

SALVADORIAN WOMEN SPEAK

Coping in Canada with Past Trauma and Loss

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Abstract: In this study, ten women from El Salvador shared their experiences of coping with the trauma and loss related to the intense civil war in their country of origin. All of these women were of middle age and had come to Canada as refugees between 1980 and 1989. A qualitative approach and grounded theory methodologies were used to explore the complexities of each participant's account. Findings demonstrate that strategies used by these women to cope with their experiences of trauma and loss were often at odds with North American conceptualizations of trauma and recovery, an important consideration for social work practitioners working with refugees.

Abrégé : Dans le cadre de cette étude, dix femmes du Salvador font part de la façon dont elles ont composé avec les événements traumatisants et les pertes liés à l'intense guerre civile qui a sévi dans leur pays d'origine. Toutes ces femmes étaient d'âge moyen et avaient trouvé refuge au Canada entre 1980 et 1989. Une approche qualitative et les méthodologies de la théorie à base empirique ont été utilisées pour étudier les complexités du récit de chaque participante. Les résultats démontrent que les stratégies qu'emploient ces femmes pour composer avec leur vécu de ces événements et pertes allaient souvent à contre-courant des idées que l'on se fait en Amérique du Nord des événements traumatisants et du retour à la normale, un facteur important à considérer pour les praticiens du service social qui travaillent avec les réfugiés.

THE SETTLEMENT process of refugees is strongly, and usually negatively, influenced by the socio-political and historical context of their country of origin (Ostrow, 2002). For the most part, refugees are forced into flight (Martin-Baro, 1996) and have experienced multiple losses, such as the loss of a significant other, the loss of home, and even the

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loss of their sense of self (Kusnir, 2005). For many refugees, such losses occur in the context of extreme trauma, producing feelings of grief mixed with intense memories of the traumatic event (Jacobs, 1999). Practitioners working with refugees need to be sensitive to how the socio-political and cultural context in which loss and trauma occur shapes not only the expression of trauma, but also an individual's coping strategies and capacity for resiliency.

Such a context is illustrated by the findings of a study undertaken with middle-aged Salvadorian women coping with their experiences of trauma and loss related to the war in El Salvador as they settled in Canada. As women in their middle years, many had husbands, children, and in some cases grandchildren who were also affected by or lost in the war. The participants in this study had to contend with the psychological wounds related to trauma and loss both before and after their migration. Most of the women stated that they had been able to find ways to cope with their experiences. Four primary strategies were used by the majority of the women: calling on positive memories; spirituality and religious beliefs; *no pensar*, or not thinking about it; and self-validation and resisting medication. Importantly, these strategies challenge the ways in which trauma and coping have been conceptualized in North America. A liberationist framework that gives voice to the voiceless and brings forth subjugated knowledge (Martin-Baro, 1996) provides space for alternative, more culturally and gender sensitive interventions with survivors of trauma.

Trauma, memory, and coping

Trauma

The experience of intense trauma related to psychological warfare, persecution, and torture is common among immigrants from Central America (Aron, 1988). Rothschild (2000) defines trauma as "a psychological experience, even when the traumatic event causes no bodily harm" (p. 5). The effects of trauma on the body and the mind are well documented (Boyd-Webb, 2004; Levine & Kline, 2007); Post Traumatic Stress Disorder (PTSD) was first included as a diagnosis in the third edition of the *Diagnosis and Statistical Manual of Mental Health Disorders* of the American Psychiatric Association (DSM-III) in 1980. Herman (1997) describes trauma as "an affliction of the powerless. At the moment of trauma the victims are rendered helpless by an overwhelming force. Traumatic events devastate the ordinary systems of care that give people a sense of control, connection and meaning" (p. 33). According to Herman (1992), trauma has an insidious effect on all aspects of the person's psychological functioning, creating feelings of terror, despair, guilt, and shame and eroding the victim's self-worth and self-esteem, sometimes to the point of dehumanization (p. 51).

Although the effects of trauma would seem to share similarities across groups, the expression and subjective experience of trauma may vary by socio-political and cultural context. Moane (1999) contends that social and political context is central in shaping the psychological development of individuals. If this assertion is extended to trauma, then, arguably, experiences of trauma must also be understood in the context of their occurrence. In the context of the civil war in El Salvador, for example, Martin-Baro (1996) maintains that symptoms related to PTSD exhibited by Salvadorian refugees (including hyper-vigilance, mistrust, and paranoid behaviours) are not signs of persecution delirium born of anxiety, but rather the most realistic response to the social situation in which they lived before migration; these psychological reactions become essential for their survival.

Scholars studying the settlement process of refugees argue that, despite their adaptive function in certain contexts, Salvadorians and other refugee groups fleeing war have more difficulties during their settlement process than other immigrant groups due to their history of trauma (Pottie, Brown & Dunns, 2005; Suarez-Orozco, 1989). Behaviours that may have been adaptive in the context of war may result in a divided community and lack of trust among members of the refugee group in their new home. Recognizing whether such expressions of trauma become maladaptive in the settlement country is an important task for the practitioner working with communities and individuals affected by trauma.

Memory and loss

The multiple losses experienced by refugees may hold emotional, social, practical, or spiritual significance (Falicov, 2002). The experience of loss may, in turn, lead to feelings of overwhelming grief (Van der Veer, 1992). Grief is considered a normal reaction to loss (Corr, Nabe & Corr, 2000), especially in the context of the death of a significant other. In recent years, there has been a growing acceptance that other types of losses may result in emotional reactions similar to those associated with death (Boyd-Webb, 2004). Jacobs (1999) argues that, when the loss occurs in a traumatic manner (as is often the case for refugees), the normal responses of grief and yearning are mixed with frightening memories of the traumatic event, which may interfere with the normal bereavement process. Such traumatic grief creates an intense response in the individual characterized by intrusive memories and distressing preoccupation with the traumatic event, which may come to dominate the person's life. For individuals who have experienced trauma, memory and history occupy a central role in their attempt to understand the symbolic and lived experiences of violence (Riaño-Alcalá, 2002). In such cases, individuals may use the purposeful reminiscence of positive memories in an attempt to overcome negative ones (Bryant, Smart & King, 2005).

According to Rothschild (2000), memory is understood as the process by which the human brain records, stores, and recalls information received from the internal and external environments. Schacter (1996) proposes that information that has greater significance or a higher emotional charge (positive or negative) is more likely to be stored than weaker information. Refugees may be able to draw on their strong positive memories to make sense of their traumatic experience and to resist negative memories. For refugees, longing for a lost homeland or loved one may be more than an aspect of the grieving process; instead, it may be a purposeful act of reminiscence on positive memories that helps them reconstruct their lives.

No Pensar: Not thinking about it

It has been argued that, to understand the current lives of Latin American people, we must consider their historical experiences of oppression (for example, the legacy of war and colonialism) (Comaz-Diaz, Lykes & Alarcón, 1998). As this relates to Salvadorians, failure to understand how trauma is shaped by historical context may lead practitioners to misinterpret certain coping mechanisms. The use of *no pensar* (not thinking about it) is one such mechanism.

No pensar is commonly used by Salvadorians as a means of coping with adversity. On the surface, *no pensar* may appear to practitioners as avoidance. Unlike avoidance behaviours, however, *no pensar* begins with the confrontation of the traumatic event, which is often acknowledged through a small ritual that validates its significance. Acknowledgement is followed by a rapid cognitive shift, which entails putting the experience out of one's mind and carrying on without reacting to it. In other words, one reaches a point where the choice is made to carry on with life as if the traumatic experience had not happened. This coping mechanism stems from Salvadorians' socio-political context of historical oppression in which trying not to dwell on traumatic events has become a well-established means of survival (Carranza, 2007). It is a way of managing life's challenges that has been passed from generation to generation through oral traditions (de Gutierrez, 1993).

The women in this study claimed that calling on positive memories, faith, and *no pensar* are key to their survival and to living with trauma in their settlement country. Many drew on these coping strategies while simultaneously resisting their doctors' attempts to treat their symptoms of trauma (such as crying) using (presumably psychotropic) medications. In doing so, they validated their right to grieve given the intensity of their experiences. Understanding how the socio-political context of their country of origin shaped their experiences and resistance to North American conceptualizations of trauma is critical for practitioners trying to assist them in rebuilding their lives and establishing a sense of community in Canada.

Methodology

The findings presented here are part of a larger qualitative study that focused more generally on the acculturation experiences of Salvadorian women residing in Southwestern Ontario. A qualitative approach was chosen to explore the complexities of the participants' contexts and to develop an in-depth analysis of their lived experiences (Marshall & Rossman, 1995).

I undertook this research from the perspective of an "insider"; I am a member of the Salvadorian community. As is typical of an insider researcher, my attunement to the issues enhanced my understanding of the struggle of the study participants. It enabled me to locate the participants' realities within a structural context foreign to their own. Typically, too, it raised boundary and interpretive challenges of which I was mindful throughout the study (Moffatt, George, Lee & McGrath, 2005).

Sample

Ten women were interviewed, ranging in age from their forties to their mid-fifties. Middle-aged women were chosen because the literature on immigration tends to group women of all ages together without considering issues related to the life course. Because of their age, many of the women in this study were wives and mothers; some were grandmothers, and several had adult siblings who had their own children.

At the time of the interviews, most of the participants were living with their sponsoring relatives. All the participants had entered Canada as refugees and, at the time of the study, had lived here for between five and eight years. Their marital status varied: six widows, two single mothers, and two married.

Data collection

As part of recruitment, several meetings were held with faith leaders and other non-religious community leaders to explain the study and answer questions. Copies of the research proposal were provided when requested, in English and Spanish. This served to alleviate the community leaders' concerns about the confidentiality and legitimacy of the research.

The women were interviewed using a semi-structured interview guide, which covered the areas of experience of war, immigration path, and experiences of settlement in Canada. Interviews lasted approximately two hours, were conducted in Spanish, and, with participants' permission, were audio-taped. All interviews were then transcribed.

All participants were interviewed twice. The purpose of the initial interview was to establish rapport since the content of the interview was sensitive and potentially painful. The purpose of the follow-up interviews was twofold: to check data by repeating certain questions; and to

ask additional questions that arose from my initial reading of the transcribed first interview (Lincoln & Guba, 1985).

Grounded theory, in which the development of theory is rooted in the data, informed my approach to data analysis (Charmaz, 2005). Grounded theory supports the use of a “bottom up” analytical strategy, which involves the “discovery” of emergent themes (Strauss & Corbin, 1994). Ely (1991) defines a theme as a statement of meaning that either runs through all, or most, of the related data or carries heavy emotional and factual impact. The theme analysis provided a focused picture of the commonalities among the participants.

Participants' context of exit

All of the women in this study fled El Salvador between 1980 and 1989. The context of their departure was a brutal civil war, which began in 1980 and lasted over a decade (Uncles, 1994). During the course of the war, thousands of civilians lost their lives, and the massacre of entire villages was a common practice (Amaya, Danner & Henriquez-Cosalvi, 2006). The Salvadorian Army let loose a wave of death squads as a way of bringing an end to the alleged communist leadership of the popular movements. Members of the military persecuted and tortured members of the church, of universities, and even of political groups that were calling for more democratic reforms (Ascoli, 2007).

Between 1980 and 1982 alone, almost 70,000 non-combatant civilians were assassinated by government death squads or killed by military attacks on villages alleged to be sympathetic to revolutionary groups. An additional 7,000 “disappeared,” and more than one million people fled the country (Golden, 1991). For those who left, the horror of the war would continue to affect them in their new homes (Weingarten, 2004).

Participants' social context in Canada

At the time of this study, the women were living in the Region of Waterloo. Although multi-ethnic, the city where this research was carried out does not have the degree of diversity found in larger urban centres. The Spanish-speaking community is relatively small compared with those of metropolitan centres in Canada (Toronto, Montreal, and Vancouver) where the majority of immigrants and refugees from Latin America have settled. In such a city, there may be less acceptance of racial/ethnic diversity and less understanding of the experiences of refugees from developing countries. The majority of city residents are from White, European backgrounds, and their relatives entered Canada as immigrant families. The very different migration experiences of the majority groups, compared with the experiences of Salvadorian refugees, may mean that the participants in this study, in addition to being relatively isolated, found little external support or understanding with respect to their trauma and losses.

Living with trauma and loss

Calling on positive memories

Many of the women interviewed talked about the importance of keeping their positive memories alive, noting that these memories often entailed the small details of their daily round of life before the war. They perceived that these memories were their only connection to the community they had lost. Ana's comment highlights what the women said about this coping mechanism and its ability to overcome memories of loss:

You'll think that I'm crazy, but I'm going to tell you anyways. Sometimes, I imagine being where we used to live, and I see myself walking around the neighbourhood from beginning to end. I visit each and all the corners of my neighbourhood. I visit all the people and the places that [laughter] you're thinking that this is not possible, but it is true. I do this in my mind when I get depressed.... I go through my mental images. I visit the places that I and my family used to go to. I have these memorized. For example, I see the *Telegrafo* [a building in the downtown of the city of San Salvador that is near a market], and can see and even hear the women selling stuff and yelling out to the other merchants *el cafee, el cafee!!!* I visit the *Basilica de Guadalupe* [church of the virgin of Guadalupe]. I like to see all that and keep it fresh in my mind. So when I feel sad or depressed over what I left behind, I remember all that. I lived there my whole childhood and my youth, practically my whole life.... The only thing left from my past are my memories. They give me energy to go on here.

Glenda similarly commented on how she called on positive memories to contend with the loss of her homeland, in this case memories of an earlier time with her family:

My father would take us all there. We would each ride a horse. We would ride together, but the little ones were put together on one horse. My father was afraid of them falling so he tied them up on the horse. We would ride together for hours and hours in the mountains. It was so beautiful. There is not nature here. The forest is gone. I am always behind four walls in this apartment. All I see when I go out is buildings and traffic. I guess remembering all that helps me to know that there are other worlds out there, where the air is pure. When I think about those places in my country I close my eyes and breath the air I can smell the scent of the mountains in my lungs. You'll think that I am crazy but I feel like my lungs are cleaner when I do that.

Salvadorians come from a society that values the oral tradition (de Gutierrez, 1993). In societies with a strong oral tradition, "the process of memorization is learned right along [with] the process of language itself" (Burgos, 1999, p. 86). Such an emphasis on memories arguably takes

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on a renewed meaning in the context of El Salvador's civil war. In this context, positive memories provide a spiritual connection to a time that was not tainted with memories of war, trauma, and migration. The memories shared by women in this study were of a time when they felt a sense of belonging as they recounted the minutiae of their everyday experiences. In such a context, the simplest of memories, such as going to the market, take on profound meaning. Their ability to call on their positive memories to cope with life in their settlement country denotes their sense of agency and their mastery over grief. Keeping these positive, even idealized or romanticized, memories alive allows them to stop their grief from overshadowing the emotional nourishing they received from their loved ones in El Salvador. Importantly, the women's accounts of their use of this coping mechanism also demonstrate their sense of isolation as they worry that others will perceive them as "crazy" for calling on their positive memories in such a way. For the women in this study who survived the violence of El Salvador, coping and memory are intrinsically linked.

Increased faith

Most of the women talked about the importance of their religious beliefs to their ability to cope. Many women reported that they pray and read the Bible more often than they did when they lived in El Salvador. They spoke about how their renewed faith in God has helped them move on from their losses. For example, Beatriz, who suffered multiple losses in the war, told us:

I don't get sad over my house and my disappeared brother anymore as I used to [because] I've found comfort in the words of God. My faith has gotten stronger here. I think that my belief in God has comforted me in the darkest moments. When I get sad or depressed, God helps me. I pray a lot ... here at home. He helps me go on with life here.

Lucy also described how her belief in God helps her resist the trauma of the war: "My strength is my God. I don't know where I'd be if it wasn't for him. He gives me strength in the darkest moments of my life. He is the light that guides me out of those painful memories."

It appears that the women's religious beliefs and spirituality are a source of their resilience from which they draw the strength to go on in spite of the suffering in their lives. Noteworthy is the fact that these women's faith increased after migration. They take refuge in their faith, which allows them to cope after their multiple losses.

"No Pensar"

Some women talked about *no pensar*, a coping mechanism common among Salvadorian people. Key to understanding *no pensar* is an appre-

ciation of the significance of its ritualistic nature. Rather than simply blocking out traumatic loss, *no pensar* involves an acknowledgement of that loss, an acceptance of it as a matter of unalterable fact, and then a cognitive shift (however temporary) that allows these women to go on with their daily lives. Lorena, whose husband disappeared, told me:

I think about what they did to my husband a lot. He was a good man ... he did not deserve to die like that. I light a candle for him and then I try not to think about that, [especially] when I am not able to cook or do the laundry because of the painful memories. It helps me because I am able to go on with my everyday life and responsibilities. Like I cannot be crying all the time in front of my kids or grandkids. I find that it is better not to think about the things that I can't change; like I can't change the past. So I might as well put it aside like if it did not happen.

For Lorena, the ritual of lighting a candle when painful memories arise allows her to put these memories aside and accept them for a time. In this way, she is able to function in her daily life and not become debilitated by her traumatic experiences.

I asked another woman, whose brothers were mutilated and put on wood stakes for public display, "How do you cope with what happened to your four brothers?" She stated:

Pues yo lo que hago es encomendarlos al Señor porque yo se que ellos handan penando, pero yo no puedo hacer nada por ellos entonces yo despues trato de [Whenever I think of them I ask God to take care of them because I know they are not in peace and then I try to] not think about them. For me it is part of life you know. Yeah, I lived through a war and saw many horrible things; so what? Yeah, the memories are there but as I said, I just don't think about it. I try to go on with life like if those [horrible] things did not happen.

This woman, too, used the ritualistic aspect of *no pensar* to go on with life, in this case by calling on her faith to acknowledge her painful memories of her four brothers. Failure to recognize the process of ritual, acceptance, and the cognitive shift involved in *no pensar* could lead to the assumption that these women were unable to face what had happened to them. On the contrary, the women's use of *no pensar* is a strategy rooted in their history of oppression and resistance, brought across geographical borders into their settlement country. For this group of women, *no pensar* is used as a way of resisting their traumatic memories and grief and going on with life in Canada. This strategy may be essential for their survival; that is, it allows them to fulfil their household responsibilities and to develop positive relationships with family members. Moreover, they conceptualize loss and trauma as a fact of their lives and do not allow themselves to become engulfed by their negative memories. This stand-

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point denotes not only the central place of their historical cultural origins in their attempts to move on, but also a sense of control over their memories.

Self-validation and resistance to medication

A few women talked about deliberately resisting Western treatments for depression and Post Traumatic Stress Disorder as a way to cope with traumatic experiences and grief. In talking about their rejection of (presumably psychotropic) medications prescribed by their doctors, the women gave evidence that they simultaneously practised self-validation of their emotions and behaviours. Glenda was one of these:

My doctor told one of my kids that I had something like *estrés the Guerra* [PTSD] or something like that. Something that had to do with the war, I think.... My doctor gave me some pills to help me with the crying, I think. But I stopped taking them [laughter]. My kids got mad at me ... I got thinking, "I lost my husband. I never found my brother. I lost my house. I left my friends, my *comadre*. Don't I have the right to be sad and to cry once in a while?" On top of all these, I am in a place that I don't like. It's too cold. I am even trying to learn English. Yeah, I feel tired and I cry, but I think, "Don't I have the right to rest my body and my mind and to feel sad after everything that I lived through?" I wouldn't be human if I didn't. I told my kids all this so they would stop bringing me to the doctor thinking that I needed a pill to make me happy.

Rosa similarly resisted medication, while asserting her right to express sadness: "My doctor gave me some pills to make me happy but I never bought them. I still have the note [prescription] someplace. I don't even remember where. I figure I am getting old. I am deteriorating as we speak [laughter]. So what if I cry once in a while!... It is not the end of the world...."

For these women, grief may be a testimony and a vital expression of their love toward those they lost. To take away their sadness may be perceived as disrespectful; an injustice that invalidates what they lost during the war. They considered the outward expression of grief as their hard-earned right, even if it means taking a stance against their own children and Western medicine. Instead of experiencing their grief as debilitating or overwhelming, these women were able to validate their own experiences and expressions of traumatic loss when others were unable to do so. That these women found humour in their resistance to medication speaks to the power of their resilience.

Taken together, the coping strategies employed by the women in this study point to the importance of memory and history in their process of recovery. Specifically, the use of these strategies allows the women to gain a sense of control, albeit in some cases only temporarily, over their

traumatic experiences and memories and allows them to make sense of the violence they endured prior to coming to Canada.

Discussion

These findings contribute to our understanding of the impact of war-related trauma and loss and the various coping strategies that may be used to live with trauma. They challenge practitioners to understand that we cannot consider all things equal when working with people who have experienced trauma. The participants in this study all lived through a brutal civil war that left them with multiple losses and, in many cases, with extremely painful memories. These women called on coping mechanisms rooted in the socio-political context of El Salvador, and of Latin America more broadly, in an effort to live with and integrate trauma and loss into their every day lives without becoming engulfed by negative memories.

The women in this study appeared to have a strong sense of agency. They did not view themselves as passive recipients of what was to come and instead were actively using coping mechanisms that allowed them to go on with life in their new country. Many provided themselves with self-validation while resisting Western attempts to stifle their grief, or called on their positive memories or their faith as a way to manage their negative memories. Other women called on *no pensar* as a means of compartmentalizing their memories, a strategy that, perhaps because it involves a process of acceptance, appears to be an adaptive coping mechanism.

Overall, the coping mechanisms used by the women in this study reflect their resilience and the centrality of memory and history in experiences and expressions of trauma. Interventions with refugees need to encompass the fact that the people we serve exist in interaction with their past, present, and future. Thus the findings of this study are congruent with Riaño-Alcalá's (2002) argument, that memory and history take an essential place in people's attempts to figure out the symbolic and lived experience of violence.

The concepts discussed above could be applicable to other refugee groups who, like the participants in this study, bring to their settlement country a history of trauma and loss. Such groups may also make sense of their past traumatic experiences and losses in a manner not fully understood by service providers using Western models. In saying this, I do not propose a divorce from these models, but rather that their exclusive use may lead to misinterpretation of coping mechanisms rooted in a particular socio-political and cultural context.

Social workers and other clinicians working with people who have experienced multiple losses and trauma need to explore and validate the diverse ways in which people make sense of these experiences. Clinicians

should explore alternative ways of healing that lead to mutual understanding and to an affirmation of the experiences that refugee people bring with them. It is important that clinicians not try to remove people's pain, but instead validate and accept it while attempting to understand the conceptualization of trauma and resilience from the perspective of service seekers.

For refugees, history and memories of violence are not only personal; they are also collective. Yet, for the most part, the participants in this study found themselves isolated from each other as they dealt with aspects related to their past traumatic experiences. Social workers may need to consider interventions aiming at the collective healing of an entire community. Changes at the collective level may facilitate individual and interpersonal changes. This can only be done by working in solidarity with community stakeholders who, in turn, would inform the process of change.

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