Post Traumatic Survival

Post Traumatic Survival:
The Lessons of Cambodian Resilience

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TO THE STORYTELLERS OF CAMBODIA

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ABSTRACT

Among refugee survivors of war, torture and human rights abuses, the waiting lists for rehabilitation increase daily. How can war-refugees best be assisted? The experience of earlier refugee groups has remained a largely untapped resource in this work. This study sets out to discover what successful survivors of the Khmer Rouge have found instrumental for their survival and mental health. The aim is to make a contribution to the understanding of resilience, here understood as the ability to recover from misfortune or change, and to the psychosocial rehabilitation of survivors of war crimes and other traumatic events.

The research project follows a comparative case-study design based on data from three samples of resilient Cambodians, in all 30 persons selected on the basis of a seven criteria scale. A multi-strategy approach generates theory from participants' biographical narratives and explanations of their survival, using NVivo software for microanalysis, an exegesis or explication of frequently-used Khmer words, and an abductive approach involving participant validation of collective narratives reinterpreted from the data.

The findings suggest that the resilience of the Cambodians interviewed builds on self-reliance, a strong work ethic and social integration, all founded in a pervasive worldview. For these successful survivors, religion and culture have provided a secure "knowledge", both of how to act and of how to understand the traumatic events of the Khmer Rouge regime. These cognitive and normative devices used by individuals in their subjective ordering of experience suggest the possibility that parallel resources may be available for other post-trauma survivors as well. Psychosocial guidelines for accessing patients' cultural backgrounds are available, but health workers often fail to access the cultural explanatory models used by survivors in building personal and group resilience. Proposals from the project are incorporated in a cultural resilience interview scheme for the use of health and social workers wishing to do resilience work with war survivors.

ACKNOWLEDGEMENTS

ACRONYMS AND ABBREVIATIONS

CPP	Cambodian people's party
DSM-IV	*The Diagnostic and statistical manual of mental disorders* (American Psychiatric Association, 2000).
ECCC	Extraordinary Chambers of the Courts of Cambodia (Khmer Rouge tribunal)
FUNCINPEC	Royalist party
PTG	Posttraumatic growth
PTSD	Posttraumatic stress disorder
UNHCR	United Nations High Commissioner on Refugees
UNTAC	United Nations Transitional Authority in Cambodia

GLOSSARY OF CRITICAL TERMS

Abduction
Epistemological mode of inference that 'interprets or re-contextualises individual phenomena within a contextual framework or set of ideas' (Danermark, 2002: 80)

Cambodian / Khmer
Cambodian refers here to the people, Khmer to the language and religion

Comorbidity
The presence of one or more disorder or disease in addition to a primary disorder or disease

Dharma / Dhamma
Doctrine; core principles of Buddhism, 'usually referring to the ultimate truth underlying existence' (Traleg, 2004:240); With lower case 'd', phenomena

Nomos
The 'cognitive and normative edifice that passes for knowledge in a society' (Berger, 1990/1967: 20-21)

Resilience / resiliency
The ability to 'bounce back' or regain form after great strain, to recover from misfortune or change

Retroduction
'From a description and analysis of concrete phenomena to reconstruct the basic conditions for these phenomena to be what they are' (Danermark, 2002:80)

Salutogenesis
Health-promoting practice (Antonovsky, 1987)

Theodicy
The problem of the existence of evil in a divinely ordered world

Chapter One

Studying Cambodian Resilience

Introduction

Some who survive traumatic events recover and thrive. Others do not.

Cambodian refugees in Norway constitute arguably the refugee group with the most severe traumatic experience to have been resettled in Scandinavia. In the 1980s, a few years after the demise of the catastrophic Pol Pot regime, two hundred Cambodian refugees from camps on the Thai border were resettled in four towns in Norway. In the selection process at the time, the Norwegian immigration authorities conscientiously and humanely chose a number of especially vulnerable families. They chose, in other words, the most vulnerable of the vulnerable. Today, 25 years later, most of them have achieved a kind of stability. Marriages take place, children are born, and the welfare state protects and defends. Many of the surviving parental generation, who balanced on the edge of human experience for a decade or more from the early 1970s, seem to have found a kind of peace (Overland & Yenn, 2007:129). The first members of the Cambodian war cohort in Norway–those who came as refugees from the camps along the Thai border, their children and grandchildren–were all settled in the same area in the 1980s, and almost all have remained there. In this population many appear, contrary to expectations, to have regained the ability to lead normal lives.

One man had a wife and seven children. Like most families, they were separated by the Khmer Rouge and sent to different camps. He managed to escape; his wife and children were executed. Today he has a new family of well-integrated and successful adult children, is a valued colleague in a big concern and is respected and admired by both Cambodians and Norwegians.

One woman was separated from her family during the Khmer Rouge expulsion from Phnom Penh. Along the road she became separated from the youngest child and lost him in the chaos. Almost 25 years later, she learned that the child had been found by another

family who had raised him as their own. Their first meeting was a joyous affair, a meeting between the son and his own family, the mother and a son from her new family.

One man was a boy of 11 when the revolution came. His father was executed, his brother died of hunger and his little sister was sent to find water and never returned. He was taken away to be executed, but was not executed. Because of the bombings and disruption, he had attended primary school only sporadically for a year or two before Pol Pot. After liberation he went back to school and within a year became a teacher, at the age of 17. He now plays a key role in an international NGO in Cambodia.

How is it that people with experiences like these can have recovered and appear to thrive?

In the late 1990s, this population was the focus for my Master's dissertation in sociology. In a comparative study, matched samples of Cambodian holocaust survivors in Norway and in Cambodia were studied. In spite of their apparent wellbeing and much higher level of material welfare, the group living in Norway showed higher rates of psychosocial problems than the group in Cambodia.

Informants in Cambodia had returned to the remnants of their villages in 1979 and done what they could to reinstate their traditional cultural practices, including arranging frequent rituals for the dead (field notes, 1997/98). Informants in Norway still held to some traditional values, but seemed somewhat unsure of them. These Norwegian Cambodians were motivated to adapt to Norwegian culture, especially for their children's sake. Somewhat surprisingly, the reinstatement in the 1990s of several traditional cultural and religious practices among the refugee group seemed to be a factor in improving their overall life situation and strengthening their perceived group identity. The more active they were in regard to culture and religion, the better they seemed to thrive. It appeared that their culture, practices and beliefs had helped them to recover, but it was far from clear how or why this had worked (Overland & Yenn, 2006/2007).

A larger research project with a multi-strategy methodology was required if this phenomenon, the apparent recovery and normalisation of Cambodian war survivors, was to be satisfactorily explained. One of the first requirements was to find a way to step back from earlier observations and address the research as much as possible with substantive knowledge and preconceptions bracketed. The purpose of the present study was to find out what Cambodian survivors had found meaningful for their own recovery, regardless of present context. In addition to a refugee group, a

sample of persons was included who, after the Khmer Rouge period, returned to the places in Cambodia where their homes had been and stayed there. If something could be learnt about the nature of the demonstrated *resilience*–the ability to recover from misfortune and change–from the experiences of earlier survivors, it might be useful for health workers seeking to facilitate the resilience of others.

Ideally such a case study would have compared resilient with non-resilient samples, but this was not possible, because the relatively small size and transparency of the population in Norway raised ethical issues. Scholarly comparisons of samples of resilient and non-resilient survivors are indeed scarce in mental health studies, which tend to focus on the traumatised.1 Yet non-resilient survivors form the implicit background for this study, as for other studies of resilience. In order, therefore, to better understand the resilient, the findings are contrasted with a comparative background composed of several well-known trauma studies of the same cohort: Marshall, Schell, Elliot, Berthold, & Chun, 2005; Van de Put & Eisenbruch, 2002; and Mollica, Donelan, Tor, Lavelle, Elias, Frankel, & Blendom, 1993. When profiled against the backdrop of the psychiatric disorders and enduring difficulties associated with trauma, findings from the resilient survivors may contribute both new knowledge and new interpretations to the multi-faceted understanding of the nature of resilience, and suggest avenues for further research.

Research Questions

The Cambodians I interviewed experienced the traumatic events of the Khmer Rouge regime, yet appear to be doing remarkably well. How did they do it? What did they have–within them or around them–that helped them to cope and how did it work?

The aim of the study was to understand and explain how they survived, recovered, and appeared to achieve normality after the Khmer Rouge, by gathering and processing new knowledge about resilience, defined as an ability to recover from misfortune and change. This is a theoretical intention. There is also a practical, mental health intention, however: to use the knowledge obtained to improve the contact between health workers and war trauma survivors. These intentions were carried out by seeking answer the following questions:

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[1] A notable exception is Wingo, Fani, Bradley & Ressler (2010). See the subsection on *Work* at the end of Chapter 3

Main Research Question

What have resilient Cambodian survivors found useful for their recovery and normalisation after the traumatic events of the Khmer Rouge regime?

Sub-questions that Instrumentalise the Research Question

1. What accounts do informants give of their own survival and normalisation?
2. What qualities or resources did informants have, and how did they work?
3. What assistance did they receive that made a difference for them?
4. How can this information be systematised and made available for health professionals?

Background and Motivation: Relevance for Policy and Practice

Some progress has been made within the Norwegian public health sector in developing competency about trauma and its treatment.[2] However, unlike today's refugees, the first Cambodians received no particular attention from the health services when they arrived in the 1980s. Refugee health care was in its infancy in Norway, which had only a brief history of receiving forced migrants. Even today, the fate of traumatised refugees in Norway still remains far from rosy, according to the grim picture painted in a recent state-funded report:

> Some refugees suffer from trauma and stress reactions after experiences of persecution and flight, including torture and human rights abuses. In addition, life in exile, often accompanied by exclusion and discrimination, exacts a toll. The frequency of mental problems is more than twice as high among minorities in Norway as in the majority population. In addition to trauma, depression and anxiety, many refugees have to cope with unemployment, poverty, loneliness and poor living conditions (HUBRO, 2007 author's translation from Norwegian).

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[2] Participation in a trauma education programme was required of all employees in the mental health department at Sorlandet Hospital in 2008/2009.

Varvin, one of the authors of the report, notes that the Norwegian health services are still a long way from being able to meet the needs of refugees (Dagsavisen, 9 February 2007).

While working as a consultant at the Psychosocial Team for Refugees in Southern Norway, I learned with my colleagues that rehabilitating traumatised war refugees was experienced as a challenge by the health services. To rehabilitate, from the Latin habilis, means to give back an ability, to "restore to privileges, reputation, or proper condition; restore to effectiveness or normal life by training" (Concise Oxford Dictionary, 1989). The number of unaccomplished rehabilitations in the region seemed to increase daily. Local health workers met what they experienced as a challenge with courage and creativity, but were frequently at a loss and referred the traumatised to specialists–who were also frequently at a loss. In their handbook for psychiatric and psychosocial work with refugees, Dahl, Sveaass and Varvin point out: "That which seems alien and unfamiliar can create both insecurity and interest" (2006: 5, author's translation). Interest and insecurity provoked this enquiry.

A pilot study of refugee patients in emergency psychiatric wards reveals central dilemmas experienced by personnel and patients in three areas: communication (language), information and attitudes. The three dilemmas reflect and illuminate the contemporary situation for these minorities both inside and outside of the hospital: without language (few interpreters) and information (no registration of refugee-specific factors), there can be little understanding (positive attitudes). These lacks, the study concludes, may cloud health workers' stated ambitions of providing equal care to all patients (Overland, 2004).

In a review of recent research on refugees and the Norwegian mental health services, Guribye and Sam (2008) note a lack of systematic routines for ensuring good communication. The need for professional interpreters can be overlooked, and health workers may interpret the communication problems that arise as insurmountable cultural barriers. A lack of research is reported on how refugees relate to their own problems outside of the official mental health services. In another study, Guribye (2009) notes a tendency to regard all refugees as similar, without taking into account their different cultural and personal experiences, something which could influence both diagnosis and treatment. These observations indicate some of the challenges met by refugees in need of mental health follow-up, to be further discussed in this volume.

And yet, despite their apparently hopeless situation, many war refugees appear to have found a good life. Why do some survive and thrive, while others do not? How should refugee survivors be received? How may those

with grave traumatic experience best be assisted towards normalisation? The project seeks answers to these questions by means of a line of questioning that is salutogenic (health-promoting) as opposed to pathogenic, to use the terminology adopted by Antonovsky (1987). Answers to the salutogenic question–not, "why are people sick?" but "why are they healthy?"–and clues for health-promoting care of future war refugees were sought from those who might have insights based on personal experience: the resilient survivors themselves. "There is, in general, limited coverage of ethnic minorities' own perspectives in the area of psychological intervention" (Singla, 2001). The experience of earlier refugee groups has remained a largely untapped resource in this work.

Review of the Chapters

This introductory chapter continues by setting out the chapters and concludes with a brief reflection on the philosophy of science which underpins this work.

Chapter 2 presents methods and materials used in the study. It opens with a description of the analytical category for inclusion of informants, together with selection and recruitment procedures, followed by the rationale for the design and methods. To encourage people to speak their minds, a grounded theory approach was chosen. In the third section, the relationship of grounded theory to existing theory in this project is described. In the following sections, an account is given of how the project was carried out: which methods were used and which ones were discarded, what problems and challenges arose and how they were met. The main challenges related to interviewing trauma survivors, validating language in cross-cultural research and avoiding normativity. From the narratives and other data, theories were systematically developed, using elements of grounded theory methodology (Strauss & Corbin, 1998), an exegetical explication of words commonly used by the interviewees, and analytical methods from the critical realist school (Layder 1998; Danermark 2002). Several forms of triangulation were used to verify the accuracy of the findings.

In Chapter 3, the central terms trauma and resilience are defined at length, dipping here into the psychological reference literature. For trauma, the standard diagnostic criteria for posttraumatic stress disorder (PTSD), its causes and symptoms are discussed, and relevant trauma literature and research are presented. Trauma psychologists and psychiatrists, from the Holocaust to late modern times, provide first-hand insights: some from their own experiences of the Shoa (Frankl 1971; Levi,

1987; Bettelheim 1960, 1979), others from their extensive professional experience of working with war refugees (Mollica, 2006; Summerfield, 2002; DeVries, 1996). Trauma research specifically related to the Cambodian war cohort is proposed as a comparative background for the resilience findings. In the last half of the chapter, relevant research and theory on resilience are presented.

Chapter 4 provides a more detailed account of the background context for the cohort from which the samples were drawn. The common historical background of Cambodians of the war generation and the changing contexts through which they have passed are explored using a contextual ethics perspective. The account covers the context of migration, with all the uncertainties this entails, and the different contexts where the chosen samples live today. The second section describes features of the war cohort from which the informants were recruited. The last section focuses on Khmer Buddhism and its contextual significance for the interviewees. Present-day conditions for the survival of Khmer Buddhism are discussed. Was their religion eradicated by the Khmer Rouge? Did it fade away under the influence of migration and secularism? Or does it live on in some way?

Chapter 5 is primarily theoretical, presenting the theoretical and conceptual net chosen for the work of fishing survival strategies from Cambodia's troubled waters. In addition to the grounded design, certain bodies of social theory have contributed to the interpretation. Theories about meaning and meaninglessness are presented, as addressed by several social scientists, including Weber, Berger, Giddens and Durkheim. In spite of falling to both sides of the structure-agent dichotomy, these thinkers continue to be a source of inspiration to new generations of sociologists, completing and challenging each other. In addition to their work on the meaning and construction of reality, both Weber and Berger have written about the differential religious treatment of theodicy. A theodicy, a way of understanding and dealing with the problem of evil, was expected to have some significance for survivors. Buddhist studies and doctrines are presented, since the interviewees' religious worldview increasingly emerged as a significant aspect in their explanations of surviving.

In Chapter 6 the microanalysis of the biographical data is undertaken. The interviewees' narratives are coded according to grounded theory principles in NVivo (Version 7). Then the findings are sorted and structured historically. Moving chronologically, the self-reported actions of the interviewees in each historical period are presented, together with how they explained their actions. Choices, strategies, resources and qualities referred to in informants' accounts of their survival and recovery are registered. From the forced march out of the cities to the final

normalisation–finding stability and security either in their Cambodian village or in a suburb in Norway–the findings address the first three instrumental sub-questions of the project. The data in this chapter is the heart of the book, from which subsequent interpretation derives.

Chapter 7 includes additional forms of data-gathering and intermediate findings. It opens with the case of a non-member of the analytical category. As certain key words used by the interviewees gradually assumed unexpected prominence in the research process, an exegetical treatment of key words and sayings used by informants is presented. An intermediate summary of findings based on the microanalysis of the interviews is presented.

One aim of the research is to provide categories and hypotheses sufficiently clear to be useable in future research. In Chapter 8 the essence of the discoveries is analysed. The gist of the interim findings is first retold, or recontextualised in a series of collective reinterpretations in new conceptual frameworks. These recontextualisations, which continue the intermediate narrative embarked upon in the preceding chapter, are called here "abductive reinterpretations". The reason for using such an analytical approach is that it reinterprets the findings in terms of different theoretical frameworks, revealing new interpretive possibilities. In the second section, the first abductive reinterpretation is back-translated and returned to a sample of interviewees for validation and triangulation of the interpretation. Then the three reinterpretations are together subjected to a retroductive process, searching for their common essence. The argumentation is then summed up using diagrams relating specific claims to findings of the research, followed by a rhetorical dialogue with some conceivable rebuttals.

What was necessary for their resilience resources to function successfully after the worst traumatic experiences imaginable? Exactly how did their behaviours and explanatory models help the interviewees in their recovery and normalisation, and how did these function?

Chapter 9 illuminates the pathways from the resources found, to the resilient behaviour and coping strategies chosen by the interviewees, relating the discoveries to the project's theoretical base. The first section sums up the results and then grounds them in the theoretical point of departure. Resource trajectories are indicated, from the worldview with its codes of moral action, to the forms of behaviour and cognition that were significant for the interviewees–an expressed attention to family and social cohesion and an expressed sense of agency and self-reliance. In the second section, the implications of the findings for current trauma theory and treatment of post-conflict survivors are examined. The relationship of the

results to the comparative background is addressed. The question of how to access the cultural and religious resources available to other, more recently arrived refugees is raised. The final section is an ethical reflection in a human rights perspective.

In the concluding chapter, "Legacy of survival", the first section returns to and answers the research questions. The internal trustworthiness of the results developed from the research findings is discussed and implications for further research suggested. The book concludes with suggestions for health and social personnel which may be used in working with new groups of war-refugees. These proposals are embodied in a cultural resilience interview based on the findings.

Positioning the Researcher and the Research

Because of the danger of researcher effects on processes, interpretations, findings and conclusions, it was important to be mindful from the start of how my personal and professional experience might influence the research. In addition to working with Cambodians in Norway from 1989 to 1998 as a refugee officer, I have done voluntary work related to the parts of Cambodia from which many local refugees came, writing applications and monitoring aid projects on behalf of local Khmer–Norwegian cooperation. In work-related projects, I travelled to Cambodia in 1993 and 1994 with the first of the Norwegian-based Cambodians to revisit their country since the end of the Khmer Rouge regime. Travelling in a group made the journey possible for them, as it was still a chaotic and visibly war-torn society in 1993. The travellers made energetic efforts to repossess elements of their lost culture. We all shared the weight of 55 kilos of excess baggage when they brought back drums and accoutrements to reproduce cultural performances and ritual ceremonies in Norway (field note, 15 October 1993). As it became more evident what they had lived through, the more noticeable did the apparent resilience and persistence of cultural practices become. These observations led to my Master's dissertation mentioned in the introduction.

In order to clarify the sequence of contacts with the different research samples and contexts, the following timeline is provided. Background contexts related to the Master's dissertation are included because one fifth of the interviewees in the doctoral research were also informants in this earlier work.

Timeline and Contexts

Background (Master's dissertation)

1989-1998	Refugee officer for Cambodian refugees in Norway
1993	Visit to Cambodia with 3 Cambodian refugees; interviews in Norway
1994	Visit to Cambodia with 10 Cambodian refugees; interviews in Norway
1997	Participant observation and interviews in Cambodia ('Phum Puon' village)
1998	Participant observation and interviews in Norway and Cambodia (Phum Puon)

Doctoral research

2007	Participant observation and interviews in Norway and Cambodia (Phum Puon)
2008	Participant observation and interviews in Norway
2009	Participant observation and interviews in Norway and follow-up interviews in Cambodia (Phum Puon and Phnom Penh)
2010	Follow-up interviews in Norway

Sympathy and respect for Cambodian survivors and interest in their culture might have threatened to skew the research. This could risk obscuring the essential meaning in interviewees' statements. To understand their stories, I needed to put predispositions asides and simply listen. The study of the interviewees' memories, meanings and reflections suggested the need to take a phenomenological stance (see Chapter 2, Adopting a Phenomenological Stance).

From research questions to methodology, the study has been influenced by the philosophical discussion in sociology which since the late 19th century has wandered back and forth along the agent–structure continuum. The perpetual structure–agency dialectics has been famously visualised by Weber's "switchman metaphor" (2003/1922:300; page 85 here). It was later resolved by Giddens (1991, 1997) in his structuration theory with its central "reflexivity" concept. In brief, we re-construct society every time we reflexively perform it. Even Durkheim (1991/1897:20) states that human thoughts and feelings are internalisations of the collective consciousness in the process of socialisation. Although actors may be strongly influenced by meaning, the meaning must stem, at least partially, from internalised structures, as described in the work of Berger and Luckmann (1991/1966).

Berger and Luckmann provide a useful model for understanding the dialectics between subjective and objective, actor and structure in The social construction of reality (1991/1966). This dialectics is viewed as constituted by the reciprocal interaction of what is experienced as outside and what is experienced as inside the consciousness of the individual. The consciousness of everyday life is the web of meanings that allows the individual to navigate through everyday life. This is described as a sociology of knowledge, concerned not with theoretical knowledge but with the consciousness of ordinary people (Berger, 1974: 18).

In essence, Berger and Luckmann (1991/1966) build an ontological model of how societies are constructed from the ground up. The process begins with how human beings communicate in the reciprocity of face-to-face interaction. The fact that human activity is subject to habitualisation leads to the externalisation and institutionalisation of societies. People first create a human environment: it becomes objectified when they relate to it as something outside themselves, as reality. The humanly constructed then becomes the social and cultural context of future generations. At this point, what is constructed makes bridges to structure: actors now appear less to construct society or culture, and more to be influenced *by* it. A person cannot be adequately understood apart from the particular social context in which she has been shaped. One is faced by the obvious, made abundantly clear by Berger and Luckman (1991/1966) and further developed by Berger (1990/1967): society's or culture's power to impose itself on reality. When the existing culture has been internalised through socialisation, in a dialectics in which the culture is not just passively absorbed, but actively appropriated, the individual identifies with and is shaped by it (Berger 1990/67: 12–20). The ontology is thus conceived here as socially constructed, internalised meaning.

How then can we interpret the socially constructed meaning in such statements as this one?

> They were tied to that big mango tree, one arm on each branch and beaten, then they were buried in piles under here and a palm tree planted on top of each four… After Pol Pot was driven back, we gathered the children under that big tree and used it for a school. They had stones for chairs.
>
> (man, aged 60 in 1998).

What is the meaning of this statement? The gruesomeness appals, and makes the narrative difficult to grasp. The Khmer Rouge saw a tree, and constructed it as a place of execution, according to the terms of their discourse. After liberation, the survivors saw the tree and constructed it as a school, a physical reconstruction which gave symbolic expression to other values.

Figure 1-1 *The mango tree, 1 February 1998*

What can be learned from such narratives that may conceivably contribute to understanding and assisting new vulnerable groups? This is the research question waiting to be answered.

First, it is necessary to find out what the stories mean. This involves at least three levels of meaning: what the informants mean, how I interpret what they mean, and how meaning can be known. Weber (1993/1922) has something to offer on all these levels, as discussed in the Chapter 5 under the heading Principle bodies of theory.

How meaning can be known is the main epistemological consideration informing the methodology.

The social scientist trying to grasp the actors' perspectives on their survival and recovery from what they say and how they say it needs a battery of methods to be confident of having read them accurately. What these methods were and how they were carried out are the subjects of the next chapter.

CHAPTER TWO

THE METHODOLOGICAL NET

What have resilient Cambodian survivors found useful for recovery
and normalisation after the traumatic events of the Khmer Rouge regime?[1]

Introduction

Memories, meanings and beliefs expressed unsolicited in informants'
accounts of their lives were to constitute the central source of data. How to
uncover and understand these elements?

The chapter opens with a presentation of the analytical category for the
selection of interviewees and a discussion of the choice of design and
methods. Since grounded theory was used here as a methodological
process to develop findings from the data, the following section sets out
the relationship between grounded theory and existing social theory. In the
next section follows a description of how the research was carried out,
presenting the different forms of data-gathering and how they were used,
including several different forms of triangulation. Problems and dilemmas
encountered in the process and how these were resolved are addressed
along the way.

In the process of generating and amplifying theory from data, several
different and complementary analytical methods were used to mine the
narratives for explanations of survival. Forms of preliminary analysis were
used to develop an intermediate formulation of the findings. An abductive
approach, a technique for interpreting or re-contextualising the findings
within new contextual frameworks (Danermark, 2002: 80), was used for
the final analysis.

Defining and Recruiting: Presenting the Informants

To define the target population involved establishing an analytical
category for selection. An analytical category sets out the attributes needed

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[1] The research question is repeated at the beginning of chapters 2-7 to anchor the text.

to indicate the shared "social fate" required for inclusion in a study (Goffman 1967: 83). From the other end of the structure–agent continuum, Durkheim says much the same thing:

> Some common quality must be defined, which is objective enough to be observed by any conscientious researcher–and specific enough not to be found otherwise (Durkheim, 1991 [1897]:24, author's translation).

The target population was the cohort consisting of adult Cambodian survivors of the Khmer Rouge period. The analytical category here consisted of Cambodian persons old enough to have experienced traumatic events during the Khmer Rouge regime. Their "common quality" was that they did not appear to be suffering from symptoms (described in detail in Chapter 3).

Three samples of ten persons each were drawn from an analytical category of *resilient* individuals: groups of persons assembled for the purpose of study who defined themselves and were defined by others as having successfully come through a traumatic past. All had experienced potentially traumatic events in the period from 1970 to 1980 and all had their most traumatic experience in the Khmer Rouge period 1975–1979. All belong to the cohort that experienced the Khmer Rouge period with full awareness of its character. That is, they were at least 45 years of age in 2009.

I might have encountered some serious problems with recruiting, particularly in Cambodia. Kjetil Grødum, a colleague doing research on transitional justice in Cambodia during the Khmer Rouge tribunal (ECCC), found recruiting informants difficult, and "was not allowed" to take notes or to record (Grødum, 2012). His research was directly related to the ECCC, however, which is a politically sensitive issue under the present government. As an apparently harmless middle-aged woman, a *yay* (grandmother), I was received, spoken to and allowed to record and take notes without any noticeable concern.

Recruitment Procedures and Selection Criteria

Interviewees were recruited with the help of reference networks, their official "gatekeepers" in Norway and Cambodia. In Norway, candidates were referred by officers of Cambodian ethnic organisations and local refugee officers from the communities involved. In Cambodia, interviewees were recommended by local school and village leaders or Transcultural Psychosocial Organisation (TPO). A letter, translated to Khmer, explained the goals of the research and invited candidates in both

countries to participate (appendix B). To qualify, they had to fulfil the selection criteria for the analytical category (below).

In regard to consent and confidentiality a consent-form was used. This specified they could choose the interpreter they preferred and to decide whether or not they were willing to be recorded. They were guaranteed full anonymity, that everything they had said would be deleted on request, and that they would be free to withdraw from the project at any time. In cases of illiteracy the consent form was read aloud and the person's oral consent was recorded as part of the interview.

Antonovsky (1987) uses the criterion "doing well" for the sample in his pilot study of survivors in Israel. His initial 51 interviewees were chosen on the basis of a referral by someone known to the person, and to Antonovsky as well. His interviewees had to meet two criteria: 1) they were known to have undergone severe trauma with inescapable consequences (disability, loss of loved persons, difficult economy, concentration camp, immigration) and 2) they were thought by the referee to be doing "remarkably well" (Antonovsky,1987: 64. Additional indicators that they were doing well were found necessary here). In resilience surveys, the absence of a psychiatric diagnosis, the presence of gainful employment and the person's self-reported functional level are frequently used as criteria (Christie & Waaktaar 2000: 19, author's translation).

In forming the analytical category for selection for the present study, these principles were combined. Candidates had to fulfil a set of verifiable selection criteria based both on levels of traumatic experience and on levels of functioning, resembling those used in resilience surveys. The first four criteria indicate the minimum of traumatic experience for inclusion. The background for the trauma criteria is described in more detail in Chapter 3. Those chosen for interviews:

    1. had spent at least one year in a Khmer Rouge work camp
    2. had lived at least one year in a refugee camp
    3. had lost at least one close family member
    4. had witnessed beatings and executions.

The next three are resilience criteria, indicating that they were "doing well". The interviewees:

    5. had not sought psychiatric help
    6. were not dependent on social welfare
    7. were said to be, and believed themselves to be doing remarkably well.

All interviewees were born before 1965, meaning that the youngest were were at least young teenagers at the time of the Khmer Rouge régime. All those who were referred by the reference network and who met the criteria above were accepted.

The first two readily verifiable criteria were necessary and sufficient to indicate the experience of traumatic events, because of the incontrovertible documentation of the quality of life in the "production units" (concentration camps). Resettlement documents from the UNHCR were used as objective markers for specifying types of traumatic experience. Such documents were viewed during my period as a refugee officer in Norway and the information provided was confirmed through verification by reference networks and peer groups. In addition, documentation of the totalitarian nature of the Pol Pot regime indicated that nearly everyone in Cambodia at the time–even Khmer Rouge soldiers towards the end of the régime–had lived in these production units, where they experienced starvation, cruel and inhumane treatment and hard labour. For descriptions of the quality of life in Khmer Rouge work camps see, for example, Chandler 1999, Kiernan 1996, Ebihara 1990, Ledgerwood, Ebihara & Mortland, 1994). As Kiernan relates: "After 3 years in the *chalat* labouring at various sites around region 5, Sarun says he came across no villages where people were not mistreated"(1996:243). Life in the refugee camps along the Thai border was also dangerous (see for example Mollica, 2006; Mollica et al. 1993; Ledgerwood, Ebihara & Mortland 1994; French, 1994; Berry & Williams, 1990).

This analytical category of "the resilient" forms a contrast to the implicit background of the clinically traumatised, made explicit in the descriptions of Cambodian survivors suffering from a morbid condition as described in the medical literature and in the PTSD diagnosis

The Samples

In order to reveal how the phenomenon of their survival and recovery was understood by different kinds of people in different settings and at different times, sampling aimed for maximum heterogeneity within the limitations of the available contexts: one village in Cambodia, and one district in Norway.

The final samples consisted of 30 interviewees, nine of whom were re-interviewed on two or more occasions, making a total of 40 interviews (see Appendix E). Three samples of ten persons each were chosen from among: 1) persons who came to Norway as UN refugees from refugee camps along the Thai border in the 1980s and have lived there since (N1);