

The Anthropologist as Audience

Engaged Listening among Khmer Rouge Survivors
and Ukrainian War Refugees

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Abstract

Although the Khmer Rouge regime was responsible for the deaths of roughly 2.2 million Cambodians—and the persecution and abuse of millions more—only a handful of survivors have been able to testify at the tribunal established to prosecute former leaders of the regime. Partly to address this gap, an NGO affiliated with the tribunal has been offering ‘Testimonial Therapy’ for the past decade as a form of reparation for survivors with symptoms of psychological distress. For 16 months, I followed survivors undergoing this therapy, during which they developed a testimonial narrative of their life story in collaboration with a local mental health worker. In this Position Piece, I consider Myers’ conception of ‘moral agency’ (2015) in relation to this process of personal narrative creation, and the critical importance of audience engagement. I then reflect on my own positionality as both ethnographer and active listener, tracing how this affective posture has been formed not only through fieldwork, but also through engagement with family narratives of loss in the context of war-torn Ukraine.

Keywords

Listening, Testimony, Moral agency, Narrative, Mental Health.



Figure 1. The author's grandmother and aunt, taken before their arrival in the US as displaced persons. Image reproduced with permission of Elena Lesley.

Conducting fieldwork among populations that have been subjected to multiple forms of trauma requires not only understanding the abuses that occurred, but also developing a sense of the kinds of engagement that will be most useful to the populations we are working with. During my long-term ethnographic fieldwork among Khmer Rouge survivors receiving narrative mental health treatment, I spent many hours considering the role of the anthropologist as *listener*. Roughly 2.2 million Cambodians perished under the Khmer Rouge regime due to forced labour, starvation, and execution (Heuveline 1998). Although the communist movement only controlled the country from 1975 to 1979, hundreds of thousands of Cambodians also died during the fighting that preceded and followed the Khmer Rouge state, as well as American bombing campaigns linked to the neighbouring war in Vietnam (Jones 2017).

The psychological legacy of this massive bloodshed and social disruption reverberates throughout the population today. For my PhD dissertation research, I was fortunate to be allowed intimate access to individual counselling sessions of Khmer Rouge survivors who were undergoing an imported form of 'Testimonial Therapy' (TT) with a national NGO, the Transcultural Psychosocial Organization (TPO) in Cambodia. 'TT', as it is called by staff of the implementing NGO, originated among human rights activists who took the statements of victims of political violence in Chile. They found the process had a therapeutic effect and used the experience to create the framework for TT, which has since been widely disseminated internationally (Lakshmin et al. 2018). This form of therapy was first introduced to Cambodia in 2009 in the context of transitional justice efforts and adapted for local populations by TPO.

Throughout the course of my research, I would accompany teams of local counsellors as they made trips to different rural villages to administer TT. While there, each counsellor spent four days working with one patient, eliciting and crafting a personal narrative that focused on the brutal Khmer Rouge period, as well as the civil conflict that preceded and followed it. On the fifth and final day of therapy, these therapeutic 'testimonial' narratives were read aloud for community members, accompanied by an adapted blessing ceremony.

Although I tried to keep my participation in therapeutic sessions to a minimum, I was determined to be an active and engaged listener; alert, attentive, and responsive in body language. The idea that one must be respectful and attentive while others are sharing personal narratives of hardship had been instilled in me from a young age.

Some of my earliest memories are of sitting in the cramped kitchen of my grandparents' house in Newark, Delaware, listening to my grandmother Helen's stories of disruption, loss, and displacement. My mother's family fled Ukraine during World War II in a donkey cart to escape fighting between the Nazis and Soviets. Through a somewhat miraculous set of circumstances, they were eventually able to make their way to my grandfather's ancestral homeland of Greece as displaced persons, and they were later sponsored by family friends to come to the United States. Although they were always grateful for their new home, the spectre of World War II cast a long shadow over the rest of their lives.

Given the amount of time I spent preparing, engaging in, and mulling over my role as a listener during my fieldwork, I began to wonder what insights this activity, which at first glance seems to be a non-activity, might have for the ethnographic work of mutually repairing moral wounds (Myers 2019). In her article describing her work with Ariana, a young woman suffering her first psychotic break, Myers questions how the 'space between persons' (Parish 2014, cited in Myers 2019)

can be cultivated to restore moral agency through the practice of ethnography. A key component of moral agency is the ability to exercise some control over the way one's life story is told; to help others recognise one as a 'good' person (Myers and Ziv 2016; Myers 2019). In the case of Ariana, Myers describes how in telling one's story to an ethnographer, the young woman is able to work through the moral breakdowns (see Zigon 2007) in her life with another person, creating an opportunity for 'moral rejuvenation' (Myers 2015, 2019).

In my own fieldwork observing TT sessions, I frequently wondered about the potentially therapeutic relevance of my listening. I followed up with TT participants three and six months after they underwent therapy, and noted significant improvement in self-reported symptoms of psychological distress according to the Baksbat Inventory, a mental health inventory that measures a trauma-related cultural syndrome of distress (Chhim 2012). But did my attentive and active listening play any role in this symptomatic trajectory? Reviewing my fieldnotes and recordings of sessions over time—as well as discussions with local counsellors—I began to believe my presence as an ethnographer did indeed have some beneficial impact, at least for the project of intersubjectively repairing moral wounds. I noted the dynamic that Myers (2019) describes of using ethnographic interaction to restore one's sense of being a 'good' moral actor, and to use that shared social space as a 'moral laboratory' (Mattingly 2014). However, there was another element that came to the fore in my fieldwork among Khmer Rouge survivors. In telling their stories to a therapist and, inadvertently, to me as well, they often focused on the kindness of *others*, and how the selfless actions of others had enabled their survival. They then seemed to seek reassurance from us that, despite all the ugliness and tragedy in life, the world was still populated with many good actors.

While the concept of moral agency focuses on the idea of moral selfhood, it is important to remember that this perceived self exists within a web of relations. After all, what would be the point of being a moral actor in a world that is immoral or amoral? In a world that is absurd? Survivors used the TT sessions as an opportunity to mutually reconstruct a vision of the world as a meaningful and, ultimately, good place. But to do so, the space surrounding them needed to be populated by a particular kind of audience—by engaged and responsive listeners.

Aural Origin Story

Growing up, I usually spent summers at my grandparents' home in Delaware, where they had settled after their flight from Eastern Europe. They bought an old farmhouse near the state university and planted thick bamboo around the perimeter of the property. Never fully integrated into American society, they

created their own world within the shelter of that bushy greenery, a world partly in the suburban US, and partly in their memories of their homeland.

Nearly every morning, over the breakfast table, other close family members and I would serve as audience for my grandmother, who sat slowly consuming a bowl of *kasha* (buckwheat porridge), narrating particularly moving events from the past. She would tell us that the transition to life in the US had not always been easy for her. Although she had worked as a chemist in Soviet Ukraine, in the US she found herself confined to the home, responsible for the welfare of four children and two elderly parents who spoke no English. She regularly suffered from what the family accepted as 'bouts of melancholy' that had begun during their flight from Ukraine.

Even as a child, I realised that she had few outlets beyond the small circle of people listening to her at that kitchen table, and I took my role as an engaged audience member seriously. Unable to continue her work as a chemist, and cut off from the social networks she had in her home country, her narrations may very well have been an opportunity, as Myers and Ziv (2016) have described, to use her autobiographical power to establish the social bases of self-respect.

While the stories I heard, both in those early years in Delaware and during my recent work in Cambodia, emphasised the important roles played by *others* in the narrators' survival, my ability to listen was also conditioned by those around me. My mother and aunt likewise often served as attentive audience members for my grandmother's stories, modelling the importance of listening with all one's senses. At various times, they even set out a large audiocassette recorder on the table, preserving her stories for future family generations. The following is a transcription of one of these recordings, in which my grandmother recounts for me the tumultuous circumstances surrounding the birth of my mother's older sister, Olga.

My Grandmother: I was in the hospital and my labor started and was progressing normally. But, all of a sudden, I heard planes overhead. We thought they would pass over us, but they started to drop bombs right over the hospital. God knows where they were aiming, because the bombs were just falling everywhere. When the bombs fell, the doors blew away and there was shrapnel everywhere.

Me: Why did they do that? Why did they drop the bombs?

My Grandmother: Well not too far from the hospital, there was a Hungarian base. And because Hungary was united with Germany, I think that's why the Red Army started bombing. They thought it was a military target.

Me: Then what happened?

My Grandmother: The nurses moved me to a corner of the room where there was no window. They were wonderful. They moved me in a chair to a corner and several put a heavy case in front of me to protect me. I asked what I should do. 'Pray', they said. You could hear the planes. They made a thin, high-pitched buzzing sound. You know a bomb has been dropped. The windows and doors were shaking. This went on for several hours and my labor pains stopped. I think it was because I was so afraid. The hospitals all had shortages then. There were no medicines to help start it. I didn't even have an IV [intravenous vial]. After two days, I started to lose consciousness. I just lay there. I remember looking at the spots on the ceiling that were like cherries or lines. They melted away into one. I thought it would be nice to die. Olga's heartrate was dropping, and they didn't think they could save her.

My grandmother's voice faded and there was a long pause.

Me: Could Pop (my grandfather) help? Was he there?

My Grandmother: Pop managed to telephone his friend Vasiliy Andreevich, who was a specialist in this area. I don't know why the phones still worked. The doctor who was treating me thought Olga couldn't be saved, and he was just going to try to take her out and hoping to save my life. But Vasiliy Andreevich told Pop to try to stall them. He would try to make it to the hospital. From where he lived, he had to cross all of Kyiv, and one of his legs was shorter than the other. He raced across town limping, wearing surgical gloves, with forceps under his arm. He burst through the door just as they were about to operate. 'Wait!' he said. 'I brought my forceps!' With that he came and yanked Olga out. She started screaming, so I knew she was alive. After that a nurse came, one of the nurses who had been so kind to me before. She sat by my bed and said after all that, she imagined I probably wouldn't want to have any more children. But I told her, 'Oh no, I want more children!' So that was one of our adventures during the war, but thank God it ended well.

As was common while recounting these episodes, my grandmother focused not only on her own fortitude and resilience, but also recalled how the actions of others had facilitated her survival. Even though she was so ill she thought it might be 'nice to die', she emphasised how the nurses protected her from the bombs and how, when hope for the survival of my aunt was all but lost, a doctor friend limped across Kyiv on foot, forceps tucked under his arm. Although my participation in the conversation was minimal—simply asking questions that moved the story forward—it nonetheless demonstrated that an active, engaged audience (me) was receiving and digesting the narrative, mutually crafting a vision of her lived experience of the world as a meaningful and coherent space. In some ways, these interactions served as an early form of 'training' for my later ethnographic work.

Participant Listening in Cambodia

During my fieldwork in Cambodia, our days started very early in the morning, as is common given the stifling heat. The counsellors and I often left the local guest house where we stayed before dark and then headed to a market to have rice porridge and ‘Vietnamese’ coffee with condensed milk. We would also often use the opportunity to load up on supplies for the day—bottled water, energy drinks, and snack cakes. We knew what the day held in store. We would be sitting for long hours in the heat, usually on a straw mat, listening intensively as patients recalled their most tragic and distressing memories. Before sessions began, I also often did some stretches, knowing my hips and back would start to ache over time given long periods of sitting on the ground, legs modestly tucked to the side. I wanted to be prepared, to be able to offer my complete and undivided attention to those who would be sharing their stories with me without showing any signs of discomfort or fatigue. Generally, this meant physically ‘leaning in’ to the conversation, regularly looking up and making eye contact despite taking notes, and offering non-verbal cues, such as nodding or mirroring the narrators’ facial expressions.

The role I would play in therapeutic sessions had been discussed at length in advance with the counsellors. We had determined that as an anthropologist—an ethnographic observer—my position *was* different from that of a clinician and should be marked as such. While the counsellors sat closer to patients and led the asking of questions, I was generally placed somewhere between the therapeutic pair, but at a bit of a distance. Nonetheless, the counsellors were familiar with the concept of ‘attentive listening’ (or *sdab daoy yokcett toukdeak*, as it is called in Khmer), and agreed that my active listening would contribute to the therapeutic sessions.

Moreover, both they and I were aware of the significance my presence—as a US citizen and as a *barang* (foreigner)¹—might have on the interaction. Although the stories of Cambodian survivors reminded me of those of my own family from Ukraine, TT participants did not see me as the descendant of refugees from another war-torn country, but rather as an emissary of the globally powerful United States. Because of this, *my* listening had special significance. Participants would often interrupt sessions to make sure I had heard what they had said, pleading, ‘please tell this to the people in America; tell them what happened to me’. Sometimes they even took me to significant sites, such as mass graves or

1 ‘Barang’ was initially the Cambodian word for the French (Cambodia was one of a collection of Southeast Asian protectorates within the French Colonial Empire). Today, the term is generally used to refer to foreigners, and especially foreigners perceived as Caucasian or originating from the Euro-Western world.

memorial spaces, and requested I take pictures so I could show people what had happened in their country.

Testimonial Therapy often took place at a local pagoda. After a morning group session in which counsellors explained the purpose of the therapy and how it would progress, pairs of counsellors and patients generally spread out, trying to keep enough space between them to allow for some privacy. In the session described below, one pair laid out a *kateel*, or hand-woven straw mat, underneath the shade of several trees on the grounds of the pagoda. Another sat at a concrete table with benches in front of the pagoda's meeting space, or *salaa chan*. On this particular morning, I joined a young female counsellor named Veasna as she began the narrative elicitation process with Chantou, a 68-year-old rice farmer and day labourer. The three of us sat in the *salaa chan*, on cushions that NGO staff had brought with them in the van from Phnom Penh. Veasna offered Chantou some bottled water and then brought a small standing fan to place near us so we would not be too hot during the therapy session.

Veasna asked Chantou some opening questions about her background and childhood, and Chantou explained she had been born into a hard-working family of rice farmers. She continued:

Chantou: When I was 15 years old, my parents decided to arrange my marriage. My husband was a musician and I farmed rice and sewed decorations for weddings. After one year together, I had a daughter.

Veasna: How was your life with your husband? Were you happy together?

Chantou: At first it was good. He was a gentle man. We lived peacefully and didn't experience any shortage. But in 1970, Lon Nol made a coup against His Majesty King Sihanouk, accusing him of having left the country. The king called out on the radio for his children and grandchildren to join him in the *Prey Maki*² to fight against the American imperialists. They had invaded our land! I was at home eating with my family when I heard about this.

Veasna: What happened then?

Chantou: The Khmer Rouge³ took control of the area where I lived. After that, there were battlefields all over the country. I remember one day I was replanting rice when an airplane suddenly appeared over my village. A few

2 Among those I have interviewed in Cambodia, the term *prey maki* is generally interpreted to mean guerilla or resistance fighters in the forest. In Khmer, 'prey' means forest. 'Maquis' comes from the French term for 'bush fighters' who fought the Nazi occupation of France during World War II.

3 Chantou technically used the phrase 'group to liberate the nation', which is how the Khmer Rouge was often referred to before the movement took control of the entire country in 1975.

moments later, more airplanes appeared and started dropping bombs. One of the houses in my village burst into flames. I was eight months pregnant, and my husband and I both dropped to the ground, crawling, trying to find our daughter. The bombs shook the ground all around us. And I crawled near the edge of the rice field and prayed for the guardian spirits to protect us.

Veasna: That must have been very frightening. You are lucky you survived.

Chantou: Yes, we were lucky. Many other times the Americans dropped bombs and we barely escaped. One night, while I was nursing my baby, an airplane came and suddenly shot at the herd of carts where we were resting. I stood up suddenly because I was so shocked and hit my head on the cart, falling back to the ground. My father-in-law picked me up and carried me to a safe location. We were always running from bombs in those years, and my father-in-law was always carrying me back and forth, from one place to another.

Veasna: Was your baby okay?

Chantou: Yes, yes she was okay.

Veasna: I am also a mother, and I know how much a mother wants to protect her children.

Chantou: Yes, it was so difficult to protect our children those days; it was miserable. It was also very hard when we worked in the collectives.

Turning to me, she asked, 'Do you know about how they organized the people during the Pol Pot time?'

Me: I know a bit about it, but would like to learn more from you.

Chantou: Well, we all had to live together and eat together; everything was communal. *Angkar*⁴ made us work day and night. Our work never ended. Only one month after I gave birth, *Angkar* sent me to go water seedlings in the rice field. At that time, I didn't have any breast milk for my baby. Sometimes I would think the milk came back, and I would rush back to where the old ladies were watching the children. But then hardly even a drop would come out. I had to ask other women who had recently had babies to help breastfeed my child. Luckily, they agreed, and he drank milk from dozens of different women. If they had not helped us, I'm sure he would not have survived that first year.

4 The term for the Khmer Rouge leadership.

Chantou's story had a number of points of similarity with that of my own grandmother, especially regarding the vulnerabilities women face in relation to pregnancy and childbirth in conflict settings. While the position of listener to this kind of narrative was not new to me, during therapeutic observations I did not take the lead in showing engagement through brief questions and comments. This was the role of the therapist, who, for example, directly related to Chantou through their shared bond of motherhood. Nonetheless, participants were aware of my largely silent but attentive presence.

As was the case with Chantou, many had questions that they specifically directed toward me. These were usually the only points where I would interject verbally, trying to actively redirect the focus back to Chantou's own story, to help support her moral rejuvenation and cultivation of autobiographical power. In this way, therapy participants were able to continue to assemble the shards of the past, highlighting the contributions of others—such as the many women who breastfed Chantou's infant—in creating an endurable world. My listening was a key component of this process. As patients explained to me, there was a clear difference between the act of speaking and being heard. While many said they had tried to tell their stories to others in their communities beforehand, most people 'weren't interested' or 'didn't listen.'

In conclusion

I have used these two examples—of sitting at my grandmother's kitchen table in Delaware and absorbing the story of a fellow female survivor of war in Cambodia—to prompt greater reflection on the role of *listening* in our work as anthropologists. It is often something that we do almost instinctively, with little conscious awareness. Such has often been the case with me. From a very young age I learned how to listen attentively as my grandmother struggled to craft autobiographical power over traumatic events. In doing so, I helped her assemble a vision of the world as coherent and just. I thus felt it came 'naturally' to me to adopt this posture. As Forsey writes, in thinking about what we as anthropologists *do*, 'listening is at least as significant as observation to ethnographers' (2010, 561). Even so, we might consider the ways in which this engaged 'participant listening' can function as a kind of service. For example, Shirota (2020) discusses the significance of Active Listening in Japanese society, and how 'listening volunteers' dedicate their time to serve as audience for elderly people. In keeping with Myers' (2019) examination of the 'space between people' in the ethnographic encounter, how might dynamic and engaged listening help others imagine themselves as agentic moral actors, in a world that recognises and rewards them as such?

Authorship statement

This is the author's sole work.

Ethics statement

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About the author

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