

Interview of Two Refugees: 2007

Wanda M. Woodward, MS

My original interview intent was to speak with two refugees; one 26 year old male from Southern Sudan and one 37 year old female from Sierra Leone. I will refer to each as R and H, respectively. When I interviewed the female, her boyfriend who is also from Sierra Leone, was visiting so I was able to obtain information from both since they each had experienced the impact of war torn Sierra Leone during its ten year period. I will refer to the boyfriend as P.

Each refugee was referred to me through a neighbor. I had inquired about locating a refugee who had fled their country due to violence. The neighbor then made contacts in her social network and located both of these refugees who voluntarily agreed to be interviewed with the understanding that the purpose was to gather information for a class assignment. Thus, I had no prior contact with either of these individuals. Upon contacting them, I gave them the option of where to meet and each preferred to meet in their residence. R lives in a lower middle class section of his town with three other roommates with whom he shares expenses. H lives alone in a lower middle class part of her town. Even though I was required to interview only one refugee, I elected to interview both because of my interest in determining whether or not there were observable differences in the experiences between genders.

With five years in the mental health field, I have no knowledge of assisting a refugee in my work, so this client population is a novel interface for me. Additionally, I intentionally did not read any journal articles prior to the first interview of the male refugee in order to experience the person without any prior psychological knowledge or theoretical bias which would have likely guided my interview questions differently. However, I did interview the female refugee

after having read all journal articles and becoming familiar with, and knowledgeable about, the common and unique biopsychosocial and cultural aspects of this population.

Personal Background and History

R is a 26 year old male from southern Sudan who grew up in a tribe called the Dinka which is one of the largest of over 75 tribes in Sudan. He states that 90% of Sudanese live in rural areas and are part of a tribal community which he referred to as “traditional;” whereas the largest urban city is Khartoum. There are mostly Christians, Muslims and “traditional” tribes people with Christians living primarily in southern Sudan and mostly Muslims residing in the north. He was raised “traditional,” but converted to Christianity. Traditional dress was wearing goatskin. Bartering was the economic system; cattle were described as “currency” and were a form of dowry. As with tribal communities, theirs was an agrarian society with importance on gardening, livestock such as cattle, goats and chickens, and the nutrition that derived from the livestock. While polygamy was a cultural norm, after the Christian missionaries converted the southern Sudanese, monogamy was expected. Even in a highly patriarchal society, women were valued because, upon marriage to a man, she would “bring cows into the family.”

R and the Experience of the Sudanese War: 1983-2005

The Muslims were abusing power and granting economic, legal, social and religious privileges to those residing in the north; hence, Muslims were creating an unbearably oppressive situation for the southern Sudanese Christians. Rebelling against the oppression and prejudice of the northern Muslim leaders, guerrilla warriors started the war in southern Sudan in 1983. R was three years old when it began and, in 2005, when it ended, he was age 24. He first became aware of the war at age ten. When he was 12 years old, his family consisting of himself, his mother and father, one sister and one brother, were alerted that the guerrillas were coming to their

village. Gunshots could be heard in the next village and so P and his family abandoned their home and all ran to seek protection and to live in the forest. He states that there was “no good food or water...it was bad” and neither was there time to boil the water, so drinking water from a river, regardless of what was in it, was a necessity for survival. When asked about the health impact, he rubbed his stomach and admitted that he would sometimes have stomach aches, but that it would subside with time. He talks about the risk that the villagers posed if they were to remain alive to alert others of the rebels:

They just shoot. When they come from the north, they didn't care. They would just kill everyone. They didn't care about the children. These people will warn others, so they just kill everyone. It is common for women to be raped. They don't care that these women belong to someone.

R describes the night that he and his family fled for safety into the forest as the guerrilla warriors were nearing their home:

They come during the daytime. They burn the villages. They settle down at night, then wake up and start again. I heard the sound of guns. I just followed the people who are going and hiding. I was running for my life. I didn't see where my sisters and brothers ran. I was running for my life.

He spoke of how he lived in the forest and ate and drank whatever he could in order to survive. Of how he walked and walked, how others walked, to find safety until he was picked up by a United Nations rescue team and taken to live in a refugee camp in Kenya. He lived there from age 12 to age 22. During this time, he attended school Monday through Friday and learned to speak English. R tells me that he never really felt safe in the refugee camp because the guerrilla warriors would come into the camp and kill people at night.

People would get shot in the night. There were no good books. There was no good food. There was not enough to eat. We were given a month of food: corn, wheat flour and oil. This had to last the month.

R and a male friend from the same refugee camp applied to the U.S. for refugee status in 2000 and both were accepted in 2003. He and the male friend are roommates, along with two other friends they have met in the U.S. R is a stockperson at a retail store and, two weeks prior to our meeting, R had passed his GED. He plans to attend community college in the Fall to obtain a bachelor's degree. His goal is to become educated and return to Sudan so he can help his people. While he learned of his father's death while living in the refugee camp, he believes that his mother and sister are still alive. He smiles and states:

I need to be with them one day. I miss my mother. She brought me into the world. I need to go back so I can help her.

H and the Experience of the Sierra Leone War: 1991-2002

H was born in a Muslim family with a father who as a Muslim Imam. H speaks often of how "blessed by God" she has been starting with her private Catholic education in primary school and through high school. She tells of her father's disappointment when she converted to Christianity at age 25 and of his wishes for her to marry a Muslim. H has a mother who is still alive although her father died two months ago in Sierra Leone. She has two sisters and four brothers. Her family is from the Temne tribe in northern Sierra Leone. The Temne and the Mendez tribes are two of the largest and most recognized tribes, and the latter is known for its love for power. H's boyfriend, P, states, "The Mendez are very politically inclined. They love power." As for the Temne tribe, H states, "Temne is very stubborn, very strict and violent. They call us the German tribe because we fight easily."

Krio is the common language in Sierra Leone by which everyone can communicate and understand each other although there are sixteen different tribes and languages. The Mendez tribe lived primarily in the south and east while the Temne lived mostly in the north and west parts of Sierra Leone. Bordering the country is Liberia to the south and Guinea which forms a

northern and eastern border of Sierra Leone. The Atlantic Ocean forms a western and southwesterly border.

According to P, in 1991, the civil war in neighboring Liberia spilled over into Sierra Leone in an effort for Liberians to initially steal food. P was age 12 at the time; H was age 21. The government based in the city of Freetown in western Sierra Leone sent some of their military members to the eastern part of the country to defend the people there. Because the military members were of the Mendez tribe and the rebels were Mendez, the former ended up joining the Mendez rebels. P was living in the eastern part of the country dominated by the Mendez tribe while H was living in the northern section with mostly Temne tribal people. The Mendez rebels in the east began making their way toward Freetown in the west; however, they had to pass through the land where the Temne lived. This is when the brutal, heinous civilian murders and mutilations began. H stated that the Mendez rebels would say, “No soul will live in this operation.” She was attending college in Port Loko in 1998 when the rebels staged a massive attack. H ran 45 miles on foot from the college to her town, Lunsar, stating “You walk to save your life. My parents were so happy to see me because they thought I was killed in Port Loko.” H proceeds to describe two “miracles” that occurred in which she was very close to being raped and murdered by Mendez rebels, but narrowly escaped:

These ruthless boys went and told the rebels that I was in my father’s house. Six rebels came to rape me. This was a miracle. This was my own miracle. My bed was made high in the front and low in the back. I was hiding during the daytime. I only went outside at 8 p.m. and got my shower and would go back to my dark room. No light, just dark and hiding. Six rebels went to my house. I was so restless. I got under my bed to hide. They kicked front door of the house. They kicked my bedroom door. There was a boy from neighbor’s house. My brother had another room in the house that was in the outside room. My brother was sleeping in the bush. This neighbor told the rebels that this was my brother’s room. ‘What are you doing here? This is not H’s room. She is not here.’ I was under the bed sweating. At night, I went to the bushes for five months. I met dead bodies on my way, jumping, jumping over dead bodies. I was there for five

months. They were shouting for me to rape me. During the war, they would recruit boys, age 10 years to carry guns that were too heavy on their backs. They would recruit girls and give them cocaine so they would shoot their parents thinking they were shooting an animal. I was blessed. The night they left my house, they went to another home and ten of them raped that woman.

As H is talking, she is speaking rapidly, her body language is tense, and she is moving back and forth on the couch where she is seated. Observing her, one can sense the immediacy of the experience being relived in her mind. She proceeds:

When I was in the bush, I went to get water. They heard me. They were like a cat running after a rat. I couldn't take it anymore. I thought I was going to die. I had to get water from the swamp for bathing. They were at the top and I was at the bottom of the hill. I took on my heels. I lay flat in the bushes. Again, it was a miracle. They were shooting all around me. They shot all around me. They cursed at me and at my parents. I was lying there from 5 to 7 p.m. I crawled like a snake to find the bush where I had been hiding. I found someone who helped me to my parents. They [my parents] thought I was captured. There was no part of my body without sores. There was no medicine. See? Look at my legs. I am embarrassed to wear shorts. When I was young, I had smooth skin. Now, I have sores all over. There was no medicine in the bush. No food. Rice is our staple food, but there was no way to get it. We ate kosova and maybe potatoes. It was only one clothes that I had. It got torn and tattered. See? I was in the bushes. We don't have winter in our country. In the five months, I see no houses, no other friend. It was purely me and the animals in the bush. It was only God who sustained me. We should have died. Someone's son was bit by a snake and he died because there was no medicine. It was really, really hard for us. My foot was almost rotten.

At this point, I am completely silent, listening attentively and taking notes quickly to capture as much of H's words. It is becoming increasingly difficult to remain unemotional and I find myself expressing dismay and horror in my countenance. H is emotional, but able to contain herself as she outlines the horrific violence:

When I saw dead people, I said, 'Oh my God, I'm dead.' I lost my mind. I couldn't imagine I was alive. I saw dead people. Blood was coming down their heads, their chests, their sides. I thought I was dead too. At that moment, all I said was I was dead. When my parents saw me, I couldn't say a word. I was in my own world. I just keep quiet. I couldn't explain nothing. God helped me. It's in the movie. Blood Diamonds. I am a victim. See? These marks are all

over my body. I am very embarrassed. I used to have smooth skin, but that time changed the color of my skin. Sometimes I cry. Look at me. Look at my body.

H is showing me the scars on her ankles, calves, knees and thighs. She then sits back on the couch and becomes quiet and, for the first time, I see her wipe a tear from her eye. Until now, she is exhibiting the fear and agitation of her former experience, but is somehow able to maintain sufficient emotions to not cry. But now I sense that she is right there at one of the most emotionally intense times of her experience, when she has narrowly escaped a horrific death and has graciously landed at last in the safety of her parents' arms. She tells me that she was in the bush for five months, but that it felt like it was five years. We are silent for a moment as I allow her the emotional space to remember, reflect and reconstitute, or whatever her psyche is in need of at that moment. I reach across the couch and place my hand on her wrist and leave it there in silence as she stares across the room, still in reverie of that memory. In about a minute, she begins talking again, as if it is somehow important for her to verbally tell her story. Somehow, I sensed that it was emotionally significant for her to recount her escape from the bush, as if her subconscious needed to bring the story, the reality of such primitive and horrific violence, to its end:

You just go. Some people scattered. Some people go left, others right. I just started walking. I saw a road, so I would ask. Just keep going until you find your way out. We heard the peacekeeping force was coming. The ECOMOG [Economic Community of West African States Monitoring Group]. They protect West Africa.

I asked H about nightmares and whether she still had them. She responded saying that she used to wake up from nightmares, but that she only has them now when she has thought a lot about the experience. I begin to feel guilty for having stirred up the past and its Frankensteinish terror; after all, this is just for a class grade. Then something stirs within me that tells me this is

a moment that both of us will find some connection in the sea of human experience in that two people can find common bonds of hope. She continues to talk:

I used to have nightmares. With religion, it helps. It was too much. That was my first time I saw a dead person. Until the war, that was my first time I saw someone dead. In the bush, I was praying to God, 'Let your Will be done'. Now, I know there is a God. There is a Supreme Being beyond human understanding. I should be dead. Had it not been for Him, I would not be here explaining this. He loves me. Sometimes, I just be talking. Just like with you. That was the time I knew. God loves me so much. He has something more important for me in my life.

He is quiet for a moment. Then she recalls the rebels as if she needed to ensure that I would know the exact truth of what occurred and the inhumanity of what happened in her life, with her people:

The rebels said, 'We will be all over this country.' They went all over. They gathered people in a house and set the house on fire. If anyone comes out of the house, they shoot them. The choice was to die in the fire or be shot. The rebels would come up to a person and say, 'You want short sleeve or long sleeve?' That meant their arm would be cut off at the shoulder or the wrist. The rebels would shit and pee. They would give you a choice to do that or kill them. That was the choice they had. If they ate the shit or pee, the stomach would become large and they would die. So that was their choice. Those people were inhuman. They cut people's ears and nose off. They would tell you to laugh and if you refused to laugh, they would cut off your top and bottom lips. Even today, there are people you see in the country with no top and bottom lips. They cut your ears off. They took your eye out. They made this beautiful young lady, they raped her. They pushed a stick up her vagina up to her mouth. They left her on the road to rot so that everyone would see her, there in the middle of the road. They trained women to kill. They would give them drugs, cocaine, that would make them kill their parents because they thought they were killing an animal. They trained five year olds to kill 80 year old person. They abduct you. Sometimes they ask you to shoot your mother, your father. Either you kill or they kill you. If I explained to you from morning until night, I could not explain it all. Some people did not experience this. I tasted all of the bitterness of the war. What I saw with my naked eyes. When I hear of war, I get scared because it is not good. I don't like. I hate war. I just pray that my eyes will never see war again.

H's boyfriend had left the apartment before this last disclosure. She and I sat in silence again, both of us looking down at the floor and understanding the impact of her words. A few

minutes later, P returned and we resumed talking about some of his experiences. He shared that he is a Muslim and he had been a follower of an Imam in Sierra Leone. The rebels had killed the Imam, so P was fearful for himself and heard that the rebels were coming after him. He spoke of a dream that he had one evening. The Imam was telling him in the dream to follow him, and that in three days, the rebels would come to his village. Upon awakening, P told his sister that they needed to leave the home. His family was in disbelief, but they all left. Exactly three days following the dream, just as the Imam had foretold, the rebels came to P's village and set his home on fire. P relays that, every time he would escape one town and go to another one, the rebels would pillage and murder in the town he had just escaped. In P's words, "It was a miracle for me too". To this day, his sister is still missing and he does not know whether she is abducted and alive or is dead.

Interviewer Observances

Initially, I had decided to take an objective, impartial stance as interviewer to these victim's experiences. Upon hearing the heinous nature of the violence, it became virtually impossible for me to maintain a neutral emotional position. While my role was interviewer, not psychotherapist, I found the "ethical *non-neutral* attitude toward the client's suffering" (Becker, Lira, Castillo, Gomez, & Kovalskya as cited in Aron, 1992, p. 181) in which I abandoned the theoretical principles of emotional distance so as to identify with them (Aron, 1992) was the most natural, ethical and humane response under the circumstances.

Even though I listened attentively to every word, I could not help identifying several general patterns that emerged with all three interviewees. First, throughout much of the personal disclosures, each person's nonverbal communication was incongruent with the content of the message. For instance, R, H and P would smile often throughout the recounts of the generalities

of war and violence. However, once R and H began talking about a specific, personal and intimate situation which included either a close encounter with death or seeing a dead person, the nonverbal language would be consistent with the inner experience.

Second, while H and P spoke much more freely and fluidly without specific promptings, overall I did not have a sense that any were withholding due to mistrust or fear. Before each interview, I had anticipated some reluctance in disclosing their experience, but the interview did not bear this out. Perhaps time was a factor in this since it has now been twelve years since H escaped the horrors of Sierra Leone and four years after R has left the unsafe refugee camp in Kenya. However, my intuition tells me that perhaps there was some need, a “validation of personal experience as a basis for truth and knowledge,” as Aron (1992) describes the healing effects of the testimonio of victims of war and violence.

Third, all three survivors had a religious conviction that had a healing effect, and in terms of finding meaning and purpose to an otherwise senseless and meaningless act of war. H was especially verbal about the profound sense of God and the meaning that her life now has as a result of interpreting her experience through the lens of a higher purpose for herself. When I mentioned to H the Western “mental health” approaches to assisting refugees and war victims outside of America and that I have learned in my readings that many refugees reject the assistance of therapists, but will accept assistance from “healers” or “helpers,” H nodded in agreement and specifically stated that the word “healers” is viewed favorably.

Fourth, as many researchers have noted in many war victims, the psychological fortitude, strength and resilience was apparent in all three interviewees (Chester, 1991; Pipher, 2002; Summerfield, 1999; Watters, 2001). Neither of them was diagnosed with a psychiatric disorder nor admitted for in-patient psychiatric care in spite of overwhelming trauma. Each of them are

now working full-time, earning a wage that covers at least their basic expenses, and are either planning to return home, or are considering it.

Callamard (1999) reports that the 1995 UN Beijing Platform for Action highlighted that 80% of refugees are women and children. R's experience in the Kenyan refugee camp parallels Ahearn's (1999) expose' in the refugee camps of lack of sufficient food, lack of protection, feelings of loss and separation from family members. Because R had lived in a relatively safe and loving family environment prior to age 12 (the age he fled) and because they had a strong religious belief, these seem to have portended well for his subsequent life in the U.S. I found through my interviews that the points made by Summerfield (1999a) about the Western medicalization and pathologizing of the "understandable suffering of war" (p. 1449) have substance. And based upon the critical role that religion plays with many Africans in psychological reconstitution, most children and families would benefit more from, as Summerfield suggests, social and economic supports, and education than from rehabilitation programmes or talk therapy. Watters (2001) also believes that Western mental health approaches to refugees overlooks the importance that religious beliefs play in the intrinsic resiliency of refugees. By focusing mostly on exploring psychological trauma rather than providing a broader social and economic service, the Western paradigm ignores a psychological reservoir of strength. Certainly, to these three interviewees, Summerfield's (1999) emphasis on the socio-cultural aspects of war is brought to bear in their lived experiences, so for these three, they look through the prism of religious, tribal (cultural), economic and social factors as determinants of conflict.

My Personal Response

As Pipher (1999) states, "to live is to suffer" (p. 303). She tells us poignantly and elegantly how many refugees refuse mental health services of the West and, instead, really just

want to move beyond their trauma so they can rebuild their lives in the sinew of normal daily activities. Watters (2001) advocates for helping war survivors and refugees meet their basic needs of food, shelter and safety first, as opposed to immediately attempting to impose a psychiatric protocol. Perhaps what struck me most deeply were three features.

First, I wondered about the relationship between resilience and growing up in an agrarian culture where hard labor and harsh environmental forces play a key role in the formation of personality and psychological attributes. In the United States where the middle and wealthy class are largely protected from the harsh realities of the seasons of Nature and do not have to carry the burdens of heavy manual labor, it seems that, generally speaking, far smaller setbacks and problems than the psychological and physical impact of war and violence have created a more psychologically vulnerable collective psyche.

Second, I was deeply touched by the human connection between myself and these people whom I had never met, and who were from completely different cultures with socio-cultural norms unlike those of mine. In other words, the genuine felt experience of connecting at the heart level with people who had bore such incredible suffering. It has reinforced my belief, albeit on a much deeper level, that we are all one human family interconnected through one basic, common desire: to be psychological well, whole and at peace. And the only way that the collective psyche of humankind can experience this psychological well being is through a global, socially just economic system where poverty does not exist, where the basic tenet of every person is “do no harm” to any sentient being, where no one gender, ethnicity, race or religion is perceived as “superior” and where all religions and cultures are honored. Until this is achieved, there will not be peace or justice on earth. And in order for this to be achieved, a more mature, evolved masculine gender identity is required.

Third, after this interview, I am further convinced that the masculine pathology (narcissistic personality disorder, sociopathy and psychopathy) is at the root of psychological malaise and that understood within the social context of social, cultural, economic and legal inequities, along with poor parenting, these comprise the underpinning of the real Axis of Evil that must be confronted and transformed if we are to consciously evolve beyond violence and war as a means whereby conflict is resolved. In other words, the determining factor to the resolution of exogenous conflict is the prior resolution of masculine pathology. The importance of this cannot be overstated.

These interviews have further embedded my conviction that it is the benevolent and malignant tyranny of the immature masculine that is going to be the death of humankind unless the world transforms and develops a more evolved concept of masculine gender identity which is more identified with traditional feminine traits such as compassion, kindness, gentleness and interdependence. Eric Neumann (1994), the eminent Jungian analyst, stated in *Fear of the Feminine* that, until women integrate their *animus*, no cultural advances will occur. Agreeing that this psychological reconciliation is a precursor to socio-cultural advances, I am persuaded that the psychological rapprochement which is antecedent to the virtual obsolescence of aggression, violence and war is that of the male/*anima* integration.

For the first several thousand years of human existence, the social context was crude, primitive and uncultured, and the technology to protect against the brute forces of nature and the animal kingdom was nonexistent or limited. Consequently, the level of consciousness which was necessary for human survival during that time was a primeval, egoic psyche which could adapt and respond to, and defend against, the pervasive primitive surroundings and threats. The masculine consciousness assumed that adaptive role and it would not be an embellishment to say

that, because of it, the male gender protected and saved the human race from calamity, adversity and peril. The world owes mankind that debt. We thank him for that.

However, what once was an adaptive consciousness must now, due to a completely different, and more advanced social and environmental context, be re-examined, reinterpreted and understood as maladaptive. Indeed, the masculine consciousness which once was redemptive and compensatory has become its antithesis, changing into an increasingly pernicious psyche which is threatening the entire human and ecological landscape. Quite literally, the masculine consciousness that saved the human race from extinction ten thousand years ago *has now become the very consciousness which is placing all life on the planet at risk for annihilation.*

Aggression was an essential tool of the human psyche in order for primitive man, woman and child to survive in the harshest of environs where “kill or be killed” was the normative survival defense mechanism. Additionally, procreation was necessary so that larger numbers of people could populate and band together against threats. However, over the past two hundred years in particular, substantial technological and scientific strides and advances have been made such that we now possess the capability to eradicate poverty within the next few generations (Sachs, 2005). A substantial deterrent to achieving social justice is a pervasive immature masculine consciousness, particularly in the highest levels of world governments and businesses, but also permeating the social, cultural, religious and familial fabric of life. This pathological masculine consciousness is the 900 pound malignancy in the middle of the room and we must become educated about it, confront it, talk candidly about it, and act in concert to transform it. Women, in particular, need to be aware because the parenting of children has a direct relationship on the outcome of this pathology and, as a consequence, on the health and well-being of individuals, society and the planet.

I refer to this consciousness as “the immature masculine consciousness” and elaborate on it, and the mature, healthy, Transcendent Psyche, in my book, *The Anatomy of the Soul: An Authentic Psychology* (Woodward, 2004). It is a neo-Jungian term although Freudians and neo-Freudians would refer to it as a spectrum from narcissistic personality disorder (NPD) to anti-social personality disorder (sociopathy) to, its most malevolent form, psychopathy. It is *the* leadership disease of our time. And if we fail to become informed about it, or to address it and transform it on a global scale, it is not an understatement to say the world---and all life on it---is in peril.

Gender is a psychological construct that is developed between the nexus of social structures and intrapsychic factors within personal psychology (Kupers, 2005). There is a feminine and masculine gender psychological construct that has been bifurcated since the beginning of the history of the human species. Many in the mental health field believe this bifurcation is unhealthy and destined to evolve toward a more mature androgynous consciousness (Jung, 1989; Jung, 1982; Jung, 1957; Neumann, 1994; Woodman, 1999; Woodward, 2004). Without the manifestation of this mature psyche which is able to integrate and balance the contrasexual aspects of our psyche, the *anima* and *animus*, we will continue to have a pathological masculine consciousness which seeks to dominate, control and have power over “other”. The immature masculine consciousness is the dragon which must be slain if life on the planet is to evolve and if we are to survive global warming, war, violence, rampant social injustice and complete annihilation.

The immature masculine is defined as the male consciousness whose gender identity is constructed based upon a cognitive schema of control, dominance and autonomy with an underlying fear of being, or being perceived as, emotional, vulnerable, weak and dependent. It

has variations of degrees from mild to severe of lack of empathy and remorse, rejection of authority, and the desire to see, or cause, pain and suffering in others. Another definition is a masculine gender construct which fears and eschews, in varying degrees from mild to severe, traditionally defined feminine aspects of emotion, vulnerability, gentleness, kindness, care, concern, compassion, sharing and interdependence. This rejection, and devaluation of, femininity is the underpinning of narcissism, sociopathy and psychopathy, the three psychological pathologies which I define primarily, even overwhelmingly, as masculine disorders.

The epidemiology of the immature masculine consciousness is substantial, particularly in world leadership, and has been so for thousands of years with patriarchy at the helm. Patriarchy is defined as “men’s structural control over political, legal, economic, and religious institutions” (Glick & Fiske, 1997, p. 120). With almost two centuries of anthropological research, it has been determined that patriarchy is virtually universal among societies (Goldberg, 1993; Harris, 1991). While the immature masculine, paradoxically, can be credited for saving the species from annihilation 10,000 years ago when the brutal competition for food, water and safety was at a lower level Maslowian necessity, the pathology is anachronistic today because humankind has evolved to the point where all the resources are at our disposal—the scientific and technological knowledge---and we only need the psychological maturity, collaboration, creativity, compassion and goodwill to develop a strategy to see to its most equitable and just distribution to all people. Alas, the immature masculine would rather see that we all die if he, alone, cannot control and dominate.

The hallmarks of narcissistic pathology are its obsession with control, power and perfection. Its sense of omnipotence, grandiosity and entitlement pose a substantial and almost

indefatigable inability for this consciousness to change so entrenched it is in its fantasy of superiority and perfection. Pervasive and chronic intrapsychic defenses are projection (attributing an undesirable trait onto another person), idealization, denial, an inability to be vulnerable, defensive autonomy, impulsivity and anxiety when a threat to self is perceived, externalization of blame and, the most primitive of defenses, splitting. Splitting is an alternating projection of idealization and devaluation, and the immature masculine has a pervasive pattern of psychological splitting. The narcissist split is a type of “I am good and perfect while you are bad and evil” whenever he perceives a threat to his control, power or perfection. Verbal attacks on this person only serve to create and magnify more rigid defenses, thus, his symptomatology becomes more salient and entrenched. *So great is the conundrum of this pathology, the psychological defenses which need changing the most in the immature masculine consciousness are the very psychological defenses which prevent him from changing.* Because of his intrapsychic conflicts and unassailable defenses, he rarely, if ever, pursues treatment since seeking help infers vulnerability and lack of being in control. As a result, for those few who do pursue therapy, the prognosis is highly unfavorable.

William Pollack, Professor of Psychiatry at Harvard Medical School, author of *Real Boys: Rescuing Our Sons from the Myths of Boyhood* (Pollack, 1998), writes about the normative developmental trauma experienced by little boys as they are expected to develop masculine gender identity by disidentifying, in many cases abruptly, from the mother, in other words, disconnecting from the *feminine energies* she embodies and manifests. His fifteen plus years of research with adolescent boys has led him to the stark and troubling conclusion that many of these boys have developed the psychological profile of the narcissistic personality disorder

(Pollack, 1995). Pollack writes about these adolescent boys who have dis-identified from their mothers:

In all likelihood, he would be obsessively concerned about maintaining a rigidly independent self and have a matrix of intrapsychic defenses something like the following: unconscious anger or rage toward women, defensive condescension of anyone in a caretaking role, overvaluation of independence (defensive autonomy), devaluation of the need for connectedness or interdependence, stoic denial of sadness or pain with an inability to grieve loss or to mourn, a walling off of a vulnerable but hidden core self and the need to externalize inner conflict and take refuge in impulsive action in order to avoid anxiety. Interestingly enough, this is remarkably similar to the description of the prototypic 'narcissistic' character structure (cited in Woodward, 2004, p.150-151).

The clinical term is called narcissistic personality disorder, but it has been called malignant self-love. There exists a benevolent narcissism and a malevolent narcissism and, as mentioned previously, there is a spectrum from mild to moderate to severe. Benevolent narcissism remains endemic in all cultures and refers to a psychological construct which presents to the world an external benevolent façade. Glick & Fiske (1997) refer to "benevolent sexism" in which the male "relies on a kinder and gentler justification of male dominance and prescribed gender roles" (p.121), one in which the male projects a romantic and idealized view of woman where she is in need of protection by the dominant gender, man. With the underlying assumption that women are weaker and inferior to men, he is able to rescue her from a stressful, if not dangerous, world, resulting in mirroring of gratitude, praise and adulation from the woman, and internalized feelings of paternal heroism on his part. In short, he is able to validate his superiority and his belief systems through her acquiescence in playing the role that he dictates and demands she play. This type of sexism is subjectively positive for the sexist since he perceives that women benefit from his set of beliefs even though women remain restricted and confined to traditional roles of lesser importance, status and power. Glick & Fiske (1997) contrast this with "hostile sexism" in which the male has openly hostile and negative towards

women, with an overtly dominating paternalistic expression to her. While different in both content and expression, the genesis of the sexist attitudes is the same as are their reinforcing nature of traditional gender roles in society. Although research by Spence & Hahn (1997) indicates a decline in the more overt kinds of sexism, Swim & Cohen (1997) report that covert and subtle sexism is still pervasive in our current social and political environment.

Benevolent narcissism has conspicuous parallels with benevolent sexism although narcissism is a psychological disorder and sexism is a belief system. Technically speaking, one can be sexist without having narcissistic personality disorder and visa versa, but I suspect that the two are, in most instances, inextricably linked no matter how subtle the relationship. Benevolent narcissism also has intimacies with religious patriarchy throughout history, overtly proclaiming “I am good” while, covertly participating in discriminatory, despicable and, sometimes, heinous acts from the devaluation of women to pedophilia to beheadings and torture as demonstrated throughout the “Holy Crusades” during the Middle Ages. On the surface is the appearance of benevolent narcissism whereas underneath is malignancy.

The malevolent narcissistic pathology is far more overtly malicious. Kupers (2005), writing on pervasive malignant masculinity in the prison system, refers to “toxic masculinity” as “the constellation of socially regressive male traits that serve to foster domination, the devaluation of women, homophobia, and wanton violence” (p. 714). Connell speaks of “hegemonic masculinity” as comprising “the domination of women and a hierarchy of intermale dominance” (cited in Kupers, 2005, p. 716). Both definitions have remarkable similarities with narcissistic personality disorder or, its more severe aspect, sociopathy. While both benevolent narcissism and malevolent narcissism are insidious, perhaps the most salient difference is that

benevolent narcissism is pathology with a mask, or what some may refer to as “a wolf in sheep’s clothing.”

Kubarych (2005) gives us much to consider when he discusses pathological narcissism within the context of the definition of evil. Otto Kernberg, noted psychoanalyst and prolific writer on narcissistic personality disorder, writes:

One cannot say that evil in the world is constituted by narcissism. But it is significantly constituted by pathological narcissism. And I would add even further, it is constituted not just by any pathological narcissism but by the most severe forms of it---in which there is a particular malignant development that consists of a return to primitive aggression and idealization of the self as an aggressive self with a power over others. This pathological idealization of the self as an aggressive self clinically is called “malignant narcissism”. And this is very much connected with evil and with a number of clinical forms that evil takes, such as the pleasure and enjoyment in controlling others, in making them suffer, in destroying them, or the casual pleasure in using others’ trust and confidence and love to exploit them and destroy them. That’s the real evil---that synthesis between pathological narcissism and primitive aggression. And we find that at the level of individuals and in groups as well. Sometimes we find it in organizations. We find it in certain fundamentalist ideologies; we find it in certain aspects of mass psychology. That’s the real evil. (cited in Bridle, n.d.)

My View of Refugees

My view of refugees has shifted from intellectually honoring them to a much deeper respect. UNICEF has stated that ‘time does not heal trauma’ (cited in Summerfield, 1999, p. 1457). Even though I believe that forgetting traumas such as these people have experienced is impossible, I sense that there is a certain amount of healing that is possible and does occur. The question hinges on how one defines “healing” within this context, and I suspect that people define that differently based upon personal, cultural and religious beliefs and experiences.

I anticipate working with trauma victims more in the future as I have a goal of owning a health clinic. The interviews today, along with the educational material for the Refugee course,

have greatly enhanced my understanding of this population and I feel more confident in my ability to provide services which would be of benefit to them in their healing process.

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