AFGHAN WOMEN’S EXPERIENCES DURING THE TALIBAN REGIME

by

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B.Sc. (Hon.), University of Toronto, 2001

A THESIS SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF

MASTER OF ARTS

in

The Faculty of Graduate Studies

(Counselling Psychology)

THE UNIVERSITY OF BRITISH COLUMBIA

(Vancouver)

August, 2009

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Abstract

A plethora of research has depicted Afghan women during the Taliban reign in a variety of ways, ranging from oppressed “victims of the burqa” to heroic “social actors.” In this study, I examined the lived experiences of women in Afghanistan under the Taliban regime, as articulated by ordinary women themselves. Data from 11 women were gathered through the use of individual interviews, and analyzed using Miles and Hubermans’ (1994) analytic framework. Themes emerged that described the Taliban regime’s policies regarding Afghan women, the overall responses of women to the policies, including the impact of those policies at the time (1996-2001), the ongoing impact, and the situation of women in the post-Taliban era.

The Taliban regime’s anti-women policies denied women education, employment, and freedom of movement. Those who committed any infractions were met with severe punishment. The impact of these policies led to various psychological effects, including: anxiety, fear, and symptoms of depression and posttraumatic stress. Despite the condemnable restrictions, Afghan women’s agency, no matter how limited, was present and continuously exercised on different occasions. Despite the gains for some women, eight years after the removal of the Taliban regime, Afghan women still do not appear to have made substantive progress with regard to oppressive customs, violence, and their position in Afghan society. The study results and their analysis is especially timely, given the increasing Taliban insurgency in Afghanistan, and the looming possibility of a resurrected Taliban rule in the country.
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Acknowledgments

I would like to express my heartfelt gratitude to the courageous and selfless women who generously gave their time to answer my questions and shared their stories. Without their candor and insight, this research endeavour would not have been possible. I am grateful to my supervisor, Dr. Norm Amundson and my thesis committee members, Dr. Marla Buchanan, Dr. Rod McCormick, and Dr. Marv Westwood. Their support and guidance was invaluable throughout the research process. Thank you Dr. Amundson for your enthusiasm and encouragement, and for being a constant source of support. Many thanks to Dr. Buchanan for her methodological expertise and critical eye, which helped steer me in the right direction. Thank you to Drs. McCormick and Westwood for their insight and expertise in multicultural counselling.

I would be remiss if I did not thank my family and friends. I am especially grateful to my mother whose love and support knows no bounds. It is clear that I could not have reached this far without her. My heartfelt thanks go to my dear friend, Hajera Rostam, who has always been a pillar of emotional and academic support. Last but certainly not least, I wish to thank Djawid Taheri for his excellent editorial skills, but most importantly, for his love, which sustained my effort to see this work through to completion.
Chapter One: Introduction

My project is not to entertain readers with one more exotic tale, or shock them with another astounding revelation about womanhood in a faraway place. All I wish to do is to communicate another mode of being female. But this is more easily said than done.

Marnia Lazreg

In this introductory paragraph, Lazreg writes about the challenges of writing as an Algerian woman about women in Algeria (Lazreg, 1994, p.6). The task of a native informant is indeed grave, and one that I have struggled with from the moment I embarked on this study of Afghan women. Shahnaz Khan defines the role of the native informant as “a person who informs or explains the rituals or traditions of her people for the researcher, the explorer, the outsider.” (Khan, 2006, p. 16). My apprehension stems from the fact that traditionally, the work of native informants have been used to reinforce the stereotypes of third-world women, and particularly Muslim women (Khan, 2006). A number of scholars (Khan 2006; Zine, 2002) have began to critically analyze the role of the native informant in the process of knowledge production. As such, I endeavour to continue this tradition of “reconfiguring the native informant’s role by making visible and challenging the power relations that sustain it,” and further, I especially would strive to “challenge the notion of neutral knowledge and help to generate some accountability in the process of writing and its reading.” (Khan 2006, p. 17).

Afghan women during the Taliban era have been depicted in a variety of ways ranging from oppressed “victims of the burqa” (Armstrong, 1997; Goodwin, 1998; Halbfinger, 2002; Mann,1998; Schulz, & Schulz, 1999) to heroic “social actors” (Moghadam,1994; Rostami-Povey, 2003). The unidimensional construction of Afghan women as being in need of liberation through the casting off of their veils and the
adoption of Western, secular sensibilities is a paternal mode of imperialist feminism that denies these women the agency and political maturity to act as subjects of change on their own terms (Zine, 2002). Each of these competing discourses denies Afghan women the agency and political maturity to define their own sense of identity and to tell their own stories. The voices of Afghan women have been largely absent from the mainstream media coverage as well as scholarly literature covering the lives of Afghan women under the Taliban regime. Similarly, their unique needs and challenges as well as resiliency and coping have been largely unacknowledged. This led me to dedicate my Master’s thesis to explore the following questions:

How did Afghan women now living in urban centres in Canada and the United States, experience life during the Taliban regime? How were they affected by the Taliban regime? How did they respond to their experiences?

The above questions were researched through in-depth interviews situated within a qualitative research paradigm. The philosophical underpinnings of an antiracist feminist framework provided guidance in conducting this study. These include placing importance on themes such as “social process,” “participatory,” “collaborative,” “emancipatory,” “help[ing] individuals free themselves from constraints found in the media, in language, in work procedures, and in relationships of power in educational settings,” and finally maintaining a “reflexive or dialectical” attitude (Kimmis & Wilkinson, 1998, as cited in Creswell, 2005, p. 556).

Situating the Researcher

I was born in Afghanistan. At 9 years of age, I was forced to flee the country with my family, which involved the loss of various sources of validation for all of us, including,
my extended family, relatives and friends, almost all of our possessions, and the house where we all had shared many meaningful memories. We were to join approximately 3 million Afghan refugees in the bordering country of Pakistan. Soon our lives were permeated by uprootedness, culture shock, trauma, discrimination and an urgent need to survive and learn new things. My family grew into a cohesive whole as we all tried to make sense of the new contexts in which we were at once immersed. I was taught lessons of patience, hope, and resilience in the face of adversity and instability.

I have retained close ties to my homeland by volunteering with various non-governmental organizations on gender issues, economic development, and the promotion of peace both in Afghanistan and in the diaspora. My aims have been to educate others and myself about my history and to raise awareness about the political, social and cultural issues in Afghanistan. Despite the fact that I feel I have reached my comfort zone in Canada, I was highly affected by the reports emerging from Afghanistan during the Taliban regime starting in 1997. To inform myself about the war, I was engaged for hours following the news and often wondering about the dominant portrayal of Afghan women often shown as passive victims of war, the burqa, violence and political repression. After the fall of the Taliban at the end of 2001, the situation of women and girls has improved. Despite this progress, however, the fact that women in many parts of the country continue to face gross violations of their rights is a matter of grave concern. However, in the eyes of the Western dominant media, these women are now liberated (Khattak, 2004). Their liberation had been achieved through their transformation into consumers of Western beauty products, as one Gazette headline proclaimed “Makeover rush after the burka” (Halbfinger, 2002). The implicit message that I drew from that article was that the
enduring freedom of the capitalist world has been safeguarded against evil; Afghan women have now been released from the centuries-old traditions of tribal Islam and given access to a life of liberation and modernity through consumption. Over time, ‘they’ reassuringly will become more like ‘us’.

Now as a graduate student in Counselling Psychology, I have often wondered what it has been like for the Afghan women who witnessed and experienced life during the Taliban regime. To find out the answers for myself as an Afghan in exile, I embarked on this research project to broaden my perspective of the various challenges and the unique needs of the Afghan women. Situating oneself within a qualitative design requires the researcher to suspend his or her assumptions. I hope that this attitude somewhat enabled me not to impose my own biases and understanding of war and conflict on the participants. Throughout this research, I attempted to attend to alternative experiences and stories, particularly bearing witness to participants’ resiliency and coping patterns during times of grave adversity.

Summary

The voices of Afghan women have been largely absent from the mainstream media coverage as well as scholarly literature covering the lives of Afghan women during the Taliban regime. In addition, the impact of these women’s experiences during this time period has not been catalogued or researched as to the existence or nature of potential psychological impact on them living in diaspora -- for example, those living in the Greater Toronto Area of Canada. Through a qualitative design, this study aimed to bring forth the stories of Afghan women as they experienced life during the Taliban regime.
Chapter Two: Literature Review

In order to examine Afghan women’s experiences during the Taliban regime, it is important to contextualize the study with brief background information on Afghanistan.

Background on Afghanistan

After more than three decades of conflict, the American-led bombardment of Afghanistan brought attention to a country recognized as one of the poorest and most impoverished in the world. Following the Soviet invasion in 1979, Afghanistan is marked by a history of violent conflict, which prior to the events of September 11th, 2001, was characterized as part regional proxy war and part civil war. Much like other countries, the underlying causes and dynamics of the country’s political instability are numerous and interlocking (Anderson, 1999; Pederson, 2002). They include the competing agendas of regional powers, ethnic tensions, an expanding war economy and widespread poverty. This history of conflict has led to the loss of over two million innocent lives, mass displacement of roughly eight million, and the breakdown of state and civil society services and institutions (Atmar & Goodhand, 2002). Afghans still form the largest refugee population in the world, with more than 65% of refugees being women and children. However, nearly two million of them have returned to their homeland, most of them from neighbouring Pakistan and Iran (Human Rights Watch, 2008).

With the fall of the Taliban regime and the establishment of a democratically-elected government, there arose considerable optimism for political stability in the country. However, today, with the increasing rise in Taliban and other anti-government insurgency groups, as well as the concomitant restrictions to international assistance,
there remains little hope for much meaningful change in Afghanistan. Millions lack the means to buy their own food, and it is estimated that nearly 1.8 million are dependent on food aid. The country’s basic healthcare, education and social services are in desperate need of repair; and these conditions are further exacerbated by damaged transportation and communication systems, widespread physical and social insecurity, and weak community and civil society capacity (UN News Service, 2009). During the past two decades, the Afghans have been the collective victims of war. However, the main losers of the foreign-backed wars in Afghanistan have been mainly women and children.

Women in particular have had to bear the brunt of these hardships. Due to a devastated health infrastructure, a large proportion of the population lacks access to healthcare facilities, thus significantly undermining the health of women and children. Maternal mortality claims 1600 women per 100,000 births in the country (UNDP, 2009). Furthermore, under the oppressive rule of the Taliban, women were deprived of their most basic human rights, consequently deteriorating their mental, social, physical, and economic well-being. Banned from furthering their education, women have been systematically denied basic literacy (14% literacy rate) and stripped of all opportunities in skills and professional development (UNICEF, 2009). Estimated at more than 60% of the total population, the vast majority of Afghan women were prohibited from working outside the home, and denied access to public space. As a result, women were barred from making constructive contributions to the overall well-being of their society, restricted in providing income for household security, and prevented from becoming independent and self-reliant (UNIFEM Afghanistan Update, 2005). It is important to look systematically into a number of factors to fully comprehend the plight of women and
girls in Afghanistan under the Taliban, “whose war on them” has been seen as “arguably the worst in recorded history” (Schulz & Schulz, 1999, p. 237).

**Taliban**

*Genesis and rise to power*

The Taliban first came to prominence in the autumn of 1994. Their leader was a village clergyman Mullah Mohammad Omar, who lost his right eye fighting the occupying forces of the Soviet Union in the 1980s (Rashid, 2001). Their target was the feuding warlords known as the Mujahideen who had forced the Soviet troops out of the country. The Taliban's promise was to restore peace and security and enforce Sharia, or Islamic law, once in power. Afghans, weary of the Mujahideen's excesses and infighting, generally welcomed the Taliban. Their early popularity was largely due to their success in stamping out corruption, curbing lawlessness and making the roads and the areas under their control safe for commerce (Rashid, 2001).

From their birthplace in the province of Kandahar in south-western Afghanistan, the Taliban quickly extended their influence. They captured the province of Herat, bordering Iran, in September 1995. Exactly one year later, they captured the capital, Kabul, after overthrowing the regime of President Burhanuddin. By 1998, the group was in control of almost 90% of Afghanistan (Rashid, 2001).

**Pakistan “the architect”**

The circumstances of the Taliban’s emergence have remained the centre of controversial debate. Despite repeated denials, Pakistan is seen as the architect of the Taliban enterprise. Suspicions arose early on when the Taliban went to the rescue of a Pakistani convoy stranded in Kandahar following attacks and looting by rival Mujahideen
groups. Many of the Afghans who joined the Taliban were educated in madrassas (religious schools) in Pakistan (Rashid, 2001). Pakistan was also one of only three countries, along with Saudi Arabia and the United Arab Emirates, which recognized the Taliban regime almost immediately upon the group’s capturing of the capital, Kabul. It was also the last country to break diplomatic ties with the Taliban, and even that, after pressure by the US in the wake of events of September 11, 2001 (Rashid, 2001).

**Pashtun sympathies**

Members of the Taliban are overwhelmingly of Pashtun ethnic background, the ethnicity that forms the majority of Afghanistan's diverse population and has members inhabiting the North-West Frontier Province (NWFP) and Balochistan in neighbouring Pakistan. Even now, the resurgent Taliban draw considerable sympathy from fellow Pashtuns in Pakistan. Some of their fugitive leaders find refuge across the long and porous border in NWFP and Balochistan (Rashid, 2001).

**Power and struggle for control**

In many ways, the behaviour of the Taliban mirrored that of other infamous 20th century “revolutionary” groups. As with Stalinist Russia and Nazi Germany, the Taliban was driven by a need for total control and absolute power. To gain it, it opted for the instrument so characteristic of totalitarian regimes, using terror in showcase fashion to destroy all opposition and any sense of hope (Schulz & Schulz, 1999). The terror was systematic, designed to paralyze and suppress the people of Afghanistan. Arbitrary and unspeakable reprisals were administered at any time, any place, for any supposed violation of Taliban laws or rules. Each Friday, spectacles of punishments were meted out in ceremonies before a packed stadium of 30,000 in Kabul. These included
beheadings, floggings, amputations, and other forms of punishments. That these punishments were turned into spectacles reminiscent of ancient Rome underscore the Taliban’s desire to propagate terror to as broad an audience as possible (Schulz & Schulz, 1999). All of this was done in the name of religion, with the Taliban usurping the right to interpret the teachings of Islam and to dispense justice here on earth for offenses against heaven (Rashid, 2001).

“Making women disappear”

Taliban’s first edicts for the women of Afghanistan were closing the girls’ schools and forbidding women to work outside of the house. In public, women had to be covered from head to toe in a chadary or burqa, with only a mesh opening to see and breathe through (Rasekh et al., 1998). In spite of the Taliban’s brutal denial of education, healthcare, and the right to work outside the home for girls and women, the international community did not act upon the early warning signs. When the Taliban financed their regime with the sale of opium and the invitation of terrorists to use Afghanistan as a training ground, once again action was not taken. When the Taliban finished destroying the Buddhist statues of Bamyan, a part of Afghanistan’s cultural heritage, in March 2001, the international community finally began to take notice (BBC, 2001). But still no one took the destruction of a hospital in Bamyan seriously; no one paid attention when 12,000 homes were burned in Bamyan; no one saw the denial of healthcare to women and their subsequent loss of health as a form of terrorism.

As mentioned earlier, these violations of women’s rights have been justified by the Taliban in the name of religion and culture (UNHCR, 1996; 1997). However, the Taliban’s decrees represent a striking departure from past religious and cultural practices
in Afghanistan. Before the Taliban took control of Kabul, schools were coeducational with women accounting for 70% of the teaching force (UNHCR, 1997). Women represented about 50% of the civil servant corps, and 40% of the city’s physicians were women (UNHCR, 1997). Afghan women who were once free to choose their dress, move about in public independently, and pursue careers were suddenly subjected to harsh punishment, usually in the form of summary public beatings, if they violated Taliban decrees, which were enforced by the regime’s “religious police,” members of the Department for the Propagation of Virtue and the Suppression of Vice (UNHCR, 1997).

An end to healthcare

In January 1997, women were ordered into segregated hospitals, but the ban was not fully enforced until September of that same year (US Department of State Country Report on Human Rights Practices, 1998). However, for over three months, nearly half a million women in Kabul had to rely solely on one poorly equipped hospital (the Central Polyclinic) for all their healthcare needs (Block, 1997). Only after much international uproar did the Taliban ease its restrictions on access to hospitals in November, 1997 (Mann, 1998). However, despite this policy reversal, women had less access to hospital care than they did before the Taliban had banned women from hospitals (Rasekh et al., 1998). Besides shutting female patients out of hospitals, the Taliban also banned female hospital personnel, including physicians, nurses, pharmacists, and technicians, from working in any of Kabul’s 22 hospitals, until the policy reversal, at which time some were once again allowed back to work in the one women’s hospital (Rasekh et al., 1998).
Covert medical survey

An extensive survey of the effects of war and dislocation and the impact of the Taliban regime was carried out by the Physicians for Human Rights (PHR, 1998) during a three-month period using written surveys of 160 women - half living in Kabul and half who had left Afghanistan for Pakistan within the year. Afghan-born PHR researcher Zohra Rasekh secretly gathered information that focused on physical and mental health, war-related trauma, and the incidence of abuse at the hands of the Taliban.

The study found that 71% of the women reported declining health, 77% said they had poor access to health care (20% said they had none). Fifty-three percent reported having been seriously ill and unable to seek medical care. An Afghan physician reported declining nutrition in children, increasing rates of tuberculosis, and a high prevalence of other infectious diseases among women and children (PHR, 1998).

At Maiwand Hospital, the only maternity hospital in Kabul, PHR researchers noted seven or eight beds to a room and two patients sharing a bed in one room. Women given prescriptions reported that they could not afford to purchase the medicine prescribed; others had spent days in the hospital without any treatment or care. Respondents also reported poor access to health facilities due to lack of a male chaperone (21%), restrictions on women’s movement (36%), refusal to treat women (21%), no female doctor available (48%), or no chador to wear (6%). Sixty-one percent reported that they could no longer afford treatment. Several women spoke of children or female relatives who had died due to lack of medical treatment (PHR, 1998).
Mental health crisis

The years of war, social dislocation, and the terror engendered by the Taliban and focused so often on women, exacted a severe price in terms of Afghan women’s mental health. For many women, their jobs, school positions, social lives, and self-esteem “disappeared overnight” (Armstrong, 1997). Suicide was once a rare phenomenon in Afghan culture. During the Taliban years, suicide by severely depressed women became commonplace. A European doctor in Kabul reported widespread cases of esophageal burns caused by women swallowing battery acid or poisonous household cleaners “because they were easy to find” (Goodwin, 1998).

Corroborating the more anecdotal evidence gathered by journalists (Armstrong, 1997; Goodwin, 1998; Mann, 1998; Rashid, 2001), the PHR study found 81% of those surveyed reported a decline in mental health, and 42% exhibited post-traumatic stress disorder (PTSD); 97% were diagnosed with major depression and 86% showed symptoms of anxiety. Over one-fifth (21%) of the women said they had suicidal thoughts “extremely often” or “quite often”. Thirty-five percent reported their mental conditions “significantly interfered with daily activities”; 94% reported significant intrusive symptoms; and 95% described increased arousal symptoms of PTSD (Rasekh et al., 1998). Overall, the study found that 98% of the women surveyed met criteria for PTSD, major depression, or significant symptoms of anxiety; 53% met criteria for two of these and 37% met criteria for all three (Rasekh et al., 1998). Their mental state was ascribed to the climate of cruelty existing under the Taliban rule; and this was confirmed by 95% of those surveyed, citing as major factors Taliban-imposed unemployment, lack of schools, and fear of the limited opportunities for their children (Rasekh et al., 1998).
The two studies cited above (PHR, 1998; Rasekh et al., 1998) used PTSD criteria (APA, 1994) to assess the level of psychological reactions and responses. It is generally assumed that PTSD captures the fundamental psychological disturbance after any particular type of trauma and the earlier concepts of "post-torture syndrome", "concentration camp syndrome" and "rape trauma syndrome" have all been subsumed within it (Bracken, 1995, p.1073). PTSD embodies a core set of ongoing disturbances of physiological and psychological arousal and disturbed sleep with recurrent nightmares, variability of mood, poor concentration, sensitivity to environmental stimuli, and liability to re-experience aspects of the original trauma (Cash, 2006). Estimates of lifetime prevalence of PTSD among specific western groups of trauma survivors range between 15% and 24%, as compared with 8% in the general US population (de Jong, 2001). A number of population-based studies covering survivors of war have shown PTSD as the most likely disorder in individuals exposed to violence associated with armed conflict. For example, Mollica and colleagues (1993) studied 993 Cambodian refugees on the Thai-Cambodian border and estimated a 15% PTSD prevalence rate; El Sarraj and colleagues (1996) found PTSD among 20% of 550 survivors of torture in Gaza; and Somasundaram and Sivayokan (1994) found 14% with PTSD in a random community sample in northern Sri Lanka.

Although women are rarely on the frontlines of battle, as in many other realms of contemporary life they bear a disproportionate burden of the consequences of war. Many have experienced torture firsthand or been witnesses to the torture or killing of family, friends, and loved ones, as was the case with a number of this study’s participants. The use of rape and other forms of sexual torture has been well documented (Berman et al.,
For those who are forced to flee their homes and countries, separation from spouses, children, and other family members is common. United Nations Children’s Fund (UNICEF, 2009) has estimated that 80% of the victims in modern wars are women and children. PTSD symptoms have been found following exposure to war and organized violence in women in different parts of the world.

Having described the above studies, it is imperative to highlight the cross cultural validity and applicability of western conceptualizations of reactions to traumatic events among other cultural groups. This task becomes especially urgent because of the extent of trauma resulting from war and political violence in developing nations, affecting largely non-Western communities. To begin with, it should be noted that despite its scientific merit, PTSD is a cultural construct. As with other concepts developed in Western psychiatry, it is important to examine the cultural assumptions that are involved in the development of PTSD. Allan Young, a social anthropologist who spent two years observing life at a psychiatric unit specializing in the treatment of combat-related PTSD, points to the ethical assumptions involved in such work (Young, 1990). What follows is an analysis of some of the assumptions involved in the discourse of PTSD to question its relevance to communities in the non-Western world.

Underlying the concept of PTSD is the assumption that the essence of the experience of war and atrocity can be captured by negative psychological effects as they are understood and categorized in the West, to be elicited in the mental life of each individual victim. This view of trauma as an individual-centred event bound to body or psyche is in line with the tradition in this century in both western biomedicine and western psychoanalysis of regarding the single human being as the basic unit of study.
(Summerfield, 1995).

It is simplistic to regard being a victim as a “pure” state, and to view victims as mere passive receptacles of psychopathological phenomena that can be judged “present” or “absent”. Whether in clinic or population studies, a checklist of mental state features cannot provide a rigorous distinction between subjective distress and objective disorder. Much of the distress experienced and communicated by victims of extreme trauma is normal, even adaptive, and is coloured by their own active interpretations and choices (Bracken, 2001). The features of PTSD are reportedly prevalent worldwide, but it is a mistake to assume that, because signs and symptoms may be regularly identified in different social settings, they mean the same thing in those settings. This is what Kleinman calls a “category fallacy” (as cited in Bracken, 2001). For one person, recurrent violent nightmares may be an irrelevance, revealed only under direct questioning; to a second person, they may indicate a need to visit a mental health professional for treatment; to a third, they may represent a helpful message from his or her ancestors.

It follows that PTSD, like other psychiatric models of mental disorder, does not easily encompass the complex and shifting relationship between subjective mental life and observable behaviour. Behaviour is as much socially constructed as it is a function of the supposedly unique psychological endowments of any individual. It is thus predictable that a diagnosis of PTSD will correlate poorly with the ability to function socially, and to keep going despite hardships, nor does it necessarily imply a need for psychological treatment. PTSD was first highlighted in U.S. Vietnam war veterans, shown to have a lifetime rate of 15% after 10-15 years in one of the more comprehensive studies (Centres for Disease Control Vietnam Experience Study, 1988 as cited in Summerfield, 1995). By
comparison, a study of British service personnel who saw intense, although short-lived fighting in the Falklands showed an even higher prevalence of PTSD five years later (nearly one in four), but all subjects had unremarkable work and social lives (O’Brien & Hughes, 1991).

According to Summerfield’s studies of war-displaced individuals in Nicaragua, all survivors of atrocities were found to have PTSD features, but they were not what the subjects themselves were attending to. Where they did have concerns about their health, these generally took the form of psychosomatic ailments that were not part of PTSD. These people were anything but psychiatric casualties; they were active and effective in maintaining their social world as best they could in the face of the continuing threat of further attacks (Summerfield & Toser, 1991). Indeed, this threat rendered a PTSD “symptom” like hypervigilance lifesaving. In a subsequent study of war-injured ex-soldiers in the same country, three-quarters of those with diagnosable PTSD were basically well adjusted and functioning unremarkably (Summerfield & Hume, 1993). Comparable findings have been made, for example, in Cambodian war refugees in both clinic and population studies (Kinzie & Sack, 1991).

Medical models are limited because they do not embody a socialized view of mental health (Summerfield, 1995). Exposure to a massive trauma, and its aftermath, is not generally a private experience. It is in a social setting that the traumatized who need help reveal themselves and that the processes that determine how victims become survivors (as the majority do) are played out over time (Summerfield, 1995). The case of the U.S. Vietnam war veterans is instructive. These men and women returned to find that their nation, and even their families, had disowned their own guilt for the war and were
blaming them instead. Attended by feelings of shame, guilt, and betrayal and a sense of wasted sacrifice, the trauma of the war continued for them back home. In stark contrast, the British Falklands war veterans came home to national acclaim for an honourable job well done (Summerfield, 1995).

Survivors react to extreme trauma in accordance with what it means to them. Generating these meanings is an activity that is socially, culturally, and often politically framed. Enduring, evolving over time, meanings are what count rather than diagnoses. Since all experience is relative, there will be no easy prediction of how victims prioritize their personal traumas. For instance, the debate about torture in western countries has been concerned with the long-term effects of what is seen as an extreme violation of individual integrity and identity (Bracken, 2001). But what of non-Western peoples who have a different notion of self in its relation to others and the supernatural? What if the maintenance of harmonious relations within a family and community is given more significance than an individual’s own thoughts, fantasies, and aspirations? Here, the cultural emphasis will be on dependency and interdependency rather than on the autonomy and individuality on which many Western ideas about mental injury have been predicated (Bracken, 2001). Most torture worldwide does not take place as an isolated act but in the context of the destruction and terrorization of whole communities, as noted before. The meaning of torture to many victims may primarily relate to the familial and social rupture accompanying it. In the Philippines, women raped by soldiers during “low-intensity” warfare offensive end up as prostitutes in Manila, the definitive injury that rape has inflicted on them, a catastrophic one, is social, because there is now no place for them in their rural communities. Some torture survivors say that this was not the worst thing
that has happened to them. They cite other experiences, like the ominous disappearance of a younger brother, the witnessing of the gruesome death of a close friend, or the destruction of their community, as having affected them more (Bracken, 2001). There are proposals for rape counselling projects for Bosnian refugees arriving in European countries. These women have all experienced multiple traumas, and we cannot necessarily assume that it is “rape victim” that primarily defines them in their own eyes, or that the rape victim can be meaningfully separated from the “bereaved mother”, “widow”, or “refugee”. Nor can we predict which of these experiences may be the hardest to survive in each woman’s case (Bracken, 2001).

In summary, traumatic experience needs to be conceptualized in terms of a dynamic, two-way interaction between the individual who has experienced trauma and the surrounding society, evolving over time, and not only as a relatively static, circumscribable entity to be located and addressed within the individual psychology of those affected.

Women’s coping strategies and resilience

The harsh realities that Afghan women faced during the Taliban regime are indeed undeniable. However, there is more to the story of Afghan women than the one portraying them as passive victims of war, violence, and political repression, to be liberated only by Western military intervention (with notable exceptions, for instance, Collett, 1996; Mertus, 2000; Moghadam, 1994; Rostami-Povey, 2003). Survival strategies are deeply embedded in the material conditions of life. It is usually the poorer sectors of society that remain in the war-stricken areas during times of violent conflict, while those with economic opportunities usually migrate elsewhere. However,
significant minorities of professional women remained in Afghanistan or have returned to their country (Rostami-Povey, 2003). For these women, survival strategies were based on forming networks and groups in solidarity with poorer women. For over 20 years, and especially during the Taliban rule, these networks and forms of solidarity became mechanisms for women’s resilience and empowerment. Many prominent women chose to stay in Afghanistan and work, either openly or clandestinely, towards empowering other women (as well as children). For example, Soraya Parlika, head of the National Union of Women of Afghanistan, became an integral part of the women’s movement there:

We witnessed 22 years of war, terror, and bombing. We have an ancient saying, Shenidan Kay Bovad Manande Didan (it is one thing to hear about something, but quite another to see it with your own eyes). Under the Mujahidin, the weapon of one community against another was to attack, to jail, to rape, to hit in public the female members of the other community. Under the Taliban, women were denied their basic rights to education. Throughout, we continued our activities, openly and secretly, and this allowed us to hold hands with each other and survive (Rostami-Povey, 1998, p. 269).

Other examples abound. The non-governmental Women’s Vocational Training Centre has been active for over 20 years and has offered women in Kabul courses in English and German as well as computer skill courses. Its activities have also provided courses in handcrafts, animal husbandry, bee-keeping, and honey making in rural areas outside Kabul. These training opportunities have created income-generating activities for women (Personal correspondence with Afghan Women’s Organization, December, 2008).
During the Taliban regime, the Women’s Association of Afghanistan funded and managed secret sewing, knitting, and handcraft courses for women. As reported by Rostami-Povey (2003), one of the leading members of the organization explained:

These courses took place in the homes of teachers. Sometimes we had to change our venue for fear of persecution by the Taliban, but we continued. Our activities enabled many women to make clothes and other necessities for themselves and their families, and sometimes they sold or exchanged their products with other women (P. 270).

After the fall of the Taliban, the Association was planning to extend its activities to include literacy classes (Rostami-Povey, 2003).

The doctors in the Rabee Balkhi Women’s Hospital were all educated in Kabul. Setting up the hospital had the advantage of allowing these women to perform surgery. The physician managing the hospital explained:

Surgery was the domain of male doctors. During the Taliban rule, only female doctors were allowed to attend female patients. Throughout this period we remained in Afghanistan and worked in the hospital with barely minimum facilities and without being paid. We did it to serve our people and the poorest of the poor in our country (p. 270).

The majority of poor women in urban and rural areas never left Afghanistan. Those with the necessary skills turned their homes into underground schools. They were paid for these services by their neighbours, friends, and families. In this way, they were able to survive financially. In a group interview with 39 women in the Ministry of
Communication, women explained how they turned their homes into clandestine schools. They also knew the stories of other women:

Ghamar jaan’s husband was killed in the civil war. She had a daughter. She secretly taught more than 800 students in her home. Many of us paid her as much as we could, sometimes 20,000 Afghani [(approximately US$1.85 in 2002)] a month to teach our children. This was very little money – she could hardly manage the household expenses – but it was better than nothing. Without her, our daughters would have been illiterate (Rostami-Povey, 2003; p. 271).

Under the Taliban rule, women’s activities were concentrated on running these secret schools, which could be described as meeting the practical gender needs of women (see Molyneux, 1985; Moser, 1989). In the post-Taliban period, they have begun to move towards addressing women’s strategic interests by challenging patriarchal gender relations in Afghanistan. They have also challenged the Western perception of Muslim women, especially in relation to the chador or borqa.

Rostami-Povey describes an interview with a group of 15 women at the Ministry of Women: “a woman who came in from the street shouted, ‘all I hear since the fall of the Taliban is chador, chador, chador (borqa, borqa, borqa). My problem is not chador; my problem is that I don’t have any food to feed myself and my children.’” (p. 272). When the researcher asked the women about the issue of chador, they explained that, historically, the chador is the traditional cover in most parts of the Afghanistan, especially in rural areas. One of the doctors explained how diverse women’s attitudes towards chador and other traditions were in the pre-Taliban era: “My sister went to
school with *chador*, and I went to school without one...some young women cycled to schools and universities.” (p. 273).

In urban areas, especially Kabul, most women did not wear *chador*. The Taliban imposed it on them. However, the women interviewed felt that

After five years...it had become part of our culture, we feel comfortable with it. Our community and society do not accept women without *chador*. We will not take it off just because the West wants us to...Some of us may take it off once we are ready and our society is ready. To be pressured by the West to take off our *chador* is as bad as Taliban imposing it on us in the first place. We have the right to choose what to wear (p. 273).

As indicated above, a great number of Afghan women resisted the tragic situation and exhibited various forms of resilience and survival strategies to cope with trauma and overcome adversity, even under the most extreme forms of coercion. They were by no means only victims at any point in time. This assertion is not, however, to detract from the gendered problems and discrimination most of them faced. Cultures of terror and resistance come in many forms (Rousseau et al., 1998; 1999), and research initiatives should help to unlock the meaning of violence and conflict, and explain both the negative (i.e., illness) and positive (i.e., resilience) health outcomes of trauma. It has been shown that cultural differences, social structures, and coping behaviours may significantly influence the onset, course, severity, and psychosocial outcomes of trauma, which is why there is an urgent need for studies in this area among different cultural groups (De Girolamo & McFarlane, 1996). It is hoped that this study will shed light on the unique experiences of Afghan women during the most restrictive of circumstances by way of
highlighting local idioms of distress and the wide range of responses to trauma, including adaptive and strategic responses at the individual and collective level.

_Afghanistan: Post-Taliban_

In the seven years since the fall of the Taliban regime, the government of Afghanistan, supported by the international community, has focused considerable attention on the plight of Afghan women and girls. Despite many obstacles, women are playing a crucial role in building a new Afghanistan, both politically and economically. They have participated throughout the country in the consultative process in drafting the new constitution. Women continue to return to the workforce in modest numbers.

The challenges facing Afghan women have been documented in numerous official and media reports, notably in the report of the first Security Council mission to Afghanistan (S/2003/1074). The Council, in its report, drew attention to the ongoing violations of women's rights and called on the Afghan Government to ensure participation of women in building national unity. Some of the ongoing challenges are outlined below.

_Insurgency_

In 2007, Taliban and other anti-government forces significantly expanded their insurgency in the predominantly Pashtun areas in southern Afghanistan. Casualty rates were at least 25 percent higher than the previous year. Civilians were increasingly caught in fighting between anti-government forces and government forces and their international supporters. Anti-government forces also routinely violate the laws of war by launching attacks from civilian areas, or retreating to such areas, knowingly drawing return fire. NATO and US-led Coalition forces killed more than 300 civilians, although it is possible that the number is higher, given the difficulty of Western forces in distinguishing
combatants from civilians and their extensive use of airpower (Human Rights Watch, 2008). The sharp increase in violence indicates that the Taliban have succeeded in regrouping, with significant assistance from across the Pakistani border. It also reflects growing resentment by local Afghans against a central government that fails to deliver on promises of development and the heavy-handed tactics employed by U.S. and coalition forces (Human Rights Watch Report, 2008).

Insecurity

Despite the insurgency’s growing strength, the majority of Afghans cited the numerous regional warlords as the greatest source of insecurity. In some remote areas, there are still no real governmental structures or activity; only abuse and criminal enterprises by warlords, many of whom were brought to power with the assistance of the United States after the Taliban’s defeat. Armed clashes between rival factions increased in 2007, in many areas warlords and their troops continue to engage in arbitrary arrests, illegal detentions, kidnapping, extortion, torture, murder, and extrajudicial killings of criminal suspects, forced displacement, and rape of women, girls, and boys (HRW Report, 2008).

Women and girls

Women and girls continue to face severe discrimination and suffer the worst effects of Afghanistan’s insecurity. Conditions are better than under the Taliban, but seven years later progress has been inadequate and too slow. Women who are active in public life as political candidates, journalists, teachers, or NGO workers, or who criticize local rulers, still face disproportionate threats and violence. Women and girls are subject to both formal and informal customary justice mechanisms that fail to protect their rights.
Violence against women and girls remains rampant, including domestic violence, sexual violence, and forced marriage. Authorities often fail to investigate or prosecute these cases. Dozens of women are imprisoned around the country for “running away” from abusive or forced marriages, or for transgressing social norms by eloping. Some are placed in custody to prevent violent retaliation from family members. Women and girls continue to confront tight restrictions on their mobility (HRW Report, 2008).

The most recently available figures show that in Afghanistan, one woman dies every thirty minutes due to complications in pregnancy and childbirth. Maternal mortality claims 1,600 women per every 100,000 births in the country. According to the most recently available figures, only 35 percent of girls of school age attend classes, with only 10 percent of girls attending secondary school. In five Afghan provinces in the south, at least 90 percent of school-age girls do not attend school (HRW Report, 2008).

Summary

Given that most people have been exposed to a reductionist and often biased portrayal of Afghan women during the Taliban regime, this research aims to provide the context to bring forth the voices and stories of Afghan women living in Canada and the United States. It is hoped that the participants benefited from sharing their stories with the general public, including scholars and practitioners.

The study aims to examine the lived experiences of Afghan women during the Taliban regime. A qualitative research design provided the means of inquiry to the above research objective. Afghan women living in select urban centres in Canada and United States, such as Toronto, Virginia, and Maryland were interviewed. After the interviews were analyzed, the participants were consulted for a second time for verifying the
accuracy of the summary information. The following section will include details on the study’s qualitative paradigm, use of feminist approach, data collection and procedures, data analysis, researcher’s process of reflexivity, as well as information on ways to enhance trustworthiness.
Chapter Three: Method

This qualitative study explored the following research questions: How did Afghan women now living in select urban centres in Canada and the United States, experience life during the Taliban regime? How were they affected by the Taliban regime? How did they react to their experiences? A qualitative research design, utilizing content analysis provided the means of inquiry to the above research objective.

Qualitative Research Paradigm

Qualitative approaches are known for a number of characteristics, including, the importance placed on the lived experience of participants, acknowledging the function of context, inquiring into and challenging existing conditions, and advancing new ways of understanding the world by recognizing multiple perspectives (Barnes, 1992; Morse, 1991; Sandelowski, 1996; Smith & O’Flynn, 2000).

In addition, this form of inquiry is particularly relevant to this study as it can describe and interpret contexts in their natural settings, is inductive and provides an emic description of the experiences of participants. It also places importance on both the uniqueness and commonalities of human experiences (Eisner, 1991; Hoepfl, 1997; Lincoln & Guba, 1985; Rostam, 2006). “A primary purpose of qualitative research is to describe and clarify experience as it is lived and constituted in awareness.” (Polkinghorne, 2005, p. 138, as cited in Rostam, 2004). Qualitative designs are increasingly used in public health research such as nursing and counselling psychology in order to better understand people’s thoughts, behaviours, and experiences by acknowledging multiple realities of experience (Hills, 2000; Morse, 1991). It can reduce
the power imbalance between the researcher and the participant as compared to quantitative methods of inquiry (Hills, 2000).

An additional significant feature of qualitative research is generating knowledge of practical importance and placing emphasis on utility. This aspect relates to the tradition of pragmatism in psychology that aims at looking at “the consequences of actions based upon particular conceptions” and suggests that research is closely linked to the social, political, historical and other particular contexts in which it occurs (Chenyholmes, 1992, p.13). Therefore, the pragmatic tradition has been largely popular in counselling psychology, particularly, in the tradition of mixed method research. Hanson and colleagues (2005) assert that one should place more importance on the research question than on the method used or theory or paradigm operationalized. The essential component is how best the research question can be investigated and understood and what kind of practical information is needed or simply “what works.” (p. 226). Finally, pragmatists also do not rank order one research approach or method over another, but rather emphasize the contextualized outcomes that are of practical significance.

Feminist Approach to the Research

Feminist research applies itself to issues that can make a difference for all people and has the potential to empower women (Parker & McFarlane, 1991). A feminist approach aids the research process by accepting the notion that multiple truths exist (Worell & Etaugh, 1994) and does not develop universal, context-free principles of human nature (Duffy, 1985). Instead, the feminist researcher accepts the idea that it is through multiple shared views and honouring both women's differences and their
situations in life, that one comes to understand the human situation more fully (Hall & Stevens, 1991). As well, feminist research includes an analysis of power distributions in regard to women's oppression (MacPherson, 1983). Feminist research reframes women's ways of behaving as different, rather than deficient, from traditionally male ways of being in the world (Gilligan, 1982).

This feminist study is based on a woman's perspective, about women and for women and focuses on the participants' strengths while recognizing their challenges. The research question originated from my own experience of being an Afghan woman; therefore, my experience becomes part of the research process. It is through a feminist approach that aims to reduce hierarchical relations, that Afghan women shared their stories so that their stories can be revealed (Duffy, 1985).

**Marginalization as a Guiding Concept**

During the Taliban regime, Afghan women were an oppressed and marginalized group in society. Hall, Stevens, and Meleis (1994) describe the concept of marginalization as a guide for qualitative research. Using this concept, the “person-environment interface” is highlighted and diversity from cultural norms is valued, rather than pathologized (Hall, Stevens, & Meleis, p. 26). Keeping cognizant of marginalization, therefore, develops knowledge regarding vulnerable groups, rather than stigmatizing them further. From the perspective of marginalization, “persons are viewed as relatively different from the norm or as cast out from the societal center to its periphery” (Hall, Steven, & Meleis, p. 25).

Using the concept of marginalization to guide research can lead to knowledge development that was previously only available to those people living in the margins.
Marginalization as a guiding concept goes beyond the issues of power imbalances and explores the dynamics of oppression by recognizing that the marginalized person is the expert in her own life. Researching Afghan women’s experiences fitted well with the concept of marginalization, as Afghan women lived on the periphery of societal norms and experienced ongoing oppression. Oppression, however, does not only need to be an experience of powerlessness, as a person can also use marginality as a vehicle for resistance to victimization (hooks, 1990).

As a guide, marginalization assists the researcher to recognize that she will enter into and influence the context of the research as she interacts with the participants and encourages them to share their stories. It is then necessary to interpret how this context, with the researcher being a part of this marginalized group, will influence the study and incorporates the stories into the findings. Therefore, the use of marginalization coupled with a feminist approach encourages depth from the participants’ perspective as well as valuing the women's voices as being "expert".

**Interviews**

Eleven semi-structured interviews with open-ended questions, which were 1 to 1.5 hours in length were conducted to facilitate the examination of Afghan women’s experiences during the Taliban regime. Prior to conducting the interviews, the interview protocol and questions were pilot tested on an Afghan woman who did not experience life under the Taliban regime first-hand, however was highly aware of the challenges faced by the interested population. All interviews were gathered between May and July, 2006. The interviews were audio-taped and transcribed verbatim. The open-ended format of the questions not only attempted to encourage the participants to reflect, recall, and respond
freely regarding the experiences they had, but also allowed for individual variations to emerge. Because there were no predetermined responses, this gave the interviewer the opportunity to probe and explore issues within the interview guide (Hoepfl, 1997).

Qualitative interviews possess three key characteristics. The features are: a) they are modified conventional conversations; b) the researcher pays attention to the understanding, knowledge and insights of the participants, and c) the content changes to conform to what the participant understands and experiences (Rubin & Rubin, 1995). The researcher conducted face-to-face interviews, at the women’s convenience and in a location where they felt most comfortable, to encourage a relaxed atmosphere. More than half of the interviews were conducted in Dari (one of the two national languages in Afghanistan and the participants’ native language; the researcher is fully fluent in Dari). The Dari transcripts were translated by the researcher into English in order to enable scrutiny and independent analysis by the readers. Two independent interpreters verified the accuracy of the translations by randomly back-translating selected parts of the transcripts.

In this study, the interview began with a brief introduction by the interviewer about the purpose of the study in general. An informed consent form (Appendix C) was presented to participants that explained the purpose of the study, the nature of interview, confidentiality, the potential risks and benefits to the participants, and their right to withdraw from the study at any time. Since this study was sensitive in nature, process consent was negotiated throughout the course of interview to reduce the potential for harm to the participant. After consent was obtained, participants were asked to complete the demographic information sheet (see Appendix G). Kvale (1996) distinguished
between a research versus a therapeutic interview; the latter’s function being to bring change on the part of the participant. The aim of this study, however, was to collect information about the participants’ experiences, beliefs, thoughts, and insights. My personal reflections and observations were recorded for each interview. This process helped in guiding and informing the data analysis and the research as a whole.

The interview explored the following main questions: (see Interview Guide, Appendix B) How did Afghan women now living in urban centres in Canada and the United States, experience life during the Taliban regime? How were they affected by the Taliban regime? How did they react to their experiences? The interview questions were followed by debriefing and sharing of a list of various multicultural services, and low-cost counselling resources available in the Greater Toronto Area, Virginia and Maryland (Appendix D). This was done in case participants felt distressed after the interview, wanted to talk to someone about the related topic, or if they knew someone in their community or family who might benefit from the list.

As this study involved a sensitive topic, steps were taken to minimize the chances of retraumatization as a result of participation. Process consent was negotiated throughout the interview, thus allowing participants to withdraw in case of any reactivation of trauma. Some of the suggestions by Kavanaugh and Ayres (1998) were also utilized to minimize discomfort while engaging in research on sensitive topics. These included attending to both verbal and nonverbal indicators of distress in participants and maintaining a flexible structure within the interview process. Similarly, caution was taken not to make any assumptions about participant’s behavior during the process without clarifying the reasons for their behaviour. Participants were also encouraged to direct and
pace the interview process. Each interview session included a debriefing at the end. Other strategies involved giving participants a list of multicultural resources as well as low cost counselling services available in the community (Appendix D).

Thus, throughout this research, I strived towards ensuring the protection of participant’s welfare, privacy and confidentiality. Pseudonyms were used to ensure confidentiality and any other identifying information was omitted from the transcripts for the same purpose.

**Participants**

A qualitative inquiry encourages the use of a relatively small purposive sample that provides rich and in-depth information, thus capturing the participants’ perspectives and experiences. The aim of this study was to choose participants who would provide information on the central questions of this research as well as multiple perspectives that could be compared and contrasted (Patton, 1990; Polkinghorne, 2005). Polit and Hungler (1995) recommended the use of snowball sampling when access to participants is relatively difficult, that is, namely, Afghan women who lived in Afghanistan during the Taliban regime and are now living in various urban centres in Canada and the United States. This strategy was coupled with other approaches as a way to collect a homogenous sample with divergent experiences (Polit & Hungler, 1995).

Since access to Afghan women who met the criteria was somewhat limited due to their small number in Toronto, those who volunteered their participation for an in-depth interview were requested to invite other women. In addition, participants were sought through Afghan Woman’s Organization, a non-profit organization based in Toronto (by distributing the Recruitment Letter to Potential Participants (Appendix E), as well as
through my own various personal contacts in the community. In order to avoid coercion by the agencies or contacts, participants were asked to directly contact the researcher on their own.

This study aimed to recruit 8-10 participants who lived in selected urban centres in Canada and United States, with the following criteria:

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Rationale</th>
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<tbody>
<tr>
<td>1) Women who lived in Afghanistan during the Taliban regime.</td>
<td>This is the subject matter under investigation.</td>
</tr>
<tr>
<td>2) Over twenty years of age.</td>
<td>To capture the stories of women who were at least in their teen years when the Taliban came to power in September, 1996.</td>
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</table>

They individually met the researcher for an in depth 1 to 1.5 hour interview at convenient places mutually agreed upon by both the researcher and the participant. These locations included participants’ homes, friends’ homes, and Afghan Women’s Organization.

After the transcription of each individual interview, participants were sent a one-page summary of their interview. Initially, I wanted to have 1/2 hour face-to-face interview with each participant upon the receipt of the summary. However, due to distance and time constraints, the majority of the participants offered to participate by phone and e-mail. Therefore, participants were contacted by phone or e-mail to verify the preliminary themes that originated from their specific individual interviews. They were also asked to add or eliminate information that they felt was necessary. This served to verify the accuracy of the provided information. The majority of the participants indicated that the 1-page summary had captured the major themes of their interviews with me. One participant provided additional information about her experiences post-Taliban,
this individual’ feedback was incorporated into her individual interview and analyzed for themes.

Data Analysis

This study involved ongoing analysis of the transcripts. Various steps suggested by Miles and Huberman (1994) were utilized that encouraged an evolving process, cyclical in nature, thus reducing information load and promoting accuracy. Data gathered consisted of transcribed individual interviews that were audio-taped, field notes as well as the researcher’s personal reflections through journaling as recommended by Thorne and colleagues (1997).

For gathering field notes, Miles and Huberman (1994) suggested using a “Contact summary sheet” for coding and analysis, which will contain “focusing or summarizing questions about a particular field contact” made by the researcher (p. 51). Following were some suggested questions by (Miles & Huberman, 1994, p. 51):

- What people, events, or situations were involved?
- What were the main themes or issues in the interview?
- Which research questions and which variables in the initial framework did the interview bear on most centrally?
- What new hypotheses, speculations, or hunches about the field situations were suggested by the interview?
- Where should the field-worker place most energy during the next interview, and what kinds of information should be sought?
In addition, a diary of my reflexive impressions was kept to record subjective information (Creswell, 1998). In part, the function of the field notes and diary were to create a research "decision trail" where it may be ascertained whether there is sufficient dependability of the research process (Hall & Stevens, 1991, p.19). According to Miles & Huberman’s (1994) suggestions, field notes were compiled immediately after the contact. This helped the researcher to “reorient” herself to the field during various phases, such as planning, analysis, and write up (p. 52). Regular journaling helped me adjust the interviews accordingly. Similarly, the above helped me to stay cognizant of ways that my own assumptions and expectations might have been imposed on the participants, how I reacted to the comments made by the participants, or whether I was leading them to say particular things during the interaction. Miles & Huberman’s (1994) analytic framework fitted well with the study as it was emergent, iterative, detailed and comprehensive.

Coding Collected Data

Codes are defined as “tags or labels for assigning units of meaning to the descriptive or inferential information compiled during a study” (p. 56). Codes have different levels of analysis that lie on a continuum, from descriptive to inferential, and general to specific. These levels evolve as the research process and data gathering evolve. Miles and Huberman (1994) recommended that the written data be read line by line and codes generated by hand that will be contained within a paragraph by the side margins. All transcripts in this research, which were transcribed by the researcher, were hand coded. In order to understand the complex nature of what themes might be inherent in codes, Bogdan and Biklen’s (1992) scheme as recommended by Miles and Huberman (1994) were used. These are as follows: (p. 61)
1. **Setting/Context:** general information on surroundings that allows one to put the study in a larger context.

2. **Definition of the situation:** how people understand, define, or perceive the setting or the topics on which the study bears.

3. **Perspectives:** ways of thinking about their setting shared by informants (“how things are done here”).

4. **Ways of thinking about people and objects:** understanding of each other, of outsiders, of objects in their world (more detailed than the above).

5. **Process:** sequence of events, flow, transitions, and turning points, changes over time.

6. **Activities:** regularly occurring kinds of behaviour.

7. **Events:** specific activities, especially ones occurring infrequently.

8. **Strategies:** ways of accomplishing things; people’s tactics, methods, techniques for meeting their needs.

9. **Relationships and social structure:** unofficially defined patterns such as cliques, coalitions, romance, friendships, enemies.

10. **Methods:** problems, joys, dilemmas of the research process often in relation to comments by observers.

The coding procedure, as indicated above, involves revising codes as new data emerge. Similarly, the earlier coded data are linked to the new data in order to find patterns; which, in turn, involve creating new codes that could explain these new patterns (Lincoln & Guba, 1985, as cited in Miles & Huberman, 1994). This process continues until no new information is gleaned from the data (i.e., when the codes reoccurred regularly).
Ensuring Trustworthiness of Data

Rostam (2006) explained four major criteria in qualitative research as described by Shenton (2004). These include: "credibility," "transferability," "dependability," and "confirmability." (p. 64). **Credibility** refers to internal validity within a positivist paradigm and is an effort to confirm that the findings reflect the reality of the participants. To ensure this, adoption of a well established method is recommended. Furthermore, credibility also requires understanding and familiarity with the culture of the participants, although I have spent more than half of my life in Canada, I share the religious, cultural and linguistic background of the participants, therefore this requirement was met. Moreover, credibility requires that opportunities for full participation be provided. Even though random sampling was not consistent with this qualitative research, every opportunity for participation was provided given that participants meet the criteria for inclusion in the study. Credibility also needs "triangulation" (p. 65) which refers to implementation of different ways of data gathering. In this study, data came from the audio-taped transcripts of the individual interview sessions, field notes (which contained description of participants interaction and behaviors, verbal and nonverbal behaviour, pacing, description of contexts etc.), as well as my own reflections and journaling. Other options to ensure credibility in the study included "honesty" in information which means allowing the participants to participate voluntarily and withdraw at any time freely (p. 67). Another way to ensure credibility is by "iterative questioning" (p.67) which includes clarification of responses, elucidating contradictions, rephrasing and so on. Credibility is also facilitated through my own "reflective commentary," as recommended by Shenton (2004), which helped me be
aware of my own prejudice and assumptions as a researcher (p. 68). Credibility also requires regular member checking to ensure that the data gathered and transcribed are accurately recorded. This step took place when the individual interviews were transcribed and participants were provided with a one page summary of their interview.

To ensure possible transferability of the data, which is analogous to the concept of generalizability, adequate information regarding the context, sample, procedures and design is recommended (Shenton, 2004). To ensure dependability, which is often considered equivalent to the concept of reliability, a detailed description of various procedures and the design is required. According to Shenton (2004) the following three issues need to be kept in mind: “the research design and its implementation, describing what was planned and executed on a strategic level;” “the operational detail of data gathering, addressing the minutiae of what was done in the field;” and “reflective appraisal of the project, evaluating the effectiveness of the process of inquiry undertaken.” (p. 72, author’s emphasis). This study has provided adequate information and background to meet the requirements of this category.

In order to ensure confirmability, which is often compared to objectivity, it is important to provide an “audit trail” of how the data were gathered or on what basis the recommendations and implications were placed (Shenton, 2004). Again, this study has attempted to meet this criterion throughout the research process.

The Process of Reflexivity

Throughout this research, I found myself at awe of Afghan women’s strength and resilience in spite of, or perhaps because of, all the challenges they had faced. They generously opened their homes, and selflessly gave of their time to answer my questions
and participate in this research. Our shared backgrounds led to participants' trust and aided in the establishment of rapport.

Participants showed curiosity about my background and often asked about when and how I settled in Canada, or at times, they asked about my opinion of the current political environment in Afghanistan. I was expecting these types of curious questions due to my familiarity with the cultural norms. It is considered courteous to show interest in the lives of the people one meets, rather than delve into the task at hand. In order to maintain a healthy boundary, however, I shared information to the extent that would facilitate the interview process. In order to make the best use of our time together, I encouraged such conversations at the end of the interviews.

As a counsellor in training, I could often sense the emotional difficulties that the women experienced due to ongoing conflict in Afghanistan. Sharing the list of resources (Appendix D) served as an aid to address this concern. Throughout the interview process, I encouraged participants to share their stories and perspectives, as I did not intend to be yet another silencing source. However, it was also important to keep the interview focused and relevant to the research questions. I decided that sharing this issue with the participants would be a good way to solicit their help in terms of keeping the research focused. To address any remaining thoughts and concerns, participants were encouraged to share them at the end of the interview.
Chapter Four: Findings

In this section, I provide general demographic information about the participants, followed by the analysis of qualitative interviews and the generated patterns and themes. Some of the categories were constructed in response to specific questions (e.g., recall of Taliban’s policies regarding women), whereas others were constructed more generally from across several questions in the interview.

The themes of the present study are divided into two main parts. The first section explores the Taliban and their policies regarding women, followed by impact of the Taliban and their policies on women. Since the Taliban regime spanned five years, there seemed to be a distinction in how the participants responded to the initial take-over by the Taliban versus the later stages of their regime. The themes under the first section, Taliban & Policies Regarding Afghan Women, outlines the diversity amongst the Taliban and the regime’s denial of women’s rights, including: education, work, mobility, imposition of a strict dress code, policing of the private sphere, targeting of specific ethnic groups, and the ensuing punishments for violations of the policies. The second part describes the Impact of Taliban’s Policies on Afghan women, the degree of suffering, and the coping strategies employed by women in response to the situation as well as the agency and resistance exercised by women, the section ends with a look at the situation of Afghan women after the end of the Taliban regime. (see Table 1).
Table 1. Themes for the Findings of this Study

<table>
<thead>
<tr>
<th>TALIBAN &amp; POLICIES REGARDING AFGHAN WOMEN</th>
<th>IMPACT OF TALIBAN &amp; POLICIES ON AFGHAN WOMEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Denial of Rights:</td>
<td>1. Psychological impact</td>
</tr>
<tr>
<td>a) Education</td>
<td>a) Long-term effects</td>
</tr>
<tr>
<td>b) Work</td>
<td>b) Positive influences</td>
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<tr>
<td>c) Mobility</td>
<td></td>
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<td>d) Imposition of strict dress code</td>
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<td>e) Access to health care</td>
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Demographics

Eleven women living in the Greater Toronto Area, Ontario, Canada; Leesburg, Virginia; Baltimore, Maryland; United States, and Kabul, Afghanistan were interviewed individually between May-July, 2006. In order to maintain the confidentiality of participants, demographic information is reported in ranges and general terms. The ages of participants ranged from 21 to 49 years with an average age of 33 years. All the women were born in Afghanistan. The eight women residing in Toronto settled in Canada between the years 2004 and 2006. The two women in United States settled in Virginia and Maryland in 2000 and 2001 respectively. The woman who currently resides in Afghanistan was visiting relatives in Virginia at the time of interview.

All eight women in Canada are landed immigrants, while the two women in United States are American citizens. Of the sample, four identified themselves as Hazara, three as Tajik and the remaining four identified as Pushtoon ethnic group. Eight participants belonged to the Sunni sect, whereas the remaining women identified themselves as Shi’a. Eight were married, and three were single. The average number of children reported was four. In terms of living arrangements, one lived alone, two participants resided with parents, four with their spouses and children, one with mother in-law and children, one with spouse, children and in-laws, one with spouse and in-laws, and one with friends.

The level of education in the sample consisted of 1 Bachelor’s degree, and 1 Master’s degree, 1 Physician, 3 with College Diplomas, 2 High school graduates, one high-school student, 1 illiterate and 1 partially illiterate. Prior to immigrating to Canada or United States, three were students, three were stay-at-home mothers, one worked in
health services, one was involved in politics, one worked as an editor of a magazine, one teacher and activist. Four participants reported being in part time and 2 in full-time employment, 2 are full-time students and three are stay-at-home mothers. The current occupations ranged from 1 participant in sales; 1 in child-care; 1 as a nurse; 1 in an academic setting, 1 in non-governmental organization; and 1 in public office.

Participants settled in Canada and United States after having lived as immigrants or refugees in Afghanistan’s neighbouring countries. Some lived in refugee camps, while others had more stable careers in those countries. However, the difficult circumstances of refugee camps, the lack of status in the host countries and concerns regarding the future of their children for the married participants, motivated them to seek asylum in Canada. All participants had immediate or extended families currently living in Afghanistan. Some participants had lost their close family members during the Taliban regime as well as the conflicts preceding the Taliban regime. After the fall of the Taliban regime, several participants went back to visit their families and to see the situation in Afghanistan first-hand. (see Table 2)
Table 2: Demographic Information

<table>
<thead>
<tr>
<th>Variable</th>
<th>Description</th>
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<tbody>
<tr>
<td>Average Age</td>
<td>33</td>
</tr>
<tr>
<td>Gender</td>
<td>Female</td>
</tr>
<tr>
<td>Ethnicity</td>
<td>3 Hazaras; 4 Tajiks; 4 Pushtoons</td>
</tr>
<tr>
<td>Religious Sect</td>
<td>3 Shi’a, 8 Sunni</td>
</tr>
<tr>
<td>Country of Birth</td>
<td>Afghanistan</td>
</tr>
<tr>
<td>Marital Status</td>
<td>8 Married; 3 Single</td>
</tr>
<tr>
<td>Average Number of Children</td>
<td>4</td>
</tr>
<tr>
<td>Living Arrangements</td>
<td>1 living alone; 2 with parents; 4 with spouse &amp; children; 1 with spouse &amp; in-laws; 1 with mother in-law &amp; children; 1 with spouse, children &amp; in-laws; 1 with friend</td>
</tr>
<tr>
<td>Occupation Prior to Immigration</td>
<td>3 students; 3 stay-at-home mothers; 1 health services; 1 politics, 1 media, 1 teacher &amp; activist</td>
</tr>
<tr>
<td>Occupation in Canada/US/Afghanistan</td>
<td>1 sales; 1 child-care; 1 nurse; 1 academic setting; 1 NGO; and 1 public office</td>
</tr>
<tr>
<td>Status in Canada/US/Afghanistan</td>
<td>8 landed immigrant in Canada/2 US citizens/1 Aghan citizen</td>
</tr>
<tr>
<td>Average Year of Settlement in Canada/US</td>
<td>2005 – Canada; 2000 - US</td>
</tr>
</tbody>
</table>
| Range of Length of Stay in TO/VA/MD | TO: 1 month-2 years  
VA: 5 years  
MD: 6 years |
Emerging Themes

**Taliban’s policies regarding Afghan women**

Afghan women were denied their basic rights during the Taliban regime. All the participants unanimously spoke of being forced to wear *chadory* (a large head-to-toe pleated garment designed with a mesh-opening for seeing and breathing). They spoke of the ban on educating women and girls and that they were not allowed to work in any field except the medical sector, and dissent was met with admonitions, threats and or punishment in the form of whipping, imprisonment, and at times stoning. Several women spoke of being beaten (by a whip) or witnessing beatings. In short, “the rights that a woman has were withheld from her regarding education, work, everything.” (Hadia)

**Denial of education**

Denial of education was one of the themes that emerged. All the participants spoke of the great impact that this had on them or their families. One participant put it this way,

They took away schools from us and the right to education this had a negative psychological impact on me. We realized that the opportunity for education is gone...even the English classes or sewing and beading classes that would be organized for girls if discovered by Taliban would be shut down. The person in charge of those clandestine classes would be beaten or imprisoned for finding a way for women and girls to be educated. They wouldn’t call it school rather gave it a bad name saying that the purpose is to spread Christianity. So, under these excuses the principal or the person in charge would be beaten or imprisoned and the school would be shut down and I would be very disappointed because an opportunity to learn something...I would start studying English for a while - but that too would be taken away. So, we would try to search for someplace else to learn something so that when perhaps the time comes when they [Taliban] are gone, we will be prepared that we would know something (Hadia).

Outside Kabul, some girls’ schools remained open. For instance, the Jaghori district offered girls’ schools up to grade 12. Even though the Taliban had “warned that the schools must be closed” they remained open because “they didn’t have the people’s
support there, for instance there were only 15 or twenty non-Hazara Talibs in that area, they couldn’t put too much pressure”. Older girls and teachers had to wear the *chadory* while they attended school. Another participant indicated that girls could attend school up to secondary level in the provinces of Ghazni and Bamiyan “and they didn’t have to wear *chadory*, they just went with a scarf.”

*Imposition of strict dress code*

Virtually none of the participants wore *chadory* prior to the Taliban regime except for one woman. Based on the participants’ accounts, all women, regardless of age had to don the *chadory*. Even though *chadory* was expensive, women could not appear in public without it and it seemed to matter very little if they could not afford it. The women acknowledged that wearing *chadory* was a tradition that some women observed primarily in rural areas, some due to their “religious belief”, while others were forced to wear it as a result of belonging to “strict” families, so “it was not that *chadory* just came because of Taliban”. However, the fact that it was imposed and “Taliban made it mandatory to wear, now *chadory* is questioned, especially for women’s rights activists, for women who are working for awareness of women, it’s a question, they’re trying to bring awareness among the women to say don’t wear it as part of culture, it’s a symbol of oppression. Now, the meaning of *chadory* is different than 30 years ago” (Zainab). Most women did not consider it Islamic dress as it contradicted the description of *hijab* as it appears in the Qur’an.

Zahra described the imposition of *chadory* as a form of “discrimination” she went on to say,

*Under the chadory, you are a moving body, with no face or identity. You are a person but it’s not known what kind of a person since you don’t have an identity. We had a discussion once about the difference between a prison and a chadory. I said that in a*
prison you still have an identity, your face is known, your crime is known but underneath the chadory, your identity is unknown, your face is covered, it is not known whether you are young or old, whether you are white or black, whether you are ugly or blind. You are a thing that walks, an object.

The participants reported that initially they were unhappy about wearing the chadory as they were not accustomed to it and had to learn to wear it. They found it “hot” and “suffocating”, especially in the summer months due to the difficulty it posed to breathing - through the small mesh opening. One woman found it particularly bothersome during her pregnancy as she was frequently experiencing shortness of breath. Another participant reported experiencing headaches and dizziness, as it covered her head to toe, she and a few other participants said that they had difficulty seeing their way and as a result it was difficult to walk with chadory.

Some participants reported that after passage of time they “got used to wearing it”, accepting it because “we knew that it was a general treatment”, almost like a fait accompli. One participant described the process of acceptance as,

Because we didn’t leave the home a lot...if we had a job and had to wear the chadory and work in the Taliban government or if we were students in schools, it would have been very tiring and boring to wear the chadory everyday...once a month out of fear...there was fear. This thought didn’t cross our minds that what will we do with chadory...we were saying that this is how we will remain with chadory.

When the topic of the imposition of chadory on women was discussed, several women pointed out that men were also forced to dress in a particular way - the “Taliban way”. For instance,

If they forced women to wear chadory, they forced men to have beards and wear a hat or turban. It wasn’t just women who were forced to wear chadory, a man who had never grown a beard had to grow a beard and he wasn’t even allowed to trim it and had to wear “perahan wa tunban” [men’s version of a long dress with baggy pants] and a hat. This was also a type of imposition on men (Hadia).
However, most contended that women were oppressed the most under the Taliban regime. In the words of one participant, if men and women were equally oppressed “boys wouldn’t be able to go to school either, what was important is that our education was hindered and we remained behind.” Boys were forced to have their heads shaved and covered with a hat or turban. Interestingly enough, one participant reported that some young boys wore chadory in order to escape Taliban’s wrath for shirking their edict.

As reported by one of the Hazara participants, chadory had a protective function for Hazara women as “they were not scared when they went out, all the women were similar, I mean chadory brought a level of similar oppression to the women, under that all were women, whether you are Hazara, Uzbak, Tajik, Pushtoon, chadory was chadory, so that’s why, it means they couldn’t recognize that you are Hazara woman” (Zainab). Another Hazara participant, however, challenged the protective role of chadory for Hazara women saying that although “some people are of that opinion”, chadory renders a woman without an identity and whether concealment of identity can be called protection is a matter of opinion, concluding that “I am very much opposed to that”.

In addition to chadory, women were forbidden from wearing high heels as they tend to make a sound while walking. Furthermore, they were not allowed to wear white shoes or white socks as white was the colour of the Taliban flag; therefore wearing white on their feet was construed as a sign of disrespect. Sandals and “thin socks” were not allowed as “feet had to be covered”. Two participants reported being hit with a whip, one for not wearing a chadory (at the time she was a young girl yet was told that she must wear it). The other participant was hit for not wearing socks and revealing her feet.
Ban on work

Women were only allowed to work in the medical field as physicians, nurses, and administrative staff for women’s hospitals. Female physicians were allowed to see female patients only. Due to the ban on work and the resulting poverty, there was a sharp rise in the number of women beggars. According to one participant, “the only occupation they were allowed to do in the south part of Afghanistan and Kabul was that they could beg.”

As expected, the ban on work did not affect women who did not work outside the home, so this ban primarily affected educated women in urban centres. As one participant put it,

Those women who were uneducated from the south part, they didn’t have a problem because Taliban raised from their own communities, it didn’t affect them, they were uneducated, before they had the burqa, still they are wearing burqa, it didn’t affect them, but those women who were educated from any ethnic group, whether Pushtoon, Hazara or Tajik, Uzbek, they faced problems because they were abandoned at home to not go, they were doctors, they were engineers, they were professionals...they were independent women to take care of their families because most of them lost their males or their males were outside, overseas or out of country because of war, so they received a big damage during the Taliban. (Zainab)

There were some exceptions, for example one participant worked on a World Food Program project for 20 months during the Taliban regime. In addition, her sister managed a centre for the poor and homeless, she describes the exceptions to the ban,

My sister who lived in Jalal Abad managed the marastoon [poor house] there during the Taliban regime. Sometimes she would say that other than female physicians, she was the only woman who worked throughout the Taliban regime. The women who worked at the hospitals, whether they were the administrative staff or the medical staff had restrictions...but reality was not always as it was portrayed... there were some surgeries that were difficult that women couldn’t do it alone and men had to help them. (Qamar)

Restrictions on mobility

Women were not to appear in public, if they did, they had to be accompanied by a mahram, or a close male blood relative. One participant put it this way, “women can leave the house on two occasions, once to go to her husband’s house and once to be
buried.” While some women stated that Taliban demanded that women must always be accompanied by their mahram; a few women said that they could go out with another female, for example one woman said that “I don’t know if they didn’t see us or what but I had heard that in certain places women had to be accompanied but we never did that.” Asia said that “it wasn’t necessary that a man should accompany you, you could go alone to buy things given that you don’t laugh with the shopkeeper or talk to him.” While taking the public transit, men and women were segregated; a curtain was erected in the middle of the bus separating the two sexes. One participant recalled her experience as,

I found it really difficult because there were curtains all over the bus, in the other half of the bus was your cousin where males was there, sometimes the male was coming out and shouting about the women because they didn’t know where to come out and they couldn’t see the stop if you open...raise the curtain, they were hit. Buses were stopped like ten times on the street just to check the curtains and who is traveling with whom. (Laila)

In order to avoid the difficulties of taking the bus, “you would see women at the back of the bicycle[s]”. Taking taxi was not an option if a woman did not have a mahram with her. In the event that a woman was discovered in a taxi, “they would beat the poor cab driver and they would whip the woman with qamcheen [whip] that why did you take the cab alone” (Maryam).

Even on Pakistani soil (for example the Afghan embassy or the Consulate) where Taliban frequented, women were reprimanded or threatened if they did not observe hijab or if they appeared to interact with men, one participant said that she was reprimanded by Taliban in a Pakistani passport office for saying “salam” (greeting the male passport officer serving her).

It should be noted that the one participant who did not attend school or work prior to the Taliban regime, felt that this issue did not affect her. In her words,

When they came, I was not educated, I didn’t work outside the home, so I can’t say that
my job was taken away or that I was barred from work. Before Taliban, I was at home and after they came, I was at home. The fact that I was at home didn't bother me.

(Maryam)

Access to health care

Women said that they could see male doctors as long as they were accompanied by a mahram. Some female physicians used their residence as make-shift clinics and secretly notified women about their services. However, not all women in the health care sector continued work as conditions imposed by the Taliban made it very demanding to continue work. One participant who was a nurse “decided to stay home and don’t go to work because it was very difficult...it was very difficult with a big chador and to provide care for the patient.”

Forced prayers

Some participants were witness to male suffering. For instance, one participant recounted what her cousin had been subjected to,

My cousin was saying that he was just walking by the mosque and it was prayers time and he was just a teenage and he was asked where are you going? “just go and pray!”. He said “I’m not prepared to pray, I don’t have wuzu” [ablution performed prior to prayer]. They said “just go and pray!”...and he was hit at the back and he prayed without wuzu and he said “and then I came out and there was another guy stopped me” and said “why you’re not praying? “And he said “I prayed two times without wuzu”

(Laila)

This was seen as un-Islamic by the participant, this was related to the view expressed by most of the participants that the Taliban’s rhetoric and behaviour was in contradiction. On the one hand, they were preaching Islam and considered themselves “mullahs” and on the other hand, their behaviour was in clear contradiction to Islamic principals or “Shari’a”. At 1 p.m., the “azan” or call to prayer would be announced and all men had to immediately attend prayers at the mosque. Due to intense fear, a few
participants reported that shopkeepers left their stores unattended as they rushed to the mosques. It is interesting to note that despite rampant poverty, few would summon enough courage to steal as the stores remained unattended; one woman described the reason as follows,

Everyone would go to pray, if a store was left open and if there was a pile of money lying in the store, no one had the audacity to take the money. There was intense fear that if they take the money, my hand would be chopped off. No one could steal the money. However, they [Taliban] did. They would steal, they would kill, commit crimes and atrocities, use drugs, they did everything. Who would say to them, what are you doing? Their dresses long up to their feet, their turbans as long as their feet, their eyes blackened with kohl, they were fear personified. (Maryam)

Private sphere

Not only were women policed outside the home but participants reported that their activities were also monitored inside the home. It should be noted that this theme pertains to all the population not just women. Television was banned, as was listening to music or playing musical instruments. Several participants reported that they secretly watched movies but preparation was needed before they could engage in this stealth operation. They had to closely draw the curtains to ensure that “light wouldn’t be reflected outside”. The religious police would routinely check the streets to ensure that residents were abiding by the rules. If they heard the sound of television or music, they would enter the premises and demand to speak with the head of the household. Two participants disclosed the following account,

They came to our uncle’s house took their TV and video and video tapes and broke them. Their family videos, they took them and destroyed them and hang the film strips on trees on a specified location as a lesson to deter others from watching television...to show that they have hang them they would also hang the body of the televisions on trees and in a sense to show as if they had taken out the tapes’ intestines. (Asia and Fatana)

The only form of music allowed at weddings was tambourine. However, even this required special permission from the local command post. Fatana got married during the
Taliban regime went through this process to obtain permission for the allotted two hours.

Punishments

In the event that women did not adhere to the strict decrees (for a summary see Appendix H), a range of punishments was unleashed upon them. Women were whipped for a number of infractions, including: not wearing chadory or not having the front of it pulled down; for not wearing socks or wearing thin socks; for wearing white shoes or socks; for wearing sandals; for speaking to men; for appearing in public alone; for taking the taxi alone to name but a few breaches of Taliban’s policies. Some participants had been hit for not wearing chadory, others for having sandals. The participants called the whip gamcheen, dura, shalaq interchangeably. The whip was made of rubber and “they used to attach weights to the ends of the whip… they used to flog that at people, however strong you were, you could not withstand more than ten lashes” (Maryam). These whips were wielded by members of the religious police who would walk the streets enforcing the regulations issued by the “Amr Bil-Maruf Wa Nahi An al-Munkar” or the Department of the Promotion of Virtue and Prevention of Vice.

Certain punishments were showcased as public spectacles. The alleged crime, the identities of people involved, the mode of punishment would be “announced in the radio” or the local mosque. The announcement would include the date, time and the site where the punishment would take place. The public would be told to attend the spectacle and in some cases, participate by “throw[ing] three stones at them.” In most cases, the punishments were meted out in the Kabul soccer stadium. For instance, if a married woman was found with another man, she would be stoned to death, the audience would be asked to throw stones at her. One participant reported that “if it was a woman who was
caught with a man having an affair, people would make them sit on a donkey, blacken their faces and would hang shoes around their necks.” (Maryam)

If someone stole, their hand(s) would be cut, “if you steal something according to the ‘Islamic’ law their hands were cut, if they steal with the right hand, the right hand would be cut, if steal with left hand, the left hand” (Laila).

A more severe punishment was exacted on one of the participants when her husband was taken away by the Taliban. He was guilty of being an army officer during the President Najibullah’s regime (the last President of Afghanistan during the period of the Democratic Republic of Afghanistan, 1987-1992). He was taken away from their home; the participant was pregnant at the time of her husband’s disappearance with their first child. His whereabouts were unknown for about six months and “finally [they] found out that they have killed him”. The same participant stated that a large number of men and women were taken and their whereabouts remained forever unknown.

When Taliban took control of Mazar-i-Sharif, they targeted Hazaras. Large numbers were imprisoned in the city jail or the in the neighbouring Shiberghan prison, the latter alone contained “1400 Hazaras”. The prisoners were “treated very poorly”, “they were not given water” and given “pieces of hardened bread and melon”. In addition to imprisonment, the premier of Mazar had issued an edict that Hazaras are “infidels” and whoever kills seven Hazaras shall be rewarded in Heaven. Fatima who lived in Mazar during the Taliban take-over of Mazar witnessed the murder of four Hazara male relatives; her story is among the most painful, she recalled,

It was this time of the year [June], it was very hot. They pleaded with them that they are not soldiers and are not armed they took them out of the house to the backyard and shot them. His poor son was shot right away, we were watching from the bathroom window. When they shot him, he was drenched in his blood...there were a few half-deep wells...the boy’s father was standing there, he was swearing that "we are not soldiers, we
are not armed, for God’s sake, we are Muslim.” he would swear...they told him to throw
him in the well. They made the father throw his son in the well, he was drenched in blood
and he was still alive when he was thrown in the well, then they hit him on the neck with
the butt of the rifle. They shot him with a round of bullets and then they killed the two
young guests, we couldn’t watch it anymore. We felt like we might faint and sat down; I
don’t know how they killed the rest. They killed three people in the backyard we saw it
with our own eyes. For three months, their bodies were still there. The men couldn’t
leave, we, the women dug out the ground and buried the bodies there. In the mornings we
would see that the dogs had dug them out and had eaten the flesh.

Discrimination based on ethnicity

A few participants reported that treatment differed based on ethnicity. Since the
majority of Taliban were Pushtun, they were more lenient towards other Pushtuns. For
example, Fatana said that “even if they were at fault, they would listen to them and heard
them out. If the person spoke Farsi, he would get beaten whether or not he was at fault.”
Members of other ethnic groups were frequently harassed, beaten, interrogated, and
imprisoned for “no reason, just because they were from Panjshir and didn’t speak
Pushtu.” Hazara women felt that their ethnic group was specifically targeted by the
Taliban. “They were saying that Shi’a and Hazara are not Muslim and are not from
Afghanistan, they have to leave Afghanistan, they forced Hazara people to...you have to
leave Afghanistan because here’s not your country, you have to go somewhere else.”
(Halima)

Another Hazara participant who had done extensive interviews with Hazara
people in 2004 (she had traveled to areas of Afghanistan where Hazara people resided).
Regarding differential treatment, Zainab reported,

generally all the women of Afghanistan didn’t face the same degree of problem, or the
same degree of suffering, they didn’t have the same suffering because they were from
different ethnicities...I found from my research, it was from hearing from the people and
also reading about the Taliban, most women of minorities had more problems than any
other women, especially women because being a woman and being Hazara, and being the
target ethnic group, Taliban according to their religious belief, Hazara was their “internal
infidels.” (Zainab)
Another participant, Zahra reported that after Taliban were defeated in Mazar-i-Sharif in 1997,

In 1998 they recaptured Hazarajat. From September 1997 to September, 1998 all the borders to Hazarajat were closed. People didn’t even have matches, there was no salt to cook with. A lot of people were killed, they killed women and children. Now, their clothes and remains are found from different areas. A lot of people disappeared, people that I knew personally, never to be found. They would stop people, their only purpose was finding Hazaras.

"Degrees of suffering"

Closely connected to the above theme of ethnic discrimination is differing degrees of suffering. All four Hazara participants pointed out that their ethnic group suffered the most at the hands of the Taliban. When I asked the women of the other two ethnic groups about Taliban treatment of ethnic minority groups, except for one Pushtoon woman, most did not speak of differential treatment. When another Pushtoon woman was directly asked about Hazaras, she argued that all people suffered one way or another depending on the geographical location and in turn, the make-up of the Taliban in the region. She specifically named regions, which were controlled by Tajik, Hazara, and Uzbak Taliban, indicating that contrary to popular belief, Taliban are not comprised of one ethnic group, namely Pushtoons.

One Hazara woman (Zainab) who passionately spoke of “degree of suffering” described her encounter with an Afghan woman activist who worked for Hazara people in Bamiyan. The activist had apparently said that she does not “care about what ethnic group you are from”, meaning that the issue of ethnicity is immaterial to her as she would like to work for all women of Afghanistan. Zainab interpreted the activist’s ‘lack’ of care as an inability to appreciate the unique situation of Hazaras as an ethnic minority, saying that she is “not part of that suffering, part of that degree of suffering, she didn’t have no
clue about what does it mean to be a minority, to be a target group”, later she went on to say “it’s not her fault, it doesn’t mean she doesn’t care about Hazara, it means, she personally doesn’t face...but for me as a person I care because I’m from those people...and that’s not justice, that’s not right to say I don’t care, you should care...’till they don’t address the ethnic conflict in Afghanistan, nothing can be resolved.”

Zainab named several massacres that took place in different regions of Afghanistan to show that indeed Hazaras were specifically targeted by the Taliban. She related the following,

Two massacres happened in Bamiyan, two massacres happened in Mazar-i-Sharif...the situation of Afshar... the complete bazaar of Bamiyan was burned with 400 shops were burned, which other part of Afghanistan this happened? Can you tell any massacre that happened inside Tajik? No. Probably they’re against Tajik too against Uzbak too, they killed too but these huge massacres happened amongst Hazaras, they had wives, they had mothers, they had daughters... do you bring the degree of their suffering to the level of other women who just lost their husbands, just lost their fathers, I’m not saying...I feel sorry about them, I feel sorry about the wife of Talib too, how terrible life she had...I didn’t interview women of other minority but see the political situation of the place then you can judge it, it doesn’t mean when you interview personally a woman then you can compare that ethnic to another ethnic then you can tell the degree the of suffering. No, you can see the political situation, like when I went to Mazar, they were telling me for three days they announced...that they would kill Hazaras. Mazar has a lot of Uzbaks, they didn’t kill Uzbaks I mean of course they killed but not to announce it, for 3 days...any men from age of 8 ‘till 90. (Zainab)

Fatima who lived in Mazar-i-Sharif corroborated Zainab’s description and the oppression of Hazaras by the Taliban. She said that,

When they invaded all of Mazar, the first thing they did was to say that wherever you find Hazaras, kill them. Whoever kills 7 Hazaras will go to Heaven. That was their propaganda, they preached this on the radio, in mosques, everywhere... Hazara men couldn’t leave their homes for two months. If they saw a Hazara, they would either kill him right away or imprisoned him in the prison in “Shiberghan” or the Mazar jail...women were also scared, she would come out once in a while in order to feed her children, to buy groceries.

Another participant tried to provide rationale for the hostilities unleashed towards the Hazara as follows,
In “Dasht-e-Laile”, a large number of Taliban were killed, they were massacred. It is probable that in a vengeful or retaliatory manner, the hostilities...since they say this and I haven’t been a witness to this to confirm or deny it, however, the reason that I could bring is that since they sustained great casualties in “Dasht-e-Lailee” and were defeated, it is probable that hostilities existed in order to avenge them. (Qamar)

**Impact of Taliban’s Policies on Afghan Women**

The current study suggests that the effects of Taliban’s policies in violating Afghan women’s human rights had a profound impact on the participants. I will begin this section with the psychological effects.

*Psychological impact*

One participant who worked for an NGO did not live in Afghanistan, however, she traveled back and forth and reported feeling depressed for a week after returning from her mission in Afghanistan. She described seeing depression and fear in the faces of Kabul residents during her travels. She personally felt that the situation was hopeless, stating that “I thought there wouldn’t be any other life in Afghanistan and that it would continue”. However, she continued her work with the NGO and stated that they “never gave up” yet she wrestled with a situation that she saw as “so inhuman”. A few other participants also expressed their sense of hopelessness, expressing that that they did not think there would be an end to the Taliban regime.

Another woman reported feeling extremely anxious, fearful and “feeling on edge”, she described her experience during the six months following her husband’s capture by the Taliban as,

Day and night, I lived in anxiety that they may come knocking at our door any minute. If I heard the door click, I would shake, whitened with fear that they would come inside and search the house. They would make excuses, asking for weapons, for money, they would sexually assault women. Whichever house they entered, they would do as they pleased. (Maryam)
Two other participants indicated being “bored” due to restricted activities. One participant expressed that “it was very boring... there was nothing to do...laughs...just clean the house and take care of the family, take care of the kids, that’s all the women were doing.” (Halima) Another woman also reported feeling bored due to lack of activities and being confined at home.

The participant who had traveled to Afghanistan in 2004 for her own research said that although she had tried to “emotionally” prepare herself to be able to hear the women’s stories, she found that “I was not that much prepared...I was shocked.” She went on to describe the reason for her shock and gave an account of her interviewees’ emotional reaction, this excerpt is quite telling of what she experienced and witnessed,

The thing that I saw, the thing that I heard I couldn’t believe in 21st century happening and why media, the international media didn’t cover, that was a shock for me... when I started interviewing them, they were telling horrible stories but they were explaining like it’s a very simple thing that happened to them, like a woman, she said to me, her name was Hawa, she said to me, “from my family, 27 men were killed”. When Taliban entered they killed two of them...[inaudible]...cutting the head, cutting the neck or cutting the hands or taking out the eyes in front of the women and children and I was screaming and crying the story that they were explaining to me but they were not crying and I was completely shocked and I was the only one who was crying among 30 or 40 women and none of them were crying. That was a shock for me, when I came out I was thinking why they are not crying, were they not real stories that they were not crying, but they were real stories, they lost their daughter, their father, their sons, why they’re not crying and so then when I came back then I got the story because they saw too much, they became numb...(Zainab)

Zainab went on to explain that the women she interviewed “forgot about themselves, they forgot about their emotions” because they were “worried how to take care of their children, that is the main reason they are completely numb to express their emotions...the women define themselves through their children, they live because of their children”. Since most Hazara families in Mazara-i-Sharif, Yakowlang, Bamiyan lost their male supporters “they have become independent” as they are no longer dependent on the male supporters. Zainab described many women that she met as “strong women,
even though they are uneducated, they cannot read or write but they acted as a leader in
the community.”

It seemed that for most Taliban “personified fear.” In general, participants
reported feeling depressed, anxious, and fearful, and symptoms that are indicative of
Posttraumatic Stress Disorder, such as increased arousal, recollections and flashbacks,
avoidance of stimuli that reminded them of the traumatic events such as avoiding the
news or visual images (movies) about Taliban.

*Long-term effects*

Several women reported that their experiences had lasting effects, such as
flashbacks and lingering anxiety. Maryam described her experience as follows,
“Sometimes, when I see any form of cruelty, I get goose bumps. In Pakistan, when I used
to watch some Hindi or Pakistani movies and saw someone being oppressed, I would get
goose bumps. I would remember things that had happened to me, the way they would hit
women, how they had beaten me or how they had taken away my husband.” Fatima also
reported having flashbacks, she had witnessed the murder of four men and said that “even
now when I remember it, I experience a shock.”

*Positive influence*

One participant pointed some of the positive influences of the Taliban regime.
Interestingly enough, the *fear* that the Taliban incited in most of the population had a
positive by-product. This fear discouraged people from engaging in crimes like stealing
and violence, in the words of one participant “during the Taliban regime people breathed
a sigh or relief because they didn’t hear the sound of gunfire again [in Kabul].

Furthermore, the same participant pointed out that contrary to the preceding regime
where “girls and women didn’t leave home to go to school and work because of fear of sexual violence” as one had “to pass 5, 6, 7 or 8 different fiefdoms since different factions controlled different areas so you had to pass several fiefdoms if you crossed a given street”. Therefore, according to the participant, women benefited from the Taliban regime, at least in this one way,

> despite the hostilities that prevented women from studying, working and going out, there was one thing, a good thing that women were not sexually harassed or abused. Meaning that women…even now, women have a lot of problems, however, at that time no one had the audacity to violate a woman’s honour, in that way, there was no danger…. with regards to their honour, women were safer. (Qamar)

Seen from a different lens, by taking away women’s rights, the repressive Taliban regime led women to become increasingly aware of that which was taken away from them. Women organized around gender-related survival activities and in the process, became aware of more gender-specific concerns. Qamar said that “every situation has positive and negative aspect”, and

> There was one good thing that resulted from the Taliban regime was the people of Afghanistan in general and women in particular learned to rise against that which hinders their growth and women became aware of this issue. So, for this reason, everyone is now thinking and talking about and struggling for women’s rights…this didn’t exist before. This made the Afghan women aware…they kept moving forward because of a hope that there will be an end to the existing condition and they had to be ready for that end. I mentioned earlier that the women of Afghanistan shone well, the reason being that they didn’t remain silent under the chadory and they didn’t stop their struggle, they didn’t stop learning.

*Coping and resistance*

Given all the restrictions on women’s rights and the resulting psychological impact of these constraints, women employed a variety of coping strategies to overcome the difficulties that they faced. One way of coping was attending *secret classes* or *clandestine schools* set up by courageous women in their homes for the girls and women in their neighbourhood. This was an act of resistance on the part of women who opened
their homes despite the tremendous risks. If discovered, the organizer and or teacher would be threatened, beaten, punished, and in some cases, they were even imprisoned and the school would be shut down. Naturally, the closing of the schools would be a source of disappointment to the beneficiaries, as they had to either give up or search for another clandestine school. Frequent closures and the ensuing punishments deterred two participants from attending these schools. They expressed fear due to the associated risk and they were further discouraged by the uncertain and short-lived nature of the schools. The schools also served as a source of income for the organizers. The women formed networks as they informed one another about new schools, which served as a form of resistance as well as coping.

In addition, the schools functioned as a source of hope, one participant who worked for an NGO said that “I was really glad because no one disclosed because everyone wanted to...come to schools, not just for education, but also to introduce them to new technology, you know that the world is so much bigger, not just the surroundings, what Taliban are.”

Prayer and attending shrines was a coping mechanism for some participants, as they struggled to find peace and solace. Attending shrines served as an outlet to share stories and be comforted and supported in a communal manner by the attendees. Maryam described her visit to the shrine as follows,

There would be twenty or thirty women. Every woman had endured some form of difficulty or cruelty. When you would go the shrine, each woman would tell her story, she would cry. You would ask “Auntie, why are you crying?” “Daughter, today I have endured this difficulty, they have taken my son, next week he will be executed.” Another woman would tell her story, for example, her husband was taken away, or another who would say that they came and searched my house and took my young daughter. Everyone had endured some form of hardship, they would come there and cried. 20, 30 or 50 women would come together, each one would tell her story.
Diverting activities

Visits from friends, neighbours and relatives were helpful and diverting. However, for some women these visits were rare as relatives lived farther away and due to restrictions on mobility they did not have access to their close family members. In almost all cases, some family members had fled Afghanistan to neighbouring countries making visitation a distant dream. A few women stated that they engaged in activities that kept them occupied, including, chores “around the house”; watching movies, generally one person who had a supply of movies in the neighbourhood rented it to others. One woman said that she began taking computer classes, organized an English class inside her home, engaged in writing and sewing. The same participant was able to “raise her voice” beyond the confines of her home and reach people on a global level by doing interviews with the BBC.

Gender differences in coping

Some participants pointed out that the impact of Taliban’s policies had far reaching effects beyond women and affected men as well. It is interesting to note that women and men experienced and coped with the situation differently. One woman described witnessing a difference in how Hazara men and women fared psychologically. According to her observations

Most of the women who faced a lot of problems to the same degree that men faced but most of the men I found emotionally depressed or...they had mentally problems and I did not find a lot of women who had emotional or psychological problem because the women are so connected to each other community-wise, they are sharing their feelings that’s the reason it didn’t affect them so much to completely damage them, mentally damage them. So, the men feel so powerless when these things happened...they don’t share according to Afghan culture, the men keep quiet, the men they don’t want to share their weakness to other people or their emotions, so it completely internal wound them, so, I found a lot of men mentally ill, I saw few women also but not so much depressed, they didn’t have that much problems, they didn’t have emotional problems because they were saying we don’t care about ourselves, we care about our children. (Zainab)
So, it seemed that children played a protective role for their mothers who devoted themselves to providing care for their children. They served “as a motivation, motivation to be alive, to work, to rise up and lead their lives”, especially when a role reversal had taken place with the demise of their husbands and other male relatives who normally supported the family. They rose due to “the responsibility of motherhood”.

**Diversity amongst the Taliban**

Their experiences during the five years of Taliban rule left most of the participants with a largely negative impression. However, far from a uniform view, the emergent image of the Taliban is both varied and complex. For example, one participant said that although Taliban “were called by one name”, one cannot “judge” all of them by the crimes of a few. The same participant said that some Taliban were “true Muslims” but she added that these “true” adherents of Islam were few and far between. Two women who had direct contact with Taliban officials or commanders had a different perspective of their encounters. Zahra who was a physician and ran several clinics in different parts of the country described her encounter with a Talib commander as unthreatening and even civil. She reported, “if you saw them individually, they weren’t hostile people. Of course, I’m speaking of the people who brought in their patients to the hospital. The circumstances were different because the hospital that they came to, I was in charge, they weren’t in charge, they needed help”. As she later pressed the commander about the logic of their policies regarding women’s education, “he would say that once there is security, once we control all of Afghanistan, we will allow girls under specific Islamic conditions. However, these were people who did not make the decisions, even though he had a high rank, he was the commander in charge of Ghazni’s security, the province of Ghazni.”
It did not seem as though the Taliban would keep their promises to relax their policies and allow girls back to school. In fact, Zahra explained that “the more territory would fall under their control, the more their hostility would grow.” She went on to say that the Taliban did not anticipate that they would one day control 90% of the country and it was Pakistan that pushed them forward, “of course they were influenced by Pakistan who sent them supplies...at that time, they couldn’t imagine that they could one day make so many gains but they were given that mentality by someone else.”

**Post-Taliban**

The participants reported some positive changes in the post-Taliban Afghanistan. Some had gone back to visit friends and relatives and to see the situation first-hand; others reported what they had heard from friends and families who are currently in Afghanistan. These changes included return to school and university for girls and women, return to “same jobs” or work at UN and other international NGOs if they were fluent in another language; changes in women’s dress and that women chose to wear a chadory, a scarf or have their hair uncovered. It should be noted however, that due to security concerns some women activists and politicians continue to wear chadory. One participant reported that Malai Joya (a parliamentarian) indicated in one of her interviews that “whenever she went to parliament, because she didn’t have security or body guard, always she wears chadory and sitting in the bus, when she is right in front of parliament building, she takes it off.”

Some participants stated that women appear content as they no longer fear “to go [out] alone”. One participant who worked in the Norwegian embassy, returned to the Kabul office in 2003 and recounted her visit as,
I was there officially, there was a car to pick me up to take me to the office, not to some secret house...laughs...I was not scared. I felt so welcome. They were like “oh, you have come!” A lot of positive things...even when they were checking my passport, people wanted to help, you know the men, they wanted to carry my bag even[though] it was a small bag...laughs. I felt I was so welcome, like I was someone important. The main thing was that they were respecting me. (Laila)

However, a number of negative changes were also pointed out. In particular, “there was a big gap between people who were rich and people who were poor.” While the local population received low wages in Afghani that barely met their needs, the foreign workers or those who worked for international organizations and corporations were paid exorbitant salaries in US dollar. Furthermore, the monthly rent for an average house is apparently “more than a teacher’s salary.”

It is important to note that all the post-Taliban changes described thus far is restricted to Kabul only. With regards to education, one participant reported that although girls form about 40% of the student population, the actual number of girls attending schools varies tremendously based on the region, for example,

In some provinces like Zabul and Uruzgan where security is poor, girls only form 3% of the students, there are no schools for girls to begin with. In Kabul, girls attend 3 shifts from 7 a.m.-10 a.m., 10 a.m.-1 p.m., and 1 p.m.-4 p.m. and the quality of education is very low. After five years, there is still no curriculum... I say that access to education is one thing and access to quality education is quite another. (Zahra)

Zahra who was involved in the monitoring of the recent presidential and parliamentary elections reported instances of “fraud”, “multiple voting”, “ethnic favouritism”, “an incredible amount of underage registration”, “bribery”, and “distribution of white cards in certain areas”. She added that “in a given area, a man would come and vote for 12 women. Given this, how accurate is women’s political participation when we say that 42% of women voted”. Zahra further criticized the voting process by saying that,
The fact that we engaged in the voting process and chose a president and formed a parliament, it was something that got done, however, we did not lay the foundation for democracy. One of my criticisms during the election was also this that this election does not guarantee democracy but at least it was exercise that people engaged in, however it should have been done based on specific principles.

On the question of “liberation” of Afghan women in general, one participant conceded that Hazara women are “not scared of Taliban...I can call it liberation”, however, she acknowledged that there are other issues that Hazara women face such as poverty and “health issues are worst inside of Hazara”. She went on to say,

It is different [in] each part of Afghanistan, like now South is...I don’t think women are liberated because still the Taliban are strong and they’re getting stronger because of weakness with policy of government of Afghanistan...according to what I know about South, women are still restricted, even it is getting worse because from one side NGOs are trying to get women out to get education...and other part the Taliban are trying to defeat them, it’s kind of getting between two struggles...the situation of women are getting more scary, so that is different, all Afghanistan I cannot tell you. (Zainab)

The road to equality and freedom for Afghan women is long and tortuous. There are many factors involved and one that resonated with many participants was the patriarchal structure and oppressive customs that continue to permeate the lives of Afghan women. On the question of liberation and the US administration’s claim to have granted Afghan women liberation from Taliban, one participant said the following,

In my opinion, they cannot give it because every person...it’s up to them. The head of the family will decide how the women of the family should be, how should they go out. United States cannot give all women freedom it depends on the family, whatever the family says, the head of the household says, in that way, they cannot give her freedom. (Asia)

Another participant pointed out the many challenges that are still in place, which hinder women’s rights.

We have some laws that are favourable to women. The problem in the past was with the implementation of the law, which is also currently the case. It is true that the constitution says that a woman should not be given in badla [given away or traded], however, that tradition is still in place in the villages and town of the country. Women are given in badla, women are exchanged. It is true that we have media in Kabul...from the perspective of the law, rights are not given, rights are to be exercised, a person should
have the right to exercise their rights. It is necessary in Afghanistan that women are
elevated to a level where first she should know her rights and then she is able to exercise
her rights. Afghan women are still unaware of their rights, a woman who is illiterate, no
one has gone inside her home to give her rights...her family, her husband, her brother
who are oppressing her, who can go and defend her rights? Who is going to look out for
her? The oppression still exists with all its might and ferocity. An Afghan woman still
doesn’t inherit...Islam has given her half of the inheritance but where is that man, that
brother who has given her sister half of the inheritance? Islam says that you need both
parties’ consent for a “nikah” [the contract between a bride and groom and part of an
Islamic marriage, performed by a mullah] to proceed. But where is that mullah who will
ask the girl’s consent and then complete the ceremony. These things have remained
unchanged. It is necessary to reach the villages and rural communities...Despite the
existence of numerous organizations, there is no one in the villages, there is no one in the
farthest rural areas. Even now, without the Taliban, during Karzai’s administration, after
the formation of the constitution I heard that women were stoned to death in Badakhshan.
(Qamar)
Chapter Five: Discussion

Despite having left Afghanistan at a young age, I maintain close ties with my homeland through community involvement, and by keeping abreast of current events in the country. As an Afghan woman, I was always disappointed with the lack of media coverage addressing women’s concerns in Afghanistan. This, however, changed following the events of September 11, 2001, and the subsequent bombing of Afghanistan by the U.S. government. These events gave rise to an explosion of media frenzy, where Afghan women became the target of elaborate reports and competing discourses. Watching the events unfold, I often found myself wondering what it had been like for the Afghan women who witnessed and experienced life under the Taliban’s theocratic rule. I embarked on this research project to hear the stories of those women as told by them, in order to broaden my perspective of their challenges and unique needs.

In this study, I explored 11 Afghan women’s experiences during the Taliban regime. The findings revealed that the prolonged and pervasive impact of the Taliban’s policies created various experiences, responses, and challenges on the part of Afghan women. Some of the responses pertained to the initial phases of the Taliban regime and included feelings of anxiety, worry, fear, anger, helplessness, depressive, and posttraumatic stress symptoms. Nevertheless, what I found was that participants seemed to have developed various coping strategies that enabled them to deal with their challenging circumstances. Afghan women’s resistance and coping was evident through a number of direct confrontations by individual women, as well as engaging in covert, nonetheless risky operation, by turning their homes into underground schools for girls and women, and creating cohesion and solidarity in their communities.
This section discusses the findings of the study and their fit with existing literature and its relevance to the field of counselling psychology. The situation of women after the fall of the Taliban regime will be discussed with a focus on the continuing challenges facing women in Afghanistan; this is especially timely with the looming threat of a resurrected Taliban rule in the country. Finally, implications for research and the field of counseling psychology are discussed, followed by suggestions for future directions.

**Fit with Existing Literature**

Numerous studies have looked into the effects of war-related trauma using PTSD criteria to assess the level of psychological reactions (Cash, 2006; El Sarraj et al., 1996; Kripper & McIntyre, 2003; Mollica et al., 1993; Swartz & Levett, 1989). These and other studies have demonstrated that war and political instability have profound effects on the mental health of those it touches. The Taliban’s rise to power has been characterized as an armed struggle to overthrow the Mujahideen belonging to various ethnic and political groups. Taliban decrees prohibiting a variety of activities for Afghan women and the subsequent psychological impact have been reported by a number of scholars and organizations using the western conceptualization of PTSD (PHR, 1998; Rasekh et al., 1998; Schulz & Schulz, 1999).

The Afghan women’s description of Taliban policies were consistent with Physicians for Human Rights study (1998) that described Taliban’s edicts forbidding women, except for those in the health care professions, to work outside the home, attend school, or leave their homes unless accompanied by a *mahram*. Similarly, the participants’ account of the extreme notions of Islam were reminiscent of the findings by a study by Rasekh and colleagues (1998) which indicated that the violations of women’s
rights had extraordinary health consequences for Afghan women. In addition, the study by Schulz and Schulz (1999) is also relevant to the findings of the present study as they analyzed the motives and contextual underpinnings that led to Taliban’s draconian treatment of women. These authors highlighted factors such as Taliban’s drive for power and control and the systematic use of terror in the exercise of that power.

Taliban’s policies resulted in psychological distress in some participants, including feelings of anxiety, fear, and symptoms of depression and posttraumatic stress corroborating the findings of the PHR (1998) and Raseksh et al. studies (1998), which reported extraordinarily high levels of mental stress and depression. Having described the findings of this study in the context of the existing research employing a western conceptualization of reactions to traumatic events, as mentioned in the literature review, once again, it is important to caution the readers and counsellors working with refugees to be aware of and examine the assumptions that are involved in the development of PTSD. The research literature by and large tends to regard specific contact with extreme violence as the central and defining trauma (Cash, 2006) and has neglected other dimensions, including the experience of being a refugee itself (Summerfield, 1995). In the case of Afghan refugees in Canada, the counsellor must remain cognizant of the fact that in addition to their history of persecution and atrocity, there may be the added disorienting and sometimes debilitating experience of refugee life, as an additional factor for consideration. Further, the counsellor must also bear in mind that it may not be easy to delineate the relative contributions of pre-and post-flight traumas to the overall burdens the refugees carry (Summerfield, 1995; Bracken, 2001).
In addition to signs of distress described by participants as they recalled their experiences under the Taliban regime, this study highlights the resistance, resilience and coping strategies employed by the Afghan women. Despite the reports by most mainstream media and some scholarly literature (Armstrong, 1997; Goodwin, 1998; Halbfinger, 2002; Mann, 1998; Schulz & Schulz, 1999), the Taliban’s treatment of Afghan women lacked uniformity. The variations and inconsistencies within the Taliban discourse on women are important, as they point to the agency of Afghan women. As examples, we can take the issue of medical practice by women doctors, some of whom were able to effectively negotiate with the more moderate mullahs to continue their work in hospitals. One example is a participant, a physician, described earlier in the findings section of this study that continued to work in her hospital and clinics, and attended to male as well as female patients. The WFP (World Food Program) persuaded the Taliban to allow Afghan women to run tandoors (bakeries) from where Afghans could buy subsidized bread. One of the participants along with her sister worked as supervisor in the project for 20 months. Similarly, schools for girls functioned in people’s homes in Kabul, Ghazni, and Bamiyan. Remarkably, as mentioned by one participant and corroborated by Khattak (2004), Taliban celebrated March 8th as International Women’s Day in Kabul in the latter part of their rule.

Therefore, it seems that what was often presented as uniform and universal oppression on the part of mainstream media and some scholars, is a misrepresentation of ground realities. Condemnable as the Taliban were with regard to their restrictions on women, Afghan women’s agency, no matter how limited, was present and continuously
exercised on different occasions. Afghan women demonstrated such agency not only in the context of the Taliban decrees, but also before their government, and today.

When looking at the situation of Afghan women post-Taliban and asking, what is the Karzai government’s stance on women and how have women fared? The participants who visited Afghanistan after the fall of the Taliban, reported that by and large the situation has not changed drastically in terms of women’s everyday life under the present setup. This is consistent with the reports by Human Rights Watch (2006, 2008). As one participant reported, although some women might have gained symbolically after the US intervention, the actual impact of policy pronouncements has not extended beyond a few urban centres. Women’s lives in rural Afghanistan continue to be insecure, especially because the government has formed partnerships with many of the same forces that have historically impinged upon, and currently restrict, women’s mobility, schooling and employment (Human Rights Watch, 2006). Meanwhile, women’s physical security is not assured, and human rights abuses are neither protested by the UN system (Niland, 2004) nor are they a high priority, either for donor agencies or the transitional government that has formed alliances with the people who exacerbate such violations (Khattak, 2004).

If physical security is questionable, the arena of political representation is also problematic. One participant, who pointed out the problem of multiple voting in the recent election, went on to say that in “a given area, a man would come and vote for 12 women...given this, how accurate is women’s political participation when we say that 42% of women voted.” (Zahra).
Implications for Practice

The proposed study gives us an understanding of the lived experiences of Afghan women during the Taliban regime who are now living in selected urban centres in Canada and the United States. It brings to the fore the unique needs, challenges and strengths of Afghan women immigrants during an extremely traumatic and tumultuous time of their lives. It highlights how these women persevered and undoubtedly changed as a result of their particular experiences. Most importantly, this knowledge comes to us through the voices of the women themselves, loud, clear, and unadulterated. Knowledge generation, consciousness-raising and utility are integral elements of this study. Given the biased and “sanitized” media coverage of the women’s experiences during the Taliban regime, as well as the post-Taliban era, this study examined the psychological impact of the Taliban regime on Afghan women as told by the women themselves. The information gathered is hoped to provide the readers, such as counsellors, social work and immigration workers, a deeper appreciation and awareness of the experiences of Afghan women. Rather than using a clinical model, such as a Post Traumatic Stress Disorder model, to assess trauma and reactions to and witnessing of war and conflicts, this study attempted to facilitate a reflexive and collaborative approach through situating itself within a qualitative research inquiry. This research framework provided space for those stories to be shared that have been censored by dominant societal structures such as the mainstream media. The framework is hoped to inspire further research on Afghan women, leading to greater understanding and empowerment for the women. It is also my hope that the study would invite multiple inquiries to further inform the lived experiences of Afghan women and meeting their counselling needs.

For the practitioners in the field of counselling psychology, the present study
highlights the importance of developing multicultural counselling competencies as set out by the CPA and the 2005 ACA Code of Ethics. In so doing, they would be acknowledging the multiple cultural identities of the self as counsellor and client in the counselling relationship (Robinson & Howard-Hamilton, 2000). In working with the Afghan community, counsellors can help clients understand that their confusion, anger, disconnection, helplessness, and depressive symptoms are normal reactions to abnormal events that are being amplified by the war. If the counsellor’s cultural background is different from those of Afghans, he or she could benefit by acknowledging this limitation and facilitating how both the client and the counsellor could work collaboratively to address specific cultural concerns. Understanding of the historical, cultural, social, religious, ethnic, and political contexts in the lives of the above group is also essential in better serving the Afghan community. However, counsellors need to balance this by being aware of the commonalities that Afghans share with the rest of the humanity in their effort to make sense of unusual circumstances in their lives. This type of awareness would, not doubt, help reduce further marginalization of a group that continues to struggle with the ghosts of their troubled past.

Furthermore, rather than using a clinical model, such as PTSD to assess trauma and reactions to witnessing of the war and conflicts, this study facilitated a reflexive and collaborative approach, by giving space for the Afghan women’s experiences to be shared. However, counsellors and other practitioners in the community are encouraged to be aware of the possibility of trauma-related symptoms and responses, as well as the indicators of depression and anxiety in this population. Given that Afghans have experienced multiple stressors, it is important to acknowledge them (i.e., the influence of
previous wars, displacement and refugee-related challenges) and provide support when they are faced with continued coverage of stressful situations in their country of origin.

In addition, the information gathered through this study might help in the provision and establishment of individual or group support for Afghans women. Due to cultural differences and upbringing, various ethnic minorities do not seek out professional help in the form of psychotherapy and depend on their families and communities to provide emotional support during crisis. However, due to immigration and displacement, Afghans, including some of the participants of this study, do not have the type of validation sources or support networks that they might have had in Afghanistan. Therefore, healthcare professionals could play an important role in connecting the Afghan expatriates to resources within and beyond their communities.

Directions for Future Research

The findings of this study confirm the significance of the Taliban regime's impact on the lives of Afghan women. The participants in this study were 11 Afghan women living in Greater Toronto Area, Canada; Maryland, Virginia, United States, and Kabul, Afghanistan. In this sample, the average length of stay in Canada and the United States was one month to six years, indicating a group that is likely influenced by the recent effects of refugee life and or the immigration process, and are not yet economically and culturally adjusted. Moreover, with limited knowledge of the English language, as was the case for more than one half of the participants, it would be interesting to examine the settlement needs of the participants and its impact and significance for the counselling process.
In addition, given the current instability in Afghanistan and the increasing Taliban insurgency, it would be fascinating to once again examine the current experience of Afghan women in Afghanistan. As the sample consisted of three ethnic groups, inclusion of different ethnic and religious groups might bring forth different narratives. Research conducted in Afghanistan could greatly add to the diversity of the sample. Future research could also benefit from looking at the impact of the Taliban regime on families as a whole. Since Afghans are closely tied with their families and communities, experiences of individuals alone can give us a limited understanding of the experiences of the community as a whole.

In examining the patterns of distress and adaptation in this group, it is imperative to move beyond merely listing symptoms or characterizing syndromes. Adopting the framework of “liberation psychology” may lead to a more nuanced understanding of the complexities of an inquiry. Psychology of liberation is an approach that has emerged from the South (Guillory & Villanueva, 1990), which attempts to work with people in context through strategies that enhance awareness of oppression and of the ideologies and structural inequality that have kept them subjugated and oppressed. This, it is believed would facilitate collaboration with the group and help develop critical analyses, as well as engage them in a transforming praxis. Psychology of liberation may function as an alternative to or in conjunction with mainstream western approaches. It may offer resources to strengthen the capacity of Afghanistan’s next generation to reconceptualize the effects of war and terror as well as to accompany affected populations in their struggles to reclaim their ethnic and cultural roots and construct identities within plural ethnic and multiracial societies.
The aftereffects of political repression are one of the thorniest problems confronted by many countries. In addition to damaging personal lives, such repression harms the social structures themselves— the norms, values, and principles by which people are educated and the institutions that govern the lives of citizens (Martin-Baro, 1989). Counselling psychologists are not called to literally rebuild social systems and structures destroyed by war. Such is the work of politicians, policymakers, engineers, and so on. However, counsellors are challenged to understand these multiple levels of social upheaval and to accompany a people as they reconstruct their individual and collective lives. One task of the counseling psychologists may be to construct theory based on these experiences to inform the survival, healing, and reconstruction of the clients, and empower them to do the same with their cultures.

Limitations

The present study was embedded within a qualitative design aimed at bringing forth the experiences of Afghan women under the Taliban regime. Therefore, the intent of this research was not generalizability. Due to time and distance constraints, only a single in-depth individual interview session was conducted with each participant. It is also recognized that each individual interview has its own unique characteristics, thus highlighting the fact that the opinions of the participants are not intended to represent that of all Afghan women who experienced life under the Taliban regime. Although the sample was drawn from a few urban centres, it remains limited, suggesting an influence of the geographic area on the participants. This sample was exclusively comprised of women with an average age of 33 years, therefore, the study did not look at gender differences.
Interviews and the information gathered through this mechanism as well as the analysis of transcripts depended on the skills of the researcher and her own assumptions and biases. It is during these stages that researchers are required to pay attention to “expected and unanticipated aspects of an experience” and acknowledge the contextualized nature of data, while interpreting the transcripts (Polkinghorne, 2005, p. 143). Journaling and debriefing with the research team helped reduce some of the above limitations.

An additional limitation of this study is that it produced data in the form of the voices of participants or in other words, self-report data. According to Polkinghorne (2005), self-report data depends on participants’ memory and ability to understand and reflect on various aspects of their lived experiences through language. Self-report data cannot be construed as “mirrored reflections of experience” (p. 139). Full access to participants’ entire experiences was not possible and the researcher had to suffice with “partial access” (p. 139) to such data, which becomes particularly challenging in this retrospective study where participants were relying on events that occurred five to ten years ago.

Furthermore, translating from one language to another can be a very complex task, due to subtle differences in meaning (Kapborg & Bertero, 2002). Since some interviews were conducted in the participants’ native language (Dari) and in turn, translated into English, it is unavoidable that some words could not be translated into English because of cultural differences or nonequivalent words. There could be many expressions and metaphors that might not be fully appreciated in a different language. Therefore, the translation from Dari to English presents a point of potential loss of
meaning. Polkinghorne (2005) also cautioned researchers in attributing meaning or making inferences from the expressions given by those whose first language is different from that of the researcher, this did not pose a challenge as Dari is my first language.

Despite the above limitations, Polkinghorne (2005) asserted that “language is our primary access to people’s experiences” (p. 139). It is hoped that researcher’s personal reflections as well as detailed field notes on various aspects of the interaction during the interviews reduced some of these limitations.
References


http://news.bbc.co.uk/2/hi/south_asia/1654085.stm


hooks, b (1990). Choosing the margin as a space of radical openness. *Yearning: Race, gender, and cultural politics*. Toronto ON: Between the Lines.


Web: http://www.undp.org.af/


Asylum-seekers, Returnees, Internally Displaced and Stateless Persons. 
Retrieved October 7, 2008 from the World Wide Web: 

high death rate continues – UN report. Retrieved June 20, 2009 from the World 
Wide Web: 

Psychology of Women Quarterly, 18, 443-450.

Young, A. (1990). Moral conflicts in a psychiatric hospital treating combat-related 
posttraumatic stress disorder (PTSD). Social science perspectives on medical 

Islamic Social Sciences, 19, i-iii.
Please tell me about your experiences living in Afghanistan during the Taliban regime.

To elicit specific information, the following questions will be used as prompts (Please refer to Interview Guide in Appendix B)

1. What was the impact of the Taliban regime’s policies on different aspects of your life?
2. What is your perception of how other Afghan women living in Afghanistan at that time, have been affected by the Taliban?
3. If there were times when life under the Taliban reign was difficult for you, how did you cope?
4. To what extent have those experiences shaped your life today?
5. What are your reactions to the media coverage of your culture, people, country and especially Afghan women during the Taliban regime?
6. After the Taliban were ousted from power, have you noticed any changes in your reaction to the media coverage of your culture, people and country?
7. What would you like to tell the outside world about your experiences and the experiences of other Afghan women during the Taliban regime?
Appendix B

Interview Guide

Dear <insert name here>,

Thanks for participating in this study and volunteering your time. The purpose of this study is to understand the experiences of Afghan women during the Taliban regime.

Through this research, we hope to learn more about the Afghan women, and help you share your stories.

I would like to remind you that this research is voluntary, so if at any point you experience discomfort, please let me know. If you decide not to participate, it will not affect your current or future relationship with the University of Windsor. You have the right to refuse to participate, to decline to answer any questions, or to withdraw your consent and terminate your participation in this study at any time without penalty of any kind.

The information you will share will be kept anonymous and completely confidential and I will remove any information that could identify you.

Please go at your own pace.

This study involves the following steps:
1. Reading and signing the consent form,
2. Completing the Demographic Information,
3. Participating in a 1.5 hour interview with the interviewer,
4. Receiving the list of available sources of support, and wrap up.

Please now take your time, read and sign the consent form.
At this point, present the consent form.

Now, I would like you to complete the Demographic Information sheet.

Present the Demographic Information sheet.

So, how long have you lived in Canada (or United States)? How do you find it? Other questions to build rapport.
Now I would like to ask you some in-depth questions about your experience. Please take your time to reflect on each question.

Please tell me about the impact of the Taliban regime’s policies on different aspects of your life?

To elicit specific information, following questions will be used as prompts:

1. What was the impact of the Taliban regime’s policies on different aspects of your life?
I will start with the above open-ended question. If I do not receive specific answers, I will inquire about specific aspects of their lives such as: physical, mental, emotional, social, spiritual and political.

2. What is your perception of how other Afghan women living in Afghanistan at that time have been affected by the Taliban regime?
I will start with the above open-ended question. If I do not receive specific answers, I will inquire about the following: family, friends and the Afghan community?

3. If there were times when the impact of Taliban regime was difficult for you, how did you cope?
I will start with the above open-ended question. If I do not receive specific answers, I will inquire about the following:
   a. Did you talk to a friend?
   b. Did you talk to a family member?
   c. Did you pray?
   d. Did you talk to a mental health professional, e.g. a counselor?
   e. Are there any additional sources of support that you might have accessed to cope that I am not inquiring about?

4. To what extent have those experiences shaped your life today?
If they answer yes to the above question, I will prompt them to tell me about particular changes as a result of their experiences. (Please tell me specifically how your life, views, and outlook have been shaped.)

5. What are your reactions to the media coverage of your culture, people, country and especially Afghan women during the Taliban regime?

6. After the Taliban were ousted from power, have you noticed any changes in your reaction to the media coverage of your culture, people and country?
7. **What would you like to tell the outside world about your experiences and the experiences of other Afghan women during the Taliban regime?**

Throughout this interview, the following statements and questions will help me clarify participants' answers:

- Please tell me more about...
- What do you mean by...?
- Can you give me another example of...?
- Is there anything more that you would like to add regarding...?

Finally, I will ask them the following question:

Is there anything else you would like to add that might have been missed during the interview?

Since we are talking about a personal topic, I would like to provide you with a list of various multicultural services in the community as well as low-cost support and counseling services that are available in the city of Windsor and the Greater Toronto Area. This is in case you feel distressed after our interview, or if you feel like you would like to talk to someone about this topic or related issues.

*At this point present the list of available resources in the community.*

I will then thank them for their participation.

Thank you for your participation. Once I get a chance to transcribe and analyze this interview information, I will call you to set up a half an hour individual appointment with you so that I could get your feedback.
Appendix C

CONSENT TO PARTICIPATE IN RESEARCH

[Printed on U of Windsor Department of Psychology Letterhead]

Title of Study: Countering the Dominant Discourse: Afghan Women Speak

You are asked to participate in a research study conducted by Beheshta Jaghori, M. A. (Candidate), and Kathryn Lafreniere, PhD., Department of Psychology at the University of Windsor. This research is being conducted as part of the requirements for Beheshta Jaghori to complete a Master of Arts (MA) in the Applied Social Psychology Programme at the University of Windsor.

If you have any questions or concerns about the research, please feel to contact Beheshta Jaghori at (519) 252-4566 or Dr. Kathryn Lafreniere at (519) 253-3000 ext.2233.

Purpose: The purpose of this study is to examine the lived experiences of Afghan women during the Taliban regime. It is hoped that this research will give space for the voices of Afghan women. Similarly, it will help bring forth an understanding of the unique challenges and strengths that Afghan women in Canada have exhibited during a traumatic and tumultuous time of their lives.

Procedures: If you choose to participate in this study, you will be interviewed for 1.5 hour by the co-investigator, Beheshta Jaghori. During this interview, you will also be asked to fill out a brief demographic information sheet. The interviews will be audiotaped, translated into English (where necessary), transcribed and later analyzed for patterns and themes.

Do you give consent to Audio taping □ Yes □ No

Potential Risks and Discomforts: There are no direct risks associated with this study. Since talking about the impact of the Taliban regime on your life is a relatively sensitive topic, it may cause some emotional discomfort. A list of available counseling and support resources will be provided in case you decide to speak with someone about related topic following your participation.

Potential Benefits to Participants and/or to Society: The potential benefit of this study is that it will give you the opportunity to present the Afghan women’s perspective regarding life during the Taliban regime. Similarly, it will give you a chance to have your concerns and experiences shared. This could potentially be helpful to you and may allow you to process your feelings and thoughts around this particular issue. It is hoped that this project will inform the field of community psychology, cross-cultural psychology and the media related domains.

Payment for Participation: There will be no monetary compensation to participants.
Confidentiality: Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission. The records for this research will be kept private, in a locked cabinet by the principal investigator. Similarly, no information will be included that will disclose the identity of the participants. While the transcribed interview data is on computer, they will be password protected. Respondents will not be identified by name in any reports of the completed study. The data will be destroyed after one year, and your identity will be kept confidential.

Participation and Withdrawal: You can choose whether to be in this study or not. If you volunteer to be in this study, you may withdraw at any time without consequences of any kind. You may also refuse to answer any questions you don’t want to answer and still remain in the study. The investigator may withdraw you from this research if circumstances arise which warrant doing so. If you choose to withdraw at any time before the study is complete, all the information you provided will be destroyed.

Feedback of the Results of this Study to the Participants: A summary of the study results will be sent to you when the research is completed upon your request. The study results are anticipated to be available in September, 2006. Please indicate if you wish to receive a summary of the results.

Would you like to receive a summary of results? □ Yes □ No

Subsequent Use of Data: This data may be used in subsequent studies.
Do you give consent for the subsequent use of the data from this study? □ Yes □ No

Rights of Research Participant: You may withdraw your consent at any time and discontinue participation without penalty. If you have questions regarding your rights as a research subject, contact: Research Ethics Coordinator, University of Windsor, Windsor, Ontario, N9B 3P4; telephone: 519-253-3000, ext. 3916; e-mail: lbunn@uwindsor.ca.

Signature of Research Participant: I understand the information provided for the study *Countering the Dominant Discourse: Afghan Women Speak* as described herein. My questions have been answered to my satisfaction, and I agree to participate in this study. I have been given a copy of this form.

________________________________________
Name of Participant

________________________________________
Signature of Participant

Date

Signature of Investigator:

These are the terms under which I will conduct research.

________________________________________
Signature of Investigator

Date
Appendix D

List of Multicultural Support Services and Counselling Resources

If after our interview, you feel distressed, or if you feel like you would like to talk to someone about this topic, the following services are available for you.

Multicultural Resources

**Toronto**
- Access Alliance Multicultural Community Health Centre (416) 324-8677
- Across Boundaries, An Ethnoracial Mental Health Centre (416) 787-3007
- Afghan Women's Counseling and Community Support Organization (416) 588-3585

**Windsor-Essex**
- Multicultural Council of Windsor-Essex County (519) 255-112

Support Services and Counselling Services

**Ottawa**
- Canadian Mental Health Association, Ottawa Branch (613) 737-7791
- Royal Ottawa Hospital (613) 722-6521
- Royal Ottawa Health Care Group (613) 722-6521

**Toronto**
- Centre for Addiction and Mental Health (416) 535-8501
- COSTI Family and Mental Health Services (416) 244-7714
- Sunnybrook and Women’s College Health Sciences Centre: Brief Psychotherapy Centre for Women (416) 591-2000
- Women’s Counseling, Referral and Education Centre (416) 534-7501

**Virginia**
- Mental Health Association of Virginia (804)-225-5591
- National Alliance on Mental Illness (804)-225-8264
- The National Empowerment Center 1-800-769-3728

**Windsor-Essex**
- Canadian Mental Health Association, Windsor-Essex County (519) 255-7440
- Windsor Regional Hospital, Western Campus (519) 254-5577
- Alive! Canada (519) 973-4423
- Distress Centre (519) 256-5000

Principal Investigator: Beheshta Jaghori (student) (519) 252-4566
Faculty Supervisor: Kathy Lafreniere, PhD. (519) 253-3000
Appendix E

Letter of Information for Consent to Participate in Research

Dear member of the Afghan Community,

I am conducting a graduate research study entitled “Countering the Dominant Discourse: Afghan Women Speak” as part of a Master of Arts degree requirement in the Applied Social Psychology Programme at the University of Windsor, under the supervision of Dr. Kathryn Lafreniere. The purpose of this study is to understand the lived experiences of Afghan women during the Taliban regime.

Your participation is welcome if you:

- Identify yourself as an Afghan woman, or Afghan-Canadian woman;
- Are female (age 25 and over);
- Are currently living in Windsor or the Greater Toronto Area;

Your participation would involve:

- Discussing with an Afghan female researcher, Beheshta Jaghori your experiences and stories.
- A confidential, audio-recorded face-to-face interview for 1-1.5 hours at a mutually convenient location.
- A brief 30-minute follow-up to discuss the initial findings.

Voluntary Participation

Your decision to participate in this is entirely voluntary and if you decide not to participate, it will not affect your current or future relationship with the University of Windsor. You have the right to refuse to participate, to decline to answer any questions, or to withdraw your consent and terminate your participation in this study at any time without penalty of any kind.

Completely Confidential

The information you will share will be kept anonymous and completely confidential and I will remove any information that could identify you. All documents and audiotapes will be kept in a locked filing cabinet. While the transcribed interview data is on computer, they will be password protected. Summary results of the study will be available to you upon completion of the study.

If you, or someone you know, would like to participate in this study or would like more information about this research, contact Beheshta Jaghori at (519) 2522-4566 (please leave a message with your contact number). Once I get your message, I will then call you back to speak to you directly.
Through this research, we hope to learn more about the Afghan women and provide space for your stories to be heard.

Thanks

Beheshta Jaghori  
M.A. Candidate, Dept. of Psychology  
University of Windsor  
Windsor, ON  N9B 3P4  
Phone: (519) 252-4566  
e-mail: jaghori@uwindor.ca
Appendix F

Telephone Questions

Dear <insert name here>,

Thanks for your interest in participating in this study. I will ask you a few questions to learn if you could be part of this research project. I am interested in learning about the experiences of Afghan women during the Taliban regime. Please take your time to answer the following questions.

1. Do you identify yourself as an Afghan woman?
2. Are you currently living in the city of Windsor or the Greater Toronto Area?
3. Are you 25 years or older?
4. Are you willing to share your experience of what it has was like to live in Afghanistan during the Taliban regime?
5. Do you believe that you will be able to share your experiences without experiencing undue distress?
6. Are you willing to participate in a 1.5 hour individual interview in a place that is convenient for you?
7. Are you willing to be consulted briefly for a second time (for half an hour) to verify the collected and analyzed interview information?
8. Are you willing to volunteer your time without receiving any monetary compensation?
9. Have you read the Information Sheet for Potential Participants on this study?
10. Are you able and willing to provide informed consent?
11. Do you have my research supervisor’s or my telephone contact number in case any questions come up for you after this conversation?
12. Do you have any questions about this study or your participation in this study?
13. If the answers to questions 1-13 are in the affirmative, then a mutually agreeable time and place will be scheduled for the interview at this point. Otherwise, the individual will be thanked for his or her interest and will be excluded from participation.
Appendix G

Demographic Information

Demographic Information (do NOT write your name on this sheet) Code Number

1. Age: ________
2. Gender:
   ______ Male
   ______ Female
3. Ethnicity: ________
4. What is the highest level of education you have completed? ________
5. Are you: Unemployed ______ Employed ______ Full time ______ Part Time ______
6. What is your current occupation? ________
7. What was your occupation before coming to Canada? ________
8. Where were you born? ________
9. Are you a Landed Immigrant? Yes ______, No ______
10. If yes, when did you or your family immigrate to Canada? ________

   Year

11. Are you a Canadian Citizen? Yes ______, No ______
12. How long have you lived in Toronto (to be modified accordingly)? ________
13. How many people live in your household? ________
14. Do you have anyone from your immediate family, relatives or friends who reside in Afghanistan? If yes, please describe your relationship(s):

15. What is your annual household income? Please circle one.
   Less than $20,000
   $20,000 to $40,000
   $41,000 to $60,000
   $61,000 to $80,000
   $81,000 to $100,000
   greater than $100,000
Appendix H

Sample of Taliban Decrees Related to Women

(This translation from Dari was handed to Western agencies to implement; the grammar and spellings are reproduced here as they appeared in the original. Adapted from Rashid (2000, p. 217-219)

1.


Women you should not step outside your residence. If you go outside the house you should not be like women who used to go with fashionable clothes wearing much cosmetics and appearing in front of every men before the coming of Islam.

Islam as a rescuing religion has determined specific dignity for women, Islam has valuable instructions for women. Women should not create such opportunity to attract the attention of useless people who will not look at them with a good eye. Women have the responsibility as a teacher or coordinator of her family. Husband, brother, father have the responsibility for providing the family with necessary life requirements (food, clothes, etc). In case women are required to go outside the residence for the purposes of education, social needs or social services they should cover themselves in accordance with Islamic Sharia regulation. If women are going outside with fashionable, ornamental, tight and charming clothes to show themselves, they will be cursed by the and could never expect to go to heaven.

All family elders and every Muslim have the responsibility in this respect. We request all family elders to keep tight control over their families and avoid these social problems. Otherwise these women will be threatened, investigated and severely punished as well as the family elders by the forces of the Religious Police (Munkrat).

The Religious Police (Munkrat) have the responsibility and duty to struggle against these social problems and will continue their effort until evil is finished.

2.


1. Female patients should go to female physicians. In case a male physician is needed, the female patient should be accompanied by her close relative.
2. During examination, the female patients and male physicians both should be dressed with Islamic hijab (veil).
3. Male physicians should not touch or see the other parts of female patients except for the affected part.
4. Waiting room for female patients should be safely covered.
5. The person who regulates turn for female patients should be female.
6. During the night duty, in what rooms which female patients are hospitalized, the male doctor without the call of the patient is not allowed to enter the room.
7. Sitting and speaking between male and female doctors are not allowed, if there be need for discussion, it should be done with hijab.
8. Female doctors should wear simple clothes, they are not allowed to wear stylish clothes or use cosmetics or make-up.
9. Female doctors and nurses are not allowed to enter the rooms where male patients are hospitalized.
10. Hospital staff should pray in mosque on time.
11. The Religious Police are allowed to go for control at any time and nobody can prevent them.

Anybody who violates the order will be punished as per Islamic regulations.

3.


1. To prevent sedition and female uncovers (Be Hijabi). No drivers are allowed to pick up women who are using Iranian burqa. In case of violation the driver will be imprisoned. If such kind of female are observed in the street their house will be found and their husband punished. If the female are using stimulating or attractive cloth and there is no accompany of close male relative with them, the drivers should not pick them up.
Appendix I

Research Ethics Certificate

UNIVERSITY OF
WINDSOR
OFFICE OF RESEARCH SERVICES
RESEARCH ETHICS BOARD

Today's Date: April 19, 2006
Principal Investigator: Ms. Beheshta Jaghori
Department/School: Psychology
REB Number: 06-114
Research Project Title: Countering the dominant discourse: Afghan women speak
Clearance Date: April 19, 2006
Project End Date: August 31, 2006

Progress Report Due: 
Final Report Due: August 31, 2006

This is to inform you that the University of Windsor Research Ethics Board (REB), which is organized and operated according to the Tri-Council Policy Statement and the University of Windsor Guidelines for Research Involving Human Subjects, has granted approval to your research project on the date noted above. This approval is valid only until the Project End Date.

A Progress Report or Final Report is due by the date noted above. The REB may ask for monitoring information at some time during the project's approval period.

During the course of the research, no deviations from, or changes to, the protocol or consent form may be initiated without prior written approval from the REB. Minor change(s) in ongoing studies will be considered when submitted on the Request to Revise form.

Investigators must also report promptly to the REB:
- changes increasing the risk to the participant(s) and/or affecting significantly the conduct of the study;
- all adverse and unexpected experiences or events that are both serious and unexpected;
- new information that may adversely affect the safety of the subjects or the conduct of the study.

Forms for submissions, notifications, or changes are available on the REB website: www.uwindsor.ca/reb.

We wish you every success in your research.

Maureen Muldoon, Ph.D.
Chair, Research Ethics Board

cc: Dr. Kathryn Lafreniere, Psychology
Linda Bunn, Research Ethics Coordinator

This is an official document. Please retain the original in your files.