

Is violence hiding behind bars?

Encounters with ‘trauma’ in the fight against alcoholism waged by beneficiaries and staff members of a small detox centre in N’Djamena, Chad



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Cover photo: Painting made by one of the beneficiaries of the centre, showing an escape from the 'prison of alcohol', that has the shape of a bottle of Gala, a beer that is exclusively produced in *les brasseries du Tchad* ©Annigje van Dijk

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Introduction: staging the fight against alcoholism

One way to internalise violence is *banalisation*¹ and to think that it is normal, so we talk of ehh... why do you think something is normal, but in fact it is an enormous suffering! (...) there is no doubt that they took alcohol to attenuate all that. Yes I see that a lot in the Chadian culture (...) they have extensively lived violence from nearby and they have banalised...²

This is a quote from an interview I held with Louise, the directress of a small organisation from here on referred to as ‘the centre’), where a small team had dedicated itself to the ‘fight against alcoholism’³ in N’Djamena, the capital of Chad, where I conducted fieldwork from the 6th of February until the 30th of April 2016. This ‘fight’ took place either in the hospital where they organised a ‘detoxification cure’ every month, or in the building where their centre was officially situated, with an adjacent ‘bar without alcohol’.

The citation shows one of the challenges faced by staff members of this centre. It was known for its ‘fight against alcoholism’, but in fact, their ‘fight’ was not exclusively against alcohol; at several moments their ‘opponent’ was violence. How did ‘violence’ become part of their struggle against alcoholism? And why did something that would seem to be common sense, the meaning of violence, complicate their work? Part of the answer to these questions may be found in the observation that to inform their practices, staff members of the centre took knowledge about violence and about alcohol from the field of psychology, where trauma, as the embodied memory of violence, has been linked to alcoholism in numerous studies (for an overview, see Stewart, 1996). As such, the ‘real cause’ of alcoholism, although also a disorder in itself (DSM V), was seen as residing in the experience of traumatic events or an accumulation of traumatic experience, made possible by the embeddedness of violence and insecurity and periods of explicit ‘war’ in the Chadian context, which made that ‘les Tchadiens’ had ‘extensively lived violence’, an expression that suggests that it had turned into a condition of life to such an extent that they had ‘banalised’ its effects.

¹ The most accurate translation from the French word ‘banalisation’ is ‘trivialisation’, but I will in the rest of the text keep the original term (in italics).

² Une manière de internalisation de la violence c’est la banalisation et de penser que c’est normale, donc on parle ehh... pourquoi tu penses que quelque chose est normal, mais [en fait] c’est une souffrance énorme ! (...) sans doute ils ont pris l’alcool pour atténuer tout ça. Oui ça je le vois beaucoup dans la culture Tchadienne (...) ils ont tellement vécu de près la violence et ils ont banalisé... (Interview with L., directress of ‘the centre’, on 19/02/2016).

³ I translated this expression from the French ‘la lutte contre l’alcoolisme’, used by staff members of the organisation to refer to their own work.

As such, although acting independently from global health institutions, the centre can be seen as part a global ‘movement to recognize and treat psychological trauma’ (Breslau, 2004). This movement has gained in momentum, due to recent importance given to global mental health, especially in low-income and war-affected countries (World Health Organization, 2008). Several authors (whose work I will discuss in more detail in chapter 1), pointed out that the transportation of trauma and other psychological definitions into war-affected areas has not been a smooth, but a rather messy process. They pointed out the misfits between ‘global’ and ‘local’, ‘western’ and ‘non-western’ conceptions of violence and voiced fears about the consequences of the exportation of ‘western’ conceptions into conflict-affected areas (Almedom & Summerfield, 2004; Summerfield, 1999, 2002; Bracken, Giller & Summerfield, 1995; Kidron, 2012; Moghimi, 2012; Pedersen, 2002; Zarowsky, 2004).

Given these developments and the concerns raised about them, it becomes relevant to study this centre as one of ‘multiplicity of engagements of psychological trauma with particular events and cultures around the world’ (Breslau, 2004, p. 114). The growing dominance of psychological thinking is part of many of the ‘historical conjunctures’ that give trauma ‘content and force’ (Tsing, 2005, p. 8). Also part of these conjunctures, however, are the ‘local’ contexts that the idea of trauma becomes ‘applied’ in, through interventions in all sort and sizes. An important observation is that the existence of ‘trauma’ and the importance of ‘mental health’ is often not taken for granted in such contexts. Different social discourses and meaning-making practices, with an origin in geographically and culturally different contexts, thus interact in such engagements, and moments of interconnection offer a window to study these social discourses and meaning-making practices themselves as well as their interaction. They become sites to



Figure 1: A friend's Facebook post published on the 9th of June, after my return from Chad, with a photo of the 'street side entrance' of the centre. It says: 'Since I left, Chad has regressed a lot. I will return to heighten its level a bit. Because it is with stupefaction that I learned we are now fourth in the domain of alcohol consumption. What a sad news! How come we have let out faces ne smashed like this? We are even behind countries of milk drinkers like Mali... Shit!!! It was the bar on the photograph, paid for by our competitors. We were made to have it.'

investigate how and why certain meanings are given to health and mental health, specifically in relation to violence.

In order to study what happened in this around the engagement of trauma in this centre, I thus start off by seeing it as a space where different meanings given to health and violence become connected. Such ‘interconnections across difference’ have, according to Anna Tsing, dynamic properties, that she captured in the word ‘friction’, ‘the awkward, unequal, unstable and creative qualities of interconnection across difference’ (Tsing, p. 4). Such an approach helps us to understand why the fight against alcoholism turned, at some moments, into negotiations over the meaning of violence. Simultaneously, it helps to grasp the intended and unintended effects of this interaction on the people moving into this space as patient. They were confronted with practices that were inspired by a narrative of trauma, whereas in the other ‘spaces’ where their life was situated, their working place (if they had one), their home, the streets, such a narrative was nearly absent. To illustrate: the study ‘psychology’ does not exist in Chad, there is only one psychiatrist (about whom there are rumours that he is alcoholic himself) and the few psychologists that exist are often recruited to work for ‘les humanitaires’; the humanitarian intervention in refugee camps that are located at several places in the country, work that pays much better than many other jobs. Apart from one Canadian psychologist who started giving consultations via Skype⁴, this centre the only place I heard of where ‘psychological care’ is easily accessible. Possibly due to this lack of infrastructure, Chad was, at the moment of writing, absent from the global list of Mental Health information per country on the website of the WHO⁵.

Perhaps it is good to understand first why there was even a fight against ‘alcoholism’, since the WHO does have information about Chad in their global statistics on alcohol. In one part of their study, the total production of ‘le brasserie du Tchad’ was divided by the number of people that consume alcohol, a sum that revealed that an average Chadian drinker consumed 33.9 litres of pure alcohol a year, which put the country on top of the world list of alcohol consumption in 2014 (World Health Organisation, 2014, p. 98)⁶. Most of the claims, however, that I make about the existence of ‘heavy drinking’ and/or about its relation to the situation in Chad, I took over from my informants and from observations. Friends from

⁴ BBC (30/08/2013) Virtual Therapy Reaches Chad via Skype (including a movie wherein the current state of mental health services is explained), <http://www.bbc.com/news/world-africa-23901414>, last seen 02/08/2016, a short summary of the project can be found on <http://www.globalmentalhealth.org/activities/psychotherapy-chad>

⁵ http://www.who.int/mental_health/evidence/atlas/profiles-2014/en/#T, last seen 30/07/2016

⁶ This research is not uncontested. For one, the consumption of ‘local beverages’ was not counted in this research, whereas, according to many people I spoke to, it is in the ‘local bars’, cabarets, where alcohol is very cheap that you find the real alcoholics. It is also unclear how they defined the ‘drinking part’ of the population.

outside the centre would often make fun of me for spending so much time in a bar where there was no alcohol, but they did see the ‘alcohol problem’ addressed by the centre as real. At several moments I encountered critiques on Chadian drinking behaviour, for example in bar discussions, in the décor and lyrics of a hip hop artist and in Facebook posts, an example of which is shown in figure 1. Interesting was that in these moments, the statement that ‘Chadians drink a lot’ was often followed by political explanations and a critique of the socio-economic context and the functioning of the state in Chad. One of the commenters on this Facebook post, for example, makes explicit the cynicism of the situation, a sentiment that is already very much embedded in the post itself, by stating that ‘war, corruption and alcohol’ are three things that Chadians are good at, ‘let’s just go for it’.

This comment takes us to the observation that ‘heavy drinking’ coincides with a certain ‘harshness’ of life in the country. The statement in the opening quote, from the directress of the centre, that Chadians have ‘extensively lived violence’ did not appear out of thin air. Life in Chad is marked by insecurity, caused by poverty, unemployment, corruption, political oppression and political violence (Arditi, 2003; Debos, 2011, 2013; de Bruijn & van Dijk, 2007; Hansen, 2013). Many people have little trust in their government, headed since 1990 by Idriss Déby, who, they argue, has done very little for the country despite the incomes that have been generated from the exploitation of oil. An often-heard critique and source of anger is that the president uses this oil money only to enrich people from his own ethnic group, the *Zaghawa*, who are the only ones with easy access to power positions and jobs. As one of my friends told me: ‘When you go for a job interview, they don’t ask you who you are, or what can you do, like in your country. No, the first thing they ask is ‘who sent you here?’’⁷. The anger and frustration about these patrimonial politics often transformed itself in anger towards ‘ethnic others’, reflecting the primary division and ongoing hostility between ‘Northerners’ and ‘Southerners’. In the history of Chad, this division seems to aggravate and diminish continuously as a result of political tensions between national politicians, rebel groups and international actors (Arditi, 2003). Several times it erupted in ‘war’, an experience that is almost ‘normal’ to have since, as someone explained to me, every generation in this country has seen war. The last episode of outright fighting was in 2008, when rebels occupied the capital, N’Djamena (Hansen, 2013). After that, various smaller incidents made the tension continue. For example, in June 2015, Boko Haram made about 40 victims in an attack on the central market. During my stay, protests broke out over the violation of a girl by a group of

⁷ Taken from field notes, 08/04/2016

young men that were relatives of powerful figures in the government. Protesters were taken under fire by the army, killing three people in different cities. Facebook was blocked.

The ‘bar without alcohol’ and its adjacent centre where psychology is practiced were both quite peculiar phenomena in this context. I focused my research on the creation of narratives around alcohol and violence in the centre, by staff members and by patients. I was inspired by authors that see ‘narrative’ as both reflecting and constructing perceptions of reality (Carr, 1986; Murray, 2002; Somers, 1994; H. Vigh, 2006; White, 1980), of which some have taken ‘narratives of alcohol’ as a specific focus of research, mostly among Native American populations (Quintero, 2002; Spicer, 1998; Prussing, 2007). Like these authors, I took the narratives created in relation to alcoholism, a ‘trauma narrative’ by staff members and the ‘life histories’ of ex-beneficiaries, not necessarily as ‘truth’, but as both a reflection of and a contribution to the construction of a certain image of society and of themselves. How did an encounter with the social narrative at the centre, a confrontation with the idea of ‘trauma’, change the narratives of people, and herein, possibly, altered their life-worlds?

I will in this thesis thus present my observations of what happened in the interconnection between different narratives about alcohol and violence, in a small ‘space of engagement’ that I call ‘the centre’. I specifically focused on those moments where their activities took the shape of ‘negotiations’ over the meaning of violence. I defined the first of those moments as taking place within the organisation, in staff members’ interaction with ‘universal’ knowledge related to ‘trauma’, and the second as created in therapy sessions, an important part of the interaction between staff members and patients.

The question underlying my analysis was: Why did ‘friction’ occur at different ‘moments’ of the engagement of trauma in a small detox centre for alcoholics in N’Djamena, Chad? To answer this question, it is first necessary to address, in chapter 1, earlier research about ‘trauma’ and its global engagements, how these researches and the study that I present adhere to debates about the globalisation of certain perspectives on violence, that I see as ‘materialising’ in narrative and in practices, and the way they inspired my research methodology. In chapter 2 I present an inquiry into ‘context’, the history and present of different forms of violence and some narratives about ‘alcoholism’ and violence in and about Chad. ‘The centre’ will be the main subject of Chapter 3, wherein I analyse how staff members construct among themselves, in relation to a ‘global’ psychological discourse and their knowledge about Chad, a social narrative of trauma and an adjacent ‘psychotherapeutic practice’ around alcoholism. Finally, in Chapter 4, I will present the narratives of ex-alcoholics who became connected to the centre some years ago, to analyse in what ways the

their engagement with the ‘trauma narrative’, in a series of therapy sessions, left traces on their personal stories with alcohol. I will also look into the way that their personal story differed from the story that was told about them by staff members from the centre. In the conclusion that follows, I reflect upon my research question, certain points that need more attention and new questions that presented themselves.

1. Theory and Method

To be able to understand the effects of an engagement of ‘trauma’, we need to realise that ‘perception’ has an important role in how a reality of violence is experienced. In this chapter I explain how ‘trauma’ can be seen as a globalising perception of violence with its roots in psychological discourse. I address the debate raised by others who have written about trauma and about its travels across the world. What effects did they observe? How did they link these to underlying perceptions of violence? I will introduce the theoretical approach that I used to study my case and how it informed my research methods; I explain how I plan to use ‘friction’ and why I see ‘narrative’, but also ‘practice’ as appropriate units of analysis.

1.1 The reality of violence

War has become just the means whereby one creates a world, as well as the life-world that is itself created (Mbembe, 2005 in Debos, 2011, p. 412).

Violence, in its multifarious, latent, or manifest workings, has increasingly become a structural feature of our contemporaneity, inflecting and altering, if not producing altogether, the ways in which we think about, relate to, imagine, or narrate nodal sites of existence such as home, place, the body, subjectivity, time, and history (Gana & Harting, 2008, p. 2).

This thesis departs from a conceptualisation of violence as a ‘slippery concept’, a reality that can take many different shapes. It means that violence, although real, exists in many different forms and that interpretations of what violence is, when it is significant and what it does in specific situations, are dynamic and contested (Scheper-Hughes & Bourgois, 2004). This implies that we need to go beyond ‘objectivity’ when we want to understand violence and its wide variety of consequences and experiences. Political and economic perspectives are important, but we need to incorporate ‘subjects’ perspectives’ as well (Schlee, 2004).

The meaning of violence is malleable; it can be presented as ‘normal’ and ‘abnormal’, as a ‘good’ and logical course of action at a given moment, only to be judged as ‘bad’ or ‘sick’ in different times or spaces (Schmidt & Schröder, 2001). Moreover, the line between violence and non-violence is not clear. Violence does not disappear, but transforms itself into new forms when conditions change from ‘war’ to ‘peace’, and back; it goes ‘beyond times and spaces of war’ (Debos, 2011, p. 409). It remains embedded in ‘war institutions’, which

make that violence-as-war is a ‘continuity of social life’ and help retain the idea of war as possibility (Jabri, 1996). It also works through in the structures of society and in life circumstances (Scheper-Hughes & Bourgois, 2004). Moreover, it becomes embedded in people’s life-worlds, in their perspectives on their history, present and future (Vigh, 2006), guiding everyday decisions and shaping identification processes (Vigh, 2006, 2008), colouring relations to others and becoming ‘hidden’ in everyday practices (Dickson-Gomez, 2002; Manz, 2008; Warin & Dennis, 2008). Different ‘layers’ of violence can, and do, exist simultaneously, but they are seen and felt differently, depending on where one stands in time, space and in society.

We live in a world where certain perspectives on violence, such as the idea of ‘trauma’, seem to have become ‘global’ and they become engaged in areas other than those of their origin. To capture the dynamic properties of these travels, including the possible effects they have on people’s life-worlds, I want to turn to Anna Tsing’s concept ‘friction’. Tsing (2005) argued that when certain ‘universals’ travel over global interconnections into new areas, they are always ‘charged and changed’, taking on different shapes when they become engaged in new contexts, but also influencing these contexts. The name Tsing gave to the ‘force’ underlying these processes of mutual change-making was ‘friction’; ‘the awkward, unequal, unstable and creative qualities of interconnection across difference’ (Tsing, 2005, p. 4). Friction is not a one-way process; universals themselves, but also the contexts that they become ‘engaged’ in and the people engaging with them in these contexts change as a result of their interaction. The concept explains the observation that changes occur in relation to travelling universal ‘cultural practices’, but that we are nevertheless not moving towards a global ‘sameness’ (Gaonkar, 2002; Tsing, 2005). It also reminds us that ‘local contexts’ are not empty spaces; the presence of alternative understandings of, in this case, violence makes that understandings seen as universal are forced to take a different shape. Globalisation thus re-creates and re-shapes differences, also in relation to violence.

1.2 Trauma: a ‘universal’ perspective on violence

“the varieties of ‘cruel and painful experiences that corrupt or destroy one’s sense of oneself’ have a common name: ‘trauma’” (Young, 1996: p.89).

Psychology has been described as ‘discourse’, “... a cultural ethos and a broader system of moral understandings (...) defined as a field of knowledge that is nourished by psychological

research and operates by way of treatment practices. Mainly it describes human behaviour in pathological terms” (Shoshana, 2014, p. 102). The psychological discourse is based on particular assumptions in regard to the concept of ‘self’. It “... does not just proffer explicit self-understandings, but rather also offers a link between the times and the creation of narrative continuity (...) and provides a specific emotional experience as well” (ibid.). In most western societies, it has, moreover, become the ‘dominant’ discourse, very influential in the shaping of thinking and the constitution of moral order. Not only has it guided the way we conceptualise ourselves and others and the workings of our mind, it has also left its traces on how many institutions are organized (for elaborate insights into the history and present of the ‘psy-sciences’ in western society, see Rose, 1996; Vos, 2012).

Trauma and its related disorder, PTSD, arose out of psychological discourse, as constructed categories that shaped our thinking about the effect of experiences of violence (Breslau, 2004). Psychic trauma is a term that gives meaning and significance to memories of violence connecting experience of violence to pathology, shedding new light on the ways in which violence ‘transforms’ itself. Important is the idea of ‘traumatic memory’, described as “the remembrance of an event that falls outside of the range of usual human experience and that would cause marked distress to nearly everyone” (Young, 1996a, p. 89). Violence, as an unusual event causing distress, inscribes itself in the mind and body of individuals via memory traces. Simultaneously however, “... early research on trauma suggested that there was something about individual experience of violence that placed it somehow outside of memory, beyond the normal processes of remembering” (Argenti & Schramm, 2010, p. 4). Traumatic experiences can cause immediate effects, but they might also be silenced, hidden in the unconscious, to ‘erupt’ later in a largely varying set of seemingly unconnected symptoms. If unresolved, a traumatic event can thus, through the unconscious, have a variety of consequences on health and mental health. According to Young, this means that:

Chronic cases of PTSD can be explained just as plausibly if we supposed that time is moving in the opposite direction, that is, from the present (symptoms) back to the past (event). In this scenario diagnosable depression and anxiety disorders precede the onset of PTSD symptomatology (rather than following or simply co-occurring), and individuals recover and rework their memories of past events as a means to account for their present distress (Young, 1996, p. 96).

According to Kirmayer, “narratives of trauma may be understood (...) as cultural constructions of personal and historical memory” (Kirmayer, 1996, p. 5). As a solution to

trauma-related pathologies, life-narratives need to be reconstructed: ‘embodied’ memories related to traumatic experience need to be transformed into articulated ones. Psychological practices were designed for this ‘memory work’, the translation of ‘traumatic’ into ‘narrative’ memory (Janet, 2005 in Hunt & McHale, 2007; Wigren, 1994). They serve to connect experiences from the past to a wide range of symptoms, for example alcoholism (Brave Heart, 2003; Pedersen, 2002), in the present (Argenti & Schramm, 2010; Breslau, 2004; Young, 1996a). These connections can go beyond individual life histories; the idea of ‘intergenerational trauma’ connects symptoms to events that happened in previous generations. People who experienced direct violence can pass on traumas to their children, not necessarily by expressing them, but also by ‘silently’ enacting them in everyday practices and meaning-giving (Dickson-Gomez, 2002; Kidron, 2009; Manz, 2008). From a psychological perspective, ‘silence’ in the aftermath of violence can thus be destructive not only for the self, but for next generations. Violence does not disappear in silence; it will ‘cling’ in other ways.

Trauma and intergenerational trauma have come to be used not only in relation to individuals who have been exposed to violence, but it also to define the mental state of populations. Researchers have come up with the terms as ‘cultural’ (Stamm et al., 2004; Sztompka, 2000) and ‘historical’ trauma (Brave Heart, 2003; Mohatt et al., 2014; Sotero, 2006). In such conceptualisations, discourses and cultural practices in certain societies or groups are seen as ‘embodiments’ of past violence. The term ‘historical trauma’ has been used, for example, to identify the health consequences of long-term oppression on specific groups of people, such as Native Americans, Aborigines and Afro-Americans (Sotero, 2006). A wide range of symptoms, among them alcoholism, have been identified as consequences of these groups’ extended exposure to explicit and structural violence.

1.3 Trauma: a contested universality

Psychological knowledge and practices are gaining in dominance in the global arena, illustrated by the fact that ‘global mental health’ has officially become one of the new pillars in the realm of global health and its interventions (World Health Organization, 2008). This makes that we live “in an age in which discussing the subjective experience of political violence is impossible without reference to trauma and to post-traumatic stress disorder” (Argenti & Schramm, 2010, p. 4). Biomedical conceptualisations of memory and violence have become important in the conceptualisation of ‘suffering’ (Fassin & Rechtman, 2009; Young, 1996b) a concept that is intricately connected to violence in different forms

(Farmer, 1996). As other health disparities (Zwi & Ugalde, 1989), mental health disparities have become indicators of 'difference', often related to inequality and injustice. People in areas or groups that were subjected to episodes or structures of violence are seen as further away from mental well-being than others (World Health Organization, 2008). Consequently, ideas about how violence is, and should be, remembered and adjacent practices that act upon memories of violence have travelled to conflict areas in the shape of 'interventions'. An increasing number of 'psychological experts' is brought on the move to help people whose lives have been affected by war or other violent circumstances.

This trend has not everywhere been greeted with enthusiasm. It has been referred to as a form of 'western imperialism' (Fassin & Rechtman, 2009; Miller, 2014). Worries have been raised in regard to what psychological discourse 'does' in areas of intervention. Concerns were for a large part directed towards the observation that in the wish to diminish inequalities in regard to mental health, not enough attention has been paid to other dimensions of difference. Important is the observation that nearly all research on 'trauma' and 'PTSD' has been conducted on subjects that grew up in contexts where psychological thinking is embedded in many aspects of life (Almedom & Summerfield, 2004; Summerfield, 1999). Some argue that psychological categories were from here too easily exported into 'non-western' conflict areas, without paying attention to alternative causes and expressions of suffering and healing (Moghimi, 2012; Pedersen, 2002).

Universal understandings about what causes trauma, how it is expressed and what the appropriate course of treatment is, might thus not correspond to understandings held in the context where these interventions take place. It has, for example, been argued that long-term social stressors are better explanatory variables for mental health disparities than the experience of traumatic events (Miller & Rasmussen, 2010). Moreover, research among non-western immigrants showed that 'universal' conceptions of traumatic symptoms did not correspond to their expressions, that tended to be in terms of physical, rather than emotional pain (Kirmayer & Young, 1998). In addition, researchers have observed alternative forms of 'dealing' with trauma than the psychological way of 'talking through' the traumatic experience (Kidron, 2012) and even argued against the idea of 'pathology' that surrounds trauma, stating that 'narratives of trauma' can serve as a source of empowerment (Denham, 2008).

The 'traumatized subject' might be a victim that does not already exist, but one that is imagined and even created by actors who base their perspective on the assumptions of psychological discourse (Summerfield, 1999). Such assumptions take shape in statements

such as that PTSD is a ‘hidden epidemic’ in war-affected areas. To make such a claim means that ‘expertise’ takes a power position over ‘experience’. It means that intervening actors know better than ‘victims’ what is going on in their minds. In addition, these ‘diagnoses’ come with ideas about what are appropriate ways to ‘rework’ memories of violence that are intricately connected to moral judgments about ‘difference’. Cultures have been conceptualized as ‘cultures of silence’, a concept with negative connotations. By blocking “what [psychologists] see as a necessary expression of painful feelings and memories” (ibid., p. 1452); such cultures allow new ‘cycles of violence’ to erupt and mental health problems to remain.

However, people from areas of intervention are not merely ‘subjected’ to psychological interventions. They also do things *with* newly introduced ideas and practices that surround trauma. Some groups have explicitly rejected the idea of ‘trauma’ and the belief that it is good for victims to talk about or ‘work through’ what happened to them, choosing their own cultural practice, silence for example, as their way to cope (Kidron, 2012). In other cases, people have taken over certain words and practices, possibly because diagnoses of mental disease have become, as new models of ‘suffering’, definitions with political consequences. One of the first examples is when the diagnosis of PTSD became a means to get access to special benefits for Vietnam War Veterans, in the U.S. in the 20th century (Jones & Wessely, 2007). Other researchers observed, for example, that ‘trauma narratives’ became strategic tools for people to find justice in transitional justice courts in South Africa (Colvin, 2004) or that trauma became a political category in humanitarian interventions in Israel-Palestina (Fassin, 2008). These researches indicated that in relation to violence and practices of remembrance, new forms of agency came into being, which implied an adoption of these categories, but for different reasons than that they provided a recognizable narrative of ‘suffering’.

1.4 Friction: the dynamics of difference

Earlier studies thus indicated that ‘intervening’ upon mental health is a complex affair. An important theme that runs through earlier publications, is that contexts of intervention are not empty; certain conceptions of violence and ways of dealing with this violence already exist in these spaces. Authors addressed gaps and misunderstandings between these and ‘imported’ understandings, but also new forms of agency that were made possible. Using Tsing’s words,

they described how awkward, unstable and unequal, but also how creative interconnections across difference can be, in relation to ‘trauma’ as a universal that travels.

I argue that we can see trauma interventions as ‘awkward engagements’, as moments of ‘global interconnection’ with dynamic properties. To capture these dynamic properties, we need to study the effects of these engagements through the lens of ‘friction’. I agree with the idea that there are ‘gaps’ and misunderstandings between psychological universals and the contexts they travel to. I am, however, also curious of the dimension of agency addressed in previous studies; about the ways in which these universals do fit and in how people *make* them fit in their contexts, for various reasons. I want to suggest that they do so not only by adapting ‘universal’ knowledge and practice, but also by changing their own ideas, about themselves and their society in relation to this knowledge and practice. This means that studying what universals ‘do’ in sites of engagement and what people do with them, yields information about the universal itself and the context it becomes embedded in, but also about the life-worlds of the people who take part in moments of interconnection. I aim to grasp this part of ‘friction’ as well, the traces that an engagement with universals, in this case ‘trauma’, leaves on the images people hold of themselves and their society, especially in relation to violence.

1.5 Capturing friction in narrative

Although psychology has been described as ‘discourse’, I choose to use ‘narrative’ when I refer to ‘trauma’ or ‘psychology’ in relation to my empirical research. Although I agree to a certain extent with Jabri (1996) and others who argued that discourses ‘do things’, I am not certain that they always ‘are things’. During my fieldwork, I did not study ‘the psychological discourse’, but people who were using parts of this discourse to explain and act upon the reality they faced. Psychological ‘discourse’ certainly informed their practices and interpretations, but more as an implicit understanding than as explicit ‘text’. Hence the way this discourse became effective was not ‘as discourse’, but through human interpretation. It is thus important to understand globally what the ‘psychological discourse’ *is*, but I also believe that ‘narrative’, ‘social narrative’ and ‘practice’ are better terms to understand what psychology is *doing* in specific sites of engagement.

So in order to understand why the ‘travelling’ of universals carries possibilities for dynamics and change in relation to perceptions of violence and to make these effects and their conditions researchable, I suggest we take a closer look at the verb ‘to narrate’ (Gana &

Harting, 2008) or its product: narrative. This concept has widely been used in social science and psychology, for a variety of purposes, despite debates in regard to whether narratives are epistemological, representing reality, or ontological, constructing reality. A number of authors argued, however, that we do not have to make this distinction, but that we can incorporate these conflicting interpretations as the two ‘dimensions’ of narrative (Johnson, 2001; Meretoja, 2014). This last conceptualisation is interesting for the purpose of this research, because it gives ‘narrative’ both static (reconstructive) and dynamic (constructive) properties. This conception is also interesting in relation to an analysis of trauma, because also in psychology the ‘trauma narrative’ is both an expression ‘trauma’ and a target for psychotherapeutic practice (Kirmayer, 1996; McKinney, 2007)

To understand individual narratives, we must look into a narrative actor’s position, his or her location in relation to different universal and local narratives of violence. People narrate not only in relation to themselves, but within their context and in relation to others (Gubrium & Holstein, 1998); actors are situated (Stoetzler & Yuval-Davis, 2002) and their narratives are shaped in relation to social representations and ‘common sense’ (Murray, 2002). To get rid of the – often seen as problematic (Bemme & D’souza, 2014; Tsing, 2005) – distinction between ‘universal’ and ‘local’ I will use the term ‘social narratives’ to refer to the meaning-giving structures that prescribe ‘rules’ in relation to, for example, what can and cannot be part of an individual narrative, or about what makes a story credible (Somers, 1994). I see social narratives, for the purpose of this research, as pre-narrative (Gana & Harting, 2008) in relation to individual narratives; it means that I see them as existing frames of reference in the construction of stories by individuals.

An important concept in relation to narratives of violence is ‘memory’, which has been described as a reconstruction of the past in the present (Hunt & McHale, 2007; Kirmayer, 1996). Memories of violence are often sites of ‘negotiation and conflict’ (Argenti & Schramm, 2010), because they are also a tool; they can be powerful as part of narratives that are used in, for example, the mobilisation of others for a certain (violent) cause (Schmidt & Schröder, 2001), or, for individual actors, to shape their identities (Murray, 2002; Somers, 1994). ‘Remembering violence’ is contingent on individual and collective memory practices that can take different shapes, such as story-telling (Denham, 2008), memorial ceremonies (Klep, 2012) and ‘psychotherapy’ (McKinney, 2007).

Social narratives and practices of remembrance are related to each other: practices of remembrance are used by actors to consciously and unconsciously shape their narratives or that of others in accordance to ‘social narratives’. These individual narratives, as both

representing and constructing entities, I see as windows to study people's life-worlds and the possible changes that occur as a result of the interaction with a new social narrative and practices of remembrance. Specifically, I address the negotiations around memories of violence in narratives of alcohol in a space where these are given meaning through a social narrative of 'trauma' and 'therapeutic' memory practices. Patients enter this space with life worlds informed by 'Chadian'⁸ social narratives of alcohol and they are encouraged to reshape their individual narratives in relation to this 'trauma narrative' (addressed in chapter 3).

1.6 An ethnography of global interconnection

A centre where a trauma narrative and psychotherapeutic practices are used to fight alcoholism became my field to do an 'ethnography of global interconnection' (Tsing, 2005). There are two 'parts' to my analysis, roughly referring to two different 'moments' of friction. The first is concerned with the way 'trauma' takes shape in the narrative and practices at the centre, how in the connection between the psychological discourse and 'Chad' as a context of drinking, a trauma narrative in relation to alcohol and alcoholism arose. The second part is about the interaction between this 'trauma narrative', therapeutic practices and the life worlds of people, or in other words, the way a psychological narrative left, through practice, traces on the way patients of the centre told their stories (see figure 2).

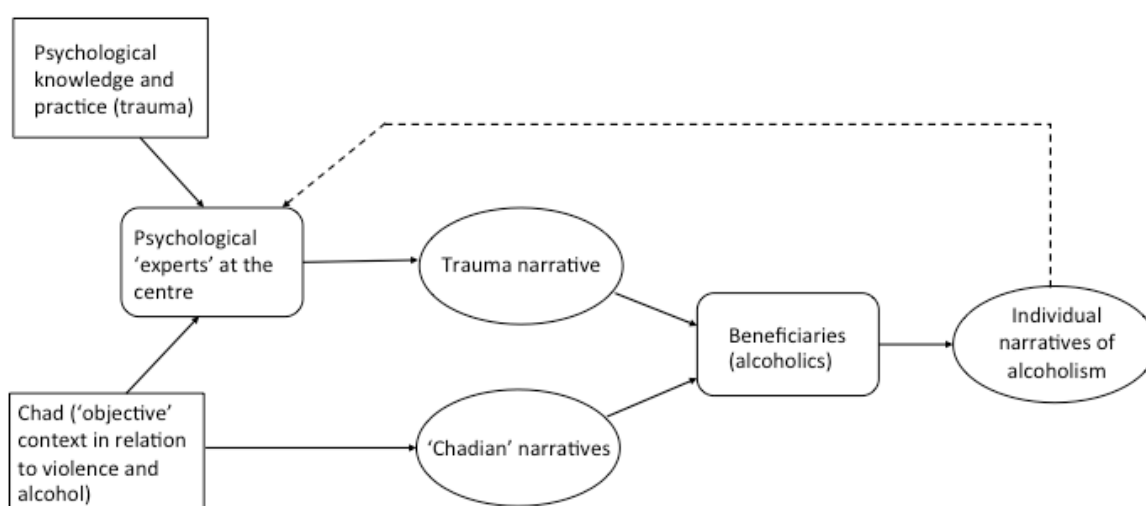


Figure 2: An overview of the different narratives (in ovals) and narrative actors that are part of my analysis

⁸ I do not mean that there is one 'Chadian' narrative, but rather that the different social narratives that exist in Chad that I encountered did not seem to have, or only marginally, a 'psychological' focus.

In my analysis, I will refer to different kinds of data that I collected during my time at the centre, and some data that I collected in other spaces in N'djamena. I took many field notes based on observations during participation in a range of activities. I also noted down information that I gathered in informal conversations with staff members, beneficiaries and people otherwise connected to the centre. I recorded sessions of the 'talk-and-support' group held every other Saturday, almost every team meeting, some informal conversations with staff members and some group therapy sessions, always after asking permission. Moreover, I was given textual documents, transcripts of consultations and unpublished articles written by the centre's directress. Finally, I held in-depth, semi-structured interviews with people connected to the centre as staff or patient, and with a few other individuals. These were all recorded and guided by a topic list that was updated after each interview. For staff of the organisation I placed more emphasis on their work, and their understanding of alcoholism and violence in society, whereas for beneficiaries I directed my questions more towards themselves, the stories of their life with alcohol and violence. In total, I interviewed six of the seven staff members (the seventh member was a French intern who went away for a month of holiday before we could sit down together), eight (ex-) patients (two of which were in the presence of a staff member) and two ex-alcoholics not connected to the centre, of whom I met one through the *alcooliques anonymes*⁹ and the other through one of the ex-patients (these two men had both 'autonomously' detoxed). All ex-alcoholics that I interviewed were men¹⁰. Most of the interviews were held in a space chosen by the informant, and they had a duration of one to two hours. After my return from fieldwork, I listened to my recordings (including those taken during group activities) and transcribed the parts that were relevant. Almost all my recorded data were in French, except for one interview and some therapy sessions where translations, from Arab or Ngambaye¹¹, were given by staff members of the organisation.

⁹ Through the centre, I got introduced to Christian, one of their beneficiaries who had come in contact with a few Canadian people who wanted to set up a division of the Alcoholics Anonymous, a global movement that forms talk-and-support groups for alcoholics in many geographical locations (<http://www.aa.org>), in Chad. With help from these Canadians, Christian started a very small division of the AA. He organised meetingsevery Thursday afternoon in a room next to his house, where in the 7 times that I attended a small number of two to five people would be present.

¹⁰ The number of female alcoholics coming to the centre was significantly smaller. The first women with a drinking problem I met when I was near the end of my stay, when three alcoholic women had subscribed for the detox cure. However, already during the first stages of therapy held during the cure, there were many translation difficulties, also for staff members. As such, these sessions undertaken during the curing did take up a lot of time and did not reveal much information. Moreover, the women immediately went back to their village close to N'djamena after the cure was finished.

¹¹ A Chadian version of Ara band Ngambaye and Sara, two languages from the South, were (next to French) spoken most in the environments that I encountered in N'Djamena

Citations were translated in English, with the original language (French) in the footnote. All names that I use in this thesis are pseudonyms.

I collected these data by immersing myself in ‘moments of engagement’ that took place in the space where the centre was situated, but also on different locations. I was received and treated as an ‘intern’, which meant that I had the chance to take part in almost all of the events that took place, ‘open’ and more ‘closed’ events. I participated in ‘public’ practices, such as sensitization sessions, training of peer-educators, the opening hours of their *bar sans alcool*, but also in those that were more ‘hidden’, such as the detoxification cure, group therapy sessions, talk-and-support meetings and ‘closed’ staff meetings, with the exception of individual (*tête-à-tête*) consultations. At several moments I even participated in activities as if I was part of the organisation’s staff, treating, for example, a ‘form of the day’ with alcoholics that were in the hospital for their detoxification, acting as hostess in the bar without alcohol or acting as co-therapist in group consultation sessions. Next to observing and participating in a wide range of activities, I was also present at quiet moments, when not much was happening. These moments gave me a lot of opportunity to engage in everyday conversations with staff members and with different people that were moving in and out of the centre.

The fact that I was on most occasions presented as ‘from the centre’ might have affected the type of answers given to me. In a way, it made me ‘belong’ to the space where the ‘trauma narrative’ was more dominant in the construction of meaning than in other spaces. It is possible that, during interviews with alcoholics who had undergone psychological treatment, I heard a slightly more ‘psychological’ version of their story than what they would have told to an outsider. On several occasions I tried to take some distance from my identity as ‘intern’, stating more explicitly that I was there for my own research, and by holding the interviews, whenever possible, not at the centre, but in my interviewee’s home or in a public space. On the other hand, the fact that I was very much welcomed and accepted as an almost staff-member of the organisation inspired trust and a lot of openness from both (ex-) patients and staff members and, I believe, more willingness from patients to tell their stories.

I want to take some space here to draw attention to the fact that, for a lack of space and to enhance the comprehensibility of my argument, I reduced the staff members of the centre to much ‘flatter’ characters than was my intention at the start of writing. There was no room for the information they had shared with me about the histories of their lives, their individual reflections on the idea of ‘trauma’, their work, their society and their own encounters with violence. These data revealed that they were, in a way, all differently situated as well, making

the interactions between them and with me into moments of engagement, and moments of friction. They did not have one, but a variety of views on ‘trauma’ that I quite brutally summarized in one ‘trauma narrative’. I chose to give the perspectives of those with more psychological expertise more attention, because they informed more than other perspectives the directions that were taken in therapeutic part of practice, and because the dominance of their voices represents their dominance at moments that the trauma narrative was discussed.

1.7 Concluding remarks

I started off with the notion that ‘violence’, although a real condition, can take different forms and shapes in people’s experience, depending on the way it is present, but also on how it is perceived. I suggested that ‘trauma’ can be seen as a way of perceiving violence, and one that travels into areas where it interacts with existing perceptions; where it might not only ‘not fit’ or create new political definitions of ‘suffering’, but where people also start changing their own life-worlds and experiences in relation to ‘violence’ in interaction with new definitions.

I suggested that the workings of ‘trauma’ in sites of engagement can be studied by doing an ‘ethnography of global engagement’. I thus immersed myself in ‘moments of engagement’ as participant observer. In the analysis that follows, I will first address (a part of) the history and present of Chad and some ‘Chadian’ narratives about alcohol and violence that I encountered in academic literature and during my own fieldwork. I will then zoom in on the first ‘moment’ of engagement, using mostly observations and interview data that I collected during my participation observation in ‘closed’ team meetings and therapy sessions, and interviews with staff. I will describe how in the centre, that is situated in Chad but connected to ‘global’ knowledge on trauma, a ‘trauma narrative’ about alcoholism and, to a certain extent, about Chad in general is created. After that I look into the individual narratives of alcoholism shared with me by ‘ex-beneficiaries’, to understand the frictions of being situated between ‘trauma’ and a ‘Chadian’ social narrative of alcoholism.

2. Chad: ‘Ordinary’ violence and drinking practices

To understand why applying a ‘trauma narrative’ on alcoholism seemed to ‘make sense’ in Chad, but why it was quite peculiar at the same time, I first need to set ‘Chad’ as a stage where the centre’s ‘intervention’ took place, focusing on ‘violence’ and on ‘alcohol’. I will give a short overview of the political context that made violence erupt at several moments in the country’s postcolonial history and how it is interwoven with the current situation of the country, informing the ways in which people reflected upon their own relation to violence. I then proceed to share some information on the presence of alcohol in this context and a few ‘ways of speaking’ about alcohol that I encountered in spaces outside of the centre. In some reflections on their own and ‘general’ alcohol consumption patterns, ‘alcohol’ was used as a vehicle to problematize Chad’s underlying structures and history of violence.

2.1 ‘Violence is in our blood’

One evening I was seated with friends in a bar, when suddenly a man came stalking towards our table. He grasped the front of the shirt of one of my friends, which he tore from his body. The two men started fighting. A small crowd, made up of customers and friends, gathered around them. A little bit shocked and thinking it would not be wise for me to intervene, I remained seated, like two men on a table beside me. While the dispute continued outside, one of them asked me if I was not afraid. After my answer that I was not particularly afraid for myself, but more that they would hurt each other, both men started laughing. The same man responded that I should not be afraid for them: ‘violence is in our blood’. After a short while, the fight was over and my friend, quite unharmed but angry, sat down again and ordered a Guinness¹².

The man in this story stated that violence is in a Chadian’s blood, to assure me that this bit of violence would not hurt my friend (and the other man). His question, if I was afraid, implied that he understood that for me, a non-Chadian white girl, witnessing ‘violence’ might be quite shocking. This idea that Chadians were used, or even insensitive, to violence I heard more often, in conversations with friends and strangers. Different stories indicated that people saw themselves as having a different relation to violence than people from other countries. One

¹² field notes, 12/04/2016

friend, for example, told me about the time he studied in Cameroon, where he ran into a police officer while he was on a date with this officer's girlfriend. Coming from Chad, he had expected violence; to be arrested or some other physical or verbal violence, but instead there was none. The policeman remained friendly. He told me this anecdote to illustrate his surprise about the friendliness of the people he met in Cameroon, to juxtapose it to the unfriendliness, the 'harshness' and the violence he encountered in people in his own country.

This attitude towards themselves seemed to reflect an experience of the reality of life in Chad as an 'abnormal normality' (Vigh, 2008), marked by violence and a permanent situation of 'crisis' and decline. During an interview, for example, Yannick, who worked at the centre, started questioning the national banner of the country, which states *unité, travail, progrès* (unity, work and progress). 'Where does it come from?', he said, 'One time I stopped and I thought about it. Since I know Chad, the country has never been united, Chad has never been at work and Chad has never been in progression. On the contrary, we evolve in reverse'¹³. Yannick's observation that 'Chad has never been united' echoed descriptions of the country as being in a permanent 'no peace no war' situation, marked by constant hostility and where times between episodes of war are not experienced as post-war, but 'inter-war' periods. According to Debos (2011), this makes that people think less in terms of 'war' or 'peace', but more in terms of violence, insecurity or relative stability and that outbursts of violence, on a small and large scale, are always a possibility¹⁴.

2.2 A history of the 'ordinariness' of violence

Looking at the history of Chad the world-view that I encountered may not come as a surprise. What seems to characterize both 'everyday' confrontations and structures of violence as well

¹³ Ça vient d'où ? Une fois je m'ai arrêté et j'ai réfléchi, depuis que je connais le tchad, le pays a jamais été uni, que le tchad a jamais été en travail et le tchad n'est jamais en progression. Au contraire, nous évoluons en regression. (Yannick, interview at the centre, 27/04/2016).

¹⁴ The attitudes that I encountered resembled somewhat what Vigh (2006) observed when he did research on youth in Guinea-Bissau. These youth find themselves in a country where threats of violence are constant and where development, despite the talk of politicians, seems to have come to a standstill. Simultaneously, however, they are through different media confronted with 'global' narratives of progress that are in contradiction with what they experience in their surroundings. In their reflections upon this disparity, they constructed an image of decline. They started to see their own situation, with a history of war and bad governance, as 'underdeveloped' in comparison to other countries. Vigh further argued that this image became inscribed in the self-representations of his informants, which was echoed in statements as 'We blacks are made for hardship'. He further reasoned that 'imagination' is very much connected to practice; it guiding the perceptions of reality and herein also creating this reality, influencing everyday decisions, for example in relation to violence (see also: Schröder and Schmidt, 2001).

as its outbursts in episodes of war is the country's division between a Christian South and a Muslim North. This conflict goes back to pre-colonial times, when 'les éleveurs' from the North dominated Southern 'agriculteurs', trading them as slaves. The colonial rule of the French shifted this power balance. During their regime, much more was invested in the southern part of the country, a region that was more profitable for the extraction of resources. Although this North-South division seems to form the backbone of many conflicts in Chad, a multitude of other factors play a role; regional and international conflict and politics, the hold over natural resources (for example petrol), the corruption of individual leaders, other ethnic divisions and, more recently, Boko Haram, to name just a few. This wide range of factors allowed this 'North-South division' to remain and to re-intensify to the point of outbreaks of violence at several moments (Arditi, 2003). For the purposes of this thesis, I will focus on such 'episodes' in the country's post-colonial history. It is notable that from the moment of independence, in 1961, there has not been one regime change without violence.

Directly after independence, Chad remained under the rule of Francis Tombalbaye, who developed himself into an undemocratic and authoritarian ruler. More and more of his Northern opponents were replaced with Southern allies, reflecting his discriminatory politics that marginalized the Northern and central parts of the country. In response to expanding oppression and rising taxes, peasant rebellions broke out in 1965, later joined by a rebel movement that grew out of an earlier movement of Northern opponents in exile. This movement, *le Front de Libération National du Tchad* (FROLINAT), would become the most important opposition to the Chadian government in the years to follow. The period 1965-1990 has been referred to as an overall period of 'civil war' (de Bruijn & van Dijk, 2007), characterized by cycles of repression and violent rebellion (Debos, 2011, 2013).

From 1966 Tombalbaye thus found himself in war against rebel movements and in order to remain in control, he sought military help from the French and later also from Libya, ruled by colonel Gadaffi. Their combined efforts to suppress the rebellious groups seemed successful. Tombalbaye's national politics, however, further derailed and the opposition against him grew, also among the 'Southerners' in his own entourage, especially after he left a part of the North under the rule of Libya. Not many people were surprised or sad when in 1975, Tombalbaye was killed in a military coup, leaving the country under the military rule of general Malloum.

After this coup, new attempts were made at negotiations between the government and the opposing rebel movements, but to no avail. Instead, the situation hardened and rebel leaders, supported by Libyan forces, took over control in the North of Chad around 1978.

That they did not take over the whole country, was due to divisions that had arisen within the rebel movement FROLINAT over the involvement of Libya in Chadian affairs. This split moreover provided a chance for Malloum to make an alliance with one of the rebel leaders, Hissène Habré, head of the FAN, the anti-Libya section of what had been the FROLINAT. Habré negotiated his way into the government, as prime minister, but soon internal conflict over how to divide power led to a break in this fragile cooperation. In 1979, both Habré and Malloum abandoned their posts and the situation in the country became very unclear. Warlords took over the rule of many parts of Chad's territory. Several attempts at national governing arose in the shape of a transitional government, but there was no general consensus over how to proceed, especially in relation to the Libyan forces that were slowly infiltrating the North. *Les Forces Armées du Nord* (FAN), 'Habré's' faction of the FROLINAT, started fighting Libyan groups. After initial losses, they gained the support from France, which helped the FAN to take over N'Djamena in 1982, installing Habré as the country's ruler. This episode, from 1979 till 1982 was in interviews and everyday conversations often referred to as 'the war of '79'.

After the installation of Habré, the war with Libya continued, supported by France and the US as part of their global fight against communism. Habré successfully reclaimed Northern territory, but to remain in power he simultaneously started a brutal politics of oppression. His security system, the DDS, effectively picked out opponents and groups that opposed the regime, punishing them through torture and mass killings that took place mostly in the South. An estimated 40.000 people have been murdered (Human Rights Watch, 2005), but many rumours state there were more. Habré also created enemies in his own circle, by tactically incorporating not necessarily his friends but also his enemies within his government, instigating discontent and making his former allies into new opponents. Two of them, Idriss Déby and Hassan Djamous, escaped to Sudan, where they started *le Mouvement Patriotique du Salut* (MPS). They returned to N'Djamena in 1990 with an army and the next coup was a fact (de Bruijn & van Dijk, 2007).

2.3 Life in a 'democratic dictatorship'

Idriss Déby is still Chad's president. His rule remained threatened by rebel groups, situated mainly in the bordering region with Sudan, Darfur (van Dijk, 2007). They became most dangerous in 2008, when on the 2nd of February rebels took over almost all of the capital, except the presidential palace. Thousands of people were killed in the fight between rebels

and government actors. This attack almost became the next violent regime change – the French had already offered to evacuate Déby, who refused – but in the end the presidential army took over again. Since this outbreak of violence Chad seems ‘stable’ and Déby seems to have regained military control in the region, with help from France, who supports the president and his army for, they argue, purposes of security in the region (the army of Déby has been quite successful in the fight against Boko Haram) and, presumably, out of economic and military interest (Hansen, 2013).

Déby’s regime has been described as a typical ‘strong regime with a weak state’ and the president himself as a ‘democratic dictator’ (Hansen, 2013). Feelings of discontent about his patrimonial modes of governing and his questionable execution of ‘democracy’¹⁵ seem to be increasing. These became extra visible in the period around the elections that took place on the 10th of April this year, during my presence in the country. Everyday conversations revealed that a large part of the population, especially youth, is angry and frustrated. I heard many people argue that under Déby, the country has become a chaos. He has not attempted to decrease the unemployment rates that are very high in some parts of the population and under his reign wealth disparities have only increased. Moreover, education rates remain low, there is still no constant access to electricity and water and salaries and student loans are often not paid. There was some hope for improvement when oil reservoirs were discovered in 2003, but, apart from some improvement in infrastructure (for which many people were forced out of their homes), none of these problems have been solved structurally. The outcomes of the elections did not match many people’s hopes of change (and very possibly not the reality of the vote-count); Idriss Déby had 61% of the votes, just enough to defeat his opponents in the first round¹⁶. Despite feelings of frustration, population resistance did not materialise. On the one hand, this might be due to a lack of organisation and unification. On the other hand, the regime effectively used violence and threats of violence to contain the population. In the period leading up to the elections, for example, civil society leaders were arrested and several military men who voted against the regime disappeared. Moreover, armed state actors constantly surveyed the streets. That they would not hesitate to shoot on protesting crowds

¹⁵Tchad Actuel (17/03/2016) Coup KO dès le 1er Tour pour Deby : 52%.

<http://www.tchadactuel.com/?p=13683>, last seen 01/08/2016

¹⁶RFI (22/04/2016) Présidentielle au Tchad: Idriss Déby réélu, selon les résultats provisoires <http://www.rfi.fr/afrique/20160422-tchad-resultats-presidentielle-deby-reelection>, last seen 01/08/2016

was demonstrated some weeks before when three young people were killed during protests that erupted around a case of sexual violence¹⁷.

Moreover, violence-as-war remains very present, it has become ‘entrenched in normal life’ (Debos, 2011), it is visible as military presence in the streets, military structures that Déby has built around the capital city after the attack in 2008. Its invisible presence is felt in the ‘ordinariness of experiences of war’. Almost all people have witnessed one or more outbreaks of violence and they have felt the consequences, in the form of death in their family or forced displacements. My informants referred mostly to the war from ’79-’82, the killings that took place under the reign of Habré (especially in September 1985, that is also referred to as *Septembre Noir*) and to the 2nd of February 2008, when rebels took over N’Djamena.

2.4 An alcoholic country?

When walking through the streets of N’Djamena, however, you do not feel as if you are in a ‘war zone’. The streets were filled with people going about their business; waiting for a minibus or *clando* (motor taxi) to take them to work, selling fruits and vegetables, mobile phones or other things, going to the market, or just sitting outside their house watching people go by. What did stand out were the many bars and *cabarets*¹⁸, at least in the neighbourhoods that were seen as ‘Christian’, ‘one for every two households’, I heard from several people. On one of my first days in the city, I made a walk with a friend and we started counting them; in about half an hour we had seen 43. These bars were well-visited. In the morning they already had several customers, the number of which grew until, at night, they were full. Moreover, not many days went by in which I did not encounter one or more very drunk individuals in the streets.

However, people went to these bars not only to ‘get drunk’. Bars were also places to watch football, discuss politics or, more simply, to be with friends. Around alcohol there was a large solidarity; people ordered always in rounds, which they put on their individual bill so in the end, it was (at least for me) never clear who ordered what. It meant that one could

¹⁷Le Touzet, Jean-Louis (26/02/2016) Tchad: quand un viol deviant une affaire d’état.

http://www.liberation.fr/planete/2016/02/23/tchad-quand-un-viol-devient-une-affaire-d-etat_1435220, las seen 02/08/2016

¹⁸ A ‘cabaret’ is a bar where local beer is sold, for very low prices. Most of these kinds of bars are a bit ‘hidden’; they do not have big banners or terraces. It is possible to pass them without noticing them, only when you take a quick look inside do you see people seated on wooden benches or mats, drinking a rather sour, often foamy liquid from calabashes. Alcohol is very cheap in these places, for 50-100 FCFA (8-15 eurocents), you can buy one calabash or a shot of ‘argui’, a very strong distilled drink.

always come and drink, even with a low budget. I also meant that you did not easily determine how much you drink; new beers are often ordered for you. On several occasions, I was only halfway through my first drink, while two unopened bottles were waiting already, despite my protests that I could never finish. From several people I heard that such solidarity exists exclusively around alcohol; friends will not easily lend you money or even buy you a meal, but they are always willing to buy you a round of beer.

Several stories of drinking that I overheard in everyday conversations seemed to reflect the same ‘abnormal normality’ that surrounded stories of violence. Some of these were travel stories; friends told me that, when they were in other countries, they would drink much more than the people they met there. One Cameroonian friend admitted that, in Cameroon (a country also notorious for its alcohol consumption), he counted as a big drinker, but in Chad he was always the first who fell asleep. From another person I heard that he had been almost abstinent during his studies abroad, but that he had retaken his old drinking habits now that he was back in Chad with his friends. These were stories that instigated both laughter and sadness. The observation that Chadians were better than others in ‘drinking’ was explained in different ways. At some moments people would shrug (that is just the way things are in Chad), or they would ‘blame’ Chadian solidarity, which makes that when you start drinking, you drink a lot. On one occasion, when I was invited to go to a bar with ministry officials, the conversation about alcohol even turned into a celebration of Chadian solidarity.

In academic studies alcohol has been used as a window to study larger geo-political developments in relation to political and economic developments and conflict (Wallace & Roberts, 2014), some specifically in African countries (Bryceson, 2002; Akyeampong, 2002). In the only study that I found specifically about Chad, with a focus on alcohol consumption in the Southern part of the country, the authors explicitly linked the prevalence of alcohol to Chad’s history of conflict, stating that:

In a country still strongly marked by a long civil war, where representations are always tempted to turn into a binary crystallisation that puts on either side a Muslim North and an anti-Islam South, the consumption of alcoholised drinks allows to read a good part of the dynamics, the fragilities and the tensions that affect the Chadian societies at the start of the XXIth century (Magrin & Mbayhoudel, 2005, p. 501, my translation)¹⁹

¹⁹ Dans un pays encore fortement marqué par une longue guerre civile, où les représentations se laissent toujours tenter par une cristallisation binaire mettant aux prises Nord musulman et Sud rétif à l’islam, la consommation des boissons alcoolisées permet de lire une bonne part des dynamiques, des fragilités et des tensions qui affectent les sociétés tchadiennes en ce début de XXI^e siècle (Magrin and Mbayhoudel, 2005, p. 501).

These authors described how the Southern part of Chad, patterns of alcohol consumption, a substance also embedded in Chadian traditional culture and ceremonies, altered in accordance with geopolitical developments; how consumption and production increased in more ‘difficult times’ of war and regional instability.

Quite a number of people that I encountered reflected on alcohol in their country in similar ways as these ‘external observers’. They incorporated a critique on the socio-political situation in Chad in their answers on my questions about drinking practices or in spontaneous stories they would tell about alcohol. I heard several times that drinking is inevitable: *Nous sommes obligés de boire*, ‘We are obliged to drink’. People reasoned (not always in relation to themselves) that in Chad, there is no work, there are no other places than bars to get out of the house and meet your friends, so people drink a lot and they are aware of it, but they see no motivation to change their behaviour. Some individuals even referred to the rule of Habré not necessarily as ‘good times’, but at least times when there was some political control in relation to alcohol. Bars were not allowed to open before 5 pm and children were not allowed in bars, whereas under Déby it was ‘no matter what’. Some people even argued this lack of rules allowed people to remain passive, offering them an easy way out of their difficult conditions, rather than protest.

A confirmation of the feeling that these stories of critique were not ‘random’ stories people told me to facilitate my research about alcohol, but that they reflected one of the ‘social narratives’ about alcohol, I found when I attended the concert of Ray’s Kim, a socially engaged hip hop artist who sings in Bouda, the language of street children. His décor was a reflection of Dembé market, one of the biggest markets in Ndjamena, just a few minutes’ walk from my house in the neighbouring quartier, Moursal. On the left and right side of the stage were a woman selling vegetables and a small boy selling soap. In the middle of the scene there were two other elements; *cabaret* ‘sans soucis’, manned by street children seated on wooden benches and on the floor, drinking from calabashes, and *alimentation*²⁰ ‘ma jeunesse’, where nicely dressed up youth were sitting around a table with many beer bottles.

Behind the different types of bars Ray’s Kim had staged there was in fact a political story about Chad. When I asked him after the concert about his scene, he explained that his décor reflected the situation of Chadian youth. One part lives in absolute poverty, they do not have anything, live on the streets and drink away their worries in local bars (hence *cabaret*

²⁰ An *alimentation* is a bar where one can buy industrially produced beer.

‘sans soucis’, which means ‘without worries’). Another part is educated, but they cannot find work or money for further education. They have nothing to do besides drinking; they spend their time and the little money they have (from family) in bars. By choosing this ‘everyday image’ of Dembé market as a scene for his socially and politically engaged concert, he problematized ‘normal’ drinking behaviour of youth and used it as a metaphor for and a critique of the current social, political and economic situation. In his lyrics, he called upon the government as well as the Chadian population to take up responsibility²¹.

2.5 Concluding remarks

Chad’s history knows a high incidence of political turmoil and episodes of war. It seems that the structures that underlie this past violence have largely remained unresolved. Moreover, there are many difficulties and insecurities, such as poverty, unemployment and state violence that people encounter in their everyday life. It means that, according to Debos (2011), feelings of insecurity, hostility and frustration characterize everyday life, but simultaneously it seemed as if it had led to specific conceptualisations of *les Tchadiens* and Chadian society as ‘insensitive’ to violence.

‘Drinking’ is, first of all, a normal practice in Chad (like it is in many countries), linked to fun, leisure and friendship. At the same time it is increasingly seen by a group of people as ‘abnormal’ normal behaviour and as such it is on some occasions, in everyday conversations and by ‘opinion makers’ used as a vehicle to voice socio-political critique.

²¹ Personal communication with Ray’s Kim, field notes, 15/04/2016

3. Constructing a trauma narrative

In the small centre where I did research, situated in the context I described in the previous chapter, ‘trauma’ became part of a narrative constructed around alcohol. The construction of this ‘trauma narrative’ around alcohol took place in the interaction between ‘universal’ psychological discourse, and the context ‘Chad’, specifically N’Djamena. The high incidence of violent events and structures in history and present makes that to believe ‘trauma’ is hidden behind a reality of ‘heavy drinking’ seemed to make sense. In this chapter I will show not only how trauma became an explanatory model for ‘alcoholism’, I will also inquire into the way it informed a specific narrative about violence in Chad in general.

3.1 A little world outside

The centre fighting against alcoholism in the daily reality of Chad was, either paradoxical or perfectly suitable, situated in Kabalaye, one of the neighbourhoods where alcohol is most visible. At night this neighbourhood became one of the most ‘shady’ places of N’Djamena, shunned by some and celebrated by others. The few times I was there after dark there were many people out in the streets and the bars were filled with men that, while drinking beer and smoking shisha, mostly occupies themselves with flirting with one of the numerous prostitutes walking around.

The centre (that is officially part of the catholic mission, but largely a-religious in their practice) was located on the terrain of the ‘big catholic church’, which in itself breathed a different atmosphere from what you felt in the streets. Walking towards the ‘back entrance’ of the centre, you were certain to pass by people that were reading, studying or sleeping and children that were playing, often singing and dancing, in the shade of the trees or on the altar of a large outdoor church that was hardly ever used since a larger, roofed church had been built on the terrain.

From the street side entrance you directly entered the ‘bar sans alcool’ and the contrast with other bars in Ndjamenana was immediately evident. On most days the space was quiet, while every staff member went about his or her own business, sometimes joking or discussing among each other. Visitors came and went, most of them were patients come to see *la soeur* (most of them were (ex-)alcoholics, but psychological care was also provided at the centre for people who had problems different than alcoholism). In the afternoon at three the bar

officially opened and people were free to walk in. On some days no visitors came. On good days there would be four or five ‘guests’, all separately reading, or playing games together. Saturday afternoons it was often the busiest, with people coming in either for the movie screening or for the ‘talk and support’ group, both held once every two weeks. Some weekends were reserved to educate new ‘peer-educators’, or for workshops; experts in the domain of alcohol, psychology or anthropology would come to share their knowledge with a diverse group of people.

There was, however, more happening than an observer of just this quiet space in Kabalaye would notice. A significant part of the organisation’s activities took place in other places in N’Djamena. Almost every day *animations*, sensitisation sessions, were held about the negative consequences of alcohol, in schools and churches, sometimes even in prison. Moreover, ten days of more or less every month, *la cure* ran in parallel to the other activities of the centre, at a hospital that was a motorbike ride of approximately 15 minutes away from Kabalaye. Up to five alcoholics would be hospitalized for ten days to detoxify in a safe and closed-off environment. After their release they were asked to come back to the centre at least once every week to do follow-up consultation sessions.

The tasks within the organisation were roughly divided over the different activities and internal administration tasks. Nicole, a nutrition specialist, and François, a sociologist, were mostly occupied with *les animations*. Rosa, a Spanish *soeur*, had arrived at the organisation a few months before I came to do research, to prepare to become the new directress. She was mainly busy with everyday administrative acts. Louise, the current directress and a French *soeur*, had a background in psychology and had introduced psychological methods at the organisation. She did most of the individual consultations and led most of the group therapy sessions. Yannick had come to the organisation when he was still ‘just’ a pharmaceutical expert, but had, through the centre, gone to France and to Senegal to follow education in alcoholology and psycho-pharmacology, respectively. Finally, there were Jean, who had a background in social psychology and fulfilled a role as the responsible of the bar without alcohol and Jérôme, a French intern who was busy reforming the internal structure of the organisation.

3.2 ‘Ethnopsychiatry’ and trauma

The staff members, especially Louise, the directress, and Yannick, who referred to himself as ‘superior technician in mental health’, connected themselves to a ‘global’ discourse of

biomedicine and psychology, the latter inspired by the tradition of psychoanalysis. International books and articles about these topics were available in a small library at the centre, but a lot of knowledge had also arrived through a direct link, between this centre and a clinic in Southern France that had been set up to treat non-western patients specifically, mostly immigrants and refugees. In 2009, after her return from an internship in this ‘intercultural’ clinic, the centre’s directress received help from the French ambassador to establish a collaboration between the two centres.

Because of this connection the centre started to practice ‘ethnopsychiatry’, a specialized form of psychology adapted to ‘non-western’ culture. The underlying idea was that in order to adequately understand and treat ‘la souffrance de l’autre’ psychological practice needed to be adapted to fit non-western culture. It meant that special attention was paid to ‘tradition’, i.e. traditional beliefs, rituals and family structures. The practice most visibly designed for this purpose was ‘intercultural therapy’, where all staff members would be present for a consultation with one patient. The idea was that a culturally diverse interpretation of someone’s story might contribute to identify the problem and to find a solution. I participated in 16 of these group consultations, most of these with ex-alcoholics, but also with people who had other problems. One was, for example, with a young man who suffered from nightmares. In an attempt to create an understanding of his problem we ‘delved’ into the fact that this young man had a twin brother. Posing the question to someone in the group who was from the same ethnicity as this man, we learned that twins have a special and powerful position in the tradition of this man’s group. This insight helped to pose further questions, in order to understand the man’s story, and to help him understand it as well²². Experts from the centre in France regularly visited N’djamena to give trainings in ethnopsychiatric practice. Louise told me that this ‘tool of ethnopsychiatry’ completely changed her image of Chad: ‘It is there that I understood, I really understood the richness of Chad, the richness of Chad and the interest of being here (...) it is the tool of ethnopsychiatry that made me see things completely different’²³. Other staff members also referred to formations in ethnopsychiatry as moments wherein they had learned a lot.

Ethnopsychiatry thus addressed some of the concerns about possible incompatibilities between ‘global’ and ‘local’ definitions, since psychological problems were reformulated in

²² Field notes, 11/03/2016

²³ ‘C’est là où j’ai compris, j’ai vraiment compris la richesse du Tchad, la richesse du Tchad et l’intérêt d’être ici (...) C’est l’outil d’ethnopsychiatrie qui m’a fait voir les choses complètement différent’ (Louise, interview in a restaurant, 19/02/2016).

accordance with 'local' meanings. Nevertheless, it seemed as if ethnopsychiatry as it was practiced at this centre did not challenge many of the basic assumptions connected to 'universal' psychological image of the effects of violence. While seeking for understandings and solutions of 'alcoholism', the idea that there was an underlying mechanism of 'trauma', and that this needed to be 'narrated', put into words, remained. The terms 'trauma' (*le traumatisme*) and 'suffering' (*la souffrance*) were often used when giving meaning to alcoholism and influenced how events in the life histories of alcoholics were interpreted, even if these were expressed in terms that corresponded more to Chadian tradition

3.3 An expert narrative of alcoholism

One Saturday morning, I was appointed to animate the weekly team meeting. I decided to take this as an opportunity to hold a 'group interview', getting some information clear that had hitherto remained vague to me. My first question was, I thought, a simple one: 'what is, for you [at the organisation] the definition of alcoholism?' Before someone answered, Louise intervened: 'let the non-specialists speak first'. After this remark she made a joke, about how Yannick would like always come up with very long definitions, but my question remained unanswered for another five minutes or so, until finally Jean was 'appointed' to give an answer: 'I understood that alcoholism is an illness...' ²⁴

This anecdote shows that the knowledge about alcoholism held at the centre, on which their practices were based, was not necessarily 'given', it took shape in the relations among staff members, of which some held more power to make claims about truth than others. In this interview and during other 'team meetings', I realized that I witnessed (and, by asking questions during team meetings, created) many moments where this 'shaping' took place. 'Expertise' was not divided in a completely equal manner and the different narratives around alcoholism, especially the 'trauma narrative' were not uncontested. The stories that were told during, for example, this group interview, could simultaneously be seen as moments of 'construction'. The psychological narrative acted not as 'the universal truth', but as a 'social narrative', produced and reproduced in relation to the Chadian context and existing knowledge and experience in the centre, wherein those individuals who 'knew' more than others, through study and experience in the field of psychology, could make more convincing

²⁴ notes taken during 'group interview', held at the centre on 16/04/2016.

claims. This is reflected in the way a difference was made between specialists and non-specialists in the situation that I sketched, of which Louise, by not answering my question first, clearly counted herself as part of the first group.

There was not one ‘theory of alcoholism’, nor one that was very clearly defined. Different narratives and explanations existed simultaneously and these adhered to different practices that were all part of the centre’s ‘intervention’. I will pay special attention to the ‘trauma narrative’ that connected alcoholism to an individual’s trajectory with violence and suffering, but I do want to point out that this narrative was not central to all activities of the centre, nor was it known specifically for it. It felt as if it was somehow hidden behind other narratives, ‘surfacing’ in interviews, discussions among staff members and in later ‘therapeutic stages’ of the treatment of individuals.

During this treatment, the focus shifted from ‘the substance’, alcohol and its effect on the body to ‘the moment’ a person started drinking to ‘the individual’, significant events in the life history of an alcoholic person not in direct temporal relation to alcohol. These different ‘dimensions of alcoholism’ were never completely separated, but the importance given to them varied, dependent on the ‘phase’ of treatment, but also on which member of the staff I would speak to; ‘trauma’ seemed to be given the most importance by those counted as the ‘specialists’ in psychology, who were Louise, Yannick and, in some cases, Jean.

3.4 Towards a ‘trauma narrative’ of alcoholism

A medical narrative: alcohol and the body

Education about alcohol, given shape in *Les animations*, was an important part of the centre’s curriculum. The negative consequences of drinking that are part of everyday reality were given meaning as ‘symptoms’ of a potentially dangerous disease called ‘alcoholism’, targeting ignorance about the dangers of alcohol and false beliefs that alcohol gives you strength and that it is good for the development of infants if the mother drinks during pregnancy. This was a seemingly trivial, but very important part of the ‘expert knowledge’ held by staff members. The act of ‘drinking’, although known for causing problems, was normal in many people’s lives and in the streets of N’djamena and the idea that alcohol consumption could cause a biologically mediated physical dependence, was not generally known. Jean, who answered my question in the anecdote above, but also other staff members and ex-alcoholics told me that it was through the organisation that they first understood that alcoholism is an illness.

In churches, schools and occasionally in prison, this ‘illness narrative’ (Hydén, 2008) of alcoholism was presented in the *boîte à images*, a series of illustrations. The first picture was of two men sitting on a wooden bench, one holding a calabash, the other a bottle, a few more empty calabashes and bottles lying on the ground. Their satisfied smiles were misleading; the stars and curly lines drawn around their heads indicated that their happiness was linked to the empty calabashes and bottles lying on the ground; to the consumption of alcohol. What this could lead to became clear in the second image. A standing man, the same stars and curly lines around his head, was pictured, but the preceding footsteps and his posture indicated that he was not walking straight anymore. The lower half of the sheet showed the same man passed out on the ground, drunk, he wet himself and mosquitos were zooming around his head. It was a scene that people recognized (and indeed, when walking through the streets of Moursal or Chagoua, the two neighbourhoods where I spent most of my time outside of the centre, it was rare to not encounter a few drunk individuals, the number of which increased as the day progressed).

In later images, the biological mechanisms behind addictive behaviour were explained in simple terms. There was attention for the effects of dopamine on the brain and how this created a ‘fake happiness’ after consumption of alcohol. Once you had started drinking, the brain would need more and more alcohol to find the same level of excitation, which causes an ‘illness’ of the liver, which can become fatally ill (cirrhosis). Alcohol would transform someone who drinks from an agent into a patient, into a helpless ‘slave of alcohol’ (these words were literally used). This ‘enslavement’ to alcohol was presented as a two-fold cause of suffering; physical, but also social. There was a picture of a man flirting with two prostitutes, a warning of risky sexual behaviour, and after that a scene of domestic violence, to illustrate how alcohol could bring violence into the family. These socio-economic consequences were the effects that people themselves experienced and in combination with the newly learned knowledge that alcohol made your body sick, they could make that alcoholic individuals approached (or were sent to) the centre for *la cure*²⁵.

La Cure: from physical disease to psychological problem

The recognition of alcoholism as illness could be seen as the first step of the trajectory that an alcoholic person entered when he or she wanted to be helped by the organisation. It was part of the intake procedure that preceded the detoxification cure, a ten-day hospitalization that

²⁵From field notes, taken during the attendance of different *animations*, three in schools, two in churches and one in prison.

helped their bodies to lose their physical dependence. While taking off guilt, it also forced this person to admit that his behaviour was not normal and that he needed to be ‘cured’. In the ten days that the beneficiaries stayed at the hospital, they abstained from drinking in order to get the alcohol out of their biological system. Moreover, they were given medication to prevent withdrawal symptoms and they were provided with a meal three times a day to gain strength.

During these ten days, however, *les curistes* were also confronted with the fact that alcoholism was not only a physical disease, but also a psychological problem, the wish to drink not created by the substance itself, but by a wish to escape a difficult situation. Rosa remarked that alcohol ‘... is like a sort of medicine, to fight against... difficulties they have so there it is. It’s like a sort of help’²⁶. The illness narrative of alcohol, although most prominent in the sensitization campaigns, became secondary, as Louise argued:

[they themselves don’t see it that way, but] I tell *les curistes* you had a need for alcohol at a given moment, it was a solution (...) you could not have done differently, Now I try to make them understand, how can you do different than with alcohol, since you are destroying [yourselves], so now you also have to find another solution. You see I take the guilt off (...) if you moralise, you do nothing²⁷

The next step towards abstinence, after acknowledging having a ‘disease related to alcoholism’, was thus to address the underlying problem. This work started with posing careful questions related to ‘why’ someone started drinking. During the ten days in the hospital, every day one member of the staff passed by to treat the ‘form of the day’, to address questions like ‘why do you want to stop drinking’, ‘how did you start drinking’ and ‘What am I going to change in my life so I can actually stop?’ This asking of questions contradicted in some cases the expectations of those taking part in *la cure* and it was not always immediately understood as significant. The ‘empty hours’ at the hospital, when the patients were not eating, sleeping or treating a ‘form of the day’ were meant for further reflection upon these questions.

²⁶ ‘... est comme une sorte de médicament, pour lutter contre.. des difficultés qu’ils ont donc comme ça. C’est comme une sorte de aide’ (Rosa, ‘group interview’ at the centre, 16/04/2016).

²⁷ ‘[Ils mêmes ne le voient pas comme ça, mais] je dis [aux curistes] vous aviez besoin de l’alcool a un moment donné, c’était une solution (...) vous ne pourriez pas faire autrement. Maintenant j’essaie de leur faire comprendre, comment vous pouvez faire autrement qu’avec l’alcool, comme vous êtes en train de [vous] détruire, donc il faut aussi maintenant trouver une autre solution. Tu vois je déculpabilise (...) si on moralise là, on va rien faire’ (Louise, interview in restaurant, 19/02/2016).

Individual: a deep suffering

Les curistes often explained their drinking in relation to a certain socio-historic context, wherein they sometimes also admitted that it was for them an escape. They spoke of group pressure, but also of *les soucis*, worries, a reason for drinking that was heard at other places in the Chadian context as well. During a sensitisation session that I attended at a school, one girl of about fourteen even matter-of-factly answered the question ‘why do people drink’ that was posed by the *animatrice* (from another organisation²⁸) with ‘they are drowning their worries’²⁹. I also heard stories about men who justified their daily presence in bars by saying that their wife at home gave them too much ‘worries’. Others said they started drinking because they did not have work and they are ‘worried’ because they can’t take care of their families. The link between loss of work or not being able to find work and drinking can also be more circumstantial; without work one has a lot of time to spare, ‘going to the bar with friends’ is a taken-for-granted way of filling this up, but inevitably involves alcohol. Other reasons that were given were group pressure or imitation, the making of friendships, losing timidity and the possibilities for courtship in bars and clubs.

Such often easily given explanations were, however, not seen as ‘sufficient’ at the centre. *Les soucis* or social motivations were seen as only part of the reason for drinking. They might be able to explain why a person started drinking, but not necessarily why he or she was unable to stop. Louise explained to me her approach towards those kinds of explanations:

I really believe that the socio-economic context is not enough to make an alcoholic of you. Because it depends, on what you encounter in your history (...) often, for example, the alcoholic person tells everyone I drink as imitation, because I do like others, it’s true... but not all Chadians are alcoholics, so why you, at a certain moment, did you want to do like others?³⁰

²⁸ The centre where I did my research was not the only centre fighting against ‘alcoholism’ (there was another centre that had a link to the protestant church, with whom I attended two extra sensitization sessions). They were, however the only centre that used a psychological approach to do so.

²⁹ ‘Ils sont en train de noyer les soucis’, field notes taken during an *animation* at a girls’ school, 14/03/2016

³⁰ ‘Je crois vraiment que le contexte socioeconomique ne suffit pas à faire de toi un alcoolique. Parce que ça depend, se que ça vient rencontrer dans ton histoire. (...) souvent par exemple la personne alcoolique disent a tous le monde je bois comme mimetisme, parce que je fait comme les autres, c’est vrai.. mais tous les Tchadiens sont pas des alcooliques, donc pourquoi toi, à un moment donné, tu voulais faire comme des autres ? qu’est que il y a dans ta vie a fait que tu voulais faire comme les autres ?’ (Louise, interview in restaurant, 19/02/2016).

It is necessary that the patients discover what they were (or are) ‘really’ trying to drown in alcohol, because it will be very difficult for them to find a solution if they do not acknowledge their actual problem.

Confusion could arise about what was, then, the ‘real cause’ and expert knowledge was important in distinguishing adequate from inadequate explanations. Alcoholics did often not connect the ‘right’ events to their addiction, creating a false causality. One time, for example, Louise told us during a team meeting about an *ancien curiste* who had fallen back into drinking. He had told her that he went to his friends every Sunday because they asked him and he did not want to be alone. She pointed out that there was a flaw in his reasoning; instead of giving in to his wish not to be alone and ‘blaming’ his friends this man should ask himself ‘why do I not want to be alone?’³¹ During another team meeting François was corrected because he believed an explanation given by one man who had just come out of *la cure*, who had stated that he recommenced drinking (he had stopped before) in China because he did not like the food they gave him there. It was explained to him that, although these circumstances in China might have triggered drinking, they were not the reason that this man was an alcoholic. In both cases the reasons given by the patients were ‘not enough’ and, moreover, believing such reasons was not ‘professional’³².

The actual reasons are often hidden, by the alcoholic person or even from him or her. Whereas the body is speaking ‘the truth’, creating a wish to drink, the mind fools itself through the creation of a false causality, explained Jean³³. Finding the ‘right’ story involved going beyond explanations given by alcoholics themselves which often meant going beyond the moment that someone started drinking or that alcohol became a problem for this specific person. For example, the patient who had explained his alcoholism in relation to a trip to China, had been selected to undergo ‘group therapy’. I heard at a later team meeting that ‘new leads’ had been discovered during the group session (that I had not been able to attend). He had said something about his uncle, without wanting to further elaborate on the matter. Although he had, in this consultation, repeated his story about China and other stories of group pressure, it was clear that these explanations, although creating ‘moments’, were not the actual causes of his alcoholism.

³¹ Louise, team meeting at the centre, 19/03/2016.

³² Field notes, taken during a team meeting at the centre, 02/04/2016

³³ Jean, ‘group interview’ at the centre, 16/04/2016.

3.5 A ‘terrible *banalisation*’ of violence

You leave a difficult context to recreate yourself a little world outside, but that does not say that... that it doesn’t do any good ehh... there are quite some people, when they tell me their story I feel like telling them go drink a little it will do your good... they are crazy stories, go drink a little... I don’t say how can you continue, I never tell them...³⁴

The substance ‘alcohol’, although in the sensitisation sessions presented as an addictive and ‘enslaving’ chemical, was thus not seen as the problem in itself, nor were the direct circumstances that ‘triggered’ alcoholism. In many cases, both covered up the actual problem; a ‘deep’ suffering, often unconscious, forgotten or suppressed. Therapy was a next step in the search for answers, since putting this suffering into words through psychotherapy could help an alcoholic person to cope with, even resolve the problem without again turning to alcohol. Thus started a trajectory of consultations wherein not only life histories ‘with alcohol’ but life histories in themselves became important. What came up in these sessions were ‘crazy stories’, according to Louise, who also told me that she did not remember the last time that someone with a non-violent story came to the centre.

As such, in therapy sessions, through the use of therapeutic techniques, which could be asking questions or drawing a genealogical tree or variants thereof, traumas could ‘pop up’, as was illustrated by Louise:

I remember one man, it was an alcoholic. He made his gynaecological tree; he had seen war, he had not been able to deplace himself (...) he did not have a house, he was in the streets of N’Djamena, and so forth (...) I told him: this story, it can maybe also cause the wish to drink, to forget (...) well one day I said this and he looked at me and he said ‘Ooh, so it is bad?’. Never did he realise that it could be bad, what he lived through. For him it was normal! There really is a terrible *banalisation* of traumatism³⁵.

³⁴ ‘Tu sors un contexte difficile pour te recréer un petit monde en dehors, mais ça veut pas dire que... ça fait pas du bien ehh.. Il y a pas mal de gens quand ils me racontent leur histoire j’ai envie de leur dire aller bois un peu ça va vous faire du bien... c’est des histoires de fou, aller bois un peu... je ne sais pas comment tu sais continuer, je leur dit jamais...’ (Louise, interview in restaurant, 19/02/2016).

³⁵ ‘Je me souviens un monsieur, c’était un alcoolique. Il a fait son arbre gynealogique, il a vu la guerre, il avait pas pu se deplacer, il dormait le (...), il avait plus de habitation, il etaient dans les rues de ndjamena, et patati patata, et.. j’ai dit cette histoire ca peut aussi causer l’envie de boire, pour oublier, pour si pour ça, bon un jour j’ai dit ça il m’a regardé il a dit : Ooh, mais c’est grave alors ? Jamais il avait réalisé que ça pourrait être grave ce qu’il a vécu. Pour lui c’était normal ! Il y a vraiment une banalisation terrible de traumatisme’ (Louise, ‘group interview’ at the centre, 16/04/2016).

As we see in the story about this man and the way it was interpreted by Louise, the traumatic impact of violence can be unknown to the storyteller, covered up by a ‘terrible *banalisation*’ of violence. The de-normalisation of alcoholism as an illness thus came to involve a de-normalisation of ‘normal’ experiences of violence in individual life histories. This required taking a power position; the ‘expert’ staff members’ interpretation of violence was more ‘true’ than that of their patients.

According to staff members of the centre, this *banalisation* of violence was based on a tacit understanding among inhabitants of Chad that violence is something normal. Jean pointed out that every generation has had the experience of episodes of political violence. He continued by explaining that, despite their *banalisation*, it is likely that these events have had an influence on the individual. People have seen violence without understanding it, allowing it to ‘escape’ into the unconscious³⁶, and this unconscious storing of violence could lead to alcohol consumption. Therapy was in many cases directed towards ‘breaking silence’ around trauma, but also at ‘undoing *banalisation*’, making a person conscious of the severity of his or her situation, based on the assumption that hidden in alcoholic bodies were traumatized minds. When I shared experience of the interviews with (ex-) alcoholics, my feeling that they did not always make an explicit link to experiences of violence in their lives, Jean explicitly stated that it was not their task, but mine, to make that connection.

It meant that re-defining the meaning of violence and the way it affected individuals, based on claims about what were and what were valid and invalid perceptions, became an inherent part of ‘the fight against alcoholism’. This ‘violence’ could be related to one of the episodes of political violence, but also to other forms of violence that were present in Chad. Louise mentioned, for example, the fact that many children were used to being beaten by their parents, which could again be a consequence of trauma that had been transferred over generations. She also referred to initiation rites as ‘violent’. In most cases, different forms of violence were seen as interacting. Staff members, especially those ‘specialized’ in psychology, saw it as their task to help their patients understand certain things that happened to them, which could be a range of different events, as abnormal experiences of violence.

³⁶ ‘Nous les tchadiens, on est marqué par de la violence et d’une manière inconsciente par qu’on voit (...) de violence sans le comprendre. Ca échappe d’une manière inconscient’ (Jean, ‘group interview’ at the centre, 16/04/2016).

3.6 A psychological imagination of Chad

The discovery of layers of violence behind alcohol addiction, did not only guide the staff's interpretation of individual cases, but of the phenomenon 'alcoholism in Chad' in general. First of all, 'Chad' was seen as having an influence on the way in which people drink. This was explained by Louise, in an individual interview and later again during a team meeting, continuing on a remark made by François:

There is no nuance, and I find that is a little bit a characteristic of Chadian society. These are the problems of life in Chad. It is very warm, very cold, desert, forest, you have, you don't have, people are very nice and people are violent. Always [in] extremes. So I think that there is something, a vulnerability of society that makes that people alcoholise themselves a lot, without moderation, something that sets fire³⁷

'Extremity' was seen as perturbing different aspects of life, including the way in which people drank; they either did not drink or they got drunk. François explained to me that I had, by admitting to a group of youth that had come together in the centre for a debate that I did drink from time to time, classified myself in the eyes of these youth as an alcoholic. When I protested, he added (with support from the rest of the team) that I did not understand the normality of living between extremes in Chad, even if it might seem abnormal for me, coming from a country where people have the capacity to drink two glasses of wine over dinner and then stop³⁸.

Moreover, the idea that violence can be inscribed in the unconscious of individuals, in combination with the observation that every generation in Chad had seen episodes of violence, led to a conceptualisation of the whole population of the country as 'unconsciously suffering' with a high incidence of alcoholism as one of its effects. The suffering of alcoholics who end up at the centre was not seen as 'exclusive', but connected to a collective suffering of all Chadians, one of the results of generations of living with violence, leading to an accumulation of trauma and intergenerational trauma. As such, alcoholism, as social practice,

³⁷ 'Il y pas de nuance, et je trouve que c'est un peu un caractéristique de la société tchadienne. C'est problèmes de la vie au tchad. Il fait tres chaud, tres froid, desert, forêt, on a on a plus, on est très gentille et on est violent. Toujours des extrêmes. Donc je pense qu'il y a quelque chose, une vulnérabilité de société, qui fait qu'on s'alcoolise beaucoup, sans modération, quelque chose qui s'enflamme' (Louise, 'group interview' at the centre, 16/04/2016).

³⁸ François, during 'group interview' at the centre, 16/04/2016.

became an embodiment of Chad's history, a collective memory of violence. For example, during a team meeting, where we ended up in a discussion about 'Chad', Yannick made the following remark:

In Chad, seen our history, we have lost our smile. We have lost joy, we have lost many things. (...) people find often this joy, when staying in front of alcohol³⁹.

When I asked him what he meant with that, he told us a story about his uncle:

When I come to the house to see my aunt (...) he is like this [*scowls*] like this maybe all day and he leaves and he drinks and when he returns to the house, it is impossible, an enormous joy! "Oh yes how are you, my children, I love you all" (...) No shit what kind of diversion is that? No he is very well very well very well when he drinks... Afterwards I said to myself, but he was born in '79, his date of birth reminds me automatically of [the war] (...) he has known '85⁴⁰ as well, when he left for Moundou in '85 there was the war (...) he was six years old already and he explained us that they killed [his] grandmother in front of him, shot her. (...) He is forgetting with alcohol, something of joy to him. No, but he is the typical case of almost all Chadians. He... really he is... He cannot find happiness, when he doesn't touch alcohol, he has an enormous joy, bordering on maniacal, when he drinks⁴¹.

This uncle was someone who lives between extreme emotions of happiness and sadness, the former a 'fake happiness' that is found in alcohol (an aspect that is also part of the sensitisation campaigns where alcohol is posited as 'artificial joy'). Yannick integrated different 'trauma' views of alcoholism and of Chad in this story about his uncle, who he used as an example of the 'typical Chadian' that acts as if all is well, but who suffers, consciously or unconsciously, inside. Interestingly, the links Yannick made between alcoholism and violence in this story about his uncle were in a way 'imagined'; he admitted that they never

³⁹ 'Au Tchad, vu notre histoire, on a perdu notre sourire. Nous avons perdu la joie, nous avons perdu beaucoup de choses. (...) les gens trouvent souvent cette joie-là, quand restant devant l'alcool' (Yannick, team meeting at the centre, 19/03/2016).

⁴⁰ In 1985, 'Septembre Noir' took place, a peak in the mass killings done by Hissène Habré

⁴¹ 'Quand je viens à la maison pour voir ma tante (...) il est comme ça. Comme ça, peut être toute la journée et il part et il boit, quand il rentre à la maison, c'est pas possible, c'est une joie énorme ! 'ah oui ça va je vous aime tous mes enfants vous allez bien (...) !!' Ah mes merde c'est quoi cette diversion là ? Non il est très bien très bien très bien quand il boit... Après je me dis ehh... mais lui il était né en '79. Après la date de son naissance m'a rappelé automatiquement [la guerre] (...) il a connu aussi '85, quand il est parti à Moundou et '85 il y avait la guerre (...) il avait déjà 6 ans et ils nous a expliqué qu'ils ont tué ma grandmère devant moi (...) tiré dessus. (...) il est en train d'oublier avec l'alcool et.. quelque chose de joie pour lui. Non mais il est... c'est le cas typique de presque tous les tchadiens. Il.. vraiment il est.. il n'a pas la joie, quand il ne touche pas l'alcool. Il a la joie énorme, à la limite maniaque, quand il boit' (Yannick, team meeting at the centre, 19/03/2016).

spoke about it. An alternative to drinking for his uncle would be, according to Yannick, ‘review his life in an objective manner’, after which Louise reacted that this is not easy for a Chadian who has never done so, blaming the ‘culture of silence’ in Chad and addressing the need for Chad to break the silence and the *banalisation* around violence.

Later, Yannick admitted that what he learned in the years he worked for the centre, made him see more and more the hard reality that is hidden for those who people who fill the bars day and night:

Y.: Yes it is difficult for someone who is not in it, but it is easy for someone who lives [inside]. You understand what I want to say?

A.: No not really...

Y.: Because, we, we have a critical view, that allows us to understand it is difficult, but for them who live in it, they find it is their custom. It is normal. Because when you hear them speak you say but no, you have more pain in your heart than they, who live directly the situation.

A.: So you have a lot of pain in your heart

Y.: But yes, that is certain, that it hurts me, it hurts me to the extent that I know that I suffer and I continue to let myself suffer. It is difficult for me to understand [*silence*]⁴²

This exchange showed how an engagement with the centre made Yannick feel, more than before, estranged from his own society, where he saw the many people drinking, talking and laughing in bars as ‘them’, the majority of the population who live violence without seeing the reality of their situation.

3.7 Concluding remarks

I analysed how in the centre that is situated in the context of Chad with a perspective on violence informed by ‘global’ psychological knowledge on trauma, a ‘trauma narrative’ was constructed around alcoholism, in parallel to a narrative of illness and of alcohol as a social

⁴² ‘Y : oui c’est difficile pour une personne qui n’est pas dans ceca, mais c’est facile pour une personne qui vit. Tu comprends ce que je veut dire ? (A : non pas trop) Y : parce que nous, on a une vision critique, ce qui nous permis de comprendre que c’est difficile, mais pour ceux qui vivent dedans, ils trouvent que c’est de l’habitude. C’est normal. Parce que quand tu les entends parler tu te dis mais non tu as beaucoup plus un mal au cœur que eux qui vivent directement la situation. (A : donc tu as beaucoup de mal au cœur) Y : mais oui, ca c’est sur, que ca me fait mal, ca me fait mal de la mesure ou je sais que je souffre et je continu a me faire souffrir. C’est difficile pour moi de comprendre [*silence*]’ (Yannick, interview at the centre, 27/04/2016).

problem. This narrative informed the centre's practices in the later stages of the 'treatment' of alcoholics, and informed the way they approached the narratives of beneficiaries. The stories that came out of therapy sessions guided by a trauma narrative also contributed to an image of Chadian society as a whole, seeing it in a state of 'unconscious' suffering and of Chadian culture as a one where violence was silenced and banalised. The adoption of a psychological view thus allowed the staff members (to different extents) to make of the centre a space 'outside' of Chadian culture, apart from 'those who live directly the situation'. In other words; the psychological approach seemed to affect not only the approach towards alcoholism, but also the life-worlds of, both Chadian and non-Chadian, staff members.

Chapter 4: Therapeutic encounters and re-creation of difference

In this chapter, I want to elaborate on violence and alcohol in accounts of individual lives. I will present the narratives of ex-beneficiaries, to show the way they reflect upon themselves and their addiction after their engagement with the centre and the ‘trauma narrative’ in therapy sessions. I see these sessions as ‘awkward engagements’, where people holding different positions in relation to different narratives of alcoholism became interconnected in an unequal relation, that between therapist and patient. The total number of interviewees was not large; I conducted eight ‘life history’ interviews with a focus on alcohol in total, two of which were with men who had detoxed without help from the centre. I will share the stories of three ex-beneficiaries, and that of the brother of one of them, who had quit drinking without help from the centre. The reason I chose these three stories is that in all of them, moments of ‘war’ occurred, but with different meanings attached to them. They should be seen as examples, but certainly not as representative of all personal histories with alcohol held by the centre’s beneficiaries, or in Chad in general. All the interviewees had been abstinent for a year or more and, except for the brother, they had all gone through a series of consultations.

4.1 Awkward moments of construction

Before I present these narratives, I want to note that silences and misunderstandings were very often part of the consultations that I attended, which were all group consultations. I could not help but feel awkward at some moments, and ask myself: What are we ‘doing’ here? Often it seemed as if connections between emotions, events and behaviour were not made by the *curiste* but by the therapist, who used professional but unfamiliar sounding words and definitions from psychotherapeutic practice. Nevertheless, these connections were not definitive, but tentative, to see how the patient would react to certain links or statements, which would be the basis for further questions. It was a learning process; after the sessions the team would sit down and talk through the consultation, critically evaluating the patient’s responses and their own questions. A difficulty when trying to describe the evolvement of this process in relation to individual patients is that it often took a lot of time. Within the three months that I had for research, I did not have the chance to compare ‘before’ and ‘after’ stories first-hand.

Near the end of my stay I had the chance to access (I suspect incomplete) transcripts of group consultations. Because of their incompleteness, I did not use them as data, but they did elaborate my view on the process of construction. To illustrate, I took one ‘awkward’ fragment out of a transcript dated ‘January 2014’, from a group consultation with Eric, whose story I will address further below.

E: [my] mother passed away in 2002

Therapist 1: that must have been a difficult separation, if the mother was the most important element, you were very attached to the mother more than to you brothers and sisters... what did it provoke in you the pain of losing your mother?

E: silence

Therapist 1: it remains difficult to talk about, you should talk about it to therapist 2

Therapist 2: I know that he did not talk a lot about it but today, we talk more about what concerns his father...

E: the understanding is not good⁴³

In the evaluation after this consultation, of which a summary was noted down at the end of the document, one of the bullet points is: *When we spoke of the mother, great anguish. There is also the question of the mourning in relation to the mother to take up⁴⁴*. As we will see below, the loss of his mother did indeed become part of Eric’s story, apparently through a further ‘deepening out’ of this subject in the consultations after the one cited above.

Moreover, Eric’s story and that of Guillaume were described in an unpublished article given to me by the directress of the centre. Together with the interviews, these data gave me an insight into the different outcomes of the ‘construction’ of stories, the ‘patient’ and ‘therapist’ version. In the sections that follow I present, where possible, different ‘versions’ of the stories of Eric and his brother, and two other beneficiaries, Guillaume and Christian,

⁴³ E : la maman est ded en 2002

Therapist 1: ce fut une séparation difficile, si la maman était l’élément le plus important, vous étiez très attaché à la maman plus qu’à vos frères et sœurs....qu’est ce que ça a provoqué en vous la douleur de perdre la maman ?

E : silence

Therapist 1: ça reste difficile d’en parler, il faudra en parler à Spéciosa.

Therapist 2 : je sais qu’il a en pas beaucoup parlé mais aujourd’hui, on parle plus du fait qu’il s’occupe de son papa....

E : l’entente n’est pas bonne

(Transcript of consultation, dated Januray 2014)

⁴⁴ *Quand on a parlé de la mère : grande angoisse. Il y a aussi la question du deuil par rapport à la maman à reprendre* (Transcript of consultation, dated January 2014).

respectively. After sharing these individual accounts I will compare the findings from these analyses to see how they connect to ‘friction’.

4.2 Eric: war is like music

E: Chad is a battle field already. I was born the 18th of November 1978, so I am 37. And in February the war started here in Chad. It is in war and war and war and war... so very well that in Chad it does not affect the Chadians. War here [is] as if it is music [*laughs*]

A: It is normal?

E: Yes, but it is a terrible event that does not go... It is still a terrible event⁴⁵

A: But that must cause fear, when there are bullets...

Brother E: But here in Chad, it has become like music for us. When it falls here, we just displace ourselves.

(...)

Brother E: All the wars of Chad I have lived

E: You grew up in war

Brother E: [*laughs*] I grew up in war...⁴⁶

These are fragments from interviews that I held with Eric, one of the beneficiaries of the centre, and with his elder brother, to whom he offered to take me because he had also been an alcoholic (he had successfully decided to stop drinking one year before, without passing through the centre). In both interviews, with Eric and with his brother, we talked about war and independently both of them half-jokingly stated that war in Chad is not that different from music, implying that it is ‘normal’⁴⁷.

⁴⁵ ‘E : Le Tchad c’est un champ de bataille déjà. Moi je suis né le 18 novembre 1978, donc j’ai 37 ans. Et le février la guerre commençait ici au Tchad. C’est dans la guerre et guerre et guerre et guerre... donc bien que au Tchad ça n’affecte pas les tchadiens, la guerre ici [c’est] comme si c’est la musique (*rit*)’.

A : C’est normal ?

E: Oui, mais c’est un événement terrible qui ne va pas ... c’est un événement pas même terrible’

(Eric, interview at the centre, 25/02/2016)

⁴⁶ ‘A : Mais ça doit faire peur quand il y a des balles...

Brother E: mais ici au Tchad c’est devenu comme une musique pour nous. Quand ça tombe ici, on se déplace comme ça

(...)

Brother E : Toutes les guerres du Tchad j’ai vécu

E : tu es grandi dans la guerre

Brother E: (*rit*) Je suis grandi dans la guerre...’

(Brother E, interview under hangar before his house, 13/03/2016)

⁴⁷ During my time in Chad, at the centre, but also while talking to friends and other people (for example motor taxi drivers), such jokes about war, political violence and state malfunctioning were made quite often. At several

For both of these brothers, however, the onset of problematic drinking was directly related to episodes of violence. Eric's brother started drinking during the events of '79, because he had worries for his country, his family and himself. The eldest brother had died before, in a war against Libya, leaving him at a young age with the responsibility for his family. In his story we see reflected the idea of alcohol as a 'medicine', a way to relieve the experience of 'worries' in a difficult situation:

Brother E: It were the worries. When I was especially worried... I took. I take a few times, and it even got out of hand, it got out of hand

A: But what were the worries?

Brother E: Facing life, the difficulties of life. When you see your brothers suffering... and you... you plan to have a future it is not easy, it is not something easy

A.: What do you want to say?

Brother E: When one prepares a future, I was still in adolescence, I was still young I did not yet have a well-organized life... so that are the difficulties, worries, regrets... What do I want to do in the future? What do I want (...) where will my younger ones go, it is difficult! It is difficult, so I take.⁴⁸

Later in the interview, it became clear that these worries were different from the idea of 'trauma'. Living in a context of war created for him difficult circumstances, which in turn created, or augmented, the wish to drink alcohol. He did, however, not talk about this violence as if it was something that had remained with him. Although he did continue to drink when he became older, it became for him not a matter of unconscious suffering, a drowning of 'traumatic memories' or a violent past, but a question of habituation and sociality:

We drank now because you should drink. To have fun. And sometimes, well when you see someone who does not drink, he does not have friends. Here always...

moments, I found myself caught up in laughter, only to realise afterwards that what I had been laughing about was, in fact, not so funny at all.

⁴⁸ 'Brother E: C'était les soucis. Quand j'étais tellement soucieux... je prenais. Je prends quelque fois, ça déborde même. Ca déborde

A : Mais c'était quels soucis ?

Brother E: affronter la vie, les difficultés de la vie. Quand tu vois il y a des frères qui sont dans la souffrance... et toi... tu vise avoir un avenir c'est pas facile c'est pas quelque chose facile

A : Qu'est-ce que vous voulez dire ?

Brother E: Quand on préparait un avenir, moi j'étais encore en adolescence, j'étais encore jeune je n'avais pas encore une vie bien placée en main... alors c'est ça les difficultés, les soucis, les remords... qu'est-ce que je veux faire dans l'avenir ? Qu'est-ce que je veux me (...) où irons mes petits, c'est difficile ! C'est difficile alors moi je prends'.

(Brother E, interview under hangar before his house, 13/03/2016)

elsewhere... but here in our environment you don't drink you don't hear anything. For 90% it is in drinking places that people communicate⁴⁹

A few weeks before, I had spoken to his younger brother Eric, a beneficiary of the centre where he had since 2014 gone through the detoxification cure and several individual and group consultations. For him alcohol had also become a real problem in a situation of war, the two-day war in 2008 that killed thousands of people in N'Djamena. In his story, he provided a detailed account in regard to the onset of his problematic drinking. After I posed my question, he took a short break and begun his story:

A: And what is your story with alcohol, how did it start?

E: Okay... well my story with alcohol, it was first of all a deception, in life... well it was a deception because in the same year I lost my mother after that I also lost one year later my elder brother (...) And that took me, I was really... confused, discouraged, because I was too used to... losing my mother and again my big brother I was deceived... (...) I did all the passports to go studying elsewhere I said I cannot stay because... studying here... when I leave school I come I found that at the time, mother is there we chat, she is no more... The father also, he is ill and the other brothers they are at their place, I am the youngest (...) and I said I can't stay, I prefer to go elsewhere. My brother said no you have to stay here to take care of father. I was obliged to stay and I was very disappointed in school because I took too much. Wine, beer, I often drank even opposite school (...) And moreover there was a girlfriend who deceived me (...) and that coincided with the war of February 2nd. Everyone left for Kousseri. All Chadians left for Kousseri (...) I took the children... of my brothers with the motorbike they left for Kousseri and it was a Saturday the 2nd of February (...) they said I should come and serve father, I entered the pirogue I passed by the bridge and afterwards the pirogue. I came and there was no one, all the people are there [in Kousseri], except for the military men that are walking around.

A: So you came to N'Djamena

E: Yes I came for my father, because he is ill my brothers sent me so I have to come to serve him, so I returned. When I arrived everyone had left for Kousseri except for the military (...) and when I arrived there... I was afraid (...) and I ran into a cousin who took the bags of only 100 francs, and at the time I did not drink these bags only beer and then... I said it is like this I will drink today. I took at least ehh... 7 or 8 bags of 100 francs and I took the taste, I took the taste... (...) the following morning when I woke up I left again ehh... just to take. I put [them] in my pocket... when I finished preparing for my father I only drink. I drink I drink I drink. I eat after I drink. (...)

⁴⁹ 'Nous on buvait maintenant parce qu'il faut boire. Pour faire plaisir. Et quelque fois bon, tu vois quelqu'un qui ne boit pas là, il n'a pas d'amis. Ici toujours... ailleurs... mais ici notre environnement tu ne bois pas là tu n'écoutes rien. A 90% c'est dans les lieux de boisson que les gens communiquent' (Brother E, interview under hangar before his house, 13/03/2016).

This is what took me and then further, further, further into alcohol (...) that is the cause...⁵⁰

Eric described a very complex, confusing interconnection between different events in his life history that all culminate in an inability to cope with the experience of war. He did already drink before that time, he had (like his brother) even started drinking very young because his mother brewed local beer, but it was after 2008 that he became a 'real' alcoholic, for which he was at one moment even sent to prison by his family. After the six months wherein he was locked up, he stopped drinking for a while, only to 'fall back' during the celebration of Easter. In 2014 he followed the detoxification cure at the centre and afterwards a series of consultations. For about one year and a half now he had not touched alcohol; he said he did not have a taste for it anymore.

Although Eric presented a very detailed account, the way he talked about his life seemed somehow neutral and detached. At the moment, I found it hard to understand what exactly the reformulation of his story 'did' to him. It was only later, when I listened to the recordings of the interviews with him and with his brother that I noticed that they both made a joke about war in Chad being 'like music'. They both seemed to normalise violence on a

⁵⁰ 'A : Et quelle est ton histoire avec l'alcool, c'est commencé comment ?

E : Ok... bon mon histoire avec l'alcool, c'était d'abord un déception, dans la vie... bon c'était une déception parce que la même année j'ai perdu ma mère et après j'ai encore perdu une année plus tard un grand frère (...) C'est ça qui m'a entraîné, j'étais vraiment... déboussolé, découragé, comme j'étais trop habitué à... de perdre ma maman et encore un grand frère j'étais déçu... (...) j'ai fait tous les passeports pour aller étudier ailleurs j'ai dit je ne peux pas rester parce que... étudier ici... quand je sors l'école je viens je trouve que entretemps, maman est là on cause elle n'est plus. Le papa aussi il est malade, et les autres frères... ils sont chez eux je suis le benjamin. (...) et j'ai dit je ne peux pas rester je préfère aller ailleurs. Mon frère a dit non tu dois rester ici pour t'occuper de papa. J'étais obligé de rester, il a payé mes études et j'étais vraiment déçu de l'école comme je prenais trop. Le vin, la bière, je buvais souvent même en face de l'école (...) et après deuxièmement il y a une amie qui m'a déçu (...) et ça c'est coincé avec la guerre de 2 février. Tous sont partis à Kousséri. Tous les tchadiens sont réfugié a Kousséri (...) moi j'ai fait sortir les enfants... de mes frères avec la moto ils sont parti a Kousséri et c'était un samedi le 2 février (...) Ils ont dit que moi je viens servir le papa, j'ai monté la pirogue je suis passé par le pont et puis la pirogue. Je suis venu et il y a personne, les gens sont tous l'autre là. Sauf les militaires qui se promènent

A : Donc tu es venu à Ndjamena

E : Oui je suis venu auprès de mon papa comme il est malade mes frères m'ont envoyé que moi je dois venir le servir, donc je suis rentré. Quand je suis arrivé il y a personne tout le monde est parti a Kousséri sauf les militaires (...) et quand [je suis arrivé] là... j'avais peur (...) Et je suis tombé sur un cousin qui prenait les sachets la de 100 francs seulement, et entretemps là je ne buvais pas les sachets c'était la bière seulement et puis... j'ai dit si c'est comme ça je vais boire aujourd'hui. J'ai pris au moins ehh... 7 ou 8 sachets de 100 francs, et j'ai pris le goût. J'ai pris le goût... (...) le matin prochain quand je me suis réveillé je partais encore ehh... pour prendre seulement. J'ai mis dans ma poche... quand j'ai fini de préparer pour papa je bois seulement. Je bois, je bois, je bois. Je mange après que je bois. (...) c'est ça qui m'a entraîné et puis jusqu'à, jusqu'à, jusqu'à dans l'alcool (...) C'est ça la cause...'

(Eric, interview at the centre, 25/02/2016)

societal level, but their conceptualisations of violent events in their own life and the way they related it to alcohol differed. I realised that, in the story of Eric's brother, drinking was a 'normal' reaction to an experience of war that he shared with many others, even if it took him into alcoholism.

A.: I can imagine that moments of war, that [they] bring more worries

Brother E: Yes they bring more worries then you need to swallow people take their cups [*laughs*]⁵¹

For Eric, however, the fact that he referred in a joke to the normality of war is curious, since in his own story not the normality, but the 'individuality' of his experience and his response to an episode of violence is central. Rather than 'normal', his suffering had become exceptional, the result of an individual situation of difficult family relations, death and other disappointments and, finally, war.

According to the directress of the centre, however, Eric's case *is* normal, a typical example of what she called a general 'alexithymia' in Chad, which is not an official psychiatric disorder but a personality trait that prevents one from experiencing and expressing emotions. In her text, she argues that in Chad, this trait progressively installed itself in many people's minds (sometimes with help from alcohol), as an unconscious defence mechanism against the multiple layers of violence that people face every day. As such, she wrote about Eric:

The context is extremely violent, father polygamous, children fighting for succession rights, family secret that must be kept at all costs, war of 2008 that comes adding to the chaos: He submits to the situation without being able to mourn for his mother, without being able to find his place as the benjamin in a divided brotherhood, alcoholisation and religion become for him a way out to not affront this disastrous situation. (...) as long as he does not admit his anger and expresses his determination to leave from there, he believes himself in a protected world from this violence at the

⁵¹ 'A. : Je peux m'imaginer que des moments de guerre, ça amène plus de soucis

Brother E: Oui ça amène plus de soucis là il faut avaler les gens prennent les tasses [*rit*]

(Brother E, interview under hangar before his house, 13/03/2016)

*price even of his liberty (...) we perceive rather well the link between violence, trauma and alexithymia*⁵²

However, where she sees general ‘alexithymia’ in Chadian society, Eric sees ‘normal’ ways of coping with violence. The de-banalisation of violence in his life, the attachment of emotion and significance to certain events, had more effect on his personal narrative, than on the way he perceived his society ‘in general’. Consequently, his vulnerability became a different one from that of others, not a ‘typical case’ as he was in the story of the directress. When I asked him whether he thought other people might have the same kind of causes for drinking as he had, he said that although in some cases this might be true, he believed that for most people, ‘normal’ worries or imitation were the reason to drink. There thus seemed to be a tension between the narrative he told about himself, that took shape through psychological practice, and a ‘Chadian’ social narrative about alcohol and violence that he also believed in, held by people in his close environment, like his brother.

4.3 Guillaume: a terrible fear

I met Guillaume in the café of the place where he worked. At the start of the interview, he handed me a text with ‘his story with alcohol’ that he had written as a testimony and as a support for other people who might be wanting to stop drinking. It was through his work that he was sent to the centre, looking back he realised that he had become at this moment a ‘slave of alcohol’:

G: For me it happened that at one moment I completely became a slave of alcohol. I know that I had become a slave of alcohol how, it is that [all the time I drink]. And alcohol, when you drink it is to be drunk. I was a bit sick, but it was a sickness related to alcohol. I weighed barely 46 kilo...⁵³

⁵² *le contexte est extrêmement violent, père polygame, enfants qui se battent pour avoir la succession, secret de famille qu’il faut à tout prix sauvegarder, guerre de 2008 qui vient en rajouter au chaos : il subit la situation sans pouvoir faire le deuil de sa mère, sans pouvoir trouver sa place de benjamin dans une fratrie divisée, l’alcoolisation et la religion deviennent une issue de sortie pour ne pas affronter cette situation désastreuse. (...) tant qu’il n’avouera pas sa colère et exprimera sa détermination à se sortir de là, il se croit dans un monde protégé de cette violence au prix même de sa liberté (...) Nous percevons assez bien le lien violence, traumatisme et alexythémie’ (Louise, ‘A N’Djamena, la violence au quotidien banalisée et l’alexithymie généralisée !’ Unpublished article)*

⁵³ ‘G: Chez moi c’est devenu à un moment j’étais carrément esclave d’alcool. Je sais que je suis devenu esclave de l’alcool comment, c’est [tout le temps je bois]. Et l’alcool quand tu bois c’est pour être sou. J’étais un peu

The notion 'slave of alcohol' is one that reflects literally the words that were used in the sensitization campaigns of the centre. In his report about his story with alcohol, he moreover wrote: 'the centre has meant a lot to me, for the simple reason that I did not know I was ill. For me, drinking was a normal fact'⁵⁴.

Guillaumes story with alcohol slightly resembles that of Eric. Like him, he had lost his mother before the two-day war in 2008 broke out. For him, although he had also consciously lived through the other wars in Chad (he was born in 1961), it was also this war that had taken him into alcohol.

G: What released this abuse: fear

A: Fear?

G: Fear. Like a refugee behind alcohol. I explain you, it was ehh... the attack on N'Djamena the 2nd of February

A: In 2008?

G: In 2008. I swear you that... it made me uncomfortable. Because it is something that I have never seen. I lived all the wars of Chad. I lived all the wars, but this war the 2nd February 2008 was insupportable. Why? Because there are weapons and when they shoot, it's horrible. It trembles... and there... I was mourning already, I had already lost my mother... only one year before, so the mourning was not yet finished. So it arrived. And my mother was really a support for me ehh... she was really a support for me. And when she was gone all that happened I felt a terrible fear... and... what should you do... I fled behind alcohol. (...) That is why... every day I got drunk.

A: The war, it was very short right?

G: Yes very short, in two days... it was like a year... because I saw weapons... and when it fires I feel diarrhea. I felt diarrhea, I... when they fire it does ou ou wouu... (...) so that is what took me to drink. So I fled in alcohol thinking alcohol was... (...) It is a bad road that I took⁵⁵.

malade, mais c'était une maladie [lié] à l'alcool. Je pesais 46 kilo à la peine...' (Guillaume, interview at café of his working place, 31/03/2016).

⁵⁴ Guillaume (no date), l'histoire d'un alcoolique à un ami, *self-report of trajectory with alcohol*

⁵⁵ 'G: Ce qui a déclenché cet abus : de peur

A: De peur ?

G: De peur. Comme réfugié derrière l'alcool. Je vous explique, c'était ehh l'attaque de N'Djamena de deux février

A: En 2008 ?

G: En 2008. Je vous jure que... ça m'a mis mal à l'aise. Parce que c'est de quelque chose que j'ai jamais vu. J'ai vécu toutes les guerres du Tchad. J'ai vécu toutes les guerres, mais cette guerre de 2 février 2008 était insupportable. Pourquoi ? Parce qu'il y a des armes et quand on tire, c'est effroyable. Ça tremble... et là... j'étais en deuil déjà, j'ai perdu déjà ma mère... il y a un an seulement, donc le deuil n'était pas encore fini. Donc c'est arrivé. Et ma mère était vraiment un support pour moi ehh... elle était vraiment un support pour moi. Et quand

Guillaume mentioned the fact that he was mourning for his mother as something that did affect him, but from the way he tells his story, it seems as if the traumatic experience of this war was caused mostly because he witnessed it very directly. However, reading a description about his life in an article given to me by the centre's directress, wherein she described his 'cas clinique' as an illustration of how ethnopsychiatry can help individuals to 'lift off' *banalisation*, I realised that Guillaume had also gone through a complex psychotherapeutic reconstruction of his life history, from which was assembled the following story, as written down by Louise:

Guillaume, aged 49, arrives at the centre as a last resort: he is sent by his employer because of his alcoholisation in his working place: it is the last warning before his dismissal. This situation created a shock, so he decided to take measures to get rid of his alcoholism. The explanation of his addiction, he knows, he tells it to everyone willing to listen: in 2008, the moment when the rebels arrived in N'Djamena, he dies of fear, the noise of canons enter his stomach and provoke a terrible diarrhea: 'So', he says, 'I started drinking with others because alcohol free me from my fear and we didn't immediately take up work... so I launched myself with friends into alcohol'.

Making with him the genealogical tree of his family, I remark that he does not know well how to situate himself between two ethnicities, that of the father or that of the mother, he cannot tell me if he is Ngambaye or Sara, while normally get your ethnicity through the line of the father, but this father he never knew, his parents divorced when he was still a baby. He had a Ngambaye name given by the father, but baby Guillaume was always ill, always in the hospital: people thus suspected that he was not a normal child. His mother, in despair, gave him a name in Sara, from one day to the next his illness disappears. Nevertheless he refuses the initiation with the Sara, despite the request of a maternal uncle who has powers. He does not want to receive the nengua, the ring that marks the initiated Sara for fear of being caught by other wizards. The war of 1979, he does not remember being afraid, in fact his mother

elle est parti tout ce qui est arrivé j'ai pris un peur terrible... et... qu'est-ce que il faut faire... je me suis réfugié derrière l'alcool. (...) et c'est pour ça que... de jour en jour je m'enfonçais.

A: La guerre, c'était très court non ?

G: Très court, en deux jours... c'était comme un an... comme j'ai vu des armes... et quand ça tricotait je sens la diarrhée. Je sentais la diarrhée, je... quand on tire ça fait ou ou wouu... (...) donc c'est ça qui m'a amené à boire. Donc j'étais réfugié dans l'alcool en pensant que l'alcool était... (...) c'était un mauvais chemin que j'ai pris'.

(Guillaume, interview at café of his working place, 31/03/2016)

had pronounced words that protected him during the journey from the capital to the village. In 1990, he does not remember fear either but in 2008 a fright more than just fear grasps him but he doesn't know why.

Still with the genealogical tree I learn that the mother died in 2007, so he did no longer have Sara protection from the maternal side because he refused the tradition; he refused to take what could protect him: the easy solution to control the situation is alcoholisation⁵⁶

In this account of his life, the fear that is so central in the story of Guillaume was interpreted not as caused only by his experiences in this war. His 'flee' into alcohol in this difficult situation created by war, was a result of his vulnerability related to the absence of maternal and ethnic protection.

Throughout the interview, however, it seemed that for Guillaume, although he did mention the loss of his mother at the start of the interview, the circumstances of the war felt far more significant, or valid, in relation to his addiction. He mentioned the loss of his mother one time, but repeatedly took the focus back to this episode of violence in 2008:

A: So after the war of 2008 it became really a problem

⁵⁶ *Guillaume, 49 ans, arrive au [centre] en dernier recours : il est mis à pied pas son employeur à cause de son alcoolisation sur son lieu de travail : c'est le dernier avertissement avant le licenciement. Cette situation crée un choc, il décide alors donc de prendre les moyens pour se sortir de l'alcoolisme. L'explication de son addiction, il la connaît, il la raconte à qui veut bien l'écouter : en 2008, au moment de l'arrivée des rebelles dans N'Djamena, il est mort de peur, le bruit des canons lui traverse le ventre et lui provoque une diarrhée terrible : 'alors', dit-il, 'je me suis [mis] à boire avec les autres car l'alcool m'a soulagé de ma peur et on n'a pas repris le travail tout de suite... alors je me suis lancée avec les amis dans l'alcool'.*

En faisant avec lui l'arbre généalogique de sa famille, je m'aperçois qu'il ne sait pas bien se situer entre deux ethnies, celle du père ou de la mère, il ne sait pas me dire s'il est Ngambaye ou Sara, or ordinairement on est d'une ethnie par la lignée du père mais ce père il ne l'a jamais connu, ses parents ont divorcé quand il était encore bébé. Il avait un nom Ngambaye donné par le père mais bébé Guillaume était toujours malade, toujours à l'hôpital : on l'a alors soupçonné de ne pas être un enfant normal. Sa mère en désespoir de cause lui redonne un nom sara selon la tradition, du jour au lendemain sa maladie disparaît. Pourtant il refuse l'initiation chez les sara malgré le demande d'un oncle maternel qui détient un pouvoir. Il ne veut pas recevoir le nengua, la bague qui désigne l'initié sara par peur d'être pris à partir d'autres sorciers. La guerre de 1979, il ne se souvient pas d'avoir eu peur, en effet sa mère avait prononcé des paroles qui l'ont protégé durant le voyage de la capitale au village. En 1990, il ne souvient pas non plus peur mais en 2008 une frayeur plus qu'une peur le saisit mais il ne sait pas pourquoi.

Toujours avec l'arbre généalogique j'apprends que la maman est [décédé] en 2007, donc [il n'avait] plus de protection sara du côté maternel puisqu'il a refusé en bloc la tradition, il a refusé de prendre ce qui pouvait le protéger : la solution facile pour régler la situation c'est l'alcoolisation (Louise, unpublished article, my translation).

G: Yes it is there a whole problem with alcohol (...) I really became alcoholic... (...) [and] when I arrived at the cure it is there that I saw the negative effects of alcohol. Because they had very good presenters that told me very good [what it was about] and they explained us how alcohol destroys... and it is there that I said aah...

A: But [the centre] is not only about the negative effects of alcohol right? It is also to understand... yourself.

G: Very good. [The centre] made me understand why I became an alcoholic. (...) [the centre] made me understand what is the focal problem (...) It was the war of two February 2008 that really pushed me to drink... to drink until (...) because I was afraid. And for me alcohol was my saviour. When I drank, when I was drunk it did me nothing ehh... except that the following morning when I woke up there was the same problem⁵⁷.

Interestingly, Guillaume further explicitly stated that this story did change in the process of psychotherapy. Not only did he at first not realise he was ill, but also not that there was something hidden behind his illness:

A: So before the cure, you didn't know...

G: I didn't know it was that, I didn't know.

A: So what did you think before?

G: For me, no it was normal... I drink I drink. What will refuse me is my money. While there was something hidden that I didn't know about. And this thing it is the cure, when I did the cure that I understood... it was that (...) it helped me to completely understand why I could not stop alcohol. I will explain. When ehh... [the centre] made me conscious that my problem is here and it is now up to me to choose to continue or stop. (...) so [the centre] did not only help me understand why, but also helped me to stop... I explain myself. It is that... it is not only the negative side of alcohol (...) those who drink know very well that it is bad, they drink... but [the centre] made me understand more than that (...) because my motive was fear [*drums on the table*]. And what should one do? One should now detach oneself from that fear, really detach oneself from that fear. (...) and it is the dialogue (...) between *la soeur*,

⁵⁷ 'A : Donc après la guerre de 2008 c'est devenu vraiment un problème.

G : Oui c'est là où tout un problème avec l'alcool (...) je suis devenu vraiment alcoolique...

(...) [et] quand je suis arrivé à la cure c'est là où j'ai vu les méfaits de l'alcool. Parce que ils avaient de très bons orateurs qui me disaient très bon des sujets et ils nous expliquaient comment l'alcool détruit... et c'est là où j'ai dit ah...

A : Mais le [centre] c'est pas seulement sur les méfaits de l'alcool non ? C'est aussi pour comprendre... toi-même.

G: Très bien. [Le centre] m'a amené à comprendre pourquoi je suis devenu alcoolique. (...) [Le centre] m'a amené à comprendre quel est le problème focal (...) C'était la guerre de deux février 2008 qui m'a poussé à vraiment boire... boire jusqu'à (...) parce que j'avais peur. Et pour moi l'alcool était mon sauveur. Quand je buvais quand j'étais sou ça me dit rien ehh... Hors le matin prochain quand je me suis réveillé c'est le même problème'.

me and I had the confidence that permitted me to really stop. It was not only the cure, the cure was a start⁵⁸

This account does not seem to correspond with the text written about him by the directress, wherein she stated that he already knew the relation between his alcoholism and the experience of war before he started his trajectory of consultations. Apparently, the meaning of ‘fear’ did change for Guillaume, possibly because he could now see his fear in the war as an explanation not only for the fact that he had started drinking in 2008, but also for the fact that he had continued. The ‘violent’ family structures that the directress described as the real cause of alcoholism, did not seem to be part of his story anymore.

Moreover, based on his experience with the treatment he received in the centre, Guillaume made a political statement about Chad, arguing that there should be a better infrastructure to help people that are, like him, affected by war:

G: Already my example is typical. There is no governmental structure that does after war what psychology does, psychoanalysis can take people... go see what is... there is no such structure, there isn't. It is only from the side of the centre. Whereas there are many people that are not alcoholics at this moment, they are alcoholics because there is no guidance (...) there are people who have never seen... like me for example I have seen someone who was spread completely on a tree in front of our house... (...) But it is the worst of things that we have seen! It is the worst of things. And there should be a guidance, a guidance, but there isn't (...) my case I am not alone, there are many but I was lucky⁵⁹

⁵⁸ ‘A : Donc avant la cure, vous ne saviez pas...

G : Je ne savais pas que c'était ça, je ne savais pas.

A : Alors qu'est-ce que vous pensiez avant ?

G : Pour moi non c'est normal... je bois je bois. Qui va me refuser c'est mon argent. Hors il y avait quelque chose qui était caché je ne savais pas. Et cette chose c'est la cure, quand j'ai fait la cure que j'ai compris que... c'était ça. (...) ca m'a aidé a comprendre complètement pourquoi je pouvais pas arrêter l'alcool. Je vous explique. Quand ehh... [le centre] m'a fait prendre conscience que mon problème est ici c'était à moi maintenant de choisir de continuer ou arrêter. (...) donc [le centre] m'a fait non seulement comprendre pourquoi, mais m'a avantagé a arrêter cas même.... Je m'explique. Ce que... c'est pas seulement le côté des méfaits de l'alcool (...) ceux qui boivent ils savent bien que c'est mauvais, ils boivent... mais, [le centre] m'a fait comprendre plus que ça. (...) Parce que mon mobil c'était la peur [*il tape sur la table*]. Et qu'est-ce que il faut faire. Il faut maintenant se détacher de cette peur, vraiment se détacher de cette peur. (...) Et c'est la dialogue (...) entre la sœur, moi et j'ai eu la confiance en moi qui m'a permis vraiment de arrêter. C'est pas la cure seulement. La cure a été un départ (Guillaume, interview at café of his working place, 31/03/2016).

⁵⁹ G : Déjà mon exemple est typique. Il n'y a pas de structure gouvernementale qui puisse après la guerre qui peut faire la psychologie comme ça, la psychanalyse peut amener des gens.. aller voir qu'est-ce que(3x) il n'y a pas cette structure ca veut dire il n'y a pas. C'est sauf de.. de côté [du centre]. Hors il y a beaucoup de gens qui sont pas des alcooliques en ce moment, il sont des alcooliques parce qu'il n'y a pas de suivi. (...) Il y a des gens qui n'ont jamais vu... comme moi par exemple j'ai vue quelqu'un qui était dispersé complètement sur l'arbre au-devant chez nous... (...) mais c'est le pire des choses que on a vu ! C'est le pire des choses. Et il devait avoir un

Unlike Eric, Guillaume did ‘de-banalise’ the effects violence not only for his own case, but for all Chadians, arguing that many alcoholics are, in fact, not ‘real’ alcoholics, but only people who fled into alcohol because they did not get any psychological support in the aftermath of war.

4.4 Christian: the prayer of serenity

The last story I want to present is that of Christian. Before I interviewed him I had already got to know him quite well through my attendance of several of the weekly meetings of the Chadian division of the alcoholics anonymous (AA), of which he was the leader, organising and ‘chairing’ the meetings that were held in a small room next to his house. Like Eric and Guillaume, Christian lived through different episodes of violence in the history of Chad. I do not have a ‘detailed’ version of his story according to the centre, but when I told the directress that I had planned an interview with him she told me that his story was also very ‘violent’.

And indeed, war and displacement were part of the narrative that Christian told me, moments of which seemed to coincide with drinking in his life. He described, for example, how he fled to Kousseri, in the North of Cameroon, during the war in 1979, just after he finished high school. Before that time, he had already started drinking with an older friend that he had met through his brother, whom he met again in the refugee camp where he lived for several years, where they continued drinking:

C: I had fled to Kousseri. But at that point I drank already (...) we continued to drink, the products reserved for refugees (...) we sold them just to drink. We drank often and we were often drunk (...) and I also saw an uncle who was there and he was also an alcoholic (...) There I never thought about stopping with drinking, it was living day by day, it was our life ehh... without goal, without project and well it was a life, well... very fragile, and there ehh... my parents they were at home and we others were in the refugee camp. There you go⁶⁰.

suivi, un suivi, mais il n’y pas. (...) mon cas je ne suis pas la seul ehh, il y en a beaucoup mais moi j’ai eu la chance’ (Guillaume, interview at café of his working place, 31/03/2016).

⁶⁰ ‘C: Moi j’étais fui à Kousseri. Mais là déjà je buvais (...) on a continué à boire, les produits condamné aux réfugiées (...) on les vendait pour boire seulement. On a bu souvent et on est venu souvent ivre (...) et j’ai vu aussi un oncle qui était la bas et il aussi il était alcoolique (...) Là je n’ai jamais pensé à arrêter de boire, c’était vivre de jour à jour, c’était notre vie ehh... sans issu, sans projet et ben c’était une vie, bon ... très précaire, et là ehh mes parents ils étaient au quartier et nous autres on était au camp de réfugiées. Voilà’ (Christian, interview in his house, 05/04/2016).

His life story, of which he gave a very long and detailed account, was marked by a constantly changing relationship to alcohol, succeeding periods of heavy and less heavy drinking and of abstinence. One of such ‘increases’, he told me, took place around 2008. The mention of ‘2008’ automatically made me think of the stories of war that had been shared with me by Eric, Guillaume and others and of the description Christian had given during an AA meeting that I had attended about one week before the interview, about the things he had witnessed during this war. (He had stayed in N’Djamena to make sure no one would plunder his house, described how he had seen bodies everywhere, in terrible states, when he stepped into the streets, over a body that lay just in front of his gate). I interrupted him to ask why he had started drinking more again around that time. In his answer, he did not at all refer to the war, not even when I tried to ask him. On the contrary, he explicitly denied that drinking and circumstances of war were, for him, related:

C: I felt like changing a little ehh... It was like the taste of adventure. (...) human nature ? (...) sometimes also problems in relations with others... it is difficult to explain but is there a problem behind I don’t know... I don’t know
(...)

A: Yes, but it is as if there are people... who started because there was the war of the 2nd of February...

C: No for me it wasn’t that. I, when I started drinking in my youth, it was a wish to relax (?), to do like others... because around alcohol there is joy... and we amused ourselves so it was that. And after it became a bad habit, when I became dependent well then it did not go at all and further at a certain moment it became a great suffering for me, because I became... I wanted to stop drinking but I could not⁶¹.

This answer confirmed my feeling that for Christian, violence and alcoholism seemed to be two different things. Although he experienced a lot of ‘violence’ (political violence, but also a lot of difficulties and mistrust in his family and between friends), it is not because of this

⁶¹ ‘C : J’avais envie de changer un peu ehh... c’était le gout de l’aventure quoi. (...) la nature d’être humain ? (...) parfois aussi des problèmes dans les relations avec les autres... c’est difficile d’expliquer mais est-ce que il y a un problème au fond je ne sais pas... je ne sais pas.
(...)

A : Oui, mais c’est comme il y a des gens... qui ont commencé comme il y avait la guerre de 2 février...

C : Non moi c’est pas ça. Moi, quand j’ai commencé à boire en ma jeunesse là, c’était envie de se défouler quoi, de faire comme des autres... parce que autour de l’alcool ça crée de la joie... et on s’est amusé donc c’était ça. Et après c’est devenu un vice, quand je suis devenu dépendant alors là ça n’allait pas du tout et puis jusqu’à un certain moment c’était devenu une grande souffrance pour moi comme j’étais devenu... je voulais arrêter de boire mais je ne pouvais pas le faire’ (Christian, interview in his house, 05/04/2016).

violence that his relation with alcohol has always been such a struggle for him. Alcohol did create a lot of problems in his life, but not the other way around.

What did take Christian into drinking, he repeated several times, was the ‘simple’ fact that he is an alcoholic, for whom alcohol is ‘the great enemy’. He never blamed the circumstances wherein he lived for ‘making him drink’, nor did he deny that for others, circumstances might have played a role. What seemed to be reflected in his narrative was the ‘prayer of serenity’, printed on a poster on the wall of the room where the AA meetings took place:

My Lord, give me the Serenity to accept the things that I cannot change, the Courage to change the things that I can and the Wisdom to know the difference ⁶²

His story might thus have been the result of friction with a different narrative of alcoholism; that of the alcoholics anonymous, that he seemed to have ‘chosen’ explicitly (over the ‘psychological narrative’) in relation to his own case.

4.5 Comparing narratives

I presented three stories that, when taking out succeeding ‘events’ and place them next to ‘drinking’, all contain moments where alcohol intersected with war. The traces these engagements left in stories of alcoholism and violence, can be seen as results of friction. Before I explain why, it is important to realise that all these stories were success stories; these three men had successfully stopped drinking. They were all, with an exception of the story of Eric’s brother, used as ‘examples’ of good practice⁶³, presented, for example, as ‘clinical cases’ in articles and on conferences. The ‘clinical versions’ of their stories represented what the centre’s staff saw as ‘the true story and they used these as ‘proof’ that the ethnopsychiatric approach had worked in the fight against alcoholism. Such narratives served, moreover, as we saw in chapter three, as examples that illustrated the traumatic causes of alcoholism in Chad, and they were proof of the existence of a general ‘culture of *banalisation*’ in relation to violence in the country.

⁶² Mon Dieu, donnez-moi la Sérénité d’accepter les choses que je ne puis changer, le Courage de changer les choses que je peux et la Sagesse d’en connaître la différence (Quote taken from a poster on the wall of the room where the AA meetings were held)

⁶³ Including the story of Christian, but I not have the full ‘clinical version’ of his account.

However, the individuals who the stories were about gave different meanings to their own alcoholism than presented in clinical narratives. For Eric's brother, 'worries' were the mediators between periods of war and moments of drinking, whereas when there was no war, other contextual factors took over their role. Looking from Eric's perspective we saw the development of alcoholism as a result of an individual accumulation of 'traumatic experience' as a result from different layers of violence. He did, however, not seem to see himself as a 'typical' case of alcoholism, but as a vulnerable individual in a context where 'war is like music'. Guillaume seemed to give a clear account of 'acute' trauma, 'alcohol' acting as self-medication against 'terrible fear'. Alternatively, we could follow Christian and detach onsets of alcoholism completely from other 'life events', connect them to an individual 'state' of alcoholism.

These histories (except for the one of Eric's brother) had been re-interpreted and re-created in different ways in the 'engagement' between 'patient' and 'therapist', that were therapeutic encounters between a trauma narrative of alcoholism and other 'Chadian' social narratives in relation to alcohol and violence, used by alcoholics before they became 'patients'. Looking from the centre's perspective, these encounters had influenced the narratives of beneficiaries in intentional and unintentional ways. Intentional because some parts of the trauma narrative were, indeed, adopted by the beneficiaries (even if this was, for Christian, just the acknowledgement that others might have been affected by war) and unintentional because some other parts were not adopted, which also changed the meaning of those parts that were. For Eric, we saw that he seemed to see his vulnerability as exceptional rather than one that he shared with other alcoholics, even though he was a 'typical case' in Louise's narrative. For Guillaume, the meaning of 'fear' did turn into a 'general' narrative of trauma in relation to Chad. Unlike Eric, however, he seemed to have disposed of the idea of other 'structures of violence', that were very present in Louise's article, where she presented him, like Eric, as 'typical'. The story of Christian is interesting, because his account had interacted with another 'universal narrative', that of the Alcoholics Anonymous and this narrative seemed to have become more important than that of trauma, but also than those linking alcoholism to circumstances of 'worries', or war. He had strongly adopted an identity of *alcoolique abstinent* and explicitly refused to 'blame' alcoholism on factors other than his alcoholic predisposition and his will (or lack thereof) to refuse.

4.6 Concluding remarks

The observation that the ex-alcoholics accounts' stories about themselves differed in various ways, showed that 'new' social narratives were adopted and adapted in creative ways, leading to new understandings about alcoholism, in relation to the self and, in some cases, in relation to society. The understandings held by alcoholics had in none of the cases I presented did not turn into the intended 'trauma narrative', but they did seem to serve the goal of becoming abstinent. Simultaneously, we saw that, because they reach their 'goal', the stories of these ex-beneficiaries, at least the version of these stories held by the centre's staff, became tools in the (re-) construction of the 'trauma narrative', reinforcing also general knowledge about Chad in relation to alcoholism and violence (presented in chapter 3). Friction thus 'worked' on two sides of the therapeutic encounter between therapist and beneficiary, not creating 'sameness', but reshaping 'difference'.

Conclusion: the paradox of hidden violence

This study was an inquiry into what happened around the engagement of trauma in the ‘fight against alcoholism’, waged by staff members of a centre situated in N’Djamena, Chad, where after the arrival of a French *sœur* with a background in psychology, ‘trauma’ became part of the narrative and treatment practices around alcohol. I suggested to view this centre as situated both in a ‘global space’, where ‘mental health’ is gaining in importance, and in Chad, a country that has known, and still knows, many episodes and structures of violence and oppression, but where there is hardly any infrastructure that provides psychological care. The growing importance given to mental health in the global arena makes it likely that the use of conceptions like ‘trauma’ in contexts as that of Chad will only increase in the following years, which points to the relevance of understanding what conceptions of trauma ‘do’ in such engagements, and also what people do with them. Anna Tsing’s concept ‘friction’, that encompasses intended and unintended, dynamic and multifarious dimensions of change that occur when ‘universals’ travel over global connections, became my frame to grasp and understand different dimensions of the ‘effect’ of trauma in this particular case.

Simultaneously, I assumed that the nature of ‘friction’, the effects of ‘trauma’ in this engagement, would reveal insights into the ‘differences’ underlying this specific interconnection, since, according to Tsing, friction is an inherent property of global interconnections, exactly because they are always connections across difference. My question thus became not necessarily *if* (I had enough reason to assume that friction would occur based on other literature on engagements of ‘trauma’), but *why* friction occurred at different ‘moments’ in the engagement of trauma. I defined these moments of engagement as, first, the creation of a ‘trauma narrative’ around alcoholism among staff members of the centre and, second, the interaction between therapist(s) and patient in therapy sessions. As units of analysis I took ‘narratives’, both social and individual, and ‘practice’, which I studied through ethnographic methods. I presented the two moments that I had isolated in two separate chapters, aiming to describe the nature of friction in these encounters as well as the underlying interaction that made its occurrence possible.

After setting Chad as the stage where the centre was situated, I thus analysed how, in relation to ‘global’ psychological knowledge and practices, specifically ‘ethnopsychiatry’ practiced in a centre in the South of France, but also in relation to Chad as an ‘objectively’ violent context, a social narrative of ‘trauma’ was constructed around alcoholism among staff

members in the centre, with a strong guidance from the part of staff that counted as ‘psychological experts’. I explained how this narrative informed the practices that were used to help alcoholic individuals re-arrange their lives without alcohol. The *banalisation* of violence encountered during therapy sessions was seen as an obstacle that needed to be overcome in order to address the ‘true’ cause of alcoholism, seen in the shape of one or a multitude of experiences of violence in different forms. There was thus a perceived need to go beyond the initial explanations of beneficiaries in relation to their drinking behaviour.

Interesting was that, in the translation of trauma into practices to help sustain the fight against alcoholism in Chad, not only alcoholism in individual lives, but heavy drinking practices as a phenomenon in ‘Chad’ came to be viewed from a psychological perspective, especially by those staff members who were more specialized in psychology than others. The ‘trauma’ encountered in the life histories of alcoholics, who had lived through the same ‘violent events’ and in the same ‘violent structures’ as many other people in Chad led to the assumption that not only in the bodies of these alcoholics, but also other ‘heavy drinkers’ and, ultimately, in Chadian society as a whole, such violence must be hidden. An image was created of Chadians as ‘banalising violence’, a behaviour that allowed a collective unconscious suffering to continue. This image seemed to be more strongly held by those staff members who had become, through study, more embedded in psychological knowledge.

To shed light on the second moment of engagement, I presented the stories of ex-alcoholics, as seen through their own eyes and through those of the centre’s directress who had used the stories of two of them in an unpublished article. I specifically focused on the intersections between alcohol, different forms of ‘violence’ and ideas related to trauma in these stories. I showed how the perceptions on alcohol and violence that I encountered in these stories resembled in some ways, but differed in others. Ex-alcoholics seemed to have reshaped their personal narratives of alcohol in various ways, through the adoption of parts of the ‘trauma’ narrative that they had become connected to. Their stories had, however, not turned into the intended ‘trauma’ narrative held about them in the expert view of the directress. The whole detox procedure that included therapy did have the intended effect in the sense that the men whose stories had been reworked had stopped drinking. A ‘psychotherapeutic’ version of these stories became examples of ‘successful’ applications of ‘ethno’-psychotherapy, reinforcing the value of trauma as an explanatory model for staff members. As such, the ideas held at either side of the encounter between therapist and beneficiary did not become more similar, but the difference between them was reshaped.

Suggestions for further research

In my current analysis I encountered some limitations and aspects that remained unaddressed, that incite the wish to do further research. In hindsight, the interview with the brother of one of the beneficiaries helped to place the interview with this beneficiary, but also the ‘trauma narrative in perspective. It shed light on the exact ‘discrepancy’ that this man found himself in and it simultaneously provided a window to see concretely its relation to ‘Chadian narratives’ of alcoholism. It would be interesting to address this aspect of ‘situatedness’ more extensively in further research, not only studying a ‘space of engagement’, that was in this case the centre, but also the networks of actors who move in and out of this space.

It means that, in further research on engagements of ‘trauma’ or other universals, it will be interesting to expand the scope of ‘friction’, by following the individuals who have experienced ‘encounters’ with new narratives into other ‘social spaces’ and, if possible, also in time. This might help to get more insights into what universals ‘do’ not only in moments of engagement, but also how they alter personal networks and life worlds. Simultaneously, it is a way to learn more about the ‘local’ perceptions of violence that ‘trauma’ encounters and, as such, it might help to develop better ‘fitting’ ways to help people to reduce the impact of violence on their lives.

A second observation that deserves extra attention is the way in which the idea of ‘trauma’ resonated with critical worldviews of the people at the centre. It made that around the narrative of ‘trauma’ in the centre, a political story about Chad arose, a very specific and strong problematisation of the current situation in the country, critiquing the government, but also on the ‘Chadian’ way of dealing with this situation. *Banalisation* was not seen as an adequate way of ‘coming to terms’ with a violent past, and idea that was mostly uttered by Louise and taken over by other staff members. In combination with the lack of priority from the government to invest in ‘mental health’ or social ‘healing’ mechanisms as reconciliation, this view did not sketch an optimistic picture for the future. I presented, for example, how for Yannick, a young Chadian psycho-pharmacologist working at the centre, this view made him feel, more than before, estranged from his society, where he saw the many people drinking, talking and laughing in bars as living violence without seeing the reality of their situation.

This ‘effect’ is interesting, first, because many trauma interventions involve the training of ‘local’ individuals to ‘do’ psychology⁶⁴ and, secondly, because the growing

⁶⁴ In 2015, a Dutch NGO trained, for example, 50-58 clinical workers in psychology in the east of Chad in a collaboration with the UNHCR (as part of the fulfillment of the Global Mental Health Action Plan). War Trauma Foundation, <http://www.wartrauma.nl/tsjaad/?lang=nl>, last seen on 02/08/2016

dominance of mental health might lead to a global increase not only of interventions, but also of information in relation to psychology and the mental health effects of violence. Psychological perspectives on violence might become increasingly popular not only ‘directly’ in mental health practices but also as ideas that inform general ideas about self and society. On the one hand, such developments inspire new ways of critiquing current situations of inequality and new openings to make change. On the other hand, however, they imply moral judgments and the creation of certain hitherto unknown forms of victimhood, keeping the world in a balance of ‘difference’ ordered by new definitions of inequality, wherein a ‘western’ perspective holds most power over the truth. It is thus important to shed more light on how this knowledge is used by people in the ‘conflict-affected’ contexts that are seen as areas in need of mental health intervention, especially because they might further inform images of ‘crisis’ and ‘decline’ in relation to the self and society (that I briefly addressed in chapter 2, see also Vigh, 2006).

Final remarks: the paradox of trauma

Like other studies of engagements with trauma, this study showed that there are disparities between the idea of trauma and the experiences of violence held by people in contexts of engagement. These disparities, however, were changed and re-created in the encounter between different narratives. Concretely it meant that on the side of ‘intervention actors’, a ‘trauma narrative’ about society was constructed, through the application of psychological ideas on the phenomenon of alcoholism, in a context that counted as ‘traumatizing’ in relation to global perceptions of violence. This narrative had a variety of effects on patient narratives of alcoholism, since individual beneficiaries reshaped the stories of their lives in relation to the centre’s narrative and practices, but remained related to one or more ‘alternative narratives’ that offered different explanations for alcoholism.

However, the specific properties of the ‘trauma narrative, the ‘hiddenness’ of the violence it seeks to grasp, made that the gap between narratives did not oblige staff members to alter their view in relation to the ‘difference’ they encountered in the narratives of their beneficiaries; on the contrary, the absence of an ‘accurate’ perceptions of trauma in the narratives of alcoholics only further emphasized their ideas around the *banalisation* of violence. This shows how, that in a space where trauma became dominant in the giving of meaning to violence, ‘trauma’ made itself into a self-fulfilling prophecy. It is this paradox that I want to conclude my thesis with. I do not mean to say that there is no truth at all in the idea of trauma, but that it is extremely important to remain conscious of the existence and the

possible implications of this ‘gap’, and to continue the critical exploration on different sides of ‘global’ psychological encounters.

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