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## Research on Refugees

### Means of Transmitting Suffering and Forging Social Bonds

For a better understanding of the genesis of organized violence, we must look to a constellation of factors national, regional, and international. Among them are the interests of high finance and politics, to which “superpowers” such as the Organization for Economic Cooperative Development, the World Trade Organization, the International Monetary Fund, the World Bank, and other giants of international finance appear to contribute, albeit indirectly. But this apparent intent, this goal of political, economic, and territorial control, is founded upon another form of control, less obvious but at least as pernicious. Although the horror and suffering of torture and death receive a great deal of media cover-

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age and leave no one indifferent, their links to the hidden face of organized violence, which uses terror as a means of gaining social and cultural control, are not nearly as well known.

To gain ultimate control of the levers of power, organized violence seeks to destroy, first, the family and group, and then cultural referents and systems of representing the world. It attacks those who are socially and culturally invested with the responsibility to help keep alive shared codes, values, and traditions. In some cases, religious authorities (priests, spiritual leaders) and healers (keepers of traditions in which medical knowledge and skills are intermingled with symbolic and cultural knowledge) are targeted; in other cases, it is the elders, or even children, because they represent the future, or women, because the goal is to destroy the honor of the community. Organized violence has devastating effects on social and cultural structures, not just through the mass murder of individuals and groups but also through the destruction of ways of life, of being and of giving meaning to the world. These effects are neither accidental nor exceptional.

The corollary of this destruction is the tearing apart of social and cosmogonic ties, the tearing apart of bonds between individuals and the institutions and cultural knowledge that organize their world and give it meaning. At the same time, this social and cultural climate feeds a psychological distress that those who manage to escape into exile carry with them, along with an extreme distrust of everyone and everything. Their distrust is first and foremost a survival strategy: naiveté will not get you through a war, nor, if you flee, will it help you deal with the immigration authorities in the land of exile, where the sources of trauma are more subtle, but no less constraining.

The destructuring of the symbolic universe and very real destruction of social bonds, with the resulting consequences, psychological distress and distrust, form the backdrop to research on refugees, whether or not it takes them into account. The relationship between researchers and respondents must be seen against this backdrop of distrust. Moreover, in such a context of radical destructuring, the study, with its implicit structure, must necessarily have an effect on respondents, as either a risk or a protective factor. This is particularly true when respondents are asked to take part in a study that reactivates the trauma and suffering caused by organized violence. The study may then play a role in either transforming the traumatic experience or in triggering an essentially futile reiteration of it.

Research is often described as being distant from its subject. The researcher is supposed to be an objective "observer"; but this so-called objectivity often confuses the subject with the researcher's construction of the subject, confuses the subject with the subject-researcher relationship [1]. When we start thinking about the assumption of distance between researcher and subject, a number of questions come to mind. First, who and what does the researcher talk about in reports and publications? Himself or herself ("I"), the person being interviewed ("you," "he," "she"), the relationship between the two of them ("us")? Second, what is the research doing? In setting up a particular relationship, what does it cause to happen? How does it come to be directly involved in the process it is supposed to be studying? Last, but not least, what are the ethical implications of research when the subject's world is disintegrating?

Our current research project has suggested some answers, or at least the beginnings of answers. We are studying the reunification of refugee families from the Democratic Republic of Congo (formerly known as Zaire) and Algeria.<sup>1</sup> Although very much aware of the ethical and political issues of this type of research, we have been struck by the fact that, to a great extent, our respondents have adopted the study as a means of attempting to reestablish social and cosmogonic ties that have been severed by organized violence. Although research usually makes every effort not to influence the experiences and events it is examining, some respondents, after managing—not without difficulty—to break through the wall of silence and the bunker of distrust, have actually incorporated the study into their problem-solving strategies.

Although it does not replace any sort of therapy, we have found that our study, since it probes into the experience of refugees, is an event occurring in their universe and, as such, becomes a factor in helping them reestablish social ties or in breaking them once again. It necessarily takes place within a dynamic, creative tension, as researcher and subject struggle with the forces bringing them together and keeping them apart. The notion of a bond is inextricably intertwined with the notion of time, so in the case of longitudinal studies, which by their very nature require a relationship to be maintained over a long period, the tension builds. This long-term situation has a direct impact on the various actors involved. To deny the impact of the research on the subjects' relationships would be tantamount to denying the impact of the suffering (whether expressed or not) on not just the subject but also on the interviewer and the researcher to whom it is transmitted.

This article looks at the role research plays in the reiteration or transformation of the breaking of social bonds by organized violence. To gain a better understanding of the dynamics induced by the study, we shall first explain the chief features of the setting in which it is being conducted. We shall then discuss how a study of suffering first affords an opportunity to express suffering and transmit it outside the family circle, and then how it can become a means of reestablishing social bonds and/or evoking the necessity of reestablishing cultural and cosmogonic links. In conclusion, we shall discuss some ethical and methodological issues arising from these observations.

### **Context and method**

Organized violence forces millions of people around the world to flee into exile. About 25,000 arrive in Canada each year, 10,000 in Quebec. A recent study conducted in Montreal [2, 3] indicates that 99 percent of refugee claimants interviewed have experienced at least one traumatic event (torture, rape, prison, threats, etc.) associated with organized violence in their homelands. The study also found that 80 percent of those claiming refugee status arrive at the Canadian border without their whole immediate family. Long family separations (averaging 3.5 years) caused by immigration policies generally exacerbate emotional difficulties associated with the loss and grieving inherent in the condition of being a refugee.

The process of bringing the family back together again after a very long separation may be difficult and may itself give rise to various family relationship problems. This is chiefly because, in many cases, the years of separation have seen a slow but sure metamorphosis in family members, both those here and those back home. When brought face to face, they find that although they are still close, they are strangers to each other in some ways. Trauma experienced before fleeing the homeland seems to make refugees particularly vulnerable to psychological distress if, when they are separated from their families, they cannot manage to assimilate their trauma while at the same time grieving over the loss of their loved ones through separation.

The study under discussion here has two main purposes: first, to make the Canadian government aware of the need to speed up family reunifications and review the process for determining refugee status, and, second, to highlight and enhance the strengths of the refugee com-

munities. It will thus help devise action plans based on the perceptions and values specific to a vulnerable group, building on its dynamism and strengths as well as on those of the host society.

This longitudinal study of the family reunification process involves 38 Zairian and Algerian refugee families recently arrived in Quebec. Organized violence is rife in both countries of origin; but although they are on the same continent, their cultural horizons are vastly different. This allows us to document differences and similarities in the ways the two groups cope with emotional and family problems and to determine where their explanatory models and their strategies for survival and rebuilding their lives converge and diverge. Respondents are asked to take part in individual, semistructured interviews; and these are complemented by quantification of sociodemographic information and data on family cohesion and conflict, family strategies, and symptoms of anxiety and depression. Each family member age 12 or older is interviewed three times: first, when the separation occurs; second, a few weeks after the whole family has been reunited; and third, six months to a year after reunification.

The data are gathered by interviewers recruited on the basis of their professional research qualifications. To ensure maximum compatibility between interviewers and respondents, further criteria were determined on the basis of discussions with resource persons in the Zairian and Algerian communities and had to do with sociocultural standards of communication codes, types of intervention, and language ability. Sex and ethnic group were also sensitive issues. For instance, should a woman be interviewed by a man or a Hutu by a Tutsi?

Once selected, the interviewers were intensively trained by the researchers, as exhaustively as possible, on the research issues, method, technical questions, and ethical and political issues. The training also afforded an opportunity to reflect on the sociocultural referents of the two communities concerned, and role-playing helped anticipate possible risk and protective factors to which the research might subject the respondents, emphasizing the possible avenues of assistance available in case of crisis or distress. All four of the interviewers have had experience in individual intervention, and three of them have had training in psychology. Particular attention has been paid to the matter of where research involving people in suffering ends and therapy begins.

The time spent on training the interviewers was well spent, as we discovered when we began to realize the role of the study in the transmission of trauma and transformation of social bonds that is the subject

of this paper. The data we discuss are drawn from essentially three sources: (1) the reactions of the respondents to the research when contact was first made, which drew our attention to the phenomenon under study and shed a great deal of light on it; (2) the content of the interviews and the way the subjects spoke of their suffering; and (3) regular focus groups involving interviewers and researchers, which enabled us to make explicit and better understand the nature of the relationship between interviewer and respondent and the two-way impact of these relationships on the subjects and the study itself.

### **Results: The research process as data and intervention**

From the above-mentioned three sources of information on the research process, we can distinguish three main situations. They are neither completely distinct nor mutually exclusive, but overlap to form three complementary facets of the same phenomenon, which describes the relationships that develop between the research team and its subjects.

In the first situation, the subjects' social bonds have been destroyed, and they are reluctant to create new ones. The reluctance is expressed in two ways. Some people consider that the research is irrelevant, because it is of no use to them: "Research can't do anything for me. It won't help me gain my status faster or bring my family over faster, so it's useless." This sort of reaction is often accompanied by expressions of despair and anger. Others are primarily distrustful: "I'm afraid. My wife and children are still back home."

In the second situation, the subjects attempt to rebuild social bonds: these people's attitude toward the research, as in the first category, centers on their own direct, personal interest, except that respondents welcome the study as a means of potentially escaping their loneliness and talking about their suffering.

In the third situation, subjects have fewer expectations focusing on themselves and are more concerned with the need to forge new social links within the community. They see the study as a means of acting, however modestly, to change the lot of refugees in general and to re-create a coherent postmigration world in particular. Respondents in this situation become involved as social and political actors.

We shall examine each of these situations in greater detail to clarify their impact on respondents, on the research team, and on the research itself.

### *Severed social bonds*

#### *Anger: "You can't do anything for me"*

Refugees and refugee claimants, especially those who are separated from their spouses and/or children, tend to put their lives on hold. It is the uncertain hope of being reunited with their families at some time in the future that keeps them going. Thrown off balance by their premigration and migration experiences, overwhelmed by the weight of the procedures they must follow, depressed by the long wait and their problems in achieving economic stability, they see taking part in the study as an additional burden. Often they have managed to establish only a few positive social ties with members of the host society—that is, relationships that meet their expectations, if only to some small extent—and tend to turn inward and become even more isolated. Avoidance of social relationships may stem from a fear of being disappointed or hurt once more by other people.

These respondents sometimes adopt a strategy to avoid taking part in the study through a disguised refusal or, more often, categorically refuse to take part, but nevertheless take the opportunity to vent the distress and anger they feel. Thus, even when people refuse to take part, they appear to treat the study as an opportunity to express and transmit feelings of having been betrayed by others, which is all the easier to do in an impersonal relationship with no consequences to fear.

The anger expressed reflects the subject's bitterness and impotence, and the powerlessness of the researchers as well: "If you can't do anything for me, why should I help you?" "What good will it do me to take part in your study, since you can't do anything to help us in any case?" The anger also indicates the effort mustered to survive and rebuild their lives, empower themselves, become "equal": "No one's taking everything away from me again. If you want me to do something for you, you do something for me!"

The respondents remind the interviewers that research—the practical effects of which are indirect and long term—is not one of their top priorities, like a job, housing, refugee status, or family reunification. What they want are immediate solutions to their personal and family problems: "I don't want talk; I want action." And when the researchers explain that the study is meant to lead to improvements, some time in the future, in the conditions of exile of their compatriots and of the many

other refugee claimants who continue to stream into Quebec and the rest of Canada, the respondents reply: "I don't give a damn about anyone else."

Social bonds within the home community are frayed by horror and organized violence, and relationships in the host country are seen as scarcely more promising: "In any case, nobody here can do anything for us."

The refugees' anger is accompanied by despair concerning a world in which solidarity is dead and can have no positive impact on a painful present. Their despair is reinforced by the opacity of an uncertain future and fragmented memory. They nonetheless can only hope in a more certain future, so they can survive; if they never were to be reunited with their families, all they could do, some refugees told us, would be either to go back home (breaking with the present, returning to the past) or commit suicide. Their refusal to take part in the study is thus based partly on anger, revolt, and despair and partly on the desire not to talk about their traumatic past, unbearable present, and insecure future.

#### *Distrust: "I'm scared"*

The refugees explicitly express distrust of the study and of the researchers in a number of ways: they say that if they became involved in the research, they would be calling the established order into question, and so they fear they may compromise their chances of obtaining refugee status and/or bringing their families over. Moreover, there is always the fear that the research team will divulge confidential information about them, despite every assurance provided about the strict measures taken: "The authorities will find out"; "The community will find out." The fear reflected in these reservations may even go beyond the relationship with the interviewer or researcher: even if they personally can be trusted, there is always the danger that someone with evil intentions might find out, by nefarious means: "People are watching us, following us; we don't know them, but they know . . ."

So they make appointments with the interviewers in all kinds of anonymous locations; they speak to them, without granting a formal interview, of their fear, suffering, and despair, then disappear. Refugees fear not just for themselves, but for their families. They are afraid that family members back home may be threatened or be the target of fatal reprisals: "My wife and children are still over there. I don't want to place them in any danger."

And they may be afraid of once again being assaulted by being forced to revisit what they have managed with such difficulty to set aside. The risks inherent in revealing and reliving their trauma are viewed as pain inflicted by outsiders unaware of the internal wounds. The immigration authorities are viewed as aggressors, because in order to legitimate their applications for refugee status and their need to be reunited with their families, refugees have no choice but to tell about, describe and recite in crude detail, the premigration trauma and organized violence they have suffered. To contain the horror and terror they have experienced, many refugees prefer to trust in God, or sometimes even talk to themselves, because they feel that no one here can understand and alleviate their suffering.

The most arresting aspect of this first situation, in which the destruction of social bonds is particularly evident, is that almost all the refugees who refused to take part in the study nevertheless seized the opportunity of the initial telephone call or face-to-face contact to vent their anger, despair, and distrust—reactions that went well beyond the tedium usually provoked by the prospect of a study. In itself, this is a breaking of the silence that offers a glimpse of their suffering. Even in refusing to take part, even if only on the telephone, they use the study as a means of condemning, doubting, crying, and otherwise expressing their disappointment with the postmigration El Dorado that never was.

Refusals illustrate one aspect of the relationship between the research team and the subjects, that is, the way the study generates a relationship, however brief and risky, that offers an opportunity to transmit suffering and all its associated feelings. The study causes the silence to be broken, if only on one occasion, insofar as the respondents use it as a cathartic trigger. They make it an event that lets them put into words not only experiences but also emotions generated by trauma, both before leaving their homeland and after their arrival in the new country. In giving reasons for their refusal, they lend meaning to the refusal and what is behind it, that is, to their experience. They also lend meaning to their present: in saying no, they are making a choice and expressing a desire to regain a minimum of control over their lives. Giving voice to feelings and experiences enables them to set their lives back in motion.

The following illustrates the tension between broken bonds and a need to create new ones, between distrust and a need to control events.

After explaining the main idea behind the research to an Algerian man

she had been helping, a community worker obtained his consent to give us his name and telephone number. In his initial telephone conversation with one of the researchers, the man immediately brought up his fear that the study might place his wife and children back home in danger. He spoke of the reasons for his hasty departure and of his conviction that he was being sought in Quebec by persecutors from his homeland. After asking the researcher many questions, the man, still a prospective participant, agreed to have his number given to the interviewer, saying: "I'm scared, but I've decided to trust you."

When the interviewer called the next day to make an appointment, he was met with great resistance. The two agreed, at the man's request, that he would call the interviewer in two days' time to arrange a meeting in a public place, at which time he would decide, after talking with him, whether or not he would take part in the study. He also specified that he would refuse to answer "certain questions." The interviewer, of course, agreed to these conditions: all respondents are told from the outset that they are free to refuse to answer any of the questions and to choose the time and place of the interview.

Appointments were made and postponed twice. A third was made, but the man did not show up. While he was waiting in the café the man had selected, the interviewer noticed someone else, apparently also Algerian, who seemed to be watching him. After a while, they exchanged a few words. When asked, the interviewer explained why he was there and about the research project. The other man then said that he, too, was Algerian, and began to talk freely about his own experience, the experience of his compatriots subjected to organized violence, the ups and downs of sudden, involuntary expatriation, etc. They talked for almost two hours, in the anonymity of a café that gave the conversation a clandestine air. The interviewer, encouraged by the spontaneous outpouring of the other man, asked him if he would like to take part in the research project. The answer was a categorical no.

Talking is all right, but informally, in chosen circumstances, then disappearing to protect yourself—spontaneously creating a bond, even ephemeral, with a stranger, but not at the cost of reciting your story to a team of researchers and revealing your identity. Trusting, yes, but anonymously. Being open and available to create potential social ties, yes, but remaining free to break them at any time.

The first man in the anecdote, torn between the need to create new ties and the fear of having them broken, between silence and revelation, agreed a month later to an interview that was eventually held. Then he

disappeared. The other interviews planned with the man and his family after they were reunited never took place. The friend with whom he had been staying told the interviewer that the man no longer lived there—and had not for two years!

*Creating new connections: "I need to talk"*

For people living lonely lives because their social system has been torn apart, the study may be perceived as a way of potentially creating a social relationship, mainly with the interviewer, who will conduct three semistructured interviews (of two to three hours each) during which the respondent is asked to talk about his or her past, present, and future. The study thus raises respondents' expectations about escaping their loneliness, if only partially. Such expectations are apparent either a priori, especially when agreement is spontaneous—"Yes, I agree; I need to talk"—or a posteriori, that is, they develop after the initial interview, in which a bond is established between the respondent and the interviewer.

There are three possible scenarios. In the first, the person quickly agrees to take part in the study and develops expectations before the first interview—expectations that will be maintained thereafter. In this case a social relationship develops between respondent and interviewer and is maintained afterward because it meets those expectations, at least partially. In the second scenario, respondents express their expectations a priori, but they are quickly disappointed a posteriori, either because revealing their suffering and reliving their trauma, although they wanted to, were too painful in the presence of a stranger (the interviewer), or because the tenuous relationship inherent in the study can only stir up the memories and anger associated with their many losses. In the third scenario, respondents initially express distrust, but nevertheless agree, although reluctantly, to take part in the study, which only later arouses expectations and the desire to maintain a social relationship with the interviewer after the first interview. We have generally found that the people in the third case are just as reticent and fearful as those who refuse to take part at all, but they have made a commitment to the person who referred them to us, and they do not want to go back on their word.

Once a relationship has been established with the interviewer, respondents will often keep calling him or her, asking for practical assistance or help in a crisis or when they are feeling unwell. The interviewers

are trained to avoid becoming too involved with the subjects and stepping over the line into therapy. They know how to steer respondents to clinical therapists and community workers ethically, empathically, and professionally. Frequently, however, respondents refuse any alternative suggested, and will accept help only from "their" interviewer. Indeed, when a respondent agrees to confide details of his or her life to the interviewer that he or she would not normally (in the homeland) confide to anyone except specific relatives, the respondent is assigning the interviewer the role of substitute for those family mediators. The interviewer cannot withdraw from this role without risking once again seriously damaging the person's significant social bonds, and thus further destabilizing him or her. The interviewer must therefore take great care in handling the tension between distance and closeness to protect the subject's often fragile balance, and manage to convince him or her to allow a third person to enter the helping relationship.

The two examples below illustrate the delicate situations that can arise and the ways that respondents appropriate the subject-researcher relationship.

"X" is a Zairian woman whose daughter attempted suicide by overdosing on acetaminophen. The day before, X and her daughter had begun to take stock of their difficult family relationships. The daughter's reaction to this effort to solve their problems was to try to commit suicide. X then called the interviewer, with whom she had maintained close contact since the first interview three months earlier, often asking her to "do her a favor." X felt it was only natural that favors be done for her, as she had willingly agreed to take part in the study, and especially because the interviewer, in her eyes, was "her" resource person and confidante. This time, the respondent asked the interviewer to act as mediator between her and her suicidal daughter. Fully aware of the gravity of the situation, the interviewer agreed to meet the two of them to listen to what they had to say, assess the situation, and determine the best resources to which they should be steered. She made a referral, but the two respondents did not appear for their consultation. The interviewer followed up in a friendly way, encouraging them to meet with the other resource person, but was unsuccessful. It was she, or nobody—and ultimately it was nobody.

Suicide attempts (several of which were successful) are a strategy that was adopted by some members of the Zairian community in Montreal in the months preceding the fieldwork, a last-ditch effort to sound the alarm and make the host society aware of a suffering that can be ended

only by death. In Zaire, suicide is very rare, and is considered a shameful, cowardly act that casts opprobrium upon the family of the deceased. In Zairian society the family, rather than the individual, is all-important. The family is sacred, and so any attack on it is extremely serious. In putting an end to his or her own personal suffering by means of suicide, a person therefore increases the family's suffering. When called upon to help in response to an attempted suicide, the interviewer found herself granted the status of partial substitute family member and invested with the authority to act as mediator of family problems.

Another interviewer was asked by a respondent, who was of the same ethnic origin as she was, to step in and try to convince her daughter-in-law to have an abortion. The reasoning behind the request was that the daughter-in-law, whose husband had disappeared, had a sterile sister, and the mother-in-law feared that the daughter-in-law wanted to send the baby back to her sister in their homeland, where organized violence still reigned. So the mother-in-law's plan was to "kill" the baby (through abortion) in order to "save" it from life in a country where organized violence was rampant. In calling upon the interviewer, in whom she had developed considerable trust over several months, she was giving her the "power of life and death" over the family. A study can thus lead to the creation of a special social bond, but also, we should say, open the door to a special kind of mutual aggression. The interviewer was able to avoid shouldering this heavy responsibility; but it took a great deal of tact on the part of the entire team not to further destabilize the respondents, while at the same time trying to find proper psychosocial support for them and keep the team, like the study, from becoming involved in direct therapy.

These two examples show how respondents transmit their suffering to interviewers and make them bear the weight of it in ways that may be perceived by the interviewer as disconcerting, even aggressive. Usually these are dire situations that threaten the balance of either the respondent or a member of the family. For ethical reasons, interviewers cannot totally distance themselves from the expectations of the respondents, from the empathic nature of the relationship, or from the need to help provide appropriate psychosocial support. The weight of the respondents' suffering and expectations borne by the interviewers is then passed on to the research team, which mobilizes to respond to the direct or indirect cry for help by calling upon clinical and community specialists.

In short, the solitude and the breakdown of social bonds experienced by respondents in this second group set them up to have expectations of

the research and the interviewers, who are seen as an oasis in an emotional desert. The study becomes both an opportunity to transmit their traumatic experience and an instrument for creating social bonds that is incorporated into a problem-solving strategy. These bonds are first knit between respondents and interviewers, then, through the mobilization of a network of practical and psychosocial support, are extended to encompass community organizations, most of which act as a bridge between new arrivals in trouble and the host society.

*Rebuilding the social bonds: Taking part in order to "help other families"*

Most of the refugees in this situation have already reestablished social bonds. They perceive the study as having a potentially positive impact on the immigration policies of the host country, on ways of helping refugees and refugee claimants, and on conditions in exile. They see their contribution as a means of helping other refugee families get through a painful process they know only too well, as they are still in the midst of it themselves. The study then takes on the meaning of a collective forging of new bonds among refugees (solidarity) and with the host society (relationship to policies and assistance, educating the public on the plight of refugees). In this situation, respondents seize upon the study as an opportunity, an event, a forum through which they can condemn what has been done to them at home and here; a forum, too, for letting the host society know about the suffering of new arrivals coping with the consequences of organized violence, traumatic experiences, and sudden, involuntary separations from their families. The respondents thus become active players in a social and political action, not just subjecting themselves to the research, but also using it to act on the circumstances and process of being a refugee in the host society.

This attitude toward the study does not, however, prevent the subjects from establishing very close ties to the interviewers—and for many, to the entire team. Neither does it prevent them from asking for help when problems arise. On the contrary, we see that in such cases, the researcher–subject relationship is particularly friendly, and the research team becomes an information and referral center: “I know someone with such and such a problem. Can you help her, call and tell her what to do and whom to see?” The team is clearly being adopted as an integral part of the mutual-help network.

## Discussion

In a society in which organized violence is used to control social relationships and silence any opposition, saying anything at all may mean being reported to the police, and a possible death sentence for the person or his or her family [4]. To the external silence imposed by a dictatorship or repressive state apparatus [5] is added the inner silence caused by the fragmentation of collective memory [6]. Horror, which, according to Freud, stems from the breaking of social bonds, then reigns.

Analysis of the interactions among the research team, respondents, their families, and their communities has shown that the study becomes another one of the forces of destruction and reconstruction in the refugees' world. The study fulfills two prerequisites to the reestablishment of social links, acting not only to provide an opportunity to talk but also as a means of transmitting trauma.

By providing, more as a function of its own needs than those of the respondents, an opportunity to talk, research helps break the silence imposed by the powers that be, both those of the homeland and those of the host country, whose denial of man's inhumanity to man cannot be maintained in the face of the testimony of witnesses. Speech prompts memory, and memory runs through the research interview. Even though a respondent may wish to avoid certain topics—and such wishes are rigorously respected by the interviewers—the expression of this desire for avoidance is a first step in the reconstruction of personal and family memory, which, in turn, is a first step in rebuilding the collective memory. Remembering becomes a highly subversive act and an empowering resistance strategy (symbolically, in the case of refugees, but sometimes quite tangibly, as in the case of the Mothers of the Plaza de Mayo in Argentina, who kept alive the memory of the “disappeared” until the fall of the military regime).

This resistance strategy involves certain risks, however, because, on the one hand, memory revives pain, which has sometimes been avoided through “time splitting” [7], while, on the other, in many cases it was this very strategy that prompted the repression that sought to destroy them in the first place.

Within the context of the study, the opportunity to talk is given within an unequal relationship in which the refugee is called upon to share his or her life, to pass it on to the interviewer. This sharing, which focuses on the respondent's history, is also a transmission of traumatic events or

experiences, whether spoken or unspoken, which is both desired and dreaded by the interviewer. The literature, chiefly North American, on "vicarious traumatization" offers some insight into the reaction of the interviewers; it explains how therapists and those close to traumatized people may themselves be traumatized by hearing descriptions of something that happened to someone else far away.

From another point of view, which complements more than it contradicts the first viewpoint, the transmission of trauma and pain may in fact be a prerequisite for the reestablishment of social bonds. A number of authors mention how the feeling of being unable to put trauma into words and share it may reinforce a feeling of isolation from others who cannot understand [8]. The transmission of trauma, never more than partial and incomplete, sparks a dual movement: an effort on the part of the person who has experienced it to build a bridge to others, and mobilization of those hearing the story, who are prompted by their own pain to help the victim.

In our research project, the two phenomena of "creating an opportunity to talk and the transmission of trauma as a mobilizing force" became palpable and central to the team because of the longitudinal nature of the study, which does not permit the usual avoidance mechanisms—"professionalizing" the situation and rationalization—to be deployed. The long-term nature of the respondent-interviewer relationship gives it the status of history, making it an unavoidable relationship, a responsibility that goes beyond that usually associated with "detecting problems" during a study.

These observations and experiences prompted the research team to consider a number of methodological and ethical questions.

In terms of method, the weight of the interviewer-respondent relationship is too significant to be relegated to simply bias or methodological artifact. The relationship itself becomes a fact that speaks of the subject and the subject's family, but also of the collective assimilation of the experience of organized violence. It also provides valuable information that partially describes the sphere of interactions of reconstruction or confrontation possible in the host society beyond those with the interviewer alone. The knowledge acquired from the research process itself must then be given just as much importance as what the respondents actually say. And, of course, what the respondents say can be understood only within the dynamics of the research relationship.

With regard to ethics, analysis of the interviewer-respondent rela-

tionship made us extremely sensitive to the implications of the study—to the point where we actually questioned its purpose and necessity. We seriously questioned the trade-off between the risks to the subject that such an intrusion might entail and the benefits of the opening-up that could take place. The team concluded that doing nothing—in this case, not conducting the study—would in effect be doing something, because it would favor the *status quo* [9]. Despite the weight and responsibility that the study places on the research team, it must be conducted in order to counteract our society's denial and help direct refugee services. The research team must, however, be acutely aware of its power over the refugee in the fragile process of reweaving social relationships.

### Note

1. The study in progress is titled "Longitudinal study of the family reunification of refugees from Congo Kinshasa and Algeria" (CQRS #RS-2963). It is a follow-up of an earlier study titled "Immigration policy and mental health: Impact of extended family separations on the mental health of refugees" (CQRS #EA-3881093) [2,3].

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