Addressing the Psychosocial Needs of Women in Afghanistan

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Introduction

In the first half of this paper, we consider research findings regarding the psychosocial needs and challenges of women in Afghanistan, an impoverished nation in the early stages of reconstruction following more than two decades of war and political repression. Following our summary of these findings, we discuss our experience addressing Afghan women's psychosocial well-being through culturally-grounded, community-based interventions.

Understanding Afghan Women

It may be somewhat premature to refer to war in Afghanistan in the past tense, given the ongoing regularity of terrorist attacks as well as the Taliban's and heavily-armed warlords' continued control over many parts of the country. Nonetheless, Afghanistan's movement toward democracy is underway and a window of opportunity for healing and reconstruction has opened, however gradually and incompletely.[1]

When discussing the experience of Afghan women, it is important to avoid stereotypical or overly simplistic images that fail to capture the complexity and diversity of their experiences. The disempowering image of Afghan women simply as victims of oppressive and discriminatory practices is ultimately no more accurate than their occasional portrayal as supremely and universally resilient despite the multitude of stressors they endure. Like all women, they possess strengths and vulnerabilities; some women show remarkable resilience despite their experiences of war and the difficulties of everyday life in Afghanistan, while others suffer profound emotional distress. In a very limited, yet growing, set of domains (e.g., childrearing, management of the home), Afghan women exercise a certain degree of influence and authority, while in many other areas (e.g., access to education and employment, mobility outside of the home) they are oppressed and disempowered by discriminatory practices deeply ingrained in Afghan culture and its ethnic subcultures.

Recent Research

The stressors that affect Afghan women's psychosocial well-being generally fall into two categories: war-related traumatic stress and ongoing daily stressors. The first category includes war-related experiences of violence and loss during the *jihad* (holy war or struggle) against the Soviet Union between 1979 and 1989; the civil war that devastated Kabul in the early 1990s when *mujahedin* (holy warriors) commanders fought for control of the country; and the period of the Taliban, an Islamic fundamentalist group that ruled Afghanistan from 1996 to 2001 and imposed a state of pervasive fear through its repressive violence. More recently, Afghans were exposed to the US bombings that drove the Taliban out of power in November 2001, and terrorist activities throughout the country continue to expose innocent civilians to acts of extreme violence such as beheadings.[2] The second category of stressors consists of difficult social and economic conditions that characterize everyday life, such as malnutrition, poor living conditions, unemployment, illiteracy and gender-based discrimination including domestic violence, social isolation and a lack of access to health, educational and vocational resources. There is a paucity of such resources for all Afghans, regardless of gender; however, women have even less access to basic resources than men.[3]

Several recent studies document high levels of psychological distress among women in Afghanistan.[4] Findings include highly elevated levels of depression, anxiety and trauma (with mean scores falling above the second quartile, well above what is normally considered to be of clinical concern), as well as several culturally-specific forms of distress, such as *jigar khun* (grief or dysphoria related to painful life events), *asabi* (a blend of nervousness and anger resulting from stressful life conditions or

traumatic events), *fishar-e-bala* (a state of feeling overwhelmed) and *fishar-e-payin* (having diminished energy and motivation). In addition, Afghan women may beat themselves severely when they are highly stressed.[5]

In all of the available research, women consistently reported significantly higher levels of distress than men. While it may be the case that Afghan women are more open than men in acknowledging emotional suffering, we suspect that women do in fact experience greater levels of emotional distress as a result of war-related violence and loss and the difficult social conditions they contend with daily. Although women and men in Kabul reported similar levels of exposure to war-related traumatic stress (resulting from, for example, the shelling of their homes and neighborhoods, the loss of their possessions or the disappearance or death of loved ones), women are far more likely than men to be widowed, a status that typically entails extreme economic hardship and numerous social barriers for women. In the two surveys we conducted of mental health in Kabul, in which surveyors went door to door in eight of Kabul's 16 districts, 37 percent of the women surveyed on average were widows while none of the men were widowers.[6]

Women in our research also reported significantly higher levels of daily stress than men. We found daily stressors related to the difficult social conditions that characterize everyday life in Kabul, such as those mentioned earlier, to be more strongly related to women's mental health than the war-related traumatic stress they endured during the years of conflict and Taliban rule. We also discovered that war-related traumatic stress was more likely to give rise to indigenous idioms of distress, such as *jigar khun* and *asabi*, and to symptoms of depression than to the widely used psychiatric construct of Post-Traumatic Stress Disorder (PTSD).[7] Although our data do suggest that Afghans recognize symptoms of PTSD (e.g., nightmares, intrusive thoughts, an inability to relax, avoidance of trauma-related reminders) when specifically asked about them, PTSD symptoms had a very modest impact on psychosocial functioning relative to other forms of distress such as depression—a critical point given our experience that Afghans are far more likely to perceive the need for assistance, and to engage in help-seeking behaviors, when their daily functioning is impaired than when they are able to function adequately despite experiencing emotional distress. The limited salience of PTSD revealed in responses to our questionnaire-based surveys is consistent with the narrative data we gathered, in which women described war-related suffering more frequently in terms of locally salient idioms of distress (e.g., *jigar khun, asabi*) than in terms of PTSD symptomatology.[8] Taken together, these findings question the relevance of diagnosing and treating PTSD in the Afghan population. As we have noted elsewhere:

> There may be individuals for whom PTSD symptoms are particularly salient, and who may benefit specifically from trauma-focused interventions. In general, however, our data suggest that mental health interventions in Afghanistan are likely to have the greatest benefit when they target other types of distress that impact more substantively on people's functioning, and that are subjectively perceived as salient and requiring assistance.[9]

Given the fact that Afghan women perceive their daily social conditions as having a greater impact on their psychosocial well-being than war-related traumatic experiences, and in light of our findings regarding the limited salience of PTSD among Afghans, we propose that psychosocial interventions in this sociocultural context focus on (1) increasing women's capacity to alter the stresses of their current environment (e.g., by reducing poverty through literacy and vocational training) and to cope effectively with those stressors that cannot readily be modified (e.g., by strengthening social support networks and developing strategies for relaxation and emotional regulation) and (2) decreasing symptoms and syndromes of distress that are culturally meaningful (e.g., *jigar khun*, *asabi, fishar* and beating oneself) rather than focusing on western diagnostic constructs such as PTSD that have questionable meaning and utility in Afghanistan.

Our work in the area of psychosocial well-being among Afghan women has been ongoing, with a program that blends cultural constructs of wellness and resiliency with techniques that strengthen social and emotional support. Rather than focusing on illness and trauma as does the conventional PTSD-focused approach, the program described here focuses on culturally-identified positive models of individual and community support. As found in our research, women suffer more from the impact of daily stressors than they do from war trauma. One possible reason for this phenomenon is that women view war trauma as shared experiences, while perceiving daily stressors as individual concerns. This individualization of what are in fact widely shared experiences of daily stress results from women's social isolation and the widespread discrimination they face.

Psychosocial Support: A Case Example

The following real-life example demonstrates how violence and daily stressors play out in the lives of impoverished Afghan women as they struggle to rebuild their lives and those of their families. It also shows how helping women identify their positive resources can have a profound effect on their lives.

In 2004, a psychosocial training workshop was held for female community trainers from an Afghan nongovernmental organization (NGO) who worked with internally displaced people living in a very poor section of Kabul. The NGO's director identified a need for the workshop when her trainers repeatedly noted that their safety was endangered and that women in the community often resorted to violence to solve their problems. To illustrate the trainers' concerns, the director told a story of two women who participated in a literacy course and who were also neighbors in a bombed-out area of Kabul. One day, a woman was hanging her laundry on a community clothesline. Another woman approached her, also wanting to use the line. The women started fighting over the clothesline and their respective rights to it. During the argument, the second woman picked up a rock, hitting the first woman in the head and killing her. Bystanders did nothing to stop the fighting or prevent the killing. There were no repercussions against the woman who killed her neighbor. She continued to attend literacy classes, but all the participants and teachers were afraid of her, fearing that she might kill them too. The director felt that something had to be done to help the women, lower the level of violence and promote a sense of community.

This incident was the primary impetus for the four-week psychosocial training workshop, which included discussions of conflict resolution, peace-building, relaxation techniques, "Focusing" (a technique for becoming more aware of and compassionate toward difficult emotions)[10] and basic psychological theory and practice. The workshop participants, who taught basic literacy and health education to women in their communities, also faced violence and poverty on a daily basis. They were educated to at least the 12th grade and many were heads of households. Several were widows; one was divorced. Their salaries were small and their families large. All suffered from the years of war, experiences of displacement and relocation and violence at multiple levels of their lives.

One woman, pregnant and entering her third trimester, was having a difficult time containing her emotions during the training. Her clothing was old and frayed, as was the large shawl that she wore over her head and wrapped around her upper body. She wore no jewelry, unlike most Afghan women. Her thin body made her pregnancy even more obvious and awkward. By the third day, her tears and pain were overwhelming her. She complained of *jigar khun* and *fishar-e-payin*. One of the facilitators asked her to come in front of the group and do an activity we called "The Balance of Blessings." In this activity, participants put one small pebble or bean for each thing that is sad or difficult in their life on one side of a balance scale. Then they put one pebble for each positive thing in their life on the other side. The scale tilts to the side that weighs the most. To get the most out of the activity, we do the difficult side first and the person does not receive help from the facilitator or others in the group. When the person starts on the good side, anyone can remind her of positive things in her life that she might have forgotten.

As the woman placed pebbles on the difficult side, she noted that she was newly divorced and abandoned by her family. In Afghanistan, divorced women face a great deal of social stigma and can be ostracized by their community. She was pregnant and now the baby would have no father to care for him or her, and she would have to raise the child herself. She had five other children to care for as well, and that was a great worry for her. She felt little hope for the future.

After completing the difficult side, she turned to the good side. Initially, she found it hard to find positive things in her life. The facilitator helped her get started by asking a few questions, such as "How is your health?" She noted that her health was good and so was that of the baby. She was encouraged to talk about her other children. She noted that all were in school and the older ones worked after school to earn money for the family. She had a job and colleagues who cared about her. She realized that with the divorce she no longer lived in a violent household, as her husband had been abusive to her and her children. Her income now went directly to the care and maintenance of her family, whereas before her husband spent the money on his heroin addiction. In the end, she stopped crying and smiled because she saw how much better her life was now than before.

Since the workshop, this woman has had a very positive attitude and her own experience reassures the other women with whom she works. In Afghan society, most people would have said that this woman's life was essentially over. Everyone would have not only pitied her but also blamed her for her tragedy. Her positive attitude prevents such talk, and the women in the community know that she is an example of the benefit of basic community psychosocial activities. She says that she is too

busy to suffer from *jigar khun* and that her *fishar* is usually normal. She gave birth to a healthy child and feels courage and strength from helping her community. She says that of all the activities at the psychosocial workshop, the most important to her was the Balance of Blessings because she could see her strengths. The activity gave her hope, an emotion that Afghans identify as one of the most critical influences on their recovery from trauma and loss.[11]

Conclusion

The Balance of Blessings illustrates a group activity aimed at increasing social support and helping women come to terms with difficult life experiences. Generally, we have found that such activities are most effective when they are integrated into holistic psychosocial programs that provide practical resources such as literacy and vocational training, enhance social support and help strengthen women's coping skills and resources. Although empirical data are lacking at this point, our experience in Afghanistan, like that of colleagues working with women in other conflict and post-conflict settings,[12] suggests that psychological distress may be most effectively alleviated through culturally-grounded, community-based interventions that target ongoing stress as well as the impact of war-related violence. Moreover, our experience suggests that adopting a broader set of psychosocial aims (e.g., improved psychosocial functioning, decreased family conflict, strengthened social networks) may be more fruitful than relying on clinical interventions imported from western countries that focus narrowly on ameliorating symptoms of war-related PTSD.

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ENDNOTES

1 UNDP, 2004; Rubin et al., 2005.

2 "High School Teacher Beheaded in Afghanistan," *New York Times*, January 5, 2006.

3 UNDP, 2004. Women in Afghanistan have markedly lower levels of formal education and literacy than men. Their corresponding lack of employment-related skills, together with cultural norms that discourage female employment outside of the home, leave women dependent on their male relatives for family income and the acquisition of basic resources such as foodstuffs and medicine. For female-headed households, this is an especially precarious situation. Cultural proscriptions against being outside the home without a male relative have also made it difficult for women to access health care, and the lack of perinatal health services for women have led to Afghanistan having one of the highest rates of maternal mortality in the world: 1,600 deaths out of 100,000 live births. CARITAS, 2004.

4 Miller et al., forthcoming; Miller et al., manuscript submitted for publication: "Daily Stressors, War Experiences, and Mental Health in Kabul"; Lopes Cardozo et al., 2004.

5 This expression of distress is seldom seen among Afghan men. See Miller et al., forthcoming for a more detailed description of indigenous indicators of distress and also a brief discussion of Afghan beliefs regarding stress-induced versus supernaturally-caused forms of psychological distress.

6 Miller et al., forthcoming; Miller et al., "Daily Stressors, War Experiences, and Mental Health in Kabul." It is difficult to assess the extent to which the proportion of widows and widowers in our two surveys (N=320 in each survey, with equal numbers of women and men) accurately reflects the actual proportion of widows and widowers in Kabul as a whole. While the proportion of widows varied across the two studies (49 percent in 2004 and 25 percent in 2006), no men reported widower status in either study. A recent survey of 3,674 women by the German organization CARITAS, using a similar door-to-door multi-district sampling methodology, found a somewhat lower number of widows (20.5 percent); however, no data were provided regarding widowers. The United Nations Development Program estimates that there are 50,000 widows in Kabul, out of a population of 2 to 3.5 million (UNDP, 2004); however, as with the CARITAS report, no figure was provided regarding the number of widowers in the city. An important explanatory factor for the lack of self-reported widowers in our surveys is the fact that Afghan men who have lost their wives typically remarry quickly, and do not describe themselves as widowers. It is far more difficult, and therefore much less common, for Afghan women to remarry after losing their husbands.

7 Miller et al., manuscript submitted for publication, "The Validity and Clinical Utility of PTSD in Afghanistan." These indigenous idioms of distress are not uniquely associated with exposure to war-related traumatic stress. *Jigar khun* may arise in the wake of any painful life experience, and is also related to the cumulative impact of daily stressors. Likewise, *asabi* is related to distressing events, though more so to events of a traumatic nature such as war-related violence and spouse abuse.

8 Miller et al., forthcoming.

9 Miller et al., "The Validity and Clinical Utility of PTSD in Afghanistan."

10 Gendlin, 1982.

11 Miller et al., forthcoming.

12 Tribe et al., 2004.