and role plays, we emphasized both parts of the theme: 1) these were ways *I changed*, which means I can change again, reverse these changes, or change in a different way; and 2) these changes did not occur under normal circumstances, or because I wanted to become this way. They were spurred by extraordinary, unwanted experiences at the hands of those who meant to do us harm.

We then split members into gender groups for the first part of the discussion so they could explore their vulnerabilities, or in their view, “flaws,” without having to do so for the first time in front of their partners. Some of the most common changes group members expressed were: feeling and showing

more anger toward their partners; being less able to manage difficult feelings; struggling with sexual contact, whether as pursuers or distancers; general avoidance, specifically as a way of preventing themselves from being reminded of the horrors they experienced with their partners during the war; and a sense of feeling lost or directionless about their relationship, unsure of its meaning or relevance anymore. The issue that carried the most intensity, though, was blame. Early in the discussions, members blamed self and spouse harshly. Facilitators worked with each gender group to unravel the concept of responsibility for what happened to the couples, and to find a way to place appropriate responsibility on the shoulders of the perpetrators. This was challenging but powerful.

First, we made space for people to mention on their own what they believed had changed about them. Group members talked about the anger they felt and expressed toward their partners, the amounts of alcohol they now consumed, and the ways the connection between them and their spouses had dwindled to something totally undesirable, not at all reminiscent of their prior intimacy. People seemed frustrated with themselves and struggled to understand and find reasons for their own behavior and emotions. Our line of questioning was similar with men and women, but of course the pronouns and direction of the questions changed according to the clients' presentations, as shown below, in an abbreviated sample dialogue between therapist and client.

T: So, you felt [ashamed/angry] then, and you feel [ashamed/angry] now?

C: Yes! How could [I/my wife] allow this to happen? I don't even know if we are really married anymore, now that [I am/she has been] destroyed.

T: Did [you/your wife] invite the [rebels/soldiers] to come to your village and do the damage they did?

C: No, no, no. They just came. They destroyed everything.

T: Do you believe, deep down in your heart, that anyone in your village, wanted what happened to them? Wanted what the [rebels/soldiers/Mai-Mai] did to them?

C: <Pause> No. <Pause> We were just trying to live our lives.

T. Yes. Everyone in the village was just living their lives, and their lives – and relationships – were interrupted by horrifying things that came in from the outside.

C: <Pause; sadness> Yes.

T: Things that came in between you and your [husband/wife], and that ripped your lives apart.

C: Yes.

T: Did you want that to happen?

C: No! No.

T: Did [you/your wife] have a choice?

C: Well…

T: What would have happened if [you/she] had refused to [be raped/carry heavy loads/etc.]? What if you had fought?

C: They would have killed us.

T: Yeah. They would have killed you. They had guns. You had just yourselves. <pause> What would have happened if you had shown anger?

C: They would have killed us!

T: Yeah. They would have killed you. <pause> You could not show anger then. You had to save your own life. You would have died.

C: Yes. <head down, sad thinking>

T: But you *were* angry?

C: Yes! They destroyed our lives!

T: < Quietly, leaning in, slowly> So, what choice did you have? What could you possibly have done with all that anger, when it was impossible to show it to the people who really earned it? <Pause> A lot of times, when we can't express our feelings where they belong – like to the perpetrators, they come out at the people who are closest to us.

C: Yes.

T: Not because we want them to.

C: I never wanted [what the soldier did to me/for my wife to go through that]. I just didn't [want to die with my family/know what else to do]. [I didn't have a choice./She saved my life by accepting what the soldiers did to her.]

After partners acknowledged to themselves and their same-gender group what they have noticed about the way they changed toward their partner as a result of their wartime experiences, we spent some time exploring what it felt like to acknowledge this and to hear others acknowledge some of the same things. Participants expressed relief and surprise to know that others struggled with some of the same things, and that they could confide in each other without losing face or the respect of others. Contrary to some of their expectations going in to

this exercise, participants often reported feeling stronger, or like a better man or woman, for having had the courage to talk about their struggles.

We reunited as a full group to talk about what it was like to explore these issues, with the reminder that the focus is on the experience of talking about it (process), rather than on what was said (content), though individuals could choose to divulge the content they shared if they wished. Group members talked about feeling shame at having faulted their partner for things she or he never wanted to happen. Several men said things like, “I blamed her, but she was trying to save my life.” When individuals discussed their experience of sharing the changes they observe in themselves, we kept the discussion slow, allowing time for people to express painful feelings, including sadness, regret, or shame, and for group members to empathize about how easy it is to change, often for the worse, under arduous circumstances. We acknowledged the courage it took to be honest with self and others about these things, and that it is a necessary step toward making different choices in the present and future.

The next step was to explore participants’ experiences of hearing their spouses discuss change, by asking the group how it feels to hear the answers from “the men” or “the women,” in order to offer more safety and space, and to start with the general before moving to the specific. When the group seemed ready, and there was enough forgiveness, gentleness, and humor circulating, we invited members to talk about how it felt to hear their own spouse’s responses. By this time in the session, spouses had the confidence and strength to tolerate

each others' responses, and they were often able to congratulate and thank their partners for acknowledging the changes that caused pain for them.

Reintegration and Rebuilding Couple and Family Life

Theme 5 (Sessions 7 and 8): What I see that you did, or that we did together, to survive or to save me or us during the war. For this theme, the group separated into individual couples for the first time to talk directly to each other about their experiences during the war. Because most individual participants already explored their intrapsychic symptoms by the time they enter the couples' group, we did not intentionally focus on specific symptoms or memories related to the most difficult moments during the war, though these things come up in the course of this theme's conversations. The conversation focused instead on the ways partners acted in the other's, or the couple's or family's, best interests during times of extreme danger and hardship. A main goal of this session was to help partners remember the ways their spouses showed courage, selflessness, and commitment to the other, and to the family.

After introducing the topic, we asked couples to find a space of their own, where they could sit, face each other, and talk. This was challenging for some couples and was not the cultural norm (and may be unacceptable and need adaptation in other cultures), but the couples in our groups were willing to try it without too much convincing after we briefly described the neurobiological power of eye contact and bodies facing each other, explaining that our bodies and minds are wired to connect very deeply this way (Schore & Schore, 2008). Facilitators circulated among the couples to listen, empathize, clarify, encourage,

and generally support the conversations, and initial hesitance or discomfort seemed to fade quickly. Husbands talked about the sacrifices their wives made to save family members' lives, and wives talked about the desperate measures their husbands used to protect and provide for the family. Hearing what their partners had to say, group members were reminded of their own courage and commitment. It was, perhaps paradoxically, a time of both deep humility and pride in self and partner for having done remarkable things, despite being an ordinary person. The quiet tenderness of this work, and the honor in the acknowledgments between spouses, was deeply moving to the facilitators, as well as to the group.

Theme 6 (Session 9): What I want and hope to have in our relationship, marriage, home, family in the future. Finally, near the end of therapy, we focused on what couples envision for themselves, now and in the future, emphasizing that couples would identify both goals and the steps they planned take to achieve those goals together. Again, spouses spoke directly to each other in pairs about what they hoped and could plan to have in their lives. The mood in these groups was much lighter than in the previous four, which seemed to be due to the relief of having moved through some of the very difficult material, increased connection between spouses, a growing sense of group cohesion and commitment, and the hope inspired by looking at the future as full of possibility rather than continued hardship. Couples talked of saving money to send their children to school, of building bigger farms to raise that money, and of starting small businesses to improve their family's quality of life. Facilitators

pushed couples to identify and prioritize concrete steps and ways to surmount potential obstacles. Participants shared their hopes with each other at the end and encouraged one another to follow through with the steps they planned.

Theme 7 (Session 10): Completing and celebrating the group, saying goodbye, and moving on with life. This session was the last time the group would ever meet together as a group, though most of the members of the three groups were neighbors and would see each other often in their daily lives. It was important to bring to a close the work we had done, so we began with a review of what had taken place over the course of the 10 weeks of group, moving through the themes and some of the feelings and reactions group members had along the way. There was laughter about their initial fears of discussing private matters, sadness when remembering the most painful parts, and lightness to their explanations of what they were planning for the future. They talked about how, prior to the group, they had lost hope that they would feel happy and connected in their intimate relationships again, and that now, at the end of the group, they felt deep joy at the love flowing freely between them, without the walls and barbs that stood in their way before.

Group members then had the opportunity to say one thing they would carry with them from the group – a thought, a feeling, a theme, or anything else that stood out. Answers spanned a wide range of themes. Group members talked about the facilitators' respect toward one another as a model for the respect they wanted to show each other in their marriages; many named their newfound understanding of the misdirected anger and blame they carried for so long; and

most mentioned that they would hold on to their spouses' positive regard heard in the early sessions of group.

Finally, in keeping with tradition – both local and CVT – we shared a meal together as a means of celebrating and bringing to a close the work we did. CVT provided the materials for the meal, and group members cooked together the day of the last session. We also took a group photo (with every group member's consent), which we later printed and distributed to group members as *un souvenir* – a memory – of the time we spent together, and then we said goodbye.

Summary of MCG Implementation

Trauma treatment worldwide focuses on addressing intrapsychic symptoms more thoroughly than relational symptoms (Johnson & Makinen, 2003). Though treating intrapsychic symptoms is, of course, a fundamental part of trauma sufferers' adaptation and recovery, treating relational symptoms is also essential.

It seems, from a range of research, as well as clinical common sense, that treatment of relational symptoms may be most successful when done in a relationship context, and that working with couples can augment benefits to the individuals' intrapsychic recovery. In this paper I explored the possibility that working with couples in a group may provide additional benefits.

The model of MCG therapy presented here was designed to treat relational symptoms of torture-surviving couples in one part of the DRC. This paper is not intended to represent my formal evaluation of the model's efficacy, but rather to describe its development and implementation. While some elements

in the model were adapted for cultural or contextual factors, many elements draw from or echo validated treatment methods used to treat trauma in couples or individuals, and the combination of these elements may be useful with other populations as well. In order to know more about the potential effectiveness of the model, a formal study of group members' outcomes and experiences of the group would be necessary. These groups involved only 26 participants – a very small sample. Implementation challenges abounded, including the need for intensive training of PSCs who co-facilitated and interpreted, extremely limited resources (e.g., only one professional therapist working in the region), little time, Kibemba/French interpretation between participants and me, and even seasonal and terrain-related challenges – our clients could be difficult to reach if there were heavy rains or if fishing or planting season had just started. There is no way of knowing whether more groups would unfold similarly, but couples' responses to these groups offer good reason to find out. Spouses who could not even make eye contact with one another before the group were visibly affectionate after. Those who had publicly denigrated their spouses early on ended saying that they felt fortunate to be with their partners. Couples reported changes in their relationships that exceeded our expectations for the group, and they made us believe it was worth exploring whether other couples, in DRC or elsewhere, might benefit, too.

Limitations of this MCG therapy implementation

My colleagues and I faced numerous challenges and learned many lessons in the process of conducting these three groups. An overarching

challenge was the extreme limitation of time and human resources, due to our context and the other work we had to achieve, which took priority over these groups. One of the biggest resulting shortcomings was that national staff members were only superficially trained in systems theory, couple therapy, and this MCG model. At the time of implementation, my paraprofessional colleagues had less than one year of experience doing counseling of any kind. While they had some very good counseling skills and facility with the individual group model and other regular activities of our program, this work was entirely new. They could not be full-fledged co-facilitators, but we did as much training, preparation before sessions, and debriefing after sessions as we could to try to ensure that their learning was maximized and that their interactions with clients were as productive and therapeutic as possible. Many of the counselors reported that their roles as interpreters and circulators between the small groups and couples was the best kind of training, but we all wished we had had more time so that they could be better steeped in the theory and practice of the groups.

One error, perhaps partially as a result of our rush, was that we selected at least two couples – one in each of two groups – in which the spouses had more emotional, relational, and in one case, intellectual challenges than the other spouses in the group. Counselors from their individual groups identified them as potential beneficiaries of a couples group because of their mention of relationship problems in their individual groups, and the couples expressed interest in the group, and in improving their relationships, during the assessment. Once in the group, however, they were barely able to relate to one another, and thus, not

able to make much use of the group. One of these couples dropped out of their group, and the other remained in theirs, creating a significant drain on the energy of the group and the resources of the facilitator. We might have avoided this by including a full session or more of couple therapy in addition to the assessment with each couple.

One surprise was how minimally cultural differences seemed to affect the relative value and importance of the MCG therapy components. We certainly paid attention to cultural issues, e.g., that sustained eye contact was not common and that discussion of sexuality was “taboo” (except that it turned out not to be), but I found that there were few substantial differences between the way I conducted this group in the DRC and the way I would have conducted it in my own city in the U.S. Some of the content of our discussions was different from what it might be elsewhere, of course, but the themes seemed the same, e.g., I need to know I matter to my partner; it has been very difficult to talk about these things and to reconnect since we experienced such tremendous hardship; we took some of our negative feelings out on each other; I didn’t realize my partner was feeling so bad, too; and I want to move forward together toward a better life. These seemed simply human to me, very similar to what I have heard from couples in other parts of the world, and it was not clear to me how much those themes would differ in other places. I hope to explore this question further as the model is adapted and used in other contexts.

Conclusions regarding the implementation of MCG model

Participants in these three MCGs told us that the groups changed their lives and their relationships. Their participation in qualitative interviews about their experiences seemed to corroborate their reports, giving us the impression that it was a helpful intervention. About our own experiences as facilitators, though, we do not have to guess. Those of us who participated shared our experiences after every group, and the conversation usually focused on our awe and wonder at the resilience of human beings, and of power of intimacy and connection – love. I do not wish to overstate my experience of spending these hours with the group members, but I felt, during every one of the 30 sessions, that I was in sacred territory, allowed to enter that which is most tender and most central to human emotional life: the search for acceptance and comfort in the presence of another. The goose bumps on my flesh and the tears that came to my eyes as group members spoke to each other and to their partners told me again and again that when we are able to forgive each other, find the good in each other, and commit to rebuilding together, we have nearly indomitable strength to overcome pain and to heal. What I witnessed in these groups – the work and the rewards – stays with me and affects my life and my relationships still today, reminding me what is central and what is ancillary. I suspect and hope that will remain true indefinitely, and for that and much more, I am deeply grateful to those 26 men and women.

Chapter 4: Research Method

"…with all the good intentions, excellent craftsmanship, and even with the reliability and eloquence of a particular story, representing Others is always going to be a complicated and contentious undertaking" (Madison, p. 4, 2012).

Purpose of the Study

The goals of this study were: to explore the perceptions of torture-surviving Congolese couples in Pweto, Katanga, DRC, of the effects of torture and war trauma on their relationships; to evaluate their experiences of participating in the group; and to assess the acceptability, demand, implementation, practicality, and limited efficacy components of the feasibility of conducting multi-couple group therapy (MCGT) for torture survivors in Pweto. This project was initially conceptualized using social constructionism, systems theory, attachment theory, and feminist theoretical perspectives. I used critical ethnography, and an ethnocultural tradition in particular, to frame the methodological components of the research study because its epistemological assumptions are most closely aligned to my own position and goals for the study.

Methodological Framework

"Despite its good intentions (to gain deeper understanding), ethnography is still a colonial method that must be…de-colonialized" (Gobo, 2008, p. 2).

Ethnography

Ethnography, a description of a particular group of people or of a specific culture (Spradley, 1972), has a complex history because its foundation in the study of the "other" has at times lent itself to abuses and marginalization

(Wolcott, 1999; Madison, 2012). Used well, however, it is one of the best tools we have as social scientists to explore traditions, processes, behaviors, and relationships. Toward this end, a critical researcher must attempt to forge a respectful, ethical approach that uses multiple sources, including the researcher's own experiences, to keep observations in context as much as possible (Gobo, 2008).

Ethnography is a process of exploring by being present and "experiencing, enquiring, and examining" (Wolcott, p. 46) that which is being studied. Participant observation, one way to conduct ethnography, is a particularly good fit for this study because it involves a relationship between the researcher and participants, in which the researcher "gains access" to or "enters" (Madison, p. 24) the participants' environment, and the two interact over a period of time, with the purpose of observing and describing behavior, and "learning their code (or at least parts of it) in order to understand the meaning of their actions" (Gobo, p. 13). These were the circumstances for which I was hired by CVT and my intent in undertaking this year-long study in DRC.

Critical ethnography. Critical ethnography is a type of ethnography that incorporates the researcher's viewpoint or agenda regarding some aspect of participants' lives and attempts to make room for, and bring to life, voices that might not otherwise be heard. Madison (2012) explains essentially a social justice approach in which the researcher feels an *ethical responsibility* to actively address some suffering, inequality, or discrimination present in the *lived domain* of the participants with her research. "The conditions for existence within a

particular context are not as they *could* be for specific subjects; as a result, the researcher feels an ethical obligation to make a contribution toward changing those conditions toward greater freedom and equity," he said (p. 5). This is also consistent with the social constructionist and feminist lenses I used to conceptualize this project.

The contributions I hope to make with this study are to increase awareness and understanding of some couples' experiences after surviving torture and war trauma, and of the circumstances of poverty and political chaos generally in DRC; to encourage the idea that healing from even very dramatic, life-changing, violent trauma can happen and may be especially effective in relational contexts; and to advocate for greater allocation of resources to areas of the world that are both desperately underprivileged and desperately challenged by these circumstances.

Positionality. It was important to include both broad and detailed information about my own *positionality* in this analysis. Madison explains addressing this concept as the researcher as being "accountable for our own research paradigms, our own positions of authority, and our own moral responsibility relative to representation and interpretation" (p. 8). As described above, this was particularly necessary in this context because the differences between me and those with whom I worked – both colleagues and participants – were so great, and because I was given so much power, as described in the following blog entry:

4 October, 2007

Here, as in Italy, and Mexico, and I'm sure other places, the supervisory role really capitalizes on the "super" part of the deal. I realized that most vividly today when, truly, I said someone's name, and he jumped across the room to meet whatever need I was about to announce. After that, I realized that had happened a number of times already. There's a significant difference in deference.

I need to be aware of my own comfort level with being in an authority role, combined with their expectations of an authority figure and the desire for someone to know what's going on and to be in charge. I might be most inclined to refract what's cast on me right now, but I don't know if that's best, really. Who the hell knows what's best – why pretend there's something even called best.

Two significant challenges to address in this study were: (a) my multiple roles as therapist, clinical supervisor, and researcher; and (b) that I was a complete foreigner in that context. The color of my skin and my professional role were profoundly privileged by the people with whom I was working, both colleagues and clients/participants. No amount of attempts to flatten hierarchy or normalize myself to others would neutralize this fact, and worse, I noticed that in some ways I grew into the role I was given as time passed and stress, exhaustion, and sense of defeat increased, as the following blog post shows:

24 February 2008

If we take irritants as a measure of change in a person, then it seems like now is as good a time as any to take a look at how I've

changed already this year. I was telling [my husband] last night that if you had told me five months ago the things I would get annoyed at this stage of the game, I wouldn't have believed you. So let's have a look:

- Yesterday, I scolded a guard for not having noticed that the light was on inside the LandCruiser and told him that even though he wasn't the one who left the light on or parked the car, he should always check the vehicles.
- I'm annoyed that [our housekeeper] is eating my cereal and my peanut butter, and regularly making her way through our canister of sugar and our powdered milk jar, and I have now grown suspicious enough to wonder what else is disappearing that I check things to see if any is missing.
- I think it's absolutely outrageous that the guard took two steps into my living room yesterday when I said, "Yes?" after he knocked. I also seriously believe that the guards should not look in our windows or talk to me just because I'm in the kitchen with the door open.
- I offer to drive one of the vehicles back to the house sometimes, especially if we get back late, so that our chauffeur who lives furthest away won't have to go to our house and then walk home. When I don't offer and he asks anyway, I sometimes feel like, "Pshhww…what if I didn't *want* to drive myself home tonight?!?"
- My refrain these days is "*Quelle est la question?"* — "What is the question?" I sometimes follow that up with, *"Oui, mais quelle est ta question pour moi?"* "Yes, but what is ***your*** question ***for me***?" Sure, that's

usually in response to circuitous explanations I don't need, which end in quizzical looks to which I cannot respond, but still.

I could explain all of those things, but context wouldn't annul the reality. I think it's safe to say I'm carving new territory in the realm of entitlement.

I imagine there are probably other ways that my patience and tolerance expand every day, but there's a little bit of the flip side for ya.

Even knowing that my sense of entitlement was growing did not prevent it from doing so in an environment where ample infrastructure reinforced my privilege, and I did not have enough resources to better manage feelings, logistics, or staff.

The best I could do while I was in DRC and the best I could do while analyzing these data was to put my experiences and others' in as rich and detailed a context as I could. While in DRC, I did this by offering as much information as I thought was appropriate about myself, my background, and especially the uncertainties, weaknesses, and questions I was aware of. I pointed out my mistakes whenever I could. I apologized frequently and with full explanations. I shared positive and negative thoughts about my own culture and country, about which people had many questions. I sat on the floor if others were sitting on the floor, unless to do so was more insulting because they had offered me the special chair. I declined unnecessary formalities when possible, though the title, "Madame," stuck like glue, no matter what I did. I declined special treatment when possible, though this was difficult when there were people whose jobs it was to do those things for me (e.g., drivers and security guards). While all of this was important all year long, it was especially important in the interviews,

because of the differences between clinical interventions, which have the primary intention of being useful to the clients, and clinical research, which has the primary function of being useful to the researcher but is closely intertwined in an iterative process to inform cultural relevance and effectiveness of the intervention.

These things were important for PSCs to learn, too, both because of their relative power and status relative to our clients and interviewees, but even more so because of their association with me and with an international NGO. Showing up in a village in a new, white LandCruiser with a white woman meant the dynamics of interaction were instantly changed for them, and PSCs learned a lot about how to compensate for and work around that during the year we worked together.

Even with all of that experience, it was important to reinforce and advance these practices further when preparing to do these interviews. I was not able to do as much formal training with PSCs as I would have liked prior to embarking on the project, but we had brief (one- to two-hour) discussions about the important interpretation principles to keep in mind during the interviews, and about the kind of environment I wanted to attempt to create. These principles and ideas were consistent with Madison's (2012) "attributes of the interviewer and of building rapport" (p. 39), which include:

- consciously attending to the rapport between interviewee and interviewer;
- accepting that "nervous energy" (p. 39) is present and channeling it into preparation;

- “positive naiveness, [which] is acknowledging that you do not know and that you must rely with humility on others and trust upon the knowledge of knowers” (p. 39);
- engaging in “active thinking and sympathetic listening”; Madison explains that, in critical ethnography, there is a “fluid and reciprocal dynamic”; that “you are listening with an open heart and kind reception to what is being said and expressed to you”; and that “you are actively thinking about what is being expressed; you are not just present in body, but deeply engaged in mind” (p. 40);
- paying attention to power and privilege, and to the “status difference” (p. 40) between you and the interviewees; and
- “patiently probing” (p. 40), so that you get as much of the information you seek as a researcher without causing interviewees to feel uncomfortable or as if they are not meeting your expectations.

Language interpretation got special attention in our preparation. I had already worked with PSCs for eight months by the time we were embarking on couples’ groups, and for almost a year by the time we conducted interviews. Three-way communication, from clients in local languages to PSCs, and from PSCs in French to me, and then back that same pathway, was cumbersome and slow. We had worked very hard throughout the year to improve accuracy and optimize understanding between all three parties, and by July, 2008, we had learned a lot from each other. Still, at that late stage, there were many opportunities for misunderstanding. I wrote about a few of them at the time:

22 July 2008

Lost in Translation

Here are some examples from a conversation I had, via a PSC interpreter, with a recently-raped 15-year-old girl and her mom:

Me: [in the best French approximation I can manage] So I'm wondering if you would like to talk with us alone for a little bit, without your mom here?

PSC: Blah blah blah. [I understand enough to know that this was a declaration, not a question.]

Mother: [gets up to leave]

Me: Wai-wai-wait, I was asking if you would like to do that, it's just an option.

PSC: Blah blah…*nivile?* [adds element of question]

Child: Yes.

Me: Okay, then let's do that.

Me in French: Ahhh, so right now, those thoughts and feelings are kind of stuck in your head with no way to get out, because there's no one to talk to?

PSC in Swahili: Blah blah blah

Client in Swahili: Blah blah blah

PSC in French: She says she doesn't know what's going to happen because she doesn't know what you're going to say yet.

Me in a universal language: Huh?

PSC in French: Because you said that her ideas are going to stay locked up?

Me [in a language that I am beginning to believe may be unique to me]: No, I was saying that right now, those thoughts and feelings are staying in her head with no way to go out, because she doesn't have anyone she can talk to about them.

PSC in Swahili. *Anasema* [she says]*…*blah blah blah

Client: *Ndiyo* [Yes]

Me: Ahhh, okay.

Me: Are there days or times that would not work well for you to come back for our next conversation?

PSC: Blah blah blah

Client: Blah blah blah

PSC: We are many at our house.

Me: Ummm… I was asking if there were days that would not be good days to come here for another appointment, or times of the day…

PSC: Blah blah blah

Client: *Hapana, unasema.*

Me: Okay, how about Friday at 16h?

Client: Okay.

And from earlier today, with the other recently-raped, 12-year-old girl:

Me: Have you already been to the hospital?

Father: Blah blah blah

PSC: No, she hasn't been to the hospital yet.

Me: Okay, what has gotten in the way of her going to the hospital (for the last month) up until now?

PSC: Blah blah blah

Father: Blah blah blah

PSC: He's a fisherman and can be out on the lake for a month at a time.

Me: Okay, so was she alone during this time, or with her mom, or …?

PSC: Blah blah blah *mama* blah blah

Father: Blah blah *mama* blah blah

PSC: No, she was with her mother.

Me: Okay, and so her mom wasn't able to get her to the hospital?

PSC: Blah blah *mama hôpital* blah blah

Father: Blah blah *mama hôpital* blah blah *soin* blah blah

PSC: Her mother took her to the hospital, but they weren't able to do anything for her there.

Communication was challenging. Because of this, in preparation for the interviews, I discussed and reinforced interpretation principles with PSCs from trainings throughout the year, such as:

- always face the interviewees, not me, regardless of the direction of the interpretation;

- keep the interpretation as close to simultaneous as possible, but prioritize accuracy over speed, which meant slowing down or asking a question when there was confusion or a need to ensure accuracy;
- pay special attention to the nuance in language, including qualifiers like "might," "a little bit," and "could you possibly"; and
- when metaphors, idioms, or symbolic language are used, give me the literal and figurative meanings as much as possible.

In addition to the above preparation, we held briefings before and debriefings after each interview to share concerns, impressions, and reflections, and to cross-check our understandings of what participants shared in interviews. This was part of enhancing trustworthiness, described in more detail toward the end of this chapter.

Procedures

Ethical considerations. Prior to starting the MCG therapy groups in 2008, I applied to the University of Minnesota's Institutional Review Board (IRB) for approval to complete the interviews and analyze those data. I received IRB approval at the end of the 10-week group cycle in 2008 [See Appendix A for consent form]. The vast majority of participants in this study were not fully literate, and some were not at all literate. Asking about literacy or presenting a written document to an illiterate person to sign could be shame-producing in Pweto (and would be in many other places). With the input of my local colleagues, I determined that the most respectful and effective way to explain the study and its potential risks and benefits, and to obtain informed consent, was to

do it verbally. IRB approval included an exemption from needing written informed consent for participation.

Research questions. The research questions guiding the post-intervention interviews were:

1. What were couples' perceptions of the effects of torture and war trauma on their relationships?
2. What were the couples' lived experiences of participating in MCGT?
3. What changes, if any, did couples perceive as having occurred in their relationships since participating in MCGT?
4. What recommendations do couples have for potential future MCGT?
5. What is the feasibility of the MCGT intervention in Pweto in terms of acceptability, demand, implementation, practicality, and limited efficacy?

(See Appendix B for a list of the interview protocol questions.)

Recruitment. After I received IRB approval, we informed all group members during the very last MCGT session about the study and its goals, and we told couples that PSCs would follow up with them to see if they were interested in participating. My colleague PSCs then approached each of the 13 couples who completed the MCGT individually, at their homes, to request their participation in the interviews. We chose for PSCs to speak to the couples without me present because it was more difficult for people in Pweto to say no to me than to say no to the PSCs, mostly because of my white skin. The PSCs explained that we wanted to understand how the couples had experienced the

group, and to learn from them how we could improve the group, and asked if they would be willing to participate in an interview for up to two hours.

Participants. All 13 couples who completed the MCGT agreed to participate in the interviews. PSCs managed the scheduling of the interviews with the couples and confirmed to ensure their attendance. Due to time constraints[8] and coinciding availability of participants, PSCs, and me, however, we were not able to interview both members of every couple. We interviewed both spouses from seven couples; the wife only from four couples; and the husband only from two couples, for a total of 20 out of 26 group participants.

Conducting interviews. All interviews took place in the couples' homes. We offered options such as the group space we had used, but all participants preferred to do the interviews in their homes. I conducted each interview with a PSC interpreter. Four PSCs served in this capacity for the 13 interviews, and each had also been a co-facilitator in the group in which the interviewed couple participated. We began with greetings and then proceeded to review the consent form verbally. Once we had obtained consent to proceed with the interview, we continued with the interview questions.

Recording and preparing data for analysis. Interviews were audio taped, with participants' permission, and recordings and transcriptions have been kept only on a computer protected with a password that only I have. The recordings capture my questions and comments in French, the PSCs'

[8] These interviews were conducted during weekends or evenings while all of us were working more than full-time doing therapy with other torture survivors. PSCs gave up their free time to help conduct these interviews, and without their sacrifice and dedication, this study would have been impossible.

interpretations of those questions in Kibemba or Kiswahili, and the participants' responses in Kibemba or Kiswahili.

I transcribed all 13 interviews directly into English. Because the interviews were in French and Kibemba or Kiswahili, and due to the difficulties hearing some of the PSC interpreters on the recordings, I thought it would be difficult to find someone else to complete the transcriptions. I also knew the PSCs' voices and Kibemba, Kiswahili, and Congolese French expressions that were commonly used in expressions of thoughts and feelings about war-related experiences, and I worried that I would lose some meaning if I had an uninvolved person do some or all of the transcription. I had experienced this several times in attempts to have someone else translate written training materials, and even when the translator was a Congolese person (not from Pweto) living in the U.S., the translation lacked accuracy, especially regarding local idioms.

Analytic Procedures

Consistent with ethnographic methodology, I used domain analysis (Spradley, 1979) as an analytic approach to interpret and represent the multiple sources of data I relied upon in this study, including field notes, observations, communication with peers and local counselors, and the transcribed text of the couples' interviews. Because of the layers of cultural and socioeconomic differences between me, the PSCs, and the participants, supplementing the textual interview analysis with field notes (or transcriptions of audio recordings), including reflections from the PSCs and entries from the blog I kept during the year I lived and worked in DRC, was essential. These reflections are an

important part of the data, and they have been integrated to provide a richer description of the research study and process that took place, which will serve as one component of data verification.

Developmental Research Sequence. As previously mentioned, I left for DRC with a plan to develop familiarity with the context over time, assess the clinical needs in the field, develop an intervention intended to address those needs, and conduct research to evaluate some parts of that implementation and of participants' experiences. Thus, the entire research design was not, and could not, be fully complete prior to my arrival in DRC. My conceptualization of the project was influenced by phenomenological, narrative, and ethnographic approaches. After I returned from DRC with raw data collected during the interviews, field notes, and observations, I worked with members of my advising committee to select the methodological framework for analysis. I used a general thematic analysis framework to label and organize data and relied on Spradley's (1979) ethnographic domain analysis when possible.

Spradley's (1979) Developmental Research Sequence (DRS) is a 12-step method of conducting ethnographic interviews and analyzing the resulting qualitative data. The approach emphasizes the researcher gaining a thorough, nuanced, and organized understanding of participants' knowledge by privileging their experiences and perspectives. Because of this, the DRS was a good fit for this study and for the data I collected in many, but not all, ways. In this section, I have explained the 12 steps of DRS and the application of each step in this

study, including ways that my analysis or process departed from the prescribed method.

1. Locating an informant. Though I refer to interviewees as *participants* throughout this dissertation, Spradley uses the term *informant* to refer to those interviewed. Informants should have ample, first-hand, and current experience of the culture or phenomenon about which they are interviewed; they should have time to participate in the interviews; and the interviewer should not be a member of the same group or culture. Furthermore, informants should be lay people as it relates to the information sought so that they can speak as group members, rather than as analysts. The women and men interviewed for this study were all of the above; in fact, they were the only existing members of this group: torture-surviving, Congolese, married couples who had participated in MCGT. Their experience was recent so their knowledge was still current.

2. Interviewing an informant. The ethnographic interview characteristics Spradley recommended include that the interviewer has an *explicit purpose* for the interview and explains that purpose, as well as the *project*, the *interview process*, and the *recording procedures*, to the interviewee in an iterative process, starting from the initial contact.

Clearly, I had an explicit purpose for the interviews for this study, and I began explaining that purpose and the study in the last group session, as described above, and the explanations continued when the PSCs approached clients individually, as well as when we arrived to conduct each interview. Explanations of the recording process began when we arrived at each interview,

but participants were already familiar with the idea of audio recording from having experienced and consented to it during MCGT. Explanations of *questions* took place at the beginning of and throughout the interviews. The one aspect Spradley suggests explaining that we did not explain was using *native language*. This did not seem necessary, as participants were already accustomed to talking very openly and naturally with us, and I was already convinced by my own impressions and PSCs' feedback that they were using their regular (native) language. It seemed helpful that they already knew us, and that many of them spoke in front of their spouses, whom they knew very well, possibly making them more likely to speak as they normally would about the subject.

I used all three primary types of questions Spradley described:

- *descriptive,* e.g., "What was your relationship like before the war?"
- *structural,* e.g., "What did you do to try to help your children with their feelings?"
- and *contrast*, e.g., "How was your relationship with your spouse changed by the war?"

3. Making an ethnographic record. Spradley (1979) explained that, "An ethnographic record consists of field notes, tape recordings, pictures, artifacts, and anything else which documents the cultural scene under study" (p. 67). I collected all of those things except artifacts, though I confess that not all of my collection was initially intended to be part of an ethnographic record. As I explained in the Introduction, I started writing in my blog mostly as a way to deal with my own experiences and to stay sane, as a way to keep in touch with friends

and family, and to capture memories and moments while they were fresh. The same was true for most of my pictures. As my research interests evolved, I was able to see the potential benefit of having those very personal thoughts and experiences documented, that I would be able to contextualize the study a bit. Fortunately, many things I found interesting or challenging about my own experience also happen to be elements considered relevant in a *field work journal*, though the terminology might be different. From my perspective, I was writing about such as cultural differences and misunderstandings, and Spradley talked about distinguishing between *native terms* and *observer terms*. My blog consists of more than 500 pages of entries, and I have thousands of photographs and dozens of videos documenting the town Pweto, surrounding villages, landscape, the offices and residences in both Pweto and Lubumbashi, counseling huts, and also featuring my colleagues friends, animals, and more.

Audio recordings and field notes, on the other hand, I intended from the outset to be a part of the ethnographic record. They provided me with the *verbatim record of what people say*. I audio-recorded each group session, about one third of our facilitator debriefings after group sessions, each interview, and my own reflections after four group sessions. I had intended to record my own reflections after each group session; the failure to do so is a product of the time constraints, overwork, and fatigue already mentioned. As described in Procedures above, I transcribed the recordings verbatim myself. I also kept the most detailed notes I could of participants' words and body language during the interviews. Though the need for interpretation was a hindrance in many ways, the

lengthy process of interpreting messages in both directions between each of my questions allowed me a great deal more time than I might have otherwise had to scribble notes. In many cases, I was able to write participants' exact words; in other cases, I was able to note possible intention or explain when body language had served to complete a sentence. These notes turned out to be extremely valuable to corroborate sections of recordings when the interpreter's words were unintelligible or drowned out by crying babies, bleating goats, chirping crickets, or guinea fowl who had come inside to retire for the night.

4. Asking descriptive questions. The DRS includes a process of establishing *rapport,* which Spradley (1979) said often means developing the following elements in this order: *apprehension, exploration, cooperation,* and then *participation.* One difference between this study and many ethnographic studies that might be guided by DRS analysis is that my colleagues and I had known most of the participants for months before ever broaching the possibility with them of participating in a study. For group members who had first completed individual and then MCGT, they had seen us weekly for a total of about six months. In some cases, my PSC colleagues had known group members for years as neighbors; this was one reason that only a small handful of PSCs participated in the interviews. Rapport with individuals and with CVT as an organization was already well established by the time we embarked on the research study. The stages of rapport mentioned above had mostly happened during the process of screening, intake, and beginning groups. Still, because interviews were a new part of our relationships, we attended to and developed

that rapport further throughout the interview process by being warm and welcoming, and by accepting the interviewees' positions and realities without judgment.

Interview questions followed Spradley's guidelines generally, but not always specifically. I did not use *native language* questions at all, but I did use some types of *grand tour, mini-tour, example,* and *experience* questions. The questions were informed by a cultural ethnographic approach, as well as by the theoretical frameworks mentioned above, but I had not yet selected the DRS as my analytic approach when I designed them; some of the consistency between my questions and DRS questions, therefore, is coincidental. My grand tour question asked participants about their relationships with their spouses and with their children at various points in their lives. Mini-tour questions focused on specific aspects of their relationships, or requested more detail about something mentioned in passing, like "closeness," or "it was just love." I used example questions mostly when I was having a hard time understanding what the interviewee was describing, such as when someone would state a concept multiple times, but I still did not grasp the specific meaning of the concept. If, for example, someone had repeated, "love is just working together" a few times, I might ask for an example of how they worked together. This was important because sometimes people meant by that that they worked in the fields or in their store together, and sometimes people meant that they cooperated, communicated, or understood each other well; these are different concepts worth distinguishing.

5. Analyzing ethnographic interviews. Spradley posited that the main differences between analysis in most social science research and ethnographic research are the order of operations, notably that hypotheses are formulated earlier in the process of most social science research, and the inclusion of culture and an ethnographic perspective throughout the process. This study again differed from some in that the process of *selecting a problem*, *collecting cultural data*, and *formulating ethnographic hypotheses* took place over the eight months prior to beginning the study, and the latter two also took place during the study. *Analyzing cultural data* took place mostly after collecting interview *and* cultural data, and *writing the ethnography* was the last step in my research process.

The domain structure in my analysis has similarities to, and differences from, Spradley's (1979) domain structure. If we consider a domain structure to be a vertical concept for the purposes of explanation, a *domain* in the DRS refer to a top-level category comprised of other categories; *cover terms*, just below the domain, represent a category of cultural knowledge which falls within the domain; *included terms* are situated under cover terms and have a *semantic relationship*, such as being types of, or a reason for, to the cover term.

In this study, I used domains to refer to clusters of content organized thematically, essentially as Spradley described. I called cover terms *categories,* which named various levels of abstraction within the domains. I referred to included terms as *themes*, which I used to group codes into larger concepts, and which may have thematic meanings across domains or simply within a single

domain. I also used *sub-themes*, which name and organize examples and variations of themes.

6. Making a domain analysis. This step of the DRS is very specific and detailed; my analysis followed some of the steps and not others. I did not start my analysis by selecting a single semantic relationship, and I did not use a domain analysis worksheet or start with a sample of informant statements. My structural questions were included in the original interviews, not constructed later for follow-up interviews, and I did not make a complete list of all possible domains. Instead, after I transcribed the interviews, I did the following:

1. completed open coding for each interview;
2. reviewed open coding and began to document potential connections and meanings;
3. determined the domains I would use for the analysis (further described in Step 8, below);
4. using a spreadsheet, compiled all participants' first round of coded interview data according to domain, i.e., listed all Domain I codes in a single worksheet, all Domain II codes in another worksheet, and so on;
5. looked for "possible cover terms and included terms that appropriately fit the semantic relationship" (p. 114) for each domain and each category.

7. Asking structural questions. In a strict sense, asking structural questions is labeled as a later step of the DRS because, Spradley explained, many ethnographers will formulate structural questions after an initial round of interviews, which serves to inform the construction of those questions. The

structural questions are then included in all subsequent interviews. He also stressed, however, that all three primary types of questions (including contrast questions, not described until even later in the sequence), should be interwoven and used concurrently most of the time. As mentioned above, I did not have time to conduct multiple rounds of interviews, or to conduct some between-interview analysis that could have informed subsequent interviews. Therefore, structural questions were a part of all of my interviews, rather than being informed by, and formulated after, an initial round of interviews.

This step of the DRS includes some elements that were a poor fit for my study. Spradley is especially focused on studies of terminology and language used to describe a certain experience, behavior, or membership in a certain group. My study focused on understanding what people told me about their thoughts, feelings, and beliefs about a very specific experience (MCGT), and finding out whether they experienced an intervention as useful for them. This difference meant that, in my opinion, many of Spradley's guidelines for this step, e.g., writing terms on cards and having interviewees sort the cards according to the domains, were not applicable to, or compatible with, my study.

8. Making a taxonomic analysis. I adhered more closely to this step than the previous step because it was more relevant to the data I had. I reviewed the data, color-coded by domain as described above, and within each domain, sought themes and sub-themes that had a semantic relationship to one another. I constructed a taxonomy as I progressed through the analysis (see Appendix C for the Domain Analysis summary; Appendix D for the complete Domain Analysis

table, and Appendix E for sample coding of couple interviews), which is briefly described in this section and is used to present results in Chapter 5.

Spradley said, “All members of a domain share at least one feature of meaning” (p. 100), and in this study, that feature is the period of time during which they occurred. The five domains in this analysis correspond chronologically to the periods of couples’ lives addressed in the interview:

- Domain I: Before the war;
- Domain II: During the war;
- Domain III: After the war but before the group;
- Domain IV: During the group; and
- Domain V: After the group.

Chronological organization allowed for a consistent way to analyze couples' experiences of their lives and of the couple group intervention.

Within each domain, I used an ecological framework to move between different levels of abstraction and to organize the categories. Though the questions focused on the couples’ marital relationships or their relationships with their children, participants also talked about experiences ranging from the intrapsychic to the contextual. Coded responses are therefore separated by category within each domain, generally in the following order:

- Self;
- Relational – Marriage;
- Relational – Parent/child; and
- Contextual.

In a small number of cases, there are additional categories within a domain, such as those pertaining to group-related experiences. In the *Self* category, themes pertain to individuals and might be reported by individuals who are the subject of the theme, or by their partners.

Within each category, couples' reported thoughts, feelings, and experiences are organized into themes and sub-themes, generally in descending order of the number of couples who mentioned a particular theme. After transcribing, coding, and summing the number of *times* each theme was mentioned, as well as the number of *couples* who mentioned each theme, it seemed more meaningful to this analysis to consider the number of *couples* who mentioned a theme because there were occasions when a small number of couples mentioned a theme a very large number of times. For this reason, I believe a couple count reflects the weight of the themes better in most cases. In a few cases, I include themes reported by just one person. Though this practice is not included in Spradley's DRS, I included only those interview themes that echoed thoughts I had heard at other times, either from other couples who said similar things during the group sessions (but did not repeat their comments during interviews) or from other clients in individual groups throughout the year I practiced in DRC. When an individual couple or person reported something that did *not* sound like something I had heard from others, I did not include it as a theme in this analysis.

9. Asking contrast questions. As with structural questions, contrast questions were a part of each interview, and were a part of the initial design of

the study, not informed by early interviews and included in later interviews. This study emphasized contrast questions; the research questions themselves are about contrast and differences during the evolution of time and relationships. We asked participants how things had changed for them and what they believed had elicited or facilitated those changes.

10. Making a componential analysis. This step is another element of the DRS that involves a very detailed sequence of steps and suggests that the researcher develop and revise *contrast questions* as a result of what is identified by this process, and one in which the emphasis is on terminology and language. Though wording of my contrast questions or emphasis of delivery changed somewhat with experience, the questions themselves were not redesigned during the interview period. The substance of making a componential analysis, however, is the establishment and refinement of *attributes* and semantic relationships between themes within a domain, in order to, as Spradley (1979) says, "map as accurately as possible the psychological reality of our informant's cultural knowledge" (p. 176).

Within each domain, I began to cluster themes (cover terms) and sub-themes together, and to search within those for contrasts that had *binary values*, e.g., "positive emotions" and "negative emotions," as well as those that had *multiple values*. I then collapsed the latter, as Spradley recommended, into a larger theme, such as the different "ways we are good to each other." Within that theme, then, the multiple values, for example, "he hears me," "we help and

support each other," and "I'm good toward my spouse," became sub-themes. I completed the rest of the analysis and documentation in this same way.

11. Discovering cultural themes. After completing the paradigm, I reexamined the themes and sub-themes across domains to find overarching *cultural themes*, which Spradley explained are concepts that transcend any one area of conversation with interviewees and seem to contain a larger truth or relevance to the culture. He emphasized that prolonged immersion in the culture helps the ethnographer see the cultural themes, though immersion in the data can also occur without prolonged immersion. As I searched for similarities, it felt useful to have had the time I did knowing the general culture, the ways of talking about relationships, and cultural values messages about family, work, and wartime experiences.

12. Writing an ethnography. Spradley emphasized the importance of thorough digestion, and then thorough *translation*, or effective communication to outsiders, by the researcher. He argues against writing a document that is intended mostly for other researchers or is not interesting to a lay audience, and in favor of creating a complete ethnography that draws readers from different backgrounds into the culture and fully conveys the researcher's understanding of cultural meanings. Writing at several different levels, ranging from macro to micro lenses, he suggested, helps ethnographers reflect the different levels of knowledge they have gained, increasing the chances that a wider audience will benefit from the work represented by the first 11 steps. This is what I have tried to do here, both by moving from the general to the specific and back throughout

the dissertation, and by including additional sources of context and perspective, especially my own, but also those of my colleagues, and in some cases, friends and family.

Enhancing Trustworthiness and Ethical Considerations

According to Lincoln and Guba (1985), the differences between *conventional* and *naturalistic* paradigms, including the assumptions of constructed realities in naturalistic research, as well as the need to present an integrated view of multiple realities, call for a separate set of standards for rigor, rather than to apply the conventional standards of internal and external validity, reliability, and objectivity.

Cultural and socioeconomic differences between me and our participants were primary concerns as I addressed ethical considerations and rigor for this study. These differences were constantly highlighted throughout my time in DRC, and they made it challenging enough just to conduct therapy; I knew it might be even more difficult to conduct research that was ethical and methodologically sound. I used a range of methods to ensure the highest ethical standards and to enhance trustworthiness of the data using Lincoln's and Guba's (1985) evaluative criteria : credibility, confirmability, dependability, and transferability. In this section, I have reviewed those four criteria and the efforts I made to fulfill them.

Credibility. This criterion roughly corresponds to the principle represented by the concept of *validity* in conventional research, that the findings of the

research can be trusted as meaningful in context. Techniques for establishing credibility include:

Prolonged engagement. Most kinds of ethnography, including critical ethnography, recommend that the researcher be involved with the population or culture for a prolonged period of time. Lincoln and Guba (1985) encouraged that this should be long enough to have a substantial understanding of the context; to be able to notice when there are discrepancies either in data presented by participants or between the researchers' preconceptions and the data; and to be both familiar to and trusted by participants, enabling people to tell more complete versions of their realities than they might with someone less familiar. I could have continued to learn more about culture in Pweto every day for the rest of my life if I had stayed; in some ways, I felt like I was just brushing up against the tip of the iceberg by the time I left. Despite that, I had a great deal of familiarity with torture survivors in Pweto after having worked very closely with hundreds of them over the course of a year, and I was well enough informed to carry out this study.

Persistent observation. Ethnographic researchers should continue their observations for an extended period of time so that they are able to distinguish what is most relevant to the issue being studied. I was immersed in the experiences of torture survivors in Pweto almost every single day for a year, and I continued to revise and develop my understanding of the issues during that time.

Triangulation. This criterion calls for the use of multiple data sources so that accounts can be compared and contrasted, resulting in richer data and with

less risk of presenting a very skewed perspective as representative. My biggest concern while conducting this research was that people would agree to participate in the interviews, or do anything that made them uncomfortable, because it was too difficult to say no to me. One of several strategies I used to minimize the risk of harm to clients was to ask my local colleagues, the PSCs, constantly for feedback on my ideas, impressions, and interpretations of clients' or participants' words and behaviors. I frequently asked them to clarify any points that were unclear to me, as well as to ask what their perceptions had been about certain parts of the interviews. As mentioned previously, my notes from the interviews also offered information supplementary to the audio recordings, though they were of course from my own perspective.

Peer debriefing. I was in contact by email and phone with several committee members periodically, discussing different aspects of the project planning and implementation, as well as interview content and process. This provided some opportunity, even at a distance, for others to raise questions I might not have thought of, and to offer a different perspective.

Negative case analysis. In order to ensure that an analysis takes all data into consideration, Lincoln and Guba (1985) recommend that researchers pay special attention to cases that do not fit neatly within their hypotheses. This was part of the reason I have noted the frequency with which participants mentioned different themes and sub-themes, as well as one reason for addressing an outlier case separately in the Results chapter.

Referential adequacy*.* This recommendation is to save a certain amount of the data for later analysis, so that preliminary findings can be compared with later impressions. I met this criterion by necessity, rather than by formally setting aside some data; the transcription and analysis of data were time-consuming and took place over the course of several years. My hypotheses became clearer and more nuanced during that time.

Member-checking*.* Ideally, according to this criterion, participants would have had the chance to give feedback on my analysis prior to completion. I was not able to orchestrate eliciting participants' feedback, due to tremendous communication obstacles (even most of the PSCs with whom I worked have extremely limited access to email and no access to postal service; participants have even less access). I did, however, do as much member-checking during the interviews as possible and appropriate, with the goal of clarifying misunderstandings in the moment.

Transferability. This criterion describes the ability to assess how generalizable results are, or might be. It is not to be misconstrued as generalizability itself, merely the use of appropriate techniques, and the inclusion of enough information gleaned, so that the researcher and the reader can evaluate how the results might apply to other settings or populations. The main suggestion for addressing transferability is using thick, rich description, which is a pillar of phenomenological work, and includes specifying observed relationship patterns in a given culture or experience. The ability to provide thick, rich

description was a central intention of the design of my research and interview questions.

Dependability. Dependability roughly translates to the concept of *reliability* in conventional empirical research: the degree of likelihood that completing the same procedures would yield similar results in a subsequent trial. To increase the dependability of results in this study, I have used an external auditing process including two auditors: Dr. Elizabeth Wieling and Dr. Paul Rosenblatt. Dr. Wieling read all transcripts and all summaries, independently coded three interviews, and checked all others throughout the process of coding and data analysis. Dr. Rosenblatt completed auditing for one interview transcript. Each auditor offered feedback and alternative coding, and those suggestions were discussed and integrated into the final coding.

Confirmability. Considering the undeniable influence of the researcher upon any research inquiry, it is important to assess the degree to which the respondents themselves influence the findings, and to make attempts to minimize the chance that the researcher is the primary influence. One component of confirmability is for the research to approach the inquiry with *reflexivity*, meaning the acknowledgment at each stage of her own influence, and an assessment of what is needed to account for, minimize, or highlight this influence. As described in the Introduction, I practiced reflexivity by systematically recording my experiences as an outsider, sharing these perspectives with others who could offer feedback, and by staying in close contact with colleagues about the influence my other-ness would have on clinical

work and research. In addition, I completed a *confirmability audit*, and I kept a record of my *audit trail*, both of which were reviewed by Dr. Wieling. The audit trail included:

- all demographic and quantitative symptom measures;
- all raw data: audio recordings of interviews, as well as demographic and historical data;
- interview notes, field notes, and audio recordings of my own and PSC reflections;
- emails to and from committee members documenting research design evolution and decisions;
- early drafts of coding, interview summaries, and early analysis; and
- process notes and emails documenting the progression through the steps of data analysis.

Feasibility

Considering that (a) no other intervention had ever been conducted in Pweto to address the marital relationship issues remaining after the war, and (b) this intervention was newly designed to address couples' needs, assessing the feasibility of the intervention was an important goal for this study, and an important first step in implementing any clinical intervention. Bowen et al. (2009) explored eight components of feasibility that can be evaluated in a pilot intervention study. Below, I have described five of those components that I evaluated during this study.

Acceptability. In order for an intervention to be successful, it must be something the target audience is willing to use. This component addresses whether individual potential participants and interventionists are open to the idea of the intervention and whether the intervention fits within the participants' culture.

Demand. Even if the experience of an intervention is tolerable or even attractive to potential participants, there is little reason to develop or test an intervention that is not needed. This component asks whether there is demand for what the intervention intends to address.

Implementation. The feasibility of implementation refers to whether the intervention can be carried out as intended, including whether appropriate participants are accessible, and whether capable interventionists exist or can be developed.

Practicality. An essential question in any intervention research inquiry is whether the cost, in terms of time, money, and human resources, is reasonable, given the outcome.

Limited efficacy. Though a randomized controlled trial (RCT) is considered the gold standard in evaluating the effectiveness of an intervention, it would be unwise and impractical to progress directly from intervention development to a RCT, without having some pilot data to show whether the intervention *might* be effective. Including this assessment in early studies of an intervention helps inform what research steps, or intervention refinement or redesign, might be most productive to undertake next.

Conclusion

In this chapter, I have presented my critical ethnography approach to investigating couples' perceptions of experiences of torture, its effects on their families, and their experiences in MCGT, as well as elements of the feasibility of MCGT. I also discussed a variety of strategies I used to increase the trustworthiness of the study, as well as a step-by-step description of the process I used to complete it.

Chapter 5: Results

In this chapter, I have first presented a demographic and war history overview of the participants. I have then presented the findings related to the feasibility of implementing the MCGT intervention, followed by summaries of three couples' interviews; finally, I have presented a domain analysis of the data across couples.

Demographics and History

All 13 couples in the study lived in Pweto Territory at the time of the interviews and had been there for months or even years since their war experiences. Some couples were originally from Pweto, but others had been repatriated there after time in the refugee camps in Zambia, or had moved to Pweto of their own accord after the war. Participants ranged in reported age from 33 to 73, with a mean age of 44.6; all but three said they were in their 30s or 40s. They were mostly subsistence farmers and small business owners, often selling their produce or fish they caught, but a few reported professions including teacher, woodworker, and construction worker. They had between 0 and 14 children, with an average of about 5 children. All of the participants reported having experienced some form of torture and capture; the majority of women were raped, and the majority of men were beaten or forced to carry heavy loads during their capture. At least one of the couples was a second marriage, and it was unclear exactly when they married.

Participants reported a variety of reasons for their initial approach to CVT for support (this was usually months before the start of the MCG), including, "To

find help for my mind because we really suffered"; "I came to you to confide my sadness"; and "My mind/spirit is exhausted. The thoughts of my wife's rape return to me constantly, and I often have general malaise." When asked what was the specific problem with which they most wanted CVT's help, responses included, "Humiliation and worthlessness"; "Sadness and anger every time I see the marks left by the scars on my son"; "My heart is hot every time I think about my wife and about my lost belongings"; and "Anger every time I think of the way my husband was tortured." Their goals for the work they hoped to do with CVT included, "To restore the sense and the purpose of life"; "I want you to help me lift this sadness and loneliness"; "Lessen this fear and have a calm heart"; and "Help me soften my angry heart." At intake, participants reported a wide range of physical problems, including pain in different parts of the body, gastritis, hypertension, heart palpitations, pain upon urination, constant cough, and the sense of a lump in the throat or chest.

All 26 participants went through the standard CVT intake procedure when they first came into contact with the organization. This intake consisted of a clinical interview with a PSC, which generally took place over two sessions and covered demographic information, social history, wartime experiences, as well as CVT's standard symptom measures. These instruments included adaptations of standardized measures of posttraumatic stress symptoms, anxiety symptoms, depression symptoms, somatic symptoms, and behavioral functioning; the adapted measures were not evaluated for validity and reliability in the DRC context. Participants responded on a 4-point Likert-type scale about how much

they had experienced each symptom within the last two weeks, with 1 = not at all; 2 = a little; 3 = a lot; 4 = very much. These symptom measures were translated into French and Swahili. Most CVT clients were not fully literate, though, so we also used "symptom cups" – a picture with four cups of water approximating the different amounts in Likert-type scale. The means for a composite symptom score in this sample were: somatic symptoms = 2.34; anxiety symptoms = 2.86; depression symptoms = 2.95; posttraumatic stress symptoms = 2.93. These means were not statistically different from the larger population of CVT clients. A number of challenges related to the collection and entry of data, including incomplete or unusable follow-up data, are described in the Limitations section of the Discussion.

Feasibility

No mental health work had ever been done in Pweto before CVT's arrival, much less any systemic work. CVT PSCs' reports made clear that, in addition to helping individuals resolve their intrapsychic symptoms, there was a need to address the difficulties couples were having in their relationships after the war. For that reason, I developed the MCGT. It was important to evaluate whether the intervention was feasible, including whether it seemed to have the intended effects for participants.

Acceptability

Despite numerous cultural barriers to the idea of working together in groups, couples quickly embraced the concept and the experience of talking with other couples about their relationships and wartime experiences. This was partly

a surprise and partly unremarkable to me, especially after a year of hearing people say, “You can’t ask X,” or “We don’t talk about Y,” and then finding that, as long as it happened respectfully and with the understanding that it was not an easy topic, people actually wanted and needed to talk about X and Y. Though PSCs told me that there was great stigma about mental illness and being “crazy,” it seemed no greater to me than the stigma in my home country. Though there were moments of discomfort and awkwardness, we got through them and contextualized them as all part of dealing with the difficult feelings that remained after their traumatic experiences. As with taboos and stigmas, I have found moments of awkwardness and discomfort in every cultural context where I have done clinical work – in the Balkans, in the Middle East, in West Africa, in East Africa, in Central Africa, and several regions of the U.S. Finally, despite much ado about therapy and counseling being novel concepts that people might not relate to in the region, it seemed to me to take very little in terms of community education for people to be open to, and accepting of, something that might help them feel better, suffer less, and live more.

Demand

The demand for mental health intervention in general in DRC, and for this intervention specifically in Pweto, can hardly be overstated; the need was simply overwhelming. The scope and impact of the devastation caused by years of raging war across a vast swath of the country was truly dumbfounding. At times, it seemed almost absurd to hold a group in which only 10 people were getting the mental health care that millions needed: a mere drop in the bucket. There was no

incentive for participating in our groups, except for a piece of bread and a cup of juice at the end of sessions. Despite this, many people left their farm work to participate, even if they depended on that work for their food. Others walked great distances to participate. Others found child care, or neglected chores, or simply made a conscious choice to do something they were not obligated to do. In addition to this, people told us repeatedly that we needed to continue this work; that couples were suffering in many places around us; and that they would take up the work themselves, including a group of men in one village who were planning to hold meetings with others in the village to “teach them what we learned here.”

Implementation

We were able to carry out this intervention mostly as intended. Participants were very accessible; we had no trouble finding interested couples, and we could have conducted many more groups if we had had the resources. One of the biggest challenges was interventionist capacity. Because this was a pilot of a just-developed intervention, it was important that I facilitate these three first groups, so that I could adapt the intervention in the moment as needed. If I had been able and willing to stay in DRC longer, not ready to return to my family and loved ones at home, I would have been able to work to train a group of PSCs to conduct the intervention themselves over time. Because we had permission from couples for the groups to be audio recorded for training purposes, even PSCs who were not participating directly were able to experience the groups indirectly, and we held many group supervision sessions with all PSCs so that

the learning from the couple groups could be shared with everyone as much as possible. That was not enough, though, and it is unclear how much additional training in systems theory and therapy PSCs or similar counselors might need to be competent MCGT interventionists.

Practicality

This question depends largely on the question raised in the section above: the intensity and duration of training and supervision required for a larger number of facilitators to be sufficiently trained. The intervention itself required very little other than human resources. We were usually in the clients' villages, in an existing hut or a school classroom, with wooden benches or plastic chairs. We already had the means of transportation, and we were already conducting individual groups in the same villages. We had also already cultivated relationships with the village chiefs and other key stakeholders prior to starting the couple groups. All of this greatly improved the practicality of the intervention: community members had already experienced the benefit of the services we had to offer, and they were willing to come and unlock the school classrooms, or help us set up, or spread the word, or just wave and smile and welcome us to their community. Developing these relationships was an important part of gaining access and acceptance as outsiders; even the PSCs were not from the exact villages where we worked, so almost all of us were outsiders to some degree. Nurturing those relationships contributed to the practicality of intervention.

Limited efficacy

As will be described in the remainder of this chapter, participants described to us that they had experienced the intervention as useful for addressing a variety of personal and relational effects they had suffered since the war, to an even greater degree than I had imagined they might. For example, I had not designed the intervention to address parenting needs, or children's behavioral issues, and I had not really intended or believed we would have an impact on those things. When clients were given the chance to offer input on how they wanted to use sessions toward the end of the group cycle, however, they reported that they were struggling with their children and with themselves as parents, so I adapted the intervention mid-stream to address those issues. In the subsequent interviews, they explained the benefits they felt they and their children had realized as a result. The limited efficacy findings of this study indicate that further work should be done to evaluate the effectiveness of MCGT for torture-surviving couples.

Couple Summaries

In this section, I have included summaries of three interviews, with the couples' demographics and war/torture histories integrated, to give a deeper and more continuous sense of people's voices and of how they talked about their lives in a narrative context, whether as a couple or individually. The couple summaries also give a sense of the larger context of torture and war trauma; these narratives are unique, but couples' struggles are also representative of many, many realities in Pweto and throughout DRC. Throughout this chapter, I have changed certain details to protect confidentiality. I selected one couple who

were interviewed together, one wife who was interviewed alone, and one husband who was interviewed alone. Though I used shorthand codes to identify participants throughout the remainder of this chapter, in this section, I used the familiar “Mama” and “Papa,” used ubiquitously in DRC to refer to women and men, along with the couple number.

Couple 7 – Papa Interview

Mama 7 was in her mid-30s, and Papa 7 was in his early 40s at the time of the couple group, with 7 children. They were both farmers; Mama 7 had had three years of schooling, and Papa 7 had had six. They were captured and assaulted with their children during the war – Papa 7 was beaten and Mama 7 was sexually assaulted and beaten, and soldiers stole all of their belongings. They lost one child during the war. They fled their homes and were displaced, in the bush, for 2 years. When they came to CVT, they said they were hoping for help soothing their worries, anger, and spirit of vengeance that lingered since the war. Mama 7 also reported experiencing gastritis and pain upon urination, and Papa 7 reported general fatigue.

This interview took place in November of 2008, on a return trip to DRC, about two months after my departure at the end of a year. Only Papa 7 was able to participate in the interview because Mama 7 was sick on the day of the interview, and it was not possible for us to reschedule given my very full work agenda and planned return to the U.S. several days later.

Papa 7 was animated and energetic throughout the interview, eagerly describing his experiences and articulating his thoughts and feelings. We had

relatively few miscommunications and interpretation difficulties, and the interview lasted about an hour and a half. Though he spoke with pain and sorrow when describing the difficult times he had experienced with his wife and children, he mostly focused on the happiness he felt about the change and growth they had achieved during and since the couple group.

We first discussed the couple's relationship prior to the war, which Papa 7 described as "so good," with "no anger or pain in the heart," and he said of himself and his wife, "We were always happy, all the time." When I asked for specifics about how their relationship functioned, he said they would talk about their relationship and the development of their relationship, and talking together was good. Explaining their expectations of each other in the relationship, he said, "What I said, it was necessary to hear and listen very well. And for her, what she asks of me, I must do." He said several times that if it had not been for the war, nothing could have overcome them, implying strength in the relationship. When asked about how things changed as a result of the war, Papa 7 said,

> From the start of the war, when we left here to flee…that made us very angry. Because there was this: we had experienced great suffering, loss. They beat me during the war. These things really changed our hearts. Because when my wife said something, it was like she wasn't here. Like she didn't say anything. Like I didn't hear her.

I said, "So it was like you didn't hear her because…?" He replied, "Because there was something I would think all the time in my heart." I asked for clarification, and he said, "So, in that moment, even the love had disappeared, was gone.

Because there was something that had come to ruin all of that. Even that desire wasn't there anymore." He described anger in both of them, difficulty eating (for him), and distance between the two of them. He attributed these difficulties to the fact that they were "touched. My wife was undressed, but by someone who wasn't her husband, and if that comes into my heart, that makes me feel really bad."

When asked about the relationship between himself and his children, Papa 7 described himself as a good father before the war, saying he felt "an open heart. There wasn't anything that could block my heart." Their children, he explained, obeyed, came quickly when called, and "had that respect of children toward their parents. *We* were the parents," he said, his emphasis implying there was no role confusion at the time. After the war, he explained, the children were "not like they were before." They neither listened nor respond to their parents' instructions as before. Papa 7 became angry at them, he said, which in turn provoked anger and a kind of taunting from the children: "It's like they said, 'he's going to hit us now, even though he left the soldiers alone'," shaming their father for not having been able to defend himself and the family. He spoke of not having joy even about having children at that time, and having had no strength, other than anger that was so strong that he felt ready to throw a rock at them at a certain time. He described feeling almost victimized by the children, telling them that they were adding to the burden of his wartime experiences with their behavior. He and Mama 7 tried their best to talk with the children and to bring them back to where they had been before the war, but it did not work.

During the group, Papa 7 said, he and Mama 7 were “receiving ideas, advice, and it’s making our thoughts come back – our thoughts that were lost along the road. You made them come back.” Bringing couples together was important, he said, because there were shared experiences and different experiences that allowed the couples and individuals to learn from each other in ways they never could have alone in their own homes. From having done many individual groups, we knew that, even though people knew that everyone had been through the same war, there was a great deal of secrecy about exactly what people experienced. Papa 7 said that hearing what difficulties other couples had, and understanding that “we all suffered a lot – that really soothed our hearts.” He described the overall effect of the couple group as having “washed,” “purified,” and “lifted off everything that was on the outside of our hearts. Wiped it away.”

At the time of the interview, Papa 7 reported feeling that he and his wife were “coming to find things like they were before,” and that the joy that was missing between them after the war was returning. “There was no joy in [that moment], but now, we’re starting to laugh with joy. We’re seeing, ahh, we’re going to return where we were,” he said, a wide smile on his face. Even the anger was gone, he said, since their experience in group.

Couple 9 – Mama Interview

Mama 9 was in her late 30s, and Papa 9 was in his mid-40s when they participated in MCGT. He was a fisherman and a farmer who had had five years of schooling, and she was a farmer who had never had schooling. During the

war, they were captured for 5.5 days during the war, together with their children. Mama 9 was raped, and Papa 9 was beaten; they fled their homes for a total of 8 years. The couple had had five children, one of whom died during the war, and each had other family members who were killed. They had four of their own children at the time of the interview, and they were also caring for two of their nieces and nephews, the children of Mama 9 's murdered sister. When they approached CVT for help, they reported frequent flashbacks about their experiences, "too many ideas and worries," fatigue, general sickness, and "pain in the heart."

Papa 9 was not available at the time of the interviews, so only Mama 9 was interviewed from this couple. She started out by saying that she and her husband had been good together before the war and that being with him brought her joy. She explained that he helped her when she was sick and would buy clothes for her, and his providing for her brought her joy. The war changed her, she said, because she experienced numerous physical pains and ailments afterward, including pain in her chest, head, and pain in her vagina every time she had sex. When asked how that affected her relationship with her husband, she first responded, "I really don't know where I got this sickness," before responding that her relationship was changed because her husband acted like, and said that, she was lying when she explained the pain to him. She added that her husband got angry when she refused sex, and would respond strangely to her, telling her it was a lie. She described trying to convince him that she wasn't lying, saying, "Did I make you suffer like this when I wasn't sick?"

After the group, she said, things began to change, “because if I start to explain my illness, he understands me easily.” Her husband stopped telling her she was lying and, “he tells me to go to the hospital to see what’s wrong.” She said she had changed, too, and that there was no more conflict in the house. She explained that, “my heart has changed, because for the moment I don’t have worries about my sickness.” Further, she said, “I pretend I’m not sick.” When we explored further, she said, “I didn’t used to eat if I thought about my illness, but now I eat,” and she clarified that she does not pretend during sex. The interpreting PSC and I had a side conversation with her regarding accompaniment to the hospital, with a referral from CVT, for a pelvic exam and STI testing, as well as anything else that she needed. She agreed she could go under those circumstances, though she said it can be very difficult to consider going to the hospital. [Women, and patients in general, were often afforded very little respect or privacy during medical exams at the hospitals in Pweto. Sexual violence survivors were often identified to others in their vicinity due to a lack of attention to privacy, and there was sometimes little sensitivity to the physical and emotional discomfort patients might feel during exams. Patients might also wait all day before being sent home without being seen due to limited capacity. CVT worked to change this with educational sessions for the medical staff and also accompanied people for exams so that they would have emotional support if they needed it, as well a referral letter, increasing their chances of being seen that day.]

Regarding her children and the way she and her husband parented during and after the war, Mama 9 first said that there was no change, but then added that, when they were in Zambia, they were unable to feed the children or send them to school. When asked about the effects on her relationship of this economic struggle to provide for their children, she initially said there was no effect because there wasn't anything they could do. Later, she said she was frustrated at that time because, "If I asked my husband, how are we going to do this or that with our children? What are we going to do with our children? And he never responded to me. I didn't have anything I could do." It seemed that the partnership regarding parenting broke down a bit in the face of such tremendous challenges.

After the war, she said, things were better because they were able to feed and dress their children well, and after the group, her husband would take them to the hospital, of his own accord, when they needed to go. Prior to group, he had not been willing to take the children to the hospital even if Mama 9 asked. She explained that, while she wasn't sure if it was because of the group or because of other things, she perceived that, "his heart has become more easily able to respond to different problems," and that "his heart is easier" in general, making him understand and respond better to her and to problems. Also, before group, Mama 9 said, she didn't eat if she thought about her illness, but after group, she did. She also said she had changed, and that there was no conflict in the house, and that she didn't have worries about her sickness anymore, and that she "pretends [she's] not sick" but no longer pretended during sex.

Mama 9's suggestions for future groups were that we should encourage couples to "talk together, have a good understanding," and that we should do more talking couple-by-couple and then returning to the larger group because that was helpful. She also suggested that, "You could help the men in telling them…if your wife is sick, you could listen to what she's telling you. You have to listen to her and believe her."

Couple 13 – Couple Interview

Both spouses in Couple 13 were in their mid-40s during the MCGT. Mama 13 was a farmer with several years of schooling, and Papa 13 was a tradesman with 1 year of schooling. During the war, they were captured with their six children, Mama 13 was raped and Papa 13 was beaten, and they then fled their homes and spent 5 years in a refugee camp in Zambia.

During the interview, Mama 13 explained that they, "lived well, ate well, and dressed well, without worries," before the war, and that it was a good period. They worked together without problem, and they talked and collaborated well, she said, and, "We considered each other very well. When someone wanted something, we did it." Her husband said that the connection between them was shown during that time by, "what happened at home, especially that we were together, we had sex, and that showed that we were in unity. We got along in every way." There were still conflicts, though, he acknowledged, just as in any couple, but they were resolved together: "We would say there was a discord between us, and each one of us has to recognize, 'Oh, so I have done something wrong there. I have to correct it.'" Mama 13 agreed that they had sex during that

time (“we turned together”), and she said there were no big displays of anger or raised voices during conflict – since the war, yes, but not before.

When we asked how the war changed the relationship they had, Papa 13 said, “The war had two sides - in fleeing, we left all of our belongings, everything was ruined, and we started working hard to replace. Mama thought I lacked the attention to have that….We came to fighting about this, because one thought the other didn't work hard enough,” to replace the belongings they had lost. Because the work took place far away after the war, there was room for doubt, suspicion, and blame to emerge. Papa 13 did not feel the suspicion himself, he said, because he was the one working far from the house, looking for food and doing work there. They continued to talk about this:

Researcher: And what happened in you and between you when this doubt arose?

Mama 13: We started to have anger in our hearts.

R: Because?

Mama 13: We were deprived. He was far; we had nothing; we couldn’t do anything; we were deprived. What to do?

R: Uh huh, so the “what to do?” became “what have you done?”

Mama 13: Yes.

R: Uh huh, with the tension and the weight of the suffering.

Mama 13: Yes.

R: And so was there this expression of the anger – each toward the other?

Mama 13: Yes.

R: Uh huh, and what else did you notice about the effects of this period, the

effects of the war?

Papa 13: I think what we just covered is what destabilized the peace.

Researcher: Mm hmm. And when the peace was destabilized, what other effects

did you notice? Were there others? Verbal expressions of anger – what else in addition to that?

Mama 13: The anger came out through words.

Researcher: Uh huh, and how else did you express, or how else did you know the

effects? What other expressions, in addition to verbal expressions of anger, were there other difficulties between you two?

Papa 13: Anger, lack of courage to seek physical contact because of anger…

Researcher: Uh huh, yes, so there was this feeling of, “I don’t even want to ask

for sex because I’m afraid of the reaction.”

Papa 13: Yes.

I then asked about the changes they saw in their children, and in their way of being toward the children, and Mama 13 said, “Yes, there were changes, because the children didn’t have any more joy, like me, their mother.” Her

husband added, “What we saw most often was that, when parents were in discord in the house, you would see the way that the children are hurt, in pain, isolated, quiet… And then you see the children have lost joy…those are signs that show the children have a lot of doubt, reticence.” Mama 13 acknowledged that their behavior changed, as well as their feelings, explaining, “At a certain moment, they would play with other kids, with their friends, and when the friends shouted, they were agitated. They were irritated hearing the noise.” Other than this hypervigilance, they said, their children’s external behavior did not change too much, possibly due to their young ages, they hypothesized, but, Y said, “Most often, we would notice that they were very attentive to our state, between us, and if they noticed we were in discord, we would try to notice quickly, and we would try to modify our way of interacting between husband and wife, and in that moment, the children would start to be more comfortable. They noticed that we had pulled ourselves back, and we were interacting normally between ourselves.” He returned then to elaborate on the hypervigilance, saying, “…most often we parents notice especially when children are startled, they cry loudly. And also, when [the arms] are bigger, when the big arms exploded, they were really surprised, jumped. They were really scared. And when we fled, we noticed that when there was a big noise, they did the same thing. So there was a continuation of the fear and crying, about the bombing.” His wife explained how they knew to respond to their children during these times by saying, “The knowledge came in our heads. These are the thoughts we started to think, to say and do this so that the children could come back and settle their hearts.” Papa 13 said, “To add,

when we were in the camp, there were some teachings for parents about how to help children, and those tools, those teachings entered into us, too, and helped us know what to do to support them and help them." They said they also thought their parents' examples, and even their grandparents' examples, provided parenting models for them, and that what they had done for their children seemed to help.

At the time of the interview, Papa 13 said, "What we like now is being in a good relationship, understanding each other in all things. In all things, we understand each other quickly, quickly. So things are going better on this path." Mama 13 was somewhat less definitive, saying first, "We want now to restore the understanding that's necessary for the fast improvement of our way of living." When we asked if there were things she did like already, she replied, "What's changed is the fact that we're starting to get along together, to be in the relationship together…It's because we come together to the table and ask, what are we going to do? And we [answer the question] together." She said that they had gotten the idea that they had to start getting along from their heads and their hearts, and then her husband said, "It was via the teachings that you gave, to say, do this, and don't do that. This was [something unintelligible] and helped a lot." Neither spouse was able to offer suggestions of what we could do better or differently in the future, but they both said that talking with others was helpful, and that being with gender groups was helpful. Papa 13 said, "…the fact of being in unity brought lots of things that showed how we have to be in unity. You have to be connected," and Mama 13 said, "It was a joy. I'm laughing because it was a

joy [to hear others' stories and tell my own in front of others] because we saw that we taught each other, between us, and those were really a form of lesson." She said there was no discomfort in telling the stories in front of others because it was a form of learning, and her husband agreed, saying, "…a form of learning, of hearing how to live in a couple. What we said could help, help each other, a form of interchange, we could say, if I do badly here, I need to see how others are doing it, enter their path," pointing to the ability to borrow and learn from others.

Domain Analysis

As described in the previous chapter, the structure of the domain analysis is based on Spradley's (1979; McCurdy, Spradley, & Shandy, 2005) taxonomy, including: domains, which distinguish parts of the interview; categories, which organize content according to an ecological framework; themes, which name a group of like concepts reported by couples; and sub-themes, which name and organize variations and examples of themes.

The five domains in this analysis correspond chronologically to the periods of couples' lives addressed in the interview: Domain I: Before the war; Domain II: During the war; Domain III: After the war but before the group; Domain IV: During the group; and Domain V: After the group. Coded responses are therefore separated by category within each domain, generally in the following order: *Self*; *Relational – Marriage; Relational – Parent/child*; and *Contextual*. In a small number of cases, there are additional categories within a domain, related to gender- or group-related experiences. In the *Self* category, themes pertain to

individuals and might be reported by individuals who are the subject of the theme, or by their partners.

For the purpose of giving the reader a sense of the weight of how often themes were introduced by individuals and couples in the sample, rather than for reasons related to thematic saturation or generalizability, throughout this chapter, I often refer to the frequency of citation using the following guidelines: mentions by seven or more couples, regardless of the number of total mentions = *most* couples; mentions by four to six couples = *many* couples; mentions by two or three couples = *a few* couples; and mention by one couple = *one* couple. There are some exceptions, though: in some cases, a theme that was mentioned by fewer couples seemed to carry more weight based on the way people talked about it, either in their tone or the content of their language; themes that arose when couples discussed their deceased children are good examples of this. In other cases, the corresponding term may not seem the most appropriate characterization, such as a time when "many" couples mentioned a theme, just once, and several of those "many" later contradict that theme. In cases like that, I sometimes refer to the exact number of couples rather than the corresponding term. A comprehensive domain analysis table, Appendix D, shows domains, categories, themes, sub-themes, theme counts (both couple count and total mentions), and overlap of themes across domains.

Each couple told a unique story of their relationship and their family's journey through the years preceding the interview, but many themes resounded across those 13 stories. I have presented first a brief summary of *cultural*

themes, or themes that cut across multiple domains, and then an analysis of the categories and themes reported by couples within each domain.

When participants, the interpreter, or I are quoted, I use the couple number in conjunction with the following designations: W = wife; H = husband; I = interpreter; R = researcher, so “H11” or “W11” would refer to something the husband or wife in couple 11 said; “I2” or “R2” would refer to the interpreter or me talking during the interview with Couple 2. I identify the speaker of most quotations throughout this chapter; in cases when I do not, it is either because I have paraphrased something said almost identically by several people or to avoid identifying a participant by revealing too much information about her or him.

Themes across Domains

Usually, domain analysis focuses more prominently on themes that cut across multiple domains. Because of the profound impact of war and its life-changing effects, the themes in this analysis vary more distinctly by domain than they might in other analyses. In brief, participants talked about relatively good mental and physical health in the pre-war and post-group domains; they reported relatively poor mental and physical health during the war and after. Couples described their relationships as generally good before the war and after the group, and as comparatively poor during the war and after. People said they loved their children and that their children were doing well, both on their own and in relationship to others, before the war and after group, if they were alive. Living children were struggling in a number of ways during and after the war. All but the

pre-war period were characterized by tremendous change and a context of poverty and struggle, though to varying degrees.

Themes within Domains

Domain I: Couple experiences before the war. Amid the nervous energy of starting the interviews, couples faces and voices also telegraphed joy during this section, as well as the effort of remembering what had taken place so long ago – both chronologically and spiritually. The two questions guiding this section of the interview were, “What did you like about your relationship with your spouse before the war?” and, “What did you like about your relationships with your children before the war?” The first question was one of the more difficult questions to convey successfully, and several couples required multiple interpretations to understand the aim of the question. Answers were simple, straightforward, and couples tended not to explain a lot of detail. This may be because it was difficult to remember, given the length of time and the changes and experiences couples had since their pre-war lives, or it may have been due to their expectations of what we were going to ask, or even to nervous feelings may have had starting the interviews. Overall, their perceptions were that things had been good in their marriages prior to the war. Themes included that couples experienced positive emotions; positive relationship qualities and experiences; intact families; positive parent/child relationships; and that their material needs were sufficiently met.

Self. Many participants said, usually very briefly, that their emotional health and their partner’s mental health were good during this period of time.

“Before the war, [my husband] was calm,” W11 said, and others said they were “without any worries” (W13), or that “there was no pain (or anger) in my heart” (H7).

Relational – Marriage*.* By far, the most common response to this question was at the couple level, and most participants used one of a few words or expressions that can be translated into English as, “the relationship;” “the understanding;” “the marriage;” “the way of living together as a couple;” “the rapport;” “the connection;” or “getting along.” While that may seem like a long list of characteristics, the terms are relatively interchangeable in translation to and from French, Kibemba, and English, depending on the context. In each of those cases, the couples seemed to be referring to the essence of their relationship – what they felt was the crux of their connection and the way they were together as a couple. Most couples talked about “love,” saying things like, “There was just love.” A few couples added value statements like, “If there is no love, there is no relationship.” Most couples also talked about “ease,” citing “no difficulties” or “no problems,” or saying, “It was good.” Couples talked about these two concepts in a way that implied the words were self-explanatory, and in a couple of cases, they said things like, “love was easy,” combining the concepts. Many other couples implied the same sentiment: that it was just that easy. They loved each other, and there was not much more to say about it. The complication of war had not yet interfered with their love. W9 replied, “What I liked? We were good together, very much. He supported me well. Being with my husband gave me joy. He helped me when I fell ill, bought clothes for me.”

In addition to these overarching relationship qualities, couples talked about the specific ways that goodness manifested in their relationships, or what they did to create or maintain that goodness. Many couples talked about the concept of reciprocity in their relationships, describing how each person took responsibility for her or his part, and how each person had ways to ease tension or make the other person happy: “the will was of two parts,” W5 remembered, and H11 explained, “What I looked for, my love would help me, and the same the other way.” People said that communication was good; they talked about “good things,” the future, and their relationship. H8 recalled, “We loved each other, and because of the love we had, we talked together.” Many also said that having sex was easy for them before the war; that it happened regularly, without complication, and that it was a source of joy and connection for them. H13 explained what many in his cohort also described: “What happened at home, especially: we were together. We had sex, and that showed that we were in unity; we got along in every way.”

“Really, it's just forgiveness,” W1 said to explain what she liked about their pre-war relationship, adding, “I could say also that I could ask him for help, if I was tired, if I needed help.” Many couples mentioned easy and quick conflict resolution and stressed that they did not remember having very much conflict to resolve; it was quick, and then it was over. H2 explained that conflict was very different for them before the war because of the presence of other, older couples who helped them resolve their differences:

> Before the war, if we had a problem, we called someone older, or an older couple to come over, to counsel us, to give us some advice. I would talk, they listen to me, and my wife talks, they listen, and then they reprimand the one who did wrong and talk with us together to end the problem.

This kind of communal support was very common in these villages; people built houses with and for one another; helped others recover after difficult life events; and cared for each other's children, so it is possible that elder support for younger marriages was more widespread than it appears from the single mention in this sample.

Pre-war relationships were also supportive and collaborative, couples said. W13 explained, "We considered each other very well. When someone wanted something, we did it." Participants also reported remembering much joy and happiness, as well as forgiveness. "When I love my love (partner)," H1 explained, "even if it happens that I make a mistake, she'll forgive me. Even me, if there's a mistake, I'll forgive right away." Themes of sharing, harmony, and togetherness were also mentioned; as H4 described, "Everything was good with my wife. We understood each other well, we got along well. We didn't have a lot of issues, but we had the same kinds of ideas and perspective." A few people also alluded to gender roles that were as they should be, even though it was not always clear exactly what that was.

Relational – Parent/child. The first thing couples whose children had died during the war said when we asked them about their children before the war

was some version of, “Our children were alive.” These couples usually said nothing further about their children in this section; what else could they say? Having lost their children, hindsight was of a starkly different reality.

Among those who had not lost children, a few talked about the importance of the children’s material needs being met – that they had enough food to eat, that they had clothing, and that they went to school. Mostly, these parents talked about children having been agreeable and respectful and parent/child relationships having been good. Several parents remembered that children listened, went to school readily, and responded when they were called. A common theme was that parents had been good parents during this time, with variations including appropriately disciplining children (not having desire to hit them), not being angry, and that the parental role was clear and consistent.

Contextual. The presence of material possessions – having enough clothes, food, or work – was mentioned by most couples. People said things like, “he would bring home food,” or, “he would buy me a *pagne* (piece of fabric worn as an overskirt),” or, “my husband was working.” There was often a relational element to the way people talked about material possessions; more than simple availability, there were also components of being able to provide for and being provided for that seemed important. Another significant contextual theme was that participants got along with their neighbors and with the community; essentially, when there was peace, there was peace.

This group of responses depicts goodness, ease, and high perceptions of relationship quality in the marriages’ pre-war days.

My reflections. During individual CVT groups with torture survivors, it is often difficult to address the topic of the second session, "Moments of Joy before the War." People come to talk about the war, and about how difficult things have been since, and it is disarming and sometimes a little off-putting to hear a question different from the ones they expect. The parallel difficulty was noticeable when we conducted the second session in each couple group ("What I Liked about Our Relationship before the War"), but by the time we met for the interviews, couples talked easily, simply, and briefly about what they liked. I wondered how accurately they were remembering their relationship quality, because every couple talked very positively about their pre-war relationship, but it also seemed to corroborate our theory – the PSCs' and mine – that only stronger couples were still together after the war; the rest of those who survived had divorced or separated. If that was true, then it makes sense that their reflections were so positive. When couples were able to provide specific details about what they liked, I felt more confident in their responses, and in their positive assessments, but when couples said things like, "It was just good," I sometimes felt concerned about whether I was possibly hearing what couples thought I wanted to hear, or whether perhaps their recollection was relative to war and all the hell that ensued, rather than something similar to what they would have said during that time in their relationship. I often pushed for more detail at those moments; sometimes couples articulated more detail, and sometimes they did not. Though it took them less time to describe during the interviews than during the groups, couples' descriptions were consistent across those two times.

I was struck, as I had been during the groups, by the similarities between what couples in this context described and what I thought couples in my home context would describe if asked the same question about what they liked about their relationships. It seemed to me unremarkable that people enjoyed being seen, known, understood, and cared for by their partners, and that they appreciated feeling warmth, affection, and love for one another. After a long education stressing the importance of a cultural lens, that lens seemed obviously important but not fundamental to me in these answers.

An entry in my blog describes my experience of hearing similar responses during the first sessions of MCG therapy:

> 16 July 2008
>
> The whole reason I came here in the first place had its Part 2, of 10, today.
>
> Session #2 of the first couples' group we started took place today, and five men and five women told the rest of the group what they really appreciate about their spouse. And then they all talked about how it felt to hear their spouse explain what they liked so much about their spouse, in front of other people.
>
> You tell me whether these themes seem relevant only in a rural, post-conflict, profoundly impoverished, south-central African context:
>
> -My spouse makes me a priority/I am important to my spouse
>
> -My spouse anticipates what I might need or want sometimes
>
> -My spouse loves me

-My spouse provides for me

-My spouse tells me how s/he feels about me sometimes

I can't remember the first time I knew I wanted to do therapy with couples (and families) who had shared trauma histories, but I know that this feels like a dream come true. Worth it all.

It was a pleasure to hear those things again several months later, during the interviews.

The lack of major gender differences in responses would have surprised me if I had not been in the couple groups, but after having seen people from both genders respond emotionally and without any observable difficulty coming forward about, for example, men being vulnerable, or women pointing out their partners' shortcomings, it seemed clear that there were only entry barriers. Once people pushed past those, differences seemed to shrink.

Domain II: During the war. Wartime was a period of horror for these couples, and for millions of Congolese. During this section of the interview, participants spoke darkly, angrily, and with outrage and disbelief, mostly about types, sources, manifestations, and consequences of pain, loss, and suffering. Themes included painful emotions, difficulties in their marital relationship due to overall stress and fatigue from the war, difficulties related specifically to rape, and the suffering, including deaths, of their children and families. The main questions guiding this part of the interview were, "How was your relationship with your spouse changed by the war?" and "How were your relationships with your

children changed by the war?" We heard about changes both during the war (presented below) and after the war (presented in Domain III).

Self. Participants talked about profoundly painful emotions they experienced during the war, including pain in the heart, anger, feeling troubled or worried, being haunted by the unknown and wondering, as well as despair, exhaustion, and shame. W4 winced as she admitted, "So much shame. When the soldiers captured me and did that to me, it gave me so much shame."

Relational – Marriage. Difficult relationship experiences related to rape dominated couples' discussions of how their relationships changed during the war. The subject was discussed powerfully, and couples' self-expression was fraught with intensity. Couples talked about the event of rape itself, the pain caused by their interpretations of rape, the consequences of rape, both emotional and intimate or sexual. About the rapes themselves, couples said things like, "My wife went to war" (H1), and, "The soldiers came and did things to me" (W4), and, "When we were arrested during the war, they did many things…that changed our hearts very much" (H4). One woman, explaining her experience, said, "Even if I wasn't raped, they touched me everywhere, looked at me everywhere, undressed me, but they didn't rape me. Those are my troubles. What they did to me, it was like violence." H7 explained his grief: "What came was, when we were touched, my wife was undressed, but by someone who wasn't her husband, and if that comes into my heart, that makes me feel really bad." W8 and H8 spoke at the same time describing the experience, "Because they did very bad things to us." "Maybe it's three or four soldiers on one person." H8 went on to talk about

his interpretation of the rape's meaning at the time: "And that doesn't show love between husband and wife. It was very difficult." H1 said, "I could have died, and she did everything to save me – I didn't know she saved me [at the time]." Both H1 and H8 went on to explain how interpretations changed in later sections of the interview, but during the war, their interpretations told them that the rape reflected badly on the wife, or on the husband, or on their relationship, or all of the above. These interpretations contributed to further consequences of rape, about which couples said things like, "What there was [of this love], it ended. When they started to rape my wife, that hurt us very badly in our hearts. It's that that affected us." Finally, many couples said that the experience of rape and related feelings, along with the lack of time, energy, and emotional resources, they did not have sex at all during the war period, explaining, "Because of these acts, we're going to leave sexual relations. It is not good," and, "We were afraid when we were making love."

Couples also reported relationship difficulties more generally related to the harrowing experiences of war that overwhelmed or incapacitated their previous strengths. The togetherness of the pre-war period turned into distance and isolation, feeling or actually being alone due to separation caused by the war, and feeling disconnected from one another. "I didn't know if we would ever be together again. I was exhausted," remembered W1, who was separated from her husband for three months. A few couples summarized their relationship difficulties by saying something like, "We changed when the war came," and W12

agonized, “The relationship diminished. Each person had ideas, but they weren't expressed. They were just boiling inside him or her.”

Notably, two individuals mentioned at this point in the interview that they did not view their marital relationship as negatively affected by the war, but rather as a source of strength that allowed both individuals, and the marriage, to survive. At later points in the interview, both of those individuals described relationship difficulties related to the war, but during this section, W5 said, “He supported me and gave me advice that it wasn't my fault… These were things that happened during the war but that weren't your fault. Don't feel bad.” H3 explained, “Our understanding/relationship quality allowed us to flee and stay together up till now.”

Finally, couples discussed the effects on their relationships of violence other than rape. This was mentioned much less often than violence toward wives, despite the commonness of husbands’ experiences of violence during the war. This may be partially due to the tremendous stigma rape carries in the culture (and many cultures). Only one husband described the violence perpetrated against him, saying, “They beat me during the war.” W1 recounted, “My husband was going to be killed.” Two other couples referred generally to the violence they had witnessed during the war and the effects it had on them; H2 explained: “What I saw during the war, the things that were done, the suffering, it’s like they brought me…pain in the heart.”

Relational – Parent/child. Child-related themes did not emerge much during this section of the interviews, possibly because of the interviewing, and

possibly for other reasons, including that many participants focused more on the period after the war than the period of war itself. Four couples in our sample lost children during the war to malnutrition, murder, or illness. Only two of those couples mentioned it during this part of the interview, but they did not elaborate much, saying simply, “They killed our children.” All four couples discussed their experiences of children’s deaths more later in the interviews. Those who did not lose children talked about the pain of watching their children suffer because they did not have enough to eat, because they could not play or have any fun as children should, or because they were exposed to violence.

Contextual. Difficulties and hardships related to the violence and disruption were overwhelming to couples. Almost all couples talked about loss, poverty, fleeing, difficulties, and suffering. Millions of Congolese were displaced during the war, and many families left under duress, either leaving almost all of their belongings behind to escape approaching soldiers, or being forced out by soldiers who set their homes on fire and tortured or tried to kill them as they fled. Most of the couples we interviewed said things like, “We lost everything,” or, “In fleeing, we left all of our belongings, and everything was ruined” (H13), or, “The war took our loved ones, everything we had, and brought suffering.” H8 said, “They took what we had as love, and also my love.” Many couples talked more about this in the next section of the interview, but it was a prominent theme in this section as well. A few couples described abject poverty in this section, but again, more discuss it in the next section. They said they could not find food; they did not eat well; they could not send their children to school; and they generally did

not have the things they needed. Two couples said distrust and anger arose in their relationships from this profound absence of basic needs. Many couples mentioned fleeing and about the suffering they experienced during that period. H7's explanation captured the spirit of what most couples described: "From the start of the war, when we left here to flee, we…crossed over; that made us very angry. Because there was this: we had experienced [great] suffering, loss; they beat me during the war. These things really changed our hearts." These hardships were central to couples' descriptions of their experiences during this time.

My reflections. This painful section of the interview passed quickly, with participants' forward-leaning posture, furrowed brows, and pressured speech reflecting the pain of their war experiences. Despite the years between those days and their interview days, couples seemed a bit paralyzed and perplexed while revisiting it verbally for a few moments, as if to say, "What do we do now?!?" This question ruled their lives during the period of war. They had to go on, but how, when absolutely everything, including survival, seemed impossible?

As I listened to the audio recordings, I noticed several holes in my questioning and thought I might have explored the subject further if it had not seemed so undesirable to the participants. I do not know if my own anxiety about the topic, or about asking people to delve into it for *my* purposes this time (i.e., research), rather than for their own healing, was a factor, or if I mostly had the sense that they had said what they could about that section and were ready to move on.

Domain III: After the war; before the group. Couples' experiences of feeling lost, devastated, and not knowing how to go on – as individuals, as spouses, and as parents – are captured in this section. Participants explained that their own mental and physical health declined; their relationships suffered, though some retained parts of their pre-war strength; they struggled as parents, either due to the deaths of their children, or due to profound changes in themselves and their children; and they experienced tremendous material and contextual challenges, including continued poverty.

Self. Participants described their individual experiences in ways that echo symptoms related to posttraumatic stress disorder: painful emotions, difficult and intrusive thoughts and worries, physical ailments, and changes or reductions in behavioral functioning. Most couples reported feeling profound grief or sadness; many talked about anger and hurt; and a few talked about despair and pain in the heart. H4 explained, "What happened, we had a death. Yes. It was even more than death. Everything that happened to us, it was like a death." H1 said, "I became like a stump, like the place where you cut each time, and that made me angry," and his wife (W1) added, "The anger when we remembered and thought, they're going to come back again, and they're going to do bad things." Couples connected the painful feelings to many elements of their experience, especially rape and the loss and suffering of their children. W5 explained, "I had grief/sadness because of the war because when we fled…if we saw the children suffer, it hurt," and H4 said, "We were changed, yes, because - the things they did to my wife - me, for example, that really hurt my heart. When I remember

that, my heart hurts. I feel bad... When I think of that, I think, it's useless." H7 echoed this sentiment, saying, "When we were touched, my wife was undressed, but by someone who wasn't her husband, and if that comes into my heart, that makes me feel really bad." Fear, shame, and suicidal feelings were voiced by one person each; in each case, the person spoke at length about the power of those feelings, like the wife who said, "I could take poison and die. I have no importance on life. I've lost everything; I lost all of my children."

Difficult thoughts and worries included anxiety about the future and how they would survive, like H1's concern about repatriating after the war: "When we were in Zambia, they said to us, 'The Congolese are going to return to their home.' Now our heads were really troubled." They also included intrusive, repetitive thoughts that bothered people long after their traumatic experiences, as H7 said, "There was something I would think about all the time in my heart."

Many people described some type of pain or illness as a significant consequence of their experiences of war. W9 described, "I'm sickly, and it goes on all the time. Pain in my chest, my head hurts, when we have sex, I have pain in my vagina." W11 said, "Our [trouble] was the fact that my husband fell sick. When he got sick, we didn't have enough time, to continue…because of the sickness. For 4 months...he was sick...That's all because of the difficulties." Others said simply that they changed and were different after the war, as W1 did: "Before, before, I was another way."

Individual changes were more holistic, and more numerous, in Domain III, than in previous domains. People related changes in many parts of themselves,

and to themselves as a whole, or to their essence, as they were troubled by an array of deeply negative internal experiences.

Relational – Marriage. Some couples expressed post-war relief and reconnection in the relationship and said that pre-war relationship strengths helped facilitate recovery from the war's wrath. Overwhelmingly, though, couples lamented that their relationships worsened in many ways, pertaining to general relationship qualities and to the rapes perpetrated against the wives.

Two couples, C1 and C3, told us that they had experienced few, or no, changes in their relationships after the war. W1 initially said, "When there was war, we were troubled, but when the war ended, we stayed the same as we were before," but later in the interview, she and her husband revealed difficulties they had endured in their relationship. H3, however, interviewed alone, maintained that his marriage had not changed during the war, elaborating, "Before the war, there was understanding, and this same understanding allowed us to flee and to stay together up until now… There's no change. If there were change, we would have [had difficulties]," implying that they would not still be together if they had struggled. He further hypothesized that it was only couples "with bad hearts" who divorced or had difficulties during the war. This belief may have limited his ability to see or share his own relationship's difficulties. Unfortunately, we did not have the chance to gather W3's thoughts; she was unable to be present on the day of the interview, but there were great differences in the two spouses' intake complaints. W3 said she came to CVT "to see if you are with women who have been raped like me," while her husband said he came to CVT "out of curiosity."

W3 explained that her biggest problem with which she sought CVT's help was "constant fear and guilt" about the rape; her husband said his biggest problem for which he sought help was "sadness for my father and brother who were killed." It is reasonable to think the two spouses may have had different experiences coming in to the couple group and also reasonable to think they might have had different experiences upon completing group, but because we were unable to interview W3 post-group, we cannot know her perspective. Though I do not have further information about H3's reasons for participation in the couple group, it may be that W3 was the more motivated of the two to seek help for their relationship because she perceived more difficulties, but we did not hear from her in the interview to know for sure.

In addition to those two couples, two additional couples said there was connection or understanding, and some said there was support, comfort, or concern between them after the war, mostly focused on the harrowing events they had undergone individually or together. An important part of the understanding and support was the acknowledgment that they could not blame one another; that war atrocities had not been either's fault, as H4 says:

> Not at all. We both felt the same anger. Who could blame the other? If you turn against the other, if I blamed my spouse that would feel bad… That can't happen like that. The wife didn't want it, she was forced.

H4 also admitted that he had felt shame, and like a failure, for not having "had the strength" to stop the soldiers from raping his wife, and his wife said that she knew "so much" that he had felt this way, and that they had talked about all of

these feelings after the war. This understanding and clarity between husbands and wives about rape was, clearly, an exception in our sample.

Most couples, though, did not portray such understanding but instead detailed a rash of difficulties including increased conflict and worsened conflict resolution, weakened connection and love, overall relationship change, and changes in their roles as husband and wife. W2 said of post-war conflicts, “It was slooooooowly that they would get resolved,” and her husband, H2, continued, “If there were problems, after the war, each of us would start to think, what’s going on? Then, we would start to try to talk, and then, after several days, we would come back together.” Before the war, conflict resolution had taken hours, with the help of an older couple; after, it took days. Many couples characterized themselves as being very quick to anger during that time.

The weakness in connection manifested in a variety of different ways: as an almost dissociative difficulty hearing the other, illustrated by H8 saying, “It was as if I didn’t even hear her… Even if we talked, it always passed;” as distance, explained by W4: “I was not with my husband anymore. We didn’t talk like before. We weren’t the same as before.” It also took the form of isolation and withdrawal, as W2 said, “We pushed each other away all the time. I didn’t want any more. That’s how it was.” There was less joy and strength, people said, and more suspicion, shame, and blame. H7 summarized the overall deterioration in relationship expressed by many, saying, “In that moment, even the love had disappeared, was gone. Because there was something that came and came to ruin all of that. Even that desire wasn't there anymore.”

Rape was a major focus of the responses in this section of the interview. Many couples chronicled pain and sickness related to rape, and there was often tension and distrust between partners about actual or potential pain and illness, as well as about the interpretation of rape. Many also recounted that they had experienced sex refusal or avoidance after the war, due to fear, exhaustion, and anger. For men, this sometimes had to do with rejecting the wife who had been sullied by rape, as H4 explained, “It’s like the same woman is associated with these barbarians.” H8 went a step further, saying of his reasons for sex refusal, “Because of these acts with the soldiers. She said to me, ‘It wasn’t my will; they did it by force.’ No, it is better to die than to stay like that.” And W4 said of her husband, “The soldiers came and did things to me, so my husband…his heart…he didn’t have his heart toward me anymore.” He agreed, saying, “When the soldiers came, that really hurt - my wife, who belongs to me, was done that way, it hurts, this act they did to my wife. Because she belongs to me only.” These thoughts, beliefs, and interpretations persisted for years for many of our participants, and they were a common reason couples were admitted to the group.

Intrusive thoughts and feelings about the rape contributed to some of the couples’ most intractable difficulties. This was true for women like W6, who explained about her flashbacks, “We had troubles together, with my husband…because I was in my worries; I had so many thoughts,” and W1, who said, “When there was war, we were afraid when we were making love after the soldiers came, and even my husband. That's what I was afraid of, and even

anger, too, in that moment." It was also true for men like her husband, H1, who said, "Even if we made love, we always thought of the soldiers," and men like H8, who said that the anger he felt was, "toward my wife. When she came, she came [doubled over] Like that! Like that! Left like that - my wife! Yes, it was toward my wife, and I was even thinking of divorcing her, rather than stay with her." This kind of anger was common among husbands when they started the couple group.

C8 exemplified the power of these effects on relationships, and the link between trauma symptoms, weakened connection, anger, and overall relationship health. "Yes, yes, that's it," they both said when I paraphrased to them what I had heard them say as, "Uh huh, so the war brought a very strong couple-handicapping weakness...so even a very strong couple who had a very strong, intense love and caring between them – almost at the brink of divorce." Despite differences in manifestation, it was a terrible time for all of the couples we interviewed.

Relational – Parents' experiences as parents. Parents who had lost their children were devastated. "Our hearts, really, were broken," W10 told us ruefully. Of her husband, she explained, "He thinks, 'I had children, and now there are none. Who do I see now?'" H3 lamented, "For me, really, things push me to think a lot, and really, [the loss of my children] bothers me a lot."

Parents who had not lost children talked most substantively about their struggles with disproportionate anger and physical violence toward their children after the war, including risking severe harm or death to their children. W2

explained, “The war came, and when the war came, if there was something, right away, I would hit the kids. It was always that I would hit them.” H7 was afraid of the power of his anger, admitting, “The anger, now I see that, I see even if I was ready, I could have thrown a rock at the children...Yes! I looked, and then I found something to hit them.” W8 explained, “When they say that [about parents hitting them but not hitting soldiers], I say to myself, ‘Ach! I'm at risk for killing this child because of the anger.’” Parents also disclosed feeling overwhelmed by their children and by parenting during this period, saying they were exhausted, felt powerless, and believed they had neglected their children at times, out of sheer limitations on their capacity.

Relational – Parents’ perceptions of children’s well-being*.* Parents told us they saw painful emotions, intrusive thoughts and worries, and concerning behavior in their children after the war. Most parents reported noticing fear in their children, as W11 said: “Fear is the feeling they have especially when they remember about the war, the events they saw.” They observed it in a few different ways, including elevated startle response, which H13 explained thusly:

> When kids are startled, they cry loudly…when the big arms exploded, they were really surprised, jumped, they were really scared. And when we fled, we noticed that when there was a big noise, they did the same thing. So there was a continuation of the fear and crying, about the bombing.

Nervous questions were another indicator to parents that children felt fear, as H11 described, “They came to ask us and said, ‘Papa, are we going to flee again?’ and I suppose that the fear is building again.” One mother, W12,

explained that she knew her daughter was afraid because “she didn’t even eat.” Just one couple mentioned sadness they saw in their children during this time, and one couple said they noticed pain in their children when there was tension in the parents’ relationship.

Parents were also concerned about behaviors they saw in their children that they believed indicated distress related to the war. Many simply said their children were different or changed. A few said their children were withdrawn, and others said their children reenacted war in their play. “Because of the war, they took the acts of soldiers,” said H8. One couple said their children adopted antisocial behavior, stealing and fighting with their friends.

Relational – Parent/child relationship*.* Problems arose between parents and children, too, including a decline in children’s compliance and listening, according to many parents. “You could call them like that, and they didn’t listen like they did before,” said H7. A few couples said their children saw their fathers as different, old, or weak, and sometimes this was connected to disobedient behavior. “The child might refuse, and you ask them why they don’t obey, and they might respond, ‘When the soldiers beat you, why didn’t you react?’” H8 illustrated. His wife, W8, continued, “If we were going to hit the children, they would say, ‘How could you hit us, when you didn't hit the soldiers?’” W4 explained that their children were so distanced and in disharmony with their parents that, “Yes, after the war, the kids didn't even have the desire to live with us, to be with us… They didn't stay well with us anymore.” Just one couple, C13,

said they could not specify any changes in their children because their actions were “not extreme…not really remarkable, given their age.”

Despite their own difficulties, parents tried to attend to their children, talk to them, and soothe the effects of the war on their children. Many said they had tried saying reassuring or comforting things to their children, like W12 explained, "We said, ‘Where we are, we're safe. Even if you see a soldier or a *gendarme*, don't be afraid....Be firm/stable. We are FAR from the conflict’"; or “We told them that it's in the past; you have to think about what's happening right now,” said W11. Sometimes this was successful, and sometimes it was not, as H7 illustrated, “We could call them and stay together and talk, with family, about how we were before the war, but it didn't take… It was as if we didn't do anything.” Others, like W5, said things like, “Yes, [their isolation] ended,” or like H11 said, “Yes, there are some who understood quickly.” In addition to trying to soothe children, some tried to settle their children by focusing on teaching them right and wrong when their behavior strayed from expectations. One father, H11, who had been sick for an extended period of time, explained that he had not had the opportunity to attempt to comfort his children, which was distressing for him.

When we asked parents how they knew to support their children, or how to support their children in that time, many said the knowledge came from their love or their heart or their mind. A few said that their parents would have done the same, and one each said that the knowledge came from God or from teachings in the camp.

Contextual. Many factors continued to affect couples' lives and their ability to recover during the post-war period, including extensive loss, the lack of basic material needs, continued danger, fear, uncertainty, and isolation. More than anything else, couples talked about loss, of both belongings – or "everything" – and of loved ones in their lives. Many couples said things like, "And plus, the things we lost, they stole all of that" (H7); and "ALL of that was stolen. I was left without it" (H2). W6's description summarized many people's experiences just after the war: "There was war - loss of loved ones and troubles...We lost everything. We lost our children. We lost our house; we lost our money. We've become poor people." Though a few couples talked about an increase in peace and the beginning of a return to normalcy, like H1, who said, "after war, there wasn't difficulty, no gunshots, it was calm," others talked about the continued uncertainty about when and how they would return home, feelings that it was still not safe to move about freely, and the fact that their community had been changed by the losses. Many couples also talked poverty and unmet needs, including insufficient food, housing, and an ongoing inability to afford school fees for their children.

My reflections. This was the most excruciating, and the longest, part of the interviews, in most cases – for me and for the interpreters, as well as for participants. Perhaps even more excruciating than the interviews themselves, though, was the process of transcribing, analyzing, and writing about these responses. Interviews took a maximum of about two hours each, and this section of the interviews was always followed by much lighter, more joyful discussion.

Transcribing, analyzing, and writing took much longer, and working domain by domain during analysis and writing meant that I was immersed in this section for weeks at a time. The difficulty of that time was a stark reminder of how much more difficult it was for those who actually lived the lives described here for months and years.

When MCGT was taking place, we were running 16 groups total. I was present for, and supervising or facilitating, an average of nine groups a week, in six villages. Due to these time constraints and other responsibilities, I found myself unable to keep the war histories and family details of each couple consistently clear in my head during each of their interviews. This was frustrating, at best, and shameful at worst. My very most painful moments in the interviews were the two times I asked a couple who had lost all of their children, "What changed between you and your children after the war?" I felt ashamed that I had shown so little regard for their experience and profound losses, and I regretted that they had to remind me of something so horrific. As people usually were with me, probably to a fault and probably due in part to my whiteness, participants were very forgiving of my oversight, but I assume that my mistake changed the interview trajectory somehow; I cannot know exactly how, but maybe I missed information I would have heard otherwise.

PSCs, too, struggled with not always having people's story details straight. We often discussed the difficulty of moving so quickly through so many stories in the course of a group cycle: 700 people in a 10-week block of time, in this case. Each PSC usually co-facilitated three groups at a time, which also meant

planning, completing notes and reports, traveling to and from groups, and completing intake, 1-month, 3-month, 6-month, and 12-month follow-up evaluations with clients from current and past cycles. In addition to the tremendous burden of work, they often felt overwhelmed by the content of the stories they were hearing, making it difficult to retain details sometimes, despite dogged commitment to doing the best job they could for our clients.

Domain IV: During multi-couple group therapy. Some of the intensity in tone remained as participants began discussing what had been useful to them about MCGT, but the mood lightened, intense suffering turning to intense exploration and description. According to the vast majority of participants' descriptions, the 10 weeks of group sessions were characterized by movement toward who and how they had been before the war. People described their individual mental health beginning to improve, relationships beginning to heal due to learning and listening, connections with their children growing and changing, and connection with other couples reducing shame and isolation. Couples also gave us direct feedback about what was most useful about group, including the separate-and-regroup format, and what could make the group better, including providing written materials.

Self.

> It's like we just purified ourselves, or like we just washed our hearts, in hearing all those things… The heart now is lowered - we really lifted up everything that was bothering us. It's like we just lifted off everything that was on the outside of our hearts. Wiped it away. (H7)

Many participants talked about their hearts being soothed, strengthened, softened, or healed during group. W4 said, “You lifted everything that was in my heart.” A few expressed that anger and hurt started to diminish, or that shame was gone and dignity was returning. One participant said that fear diminished during group, and one said that forgiveness began. H1 illuminated the close connection between all of these concepts: “Yes, yes, that helped us because we forgave what was hurting us. It was heavy. It was heavy for us. The anger starts to diminish now.” Thoughts, too, were affected, as H7 demonstrated, “Our thoughts that were lost along the road – you made them come back. Even our dignity.”

Relational – Marriage*.* Many couples talked about the changes they experienced in their marriages during group. They mentioned the importance of listening to and understanding one another’s wartime experiences, the establishment or reestablishment of love, forgiveness, recognition, and gratitude, and the reconnection and relearning that took place. A few husbands recounted having heard details about their wives’ rapes, and especially about wives’ perspectives and the group facilitators’ perspectives on the rape, that eluded them prior to group. Soldiers had often given the “choice” of rape or death. A shift mentioned by many husbands was that, rather than blaming their partners for adultery, they started to see their wives’ rape as something that had saved their own lives and even the lives of all of the family. Many participants indicated that they had “started to find each other again” (H1) during group, relearning either how to talk to one another, or how to handle conflict, or to forgive or be patient

with the other. Reconnection was described in a few ways, including “We discovered love there… it surpasses even the way we were before the war” (W4), and “That encouraged us to open up what was inside of me, and my husband too, open up what was inside him” (W2), and “Your teachings changed us a lot… We didn't know before how to think and talk with each other” (H4). One woman, W6, also said that her relationship had gained some gender equality from what she learned in group:

> Men, too, make mistakes. For my husband not to get mad at me, this lesson is good, too... I can't get mad because he's tired, but he could say to me that I get tired by my own will; I just refuse….Really, that was a *good* lesson that you gave.

Relational – Parent/child. Many parents said their communication with their children improved during group, mostly because they had used with their children what they had learned in group about thoughts and feelings related to the war, or about how to talk to each other as spouses. W8 shared her experience: “[The anger toward the children changed] when we did the group…because you said that it was important to talk with the children…, talk about the suffering.” This subject was addressed more thoroughly in the next section of the interviews and is discussed in more depth in Domain V.

Relational – Other couples*.* Most couples talked about the benefits of having experienced group with other couples, versus their experiences in individual group or versus their guess about what it might have been like to do

couple therapy privately, not in a group setting. Most said they had learned from other couples in a variety of ways:

> [It was] a form of learning, of hearing, how to live in a couple. What we said could help, help each other, a form of interchange, we could say, “Ah, if I do badly here, I need to see how others are doing it, enter their path, the good condition, the good way of living.’ (H13)

Couples stressed that this had not happened for them before the war, partially due to geographic isolation, or returning to different places than they had lived before, and partially due to social isolation and people’s fear of talking about their experiences. “I mean, you can't bring other ideas if you're just the two of you alone,” said H7, “but when you meet together with other couples, now you're going to learn a lot of thoughts. They bring other ideas, more than just the ones that we had, our own thoughts.”

Most couples told us that, when they did meet together with other couples, they felt connection and solidarity with them, and they developed courage and strength to speak about their experiences, especially upon learning that other couples had had experiences similar to their own. H12 explained:

> There was, for example, a diminishment of strength, for sexual relationship, and I thought it was just me in my marriage with my wife. Listening to/witnessing the others, it happened to others, too. They didn't have strength from working, and the body was exhausted…. I thought I lost a lot in the war. Then I got into the group, and I found that there were others who had lost, too. And to see friends who continued to have the

same marriage, despite the suffering, that really encouraged me to say, 'We, I can keep going with my wife in this marriage.'

W4 explained her experience another way:

> Yes, there was surprise! When we heard some stories, they were like our own, but for others, they were different. It was good for us to hear the stories of others…. Really, we all experienced the same problems. We all went there [Zambia], and we all suffered in the same way.

Many couples referred to the usefulness of "putting our ideas together" in the group, perhaps articulated best by H7:

> We got all of our thoughts out and we put them there, in the group - in front of the other. And when we came here, we put all of that together. It's like we started listening to the other – these things, those things. That immediately starts to [soothe] our hearts. Eh! What happened to that one, I wasn't alone. And the other one, too! We all suffered a lot. That really soothed our hearts, listening to the different problems of others.

Ending the isolation they had felt was one of the most important experiences couples described having in group. W13 explained how this felt for her: "It was a joy. I'm laughing because it was a joy. Because we saw that we taught each other, between us, and [that was] really a form of lesson."

Couples also said that "the shame disappeared" (H1) when they were together in group, and that it had been crucial to have only other married couples present, along with the promise of confidentiality. H11 illustrated the combination

of the solidarity, connection, learning from one another, and the disappearance of shame or hesitation:

> The manner in which we supported each other, me and my wife, and the way the others supported each other between husbands and wives, enriched all of us. What helped us the most was, 'Ahh, what the other says, that could be helpful for me.' And we start to let it come out.

Another benefit of disclosure in group, many couples said, was that the taboos against talking about rape and sex, which they had all foreseen as an obstacle to success at the beginning of the group, disappeared once those subjects were addressed, as W4 and H4 discussed with us:

> W4: So there were some things that I thought, 'I'm not saying it,' and the other would say it, there were things like that that came out…
>
> R: As soon as one person lets out the word 'rape,' it's permitted, huh?
>
> H4 and W4: Yes.
>
> R: Now that's no longer forbidden.
>
> W4: That's it.

H8 and W8 explained their experience of overcoming the taboo:

> W8: But when we made ourselves adapt, we were used to it, and we started to talk.
>
> H8: It was new.
>
> W8: Yes, it was like school. When you start, [you can experience] shame, but when you get used to it, it's over.

W6 added that the importance of raising the issue of sexual violence outweighed the taboo because the group was a place where “the husband can understand the difficulty that I have. The man can hear what you asked there.” During the group and during interviews, many couples expressed a similar sentiment: once someone other than the couples raised the issue of rape (one person added, “when the white said it”), couples could discuss it inside their marriages.

The major findings in this section include a reported decrease in feelings of isolation and increase in feelings of connection and solidarity with other couples. This connection fostered learning from other couples and encouraged the development of strength and courage, which helped reduce the impact of cultural taboos on discussing sex and sexual violence.

Group practices, content, and components. When asked for their feedback about exactly what had been useful and what could have been more useful, couples seemed eager to explain what they had experienced. They described group as a good, educational experience, told us that both separate-and-reconvene formats (gender and couple) were useful or necessary, and shared the parts of session content that resonated most for them, or that they still recalled most often. Finally, they offered suggestions for future groups.

Most couples compared their experience in group to an educational setting, saying it was like school, or that facilitators were like teachers, or that the participants were like students or CVT’s children. Most also told us it had been good for them, that “everything was good,” or that they had learned or absorbed a lot. Because we had frequently insisted during the course of group therapy that

this was not school (e.g., “there are no wrong answers; this is not a test”), H7 took the opportunity during the interview to refute our assertion, reflecting sentiments expressed by many in his cohort:

> We say that you're teachers, and you always refuse - no, we're not teachers. There is a great work between us. Since you started to teach us, it's like we're receiving ideas/advice, and.... These things have come to help us....That is why I say you are a teacher.

Some of the individual comments on this theme included H7 saying that group was “like medicine,” W1 saying that it was “good for the men,” and H1 saying, “Even if you leave we will start to remember you and remember the teachings.”

Ten out of 13 endorsed the separate-and-reconvene format of the group sessions, which was the greatest agreement on any one concept in this domain. The remaining three couples (C10, C11, and C12) did not mention the format, possibly because we did not ask them directly, as we did all of the others. Among those who addressed it, consensus was that separating into couples and talking directly to one another was helpful because it enabled people to talk and it helped create a habit that continued at home. Men like H3 explained the freedom offered by this configuration: “I would ask you to do it. Because if you're in twos, you can talk. Maybe if you're in the larger group, you could have shame, but if you're in twos, you can talk about whatever you want.” A few women explained that it had been meaningful to them to talk one-on-one, and that it had become a habit in their relationship. W6 said, “What helped me there was the example of being two by two - husband and wife, husband and wife. Really, this exercise

touched me," and W5 told us, "It became what we do at the house - what we did in the group - stay as two, talk together."

According to most couples, separation into gender groups helped provide a sense of safety and anonymity, and spurred conversation, especially in the beginning, when there was the most shame and anxiety about talking in front of others. Men found it useful both for themselves, as H2 described: "Separating the women to one side and the men to one side, it was in that moment that we started to talk...it was that that caused us to start to discover really the bottom of our hearts," and for the women, as H7 described, "Yes, it was useful because we saw, when you stayed with the women, there was even laughter, they started to talk a lot, they even felt at ease." Women like W8 mostly talked about the usefulness for themselves:

> It was, for us, useful because we failed to talk together. But when we began to talk separately like that, there was ease. We started to talk quickly. And if we come together again as a group, we can talk.

Many couples specified that it was important to return to the larger group after the smaller groups, saying that shame necessitated the separation, but that coming back together was useful because people could then talk openly, without shame.

Feedback about specific session content varied widely; there was no clear consensus as there was with the separate-and-reconvene format. A few couples said that the "advice" we gave about relationships, communication, or sex was helpful, which was the greatest convergence of opinions expressed. W6 and H7

both said that the first-session exercise, in which the group members try first alone, then together, to lift a large stone with a single finger, gave them “joy” because, “It was a way of showing someone that man is not useful alone” (W6), and, “We have to work together to be able to lift these things that are so heavy” (H7). H2 and H7 recounted that the discussion of planning for the future had given them hope and an understanding that, “Buying a bike requires getting along” (H2).

Recommendations for future groups. Our request for recommendations was clearly unexpected for most of our participants, and it was difficult for many to answer. The most common response, therefore, was something like, “Everything was good. Nothing was bad” (C8), “We're students. It's for you to educate us” (H3), or, “What could add to the advice is you. You were in many groups, and each one is different” (W11), meaning that she thought I was the best person to decide what should be done the same or differently in the future. After a bit of prodding, it usually became clear that it was best to accept this response and move on. The most common substantive answer was essentially that we should do more of the same with other couples. “Go help the others” H4 advised us; “there are others who could learn.” Many couples suggested that we should talk about love, forgiveness, and teach people how to get along and how to treat each other so that they can live a better life. A few also said we should talk about the war and help couples know they were not the only ones who suffered. One suggestion, offered by C8, was that we should provide written materials in the future to help with retention. Two remaining suggestions were

offered by a single person each: to give material gifts or otherwise compensate group members, and to plan session content according to individuals' perspectives or needs.

My reflections. This section best demonstrates the challenges of having been both the interventionist and the researcher. I spent a great deal of energy trying to create an environment in which people could say how they had really experienced the intervention, but I assumed my presence precluded completely free responses, or at least influenced responses. It seemed that in some cases, though, participants appreciated the opportunity to talk with the facilitators about how the group had been for them. H7 is a good example of this, in his insistence that we were teachers and in his direct remarks to me about my having refused the characterization of myself as a teacher. In response, I acquiesced and accepted his perception that we were teachers, and he expressed great happiness when I did. For those who were less effusive about their experience, I wondered if it had been more neutral than positive, and if they were searching for positive things to say, despite our multiple attempts to elicit "honest" answers about what could have been improved, or what was less useful to people. Despite the challenges of being both interventionist and researcher, I also appreciated the more intimate understanding I had of individual participants' growth and experiences in group, as well as of the experience of group overall, after having spent 60 total hours with the groups. I could not have had the same perspective if I had only interviewed the couples.

It was exciting to hear people who seemed uncensored and genuine – the majority – talk specifically about what was helpful in the group, particularly when it was in words we had never used in group, or when I had the sense that they had already discussed together or with others what was useful. It was, obviously, impossible to separate the part of myself who had worked so hard and hoped very much that people would benefit from the intervention, from the part of myself who heard their post-intervention reports, and both parts were thrilled to hear of their good experiences. Though my thoughts below were recorded during the group sessions and not during these interviews, they capture the sentiment very well:

> Woah, okay, today is Wednesday, July 30th, and we just finished our [session number] group session in [location]. Holy cow. I'm just so amazed and so excited. It's little stuff, but it's *big* little stuff, and it's important. And it doesn't take much, but if you do that little bit and extract the little bit that needed extracting, it just feels amazing to see what… Anyway.

This was a welcome change after many months of much struggle, very often, to get things to work the way I thought they were supposed to, and feeling like this: "10 June, 2008. It's not the feeling of failure I mind. It's the feeling *so much* like a failure *so much* of the time" (Morgan blog).

Notably, three couples (C10, C11, and C12) did not mention the separate-and-reconvene format, possibly because we did not ask them directly, as we did all of the others. Those three interviews were one after the other and were later interviews in the process. I noticed when transcribing that I had not asked directly

about that process and wondered if perhaps I had had the sense that I had already gathered enough information on that question, or if it was just an oversight.

Perhaps a follow-up interview could have been helpful to gather more input about session content, though people seemed to struggle to make specific comments, so an additional interview might also not have proved useful.

Domain V: After multi-couple group therapy. Faces softened, smiles bloomed and tones of voice became lighter more celebratory as participants shifted to describing their post-group life. Interviews took place anywhere between a week or two after (n=5) and several months after (n=8) participants completed MCG therapy, so the experience of group was relatively fresh for all, but not all couples had benefited from some time to experience life post-group. When we asked couples how they were doing post-group, they almost uniformly responded that life was easier, more enjoyable, and more rewarding – inside themselves, with their partners and children, and in their larger context. Participants related some of these changes to ongoing improvements in their post-war environment and situation; work, food, schooling, and health care were all more accessible, for example. They related other changes to their experiences in group – as individuals, as couples, as parents, and as peers of other couples. However, two respondents, as mentioned before, H3 and W6, described having essentially the same marital relationship they had before the war, though W6 noted minor changes. One participant, who I will not identify in order to protect her confidentiality, reported a great deal of psychological difficulty

at the time of the interview, related to very recent losses in addition to older losses, and her case will be presented individually near the end of this section.

Self. Many couples reported that their hearts were calm, or that what bothered them in their hearts had moved on. The following things were said by one person each: worries were gone; anger was gone; there was hope; and intrusive thoughts about soldiers had started to wane.

Relational – Marriage. All 13 couples we interviewed said their relationship was going well at the time of the interview, and 12 of the 13 characterized this as different from their pre-group relationship. Variations on this goodness included diminished conflict, good understanding, the presence of love and joy, and that they were as they had been before the war, or better. Spouses also talked about ways they were good to one another, manifestations of their togetherness and connection, and change in their sexual relationship.

Overall high relationship quality was couples' primary focus in this section of the interview. Most couples explained that there was less conflict or "no trouble" and that things were "easy," or that difficulties had ended. W12 told us, "Now there's no more discord. We don't squabble; we don't get mad at the other person. If one does bad, the other says this wasn't good, and then we get along." Most couples also said that their relationship, or the understanding between the spouses, was good, and that they were getting along better than they had prior to group. H13 reported, "What we like now is to be in a good relationship, to understand each other in all things. In all things, we understand each other quickly, quickly. So, things are going better on this path." His wife concurred,

“What's changed is the fact that we're starting to get along together, to be in the relationship together.” Many couples also trumpeted their love for each other and the joy they felt together. H7 said, with a wide smile, “Now, we're starting to laugh with joy, we're seeing, ahh, we're going to return where we were.” Many couples said they were at the time of the interview the way they were before the war; one respondent, H3, said this was because their relationship had never been affected by the war, as mentioned previously. One respondent, W4, said she and her husband got along better than they ever had, despite having had a very strong relationship before the war. A few participants said they saw their relationship as improved, but they hoped for still more improvements with time.

In addition to generally high relationship quality, couples talked about ways they were now better partners, helping and supporting each other more, accepting influence from one another, and hearing and being heard more. “What I do with my wife is different now. If she tells me something, I help her. If she has a burden, she tells me,” explained H1. W9 said of her husband, “His heart has become more easily able to respond to different problems,” which, she said, led him to start believing her when she said she was sick, rather than thinking she was lying.

Many couples also pointed out that they were now able to work and talk, and even plan for the future together more easily, saying things like, “Working together comes from getting along. If there's a good relationship, then we can work together” (W12). Only one couple addressed sex directly; the wife in that couple said sex was “good” now and added that she still felt tired or not like

having sex sometimes, but that her husband now heard her when she would tell him that. Lastly, H3 was the one participant who reported no experience of change in his relationship during the war, as discussed above.

All couples reported doing well in their relationships after the group. A few mentioned areas for continued improvement, and a few said their relationship had improved even beyond their pre-war baseline, but mostly, they described having been able to rebuild some of the love, happiness, and ease they had had prior to the war.

Relational – Parent/child*.* Parents described a variety of experiences of their children, and their relationships to their children, in this section of the interview. Most indicated positive change, much of which parents associated with their interventions with their children, often subsequent to parents' experiences in group, including parents' softening toward their children, children's return to respectful and compliant behavior, and parents' efforts to share with their children what they learned in group. But a few of the parents who lost their children during the war shared with us that they still suffered greatly, and that the pain of those losses faded slowly.

In intake data, nine clients from eight couples in our sample reported that at least one child had been killed in the war. Four of those couples reported during the interviews that they lost all or most of their children during the war. Two of those four indicated that they were still struggling significantly with the losses. H3 said, "What I do often, if I have too many thoughts, these thoughts at a certain moment disappear. Because even if I think a lot, my children are not

going to [come back]," and then later said of the intensity of grief, "Right now, it's leaving us a bit of time because it's been years." Though they moved on in many ways, mourning persisted. As mentioned above, one woman reported extreme distress, due both to wartime loss of children and to more recent tragedy. Her case is discussed in greater depth at the end of this section, but in short, she described suicidal feelings related to the loss of her children and the sense it gave her that she had nothing left.

For those who still had children, it was a very different story. Not only did they obviously not have the same kind of grief, but they reported healing in their relationships with their children, growth in themselves as parents, and an emerging tranquility in their children. Mostly, parents reported changing toward their children: many said they were less angry and used more appropriate discipline, or that they were more responsive or loving toward the children. W4 said of herself and her husband, "Before we were hitting them, but now, after some time, we started to just teach them and talk to them," and she related her softening to her children's improvement in behavior. W2 said, "I notice that even if I talk, that anger doesn't take much time…and right away, the anger disappears." W9 added that her husband was now more likely to take her children to the hospital if they were sick, whereas before group, he would refuse to take them.

One couple said they used what they learned in group to talk to their children about the war and to teach their kids that soldiers and de-mining explosions were safe in order to lessen their startle responses. One couple said

their children were going to school with no problems, and another said the children were now listening. A few couples related their own improved marital relationship to their children's improvement. H7 expounded:

> It's as if the kids were also hit, hit, hit by the difficulties. Now, we're starting to get along, and also our children are starting to do well - to listen, to respect, to understand. What we had as a weight before, now you start to see that it's starting now to, to... retreat.

All parents who still had children and who had said there were difficulties with their children after the war (n=6) reported that children's behavior, and parents' and children's relationships, seemed to have improved after group.

Contextual. Participants' responses about contextual issues during the last part of the interview were interestingly polarized. A few couples said things were safer – that the war was over and that there was less threat from the military; a few said danger persisted – that the war might return, and that they continued to be haunted by the fear of this possibility. A few couples said they were more financially stable, that they had work, and that their major needs were now met; a few referred to their ongoing socioeconomic difficulties, saying they still experienced poverty they had never known before the war. A few couples referred to uncertainty about their future and not knowing where they would live or how things would go forward; a few alluded to settling in to their new lives and beginning their future. Several couples said that they still talked about group. Contextual issues, therefore, were not presented as straightforwardly by our participants as were some of the other issues they addressed during the

interview; understandably, since many had recently repatriated and were still adjusting to many aspects of their new lives.

Outlier case: Emeline's despair. Identified here by a pseudonym rather than by her number in order to protect her confidentiality, Emeline was unique among her cohort for her presentation during the last part of the interview. Emeline had not only experienced great tragedy during the war, but she had also experienced great tragedy in the time immediately preceding the multi-couple group. Her responses to the questions in the last section of the interview were strikingly different from others, and she always linked her feelings and state of well-being to the recent tragedy, piled atop the prior losses and grief. She said things like, "For me, the war continues," and, "I am worse now than I was before the couple group." She described herself as suicidal and her husband as hypervigilant about her safety, often following her to make sure she did not hurt herself. Despite her struggles with her own mental health, she praised her husband for being solid, steadfast, and having a good heart, and she said the group had helped address a couple of issues in their relationship that had lingered for her after the war. Even with this deep, abiding love the two shared, however, she was not well. At the time of the interview, we offered additional individual sessions for Emeline to another phase of grief and trauma processing work necessitated by her very recent difficulties, and she accepted.

My reflections. Throughout the experience of listening to, transcribing, analyzing, and writing about these interviews, I received, over and over, again and again, the gift of witnessing human healing, resilience, and determination –

all embedded right in the midst of overwhelming adversity, hardship, and tragedy. A blog post I wrote during the last few sessions of my last group cycle in DRC explains the privilege:

> 25 August 2008
>
> So proud and so excited and so amazed by my staff, and also so sad to be leaving all those things that inspire me every single day and that awe me during every single group, each debriefing session. If my staff amazes me, then our clients blow me completely off my median.
>
> Or maybe it's the reverse.
>
> You tell me which is more thrilling, more humbling, to witness:
>
> Is it the client who re-tells his 4th session ("The Most Difficult Moment") story [about when his house was burning and he grabbed his wife and and kids to get out of the house, because, "it was better to leave the house and be killed in the massacre outside than to stay and burn alive in the house"], but this time, during the 8th session, "Exploring Your Internal and External Resources: What Did You Do to Survive?" tells us how, upon exiting his house, he was beaten and beaten until he couldn't feel the pain anymore, and that he decided to play dead, went limp, slowed his breathing and made himself a dead weight when they kicked him to see if he was still alive. Instead of telling the story of how he was brutalized, he told the story--*the same story*--of how he managed to outsmart his killers. He told this story with a smile on his face. With pride. With joy. And then

explained to us that it was his intelligence and his spirit and his heart that led him to those decisions and allowed him to save his own life.

Or is it the PSC who looks at me and says, "*Madame!* He re-told the same 4th session story, but ***completely differently****!!!* It was like he wasn't even the same client! He was telling it from the ***survival*** side of the story instead of the *suffering* side! He was ***smiling*** !"

?

You tell me.

The final sections of these interviews felt very much this way to me. Emeline's pain, and her lack of safety, was very concerning, but even that interview felt like an opportunity to be with someone on another part of her journey through pain. I knew I would not have the luxury – or the responsibility – of seeing her move further through it, which felt like an unfortunate loss – and a reprieve – for me, but I trusted my colleagues to continue with her so that she could continue healing. Others, though, were predominantly joyful, and internally – and later, externally – I shared their joy. Much of what they said during the interviews had been said at some point during the group cycle, so little of it was brand-new information. A number of couples, though, were interviewed a couple of months after group, and they were sustaining or gaining ground they had won during the group. It was exciting to see them continuing to move forward.

Group members and interview participants knew, as did we facilitators and researchers, that things were never going to be perfect in their lives. They never had been, even before the war. Poverty and hardship would continue to be

currents of life, and relationships would continue to take place between fallible human beings. We were aiming for something else: understanding, forgiveness of self and other, and relationship repair. It was clear we had achieved at least some of what we set out to do together, and for the most part, we agreed to call those achievements good enough.

Chapter 6: Discussion

> Personally, I felt, because of my wife, because when we left together with her, I could have died, and she did everything to save me. When we went there, and we came back again, I didn't know that she saved me. It was when we started the group – it was in this moment that I understood that she did so much for me, and the problem ended. (H1)

This study explored the perceptions of 13 torture-surviving Congolese couples in Pweto of the effects of torture and war trauma on their relationships, assessed the feasibility of implementing multi-couple group therapy (MCGT) for torture survivors, and evaluated those couples' experiences of participating in MCGT. In this section, I have provided a summary of findings and then discussed links to literature, lessons learned, and implications for clinical research on systemic interventions for torture and war trauma.

Summary of Findings

During the interviews conducted for this study, spouses described having traveled a full circle, or close to it. They began with relationships that ranged from stable to outstanding, and when war came, their marriages, along with the rest of their lives, suffered massive casualties. Desperation ruled their practical, physical, and emotional realms for years. Even once *la misère,* the economic devastation and dislocation, had lifted somewhat, desperation in the emotional realm continued. Most partners did not have ways to talk to each other about what had happened to them individually, as a couple, or as a family, and the intrusive memories, bad feelings, and disrupted, disjointed relationships haunted

them long after the most serious danger had passed, and even after individual group therapy helped alleviate individual symptoms for many of them.

In the couple groups, these participants explained, they had some of the first opportunities since before the war to remember each other – who they had been to one another before, and what their relationships had meant in their lives. They described coming to appreciate each others' contributions to the survival of the family, learning how they had closed themselves up, via either anger or withdrawal, and discovering that they could choose to forgive and to reconnect. Having a place to gather with other couples who suffered similar experiences, most said, was crucial to realizing these changes, and having opportunities within that group to talk with others of their same gender or with just their own spouse was essential to their ability to benefit from the group. After completion of the group, almost every participant described, their marital and parenting relationships had improved beyond improvements they had experienced in individual group, and other parts of their lives, such as work, were improving as a result of those strengthened connections.

Links to Literature

The findings about the MCGT format used in this study add to the small but growing body of literature supporting the use of relational therapies to address relationship issues that linger in couples who have experienced difficulties, even after individual work has taken place. Participants were so clear about the benefits for themselves and for their relationships with their partners and children that it made us as facilitators question why trauma treatment is

almost universally, almost exclusively conducted at the individual level. From our vantage point at that moment, as both clinicians and researchers, the history of psychology as an individual-centric field of study, and the difficulty of designing and testing relational interventions were harder to see than the obvious, right in front of us: people need each other in times of trouble. Almost every article reviewed for this study mentioned in passing, usually at the end of the discussion section, that family relationships are important factors and that future interventions and studies should consider the needs of families, but almost none of them did. The few existing studies of well-designed interventions for couples or families of trauma survivors showed similar results to this one: people like it and report it as helpful with their individual and relational symptoms. As group members and interview participants told us that they were going to hold meetings in their villages to teach other couples what they learned in group, and as we looked at laughing faces, where there had been grimness weeks before – even after having benefited from symptom reduction during individual group therapy – it was clear that progress on implementing existing approaches and developing new ones, is overdue. Relational approaches should be considered a necessary and standard part of repairing couples and families whose lives and relationships are adversely affected by traumatic experiences, and repairing communities suffering from the effects of mass trauma, particularly torture and war trauma.

Context of war, torture, and mass trauma. Though there are astounding consistencies in physiological and psychological responses to trauma (e.g., flashbacks, nightmares, startle response, etc.) across culture and type of

experience, there are also unique features in experiences of trauma that shape the effects on survivors. If each couple in this study had experienced catastrophe for non-war-related reasons in a peaceful context – for example, if they had undergone personal family tragedy but had family, friends, and community that were stable and supportive, life might have been drastically different. Perhaps a community or a religious institution might have rallied around them, raising money to help the family recover, finding medical and mental health care for them, and helping with child care. Instead, the lives of everyone they knew, and of everyone within a several hundred kilometer radius, were similarly disrupted, uprooted, and destroyed. There was no functioning government present – police, village chiefs (especially – they were often targeted first by soldiers), and schools were all marginally present at best. There was no redress. There was not even the informal structure of elder and younger people caring for one another in the mutually beneficial ways typical of the region's culture. Farms and homes abandoned, often after they were already burned by soldiers, the population was on the run.

In some ways, it helped people to know that others – almost *all* of the others – around them had experienced similar things. People who entered our therapy groups, whether individually or with their spouses in MCGT, could draw from the strengths and sorrows shared in the group to know that they were not alone. Given the profound isolation many trauma survivors in many contexts feel, it would seem like this could be an advantage; that the shared experience of mass trauma might make people feel less alone. To our surprise, though, despite

knowing intellectually that their neighbors and family members suffered, most CVT clients in Pweto explained that they felt completely alone until they started group. Despite having seen their entire village standing in a circle at gunpoint while soldiers burned the village, for example, after war, people did not naturally share their experiences of suffering subsequent to the extreme violence. This informal observation that both I and the PSCs noted is supported by data from clients' intake assessments; clients in the couple sample reported an average less than one person who lives near them who they could go to for help or support in a time of need. Isolation reigned, even inside households. In many cases, soldiers had used tactics to maximize shame, such as raping or beating people in the middle of a circle of their neighbors, or to breed mistrust deliberately, such as forcing one torture victim to harm another. This was especially true in families: children were forced to witness, and sometimes participate in, the rapes of their mothers and the beatings of their fathers, and husbands and wives were forced to witness the rapes and beatings of their spouses. Presumably at least partially as a result of these experiences, most participants in this study reported that they had not talked to each other or to their children in substantive ways about the war until they got professional help.

In this sample, therefore, and in the larger group of CVT clients, it did not seem that the broadly-shared nature of mass trauma related to war served as a protective factor, though some studies have indicated it might for some people in some post-conflict settings (e.g., Gupta et al., 2014). For this group, there were also risk factors not present in some other kinds of trauma, like the destruction of

societal infrastructure. I would not argue that this makes the experiences of Congolese in Pweto “worse” than other trauma survivors’ experiences per se because there are so many variables influencing the severity of effects on each person from each traumatic experience. Adults who experience war-related mass trauma after having had relatively normal childhoods with secure attachments and “good enough” caregivers, for example, have some different needs than adults whose trauma histories began when they were infants, at the hands of perpetrators who were legally responsible for them. Still, it seems important to consider how the unique elements of experiencing torture in the context of mass war trauma can inform our approach to addressing the needs of survivors in a post-conflict setting like Pweto.

Systemic Treatment of Trauma

The finding of this study that partnered adults experienced benefits from couple-based work to diminish their isolation, even after they had already done similar work in groups for individuals, adds further evidence to the idea that healing is a relational phenomenon, and that using a relational context to promote healing can be beneficial. This is consistent with much of the existing research on couple therapy with trauma survivors (e.g., Johnson & Courtois, 2009; Monson, Wagner, Macdonald, & Brown-Bowers, 2015), indicating that, when it is based on principles that inform effective therapies from both the trauma treatment field and the couple treatment field, it is often an effective way to address a range of intrapsychic and relational issues.

I had originally decided to conduct MCGT to address the issues in couples described to me by PSCs early in my stay in Pweto. Individual improvements in individual group therapy seemed clear based on clinical observation and based on intake and follow-up data. It was surprising, then, to hear reports, and to observe, the further intrapsychic improvements in participants during MCGT. It could be that more sessions of any therapy would have been beneficial for the individual symptoms, as some reviews of trauma-informed interventions of varying lengths indicate (e.g., Crumlish & O'Rourke, 2010). The other benefits, however, including improvements in their relationships with their spouses and children, deeper connections to other couples, and an end to the isolation and shame they had experienced during and after the war, seemed as though they were related to the couple, and multi-couple, treatment format. This, too, is supported by other studies of relational treatment, both for the effects of trauma and for other issues. Most empirical studies of couple therapy interventions for trauma treatment have been small, like this one or smaller, but have shown positive, promising results (e.g., Monson et al., 2011b). In one of few RCTs comparing a MCGT format to other approaches, Stith and McCollum (2011) found that MCGT was more effective than dyadic therapy with couples who had experienced domestic violence. Participants in this study corroborated that finding when they described the separate-and-reconvene format of the sessions as very useful and suggested we conduct the groups similarly, in format and in content, in the future.

This study's findings about family-level shifts resulting from war and torture trauma, as well as from relationally-based treatment, are congruent in many ways with the findings of Weine et al. (2006) in their investigation of Bosnian refugee families receiving multi-family group treatment in the U.S. Some of the similarities in participants' reports of their post-war experiences include gender and parent role shifts, difficulty with memories and bad feelings, and isolation; similarities in reports of treatment-related changes include positive shifts in family relationships, and more and better-quality communication.

Gender

Gender differences in process and content were less substantial than I expected. Couples showed little contradiction between them in general, and some sections of the interview were characterized by remarkable consistency across gender. I found no substantial differences between the language wives and husbands used to describe their love and their feelings for one another; forgiveness, lack of conflict, and ease of relationship; or their grief about their lost children and how it manifested. Many of the expressions of goodness, togetherness, and sharing in their relationship expressed by both women and men seemed broadly related to the concepts of knowing the other, and to being known. All of this echoed themes expressed during the couple group.

In other areas, however, women's descriptions of their experiences were different from men's. For example, there were differences between women and men regarding their concerns, associations, and perceptions of the consequences of rape. Women reported that before they started the MCG, they

often felt tired, did not want sex, had thoughts of soldiers, and felt physical pain. Men reported having felt afraid of getting a sexually transmitted infection, feeling that sex with their wives was associated with rape or the soldiers, and anger. In the Results chapter, I described the responses of many husbands to the rapes of their wives, and how angry they were at their wives when they started group. All of the men who reported such anger also reported change in the direction and intensity of that anger during the course of the group. One of the most obvious influences of feminist theory on the MCGT is the intervention's position that the responsibility for rape, and for violence more generally, always lies with the perpetrator. When we gently explored with men the anger they had felt, and the question about whether any person would wish to be violated that way, they were able to start dismantling their anger. Their eventual declarations that "she saved me" also reflected this influence.

At times, the cultural ambiguity about gender roles showed up in the couples' interviews. My perception of this conundrum in the DRC was that often times, one thing was the purported reality about gender roles, such as the idea that "the man is in charge," and another was the apparent reality, such as the fact that women were frequently the main breadwinners, household managers, and primary caregivers for children. In our discussions of work and money, women cited their husbands' breadwinning more commonly than they cited their own, or than men cited their wives' breadwinning. In some cases, this made sense based on the couples' experiences, and in other cases, it seemed to me to have the

overtone, “This is what is supposed to be said, so I am saying it. Then I can go on to say what I think.”

One or two women referred to gender roles directly in their interviews, initially stating the apparent cultural expectation, but then debunking it immediately after, e.g.:

R. Okay, so before the war, you had this way of saying, okay, he's mad, what can I do to show that we're still connected, something that…

W. Yes… Recognizing the fault. I’m a woman before the man.

R. Uh huh…meaning…?

W. The husband is always superior to the wife.

R. Uh huh. So it was, for the most part, between you two, it was you who would say, “Forgive me?”

W. Yes, when it was the case that I got mad. Him, too, he could do all of these things to put me back in my skin. You could see in a certain moment, he would go buy me a pagne…

Similar exchanges happened a few times with a couple of wives initially indicating, “I was in this (inferior) role, and my husband was in that (superior) role,” but then elaborating to show that they had equal roles, or the same role, one toward the other. This seemed to reflect the complex gender and power

dynamics in the culture (and perhaps every culture), both on the surface and deeper.[9]

Finally, one of the most interesting reflections about the influence of gender roles in relationships was one that I find difficult to support with concrete evidence. Having been in all of the groups and all of the interviews, having watched all of the faces and observed the body language of all of the spouses, and having listened to and then read all of their words multiple times, I have the distinct sense that the stronger relationships tended to transcend gender roles. Those who seemed to glow when they talked about their spouses, and those who described their relationship as being a truly, wonderfully additive force in their lives, also seemed to be the ones who shrugged or scoffed at issues of superiority, inferiority, or greater or lesser importance between the spouses; some of those were also the ones who questioned how rape could ever be a woman's fault, since she did not want it. I have no way of knowing what might cause that transcendence, or whether it might be true for other couples, too, but I was intrigued and wondered if perhaps greater gender equality is associated with, or is more likely to emerge in, higher-quality, higher-satisfaction relationships, even when gender equality is not the cultural norm or stated ideal.

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[9] Congolese culture is certainly not unique for having mixed or multi-messages; American culture and most others with which I am familiar struggle to reconcile their ideals of gender, race, and other concepts, with people's lived experiences.

While there were some content differences, especially regarding the angle of the participants' concerns about the experience of rape, I could have imagined much greater differences. Process differences were more obvious in the interviews, and they were also more widely acknowledged and discussed in the group sessions. Husbands and wives responded fairly similarly in many sections of the interviews. Many couples exhibited differences between the wife's and the husband's comfort in responding to me first; the husband was more likely to speak first. Some interviews, though, were marked by equality of participation and initiative between the partners, which is not the cultural expectation stated by many clients and PSCs. Women were slightly less likely to start out responding first, but we made deliberate efforts to alternate to whom we directed the questions, and we explained those efforts to participants in terms of the similar dynamic in group, encouraging them to continue responding as they had grown able to do in the groups:

R. Okay, what we can do - I don't know if you have feelings about the ease of

talking together, as two, or separately. We'd really like to collect the perspectives of both of you.

H. Yes, it's good to talk together.

R. Okay. But are we going to discover what we just experienced - that we only get the responses of one person?

W. No, no! [all laugh]

R. Okay, okay, it's very important because, as you know, the experiences of the men and the women in the group, and during the war, are truly different, right?

H. & W. Yes.

R. So, to be able to define a program that helps couples and the two members of a couple, we'd like to understand the experiences of both.

One couple chose to answer separately from the beginning of the interview. I do not know how their answers would have been different if they had answered together. Another couple seemed to struggle greatly to answer at first, and I eventually suggested conducting the rest of the interview separately, after which they seemed to have an easier time responding. Their responses did not seem like things they would hesitate to say in front of each other, such as negative things about the other spouse, but they seemed less nervous about the interview, and less stumped by our questions, when they were alone.

Parents and Children

Children were not interviewed for this study, nor were they involved in the intervention. Parents' perceptions of their children's well-being are therefore the best information we have in this study of how they were doing at each stage. Parents' reports of their children's experiences, and of their own experiences as parents, were consistent with much of the literature on children's experiences of attachment, trauma, resilience, and risk and protective factors related to adversity and psychopathology. Children were reported to have been relatively

calm and well adjusted before the war by all parents who addressed the issue, but parents described their children's emotional, behavioral, and relational lives as unraveling in the wake of trauma, and in particular, in response to parents' harsher treatment of them and parents' couple relationship conflict. This echoes major findings in attachment research that "the child exposed to chaotic or threatening caregiving develops a sensitized stress-response system that affects arousal, emotional regulation, behavioral reactivity, and even cardiovascular regulation" (Perry & Pollard, 1998, p. 40). Parents sometimes seemed disappointed or ashamed of themselves as they spoke in the interviews, as if they could not quite believe who and how they had been during that time. When parents feel shame, they can be more negative and critical toward children (Mills, Freeman, Clara, Elgar, Walling, & Mak, 2007), which could serve as another challenge to supporting their children well and buffering the effects of traumatic stress.

Lessons Learned

I have attempted to address limitations of this study throughout the text, partially because the limitations were sometimes closely related to the context or resources. Here, I will summarize this study's limitations and my own lessons learned.

This was a small pilot study, with a sample size of 26 people, or 13 couples, selected purposively by PSCs, based on their in-depth knowledge of the clients' relationship issues. Generalizability is therefore limited and also was not the goal; as a pilot study, the goals were to gather some initial data to test the

feasibility of implementation of MCGT. This meant looking at whether or not the MCGT intervention seemed helpful at all and to learn more about how, why, or why not.

Couples who survived the war together without divorcing or separating are likely to have been stronger couples initially. It is impossible to know how many strong, healthy marriages were lost due to the deaths of one or both spouses, or to know exactly how many marriages ended due to divorce or separation. PSCs who lived through the war and were still living in the community where they had prior to the war asserted that there were many, and that intact couples were struggling; this was the reason for the MCGT intervention in the first place. Nonetheless, this intervention was conducted mostly with couples who had experienced significant strengths in earlier times in their relationships. As noted earlier, the two couples who reported lesser relationship quality in the couples' intake evaluation questions dropped out of group. It is reasonable, therefore, to consider the MCGT approach a useful one for couples who had had moderate to high levels of relationship satisfaction prior to their traumatic experiences. These data do not provide enough information about how couples who had lower relationship satisfaction prior to their traumatic experiences might fare in MCGT, so it would be wise to consider carefully whether and how to include couples with less stable commitment, or with a history of poorer relationship health.

If we had been richer in resources – especially time, but also human resources and money – I would have chosen to do several things differently when conducting interviews. I would not have conducted interviews when I was

exhausted, or after a full day of torture treatment groups. I would have spent more time preparing couples for the interviews, double- and triple-confirming interview times personally, to ensure greater participation of both spouses. I would also have been able to conduct a more elaborate study, which I had in mind originally, but which was not possible given the circumstances. Such a study could have included intake and follow-up data for couples in this study, as well as for CVT clients who participated in the individual groups only, comparing mental health and relationship variables across groups.

Couples were recent "graduates" of the group when we interviewed them – between one week and two months post-intervention. The advantages of this include that they remembered group well and could clearly articulate what life changes seemed related to their participation. We were not able to complete systematic follow-up with couples. I received occasional feedback from PSCs over the months and years following the intervention that couples they encountered in their daily lives seemed to continue to do well with time, but these reports were informal and incomplete, not part of the research study.

As with all self-report data, especially the retrospective reports, we cannot know how accurate couples' impressions of their pre-war relationship quality were. It is also difficult to know the potential impact of interviewees' desires to please me and PSCs, though we took pains to try to minimize this effect by underscoring to participants the importance and acceptability of answering honestly; carefully examining responses for possible flattery; and by talking with each other about any suspicions we had that participants might be saying what

they thought we would like to hear. One example of a difficulty with self-report data was H3's discussion of his relationship. It was hard to know whether he truly felt nothing changed in his relationship, partly because he was interviewed alone and partly because he was very brief in responses. Based on his judgment that those who divorced had bad hearts, it may have been difficult for him to admit if there had been any struggles in his relationship, or he may have understood the question to mean only those struggles that rose to the level of threatening the existence of the relationship. One reason I questioned his depiction was that we completed screening procedures to determine whether there were sufficient relationship difficulties to warrant admission to the multi-couple group, and he and his wife met those criteria.

Our quantitative data, from intake and follow-up evaluations with clients, had a number of problems compromising its reliability and validity, including: 1) incomplete collection; 2) data entry errors; and 3) issues related to clients' comprehension or knowledge, e.g., questions about clients' age (they sometimes did not know). I did not intend for this to be a quantitative study, or to use very much of those data, but I did intend to use some of it, including demographic data, symptom averages, and war history experiences. One example of how the data problems affected what I could use or report here is that, according to intake data, nine of our participants (out of 26) from eight different couples reported losing a child. This does not correspond precisely to the interview responses, in which eight people from four couples reported losing their children; some couples who told us multiple times that their children died are not reflected in the

quantitative data, and others have one spouse reporting that children died and the other not reporting the same. Based on my experience supervising client evaluations and data entry in the field, I believe these errors are likely attributable to reasons 1 and 2 above.

Resources were a constraint not only while carrying out the interviews, but before and after as well. I left for DRC planning to discover some need, and then to work to meet that need and to study it for my dissertation. Though I believe that openness ultimately helped me do something meaningful and useful, it also meant that pre-departure planning could not be very detailed or pertain very much to what I would eventually do. I returned to the U.S. one time during the year, two and a half months after my departure. During the week I had to meet with my U.S.-based colleagues, CVT program needs had to take precedence, and also, my ideas were still formulating about an intervention for couples; I did not yet know exactly how it would look. When that became clearer as I began 2008 in DRC, I had extremely limited access to relatively slow Internet connections (use of the university library to download articles was almost impossible, for example); expensive and poor phone connections; and no time to spare. Though I got good long-distance guidance from both CVT's research director and my adviser, it was in a few brief and frequently-dropped phone calls, a Skype call or two when we could manage to get a good connection, and long emails explaining the rest as well as we could. I was mostly alone for the planning and implementation. I can only imagine what an advantage it would

have been to have had more direct access to my academic support system during that time.

If I had not had such severe time and resource constraints – in other words, in a perfect world, some of the things I think I might have done differently include: more thoroughly educate myself on the theoretical frameworks I would use to design and analyze my study; more systematically record my own reflections and those of the PSCs; and check and transcribe audio recordings as often as possible, ideally immediately after the recording was completed. I did check to make sure I was recording and that I could hear, but there were recordings that were difficult to decipher because of a soft-voiced interpreter and a loud-voiced Kibemba speaker, or because of too many roosters and goats and children in the background, or because the cicadas started chirping halfway through the interview. Those problems are all magnified by time, of course, because memory fades, and I did not find time to start transcribing the interviews until 2013. I also knew to keep a clear data trail for myself, but again, when it was years and not weeks or months before I was able to return to it, the trail looked much messier than I had remembered. The information was present and accurate, but the passage of time made it feel like it had to be pieced together, rather than like I had carefully laid it out.

For a number of methodological issues, there were no definitively correct decisions, but a range of choices that could be argued to be valid for different reasons. For example, though the chronological organization of domains worked well in the analysis of data for the most part, some responses darted and weaved

between the events of the war and the events following the war in a way that I found difficult to code as either *during the war* or as *after the war.* In those cases, depending on what seemed most reasonable to me, I either coded a response as wholly within a single domain; double-coded it within two domains; or separated the parts of the response that seemed related to each domain. Another example of coding decisions that could have been made differently was that fear, anger and hurt seemed so interconnected that it did not make sense to me to separate them out in coding, so I grouped them together.

Finally, throughout my experiences in DRC, I was keenly aware of my outsider status, but it was especially vexing during the interviews because I worried about the effects it was having on the research process. One example of my other-ness disrupting the interviews is captured in the following section of transcript, during which the husband was sharing some difficult information, and we are disrupted by someone outside who has realized that there's a white person in the house and is loudly trying to get my attention:

H13. At that time, during the difficult period, when I told my wife that it was hard to find food, there was this spirit of anger.

R13. Uh huh…

[someone yelling, looking for me outside the window]

R13. At home, I'm no one. I went home to America - no one looks for me. I'm no one. No one's interested in me. I'm anonymous.

[everyone laughing]

H13. Here, we're interested in foreigners!

R13. So, you said there was this spirit of anger when you reported, “it's hard, I couldn't find food…”

In another example, I sneezed, to everyone’s surprise and amusement, which led to a brief but telling exchange about our racial differences:

R. [Sneezes] Pardon!

[Everyone laughs]

I. Even whites sneeze!

R. You thought we were biologically different! No, no, no!

I. [Pointing to his arm and to mine] This is not biological?

R. Okay, okay, a little!

The moments when those around me and I forgot about the differences in our skin color were so rare that I usually ended up writing about them later. I remember staring blankly at the ground while we were all out in a village, waiting for the LandCruiser one day, and noticing that there was something bizarre about one set of feet I saw. Then I realized that the bizarreness was that they looked unnaturally pale and frighteningly translucent, and then I realized that I was looking at my own feet. My race had started to startle even me.

My other-ness was only one of a thousand things during my time in DRC that felt so complicated that it was nearly impossible to untangle the pieces and understand what was happening around me. Often, I knew I did not understand much. Seven years later, I still struggle with the fact that I no longer work there, or internationally at all, and with how great the need is. I fear it will be generations from now that there is peace in DRC, and more time after that until

there is healing for people who have suffered so many losses and hardships. I try to carry the clinical, personal, and professional lessons I learned from that year – the humility, the hope, the courage, the need for persistence in the face of apparent impossibility – with me into therapy sessions today. Some days, they are vividly present; others days, they are all but faded away.

Implications

Clinical Implications

One of the most compelling findings of this study is the participants' reports of the widespread need for such an intervention. This interest and reported need is consistent with a great deal of literature calling for more development and testing of relational interventions intended to treat the systemic effects of trauma. It is clear that experiences of trauma have far-reaching effects on partners, children, and communities, and it is important that clinicians embrace systemic work with trauma CBCT for PTSD and EFCT for PTSD, that now have compelling empirical support for use survivors without further delay. MCGT still needs further evidence of effectiveness before it can be considered an EBT, but there are two dyadic (non-group) interventions, with trauma-surviving couples. Experienced couple and family therapists should be able to learn and use these models as prescribed, or integrate systemic elements of the models into the therapy they already provide. Clinicians in training, early-career clinicians, or those without significant couple or family experience, however, need additional training, both in systemic approaches in general, and in systemic approaches to trauma before using these, or similar, approaches. Therapy with

trauma survivors already carries risks that the therapist could do more harm than good, misusing exposure techniques, for example, or failing to respond sufficiently to dissociation or numbing. Couple therapy and family therapy also carry substantial potential to do harm, given the increased intensity in the therapeutic setting when intimate relationships are explored. Combining the two must be done carefully, and by interventionists who are well prepared, but it must be done. We need to ensure that training programs and supervisors adequately prepare clinicians to address the systemic effects of trauma, and that funding agencies and professional organizations are prepared to support and promote that work.

Research Implications

A follow-up study with the couples who participated in the MCGT would provide useful information on whether the reported effects held over time, and a larger RCT study of MCGT and another intervention with distressed couples in a post-conflict setting would be ideal. The ideal can seem nearly impossible to achieve in a context like Pweto, or anywhere in DRC or a similar setting. One of the challenges of such a high-needs context is that it is difficult to justify diverting resources from direct services to research, even for an organization already present in the region. Another is the ethical dilemma present anywhere there is need: to deny treatment for the purposes of research, rather than to provide it if possible, is difficult. Still, verification of effectiveness is important prior to pursuing larger-scale implementation. A possible compromise would be to conduct a RCT with similar populations in a more accessible setting, for example,

with war refugees in the U.S., and then to follow up with a RCT in Pweto or a similar setting. A challenge of that strategy, though, is that there are differences between a resettled refugee population and a repatriated refugee population that might require adaptation.

Dissemination and Implementation

DRC is the second-poorest country in the world. Even basic survival needs are difficult for most citizens to meet, and the government is not only genuinely handicapped by the damage of generations of conflict, but also, as in almost any setting where scarcity is a way of life, rife with corruption that shows no signs of abating. As mentioned in the introduction, there is little hope offered by the current state of the educational system, despite the strong desire of many to be better equipped to serve their country. Further, educational and nongovernmental organizations are not immune to the scourge of corruption; when even professors struggle to feed their families and are only sometimes paid by their institutions, they, too, must find other ways to support themselves. No matter how clinical or empirical work progressed, there would be significant challenges.

One issue that remains to be explored is the feasibility of implementation with local lay counselors, and whether that is a viable dissemination strategy. CVT PSCs had been co-facilitating manualized group therapy with individuals for almost a year by the time we embarked on the MCGT intervention, but I was the sole facilitator of MCGT. PSCs were interpreters and collaborators in the facilitation, especially via debriefing and conversation outside of group, but they

did not co-facilitate. Reasons for this included that it was the first implementation of the MCGT intervention, and that there was not sufficient time to conduct thorough training on managing couple dynamics and general couple therapy theory and models prior to beginning. Several models of therapy have been shown to be equally effective when conducted by trained lay counselors or by professional therapists, but none of those models is systemically-based (e.g., Murray et al., 2014a). An important next step is to determine what kind and quantity of training is needed for lay counselors to be effective at conducting MCGT. I believe this could be done with a modest additional investment beyond the training CVT and organizations like it already provide to local paraprofessional counselors.

A final consideration for future research is the adaptation of group facilitation. In Pweto, we knew that most clients had been raped if female, beaten if male, and sometimes both. Other common experiences included burned houses, having all belongings stolen, and having to flee under threat of murder. When we got to Theme 5 (Sessions 7 and 8), “What I see that you did to help us survive,” we used examples and wording to explain the theme, which we did many times in each session, in a way that made sense in that context because we knew participants would relate to that wording. Though the themes themselves were designed to hold true for a variety of different shared experiences of trauma, facilitators in future implementations will need to take local experiences and meanings into consideration when choosing how to explain the meaning and the context of the themes.

Conclusion

My friend, Jo, who worked at MAG in Pweto and contributed a great deal to my sanity while I lived there, wrote the following to me after reading a blog entry in which I had described the repeated whiplash of failure and triumph that had happened in a single day:

> And the contrast is something I guess I experience everyday but also something I don't really realise: DRC is like a massive emotional rollercoaster. One minute you are completely humbled, the next completely frustrated, the next full of hope, the next not knowing why you bother. OK, maybe you don't get the last one so much, your work always sounds so darn uplifting, but you know what I mean… No wonder we're always so tired!

In DRC, where every humanitarian organization I encountered reported that their worst program worldwide was in DRC; where it was extremely difficult to get simple administrative tasks accomplished; where I learned to look at shiny objects in the road differently in case they might be unexploded devices; and where mental health was something people had heard happened somewhere else, it was tempting to feel like we had almost conquered the world when 26 people said that something had been helpful to them. Achieving anything was so difficult that it sometimes felt like achieving everything. In a research sense, we have achieved just this little bit: there is reason to believe it is worth exploring this intervention further. This pilot study of the feasibility of MCGT in Pweto, and of couples' experiences of love, war, and healing during MCGT, should be only a

beginning. The difference it seemed to make in the lives of those 26 people, however, as well as in my life and those of my colleagues, must now serve as the motivation to take the next steps toward further study and further implementation. I hope many more than 26 people will benefit from future efforts.

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Appendix A:

Informed Consent Materials

(In Kibemba/Kiswahili)

We are interested in finding out about your experiences as a couple following the war, and also about your experiences in group, so that we might be able to share that information with other people who work in other contexts where people might have experienced similar things. There is absolutely no reason you need to do this--it does not determine anything about our continued contact with you. Would it be okay with you to talk a bit about those things?

[If yes] We would like to record these conversations so that we can make sure the translations are good, and also so that we can share some of the things you say if we think that might help people to understand better your experience or the process of the group. Any details of your story or places you mention will be changed enough so that no one would be able to figure out your identity. Would it be okay with you if we audio tape our conversation, and if we use some of your words, without any names attached, in things we write or explain to other people about what we've done here?

We informed clients about potential risks, specifically that sometimes feelings arise when peoples think about their relationships. We offered that if they had difficult feelings, they were invited and welcome to talk to one of the PSCs or

me. We also informed clients of potential benefits, including that reflection on their relationship can sometimes provide insight and self-knowledge.

Appendix B

Interview Questions

1. What did you like about your relationship with your spouse before the war?
2. How was your relationship with your spouse changed by the war?
3. How did the war change the way you were with your kids?
4. How did those changes in your (or your spouse's) parenting affect your relationship with your spouse?
5. What do you like now about your relationship with your spouse?
6. What changes have you noticed in your relationship with your spouse since you started coming to group?
7. What have you done differently in your relationship with your spouse since you started coming to group?
8. What have you noticed that has changed about the way you are with your kids since you started coming to group?
9. How have those changes (if any) in your (or your spouse's) parenting affect your relationship with your spouse?
10. What has been useful about the group?
11. What would you like to see changed about the group?

Appendix C

Domain Analysis Summary

Domain	Category	Theme
Before the war		
	Self	Positive emotions
	Relational - Marriage	Positive relationship qualities/ experiences
	Relational - Parent/Child	Children were alive
		Children's material needs were met
		Children were doing well
		Relationships with children were good
	Contextual	Life was good
During the war		
	Self	Difficult emotions
		Experienced difficulties related to rape
	Relational - Marriage	Difficult relationship qualities/ experiences
		Witnessing and experiencing beatings and death threats affected us
	Relational - Parent/child	Children suffered
	Contextual	
		War made life extremely difficult
After war, before group		
	Self	Difficult, powerful emotions
		Difficult thoughts and worries
		Physical ailments
		Changes in self/functioning
	Relational - Marriage	Relationship strengths helped recovery
		Relationship worsened
		Rape affected relationship

	Relational - Parents' perceptions of children's well-being	Children exhibited difficult emotions
		Children had intrusive thoughts and worries
		Children's behavior reflected war-related difficulties
		Children's behavior did not change (was unremarkable)
	Relational - Parent/child relationship was strained/difficult/changed	
	Relational - Parents' experiences as parents	Pain and grief related to children
		Increased and disproportional anger and physical violence toward children, risking severe harm
		Felt overwhelmed by children and by parenting
		Parents tried to help children with the effects of war
		Parents knew to support children / how to support because….
	Contextual	Profound loss
		Living was extremely difficult
		Continued danger, fear, uncertainty, and isolation
		War was over; life started to improve as peace and livelihood returned
During MCG Therapy		
	Self	
		Improved emotions
		Improved thoughts
	Relational - Marriage	

		Partners spoke and shared; listened, heard, and understood
		Love, forgiveness, recognition, and gratitude established
		Reconnecting and relearning happened
	Relational - Parent/child	
		Improvement in communication with children
	Relational - Other couples	
		Connection and solidarity developed between group members
		Learned from other couples
		Developed courage and strength
		Overcame taboos…? (formerly "it was new/challenging")
	Group practices, content, and components	Group was good, educational; we learned a lot from it
		Format - separation and reconvening - was helpful
		Session content and themes were helpful
	Recommendations for future groups	
		Do the same things again with other couples
		Have written materials to help retention
		For future group participants, you first have to know their positions/choices relative to the themes you plan, and then you could add.
		Give material gifts or otherwise compensate group members
		I can't tell you or don't have any input
		Suggestion for session theme, esp based on individual/relationship issue
After Group		
	Self	Emotions improved
		Thoughts improved

	Relational - Marriage	
		There is a big change; our relationship is good now
		We are good to each other
		There is more togetherness / connection
		Sex changed
		There is no change in our relationship
	Relational - Parent/child	
		Parent grief/despair about loss of children endures
		We have changed toward our children
		We taught our kids what we learned in group
		Our children have changed
		Our relationship with the children has changed
		No change in relationship with adult daughter during/after war
	Contextual	
		Feeling less worry and believing they are safer
		Feeling fear and worry about continued political danger/threat
		We have work / are more financially stable
		Uncertainty
	Other / Group	We still talk about group
		Group teachings helped a lot
		Emeline: I am not well since losing my son just before the couple group started

Appendix D

Complete Domain Analysis Table

Domain	Category	Theme	Sub-theme	# of Couples citing	Total # citations
Before the war					
	Self	Positive emotions	Absence of pain/presence of good feelings	5	7
	Relational - Marriage	Positive relationship qualities/ experiences	Relationship itself - its existence, essence, what it was	8	24
			love	7	17
			ease	7	13
			reciprocity	6	6
			good communication	5	8
			good, regular sex	5	7
			rare conflict, easy resolution	4	11
			supportive	4	8
			collaborative	4	5
			joy, happiness	3	4
			forgiveness	2	6
			sharing	2	3
			togetherness	2	2
			(gender) roles were as they should be	2	2
			harmony	1	2
	Relational - Parent/Child	Children were alive			
		Children's material needs were met		2	2
		Children were doing well	kids agreeable	3	5
			kids respectful	1	1
			kids courageous	1	1
		Relationships with children were good	Parents and children got along	1	2

			Discipline was appropriate	1	1
			I was a good parent	1	1
			Parental roles were clear, consistent, understood	1	1
			Parents were not angry	1	1
	Contextual	Life was good	(Total)	10	16
			material possessions were present or were bought by partner - clothes, food, work	7	12
			got along with neighbors/community	3	4
During the war					
	Self	Difficult emotions	(Total)	12	16
			anger/angry	2	5
			pain in the heart	3	3
			troubled	2	2
			the unknown, wondering	1	2
			worry, thoughts	1	2
			despair	1	1
			fatigue/exhaustion	1	1
			shame	1	
		Experienced difficulties related to rape			
			Rape was a very bad thing and changed hearts very much	5	14
			No sex	4	5
			Hurt, afraid; love ended	2	3
			Rape does not show love between husband and wife	2	2
	Relational - Marriage	Difficult relationship qualities/ experiences	(Total)	4	5
			separation/aloneness	3	7
			we changed when the war came	3	4
			disconnection/poor relationship quality	2	3
			our understanding/relationship quality allowed us to survive/stay together	1	1

			support	1	1
		Witnessing and experiencing beatings and death threats affected us		4	4
	Relational - Parent/child	Children suffered			
			children died	2	**5**
			children's material needs unmet	1	**5**
			children had no fun/could not play	1	**1**
			children exposed to violence	1	**1**
	Contextual				
		War made life extremely difficult			
			loss	6	10
			fleeing/difficulty	5	8
			suffering	4	5
			poverty	3	10
			war caused the problems	1	1
After war, before group					
	Self	Difficult, powerful emotions			
			Grief/Sadness	8	6
			Anger and hurt	5	18
			Despair/pain in the heart	2	7
			Fear	1	3
			Suicidal	1	2
			Shame	1	5
		Difficult thoughts and worries			18

		Physical ailments	Pain and illness	4	10
			Exhaustion	1	1
		Changes in self/functioning		4	6
	Relational - Marriage	Relationship strengths helped recovery			
			Connection and understanding	4	10
			Support, comfort, and concern	2	16
			Reunion and rebuilding	2	9
			Communicated about war experiences	2	6
		Relationship worsened	Conflict was worse; conflict resolution was more difficult	7	22
			Connection, love, and understanding was weakened	6	24
			Relationship changed	5	8
			Changes in role as husband/wife	2	4
		Rape affected relationship	Pain and sickness (actual or feared) related to rape	4	14
			Sex refusal because of fear, exhaustion, and anger	4	6
			Interpretation of rape led to tension, blame, and hurt	3	13
			Shame / feeling diminished	1	4
			Intrusive thoughts about soldiers/rape during sex	1	2
	Relational - Parents' perceptions of children's well-being	Children exhibited difficult emotions	Fear	5	9
			Sadness / lack of joy	1	3
			Pain in response to parents' discord	1	2
		Children had intrusive thoughts and worries		2	2

		Children's behavior reflected war-related difficulties			
			Children were different	4	6
			Children were withdrawn	2	3
			Children reenacted war in play	2	3
			Children were agitated	1	1
			Children stole, fought with friends	1	1
		Children's behavior did not change (was unremarkable)		1	1
	Relational - Parent/child relationship was strained/difficult/changed				
			Children did not listen, did not comply	4	10
			Children saw fathers as old, weak, and different	2	4
			"You're hitting me, when you failed to hit the soldiers"	1	3
			Children were disengaged and distanced from parents	1	3
	Relational - Parents' experiences as parents	Pain and grief related to children	Broken hearts over deaths of children	4	10
			Pain and hurt seeing children suffer emotionally or materially	3	8
		Increased and disproportional anger and physical violence toward children, risking severe harm		5	15

		Felt overwhelmed by children and by parenting		4	5
		Parents tried to help children with the effects of war	Talked to children - reassured/comforted	4	8
			Succeeded to soothe/comfort children	3	4
			Did not succeed to soothe/comfort children or rectify behavior	2	5
			We were just there to teach them [right from wrong]	1	4
			Parent unable to try to help children with feelings because of parent's sickness	1	2
		Parents knew to support children / how to support because….	It came from love, my heart, my mind	3	4
			My parent(s) would have done the same	3	3
			It came from God	1	1
			There were teachings in the camp	1	1
	Contextual	Profound loss	Loss of belongings, "everything"	6	6
			Loss of loved ones	2	4
		Living was extremely difficult	Basic material needs unmet	4	7
			Logistical/administrative problems with refugee life	1	2
		Continued danger, fear, uncertainty, and isolation	Missed the company of other couples	2	6
			Limited mobility	1	1
			Instability/uncertainty	1	2
			War was not our will; it was by force	1	1

		War was over; life started to improve as peace and livelihood returned		2	2
During MCG Therapy					
	Self				
		Improved emotions	Strengthened/soothed/softened/healed our hearts	4	7
			Anger/hurt started to diminish	2	3
			Shame gone/diminishing; dignity returned	2	3
			Time in group was a joyful distraction.	1	2
			Forgiveness emerged	1	1
			Fear gone/diminishing	1	1
		Improved thoughts	The thoughts about war started to go away	2	3
	Relational - Marriage				
		Partners spoke and shared; listened, heard, and understood	It was important to open up what was inside and hear what the other had to say	2	5
			Finally understood more about the rape that happened to wife.	1	4
		Love, forgiveness, recognition, and gratitude established	Gratitude: "She saved my life, did so much for me"	2	6
			Love/getting along: "There is more love in our hearts than before the war"	2	4
			Forgiveness	1	3
		Reconnecting and relearning happened			

			Started to find each other again	3	5
			Learned how to handle conflict	1	2
			Learned to talk to each other	1	1
			Addressed/affected relationship equality	1	1
	Relational - Parent/child				
		Improvement in communication with children	Shared with children group learnings about feelings and behavior related to the war	3	10
			Assured children the war was over	1	2
			Learning how to talk to each other (spouses) helped us know how to talk to our children, what to say to them	1	1
	Relational - Other couples				
		Connection and solidarity developed between group members	Experienced love and joy hearing and witnessing others' stories: Before, we didn't know what was in the other house, what happened to other people; putting our ideas together here ended isolation: "It happened to them, too!"	5	8
			Being with other married people only, along with promise of confidentiality, gave courage and strength, allowed people to talk	2	4
			Support emerged	2	2
		Learned from other couples			
			Alone, you can't bring together other ideas; we learned a lot from hearing other couples	5	8
			We learned how to talk to others, including about the war	4	5

		Developed courage and strength			
			We opened up and talked about *everything* - no hiding, no shame	3	4
			We will all be stronger if we talk openly; if I speak, maybe it will help the other speak.	1	2
			It taught us out to build ourselves up, support each other, and enriched all of us	1	1
			The process gave courage	1	1
		Overcame taboos…? (formerly "it was new/challenging")			
			Telling stories, hearing, and being heard about what we experienced was important	3	10
			As soon as we talked about the taboo subjects, the shame was gone	2	7
			Talking about sexual violence and its effects on marriage was necessary/good/helpful	1	2
	Group practices, content, and components	**Group was good, educational; we learned a lot from it**			
			It was like education/school; there was good advice/teaching	9	19
			We were CVT's children	2	2
			We could choose what to follow	1	1
			It was like medicine	1	1
			It was good for the men	1	1
			Planning for the future gave us hope	1	1
			We bring the teachings into our home	1	1
			We were connected to / will remember the facilitator(s)	1	1

		Format - separation and reconvening - was helpful			
			Separating into couples/talking directly to one another was helpful, enabled people to talk, and helped create a habit that continued at home	8	22
			Separating into gender groups was important and provided a feeling of safety and anonymity, especially in the beginning, when there was the most shame	7	16
			It was important to come back to the large group after separation into gender groups/couples; people could then talk without shame	4	13
		Session content and themes were helpful			
			Advice about relationship, communication, and sex was helpful	3	6
			Lifting a stone with a single finger exercise was helpful	2	2
			Third theme - how we were before the war - helped because it brought us back to our way of being together then, when we were good - remembering	1	3
			Fourth theme - How I See I've Changed - more helpful to husband to hear wife's change; more helpful to wife to say her own change	1	2
			Second theme - what my spouse does currently that I like - useful because spose could know already that partner thinks s/he did something good - recognition	1	1

			Since we are still living, we still have our hearts, and there is still a chance to make life better.	1	1
			To get along in order to be able to do projects together.	1	1
	Recommendations for future groups				
		Do the same things again with other couples			1
			Talk about love, forgiveness; teach them how to love/treat each other, how to get along, and they will live a better life.	5	11
			Talk about the war; help them know they're not the only ones	2	2
			Encourage them in their lives and in their way of being with their spouse	1	1
		Have written materials to help retention		1	2
		For future group participants, you first have to know their positions/choices relative to the themes you plan, and then you could add.		1	1
		Give material gifts or otherwise compensate group members	You should let group members prepare the final meal themselves	1	6

		I can't tell you or don't have any input		2	3
		Suggestion for session theme, esp based on individual/relationship issue		1	1
After Group					
	Self	**Emotions improved**			
			Heart is calm (we are calm)	4	9
			Worries are gone	1	1
			Anger is gone	1	1
			There is hope	1	1
		Thoughts improved	Intrusive thoughts diminished	1	1
	Relational - Marriage				
		There is a big change; our relationship is good now		3	3
			There is no trouble/conflict anymore, just getting along; it's easy; difficulties have ended	9	19
			Relationship/understanding is good now	7	11
			There is love and joy	5	9
			We are like we were before the war	4	9
			It started changing before the group but keeps getting better	2	4
			We get along better than before the war	1	4
		We are good to each other	We help and support each other more	3	3

			He really hears me now and accepts what I say, i.e., regarding exhaustion/illness	2	4
			I'm good toward my spouse now	2	2
			Each accepts influence/request from other	1	1
			My husband's heart is easier	1	1
			Reciprocity - we do for each other		2
		There is more togetherness / connection			
			We talk together, work together,	4	10
			We plan for the future	1	3
			We talk easily and comfortably now	1	5
		Sex changed			
			Sex is good now	1	1
			I'm still tired/don't feel good sometimes (re: sex, I think)	1	1
		There is no change in our relationship	Our relationship stayed good and is still good	1	2
			We're the same as always	1	4
	Relational - Parent/child				0
		Parent grief/despair about loss of children endures	Even if I think a lot, my children are not going to come back	2	5
			If I let these thoughts make conflict with my wife, we'd become crazy people.	1	1
			Intensity of grief improves slowly over time.	1	1
				1	1
		We have changed toward our children		2	2

			The anger started to disappear; discipline more appropriate; resolution faster	3	7
			We are more responsive to the children	1	2
			There is love toward my children	1	1
			I see myself starting to regain strength and come into my heart	1	1
		We taught our kids what we learned in group		1	2
			We explained that soldiers and (de-mining) explosions are safe	1	2
		Our children have changed		3	4
			The children go to school now	1	2
			The children listen now, are honest now, respect, understand	1	3
		Our relationship with the children has changed			
			We're starting to get along	1	2
			I softened, and that affected my children, too	1	1
		No change in relationship with adult daughter during/after war	Relationship with remaining daughter was cordial, but not close before war; same now.	1	1
	Contextual				
		Feeling less worry and believing they are safer	There is less danger from the military	1	1

		Feeling fear and worry about continued political danger/threat			
			Maybe war will arrive again, and we'll flee and die there.	1	5
			If war comes back again, it would be better to die	1	1
			Hope we will be safe	1	2
					0
		We have work / are more financially stable			
			Work brings joy	1	2
			The big needs are met	1	2
		Poverty continues	We didn't live like this before the war.	1	4
			We're trying to find a way to send children to school		0
		Uncertainty			
			Logistical/administrative problems with refugee life	1	2
			We don't know whether we'll stay in Pweto or leave	1	1
	Other / Group	**We still talk about group**		1	3
			I couldn't succeed by myself	1	1
		Group teachings helped a lot		1	1
		Emeline: I am not well since losing my son just before the couple group started			0
			Suicidal	1	2
			Worries	1	2
			For me, the war continues.	1	2

			I am worse now than I was before the couple group (and lost her son just before the start of group)	1	3
			The war continues	1	1
			My husband could send me to do some work. I'm inclined, but really, I can't do it.	1	2
			I am weak (physically)	1	2
			My husband has a really good heart, is steadfast, solid	1	4
			Support, comfort, and concern	1	5
			Husband follows me (out of fear, concern, and love for suicidal wife)	1	10
			There is great love despite the poverty and hardship	1	1

Appendix E

Audit Trail: Sample Coding

H	Toward my wife. When she came, she came (doubled over, I think)	Toward my wife. When she came, she came (doubled over, I think)	anger toward my wife ****
R	Uh huh, and so the anger was, "My wife…" what?		
H	Like that! Like that! Left like that - my wife!	Like that! Like that! Left like that - my wife!	
R	Uh huh…and so the anger TOWARD her…	Uh huh…and so the anger TOWARD her…	
H	Yes, it was toward my wife, and I was even thinking of divorcing her, rather than stay with her.	Yes, it was toward my wife, and I was even thinking of divorcing her, rather than stay with her.	saying both things, really: anger that she *was left like that* - by soldiers and anger at her causing him to consider divorce
R	Uh huh…because…		
H	Because of these acts [?] with the soldiers…She said to me, "It wasn't my will; they did it by force." No, it's better to die than to stay like that.	Because of these acts [?] with the soldiers…She said to me, "It wasn't my will; they did it by force." No, it's better to die than to stay like that.	Question about her intent/will - the need to explain (3-4 soldiers on one person) Better to die than be raped
R	Uh huh, uh huh, and when she told you that, "It wasn't my fault," you had the response…?		
H	I was exhausted because I didn't have anywhere else to go (?)	I was exhausted because I didn't have anywhere else to go (?)	Exhausted, out of options
H	It was as if I didn't even hear her.	It was as if I didn't even hear her.	Did not hear - dissociation?
R	Like I didn't even know how to hear…		
H	Yes, yes.		
H	Even if we talked, it always passed… (?)		
R	Uh huh, so the war brought a very strong couple-handicapping weakness…	Uh huh, so the war brought a very strong couple-handicapping weakness…	War handicapping/debilitating for relationship
H and	Yes, yes, that's it.	Yes, yes, that's it.	

W			
W	That's it. … because there were even [cannot hear - kids playing/yelling in the background]		
R	Uh huh, uh huh, so even a very strong couple who had a very strong, intense love and caring between them - almost at the brink of divorce.	Uh huh, uh huh, so even a very strong couple who had a very strong, intense love and caring between them - almost at the brink of divorce.	Even for a strong couple - divorce an option
H	Yes		
W	Yes, so much, for us, it was separate - there wasn't a way…	Yes, so much, for us, it was separate - there wasn't a way…	separation was an option "there was no way" impossibility
R	Okay, okay. And…what is there now, that is good between you today?		
H	We, now, we're really…		
W	[Both talking and saying their own piece at the same time]		
R	[Laughing] It's good, it's good that you're both talking! It's good! It's just my weakness of not being able to know what you're saying. So [to interp], who said what?		
Interp	[asks again]		
H	In that time, it was so much, …[?], and then after your teachings, it's put us at ease, and everything that bothered us is liberated. We're doing well now…	In that time, it was so much, …[?], and then after your teachings, it's put us at ease, and everything that bothered us is liberated. We're doing well now…	it was so much after teachings, ease, liberated doing well
R	Okay, okay, and then we talked about how I see that *I* have changed toward the other because of the war - that was the next theme.		
H	So, we saw how we started to talk, we didn't talk before, but after this theme we started to [?] our wives, to be good…	So, we saw how we started to talk, we didn't talk before, but after this theme we started to [?] our wives, to be good…	started to talk, started to get along

R	Okay, so I don't know if I understand totally what was useful about saying 'yes, I've changed toward the other because of the war'		
H	It was to know that we are with …[?] and we changed in our relationships…	It was to know that we are with …[?] and we changed in our relationships…	
R	And you notice that you changed how?		
H	It was this anger that I had in my heart. And now, it's gone. So I saw that I'd changed.	It was this anger that I had in my heart. And now, it's gone. So I saw that I'd changed.	anger in heart gone. Changed.
R	Uh huh, and so was that session the session when you recognized, "Oh, I have a lot of anger," or…?		
H	Maybe you…[?] It was there when I said, we've changed. But in talking together, we noticed that we changed.		
R	Uh huh, okay. And your ideas…		
W	We changed. Because we talked together, with my husband.	We changed. Because we talked together, with my husband.	changed, talked together
R	Uh huh, and it was [?] in those days, about how you see that you've changed? What was useful?		
W	The anger that we had before, that's what we [?], we had this knowledge that we'd changed.	The anger that we had before, that's what we [?], we had this knowledge that we'd changed.	
H	The war came and changed… But when the war came, the children changed.	The war came and changed… But when the war came, the children changed.	children changed during war - this couple very focused on children's change
R	Okay…and your way of caring for them? How did it change?		
H	So, We could be together with the children, and then the children [?] with the soldiers….[???] [Vehicle noise]	So, We could be together with the children, and then the children [?] with the soldiers….[???] [Vehicle noise]	

R	Uh huh…and you remarked what change?		
H	Right now, they've started to change a bit. Because they're listening to us. Even when we give them some advice, they listen.	Right now, they've started to change a bit. Because they're listening to us. Even when we give them some advice, they listen.	children started to change now listening
R	Okay….So because of the war, they changed how?		
H	Because of the war, they took the acts of the soldiers…	Because of the war, they took the acts of the soldiers…	copied soldiers - common theme
R	Uh huh…so took the acts of the soldiers, that means…		
H	It means you could call the child, you send them and give them a job, and you see how …hit them... The child might refuse, and you ask them why they don't obey, and they might respond, "When the soldiers beat you, why didn't you react?"	It means you could call the child, you send them and give them a job, and you see how …hit them... The child might refuse, and you ask them why they don't obey, and they might respond, "When the soldiers beat you, why didn't you react?"	disobedience, ignoring pointing out parents' failings during war
R	Uh huh, "Why didn't you react?"		
H	Yes - You're hitting me, when you failed to hit the soldiers.	Yes - You're hitting me, when you failed to hit the soldiers.	children contrasting violence in family with violence in war
H	[To wife] You changed toward me, but did you change toward the kids?		
W	Yes, we sense that they changed, too…	Yes, we sense that they changed, too…	they changed
R	Okay, okay, so I'm looking to know whether you have even noticed a difference in you, either during or after the war, toward your children, too?		
W	Yes, what I've seen is that my … because …soldiers...and hit us, but when we returned to the house, if we were going to hit the children, they would say, how could you hit us, when you didn't hit the soldiers…[?]	Yes, what I've seen is that my … because …soldiers...and hit us, but when we returned to the house, if we were going to hit the children, they would say, how could you hit us, when you didn't hit the soldiers…[?]	children reflecting parents' behavior with them and with soldiers, contrasting, finding inconsistency

R	Uh huh, okay, and so have you changed the way with the children because of this?		
W	When they say that, I say to myself, "Ach!" I'm at risk for killing this child because of the anger.	When they say that, I say to myself, "Ach!" I'm at risk for killing this child because of the anger.	fear of own capacity for violence toward children
R	Uh huuuh, so the anger toward the children was a change that was brought by the war…	the anger toward the children was a change that was brought by the war…	anger toward children b/c of war
W	Yes		
R	Uh huh, uh huh. And now.		
W	For now, I'm doing well with the children	For now, I'm doing well with the children	doing well with children now
R	What changed the anger toward the children?		
W	It's when we did the group, and also your teachings, have just changed us.	It's when we did the group, and also your teachings, have just changed us.	group/teachings changed
R	Uh huh, so the end of the war lifted a great part of the anger.		
W	Yes, after the war, the anger started to lift.	Yes, after the war, the anger started to lift.	anger started to lift after war