

Health at Warwick

update

INTENDED AND UNINTENDED SUFFERING: THE LEGACY OF MEG STACEY'S IDEAS AND WORK

A tribute to Meg Stacey

The influence of the late Meg Stacey continues to run deep through many different aspects of sociological research. A glance at the programme for the Colloquium held to celebrate her work on 29 June 2005 at the University of Warwick reflects her diverse interests and the encouragement that she gave to generations of researchers.

More than 60 people attended the meeting, including her former students and colleagues, many current postgraduate students, and members of her family.

Hannah Bradby, Co-director of the Institute of Health at the University of Warwick, said: "The atmosphere was informal and cheerful, and we were left in no doubt about the relevance of Meg's incisive intellectual legacy in relation to the relevance of a social science perspective on the understanding of the complexities of suffering, professional regulation, and innovative reproductive health technologies."



Professor Cynthia Cockburn and Professor Anne Murcott

'Her heart was in her work'

Dr Helen Liebling, Lecturer-Practitioner in Clinical Psychology at Coventry University, gave the Meg Stacey Annual Memorial Lecture to the Colloquium, on her work with women war survivors in Uganda. She said she felt honoured to be invited. "I remember that I first heard Meg give a talk when I had just started my Ph.D.,"

Dr Helen Liebling

Helen said. "Meg spoke about her involvement with the organisation Women in Black, which is a campaigning organisation that supports women war survivors and campaigns against war. At that time, I was immersed in the academic side of things, undertaking a literature review, and it was a great inspiration to me to hear someone speak whose heart was really in her work."

More recently, in the few years before her death in 2004, Meg had urged medical sociologists to study the health consequences of war—from the health problems of refugees to the potential impact of bioterrorism. In 2002, she wrote the concluding chapter in the book *Gender, Health and Healing: the public/private divide* (Routledge, 2002).

Writing in their Introduction, the book's editors summed up the thrust of her argument. They wrote: "She insists that the ultimate aim of our research and analysis must be to help to mitigate intended, unintended and unnecessary human suffering associated with gendered inequality and ill health and with patriarchal forms of health intervention, both now and in



the future, as an urgent agenda for the twenty-first century.” This extract explains the origins of the title of the Colloquium, which was: “Intended and Unintended Suffering: the legacy of Meg Stacey’s Ideas and Work”.

It is hard to imagine topics that could better epitomise this theme than those contained in Helen’s research.

Legacy of a bitter civil war

Starting in 2000, Helen carried out 7 months’ fieldwork in Luwero District, Uganda, which was, between 1981 and 1986, the setting for a bitter civil war between supporters of Milton Obote and those of Yoweri Museveni. Obote’s soldiers targeted people of the Baganda ethnic group, who lived in Luwero District. The violence took the generalised pattern of torturing and killing men and of raping, torturing and sometimes killing women.

Interviews conducted with women survivors of the war—albeit many years later—made it possible for women to narrate what had happened to them, sometimes for the first time. Helen was worried that this process would be distressing for the women, but was reassured to hear that they found it helpful to talk of their experiences.

“One of my main findings was that this was an attempted genocide, because it was a specific attack on the Baganda people,” Helen said. Before the war, Luwero District had been one of the richest areas in Uganda, because of the proliferation of coffee growing, but afterwards it suffered as a result of the total destruction of facilities such as schools and clinics. Helen said: “Culturally, the effects were devastating. Whereas previously the men had been the breadwinners, when they returned from their enforced period with the army, they found their farms were destroyed and their animals gone. In their absence, women had had to carry on and take on additional roles. This had been difficult but also had very positive aspects in terms of women’s empowerment.”

Men’s and women’s different experiences of the war led Helen to conclude that medical models such as post-traumatic stress disorder (PTSD) are not helpful in this non-Western context. Many of those who participated in Helen’s research discussed symptoms such as intrusive thoughts, flashbacks, nightmares, disturbed sleep and difficulty in concentrating, which researchers have described as being present in PTSD. However, they also narrated positive effects of their experiences.

War affects women differently

Helen said: “I argue that the symptoms that people suffered in Luwero constituted a normal reaction to the trauma they experienced during the war. PTSD can be a disempowering concept—to have survived something really horrific and be told that you have a diagnosis does not help people to recognise and build on the strengths of these women war survivors, nor does it recognise the positive contribution that they made during and after the war ended. PTSD, she pointed out, is a Western concept that was historically developed for male soldiers, without adequate consideration of how war might affect women differently.

“It is an individualised concept,” Helen added, “whereas a war like this affects both society and culture, it destroys the infrastructure and the things that people normally do.”

One of the major effects on women resulted from the sexual violations they had suffered. Gang rapes were commonplace during the war; many pregnant women miscarried or had stillbirths as a result; other women were impregnated by the soldiers.



Long-term health effects of rape

Many women living in this area today still have serious reproductive and gynaecological health problems about which they have never spoken, let alone sought help for. In many cases, women suffered vesicovaginal fistulae (an opening between the vagina and the bladder, or sometimes between the vagina and the rectum), with consequent incontinence of urine and/or faeces. Others became infected with HIV or other sexually transmitted diseases. Helen heard many women complain of consequent pain, bleeding, infertility and difficulty in walking, as well as many other more general health problems.

Helen argues that the pattern of rape experienced by the Baganda was torture, as defined by Amnesty International. She strongly believes that women who have been through such experiences have a right to appropriate medical treatment. “Their right to treatment is a human rights issue,” she said. “Formal recognition that this is the case could help them to get the recognition they deserve for the atrocities committed against them.”

Clearly, the chances of poor rural women who have little access to lawyers being able to gain redress individually for what they have been through are slim. But Helen, in collaboration with the non-governmental organisation Isis Women’s International Cross Cultural Exchange (Isis-WICCE), which works to promote women’s role in peace processes, has initiated ways of further empowering the women she has worked with, so that they may, one day, be in a position to take some action.

A friend of Helen’s, who was, coincidentally, also a friend of Meg Stacey’s, invited Helen to give a talk about her work to the Older Feminist Network in South Wales. Afterwards, the members of the Network set about fundraising and donated £2000 to help the women whom Helen had interviewed.

Goats to aid empowerment

Following discussions with Isis-WICCE, half the money was used to pay for a specialist gynaecologist to visit a local medical centre,

to provide treatment for the women. The other half was used to buy 72 goats—one for each participant. Most people who received a goat managed to breed them successfully. One woman had 14 goats by the time Helen returned to the area earlier this year. This woman told Helen: “Having goats has helped me in the home because whenever I have a problem I have hopes of selling a goat to help me. I can even pay for farm labour. Having a goat has also helped me get a steady income because when I sell some I get capital to do some business from which I can get money.”

Helen said: “If women are empowered, if they have more money, then they can access specialised health services, as well as making potential legal claims. They would probably stand more chance of success as a group.”

In general, she added, women who go through war will not get protection or proper health services unless people know what has happened to them. “This is why it is important to document women’s voices, as Isis-WICCE are doing. If their voices are silenced, if their experiences remain hidden, nothing will ever change to improve women’s lives,” Helen concluded.

Women’s responses to war

Professor Cynthia Cockburn of City University, who also spoke at the Colloquium, is, as Meg Stacey was, a member of the international network Women in Black against War. Her talk was titled “Feminist Antimilitarism: scope, problematic and difficulties in a Global Social Movement”.

War-making, she noted, is, after torture, perhaps the most clear-cut case of the “intended suffering” cited in the title to the Colloquium. Her contribution would address, she said, women’s organised responses to militarism, militarization and war-making, with preliminary findings from her current research. She began by mentioning Women in Black against War, but went on to describe widely diverse responses by women to different conflict situations, drawing on her case studies of groups in Turkey, Colombia, Spain, Belgium, Italy, Serbia, the USA, Sierra Leone, India and the Pacific region.

She said: “It has been important to listen both to women in war-afflicted countries, where death and danger are terrifyingly close, and to women activists in war-delivering countries, such as the USA and Britain, where death and danger are—perhaps feebly, perhaps acutely—in the mind’s eye and the political imagination.”

Focusing first on women’s motivation and methodology in antiwar action, Cynthia posed the question: why do some women pull away from men to organise as women against war and political violence? First, she said, women have a gender-specific experience of violence, with which other women can empathise. Second, that experience is often silenced, marginalised and misrepresented - so women activists set out to give it a clearer analysis, to vocalize and emphasize it. Third, women often organize without men in order to be in control of process.

Cynthia said: “Women feel they have developed distinctive non-violent methodologies of organisation and action that women can be comfortable with—practices you cannot rely on finding in the wider antiwar coalitions, particularly where these are dominated by men whose traditions come from the left and the unions.”

Finally, Cynthia addressed women’s analysis of militarism and militarization, communal violence, armed political conflict and war-fighting. Do all women see the problem the same way? She

pointed to certain incoherencies she had found among groups in different countries. First, there is a tension between peace and justice—debates in which principled pacifism is challenged by the notion that some wars are unavoidable—the only means of righting terrible wrongs. In a world characterised by so much injustice and oppression, should we accept that it may sometimes be legitimate to use force?

A second incoherence has to do with nation – some feel nationalism is incompatible with feminism, others that we have to acknowledge that at certain historic moments people may have a need of, and a right to, national identity. Third, Cynthia found a discrepancy between the way we understand the sources of militarism and war, our women’s “take” on these things, and the way our movements against war express this in activism—a gap between our implicitly agreed theory and our public actions. She said: “It seems we feel that to point the finger explicitly against male power as a system, against masculine cultures of violence, is politically risky or counter-productive”.

Cynthia concluded by saying that these incoherencies in the women’s anti-war movements around the world had alerted her to a certain superficiality, even triumphalism, in the language of “global social movement”. She said: “While it is certainly good to aspire to be such a movement, we need a good deal of careful dialogue on matters of substance if it is not to be merely rhetorical”.

Impact of fascist politics in India

Dr Parita Mukta, of the University of Warwick, closed the morning’s session on “Gendering War” with a paper that sought to examine the impact of organised fascist politics in India on the lives of people from religious minorities. She argued that the rise of the political movement known as Hindutva, which advocates violence against religious minorities, and sees terror and hate as an end-point in itself, is leading to a phenomenon which she has termed “attrition of memories”.

She told the conference: “This attrition of memories...is attempting to erase all lived memories, save that of vengeance and hatred between Hindus and Muslims/Christians.” Parita has



Dr Parita Mukta

taken this argument forward, developing the concept of attrition of memories into that of attrition of visions.

For her, this means “the attrition of memories of hope—of shared histories, of shared lives, of shared struggles, of shared grief and joy—ultimately all that makes our interrelatedness to each other comprehensible”.

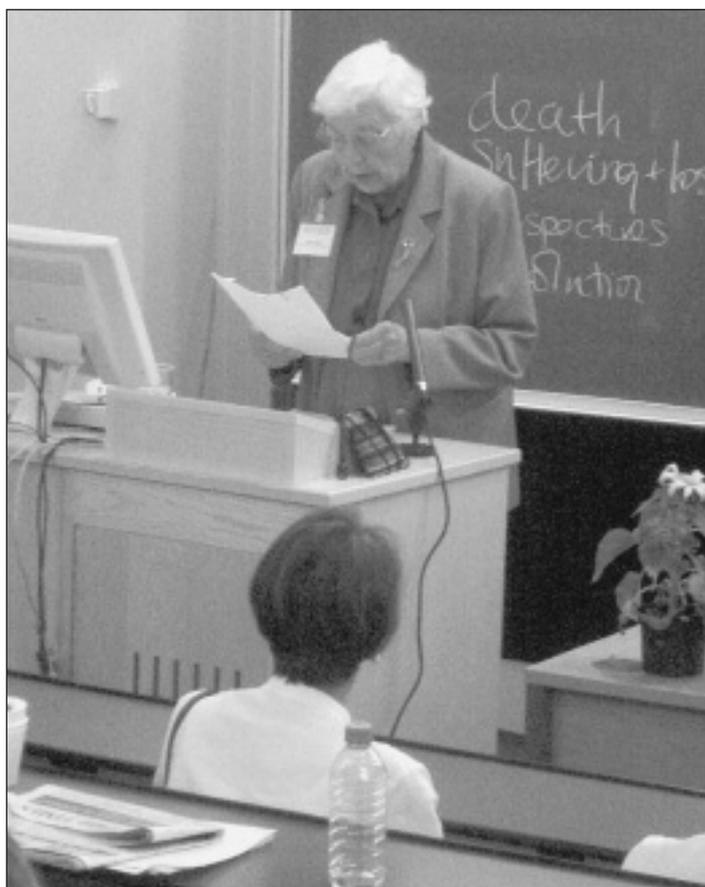
At its deepest and most damaging, she told the Colloquium, this results in “an attrition of the vision of interrelatedness—that sense that lets us know, apprehend, feel and experience that there is something that is tangible that binds us within the same human community”.

Parita argued that we know a lot about the workings of violence. However, we do not know much about structures of resilience, and how people who have experienced violence go on to live another day. She insisted that in order to build up resources of hope, we need to build on all the ways in which people make sense of the violence, and the ways in which they reconstitute and reconstruct the fabric of their lives.

A new arena in medical sociology

There were other talks during this remarkable day - some exploring womens' suffering such as Liz Stanley's brilliant presentation on war, death, memory, gender, agency, mourning and vengeance in South African War 1899–1902. The afternoon focussed on furthering Meg's work on medical regulation and its impact on women and children with speakers including Sir Donald Irvine and Dr Jocelyn Cornwell.

Summing up the conference, Professor Virginia Olesen of the University of California, San Francisco, said the breadth of papers given demonstrated how Meg's work continues to prompt and enable medical sociologists to try new ways and new strategies.



Professor Virginia Olesen

“Her recognition of the importance of suffering and her concerns about regulation of British medical practice have rightly received close attention in these papers,” Virginia said.

These twin legacies provide instances of ‘critical continuity’, she added—using a term developed by the authors of *Gender, Health and Healing* (Bendelow *et al.*, 2002)—noting that the result will be to forward sociological understanding of both issues.

“It is entirely apt to argue,” Virginia concluded, “that Meg’s insights, and her legacies, have helped to frame a ‘new’ arena in the sociology of health and illness. The papers given provide—to use Meg’s own words at the 1999 conference—occasion to rejoice, now and in the future.”

References and Further Reading

- 1 Bendelow G., Carpenter M., Vautier C., and Williams S., eds. *Gender, Health and Healing: the public/private divide* (Routledge, 2002).
- 2 Stanley, L. *Mourning Becomes... Post/Memory and the Concentration Camps of the South African War*, Manchester University Press, Manchester and Rutgers University Press, New Brunswick (Jan 2006, in press).
- 3 A book containing edited presentations from the conference is currently under development, with the publishers Routledge.

Institute of Health

School of Health & Social Studies, The University of Warwick, Coventry CV4 7AL, England

Co-Directors

Professor Gillian Hundt

+44 (0) 24 765 73814

Gillian.Hundt@warwick.ac.uk

Dr Hannah Bradby

+44 (0) 24 765 23072

H.Bradby@warwick.ac.uk

Administration

Karen van Rompaey

+44 (0) 24 765 23164 (t)

+44 (0) 24 765 74101 (f)

k.van.rompaey@warwick.ac.uk

For further details about research in health, medicine and social care at the University of Warwick:

www.healthatwarwick.warwick.ac.uk

THE UNIVERSITY OF
WARWICK