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ROLE STRAIN AND SYMPTOMS IN A GROUP OF
PAKISTANI IMMIGRANT WOMEN

by

ALISON KARASZ

A dissertation submitted to the Graduate Faculty in
Psychology in partial fulfillment of the requirements for
the degree of Doctor of Philosophy, The City University of
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Abstract

ROLE STRAIN AND SYMPTOMS IN A GROUP OF
PAKISTANI IMMIGRANT WOMEN

by

Alison Karasz

Adviser: Professor Paul Wachtel

This study of a group of Pakistani immigrant women utilizes both quantitative and qualitative methodology in its examination of the relationship between marital role strain, symptoms, and the capacity for feminist protest. Analyses of participant observation, interview and questionnaire data indicate a strong link between marital role strain and symptoms in wives. Though the study participants evidenced an elaborated concept of depressive illness as a result of marital problems, it was found that this concept is by no means identical to the concept of depression represented in contemporary psychiatric nosology. A factor analysis of the Brief Symptom Index, a standard measure of psychopathology in western societies, resulted in

a factor structure very different from that which emerged in the normative studies of this measure. Further analyses of this measure, together with a set of culture-specific somatic symptoms, resulted in a factor structure representing typical South Asian "idioms of distress" described in the literature. It was found that somatic symptoms were a better predictor of marital role strain than psychological symptoms.

Another area of investigation was the issue of "feminist protest" as described by Levy (1976). It was found that a woman's tendency to engage in a feminist critique, whether of powerful members of her social network or of unjust community norms, appears to affect the type of symptoms through which she manifests distress. Feminist women tend to express distress through depressive or other psychological symptoms, while more conservative women manifest distress through somatic symptoms. It is hypothesized that this difference in symptom preference is due to the relatively greater potential of psychological symptoms for social disruption. Other factors important in the relationship between role strain and symptoms include the access to feminine support networks and the wife's economic and emotional dependence on her husband.

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Chapter 1: Introduction

Though we remember the Victorians for their mysterious epidemics of female illness--hysteria, neurasthenia, tired spines and "intestinal neuroses," glove paralyses and spondylitis--our own era may be no less remarkable for its female epidemics. Recent years have seen a rash of new disorders: chronic fatigue syndrome, facial pain syndrome, fibromyalgia, and others, all of which are dominated by female sufferers (Shorter, 1992, pp. 295-323). Studies show that American women swallow more medicine, make more doctor's visits, take more sick days, and admit to more pain, symptoms, and negative emotions than men (Celentano, Linet, & Stewart, 1990; Keefe et al., 1986; Verbrugge & Steiner, 1984; Weissman et al, 1988). And these findings are not limited to studies of American women. Cross cultural research in psychology has shown that women in many cultures are more vulnerable to stress related illness, distress and symptoms (Finkler, 1995).

Although it is possible that the discrepancy between men and women reflects biological rather than cultural influences, this study proceeds on the assumption that culture plays a significant role, and asks the question: how

does culture, through the medium of gender and gender roles, create the pathogenic conditions that make women sick? My study attempts to shed light on this general problem by taking a close look at a particular culture--a group of Pakistani Muslim immigrants living in the New York metropolitan area. The study focuses on the cultural and social context of distress and illness among women in this immigrant group, with particular attention to the most crucial social role in the lives of adult women: the marriage role.

The study makes use of several research methodologies, both quantitative and qualitative, and draws on different types of data, including interviews, fieldnotes, and questionnaire data. It also draws on several theoretical approaches, including grounded theory (Strauss and Corbin, 1990), role strain theory (Pearlin, 1989) and discourse theory (Foucault, 1963). Finally, the study taps several domains of knowledge. Chapter 4 is an examination of the structure and implication of "marriage tales": culturally shared stories women tell about marriage which serve the purpose of linking marital events with feminine depression and illness. Chapter 5 examines the discursive framework of psycho-socially precipitated illness. Chapter 6 and 7

examine marriage experience and symptoms in the lives of individual women, showing how the experience of illness and the search for a cure affect a woman's experience of self and identity. Finally, chapter 8 reports the findings from self-report questionnaire data collected on the relationship between illness and gender roles.

In recent years many cross-cultural psychologists and health researchers have deplored contemporary research paradigms which study stress-related illness in isolation from culture, calling for new paradigms that utilize both qualitative and quantitative approaches (Hughes et al., 1993; Yack, 1992.). Yet within the field of psychology most research remains theory-driven and quantitative. Many research designs equate culture with ethnic group, including culture--when they include it at all--as a single item on a questionnaire. In this study, by contrast, culture is assumed to shape feminine distress and symptoms in several ways.

First, in a broad sense, culture generates stress in the form of ideologies, institutions, beliefs and practices which shape women's gender roles. Many writers have suggested that while women's roles in many societies are fraught with contradictions and difficulties (e.g. Heriot,

1983) the social roles prescribed for women in South Asian cultures may be particularly demanding (Jeffries, 1979; Mehta, 1982; Kakar, 1978.) In addition to the problems originating in social structures and institutions, immigrant women also face cultural conflict and change, factors that have been linked to the development of stress and symptoms (Schwartz, 1991.)

Second, culture shapes illness through pre-determined patterns of distress and symptoms. From the earliest days of cross-cultural psychiatric research, researchers noted that people in non-western societies experienced forms of mental disorder that differed from those of western societies. Numerous researchers have suggested that non-western people tend to manifest distress through somatic, rather than depressive symptoms (e.g. Kleinman, 1986; Batt et al., 1989.). Though early cross cultural psychiatric researchers tended to interpret the somatization of third world peoples as a sign of cognitive and linguistic deficits or emotional immaturity, this view has been mostly abandoned in favor of growing evidence that the expression of distress through somatic symptoms is the norm in most societies--the "psychologizing" west being the exception to the rule.

A question in this study is whether Pakistani immigrant women manifest social stress and distress through "western" psychological syndromes or through "indigenous" somatic syndromes. The issue of why an individual in a particular society "chooses" a particular set of symptoms is very complex and has much to do with the culturally shaped relationship between emotion, illness, and treatment seeking. One factor that affects symptom choice includes local diagnostic and etiologic systems: what are the body sites or systems which Pakistanis believe are vulnerable to social experience? Another factor is the issue of the social value and significance of symptoms. Do different symptoms occur in different social contexts because they are inequitably related to social gains? This last question must be answered through an examination of the politics of feminine psycho-social illness and its effects on the family system.

The Pakistani immigrant society studied here is a culture in transition. Both native born immigrants and first generation Americans participated in the study. Despite the Pakistani community's efforts to preserve their cultural traditions, it is clear that exposure to America society has a "westernizing" influence. This raises the question of

whether a shift in symptom preference accompanies the process of acculturation; whether more westernized women express distress through more psychological or otherwise western symptomatic idioms, while more traditional women draw on traditional Pakistani idioms.

Theoretical Background

Grounded Theory

This project began as a grounded theory study (Strauss and Corbin, 1990). As will be described in detail in the next chapter, grounded theory eschews the use of apriori theories, relying instead on testing hypotheses derived from observed phenomena. Theories are often based on local institutions and conceptual structures and do not usually crystallize until the study is well under way.

It was not clear at the beginning of this study what construct could encapsulate the features of the illness variable that was conceptualized as the outcome variable of the study. Clinical research studies usually focus on a particular descriptive syndrome such as "depression" or "anorexia." At first I was not sure whether it would be best to focus on a clinical syndrome of this type or on a more general, non-clinical construct such as "well-being" or "demoralization," (Dohrenwend et al., 1980.). Eventually a

construct originating from the participants themselves, "marriage sickness," came to seem the most appropriate outcome variable for the study. "Marriage sickness" makes sense in this study because, as an illness construct, it is organized around etiology rather than an exclusionary set of symptoms. This is important because, when women talked about the health consequences of marital role strain they include a wide range of symptoms ranging from depression, anger, and the feeling of inferiority to skimpy menstrual periods, headaches, exhaustion, fainting fits, anemia and fugue states. These symptoms vary in severity and social significance but share the same (presumed) etiology--bad marriage.

Role Strain Theory

Leonard Pearlin's construct role strain is an important part of the theoretical background of this work. Based on a sociological understanding of the ways that local structures, institutions, and ideology shape gender roles, Pearlin's work focuses on the empirical relationship between specific aspects of social roles and psychological well-being. He concentrates on those chronic strains which cause distress when they affect a person's ability to find success and satisfaction in valued social roles. Such roles are

cultural phenomena, embodying core cultural values and ideals, yet they also shape a person's sense of identity and personal worth, giving meaning to an individual life.

In their paper "The Structure of Coping" (1978) Pearlin and Schooler specify some of the properties of social roles that cause distress and symptoms. A type of role strain that particularly interests them is interpersonal conflict in roles. They propose that interpersonal conflict in marriage often occurs when one partner feels an inequity, as if (s)he puts more into the relationship than (s)he is getting out or when the other partner "fails to mirror a person's quintessential elements." Though the authors do not refer to the structural factors that could create the experience of inequity in a marital relationship, reflection suggests that such factors may be prevalent in Pakistani society, a culture in which customary practice allots authority, freedom, and power to only one marital partner.

It was observed in this study that many wives complained of overwork at home--a vague complaint that frequently suggests an "experience of inequity" in the domestic division of labor. The other aspect of interpersonal conflict described by Pearlin--"the failure to mirror a person's quintessential elements," is a constant

theme in gossip, tales, anecdotes, mosque sermons and private interviews. The submissive, "feminine" love that women believe is a part of female nature is both a woman's greatest virtue and her greatest liability. Women long for a husband who will appreciate their love rather than despising them for it. Yet all too often this is not the case. "We want a husband who will treat us with respect, like a partner," said one young woman tellingly, "If he doesn't, then she's just a wife."

The question may be asked how the theoretical construct "role strain" came to be introduced into a grounded theory study, which is supposed to start with a theoretical clean state and to raise constructs and theories out of the data. The researcher began to conceptualize the independent variable of the study as "role strain" after about a year of participant observation in one local Pakistani community. "Role strain" captures the essence of a local concept which women referred to variously as "marriage problems" or "Her husband is not good." It was determined to use the role strain construct because it appeared to offer some advantages over these indigenous concepts. First, it suggests a basic fact about the distress that is associated with role strain; namely that this distress is linked to the

threat to a person's identity in a valued role. Second, the local concept is vague, while Pearlin's concept has been elaborated in helpful ways. I thought that Pearlin's proposed "structure of role strain," described above, might provide a useful framework for the examination of the ways that different aspects of role strain cause distress and symptoms.

Feminine Symptoms, Feminist Protest and Defense

One of the issues that emerged in the early phases of this study was the fact that individual women have different ways of reacting to the occasional or chronic presence of injustice in their lives. Evidence from the study suggests that modern Muslim women are called on to participate actively in Muslim culture--to adhere to its norms and affirm its values--at the same time that customary practice denies women full citizenship as Muslims.¹ The conflict

¹ By necessity this is a generalization. Many Pakistani families respect their female members and treat them with generosity and leniency, while many others do not. And since in most cases her family is, for a woman, her total world, the respect, affection and liberty she enjoys in the family setting has a very great impact on her health and well-being.

Furthermore the inequality in families is reflected in the social structure of the communities studied here, in which women are not given equal rights and an equal voice. It must be admitted in this regard, though, that the leadership of Mu'minana views the "woman question" as a work in progress and an area that needs much improvement.

forces each woman to choose: and each woman, more or less unconsciously makes a choice, adopting a stance towards her culture and its gender practice that has implications for her attitudes and behavior towards the members of her social network.

Outright rebellion is a rare solution, but many women in the study were highly critical of gender practice in Pakistani society. Some women take a more defensive stance than others. They identify with patriarchal institutions at a political level and with male relatives at a personal level. At its most extreme level this stance includes the claims that women are neither discriminated against nor devalued and that they can only blame themselves if they are not contented. Other women take a more disapproving stance that may range from sober criticism to sniggering irony to outraged condemnation of societal injustice: here too the "stance" is never a matter of mere politics but also includes attitudes towards powerful members of a woman's social network. One of the early questions that developed out of this research was the relevance of this stance to mental and physical health and well-being.

One of the very few researchers to investigate this area is the Swiss sociologist Rene Levy in a study of the

relationship between somatic symptoms and attitudes of "feminist protest" (Levy, 1976). Levy's work, derived from alienation theory, is based on the hypothesis that societal "structure awareness," and the consequent capacity to formulate a protest against unjust social conditions, is inherently adaptive, with immediate implications for a woman's health and well being. And yet "structure awareness" is out of reach for many individuals, since it is possible only for those who experience a discontinuity between their social roles and their own values. When the capacity for structural critique is not present, distress is likely to be expressed through somatic symptoms.

In a study of Swiss housewives (1976) Levy predicted higher levels of somatic symptoms among women who both adhered to traditional, conservative norms regarding gender and also occupied traditional gender roles, than among women who reported a discontinuity between their values and their occupational roles. When Levy's findings supported this prediction, he hypothesized that in his "traditional norm/traditional role" group distress or frustration found expression through somatic symptoms. Levy's theory suggests that somatic symptoms and structural protest must be mutually exclusive. He was therefore surprised to find that

attitudes of "protest" frequently accompanied somatic symptoms in his sample.

Levy's perspective on somatic symptoms and structural critique implies that the former are maladaptive while the latter are adaptive. He sees somatic symptoms as an expression of helplessness and distress turned inward on the self: the resort of individuals who are unable to identify and critique the oppressive social conditions that actually cause chronic distress. "Semantically unrelated" to the structural causes of distress, somatic symptoms obscure meaning and hide reality. Here, Levy shows some of the bias of western psychiatry in favor of verbal and logical forms of expression. Following the example of Freud, contemporary psychiatry regards somatic symptoms as a "primitive" form of depression or even a sign of psychiatric disease in itself: "somatization disorder" (Kleinman, 1980.).

Yet an important feature of Levy's work is that it examines symptoms in the context of meaningful behavior--an attributional orientation that he calls "feminist protest." In this view, symptoms are not signs of a hidden disorder, but types of behavior. As such they must be understood in the context of other strategies and behaviors that are available to a person in a particular situation.

In this way Levy's work bears affinity to research in psychiatric anthropology. In contrast to standard psychiatric thinking which interprets symptoms as "manifestations of underlying biological reality--perhaps 'distorted' by culture, " Good and Good (1981) develop the notion of illness as "fundamentally semantic." An illness episode represents a variety of potential meanings, both individual and cultural. Such meanings can include personal trauma, life stress, fears and expectations, the relationship to authority and the desire for a specific therapy. Another author writing from this perspective, Mark Nichter, proposes the term "idiom of distress" to describe psycho-social illness--a term that implies the communicative dimension of symptoms, as well as their cultural variability. To understand symptoms, Nichter says, one must examine the network of local meanings associated with them. In contrast to Levy who sees symptoms as fundamentally maladaptive, Nichter emphasizes the potential adaptiveness of somatic symptoms among women in a South Asian culture in which women's speech and behavior is rigidly controlled. When South Asian women express their distress in syndromes of pain, menstrual problems, and leukorrhea, for example, they draw on a prevalent "idiom of distress" which evokes

local understandings of family competition, violence, or neglect. In some circumstances the expression of symptoms may result in the diversion of scant social and material resources towards the sick person.

Thus it is not surprising that Levy found somatic symptoms to coexist with attitudes of protest. It may be, for example, that these two types of expression communicate different meanings--or that they function differently in different settings. For example, it may be that a woman capable of an incisive cultural critique of Pakistani gender practice may be willing to acknowledge these views on a questionnaire. Yet she may not express them in key social settings (with men or elders). Such views may be less successful than somatic symptoms in motivating others to improve social conditions.

Defense

Though the notion of "protest," borrowed from Levy, took form early in the study, it became obvious that there was a need for a construct defining the opposing stance, that of "defense." "Defense" as it is used here however is more than the passive avoidance of "protest": it is an active stance involving effort. Defense includes the familiar "defense mechanisms," such as the use of denial or

rationalization to avoid unpleasant feelings or a threat to one's self image. Yet it is conceptualized much more broadly. Defense is based on a conviction of moral coherence in the status quo and it involves the effort to defend and protect it. The status quo can equal one's own moral position, a marriage, an extended family system, a local community, or Islamic society itself.

One of the ways that Defense came to the notice of the researcher early in the study was that defensive stances tend to be articulated in standard rhetorical tropes. Common examples of defense included: 1) the claim that all children in one's own family were treated equally, despite manifest evidence to the contrary; 2) the claim that a major problem in troubled marriages was the fact that women insist on taking their problems "outside the family"; and 3) the claim (often articulated in mosque speeches) that if only a woman can "make her home a paradise" for her husband she will be happy in her marriage. But the most typical form defense took among women interviewed in the study was the defense of certain claims of Islamic Egalitarianism (IE), a ideology of gender common in reform Muslim communities such as the one studied here. Islamic Egalitarianism is a loosely structured set of claims and propositions and contains some internal

contradictions. IE advocates the education of women and the incorporation of women into the religious community (partly so that educated and pious mothers may raise like sons). IE advocates marriage as a union of mutual love and respect, and condemns the ill treatment of wives whom it views as "fragile" and "delicate." IE claims that men and women are equal but should be separate. It claims that the purdah system embodies the ideal philosophy of gender. And it also claims that women are uniquely suited to the roles of wifehood and motherhood, on which the moral foundation of Islamic society is based. A basic Islamic Egalitarian promise to women, made over and over again in mosque speeches, is that if women will be pious, modest, loving and obedient in marriage they will find spiritual and emotional fulfillment. The use of the moral formulas and rhetorical tropes of IE meant that interview and fieldnote material was sometimes contradictory or obscure.

Defense is not a categorical construct but a matter of degree. It is a characteristic both of persons and of the social environments that appear to foster it. Defense is also, in large degree, an interpersonal variable. Defense is stronger among less educated, acculturated, and more traditional women. And women tend to take a more defensive

stance in public or official settings such as mosque meetings. A woman's level of defense depends to a degree on whom she is talking to. It will be lowest in intimate talks with her sisters; it will be higher in formal conversations with outsiders or persons of high status. Defense depends in a large degree on whether a woman has been lucky in her life circumstances. Happiness, especially good treatment by powerful members of her social system such as fathers and husbands, appears to be associated with high levels of defense in a woman. Role strain, by contrast, appears to be associated with disillusionment and lower levels of defense. Defense also appears to be related to symptoms in a complex way that will be discussed in later chapters.

Narrative Analysis

In this study I have devoted substantial attention to a form of narrative discourse that I have called "Marriage Tales." Marriage Tales are stories of exceptional individual marriages. They take one of three forms: Tales of Bliss and Tales of Woe, in which the protagonist accepts her "marriage fate" for good or bad; and Tales of Bold Women, in which the protagonist seizes control of her fate, violating sex role norms and moral obligations in the process.

The Marriage Tales figure in these analyses for several reasons. First, the myths and morals of the Marriage Tales appear to shape women's understanding of their own experience, serving to shape and often distort historical accounts; they form an important interpretive basis for understanding the structure of personal histories.

Second,, the tales reflect mutually contradictory "discourses" on gender in Pakistani society. As such they point to areas of potential psychological conflict (Nuckolls, 1996). For example the tales resolutely condemn instrumental feminine action. The only legitimate recourse for a heroine in the tales is khidmat: wifely service and sacrifice. When bad husbands start doing bad things in the Tales of Woe, virtuous wives enhance khidmat to their husbands in the hope of softening their hard hearts. In this way the Tales reinforce the prevalent view that there is no excuse for a woman to take forceful action or act in her own interests. At the same time, khidmat never works in Tales of Woe. To the contrary, as the Tales relate in detail, the submissiveness of heroine wives often stimulates their Blue Beard husbands to greater acts of sadism. This quandary underlines a central problem that faces women experiencing marital role strain. Unhappy wives do sometimes admit to

attempts to exert control over their husbands, but these strategies are often infused with guilt and shame. Though Pakistani women know the value of agency and resourcefulness--partly because they admire it in men--they are conflicted over a woman's right to it. Third, the setting in which a marriage tale is told plays an important social function. Marriage tales which serve the aims of defense (generally Tales of Bliss) may be told in public settings such as the mosque, and the telling of them enhances woman's prestige. Some tales, by contrast, are lurid or malicious, while some are too high in feminist protest. Women tell these tales in secret settings. Like the exchange of gossip (Spacks, 1991), these do not enhance prestige but may serve to deepen intimacy between the narrator and the listener. Tales of Woe and Tales of Bold Women also serve to pass on forbidden knowledge about the prevalence of 'bad husbands, the risks of submissive virtue, and the feasibility of rebellion. This is information that young women, fed on an intellectual diet of romantic movies, serials, songs, and mosque sermons² may have no other access

² The gender ideology reflected in mosque sermons tends to romanticize the relations between the sexes and otherwise propagate the ideology of Islamic Egalitarianism. It depends, however, on who is speaking and who is listening. Mosque speakers do not always shy away from unpleasant truths, and many are genuinely sympathetic to women's issues.

to. Several women in the study complained that their parents had never allowed them to "listen" when women visitors to the house "talked"; the result of this enforced innocence was that they were ignorant about "marriage" and consequently helpless in their dealings with their husbands.

A growing interest in narrative forms has characterized the social sciences in the past twenty five years, paralleling developments in literary theory (Bruner, 1986). The use of women's narratives in this study draws on numerous precedents in anthropology and psychology. The interest in "native" narratives as data among anthropologists has accompanied changing formulations of the idea of culture. As Renato Rosaldo (1989. p. 32) describes it, "classic" descriptions of culture as monolithic, stable, coherent, and all encompassing have given way before a growing appreciation of heterogeneity, conflict, and change. In recent years anthropologists have been increasingly interested in studies of the "borderlands" of mainstream culture, particularly in disempowered marginal groups such as ethnic minorities and women. With this new interest has come an increase in attention to informal, marginal, low-status and folk discourse. Boddy (1991) writes about the women's' Zar cult in the west Sudan which operates in a

moral, spiritual and medical paradigm diametrically opposed to that of the official Islamic religion of the region. Other writers have focused attention on specific narrative and poetic aspects of women's culture. Abu-Lughod (1986), for example, writes about a particular form of informal discourse among women--a spontaneous poetry of passion--which gives voice to feelings that are unacceptable to official notions of proper behavior. And Benedicte Grima (1991), in her study of Pashtun women of west Pakistan, has focused her attention on public stories of grief, illness and misfortune among women. Both Grima and Abu-Lughod note that these informal discursive forms constitute a construction of the self through the display of virtuous feminine suffering in these Muslim groups.

Telling a marriage tale enables a Pakistani woman to take a stance towards her own society, serving to affirm or to qualify her identity as a Muslim. If the tale concerns a close relative, the marriage tale permits the expression of loyalty towards one's own family. In many cases, telling a tale of Woe serves to criticize both individual (male) actors and the large social structures that engender innocent suffering. Many tales in fact operate dialectically between structural criticism (feminist protest) and cultural

defense, between family loyalty and subversion. Thus marriage tales offer a series of attempts at partial resolution of the basic paradox of feminine gender in Pakistani society. In this way the marriage tales may take their place beside other cultural and psychological forms such as myths, rituals and dreams. The dialectical process common to these forms may be a universal strategy by which cultures and individuals attempt to resolve insoluble paradoxes (Nuckolls, 1996.).

Bruner (1987, 1990) has discussed some of the reflective and philosophical aspects of narrative thinking. He proposes that many aspects of maturation and development emerge through narrative, rather than logico-deductive thinking, characterizing narrative thinking as especially important for psychology because of its link to emotion, passion, and a "serious concern for the human condition". Vitz (1990) has emphasized the importance of stories in the moral development of children, suggesting the importance of narrative thinking in the development of empathy and the notion of character and person.

Marriage Tales provide a context for a particular kind of reasoning that is a focus of interest in this study: attributional and diagnostic thinking about feminine

illness. In the tales, a bad marriage very often results in "marriage sickness," but it is only virtuous and loving wives who are vulnerable to getting sick. If there is a link between bodily suffering and social evil, the marriage tale makes the link explicit, offering an opportunity for reflection and for grieving. In the context of a marriage tale, a woman may search for philosophical solutions to the problem of innocent suffering that the tale illustrates so vividly. For one woman, for example, a marriage tale offered proof of the importance of social change, and confirmed her own desire to raise her daughters differently from the way that she had been raised. For another woman, the spectacle of female suffering invited an otherworldly solution. She confided her own view that the special and undeserved suffering of Pakistani women was proof of their value to God and the special reward that waited for them in heaven.

Stress and Illness in South Asian Women:

Background Literature

Immigration Studies

The growing population of South Asian immigrants to the United States, of which Pakistani Muslims form a significant subgroup, has received little attention from American social science researchers. A few studies suggest that members of

this population, especially women, face substantial problems of adjustment to life in the west (Spark, 1980). Accustomed as they have been to depend on neighborhood and kinship networks for support, immigrant South Asian housewives feel lonely and isolated (Dworkin, 1980), miss family support in rearing their children, and frequently perceive their Americanized children as growing apart from them. In addition, the immigration experience may exacerbate marital problems; several sources suggest that wife-abuse is on the rise among South Asian immigrants in the US (Sakhi, 1992). In a study of role-related stress and satisfaction among South Asian immigrants, at least one researcher has found that a woman's satisfaction with her marital relationship was highly predictive of distress and symptoms, accounting for more of the variance than many powerful demographic predictors including education, acculturation, and financial concerns (Moghaddam, Ditto & Taylor, 1990).

One of the issues that has dominated research on immigration and gender is the question of whether changing traditional roles create special stresses in the lives of women. It has been proposed that one reason for the increase in stress-related illness and mental illness in American women is that women who occupy traditional roles in a

society that no longer respects these roles are likely to experience more stress and symptoms (Schwartz, 1991). According to this view women in traditional roles within traditional societies ought to experience fewer symptoms.³ Though some data does suggest that native born women in some immigrant groups complain of more symptoms than foreign born women (Burnam et al., 1987) other studies have found that more traditional women experience more distress (Soto, 1982). Evidence suggests, in fact, that the findings vary by culture and economic circumstances.

A related question is the issue of the type of symptoms. Some writers have linked western culture with the tendency to express distress through psychological symptom idioms; while traditional, non western cultures draw on somatic idioms (Kleinman, 1986; Dressler, 1985.). If somatic idioms are replaced by psychological symptoms in a process of "psychologization" (Kolody, 1986) associated with westernization and acculturation, such a shift ought to be

³ A big problem with this theory, as I see it, is that most traditional, patriarchal societies may give lip service to women's domestic roles, but emphatically do not respect these roles. Quite the contrary: in the community studied here women's traditional roles often serve as a justification for segregating women into a low status group.

detectable in the group studied here, which varies widely in acculturation and traditionality.

Studies from India and Pakistan

Beyond the problems posed by immigration, South Asian women encounter special difficulties related to the specific cultural practices of South Asian societies. Among the most distinct features of these societies is the practice of purdah, a tradition of female veiling and seclusion.

Anthropologists have long observed that purdah societies are characterized by a lack of economic opportunities for women, as well as by early marriage, female illiteracy, and high female mortality (Lateef, 1990). Though these "statistics" are changing--particularly in some south Indian societies--female infanticide, dowry death, and domestic violence, as well as widow suicide (sati) remain persistent social problems (Guzder and Krishna, 1991).

Epidemiological studies have shown that Indian women (like American women) report more distress and symptoms and make more health care visits, whether to indigenous or biomedical practitioners (Carstairs, 1976; Shirali and Kanwar, 1987). In an early epidemiological study of a north Indian village, the most common form of mental disorder was hysteria: this illness accounted for more than a third of

all mental disorder in the village. Hysteria was forty times more common among women than men. (Dube, 1968). In another survey study from West Bengal, North India (1975), researchers found that women were much more likely than men to experience mental disorder. Women appeared especially vulnerable in the 24-34 year old group--a period that corresponds with the early years of married life. This is a life stage that is viewed as uniquely stressful and pathogenic in many South Asian societies (Ewing, 1991.) Women in this age group were three times more likely than men to be suffering from a mental disorder.

A number of writers in recent years have written about cultural symbols and institutions that shape women's gender roles in South Asian societies, suggesting that culture-wide feminine ideals create impossible demands on women, making them psychologically vulnerable. In a study of television watching in India, Mankekar found that "multiple gender discourses" represented in Indian television programs made contradictory demands on women viewers. They seemed to demand an active contribution to Indian society while simultaneously condemning women who acted too independently or who acted in their own interests (Manekar, 1993).

Other writers have explored the theoretical contribution of popular myths and folk tales to women's gender role ideals. Guzder and Krishna (1991) explored the implications of the Sita myth for feminine identity. Sita, the wife of Ram in the Ramayana myth, is the perfect wife to her husband--chaste, obedient, loving, and loyal. Unfortunately, Sita is captured by the demon Ravenna and taken away to his island castle. There she languishes for a long period until she is rescued by Ram and his soldiers. Though Sita has preserved her chastity throughout her captivity, her relationship with Ram has been inexorably altered. Ram has become suspicious: he can never be absolutely sure that Sita is "pure." Eventually Sita makes a suicide attempt by jumping into a sati fire. The gesture is not angry or punitive towards Ram. Instead it is reconciliatory, since it serves to save both Sita's honor and that of her husband. She comes through the sati fire unscathed, but Ram is not convinced even by this sign of her purity. He exiles her to the forest, where she lives many lonely years until the earth takes pity on her and swallows her up in death. Thus Sita personifies the ultimate self sacrificing wife, the wife who serves and protects patriarchy and male interests, even to the point of death.

As these authors show, the Sita myth illustrates the profound vulnerability of women to shame, guilt and stigma, their proneness to pollution, and the role of self sacrifice and suffering as a purificatory solution.

The idea that women are particularly vulnerable to shame and (culture-specific) forms of pollution is a common theme in the data collected for this study. Yet it has not been much investigated by researchers. One or two authors have attempted to link psychological vulnerability among Indian women to health outcomes. In her study of gender in an Indian healing temple, Skultans (1992) explicitly links the social and psychological vulnerability of Indian women to the risk of mental disorder. In a south Indian Brahmin community, Ulrich (1987) found higher rates of depression among women than among men. She argues that depression results both from the devaluation of these women and also from specific cultural factors that create the conditions of depression, including isolation, the lack of support, and the marital relationship. A few studies of suicidal behavior have also examined the relationship of this phenomenon to cultural factors. For example, in a series of case studies Venkoba-Rao (1976) discusses modern "Sitas" who burned

themselves to death when their paranoid husbands accused them of infidelity.

Empirical studies linking women's mental health to their social roles are scarce. Roy's 1981 study of the life cycle of Bengali women has shown how stresses associated with joint family life, particularly a husband's indifference towards his wife, can result in severe distress. Roland (1991) describes Indian women patients that he has treated in psychoanalysis, linking distress and depression in these patients to joint family conflict and marital problems. In one of the few survey studies on role stress and symptoms, Chandra et al. (1995) found that spousal support correlated highly with well being in middle class urban and in slum women, though less so in rural women who were living in traditional joint families.

When South Asian women seek treatment for symptoms that appear to be related to emotional distress and life circumstances evidence from the literature suggests that symptom presentation is dominated by somatic syndromes. (Upadhyha and Chaturvedi, 1987, Pillay, 1988). There have been a few studies of specific syndromes or of the social context of treatment seeking and symptom presentation among South Asian women. Nichter (1981,1983) has shown that

patterns of somatic symptoms including pain, weakness, exhaustion and genital symptoms are linked to women's experience of joint family conflict. In a traditional family setting, Nichter points out, psycho-social illness can serve the potentially adaptive function of securing a redistribution of scarce resources. Pain and exhaustion syndromes are apparently quite common among women patients in both traditional and biomedical settings. One culture specific syndrome mentioned in the literature is a syndrome in which symptoms of exhaustion and depression are associated with a vaginal discharge which the sufferer believes is draining her of her vital energy (Chaturvedi, 1988). In addition, menstrual problems are a focus of Pakistani women, and several studies have linked dysmenorrhea to psychological distress (Rahman & Kureshi, 1989; Mathur & Jain, 1989), and sexual problems (Mathur & Jain, 1988.)

However, western-style depressive syndromes are not unknown in Asia. One study of women presenting at a South Asian psychiatric outpatient clinic reports that these patients presented with full blown syndromes of Major Depression. Over half of them had made suicide attempts.⁴

⁴ Though suicide has been associated with western society and psychopathology female suicide is a growing social problem in

When the stories of these women were examined, it was found that most had experienced severe unrelenting marital role strain: many of these had been severely abused and neglected by their husbands.

Significance of the Study

Part of the importance of this study is that it focuses attention on a large (and growing) immigrant group that has received little attention so far. As members of large urban communities in this country, South Asian immigrants constitute a significant proportion of patients at some urban medical clinics, especially in New York (Gopalani, 1993). Though there is some indication that women in this group may constitute a psycho-socially vulnerable population, evidence suggests that these women do not seek out such services (Sakhi, 1992). The present study is expected to provide evidence of the truth of this claim by assessing levels of distress and symptoms in the group as well as providing some data on the kinds of social barriers that may prevent women from seeking such services.

As an example of the latter, preliminary evidence suggests that for South Asian Muslim women, expressing

India (Guzder & Krishna, 1988; Rao, 1978). Female suicide rates are on the rise, not among the most westernized groups, but in highly traditional lower-middle class communities.

feelings and talking through problems with a trusted confidant is a valued way of dealing with such problems. Yet the fear of gossip prevents many women who do not have older sisters or aunts in this country from obtaining help of this kind. Such information is crucial for the design and implementation of social and mental health services for this growing segment of the New York population. In addition, there are grounds to suppose that the Asian women studied in this project bear similarities to other immigrant women from traditional societies. It would appear that males and females in such societies may face radically different obstacles and stresses. As some informants have told me, "It is easier for men, because they become Americans, while we remain Pakistanis. We and our husbands live in different worlds."

Beyond these issues, however, the importance of this study lies in its attempt to provide a conceptual model for understanding the relationship between culture and psychosocial distress and illness and a methodology for the exploration of this relationship. It is my view that a complex model and flexible multi-method approach are necessary to do valid mental health research in a multicultural society. I also propose that the view of psycho-

social illness as arising out of a cultural and social matrix is crucial to understanding the experience of distress and illness in our own culture, a point of view that is neglected in many current approaches to diagnosis and research in mental illness.

Chapter 2: Methodology

The methodology in this study combines qualitative and quantitative approaches. It is based on a philosophy of research and epistemology similar to that of grounded theory (Strauss & Corbin, 1990). According to grounded theory method, the researcher enters the field determined to put aside preconceived theories and let the data speak for themselves as much as possible. Through a process of continuous sampling low level hypotheses are allowed to emerge from the data and are tested through repeated sampling. In a second step, these hypotheses are combined into larger scale, more general theories. The methodology is qualitative and resembles ethnography, but formalizes the notion of testing new hypotheses through repeated sampling.

Full scale grounded theory studies have been performed with success in enclosed systems or settings, such as schools, hospital wards, and other institutions (Glaser & Strauss, 1965; Strauss, Fagerhaugh, Suczek, & Weiner, 1985). In these settings, (mostly systems organized to facilitate the repeated performance of important behavioral sequences, e.g. teaching, patient care, budgeting, politicking), it is possible for the researcher to test hypotheses repeatedly

and to observe behaviors of interest under systematically varied conditions.

By contrast, the focus of the present study was to investigate the relationship between feminine gender roles and psychosocially precipitated symptoms in the immigrant Pakistani community. This focus included both the ideological and discursive context of illness phenomena (beliefs about female nature, gender roles, stress and illness and women's vulnerability) and the empirical relationship between gender role experience and symptoms. As such it was deemed important to gain access to several domains of knowledge, both public and private, and multiple fields, including the public world of the mosque, the interpersonal world of the family, and the private inner life of individuals.

As became clear in time, the grounded theory method tended to work better in some domains than others. It was possible, for example, to sample representations of gender ideology in a fairly systematic way, sampling this "behavior" in domains that varied systematically according to age, traditionality, and other pertinent variables. However, some data did not lend themselves so easily to the grounded theory approach. An important focus of the study

was the influence of the marital relationship on symptoms and well-being in the female partner. However, actual interactions between husbands and wives were impossible to sample directly.

As a result it was determined early on in the study to combine the grounded theory method with a more standard quantitative approach. After extensive sampling in a variety of settings, including public settings and private interviews, a quantitative measure was designed to test over a broader range of subjects some of the hypotheses that had been raised from the data gathered in through field work and interviewing. A description of these two methodologies is included below.

Qualitative Methods

Participant Observation at the Mu'min Mosque

The first contact in the field was a mosque in a outlying borough of New York City. This mosque serves as the religious and social center of a reform Muslim community that I will call Mu'minana.⁵ In this setting the researcher

⁵ Mu'minana is the adjectival form of an Arabic word Mu'min, meaning "faithful or orthodox," and seemed an appropriate pseudonym for the community I studied. Though members of this community have been persecuted in different parts of the Muslim world as heretics, they view their religious practice as true Islamic orthodoxy.

was introduced to the members of the women's organization, the Lajna, and was permitted to become a regular attender of Lajna meetings. The setting provided access to data in a variety of ways.

At the most basic level, it provided direct exposure to the ongoing practical and ideological projects of the Lajna, to be described in more detail in Chapter 3. The basic mission of this organization is both educative and political: to reconstruct and redescribe female nature in keeping with an egalitarian spirit of reform. The image of women's experience presented in Lajna "discourse"--sermons, speeches, exhortations, and written texts--is idealized and prescriptive. Lajna discourse ignores incoherence and dissent in its teachings on gender, emphasizing harmony between traditional Islamic teachings about the role of women and the relatively modern, egalitarian philosophy of reform previously introduced as Islamic Egalitarianism (IE).

It took time to develop an interpretive framework for understanding Lajna discourse and to realize that it incorporated both a philosophical position--the "separate but equal" paradigm of gender relations--and a form of advocacy. The Lajna (the "modest ones") worked hard to maintain the viability and credibility of these positions.

As such, there was no invitation to dissent. On one occasion, when younger women protested some of the teaching about purdah which they felt were at variance with their own conscientious practice, many members were upset by the introduction of arguments and dissent into the community meeting. In another example of the effort to protect the emphasis on harmony and coherence, the researcher's questionnaire study which had been informally sponsored by the liberal minded New York Chapter president was canceled at the last minute by the Lajna National President. The National President explained that Pakistani ladies were too "shy" and "private" to participate in a research project that asked them questions about their husbands, their sex lives, and their symptoms. Individual Lajna members who shared their reactions to this event were, for the most part, horrified. However it was not the suppression of information that upset them, but the fact that canceling the project interfered with the researcher's education! Advocacy of education for women is linked directly to Quuranic teaching and is a central focus of Mu'minana reform.

As the focus of this study was disharmony, breakdown and disorder, the Lajna provided an important image of order and harmony. The Lajna organization provided the prototype

of "official" discourse which was to become an important epistemological key for understanding the interplay of formal and informal, public and covert, fiction and reality that permeated conversations with individual women.

The Interviews

Permission was obtained from the President to seek interviews from individual women. The goal was twenty interviews: of these, two were with non-Mu'minun women. Though it was not apparent at the time, early interview subjects tended to be women of relatively high status within the Lajna organization who felt it part of their official duty to assist a guest of the community and to provide a harmonious and idealized image of Islamic womanhood. The interviews took place either in the mosque or in women's homes. The interview format was open ended and included a life history, past and current life problems, physical and mental health, women's attitudes towards their feminine roles, and strategies for dealing with stress. Women were also asked to respond to hypothetical gender role problems in the form of vignettes and to relate anecdotes (anonymously) about situations they had heard of or encountered. Nine of the interviews were conducted with young unmarried women, most of them college students. Eleven

interviews were conducted with married women (including two widows) ranging in age from twenty-two to sixty-four. Since it was found that a woman's own assessment of her marriage as happy or unhappy seemed to shape her life history and her symptoms in distinctive ways, it was determined to divide married women into happily/unhappily married groups for the purpose of analysis and comparison. Qualitative analyses of the interview material focused on the role of distress and symptoms in individual biographies. The five unhappily married women are discussed in Chapter 6. Three of the happily married women are discussed in Chapter 7.

In keeping with the strategy proposed by Agar (1986), the focus of inquiry involved areas of contradictions within a person's testimony or across informants, as well as "breakdowns" in communication between the ethnographer and the participant. Agar proposes that breakdowns in communication occur around important areas of cultural difference. Agar's method parallels the technical listening of the therapist in the clinical context, where contradictions, discursive breaks, and the therapist's own failures of empathy are important guide to an understanding of the patient's experience.

A disconcerting realization in an early phase of the study was that many of women's statements collected through fieldwork and interviewing were factually untrue! An epistemological framework had to be constructed that allowed these data to be viewed as performative rather than representative. Like mosque speeches, interview subjects' data served a more or less political and psychological purpose: to advocate a philosophy and an image of the self.

In discussing their attitudes and experiences most women represented themselves both as separate and constitutive, an integrated part of some "we" and as a well individuated "I." In these representations, a phenomenon analogous to "figure and ground" emerged. For example, the mother of a newly married son reported with apparent callousness:

My son and his wife moved to Florida and my son is calling me every night and begging me to visit him. He cries tears and says "Ami (Mom), I can't live without you." But I told him, "You are missing me but I am not missing you." (laughter)

The purpose of the anecdote is performative, representing the speaker's virtue as a mother and a mother in law. The anecdote can't be understood without knowledge of the "ground" against which it is figured. "Ground" here is the standard or typical state of affairs in which the mother in

law battles her daughter in law for the love and fealty of her son, a battle in which the son's gestures of independence are taken as betrayals and the mother uses tears, reproaches, and symptoms to divide her son from his wife. The speaker represents herself here as rare, almost unique; though her behavior is unusual, it represents the behavior of the ideal mother in law.

Lapses in logic, contradictions, and communicative breakdowns also occurred in the context of the phenomenon "Defense." As described in the previous chapter Defense is a phenomenon that takes a variety of forms. Sometimes Defense is nothing more than the use of a "defense mechanism," such as denial or rationalization, to avoid unpleasant feelings. At other times, extensions of the self are defended, including a person's family, the Mu'minana community, Islam, or a structural entity that women called "the purdah system."

For example, during the course of this research the question was frequently asked: "In your family, were boys and girls treated equally?" Respondents always responded with a resounding "Yes" but often went on, disconcertingly, to give other evidence that completely contradicted this assertion. This question goes to the heart of IE gender

ideology, which proposes that boys and girls should be brought up differently but treated equally.

During the course of the study, the construct Defense was expanded to include a woman's basic stance towards the social structure of society and the gender system (Rubin, 1975). "Defenders" were like loyalists, struggling to assert the justice and merit of purdah, patrilocal marriage, and similar institutional practices. But the defensive stance also had implications for a woman's social behavior and relationships with others. Defenders tended to defend groups and individuals in whom social power was concentrated, including community elders, male relatives, affines, and above all their own husbands. When presented with informal vignettes of marriage problems, for example, defenders tend to be more critical of the female characters and to use standard, disparaging formulations of female nature to explain the situation described in the vignettes. They also tended to be rather critical of womankind, suspicious of other women in particular, and to form fewer close alliances with other women.

Defense in this sense is a virtue in Pakistani society. Its opposite, disloyalty, is associated with telling secrets and all sorts of feminine gossip and betrayal and is the

quintessential feminine vice. For this reason, many women felt ambivalent about participating in the interview study: they thought the very act of speaking about themselves might hurt their reputations. It appears that women saw a conflict of interest between loyalty to their families and talking about themselves.⁶ Others relished the opportunity to "speak." Sometimes the conflict between speaking truthfully and maintaining discretion was carried on at an (arguably) unconscious level. One woman, an officer in the Lajna, gave a strongly "defensive" interview, peculiarly lacking in energy and vitality, full of platitudes. When it was finished, however, she requested that the researcher interview her daughter. This young woman filled in all the blanks in the story, describing her mother's long, courageous battle against demoralization in her marriage to an abusive husband.

The concept of defense developed from individual examples and was gradually expanded and elaborated, in keeping with grounded theory methodology, into a theory that attempts to account for a wide variety of lapses,

⁶ After a research assistant approached a couple of women to ask them for interviews and they refused, she remarked disparagingly: "They are having a 'crisis in confidence,' and don't have time for themselves."

inconsistencies, and contradictions in the presentation of interview material. It also became the basis for understanding a content area of the interview and fieldwork data: the focus on issues of secrecy, betrayal, and feminine indiscretion. During the recruitment process, these issues came into focus in clarifying some women's anxiety or ambivalence regarding the interviews or the presence of the researcher. In the description of the study findings that follows, a great deal of attention is focused on these issues.

Though these issues are indeed a focus of anxiety in Pakistani society, it should be noted that their prominence in these pages also has something to do with the fact that they had a direct impact on the researcher's ability to carry out her research. Women who feared the researcher as a woman hesitated to participate in the study because they feared that she would gossip and betray their secrets. Women who feared her as a high status outsider feared that is they "lowered their defenses" and spoke truthfully on sensitive issues, she might do something that would hurt the public image of their community.

Ethics and Confidentiality

One reason that the Mu'minana community was an appropriate research site for this study is that it is a fairly tight knit community. Individuals have multiple ties to one another, whether through blood, marriage, friendship, or proximity. Such a community was desirable because it was likely to provide an opportunity for the researcher to gather "competing accounts" of persons, situations and events, thus creating a clearer picture of the phenomena under study.

However, it rapidly became clear that the tight knit nature of the Mu'minana community presented something of an ethical problem for the researcher. The subject matter of the study, marriage problems and symptoms, is extremely private and potentially damaging. Particularly as the researcher made friendships in the community, it became important that she not become of the source of a "leak" of confidential material.

The researcher gained permission from community leaders to visit the mosque and speak with anyone she chose. Much valuable data, some of it on sensitive subjects, was gathered through participant observation in this public setting. In these casual conversations, no assurance of

confidentiality was made; however, the researcher made an effort not to repeat gossip and rumors. When a woman agreed to an interview, however, she was given the formal assurance that 1) no one else in the community would be informed that she had participated in the study; 2) no information collected during the interview would be shared with any one in the community; and 3) future published accounts that drew on material collected in the interview would change names and alter personal details so that the participant's identity would be concealed. In the dissertation itself, not a private document but not precisely a public one either, names have been changed and some personal details have been disguised.

"Competing accounts" of women's situations were very desirable, but it appeared that it would be a breach of ethics to request such accounts openly, particularly if in doing so it became clear that the person in question had been interviewed. Therefore, the researcher collected such accounts only when they were volunteered.

Interpersonal Aspects of the Interview Process

The interviews were arranged in a variety of ways. Some were conducted with women who had been suggested as good interview subjects by the Lajna Immailah president, others

were acquaintances met in the mosque, and a couple of interviews were conducted with women who had become friends. Other women were "friends of friends" and were strangers to the interviewer. In retrospect it seems that the nature of the link between the interviewer and the participant had much to do with the content of the interview material. Those that had been arranged through "official" channels tended to be formal and high in defense, while others were just the opposite.

Most women appeared to enjoy the interviews. I found the interviews fascinating and enjoyed them for the most part. Women saw me in different ways and used the interviews to different purposes, depending on their needs and circumstances. One or two used the interview to present Mu'minana culture and society, in glowing terms, to an American and an outsider. These women asked me if I would write a book about Mu'minana, and when hearing that I "might," they dictated detailed explanations of Mu'minana theology and cultural practice.

Most women were drawn to use the interview to talk openly about their problems and concerns, but many of them were worried about confidentiality issues. In general my role as an outsider worked for me in that it made it seem

less likely that I would be spread gossip. (As I became quite closely involved with one family network, however, I found it increasingly difficult to get interviews with women outside the network--a problem that has been experienced by other researchers [c.f. Grima, 1991].) Some more westernized women tended to see me in my (quasi) professional status as a psychologist. These women used this outsider status to justify telling secrets that the claims of family loyalty demanded they keep to themselves.

A number of women also used the interview to find out more about American culture. Though some of them had lived in the US for a number of years, they had had little contact with American women. They used me to test various theories about American women current in the Mu'minana community: they were particularly interested in my marriage and asked me many details about the distribution of power and the division of labor. Women were fascinated that I was "free to roam" everywhere by myself. It often happened at the end of a long interview that the participant and I agreed that the differences between Mu'minun women and American women were more a matter of degree than substance. Many of the women were incredibly open, thoughtful, and brave and I found their stories poignant and fascinating.

Quantitative Methods

The Questionnaire

Subjects. Most of the fieldwork and interviews were carried out in the Mu'minana community, and the intention was to administer the questionnaires to members of the Lajna. However, when permission to administer the questionnaire in the Mu'minana community was denied, it became necessary to find other non-Mu'minun Muslim subjects.

Certain theological differences sharply distinguish Mu'minana religious beliefs from those of other Sunni Muslims: most conspicuously, Mu'minun follow the teachings of a modern prophet, a late nineteenth century advocate of Islamic liberalization and reform. Though these differences raise the question of a possible methodological flaw in the study, I propose that it does not really pose a serious problem. "Official" Mu'minana ideology claims that Mu'minun women's lives are very different from those of non-Mu'minun Muslim women, but this appears to be another example of prescription, rather than description. In terms of the cultural variables relevant to this study, (including marriage customs, patrilocality, purdah, and other practices that have an impact on women's lives and gender roles) there is no reason to assume that the Mu'minun are different from

other middle class Pakistanis and North Indians. Salient issues in the lives of Mu'minun women resemble those described by Roy in her 1981 study of middle class North Indian Hindus; they also resemble those described by Jeffries in her study of New Delhi Muslims. Mu'minun women's own reports suggest that their concerns are not very different from those of other Pakistani women of their social class, a hypothesis that is confirmed by some fieldwork data collected among non-Mu'minun women who participated in the questionnaire study. Indeed, many Mu'minun are recent converts to the sect and most maintain close ties with non-Mu'minun Muslim friends and family members.

Subject recruitment for the questionnaire study took place through neighborhood, family and community networks in the New York area. The social status of the subjects varied, but the majority of women were educated at least to the high school level. Husbands and fathers were most commonly employed as technicians, salesmen, accountants, pharmacists and small businessmen. Part of the sample was recruited from a wealthy Muslim community on Long Island. Many participants from this site were professionals. Many women worked and most are married by their early twenties. In the present

study, however, only 25% of the married sample were employed. This may reflect a bias towards housewives because it was easier for them to fill out the questionnaire. The number of years they have lived in the United States varies widely. All of the subjects speak Urdu and about half are also comfortable in English. Many families attend small local mosques belonging to various Sunni sects that are plentiful in certain Queens and Brooklyn neighborhoods. These congregations are largely Pakistani though many are mixed. As Williams (1985) observes South Asian Muslims in this country tend to form communities through religious rather than national ties. Thus Indian Muslims are more likely to associate with Pakistani and Bangladeshi Muslims than with Hindu Indians.

In all, two hundred South Asian Muslim women from the New York area were recruited to participate in the questionnaire study. Two thirds were married. The remainder were unmarried women living with their natal relatives. The average income of the married women in the questionnaire sample was about twenty-six thousand dollars. Subjects were recruited through the utilization of a "snow ball technique" (Schwartz, 1991) in which each subject is asked to provide

names of acquaintances who may be contacted as potential participants in the study.

The questionnaire design and hypotheses, as well as a more complete description of subject recruitment, is discussed in detail in Chapter 7.

Chapter 3: The Cultural Context of the Research

The "Separate World" of Purdah

This chapter describes the setting of this research. The study took place in a "separate world of women," a phrase which has been used to describe the segregation of females in societies which practice purdah, the South Asian system of veiling and seclusion (Papanek, 1982.). Purdah is a complex network of beliefs, practices and meanings, referring at its most literal level to the division of interior physical space into male and female territory. The pardah is the curtain that separates men's and women's quarters and that may still be found in the homes of Pakistani immigrants--dividing rooms, hiding doorways, and creating passageways to shield women from the eyes of unrelated men.

Purdah also symbolizes the boundary between domestic space that is the province of women and public space that belongs to men. When women enter public, masculine space, often referred to disparagingly as "the street," they are strangers and interlopers in the world of men. As such they are vulnerable and must protect themselves. For this purpose they wear variety of coverings: from the burqua, a full body

covering, to the chador, a heavy square of cloth that falls over the forehead and conceals the chest and back. "Doing purdah," (pardah karna) means wearing one of these garments. But, as the following mosque speech emphasizes, merely wearing the veil does not mean that one is obeying the spirit of purdah:

(I will tell you what purdah means!) It does not mean wearing a burqua with a thick braid hanging down your back loaded with jingling trinkets so that ten people are staring at you and five people are following you home!

A woman who lingers on the "street" is trespassing on male territory--not only of strangers, but of the men in her own life to whom she owes service and allegiance. Though the Pakistani immigrant women in this study "go out"--though they shop, pay visits, go to school, and work outside the home, they must account for the time they spend outside, for this time does not belong to them:

In this culture, the guy usually does whatever he wants. Husbands literally have complete freedom. They come and go. But the wife is totally different. She is held accountable. If a guy goes out he says "See you later--like bye!" But the wife has to explain where she's been. . . I think most wives just don't bother (to monitor their husbands' activities). They don't care. They say, OK, he's the husband, let him just go and do what he wants. They would never say, wait, where are you going, you need to be home. They'd just never have that conversation! But if the wife is doing stuff like that, she can be called, she has to come back, she has to like explain, to give an account of herself.

Purdah also refers to a network of behaviors that have to do with chastity, submissiveness, and silence. The talkative woman is an object of revulsion in many Muslim societies. An important dimension of purdah is the "purdah of the mouth" (Sabbah, 1984). Women are expected to avoid unnecessary speech, particularly speech that is loud or assertive. When mothers give the traditional advice to daughters who are about to become brides, they tell them to observe strict purdah in their in-laws' homes--and to avoid talking back. The modern Pakistani immigrants who participated in this study were familiar with the classic images and meanings of purdah, though not all could reconcile these meanings with their own understanding and practice. With a few exceptions, every woman I spoke with expressed her respect for purdah as the rule of gender relations prescribed by Mohammed in the Quuran. Yet the issue of purdah has become a debate among many groups of believing Muslims (Ahmed, 1992). In the Mu'minana community there is no official recognition of the possibility of multiple readings of the Quuranic text. Yet in informal settings women assert their own "readings" of the Quuran and elaborate contrasting models.

For example, the common official explanation of purdah was that it had been devised for the protection and dignity

of women. To quote from a mosque speech to a meeting of the Nazirat, the young girls' organization:

Purdah does not just mean covering your face and body but covering everything--purdah covers your whole self, it protects what is most beautiful about you. Women are the most beautiful creatures created by Allah and God has given us this great blessing, that each of you girls will soon grow into a woman. But along with the great beauty of women, Allah has given us responsibility. Purdah covers our entire life. With purdah thanks to God we make ourselves secure and hide our bodies and our beauty including our hair.

In this view, males are represented as marauders and females as precious goods. This particular meaning was easy for women to articulate and I heard it many times in the mosque and in informal settings. Mu'minin women have more difficulty articulating another common meaning of purdah---- as a symbol of submission:

Why do women veil? (haltingly) We women can't say anything. We--men have more power, power over women. Women can't say anything in front of men.. . But you should ask the missionary these questions. . .

Some mosque speeches advocate for a stricter interpretation of purdah which places restrictions on feminine mobility:

Women may go out, but only as necessary. . . Mostly they are confined to the home. . The home life and role of the housewife is just as important as the man's work, but if a woman does man's work, she defies nature. Nature will not allow anybody to defy purity.

Those with more liberal views criticize the stricter perspective as "culture, not religion. Mohammed himself was a feminist and prescribed the utmost freedom for women." One young woman refused to wear purdah as she observed it in the mosque because she felt that covering the head with a veil did not constitute "real purdah," which in her view was supposed to counter the representation of women as sexual objects. Instead she observed that girls wearing purdah often let their veils slip back to show off their hair, and in other ways did the utmost to make themselves attractive.

I think I got kind of the wrong idea about purdah from the (Mu'min) mosque. Like the girls do purdah there, but it isn't really purdah. Their hair may not even be covered, they wear make up, and all that. So from that I didn't understand. It was only when I met friends who were not Mu'minun who covered their heads completely that I started to get it, what purdah is really about.

For this young woman the meaning of purdah had to do with her identity as a Muslim:

Why would you like to start wearing purdah now that you're going to medical school? I just want to do it because, well, for one thing, now it's something that's coming from inside. I'm not a person who just likes to do things because everybody is doing it. I want to do purdah because, for one thing, it's a custom that identifies me as a Muslim. I want that too. It's my religion. And I believe in real purdah, like we shouldn't be flirting with men, thinking about sex all the time.

The purdah debate reflects an ideological debate that is going on in the Mu'minana community today, a debate that

both shapes and reflects modern shifts in the Pakistani sex/gender system.⁷ Mu'minana, a reform sect which has placed much emphasis on educating women, proposes an egalitarian modification of the gender system which I have called "Islamic Egalitarianism" (IE). As described above some of the assertions of IE include: 1) that women are equal to men and should enjoy the rights of men, including the right to participate in the public life of the community; and 2) that women should be kept separate from men in order to protect society from the evil of unlicensed sex; and 3) that women are uniquely suited to child rearing and housekeeping and these domestic roles are equal in value to men's roles. IE reinterprets purdah as a set of rules and restrictions for both sexes. While women are expected to veil, men should observe the "purdah of the looks," avoiding lascivious and flirtatious glances. In some IE discourse, women are sanctified. A mosque speech proclaims: "At the sight of a woman in purdah, all men cast down their eyes." Like the Victorians, Mu'minana elevates the domestic sphere to the status of a holy place, a "paradise" where Muslim

⁷ I will use Gayle Rubin's (1975) term "sex/gender system" or "gender system" to refer to the organization of relations and the distribution of power among men and women.

sons receive their earliest and most important moral instruction.

According to the ideology of the "classic" gender system in Muslim societies, of which IE is a liberalizing reform, woman is portrayed in a very different light as malevolent, inferior, deceitful and sexually voracious. Far from the chaste female who must protect her beauty from male marauders, the "classic" female preys on a man, destroying, if she gains power over him, his family, his health, his peace of mind, and his soul (Sabbah, 1984). Religious scholars over the centuries have taught that women are unclean and have excluded them from mosques in most Muslim societies. Some Muslim writers have even suggested that women have no soul (Sabbah, 1984).

The immigrant women who participated in this study were highly conscious of historical changes in the Pakistani gender system. Many enjoyed privileges their mothers could not have thought of, and many intended to give their daughters more privileges than they had enjoyed themselves. Yet for many women prescribed gender roles reflect the "classic" gender system as much as that of Islamic Egalitarianism. For example, women complained that domestic work, despite the good "press" it receives in mosque

speeches, is actually held in contempt by many men and women. Girls' educational development is relatively neglected.³ And some women in the study complained that purdah, far from inspiring men to "cast down their eyes," actually attracts attention.

Like any ritual boundary the burqua and the chador both conceal and display the female body and female sexuality. The woman in purdah displays the feminine virtue of sharam, which like its English equivalent (and cognate) shame, is both the shameful thing (to hide your shame) and the virtue that acknowledges it ("You should have some shame.") Like American women Muslim women are caught in a moral contradiction. Women are socialized to be "feminine"--to be obedient, passive, sociable, and decorative--but insofar as they develop these qualities they become more and more vulnerable to shame (see Herriot, [1983] for a discussion of a similar "double bind" among American women). When the

³ A gap between an "official" gender ideology and the reality of practice is apparently not unique to Mu'minana or to other Pakistani immigrant groups to this country. A study of Pakistani immigrants in Great Britain (Siann & Khalid, 1984) found that while mothers overwhelmingly answered "Yes" to the question of whether girls' education is as important as boy's, it was found that their daughters tended to be much less well educated than their sons. The issue of male support was found to be an important proviso; women believed girls should be educated, "but only with the permission and support of their fathers."

burqa gets "promotion" in the mosque or through some other official channel, the message sounds as if it is reassuring girls that the burqa will eradicate the very possibility of shame. ("Purdah is a covering for your whole body, for your whole person.") Yet purdah becomes a context for shame--or for related feelings, such as shyness or embarrassment--at many different levels. Wearing the veil on the street invites harassment while the segregation of women from men makes women feel so shy and awkward in public settings that social embarrassment is a constant affliction.

I wish I were not so shy with men. How come? I'd like to be able to get a job, to work with men. (laughs) Well, actually it's not American men I'm shy with. It sounds weird but I hardly even notice that they're men because I could never marry one. But around Muslim men I'm so shy. It's really a problem because it's like in any place where there are Muslim men I can't think of anything to say. It's so stupid. The problem is my family is very strict about purdah. Other people, when aunts and uncles come over, they'll sit together. But not in my family. My grandmother insists that men and women sit separately but she rules the roost so she can do whatever she wants. Then she will sit with her sons while the wives are kept separate. The men in my family don't talk to the women.

With very few exceptions, the Pakistani women who participated in this study tended to eat, sleep, work, pray, and socialize apart from men. Some women said they preferred the company of women, others said they found men more "interesting" but, because of cultural restrictions or their

own shyness, did not feel comfortable talking freely with them. For the most part, then, Pakistani immigrant women live in a "separate world." In this section three separate feminine worlds will be discussed: the public world of the mosque, the private world of the family, and the secret world of informal relations between women.

The Mosque

In traditional Muslim societies women are not allowed to enter the mosque because it is believed that they will defile it. But in the Mu'minana sect women are encouraged to attend mosque prayers and meetings and to participate in the life of the community which is centered around the mosque.² Every member of an Mu'minana community (jamaat) is enrolled as a member of the men's or women's organization. The women's organization, the Lajna, has been in existence almost as long as the sect itself. The fact that Mu'minun women have their own organization constitutes an important symbol representing the idea of a role for women in community life. "Before Mu'minana," women explain, "women had nothing to do but sit in a corner."

² In other Muslim communities in Queens and Brooklyn among whom questionnaire subjects were participated, women were also allowed for the most part to attend the mosque.

The projects of the Lajna Organization embody the "separate but equal" paradigm of Islamic Egalitarianism. "Women have their own organization, just like the men, and they are doing everything," I was told by the informant who introduced me to the Mu'minana community. The Lajna have their own meeting room at the mosque, their own meetings, social gatherings, and religious programs.

My first contact with the Mu'minana community took place at a meeting of the Lajna Organization at their mosque. The mosque is a drab rectangular building with a parking lot in front of it, situated among lawns and houses in a quiet residential neighborhood. At approach only Muslim men, in their traditional hats, were visible lingering on the doorstep and the entrance hall of the building. But as I was guided up the staircase I began to hear a shrill, sustained roar of female voices through the half closed door of the Lajna meeting room. When I entered, a hundred women sitting on the floor in shimmering dresses of pink, orange, magenta, and electric blue, resplendent in laces, jewels, ribbons and bangles stared at me with as much amazement--though perhaps less delight--than I stared at them. The children, dressed like dolls in frothy dresses, screamed, cried, played, hit each other, and ground candy into the

carpet. As the program began again the women talked loudly, some slept, and others listened.

In this atmosphere of intense activity the President of the local chapter of the Lajna, Ayesha, carried on the program: a series of lectures, speeches, and readings from religious texts. A tall, calm, beautiful woman, Busra worked hard to keep order and never lost her good humor. She sat at a table at the head of the room exhorting, instructing, and appealing to the good nature of the unruly crowd: "Sisters, we must have quiet for our program."

I later found that the content of Lajna discourse does not vary much from meeting to meeting. It consists of commentaries on Quuranic text related to gender--the importance of purdah, the value of chastity, the dignity of the female person and role--as well as more general instruction on topics like truthfulness, piety, and obedience. The meetings are also taken up with reports of various kinds, mostly from the National Lajna Headquarters in Washington DC. Rules, scoldings, and exhortations are passed down from higher levels in the regional and national office, while the flow of information from the local to the national level is also maintained in the form of official reports and statistics. One of the local President's chief

jobs is to report to the National President on the moral, spiritual and hygienic condition of her group: "How many lajna are praying five times a day?" "How many lajna are reading the Quuran every day?"

Tests of religious knowledge are administered regularly. The researcher was very surprised at first to observe the degree to which Lajna members cheat on these tests. When they are distributed middle aged women gasp exaggeratedly, drop their pencils, claim illness, and implore their teenage daughters to whisper the answers in their ears. Tests of cheating members are collected with everybody else's to be scored and sent to Washington as data. Later on statistics are compiled, and the jamaat that is most knowledgeable in religion will be praised in a published report. The fact is that collecting the statistics is more important and meaningful than the state of individual members' knowledge. It is a sign that Lajna members, described statistically, are organized and orderly. The lajna meeting, an event comically reminiscent at times of a Ladies' Missionary society meeting with its exhortations, reports, tests, elections, and statistics is actually an extremely serious event. Most Mu'minun women I met valued the Lajna organization deeply and had a profound

respect for its President, officers, and mission. The purpose of the Lajna extends far beyond the content of Lajna discourse that can be heard in the meetings. Rather, its purpose is to define and claim the rights of women as official members of the Mu'minana Muslim community. Among the most important of these rights is the right to be organized.

A common theme in classic gender ideology asserts that nothing good can come of women gathering together. When a non-Mu'min informant was asked what she thought of the Mu'minana emphasis on women's attending the mosque, she was scornful:

We don't understand it. Why should they go--I mean, there is no need. Why do men go? I don't know. . . women can pray at home, in their houses. I guess some Muslim women feel the mosque is a sacred place. But there is no need--at least, that is how we feel. Anyway--it's only a fashion parade!

The Lajna is the chief mouthpiece of Islamic Egalitarianism. As such it is engaged in a feminist project both to redefine and prescribe new roles for Muslim women. Earlier, classic versions of woman described her as impious, ineducable, unpunctual, dirty, malicious and animal. The Lajna newly constructs women as pious, disciplined, responsible, educable and organized. The endless stream of written texts, test

data, statistics, and other documents are the "proof" of this new official identity.

The feminist ideological project of the Lajna organization is also accompanied by efforts to actually transform "old" women into "new." As such, there is an emphasis on classic images of female nature. Sermons and speeches regularly criticize women for their lack of punctuality, their inattentiveness, and their garrulity. Given the classic view of women as too "unclean" to enter the mosque, it was interesting to note that hygiene is also a common focus of attention. Women were frequently warned to bathe more frequently, to wear deodorant, to pick up after themselves and their children.

The National Secretary would like to remind us to . . . keep the mosques and the places where we pray clean. . . . Yes. . . this is very true, and a member wants to remind us, please don't allow your children to chew gum in the mosque, it is impossible to clean gum off the carpet. And I want to tell you something that has happened. Our dear, beloved and respected sister Nighat has done something I should like everyone to know about. A toilet was clogged and it would not get unclogged with the plunger--so our sister Nighat put her hand into the toilet and removed the paper and sanitary napkins that were clogging it. My sisters. . . If our sister can take care of these things for us, and touch these things we don't even want to see, then surely we can take care of ourselves. . .

The "privateness" of dirt and mess is contrasted here with the public mindedness of the Lajna officer Nighat, who

--like Gandhi--cleaned the filth of other people, providing these dirty ones not only with clean "facilities" but with an image of the modern Lajna hero, an image of the New Lajna--public minded, courageous, and hygienic. Lajna discourse proposes that women can lead public lives, can participate in a democracy, can combine community work with domestic roles.

Our noble Hazoor has emphasized education for girls and has encouraged girls to go into science. That is not contrary to Islam, not at all. When a girl has fulfilled her obligation at home or if she has someone to help her with husband and children, then she can study.

Mosque discourse is an official discourse, tending to prescribe ideal forms rather than describe gritty reality. Its emphasis is on harmony rather than discord and there is little role for open dissent or protest about women's roles. Yet the mosque organization provides public roles and opportunities and may constitute a significant source of support. As they watched their daughters reciting poems and giving speeches, mothers nodded with satisfaction. Many felt that though they themselves had not been trained to participate in a public, organizational life, the very existence of the Lajna symbolizes the different future they anticipate for their daughters.

As an "official" discourse which excluded dissent and conflicting data from its determinedly optimistic and hygienic view of female gender roles, the Lajna provided an image of the ideal which was an important basis for understanding the meaning of breakdown and failure in gender roles which was the focus of this study. Lajna members understood very well the difference between the official view and reality. The mosque was not a place for frank discussions of topics very dear to the hearts of individual women, including sex, death, marriages, deformities, scandals, failures, and cruel husbands.

What do you talk about with other lajna? You don't talk about personal matters, you don't get angry, you avoid politics, you don't complain.

The mosque was not supposed to be the place to talk about the second "separate world" that will be described here, the private world of the family.

The Private World of the Family

In the symbolic "gendering" of public and private space, the home is woman's special sphere. In the home a woman plays out her most important gender roles, those of daughter, wife, mother, housewife, and daughter in law.

Structural features of the Pakistani family and kinship system, though mitigated to some degree by immigration,

acculturation, and modifications of the gender system represented by IE continue to play a powerful role in shaping women's' lives. Pakistani families tend to be patrilocal in structure. This means that the woman is taken to live in her husband's family, where, traditionally, she is the lowest status member and is expected to serve others. Traditionally, she does not acquire status in the family until the birth of a son. The miseries of joint family life for women are well understood in Pakistani culture, serving as the basis of poetry, folk songs, tales, films and soap operas. Traditionally a wife must compete with other brothers' wives for attention, prestige and material goods from more powerful family members. Conflicts between brothers are common but are frequently manifested through quarreling between wives, who are then blamed when families break up. As has been noted by many scholars, (Roy, 1981; Roland, 1991) the bride presents a threat to the structural unity of the family. The mother fears that her son's wife will take him away from her, whether emotionally, through the development of sexual or emotional intimacy, or physically, by demanding a separate home. The mother in law struggles to make the bride conform to the new family, to incorporate her. Change and adaptation is supposed to occur

on the bride's part, not the family's. Submissiveness or "flexibility" is a prized virtue in young women.

The bride's loneliness and dependence increase her emotional reliance on her husband but he is often not prepared to meet her emotional needs. His life goes on as before and traditional propriety demands that he make as little accommodation to his new wife as possible. Spending too much time with her or showing her attention and affection is considered shameless behavior and an insult to his own mother.

Increasing the bride's feelings of dependence and helplessness in the early days of her marriage is her sense of isolation. Though it is expected that wives will visit their own families these visits are officially at the indulgence of the husband and in-laws. Though the strictest families may restrict the time a bride may spend with her family, it is more often the bride herself who sacrifices her inclinations to see her relatives in order to placate her affines. If a wife is mistreated by her husband or in-laws, her natural recourse is her father and brothers. But their ability to help their daughter or sister is limited by the fact that her husband's family enjoys higher ceremonial and psychological prestige. In many cultures, marriage

involves a "transfer of power" from the girl's family to the boy's family (Rubin, 1975). Though this practice has become considerably attenuated, it is still reflected in Pakistani immigrant families. When a son in law visits his wife's home, he gets the best food and the best service available. The girl's family feels a superstitious anxiety about offending their daughter's affines. Such offenses can backfire on the daughter, but also it is part of izzat, male/family honor (Vatuk, 1982) to give a daughter freely and make no claim on her. Parents who are too selective in choosing a son in law, who keep their daughters unmarried too long, or who maintain too close ties with married girls become the object of ridicule.

Property and economic rights within the family also contribute towards the dependence of women. Muslim law explicitly provides for the right of inheritance for females. Daughters receive one half share of their father's wealth while their brothers receive a full share. To make up for this difference, typically, wives are given a mehr, or marriage settlement, by their husbands. The mehr is supposed to act as a security against the possibility of divorce, easily obtainable by husbands (though low prestige). Since a husband is not responsible for the material support of his

wife after he divorces her, the mehr is supposed to be her safety net. All this is part of Islamic "shariyat" law. Yet in practice, the mehr is so small as to provide no security at all. While women have the right to a share of their father's wealth, they are usually expected to give up these rights and studies have shown that only a tiny fraction of sisters actually claim their share of their father's property (Rauf, 1987). Similarly, it is considered virtuous to many Muslim communities for wives to renounce their claim to their mehr. Mu'minun wives who claimed their mehr were looked down on:

(The mehr) is necessary because, you see, when the parents die, the sons and daughters don't inherit equally. Our brothers get a share and we get one half share. So for her protection the wife gets the mehr from her husband. Can wives ask for the mehr? They can ask for it. The other week (laughter). . . My younger sister should not be hearing this! I heard someone telling my mother how she DEMANDED her mehr. She told her husband she wanted it, and then the next day she said: "You better give it to me!" She demanded it. He said, OK, OK, I have to sell something and give it to you. She said to my mother: "Well, we've only been married seventeen years. It's about time." What do you think of her behavior? Well, we don't like it, we don't think it's good. I mean, her poor husband probably forgot. He was going to give it to her, but he didn't remember. Did your mother tell you about it? Of course not! (Laughing) I was in the other room, and I overheard. You know, when I heard the word "mehr," my ears pricked up right away! And I listened. Why did she want it? We don't know. Maybe she wanted to buy something.

The speaker can only speculate that the woman's motive was greed--"she wanted to buy something." Thus, while women have rights, it is shameful behavior to stand on them.

The honor of a family depends to a great degree on the behavior of its women both before and after their marriage. Girls are brought up with affection and are allowed a degree of free reign. Small children of both sexes run wild by American standards. But before girls reach adolescence parents begin preparing their daughters for their adult roles. Young girls begin to practice purdah, and their mobility is greatly restricted. They are encouraged to learn to serve their fathers and brothers and to practice the behaviors that will be required of them when they are married.

When I argue with my brothers, my mother doesn't like it. She tells me to just not answer them. She tells me I should practice not talking back. When I'm married, I'll have to be very shy and I'll have to take a lot of flack.

In the mixed gender group of the extended family, men and women who do not have to observe formal purdah with each other are still more likely to associate in same sex groupings. One of the trials of married life for a woman is that relations with her same sex companions--her mother in law and her sisters in law--are often competitive and

somewhat hostile. Structural features such as those discussed enhance a woman's dependence on her husband and foster discord between women in a family. Because of shifts in the gender system and a trend towards women working¹⁰ and a nuclear structure in immigrant families, the classic joint family situation is changing. Yet the mistreatment of daughter in laws remains enough of a problem that mosque speeches often enjoin husbands to remember that they should love their wives and protect them from abuse by family members.

When girls enter a new family as brides, their parents tell them to be gentle and obedient, but also "clever". They are expected to handle family politics, manage and placate everybody, and avoid conflict. Within the extended family setting, discretion often demands saying different things to different people. Therefore the most commonly heard complaint about sisters in law is that they are hypocritical and two-faced. Thus female affines surrounding a woman in an extended family setting are her "structural enemies"--the last people she can confide in. If a man mistreats his wife in an extended family setting, the wife will feel shame in

¹⁰ When the daughter in law works she is likely to enjoy a much higher level of prestige in her affinal family.

front of her affines and will keep his mistreatment a secret if she can--up to a point. Discretion about marital problems, a type of Defense, is high prestige. It is admired by other women but may also be resented. A Pakistani saying, "The weight of the loquacious one is heavy, but she who does not talk destroys a whole village," expresses the ambivalence around the issue of secrecy and discretion.

Excessive discretion was associated with pride:--"That one? Even if her husband is beating her, she will not speak!" Yet the woman who talks openly in the extended family setting and does not "manage" the politics is regarded as a fool or worse. One of the participants in this study, a middle aged woman named Naseem, had experienced the negative consequences of refusing to "manage" family politics. Naseem, a recent immigrant to this country, arranged a marriage for her younger brother with a favorite young cousin of hers, a young woman named Saboor. She arranged for the young couple to live in her own building, and she supported them emotionally and financially. Together with her married sister, she formed a strong alliance with Saboor, treating her like a "sister, not a sister in law," and breaking a strong informal taboo of extended family life. When the couple quarreled, Naseem even took Saboor's

part. Eventually the marriage broke up. Then, to Naseem's horror and amazement, Saboor blamed its failure on her sister in law.

The event caused an crisis in the family. Every member of the family took a stand. Many believed that Naseem had destroyed Saboor's marriage by coming "between" husband and wife. But even Naseem's supporters in the family blamed her for her role in the situation. They scolded her for having been too "kind" to Saboor: she treated Saboor like a "sister instead of a sister in law," she spoiled her, and she allowed her too much freedom.

The point is that Naseem flouted the rules of joint family life. She formed an alliance with an affinal female relative instead of supporting the male relative, her brother, as she might have been expected to do. A few years after this event, Naseem's eldest son was married to a favorite niece of Naseem's. Relatives warned Naseem sharply not to make the same mistake with her new daughter in law that she had made with Saboor.

They are saying to me: "Don't be too nice to Amina-- don't spoil her! If she is good, don't tell her, "you are good." if she is pretty, don't tell her "you are so pretty!" If she can cook, don't tell her!" So I am keeping quiet, I am not saying anything. Only I am going to another room, and I am telling everyone: "My daughter in law is so beautiful, and she is so good, she is so good a cook and does such beautiful sewing-- my daughter in law can do every single thing!"

To gain the indulgence of husband and in-laws, the strategy of the Pakistani wife is khidmat. The most literal translation of this word is "service," but it is a powerful, meaning-laden term in Urdu. Khidmat means "special service," "going the extra mile." Khidmat has a flavor of sacrifice. A person performing khidmat gives herself to the other person. In South Asia the content of a wife's khidmat to affinal family members is surprisingly formal. For example, daughters in law traditionally complain about having to press and squeeze their mothers in laws' legs. "The bride presses the legs of mother in law," one woman joked, "but mother in law is pressing the mind of the bride!" Husband khidmat also includes a fairly rigidly prescribed set of duties. The heart of husband khidmat is to "be there" for the husband, to arrange things for his pleasure and convenience, to give oneself.

My friends can't visit me when my husband is home. If they come when he is here, they have to do purdah. That makes things complicated. (What about your husband?) It's not the same with men, they have a higher sense of freedom. If he has his friends over, I'll stay in the bedroom, but I'll cook. We feel a woman should be there for her husband when his friends are there.

We are so devoted to our husbands. . . A few years ago there was an African Mu'min, a convert, brother "X." He came to our house many times and I was kind to him, I fed him, etc. He was saying he wanted a wife just like me. He said, "F. is so good, she is so kind" One night he came home with my husband late, around 11 o'clock,

and when he came in I began to fry fresh bread for them. That man could not believe it! Well, he said to me, "We are late but you are not angry, you are cooking for us & we are eating?" I told him, "I will be more angry if my husband is coming home and he is NOT eating!!!"

Women took pride in the khidmat they offered their husbands. They believed that when a woman does not make this sacrifice of service she endangers the well-being of her whole family.

[I described a vignette of a woman with a teenage son who has been staying out late, smoking and drinking and disregarding rules at home.] What should she do? First I would speak to him in a good manner, politely, not with force. I would ask if there is something wrong, why does he do like this and want to go outside to eat? It could be the mother is not taking care of him, especially if she is not making good food. If the food in the home is not good, children will go outside to eat and then they get more focused on life outside the home.

Thus women take their domestic roles very seriously and perform their khidmat with concentration. For male members of the family (and for unmarried daughters to some degree), the home is a place to rest, relax, and enjoy themselves. For women, family life is the arena of work and responsibility. Women's recreation takes place outside the family in informal relations with other women.

The Secret World of Informal Relations between Women

Early fieldwork in this study took place in the meeting rooms of the Lajna . Early interviews also took place in the

mosque and were conducted with prominent members of the Lajna organization. These interviews shared something of the flavor of Lajna discourse, in its dignity, formality, and idealism. But even in the first interview I noticed the interplay between two different styles of talk: one characterized by the formal tone of mosque discourse, and a second style, distinguishable from the first by its tone which varied from passionate to ironic, subversive and malicious. This second form of discourse was informal rather than formal, secret rather than public. It tended to focus on particular subject matters, particularly husbands, family problems, sexual matters, symptoms and scandals.

Sometimes informal talk involved the expression of serious feelings; and sometimes it was sniggering. But the transition between official talk and informal talk was almost always marked by certain gestures: women covered their mouths, dropped their voices, asked for a guarantee of secrecy. Informal talk differed from official discourse in that it recognized the listener as an ally. As later became obvious, an important function of informal discourse is that it builds alliances between women. It is the language spoken in the third of the feminine spheres that will be described

in this chapter: the "secret" world of informal alliances between women.

Because of the reality of family "politics" and the constant juggling for power among affinally related females, life for women in the traditional extended family has a formal quality. Informal alliances take place beyond or beneath formal relations with a woman's affinal cohabitants. These informal relationships are often seen as a direct threat to the interests of powerful family members.

My aunt used to go to this lady's house in the building. Her sons would get pissed off--I don't know why. No, it wasn't like she neglected her cooking or the house or anything. ..it's like the way we were brought up. She's supposed to be at home or something. . . It's weird, her sons are like my other cousins. . . My cousins all think they are like their fathers, they have the right to order their mother around.

Women liked to portray themselves as spending their lives at home waiting for an opportunity to serve family members. One of the mysteries of the early phase of the study was the claim made by many women that they had no friends--a claim that my own observation frequently contradicted. Many women in fact participated in firmly established social networks and had many friends and confidants. However, due to the low status, non official nature of these networks, women felt it important to deny them.

Informal alliances are criticized because they give women an opportunity to "talk." In these settings, out of earshot of affines, women may express their displeasure with their husbands and in-laws and tell family secrets. Mosque sermons are full of references to women's "loose tongues" and the destructive consequences of gossip and indiscretion. Women also criticized themselves for this tendency. In the following passage a woman criticizes herself both for her abrasive speech and for her love of malicious gossip:

My problem is that I just say whatever is on my mind, I am like that. Sometimes people are very angry with me. On Eid day my relatives were in my house and one of them, the younger one, was fixing her mother's dupatta, so I said, "Why don't you take care of your own dupatta, why do you bother with hers?" Then she got very angry and said "Why are you insulting me?" So I must find her in the mosque next week and tell her, please forgive me. I many times am making people angry. I pray to Allah, please, you see me the way I am. If it is not good, please make me different. . . My husband and my son are telling me, "If men are coming to the house, you should go upstairs, and let us talk to them. Why are you talking to them and we are silent?" (Laughs appreciatively.) But you know, I am not like that. I know everyone, I talk to everyone. Even the security guard at the hospital, he is talking to me, saying "Hello Sultana, how are you?" I am like that. . . One good thing is that I have no close friends here. If I did, I might backbite. Why? Well, women are always doing this thing. You know, if I have one friend and then I have another friend, I say bad things behind her back of one and tell the other her private things. . .

The danger to male interests in female talk is often clearly articulated:

If women are getting together at the mosque, they will gossip. Yes! They will do this! And that is bad, because if a lady is going to the mosque and seeing her friends, she might start complaining about her husband. Then her friends will give her advice, do this, do that, and she'll go home and do it, and it might cause problems in their marriage. She'll just do whatever they tell her, because women are so gullible. You wouldn't believe how gullible they are--they'll just believe anything!

In describing a couple who had supposedly separated because malicious gossip had persuaded the wife that the husband was having an affair with his youthful stepmother, one woman explained:

Now they are back together and the husband has said, "look, you stay at home, don't go out, don't see other people, just stay at home you and me together." Because she was listening to all the talk, women saying "He likes the other woman more, she is younger than you, she is more beautiful than you." Women said that to her face? Yes--women are very malicious. Now I think they are getting along OK, she comes to the mosque. . . but she is quiet now. . .

Talking incessantly, the quintessential female vice, was often associated with lower class females.

Do women gossip more? Yes, very (much so). . . women are gossiping more than men, I think because they don't have anything else to do. That is what it is like in the villages. You know, there in the village you don't make an appointment, you just walk into my house any time. The women are spending the whole day at their neighbors' houses, but now it is changing in the cities. In Lahore, the women don't have time to spend with their friends, they don't talk so much, they don't gossip. They are more advanced.

Gossip appears to be the consolation of women and provides an outlet for the expression of aggression, as in many traditional societies (Spacks, 1985). It was observed in the interview and fieldwork study that upper class women and women who occupied prestigious positions in the Lajna were less inclined to gossip or engage in other kinds of informal female talk. Such women may feel they have more to lose by abandoning an "official" stance. Alternatively, sophisticated, westernized women may be more empowered in their relationships with men and may not require the consolations of female talk:

Women really aren't subjugated in Pakistani society. . . In my family, there were a lot of women professionals and there wasn't that much purdah. Everybody in the family is very close, even distant relatives have very close relationships, and nobody does purdah in front of each other. We were raised to enjoy our cousins' company, we never did purdah in front of them. It was very relaxed. Purdah makes things difficult? Purdah is such a bore! (laughter) If you go to a party, it doesn't have to be Mu'min but any south Asian family, and they are doing purdah and segregating, I just find that so boring. How come? I don't get into the conversation as much. When they are alone, women just talk about fashion, about their kids, whose daughter got married, babies, they gossip. I like the diversity of having men around. The conversation changes. . . how? Well it's partly because if men are around it's going to be a more liberal, educated group. . . When men are around people talk about things that are more interesting. The women's conversation changes too, they might talk about their jobs, things like that.

Most women, however, recognize immense pleasures in female talk: "We women have an urge to do it, I don't know why. Sometimes when it starts part of me says, 'NO, you shouldn't do this.'" "Because of purdah we should be very quiet when men are in the house. Because if men hear women laughing, they will think we are laughing at them!"

Informal associations take place in "in-between" times and places that are not reserved for formal duties and occupations: a distant corner of the mosque meeting room, intervals between lectures, riding in a car, and traditionally in the alleys and back lanes, in the bazaar, and in kitchen visiting. Such talk occurs in the context of informal female alliances between women who are not competing for male favor--neighbors, friends, and especially sisters. The relationship between sisters is the paradigmatic informal feminine alliance. A sister is usually a woman's first confidant and can be expected to keep secrets. The love between sisters is often intense and tinged with sadness and loss. Sisters know that their "fate" is to separate, each going to a new home. They will belong to other families and may have no power to help each other if the need arises. Sisters often describe their love for each other in terms that are almost romantic.

I was never too close to my parents. My sister and I were like best friends, closer than we are now [Note: her sister had married and moved away.] We used to sit up the whole night together, on the roof in the summer nights, looking at the stars and talking about our philosophy of life. I will never forget that, how we talked all night. I have never been so close to anyone else.

The relationship between a man and his wife's sisters is traditionally a somewhat hostile one, as symbolized by the jokes and tricks sisters play on a new brother in law on his wedding night. A wife's relationship with her sisters is viewed as potentially dangerous in that it may lead a woman astray and compromise her loyalty to her affines. The sister is the emblem of the informal female alliance, symbolizing the close, tender relationship and total loyalty.

The relationship between mothers and their daughters is often very close, but does not always resemble the kinds of informal alliances described in this section. If mothers are strongly allied with family honor--izzat--they will tend to take a particular stance towards their daughters. Such mothers will raise their daughters strictly and be more conscious of purity concerns. They keep their daughters at home more and will emphasize obedience and self sacrifice. In more extreme cases these mothers are more emotionally attached to their sons and view their daughters as something of a family liability. Above all such mothers will attempt

to keep their daughters "innocent" for the benefit and advantage of future affines.

Girls longed for a close, loving relationship with their mothers and in the cases where it was not present they were quite resentful. At a basic level, girls were able to perceive the conflict between their own interests and those of unknown future affines. References to classic methods of bringing up girls by keeping them illiterate and ignorant of sexual matters functioned to illustrate the betrayal girls felt when their mothers did not prepare them adequately for life, putting the purity concerns of izzat ahead of their daughters' own interests.

Access to knowledge is both symbolically and substantively important. It is very common for girls to proudly claim: "My mother is like a friend, not a mother-- she tells us everything." The mother who is "like a friend" educates her daughter formally and strengthens her by allowing her to experience the world. However, this kind of mother also allows her daughter to gain knowledge of the world through informal channels--through exposure to informal female relationships. It is perhaps the most telling evidence of the significance and importance of informal female alliance that girls whose mothers had

restricted their access to it resented this restriction bitterly. Unhappily married women who felt that they had been weakened by their mothers' misguided severity recalled that they had been denied knowledge of sex, men, and masculinity by being denied the right to listen to married women's talk:

That is a very bad thing about our culture, that the girls are too innocent. They don't know anything about marriage. My mother never let me listen to married women's talk. We were brought up that way. When married women came to the house, even relatives, my parents told us, "Serve the food, and go." They didn't want us to hear that talk, therefore we didn't know anything.

Chapter 4: Role Strain in its Discursive Context

In their work on scripts and schemas in contemporary American society, Quinn and Strauss (1996) have examined the "marriage script," showing how this culturally generated paradigm shapes Americans' experience and understanding of marriage. The American script contains a number of "highly exotic" propositions, including: 1) Marriage should be mutually fulfilling, 2) Attaining mutual fulfillment is difficult and requires effort, 3) The expending of effort makes mutual fulfillment possible and achievable; and 4) if a marriage lasts, that is because it is fulfilling.

The American marriage script makes an interesting contrast with the Pakistani script that emerged in this study. The propositions of the Pakistani script might include some of the following: 1) Marriage is a woman's "fate" and determines her success or failure as a woman; 2) Success in marriage depends on the character of the husband; 3) If a woman serves her husband faithfully and makes her home a paradise she will achieve a successful marriage. 4) Love, devotion and obedience softens the heart of a bad husband; and 5) If a woman's husband will not fulfill his

obligations to her, she should try to force him to do so. Women have to take care of themselves.¹¹

This chapter shows how the propositions of the Pakistani marriage "script" are embodied in a form of marriage discourse I am calling "marriage tales." The marriage tale is a story about a marriage. Though the marriage tale often begins with a warning--"You will not believe what I am going to tell you now"--that makes a claim for its veracity, it is clearly shaped by a variety of narrative conventions (see Grima, 1991) and by the underlying assumptions and prescriptions of the cultural marriage script described above. Unlike the Pakistani fairy tale, which (like our own) ends in marriage as the heroine's prize,¹² the marriage tale describes the ongoing texture and qualities of a marriage. As such it provides an excellent framework for understanding the conditions, meanings and consequences of marital role success, role strain and failure which are the focus of this study.

¹¹ Note that #2 and #3 and #4 and #5 are mutually contradictory. Like Pakistani gender discourse in general marriage role discourse contains many contradictions and inconsistencies.

¹² The marriage tales are also very different from the Pashto (western Pakistani) women's stories discussed by Grima (1991) which focus on unusual and catastrophic single events.

At the same time, it should be noted, marriage tales lack moral and psychological subtlety. Husbands in the marriage tales are always heroic or demonic. Wives are always blissfully fulfilled or crushed and ruined. There is no room in the marriage tale for the average so-so marriage and husband or for the everyday emotions of boredom, mild distress or annoyance in the wife. Yet the marriage tales can still tell us a lot about the psychology of marriage and marital role strain. They can tell us what women hope for in marriage and what they are most afraid of; they tell us about cultural conflicts over strategies and solutions.

Tales of Bliss

Tales of Bliss are stories of good husbands and happy marriages. These stories can be told in the mosque or other public, official settings because they are pious, uplifting and moral. This is because Tales of Bliss justify the underlying premises of the Pakistani gender system by illustrating the virtues of a real Islamic marriage--a marriage in which the husband obeys the dictates of the Quuran.

To understand the narrative movement in the Tale of Bliss, we must understand that a woman before her marriage or at the moment of her marriage is in a dangerous and

vulnerable position. A pubescent but unmarried girl is a danger to her family's izzat. Participants joked that the father of an unmarried girl never sleeps through the night until the day she goes to her husband's house. Girls and brides are believed to be emotionally and physically vulnerable to a myriad of evils, from physical and mental disorders to spirit possession. Even the virginity of unmarried girls, though morally necessary, is believed to be dangerous to their health:

Even if girls don't know about sex, they are feeling (it) inside. And they can't do anything, anything at all (about their desire for sex) before marriage. Zeinab was always so sad, so depressed, sitting, not talking, in a corner. And then after marriage she was very happy! Yes, it was because of sex. Before marriage girls are very weak because they can't do sex. . .

In a fully elaborated Tale of Bliss (TOB) a woman is transformed from a helpless unfulfilled bride to a mature, fulfilled married woman. In most of these accounts, the bride finds married life freeing. Though she has been trained to be shy, traditional, constrained and obedient, the TOB wife finds that her husband both respects her virtuous shyness and conventionality and encourages her to transcend it. Instead of shaming her in her powerlessness, the TOB husband salvages his wife's honor. Marriage has divested the bride of her identity: her husband rescues her.

In Tales of Bliss and Woe the roles of husband and wife are asymmetrical. Though the story is about the woman, the action is performed by the husband. In TOBS, the wife's virtue and devotion to her husband is assumed, but the husband's virtue makes him the hero of the story. His virtue is voluntary, therefore more admirable.¹³

All husbands are expected to fulfill certain basic obligations in marriage. For example, they must support their wives and children and meet their wives' sexual needs. But a TOB husband is generous with his material goods and allows his wife some control over the household budget. He consults her on large purchases and gives her discretion over her allowance. He supports her emotionally by talking to her, playing the role of a confidant. He keeps no secrets from her, so that she has "confidence" in him. Above all, the TOB husband is lenient.

The importance of lenience in husbands was a common theme in women's talk about marriage. A strong minded young woman who anticipated a traditional marriage and a housewife's career was very anxious to procure a mild

¹³ Thus kindness towards wives is viewed as "extraordinary," a virtue of the Prophet Mohammed, who told his followers, "Blessed is he who is kind to his wife and children, and among you I am the most kind to my family."

mannered, lenient husband. She searched among all her cousins until she found such a man and then persuaded her father to engage her to him:

What sort of husband will he be? Well, won't force me. He'll let me do what I want. That's the kind of husband I want. I want to be the boss! I want it like, whatever I say, he says yes. Durdana [a mutual friend] says I'm terrible, that I'll treat him badly! (But) it's really important (to have a husband like that). . . In general women aren't very bossy. Men are. Most men treat women the same way--badly. If there's one thing that makes men different from women. . . I'd say, it's that men like to force.

Liberal mindedness, an enlightened attitude, is greatly prized:

My father respected my mother, while he was the head of the household. I only wish that every family was like that--the respect that my father showed. My father was a friendly man, outgoing, sociable. He had very liberal ideas, he was very progressive for that time. I am telling you the truth, he was a socialist! . . . Mother was different. She was a very gentle and kind person, she wasn't talking that much. She was on the quiet side. There was very little conflict between my parents. It is a good marriage if the husband respects you and makes you feel good, you know. . . I remember often my sister and I and our cousins used to laugh and laugh, we'd tickle each other, my mother would say, "Don't talk so loud, the neighbors will hear you." But my father would say, "Please don't tell them not to laugh. Of all the sounds on earth, the sound of children's laughter is the most beautiful one in my ear."

Though the narrator identifies with her mother, "It makes you feel good when the husband respects you," her father is the hero of the story and directs the action. The

wife, on the other hand, is passive, conventional, and sticks to the rules of decorum as she has been trained. Notice by contrast that the husband uses his authority to stretch the rules for the benefit of his wife and/or children. We see the same theme in the following account, a fragment of a wedding anecdote that has many features of a TOB:

(Then) we posed for pictures. I had my head down, I didn't say anything, I didn't look at anyone. . . He started asking me these questions, when was I going back. . . I said on the fifteenth, but it might change. Then he said, Isn't it getting hot in here? I didn't answer that! I didn't look at him, but later when I saw the pictures, I saw he had loosened his tie! . .

In this insignificant fragment of conversation, "small talk" between husband and wife who are meeting each other for the first time, we note that the bride is shy and conventional as she is supposed to be. But the male flouts convention. His gesture of "loosening his tie" (a standard trope) takes its meaning from its contrast to the bride's stiffness and veiled silence. The groom shows character, humor, and individuality, while the bride shows her obedience to social norms. In following their respective behavioral scripts, both husband and wife are serving each other. The groom's flexibility is a gift to the bride--he makes jokes to her on her wedding night so she will not die of boredom. But

equally the bride's conventionality is a gift to the groom. As the following example shows, the conventionality and strictness of the wife is performed for her husband. This theme is reflected in the autobiographical TOB of Farhat, a young research scientist:

I am able to study, you see, because I have been encouraged. First my father encouraged me, and now my husband does. He makes it possible for me. How? Perhaps my husband might like his wife to be a housewife, to give due preference for such things. But Mudassar forgoes his natural interests--he does not complain if I am a bit neglectful. Other husbands might ask their wives to make special food for them, but he never does. Merely he eats what I cook and doesn't complain about it.

Like Farhat, most women saw paid work as a privilege bestowed by a lenient husband. Though a working woman may provide the same basic service to her husband that a housewife provides, she probably won't be able to do the extra service ("cook special food") that is the essence of a wife's khidmat. The stance of a working woman towards her husband changes. She may not be at home when her husband gets home. She may not have cooked special food. Basically, she will not have organized the household around her husband. As such, when a husband lets his wife work he sacrifices his own interests. And by performing the traditional role of a housewife a woman makes a sacrifice for her husband.

Dr. N. is a pediatrician whose husband stays at home and looks after the children. Dr. N. is greatly admired in the women's community. But when other women talk about her, they do not focus on her intelligence or industry but on the heroic virtues of her husband:

See that lady there? You will be very surprised. She is a doctor, while her husband does not work. He is cooking, cleaning, everything, and he has the chance to work for the mosque. See, some men are very cooperative!

In describing her marriage, Dr. N. emphasizes a traditional aspect of her relationship with her husband: his protectiveness towards her frailty. In the Tale of Bliss husbands transform the "natural" weakness of their wives into the opportunity to nurture and protect them:

Now a days when I am at home on vacation and I am fasting for Ramadan, I do the housework, but my husband takes care of me. He sees that I am very weak and tired (from fasting), and he is helping me. He makes sure I am taking very much sleep, and he helps me because he knows I am weak from fasting.. . That is what I was telling you, the woman is more weak than the man. If he is fasting and I am fasting, he knows he must help me because I am the one who is weak.

The Tale of Bliss defends the Pakistani gender system by affirming that TOB marriages constitute the essence of Quuranic marriage. Yet most women who represented their marriages in the framework of the TOB saw their husbands as almost unique. Dr. N. admits:

But yes, I think my husband is unusual. He is following the rule of Islam, and many others aren't. Perhaps it is culture, perhaps it is personality. If every man behaved as my husband, earth would be a paradise for women.

The Tale of Bliss husband is almost always portrayed as a blend of both traditional and modern virtues. He is emotionally supportive, protective, and lenient. This husband respects his wife's traditional role and provides the extra work that it may entail for him, but he also allows his wife freedom and role flexibility. A common theme in Tales of Bliss is the notion that the husband bridges the gap between two worlds. The TOB husband guides his wife towards the enjoyment of modern freedoms while offering her traditional security at the same time:

If the husband understands Islam then it is good. If a young girl is innocent, her husband will train her. Especially if he knows Islamic ways, like my brother Mudassar. He is so good.. . My sister in law, Mudassar's wife Farhat, you know her. She is working, and she is driving, and he is driving with her everywhere! She is so lucky! (Enthusiastically!) All the time he is encouraging her! I can't believe they are so happy.

Thus happy wives remarked: "I go anywhere I want, and my husband takes me. With him I am going going everywhere."

Tales of Woe

The second type of marriage tale, the Tale of Woe, is told in a different social context from that of the Tale of

Bliss. TOWS are not part of public discourse.¹⁴ As stories of ruinous marriages and bad husbands, TOWS are usually told only in the "secret context" of informal female alliances.

Women often feel guilty about telling TOWS. Since a wife is discredited by her husband's ill-treatment, telling such a story is potentially dishonoring to the protagonist. As such it can also dishonor the narrator, who becomes vulnerable to the charge of malicious gossip. To contradict the impression that they are spreading scandal around for the fun of it, TOW narrators almost always enjoin the listener to strictest secrecy. Often the narrator marks the beginning of her story by looking around cautiously and dropping her voice to a whisper. Needless to say, this framing device greatly enhances the suspense and enjoyment of the audience.

TOWS are stories about the "ruin" of a woman in the context of a bad marriage. The notion of "marriage ruin" is a critical feature of the story. Various words and images are employed to express the idea of marriage ruin: for

¹⁴ Like the Pashto women from west Pakistan of whom Grima has written (1991), Mu'minana tell disaster tales in public settings, but these stories usually have to do either with natural catastrophes such as diseases and acts of nature, or virtuous suffering such as the loss of relatives to religious persecution.

example, women are described as "spoiled", "wrecked" or "broken." Often the ruined woman becomes devastatingly sick. Her health or her mind may be broken--she may be crippled, immobilized, maddened, or weakened to complete helplessness. Shaming and total as marriage ruin is, it strongly resembles Goffman's (1963) notion of stigma as a "spoiled identity." The wife's identity as a wife is wrecked by her husband's behavior, and she is left with nothing. Women telling autobiographical TOWS expressed their sense of hopelessness and emptiness. "My golden time is gone," one woman observed.

We have noted that potentially shaming liabilities of a woman's femininity--her domestic work role, her physical fragility--are transformed into assets by a good husband's appreciation and support. The woman in the TOW is conversely shamed and broken because of her husband's bad treatment, his lack of love and protection, his disavowal of her feminine value. The Good Husband accepts and appreciates his wife's sacrifice of herself. The Bad Husband takes his wife's gift of herself and tramples on it--sometimes, in Tales of Woe, literally. The following tale is from a category of stories about women who married Black American converts to Islam:

Pakistani men know that on the first night, at least, they should be so nice, so gentle and kind because the girl is not knowing anything. The girl looks forward so

much to that first night. But that black man did not know "first night things" and he told her: "Get undressed!" and he threw her down. She had put on white wedding dress for him and she noticed after some time that he was standing on her veil without even noticing!

These stories embody a projection of negative male characteristics onto black men. Often lower class men, village "pindu" men (a derogatory term) are also used to exemplify the extremes of masculinity that characterize the Bad Husband. In general uneducated men were viewed as crude, rough, violent, and sexually demanding:

Pindu men are very rough, they insult their wives... They are so harsh, so strict, and also they are beating their wives. . .A pindu woman has poor clothes, she looks worn out and old. A pindu man is demanding sex all the time, he grabs his wife and says "Come to me now!" Here is a picture of my cousin. [Narrator shows a picture of a woman with an empty, worn, depressed looking face, staring to the side of the camera.] Life in the villages is so difficult you can't imagine at all. It is so terrible, so cruel. This lady's husband was so cruel to her, so bad, he beat her and she did not have any good clothes to wear. Her house was a typical village house, so small and dirty. He treated her so badly, so that after one or two years she was looking like this. And she had a MASTER'S DEGREE. While her husband was uneducated.

But you know, after a while her husband died. And she became so happy (laughter). She called me saying, I don't know what to do, I feel so sad about my husband's death and everyone is wondering about me and asking me: "Why is your face so changed? You look so young now and you walk so fast!" You see, she was having so many problems with her health she was so weak she nearly seemed about to die! But then she was walking everywhere, doing everything, she was so happy. So I told her, please don't lie to me, I know what the problem is, I know that you are happy. You don't need to say this to everyone but please at least tell me the truth. And then she confessed, yes I am happy. And now

she is well, she has a house, she is with her children.
She looks so beautiful!

Sexual voracity and anger/violence (gussa) are typical features of the Pindu husband. Pakistani women view gussa as both a privilege and a sin.

Our men are more angry/violent. . . because they have so much more freedom, they think they can do whatever they want. They think they can be angry. Women stay home and take care of children, so they try to work things out. Men think they can get away with everything. We women get angry too, but they have jobs and money, so if they get angry, they can fight.

But not all bad husbands are pindu or act like pindu men. Sometimes bad husbands are pious or sophisticated but lack the cardinal virtue of lenience.

I wouldn't want a husband like my father. . . Like, he isn't a very good husband. He's very. . . strict with my mother. It's like my mom can't do anything without asking him. Like she can't buy anything, visit anybody, she can't even go out of the house without asking his permission. And a lot of the time he'll say NO!

Freedom and dignity are considered the husband's privilege to bestow on his wife:

A lot of women don't have their own checking accounts. How many have their own checking accounts, do you think? Maybe half. If the husband is liberal, he'll give his wife a checking account. This is a sign, like he's saying he will share his money with her. . . But if he's very traditional, he won't allow it. If he shares his money with her, it's like saying she's a partner. If not, she's nobody. She's just a wife..

Sometimes the TOW husband is neglectful. A neglectful husband dishonors his wife by rejecting her offer of

khidmat:

My husband has begun coming so late, how can I wait for him? It is no use. A wife is sad when she can't prepare food for her husband.. . . So he is not talking to me, he is not paying any attention. At night I ask him to only speak to me, but he says, "I am so tired!" I say, "Sleep then, but turn your face towards me for five minutes, why do we sleep this way, with you turned towards the wall and I turned the other way?"

If the ideal husband provides his wife with a bridge between the modern and the traditional worlds, the TOW husband may reproach his wife for her backwardness and traditionality:

When I came here I was strange to the culture, and my husband and I, we are like different cultures. He has forgotten the old ways of being. He wanted me to go out, wear western clothes. Only I did not want to go. I tried wearing jeans for a little while, but they were so uncomfortable. He is going all the time but I am staying home.

A neglectful husband fails to protect his wife:

The woman is weak---in many ways. Physically, but even if she is strong physically (struggling, not sure) she is weak because. . .she is helpless. If you go out without a man, without your husband, if you have no one to protect you, you can be attacked. Some one can approach you, insult you. You feel afraid.

Feminine action and reaction is found in the TOW, but it is minimized, hidden within the text, while the narrator emphasizes the non-action of the protagonist. If the TOW

narrator is speaking of herself or a mother, sister or friend, she will characterize this non-action as virtuous endurance:

I used to beg my mother to leave my father, especially after my brother left. Before that my brother used to defend my mother. After he left I begged her to go to him, not to stay with my father any more. But do you know, Alison, to this very day she has not left him. She is his wife and she has stayed with him and endured the pain. I respect her. She stayed with him because she was his wife and she believes her place is with him. That takes such strength. I believe before I didn't understand her strength. I believe that my strength has come from her. At least, she had a lot to do with it. The ideal wife should stay with the husband no matter what, even if it has gone to the extreme and you can't work anything out.

Many participants believed that it is part of a woman's fate to suffer:

Because the ladies are more sensitive than men. Men are strong. Women are more sensitive, more delicate, they get frightened. Don't you think? (I'm not sure.) Well physically, but not only physically. Other ways. . . physically. Men don't suffer as much, after all, men go out and the woman is only at home. This is true not only in the Mu'minana community. Even for an American lady to get a divorce it is very bad. You need a man, not only financially but to have someone strong emotionally. If a man helps a woman she will be OK.

Often in the telling of a TOW there is a tension between the recognition of the social structural features underlying women's suffering in marriage, and the narrator's desire to moderate her own anxiety by emphasizing the peculiarities of a particular biography. It was noticed that there was often

a marked reluctance to place blame on husbands or the social system when other explanatory "options" were available. In Pakistani society, the most popular of such options were in-laws, particularly female in-laws. When women were asked point blank, outside the context of marriage stories, about marriage problems, they often referred to the "in-law problem":

The problem with marriage is the grandmas--the joint family system!

One woman, Alia, who had taken the part of her younger sister in law Saboor when the latter was having problems with her husband, Alia's brother, found that she herself was blamed when her brother's marriage broke up. Alia described her amazement when she found that she and her sister had become the principal antagonists in Saboor's Tale of Woe: :

My sister and I we talked to my brother when he was fighting with Saboor and we told him not to do these things. We were so close friends with her. But finally she left my brother and went to her parents' house in Pakistan. You would not believe what she did. She told her parents that the problems in her marriage were her sister in laws, we were too close with her, we interfered too much with her marriage. For two months she talk talk talked to all the relatives saying these bad things about my sister and me. She told so many people we could not believe it. Others were coming back and telling us these things she was saying. And we were so friendly to her!

Why did this happen? I don't know--but you know, I think it was for this reason. In my culture, parents don't care if the husband is bad. If the husband is bad

your parents won't keep you, you must go back to him. But a sister in law OK, then they will keep you, then they will sympathize, so my sister in law went back to her parents and she decided she would tell them that I am bad and my sister too.

Other biographical peculiarities that are used as explanatory devices for Tales of Woe include aberrations in the arrangement of the marriage. A "cross cousin" marriage was arranged.¹⁵ A husband was forced by his mother to marry a woman he was not attracted to. Or a woman herself was too selective or waited too long:

My friend was telling me a story, I have to tell you about it. It's unbelievable. I've known her for so long and she never told me about it before. She has this aunt, who is really well educated, she was some kind of professional, and she came here and she got married to this man. Well, he wasn't educated at all, he refused to let her work, and he hardly works either. He really mistreats her, he puts her down all the time, tells her she's stupid, she can't do anything. And he hits her. And he's only a laborer! He's unemployed and he won't let her work.

She was thirty four when she got married. She didn't want to get married, she turned down all these proposals, and then she accepted this one. Her brother keeps telling her she should leave him, he wants her to get a divorce, but she has three kids and she says, "What am I going to do with my daughters?"

Can you believe it? It's really a sign from God. It's so horrible. I think it's a sign from God that you shouldn't be too picky when it comes to marriage, turn

¹⁵ Cross cousin marriages, in which two sister/brother pairs are married to each other, are very common in Pakistani society but low status, since they violate the principles of exogamy and hypergamy and are typically the resort of poor people who can't afford expensive weddings.

down this and that proposal, but just get married when the time comes. . . My friend and I are very close, but she only just told me this yesterday. Can you believe it? This sort of thing people really just keep to themselves. They don't tell their friends even when they're close.

Yet despite the use of explanatory devices that obscure the structural causes underlying women's suffering, many Tales of Woe articulate a widespread sense of the difficulty, almost the impossibility, of women's marriage roles. Through the telling of the TOW, some women find the opportunity to express their sense of injustice and oppression.

Everything is the family (and the marriage). Because in my country, (especially) if you are living in the village, no one will care if your husband is cruel. Not at all. Here it is better. Here a woman can say to her husband, if he is beating her, "I will leave." And the government will give money, will give housing and food at least. But in our country nothing. So if the family is not giving a woman anything what can she do? In my case I think my husband would be even worse if we live there, so I can't stand the thought of going back. Why? Because he knows he can't go too far here. One time he shouted at me to leave his house, but I told him, "No, this is America. I have right to this house--you leave." It is better in America.

Tales of Bold Women

The third kind of marriage tale forms a sharp contrast to the other two. In Tales of Bliss and Woe the husband performs the action in the story, but in Tales of Bold Women it is the wife who plays this role, while the husband fades

into the background. The Bold Woman dominates both husband and action and creates the story.

The ideology and practice of purdah, which forms the prescriptive paradigm of virtuous behavior for Muslim women, includes as part of its symbolic scope the "purdah of the voice" (Sabbah, 1984). According to this prescription a woman's speech, especially around men, is supposed to be infrequent, low volume, and supplicating. For Pakistani women the act of speech itself, especially speech for oneself is morally ambiguous. In fact it is so ambiguous, and there is so much mistrust of women's speech, that the Lajna has made it part of its mission to define the right of women to speak.

Why do you have this strong emphasis on girls speaking?
Because they must learn to speak clearly, so they are not shy, not afraid. That is not true of other Muslims, they don't have women teach as we do. . . We want to train young girls to speak in public. It is in order that both women and men can spread the word of God. . .

Liberal minded women also claimed the right and the responsibility of speech for oneself:

What should a woman do if her husband treats her badly?
Well--she should speak to him!!

The Bold Woman's speech, by contrast, is loud, shrill, abrasive, and smart alecky--the speech of the fishwife in the folk tale or soap opera. The Bold Woman is in large part

a fictional character, though none the less instructive for all that. "Women yell much more than men," one girl observed, "at least in the Pakistani dramas. But," she added, "it's not at all true of the women I know." The Bold Woman speaks in an unseemly fashion, but also speaks for herself, asserting her own agency through speech. As we know, Pakistani culture is in conflict over the right of women to "agentic" speech.

Even if you say, next month I am going on a vacation, you have to say, "Enshallah, with God's will." Are men more willful than women? Oh yes. We have a word, Fakabur, pride, like selfish pride.. . (A man will say) "I'll do this, I'll do that. This will happen, that will happen, I'll make it happen."

The Bold Woman may be joking, loud, or unconventional in her speech:

I know someone. . . very outspoken. She got married in Pakistan and she's pretty old, in her early thirties, I think. She just recently came to this country and now she's pregnant. She got married to her cousin. Well she's very outspoken to her in laws' family. She's even outspoken to her brothers in law, she acts as if she's the cousin not the sister in law! The way I was taught, that even though you are cousins when you are a bride in your in-laws' family you should be very, very traditional, you should speak in a soft voice.

Once recently we were going on a trip in the car. We were sitting in the front seat and her husband was driving. He was lost and she kept saying, "You don't know what you are doing." In front of the other men-- that makes it even worse! Men are given authority over women. They are perceived as more authority even though women are given the same respect-but men get more. In this case the husband's like a slave, he has no authority. How did her husband respond? He didn't do anything! A lot of men, if they think the wife is doing

something wrong, they tell her, you should have respect for me, even though we are husband and wife we need to talk. He didn't do anything, he just ignored her. She talks constantly. But recently I think there has been a change in her. . . Maybe she realizes she's in her thirties now, she shouldn't be acting childish. Little children shouldn't see this what their parents are doing. Why is she this way? She can say and do anything she wants, her husband doesn't control her.

A chief focus of the Tale of Woe is the emotional consequences, for a woman, of her husband's action in the story. In an interesting contrast TBW ignores emotion and concentrates on power.

Do you think she's happy? (pause. . . confusion. . .) Why do you ask? I'm not sure. . . maybe she isn't satisfied with her marriage. Oh no, she's happy. I know she is. She's quite in love with her husband and he is with her too. When she talks like that she's joking. . . The thing is, she lives with her in-laws and her mother in-law is her aunt. So her aunt allows this behavior, it's OK with her. And how come you feel this behavior is wrong, then? (Pause--hesitation.) I guess. . . it's like, you give a wrong picture of yourself, a wrong representation. You're not supposed to be that way. Other women find out that you are doing this sort of thing and you get talked about.

Unlike Americans, Pakistanis don't necessarily see happiness as evidence of superior mental health. Plenty of wicked people are happy because they are powerful and willful. Some women observed that men were less likely to go to heaven than women because of their willfulness on earth: "Women can't do what they want. But men also. . . have to

show respect, they can't rebel and do what they want, or they won't enjoy paradise."

Bold Women have other characteristics besides their willful and abrasive speech. Sometimes they show themselves to be highly capable and resourceful:

You say it's good for women to be strict with their husbands? Yes--but not too strict! Will you tell me about women you know who were too strict? Oh, so many! We had one friend, she was not an educated lady. Her parents had property and they died, and her grandfather took her land. . . I don't know if this is true, but this is what she told me.. Her aunts were very cruel, they treated her so badly, and gave her no clothes and food. Then they married her to a very old man. In fact, they sold her. In India this is a very common thing. She was only fifteen and she ran away. . . Another aunt helped her get a divorce. . . [Now the Tale of the Bold Woman begins:] You cannot imagine--she was so clever!¹⁶ Her husband worked for the PIA (Pakistani Airlines) and he had a green card, and after they divorced he move to America. She married another man who came to her aunt's house and asked for her. His name was Pasha. He was a good man, he worked in Karachi as an electrician and he made good money. . . After one baby was born, she came to America. She wasn't educated and didn't know anything, so she came to her ex-husband's son's house and stayed so many months there!!! She got a green card, she told us everything. She got a green card, and her husband's son helped her. Her own son was only two three months old and she left him--in our culture, never will any lady consider this thing.¹⁷ So she got green card from her ex-husband and then she brought her second husband here. Her husband

¹⁶ "Clever" (Urdu *taiz*), a frequent attribute of the Bold Woman, is a highly morally ambiguous term that can mean anything from "intelligent" to "conniving" to "promiscuous."

¹⁷ This is not factually true. Leaving children with in-laws is very common. But the neglect of a child fits in with the character of a Bold Woman.

is so good, so nice! He is in business--he started a chicken store. But she is so strict. . . She says: I want this! I want that! She doesn't pay attention to what he says. She fights with him. If he didn't buy something she wanted, she always fights with him--front of us! This is her habit.

Though this Bold Woman brought her entire family to America through her unorthodox connections with her ex-husband's family, the emphasis in the story remains on her intemperate speech. Sometimes the narrator expresses some admiration for the abilities of the Bold Woman, as in the following Tale:

We were seven brothers and sisters and there was no electricity, no plumbing, nothing. There was no money, and my mother is so bold and resourceful, she is thinking how she can make money for her family. She ran a business in the home, going to Lahore and other big cities, buying cloth and sewing clothes, making clothes for the village women. Sometimes my father would listen to talk, other people telling him, "your wife should do more for you," and he would complain. My mother is so bold she would say, "I am working for you, and you complain that food is not ready?" My father was so simple, he did not even know enough that when a child was sick, he must take him to the doctor. Now he is not happy because my mother will not obey him. He feels helpless and depressed because she is so bold.

Fate in the Marriage Tales

The Marriage Tales elaborate several themes: the norms and ideals of male and female nature, the responsibilities of male and female gender roles, the causes and consequences of gender role success and failure, the possibility and impossibility of gender role subversion. One of the most

important themes in the Marriage Tales is the theme of woman's fate.

Of course every mother wants girls, girls are so good, they are very loving, very sympathetic and loyal. Usually a mother likes girls, but girls have a hard life. There is so much hardship. A girl may not have luck, she may have a hard fate, and her mother can't help her. (You mean, a girl's happiness depends on her marriage.) Yes, it all depends on her marriage. A mother can't know. A girl doesn't control her fate.

Thus it is hard to be a woman and femininity, in itself, is risky:

If your husband respects you, then you feel good. . . but it's risky. You never know. You may think you know someone well, and then you find out after you are married what they are really like!

Part of being a woman is to be helpless against one's fate. It is considered virtuous to trust in fate and providence, and a sin to try to take charge:

You have to recognize that everything is by God's will. . . In our culture we don't believe in people doing just what they want. In our culture, even if you say, "beautiful," you have to say "Khubsurat, by God's grace."

It was observed that participants in this study highly valued classic "western" attributes of hard work, individualism and enterprise--especially in men.¹⁶ In general, young men who can succeed in business, live

¹⁶ Similar findings were obtained in some studies of sex role stereotyping in India which found subjects' view of the "ideal man" was patterned on an "entrepreneurial" western model (Sethi & Allen, 1984).

independently, pursue higher education, and otherwise follow the western ideal are greatly admired. Attitudes towards these attributes in women are somewhat more complex. Some women who pursued individual goals such as education and professional training were also highly respected in the community studied here. Among the families with whom the researcher had contact, any daughter who showed intellectual promise was generally supported by her family in seeking post graduate and professional training.¹⁹ The most common and prestigious career was that of a doctor. Families tend to be very proud of doctor-daughters, and these girls are usually treated much more leniently than girls who follow the traditional route.

For a woman to pursue individual rather than group goals actively, participants believe that she must have the permission and support of powerful males. If she can get this support she is honored and respected--not only for her accomplishments but for the high degree of family support evidenced by her accomplishments. In telling her own life

¹⁹ However, this is not to say that boys and girls were treated equally in this respect. It was my impression that boys were "pushed" much more than girls and that there were much higher expectations for sons than for daughters.

story, a professional woman emphasized how her pursuit of a career was a reflection of filial duty:

I knew I would be a doctor since a very early age. I was only two-three. I remember my father holding me in his arms and saying, I wish this girl will be a doctor. From then on I knew I had to fulfill his wish.

But a woman cannot--or should not--pursue individual goals without male support and encouragement. The Bold Woman, object of derision and laughter, exemplifies the woman who seizes control of her fate outside the context of male support. For Pakistani women, this was not a credible role ideal. If the Bold Woman succeeds in some enterprise or occupation, it is usually a relatively low status one. Low status occupations are associated with "exposure," high status occupations with protected, enclosed settings. "I could work in a dignified profession," said a young woman, "But my father would never let me go out and just get a job." Apart from the prestige of professional versus non-professional work, of course, is the difference that professional training can rarely be undertaken without considerable family financial support.

Thus the presence or absence of family support has everything to do with a woman's fate. The character of the husband and his relatives determines a woman's fate. Parents hope to arrange good marriages for their daughters,

marriages where their daughters will be supported, cared for, and admired, but the fact is that parents rarely know exactly what they are getting when they choose a son in law. Marriage customs in South Asian cultures often embody the transfer of power from the natal family to affines (Rubin, 1975). The girl loses her name and her identity. A bride is not supposed to speak, eat, smile, or make eye contact, but to sit in one spot with her eyes turned down under her yards of veils. Unlike western women, for whom the symbolism of the ring, the garter, the crushed glass, the carrying of the bride over the doorstep has mostly lost its poignancy, Pakistani girls feel the symbolism of the erosion of power in the marriage ceremony very acutely. In a play-acted wedding, young women gave stage instructions to the "bride":

"Be shy. Don't raise your eyes, but keep them on the ground. Don't look up! Don't laugh! Don't say anything.
 " "You must be shy and sad!" "You are very sad, it is such a sad day for you. You are leaving your mother's house. . . You must live with your mother in law, and you will never play with your brothers and sisters again. . . remember, you are even losing your name. . .
 "

It is popularly supposed that a man's love for a woman flourishes in the lack of threat and challenge. According to this view, a woman whose husband is not satisfied with her should not attempt to assert her position, but should offer service to her husband. This is considered virtuous, but

also practical. In this view, love flows downhill, as it were, towards the vacuum of power. The following fragment of a mosque speech expresses this view:

Sometimes the wife is impatient or not satisfied with her husband. . . and instead of welcoming her husband when he comes home from work, of offering him a beautiful home, she starts blaming him. This is a totally materialistic (immoral) approach. One woman said to us, "My husband doesn't give me enough time--I am always talking to him and he isn't listening, then we are arguing." But we said to her, "If you make your home a paradise, he will start coming to the home with that feeling, and he will naturally spend more time with you. If instead of being patient or satisfied you start blaming him, naturally he will stay away."

Parents utilize a strategy in training their daughters that they believe will maximize their potential for happiness. The universal strategy of bringing up a marriageable girl is to train her to be tender and soft hearted. Vulnerability itself is seen as a woman's most desirable characteristic. As described in the last chapter, girls are often shielded from the conversation of married women with its emphases on bad husbands and failed marriages and in this way are kept innocent of the reality of married life.

Tales of Bliss, which serve to defend the gender system, can be heard anywhere. Tales of Bliss form propagandizing canon of stories, songs, tales, TV shows and films that play up marriage. As Manisha Roy (1981) has

pointed out in her study of Bengali women, unmarried girls are conditioned to have high hopes of romance, excitement and intimacy in marriage. The tacit encouragement of these ideas within the family reinforce the influence of popular and traditional media which expose girls to highly charged images of conjugal romance and passion. The following comments of a newly engaged woman suggest a surprising naiveté in an otherwise mature and practical 22 year old:

"I wasn't even sure I wanted to get married, but when I went to Pakistan and I met him, I was so happy because he's so nice! Yes, he's really nice, and you know what he said to me? He said: I'm going to be the perfect husband for you." I was so happy when he said that. I was worried about marrying someone in Pakistan because you know, over there, a lot of men think the thing to do is be the boss, they don't want you to work. I was scared on the plane, but then I was so happy. He asked me: What do you like to do? and I said, kind of joking: "I like to ride horses." and he said: "We'll have a farm and I'll buy you a horse to ride!" so I said, "Please make it a black horse." So he said; "Yes, a black Arabian horse. Because you look beautiful in black."

The fluttering eagerness and romantic expectations of the bride, as well as her naiveté about men and marriage are a common theme in the life histories:

I think I'm better prepared for marriage than some girls, because I don't idealize it. I know how there can be some problems with marriage. I know it's a lot of hard work and difficulties. I don't romanticize it. I'm amazed to see how girls expect happy weddings, happy marriages. It's because they are naive and romantic. They have such high expectations, they think the husband will just be wonderful. I know so many girls who idealized marriage and now that they are

married they are very disappointed. I'm not that way, it's like I'm disillusioned. I'm more practical, I guess.

Women were viewed by most participants in the study as more vulnerable than men, but individual understanding of the nature and causes of feminine weakness differed. To some participants, women were constitutionally fragile, hapless, and dependent:

A girl is in so much danger, if she will have a boyfriend. Of course (if they do something wrong), it is really the boy's fault! He is the one who is coming, flirting, talking to her. And the poor girls, they are so weak, so helpless, they can't say a single thing to the men.

Others perceived a structural basis of female powerlessness.

Of course the girls are blamed if anything happens [between a man and a woman]. What can (the girl) do (in that case)? She can't speak. She can't defend herself to her parents, she can't speak up for herself. In our country of course a girl can speak, but who will listen?

Many participants linked male power to money and female helplessness to the lack of it. A Punjabi saying expresses the dependence of a woman on a man that goes beyond emotional need. "The widow says, 'For a man I will sit and cry, but for money I will stand up and wail!'" ²⁰

²⁰ Anthropologists and other scholars have written of the extreme helplessness of women in Muslim societies in which divorce, or polygamy (which commonly leads to material and emotional deprivation in the first wife) are easy options for

Conclusion

The marriage tales do not pretend to represent an image of ordinary marriage. Like many forms of folk narratives the marriage tales are framed as extreme cases. As we have seen, however, the marriage tales have a great deal to say about real life marriage. On the one hand, they formulate a useful taxonomy of husbands. Good husbands are lenient, reliable, affectionate, and respectful towards the feminine liabilities--physical, emotional and social--of their wives. They respect the traditional helplessness of their brides, but help them to live in the modern world. Above all, good husbands rescue their wives from their "spoilt identities" as brides and offer them salvaged identities as honored wives.

Bad husbands are just the opposite. Bad husbands are violent, controlling, or neglectful. They appreciate neither their wives' feminine qualities, nor their intelligence and

men (Boddy, 1991, Sabbah, 1986, Friedle, 1994, Ewing, 1995). Muslim law does not require a husband to support his wife after he divorces her, and since the marriage settlement, which is supposed to provide her with security, is often waived by a wife or is so tiny as to provide no security at all, a woman is thrown on the protection of her family if her husband divorces her. It is often the case that natal families do not particularly welcome divorced daughters returning home. In Pakistan, widows and divorced women are often reduced to poverty. The fear of extreme poverty was often advanced as a reason for a woman's hesitation to divorce an abusive husband.

abilities. And in contrast to good husbands, bad husbands fail to rescue their wives. Bad husbands despise their wives for their vulnerability. They leave them "in the dust," they spoil them, they "ruin" them.

The image of the helpless victim bride and the hero/demon husband so clearly represented in the Tales is also mirrored in the symbols of the wedding ceremony. As we have seen, marriage is a time when women experience a massive diminishment of social power. Kinship practices, morality, and the bride's own conditioning combine to assert the bride's vulnerability and helplessness. To express this vulnerability the bride is dressed in garments that immobilize her. Traditionally, she wears a veil of gold or silver thread. The heaviness of the veil is related, both symbolically and in fact, to the wealth and prestige of the bride's family: wealthier families will provide a veil that is heavy with gold or silver. When displaying their wedding veils to visitors, married women always claim that the veils were so heavy they "could hardly breathe": for this reason they never wear their veils after their wedding night. Under the veils the bride can only sit perfectly still, her head bowed under the actual weight of metal and the symbolic weight of family prestige.

The groom by contrast arrives at the wedding in the part of a hero (In some South Asian societies he literally rides a white horse--and if his family can't afford a horse his friends wave paper ones on sticks.). The bride admires him, hoping that he will accept all her decoration and her helplessness for the gift that it is, and that he will salvage her honor, loving her despite her new vulnerability and low status. If he does love her, and if he respects her despite her helpless femininity, and if he actually empowers her, sacrificing some of his own status and power to help her gain knowledge and mastery in the world, the bride and all her relatives will view him as a miracle.

If, however, the groom accepts the bride's low status for what it is, if he take a natural advantage of her, if he rubs her powerlessness in her face through neglect, disrespect, or abuse, the bride will be completely miserable. Marriage Tale narrators make it very clear that emotional symptoms and psychosomatic illness are a "natural consequence" of such a marriage. The breakdown of health becomes a metaphor for the destruction of the bride's honor and identity. These health consequences will be discussed in the next chapter.

Chapter 5: Illness and Health in their Discursive Context

During the phase of active research I spent a good deal of time talking to women about feminine illness and collecting examples of psycho-socially precipitated feminine illness discourse, a phenomenon which could be described as "what women say about getting sick" and includes the range of descriptions, explanations, and interpretations of the causes, conditions, consequences and implications of illness experience.

Pakistani women in this study believe strongly in the social causation of illness. Their views on this matter resemble some of the basic propositions of stress discourse in western society, which looks to causes outside the body to explain physical and emotional symptoms. Indeed, many Pakistani women--including some Urdu speakers--used the word "stress" when they talked about psycho-socially precipitated illness.

In general I found two types of feminine stress/illness discourse among the participants in the study. The first type, reflected in Tales of Woe, elaborates a severe, debilitating mental and physical illness condition that

usually accompanies severe role strain. This illness often refers to the "crushing," "spoiling," or "ruining" of a woman as a direct consequence of a ruined marriage. This type of illness experience only occurs when a woman considers her marriage conclusively spoiled or damaged due to her husband's refusal to fulfill his marital obligations.

The second type of discourse also points to conditions outside the body as the cause of symptoms, but both symptoms and the attributional logic are vaguer. These are milder, somatic symptoms that are often attributed to peripheral aspects of women's social roles, such as overwork, "thinking too much" or physical conditions such as diet, changes in weather or temperature, or (most commonly) the frailties of female biology.

Thus the two types of illness are distinguished by the origin, type, severity, and dangerousness of symptoms. But the feature that most distinguishes them is their moral aspect. Whereas the marriage sickness in the Tale of Woe points a finger of blame, somatic symptoms of the second type tend to diffuse blame. As will be seen in the next chapter, women draw on these two types of illness discourse to serve different social purposes. Unhappily married women offer their symptoms as a condemnation of the cruelty of

their husbands; happily married women express distress though vague somatic syndromes in order to avoid the necessity of criticism and judgment, whether it is criticism of one's own husband, one's affines, or the gender system as a whole. This pattern will be observed in the discussion of the two types of discourse that follows, and in the cases described in Chapters 6 and 7.

Illness as Marriage Ruin

When a virtuous wife gets sick in a Tale of Woe she is rarely just "under the weather." On the contrary she is devastated, crippled, destroyed, ruined. Illness consequence in a tale of Woe always includes emotional symptoms, often described as "depression." But depression in this context always means a combination of emotional and somatic symptoms. It is an important part of the narrative action in many Tales of Woe that bad husbands make their wives sick, not just miserable. This is due in part to the narrative demands of the Tale. Mere sadness may lack the moral significance in Pakistani society that it has in our own.²¹ To represent the moral outcome of a bad husband's badness, misery in the wife isn't enough. Emotional pain is

²¹ Perhaps in part because American culture tends to pathologize negative emotions, viewing them as abnormal, as signs of illness.

invisible, internal, and in the Pakistani view, ephemeral.²² Without sickness, the narrative lacks sufficient moral and dramatic force. If a bad husband doesn't make his wife sick, he can't be all that bad.

The devastation of a woman in a tale of woe is described in images that include physical, moral and spiritual dimensions. The wife of a bad husband is damaged. This is much more than a subjective feeling. The substance of the woman is changed. As the following mosque speech describes, such a woman is spoiled, broken, ruined, crushed:

The charm in a woman lies in her curvature, which was made by God, like the rib [from which woman was made] to protect [man's] heart. A man who puts too much pressure on this strong but delicate bone will break the woman. And his punishment is that from that moment on he must live with her, live with the broken woman. . . [Ladies] be patient with [your husbands], try to be resilient and cooperative to a degree--until you cannot take any more. Do not wait to separate until you are broken. If you wait too long, you will be broken and cannot be repaired.

Framing a woman's condition as breaking or ruin, depression or sickness, is itself an act of sympathy on the part of the narrator. As we have seen, a woman's feminine virtues--her innocence, her devotion, her tenderness--make her vulnerable to marriage ruin in the first place. In the

²² "I used to be angry," a young girl remarked of her parents' favoritism towards her brothers, "but then my anger stopped."

marriage tale her virtue and vulnerability are framed as a moral contrast to the inhumanity and the invulnerability of the Bad husband. A diagnosis of depression is both a condemnation of a husband and an exoneration of a wife (remember that Bold Women never get depressed). Thus a woman's defenders emphasize that she is broken and ruined, as if the intensity of her suffering represents the strength of her virtue. But if the situation is ambiguous, a woman's structural enemies are likely to offer a competing account which minimizes her suffering.

The wife of a prominent member of the Mu'minana community, Zuhra, was well known among the Lajna for her unsatisfying marriage. Her husband was cold and Zuhra was tormented by her harsh mother in law. Not only did she look depressed, but she was evidently a chronic somatizer, seeking treatment frequently for a myriad of vague symptoms. Yet her sister in laws refused to characterize Zuhra as depressed or sick, and they even resisted framing her story as a Tale of Woe:

AK: I think her husband is not nice because she has so many health problems.

Sister in law: She does not have any health problems! She is perfectly healthy. Only she is worried because she cannot marry her daughter [get her daughter married]. She has not health problems. Six months ago she told her husband, "I have some problem with my digestion. I am sick, please take me to hospital." My

husband made me go with her, though I asked, "Why can't Zuhra go herself?" Then we went and spent the whole day in hospital and all the tests were coming back completely negative. The doctor said, "you have no health problem!" But she was saying, "I do, the doctor is wrong!"

Last week I went to the doctor for my (stress-related) asthma and the doctor told me: "your sister in law Zuhra was here with some rash on her hand! Why is she coming here for this thing? There is nothing wrong with her. She wanted some tests but I told her this is only a rash, it is nothing!"

AK: But why do you think she does this? She is not happy.

Sister in law: For attention only. Maybe she thinks if she is sick her husband will pay attention.

AK: So he is not paying attention?

Sister in law: He is paying! But it is this thing: when Zuhra's mother in law was looking for a wife for her son, she did not want a beautiful girl because she wanted to keep her son close to her. If she picked a beautiful girl, her son would get close to his wife. So she picked Zuhra. Zuhra was old and she was not beautiful--she was so black and so thin! Her son requested her: "Please, when you are choosing a wife for my younger brothers, please pay more attention to looks. . . ."

Is the "broken mind" of the unhappy wife a form of depressive disorder? In their descriptions both Urdu and English-speaking participants actually used the word depression.²³ Depression in the context of marriage ruin resembles the western psychiatric criteria for Major Depressive Disorder in many ways. It includes feelings of

²³ When asked what word they would use in Urdu, they often said they would use the English word "depression." The Urdu pareshani, the dictionary equivalent, is not usually used in this context. It has more of a flavor of worry and anxiety than the English "depression."

intense sadness, hopelessness and shame. The "ruined" woman mourns the end of her hopes and feels empty and lost--often part of the phenomenology of depression in western patients (Schweder, 1985). Sleep problems, the loss of appetite and physical weakness and exhaustion are very common.

Aziza: My marriage, it was like a nightmare. I look back and I don't understand it, I don't know what happened. I was very young, I really wanted to get married. I was only 18, he was much older. I think basically I admired him because he was quite religious. I hoped he'd lead me in that direction. We went on the honeymoon and that was so horrible that I still wake up at night, terrified, I'm sure that my husband is in the room with me and he is going to do something to me.

I was in a kind of shock, I couldn't think rationally. I couldn't even conceive of leaving him. I was very, very serious about my marriage vows, I took my vows like a vow to God. I didn't even consider telling my parents about what was happening. But I told my sister. She and I are incredibly close, we can almost read each others' minds. I told her things, about my marriage, even the worst things. My sister has never betrayed me in my life, but this time she did. She told my parents and both of them started crying. I was staying at home then and I couldn't believe it. I had never seen my Dad cry before. He told me, "You're not going back." I actually argued with them, that's the state of mind I was in.

When I left I fell into a depression that was so bad, I couldn't think, I couldn't do anything, I couldn't even get out of bed. I felt like I'd failed completely, I gained so much weight you wouldn't recognize me. I weighed fifty lb.'s more than I do today--and I'm only 5'2". Even now I feel heavy. . . Even today I feel like I've not recovered completely. I still feel depressed, I get nightmares. . .

We notice typical "Pakistani" themes in Aziza's account: her silence, the dissociative quality to her

symptoms ("I couldn't think straight"), her fear of failing God and her parents. Yet on the whole Aziza's symptoms resemble those of a typical psychiatric "case" of depression. In the following Tale of Woe, however, the protagonist presents a somewhat different symptom picture. Yet she too is described as "depressed":

My sister Salima's husband went to another woman. After that he didn't care about Salima at all. My sister became pregnant and her husband told her, "I am leaving you." After four months of pregnancy she was so depressed she could not move. She was receiving glucose intravenously, she did not know herself. My cousin was taking care of her and taking care of her three children. Salima had a baby. She went into a depression, it was so bad. She could not eat, she could not talk or walk. She did not know who she was. She did not know anything. She had the baby, and the whole time when she was bringing this child into the world, she did not know who she was. The doctors in the hospital did not want her to bring the child home because they said, "You cannot care for her." What do you call her condition? She was so depressed. She was only sitting the whole day. She did not know anyone. They would not give her child at the hospital because she was so depressed, they kept the child there. The doctor was giving her medicine, but she didn't take this medicine [disagreement among the listeners]. My mother says, she took the medicine, but it did not work. Then one day, after the child was two months old, Salima woke up! And she asked for her child, she was better. She said, "Where am I, I was pregnant, then where is my baby?"

However, in this case, the "breaking of her mind," made Salima vulnerable to organic disease:

But soon after that, Salima got leukemia. Then she didn't care about her husband any more. She began to care for the child, it was amazing. Then she was so happy, she was going everywhere, she did not care. (Why do you think she got sick?) Because during this period,

she was not eating. Doctors had told her not to have the child because she was anemic. And she was not eating during this time and then she had the baby. And so what happened was that she developed leukemia. She became very sick. But still she was so happy, doing everything, she was so brave. She became so sick. she had to go to the hospital. My mother went there. She was dying, but she was so cheerful, so kind to everyone. The doctors in the hospital said that they had never had a patient like that.

During her first sickness, which sounds like a psychotic depression with dissociative symptoms, Salima becomes anemic. Anemia, which for unknown reasons has a high incidence among Pakistani women (Dr. S. Ahmed, personal communication, 1996) has become associated with indigenous Ayurvedic/Unanic concepts of hot and cold humors. Pakistani women often diagnose their own exhaustion as anemia even in the absence of blood tests confirming an iron deficiency, and attribute this illness to family problems and overwork. Anemia is understood as a "lack of blood" of which the symptoms include exhaustion, weakness, skimpy menstrual periods, and more subtly, the loss of sexual passion and fertility that are associated with "hot blood." Thus anemia in a woman with menstrual problems can symbolize both a refusal of the childbearing role and the attenuation of love and sexual desire. Through her ordeal, Salima was drained of her blood and sexual passion, so that as she emerges from her depression she no longer "cares" for her husband. In her

case, according to the interpretation offered here, she lost "too much" blood and developed leukemia, here seen as a more virulent form of anemia. But though she became sick biologically, the narrators mean us to understand that she became mentally and spiritually well. She had been "cured," purified, by her illness experience.

Are the wives in these disastrous situations depressed? Some certainly seem to be so. Yet depression in the context of an unhappy marriage may have a different social meaning from that of depression in our own culture. There is a fundamental difference between the psychiatric view of depression (and all mental disorders) and the view of "marriage depression" expressed by the participants in this study. In the western psychiatric view depression is an illness and an intra-psychic phenomenon more or less independent of social context, though it may be "triggered" by social events. Yet participants in this study saw depression and other illness responses to marital role strain as social phenomena. Depression is part of a social exchange. If the husband "breaks" his wife, then "he must live with a broken woman."

The essence of this phenomenon is the social context, not the symptoms.²⁴ Therefore, when woman describe the "breaking" or depression of an unhappy wife, the symptoms they describe may vary significantly. Typical descriptions of depression--for example, Salima's illness--often sound like dissociative or hysterical disorders. Usually both physical and emotional symptoms are included, though physical symptoms, inherently more dramatic and expressive, are emphasized. The point is not that participants could not distinguish between physical and mental symptoms, as that they saw the distinction as unimportant, forming together a reaction to social events.

Distress and Symptoms Outside the Context of Marriage Ruin

A second type of illness discourse concerns symptoms that occur outside the context of a ruined marriage. These are milder, more diffuse symptom idioms which typically occur in the context of family problems such as conflict

²⁴ The participants in this study do not appear to have a well-developed folk taxonomy of emotional/mental disorders. The primary distinction, as I understand it, is between socially precipitated reactions--such as depression in the context of marital problems--and severe psychiatric or cognitive problems that derive from the genetic or biological weakness of the person. Conditions in the latter category are called "pagal," which means variously "mad, crazy" or "stupid" and appear to refer to a range of disorders from schizophrenia to mental retardation.

with in-laws, worry over children, financial difficulties, or a marital relationship which is strained (but not "ruined"). These symptoms tend to be somatic. They are generally attributed to aspects of the social system which can be safely blamed. Sisters in law, the least powerful of all a woman's affines are frequently blamed for a woman's symptoms. Aspects of the housewife role, including overwork or the lack of work--or both--were another frequent attribution. In contrast to severe depression, these symptoms occur in the context of intact, functioning marriages. Symptoms often, though not always, served the purpose of directing blame away from powerful members of a woman's social system, particularly her husband.²⁵

²⁵ By necessity this distinction is a matter of interpretation, and like symptoms themselves may be shifting and ephemeral. The study found that women who acknowledged disaster in their marriages tend to consider themselves depressed: their illness experience was organized around the disaster and the depression. On the other hand, women who considered their marriages viable, even if strained, tended to deny emotional symptoms and focus on milder more diffuse somatic symptoms. However, only in the marriage tales is a marriage ever definitively ruined or saved. A woman's view of her own marriage is likely to vacillate or shift through time, and a wife's view of her marriage may differ from the interpretation of observers. It was very common for women to criticize wives who took too dire a view of their marriages, particularly if these wives sought divorce. "Of course they had problems, like any marriage, but she was not patient," an unsympathetic observer might say, while a sympathetic observers would be likely to emphasize the ruin of the marriage and the crushing/ruin of the wife. It was also fairly common for women to deny severe marital role strain and

Somatic symptoms in women were frequently attributed to housework. Many women agreed that the housewife role is very "stressful." Several aspects of the housewife role are commonly described as pathogenic. One of these is the isolation of the domestic role. Housewives are stuck at home. They can't "get out of the house," and this has health consequences. They gain weight and fail to get regular medical check ups.

The reason a woman becomes fat after marriage is because she is at home, usually she is a housewife, and she does not have time to take care of herself. She lets herself go, she does not have time for anything except the children, not herself. She does not go out.

Sometimes the confinement of the housewife role is associated with the demands of purdah:

Ladies don't like to go to the doctor. . . We feel more protection if we go with our husbands. Also, ladies don't drive. This keeps them from going to the doctor as much as they should, also they like to have a woman doctor, especially for ob-gyn..

It was also commonly held that the housewife role entails enormous amounts of work. The sheer amount of labor is said to have health consequences for women. Missed periods were considered a common consequences of overwork:

distress. Such women might be called "somatizers." Though they looked depressed, they denied severe problems and attributed a myriad of somatic symptoms to peripheral aspects of their marriage roles. Such a woman will be described in Chapter 7.

What are the most common health problems here?
 Haven't you heard? Missed periods. This is an epidemic among our Pakistani ladies. They give home remedies, and homeopathic cures. This is a very common problem. I think it is stress. It is because women are overworked. The housewife's job is so difficult. . . It is very important. But it is stressful.

The diagnosis of menstrual problems is linked to a culturally shaped image of female biology. Women are viewed as much more biologically vulnerably than men. Menstruation and pregnancy are commonly presented as health risks. These in turn are linked to anemia, a folk illness category associated with feminine weakness and exhaustion.

Yesterday I had fasted (during Ramadan) but I felt very dizzy and I had pains in my legs, so I stopped. Women have more problems with fasting. . . as you know they are weak. How? Well, of course, they are having their periods and they are having childbirth. All these things are weakening.

Biological vulnerability was in turn linked with emotional weakness:

Women are fragile because of the menstrual cycle. Men don't have to deal with pain, PMS, all that. What do men have to do? Nothing. Women are more fragile emotionally. A lot of women take everything personally. Men don't, and men don't cry. A woman when disaster happens she doesn't think about how to solve the problem, she cries and asks, "Why me?" She blames herself. A man will try to get every advantage, make a solution. But women are not like that.

Menstrual problems were typically linked with many types of social stress.

That's true, irregular periods are an epidemic. I don't know why, but I think it's due to stress. Young girls

have it a lot. I hate it. I went to a doctor about it, but he said it's OK, it will regulate itself. I'm not sure why I have it. I'm not sure. In Pakistan it's also an epidemic, like here, but over there people don't like to talk about it, they don't mention it. Here there is more awareness about psychological reasons for things, like stress.

A young working wife, somewhat conflicted about the fact that she was working instead of staying home, attributed menstrual problems to her dual roles:

The only main concern to me is my menstrual cycle. It is irregular. I've had that for a long time. The doctor I went to said it was normal, but for me it isn't. I think it happens when I'm stressed and thinking a lot, then it becomes irregular. (What do you mean by stress?) I'm talking about stress in this sense, coming to work every day, studying, doing house work. My husband "helps" me but it's my responsibility. It boils down to a lot of things. Last month there was a lot going on. A party, things at the mosque. I missed my period. It bothers me. I worry about it, missing it. My period was delayed when I was a child. Or it was excessive, too long. My mother took me to a doctor when my periods were irregular. She wanted to check it out, she was worried. It's all stress. When I don't have anything to think about, my periods are regular.

Once a girl or her mother gets concerned about the girl's irregular cycle, reassurance from doctors does not really relieve the worry. Menstrual irregularity, viewed in our own culture as normal, is transformed into a symptom that reflects concerns or conflicts in a woman's life. A typical reason for menstrual problems in an unmarried girl was "worrying about marriage."

She just graduated. She has an unusual degree--in English and history. She is stressed out about not

finding a job and she's not married yet either, that is stressful.

Girls' excessive worry that "no one will want to marry them" is often given as a reason for their pre-marital slimness. Durdana, a young unmarried woman, reports other symptoms that result from "marriage worry."

I have some stomach problems. Last year they started. I had diarrhea all the time. Everything just went right through me. Now its not so bad. A lady told me to stop drinking water with meals. . .it's one of those traditional things, home remedies, traditional treatments. It works. Before that I had headaches, especially before my period. Two weeks before. Are you a believer in PMS then? I don't know. . . what do you think? Everybody has it here. I used to not believe in it but now I'm not sure. Why do you think your headaches started?

I started thinking too much. You know, when you're a young child you don't think about anything, you just play. But when my periods started I got stomach problems. . .now I get headaches. I think they're from, you know, stress and worry. They started when I started thinking about all this. All what? You know, you grow up and you start thinking about marriage.

Basically I don't understand men, why do they act the way they do? I'm scared because I hear all kinds of horror stories. I don't know why men are like that--I don't like them! I mean, the thing about them is they don't listen to us. We listen to them, when they talk to us we listen and try to understand. But they don't think they need to listen to us. And they get angry so easily.

Worry was often associated with headaches, which could also be caused by "spending too much time alone," because when you spend time alone you "think too much," overtaxing the brain.

Both headaches and digestive problems were associated with repressed anger. When a somewhat paranoid man, the husband of a participant in the interview study, became jealous of his wife's relationships with her sisters Naseem and Fatimah, he called these women up from time to time and abused them violently over the telephone. In each case, the woman developed somatic symptoms:

He insulted Fatimah for so long, so badly, for half an hour he insulted her, so that she became sick. For three days she was sick, vomiting and an upset stomach also.

Naseem came down with a severe headache:

When he was abusing me I didn't say one word, I just listened. I wasn't going to answer him. I only said, "speak to your wife, not to me." Then I hung up. After that I got a headache, oh my god for three days. (Daughter: She got the headache because she held in the anger. That's very bad for health!)

Controlling anger, a necessity for most women, is often viewed as a cause of symptoms, as the report of a young married woman named Sara indicates:

I have trouble breathing sometimes. I get this problem when I get upset. I used to get this when I was younger and having a conflict with my [abusive] father. We couldn't talk back--when a kid gets angry he can't express it to his parents. I would be in my room alone having this symptom. I didn't pay much attention to it. I'd just find myself gasping. I only get this problem when I get very very upset, not just mad but when I start crying. . . (later on when I was older and) my parents found out about my fiancée and locked me in the house, I had some attacks, especially when they were talking about my arranged marriage to someone else. . .

During that period I could not show anything, any feeling. . .

Later this young wife noticed that this symptom came over her occasionally when she and her husband argued:

We argued a few times over little things--misunderstandings. . . When my husband and I got in an argument I started gasping--that's when I realized I (still) had this problem. My husband was worried.

Conflicts with her husband were evidently extremely threatening and evoked a lot of anger that the young woman felt was inappropriate. Notice here an attributional pattern typical of women in stable marriages who tend to be higher in Defense. The psycho-social precipitant of the symptom--whatever her husband is doing to make her angry--is minimized, while the psychological or characterological precipitant is emphasized.

Sometimes I cry so much--I think I exaggerate my emotion, get too upset, cry too much. I realize it's wrong to get that upset. I need to think about what I am doing, I shouldn't be so emotional.

Traditional Pakistani views on illness causation include many environmental factors. Changes in temperature, excessive heat or cold, and an imbalance of "hot and cold" food provide an almost endless source of explanations for symptoms. Occasionally these explanations are used to obscure the social cause of symptoms.

A woman named Nabia was known to have a difficult marriage. However she was very conservative and deeply identified with her affinal family. Nabia developed symptoms which were clearly related to her living situation but could not be acknowledged as such. She was very unhappy about the fact that her husband seemed to lack interest in her and was often displeased with her. But she organized her worry into a more manageable concern that her husband did not like her food.

Nabia spent hours fretting and worrying about the household menus and was always calling her friends to get recipes from them. She altered her cooking style to include more of the mustard seeds and chilies that her husband liked. As this strategy failed to please her husband sufficiently, Nabia developed digestive symptoms that she interpreted as a consequence of the over-spiced diet that her husband forced her to eat. A daughter's account shows how Nabia's symptoms serve both to highlight her distress while diffusing the blame.

My mother has so much work to do. People in my family always complain about the food. They don't like to eat vegetables. So now the food is so spicy it makes your eyes water. I told my mother not to cook for me but just cook for my father. My mother spends a lot of time worrying about what to cook because my father complains. My mother can't speak up. She is very shy. .

Later Nabia's daughter brought up the topic again:

My mother had to go and see Dr. Y. about her stomach problems. She's got indigestion now. Remember I told you that my father likes different food from everybody else in the family? He is never satisfied. He likes this really spicy, greasy food, I can't eat it myself. I tell her please, just cook for him. But now she's getting heartburn from the food.

This section gives some examples of ways that women talk about symptoms and illness outside the context of a disastrous marriage. As we note, it is rare that psychological symptoms will be mentioned in this context. Durdana's "worry" about marriage points to intense anxiety. Yet it is often the activity of worry, the mental work, the strain on the brain, that is believed to cause the headaches--not simply the emotion that precipitates the activity. Sara's breathing problems, though attributed to anger, shift attention away from the violence and injustice that arouse her anger. "I think I exaggerate my emotion, I get too upset," she says. Menstrual irregularities, not precisely a symptom, are conceptualized as such among Pakistani women and become a convenient marker or symbol of psycho-social problems and concerns.

In general symptoms are usually attributed to worrying, holding in emotion, and to the exhaustion, isolation or boredom of domestic life. Therefore it is not very

surprising that wellness, discussed in the next section, is expressed among Pakistani women through a discourse that focuses on images of freedom and mobility.

The Discourse of Well Being ²⁶

In Midnight's Children (Rushdie, 1980) the Muslim narrator Saleem Sinai's great grandmother, who has spent her life in purdah, sacrifices her modesty and abandons the burqa in order to run a gem business and put her beloved son through medical school. But the moment she takes her place behind the counter of the gem shop, removing her veil because "nobody is going to buy a piece of turquoise from somebody they can't see," she is stricken with a strange psychosomatic disorder, a blush of pathogenic shame that spreads across her face, heating her blood and bringing forth a rash of boils, pimples, and eczema.

This study was conducted among third generation descendants of Saleem's great grandmother's contemporaries.

²⁶ I have devoted less attention to health discourse than to illness discourse for two reasons. The first reason is that because though the language of distress is heavily infused with illness metaphors and explanations, the language of well-being is expressed in many other discourses besides that of health. "She is happy," was the simplest and the most common description of well-being in a married woman, but this quality was also expressed in terms of spiritual and moral metaphors. The second reason "wellness discourse" receives less attention here is because I have focused by necessity more on role failure and illness than on role success and wellness.

Kashmir, where Rushdie's story begins, is only a few hundred miles the North Indian birthplace of the Mu'minana sect. Interestingly, the anecdote echoes speculations in fieldnotes taken in the early phases of this study. Because of the emphasis in mosque discourse on the protective and dignifying functions of purdah, these early fieldnotes speculate that feminine psychosomatic disorders may be found to be associated with unveiling, exposure, and violated modesty.

Rushdie's novel is fiction, not real life. Yet the particular illness image he chooses to express the pathogenic consequences of shame would be recognized immediately by many women who participated in the study. The skin on one's face is commonly supposed to act as a physical testimony of inner feelings. When a newly married girl comes to the mosque observers scrutinize her face for signs that she is "happy" or "unhappy." Some women pride themselves on their ability to read faces. Shadows under the eyes, rough skin, wrinkles, rashes and acne become guideposts for reading the private chronicle of a woman's life at home. Yet it would be unlikely today for women to interpret such rashes, or any other physical or emotional symptoms, as a consequence of setting forth into the outside world.

Nobody wants to return to the days when women never set foot out of the house, before the prophet of the Mu'minana sect brought reform at the end of the last century. This reflects the shifting terms of feminine prestige as they in turn reflect processes of modernization and acculturation. Nowadays the professional woman, not the secluded housewife, represents the pinnacle of social prestige. Therefore it is not surprising that while illness discourse expresses itself not through images of exposure, but through images of hiding, concealment, and suffocation, health and well being were associated with mobility:

I live near here, in an apartment. Where do you live? Oh, Manhattan, I love Manhattan. I have a cousin there. . .I went to spend the night a couple of times and I love it there--you can go out any time of night and walk anywhere, all the shops are open. . .I love going out. . .if I don't go out I feel bad, if I go out for just an hour I feel better. My husband complains, "When you stay home you are always sick, and when you go out you become perfectly healthy!" It's so true, when I stay home I get headaches, I feel dizzy all the time, but when I go out I feel like I can do anything!

"Going out" is associated with freedom and agency, but even more pertinently with male permissiveness and support. Women wanted to be able to go out, but for the most part they wanted to go out with their husbands:

Some husbands tell their wives, "Why do you sit at home all the time? Why are you wearing that stupid [traditional] dress? So and So's wife is going everywhere with him, she is not shy, she is wearing western dress and looks so well. If you don't come with

me I'll go alone." In my case my husband takes me everywhere, we are going going together. To some parties, to restaurant for dinner. But some husbands they become too Americanized, they go alone. . . On the other hand husbands are very different. Some husbands don't encourage their wives, they want them to sit at home, not enjoy life. Others encourage, they are very good. If your husband encourages of course you can go everywhere.

A common phrase used to describe happy women was "going going." If someone is "going going" she is energetic, determined, she is doing the opposite of the much despised "sitting in a corner," she is free. And by extension the paradigmatic description of a happy marriage was "She is going going and he is going with her!"

Chapter 6: Role Strain and Symptoms Among Unhappy Wives

It is a peculiarity of the dramatic frame of the marriage tale that the narrator often denies that she is telling a story at all, disclaiming any disparity between the tale and life itself. "I will tell you something now and you will be very surprised. You will not believe me! But is absolutely true!" As we examine the life histories of the eleven married women in the interview sample, however, we will see that though women often struggle to frame their experience in terms of the axioms embodied in the marriage tales, real life is often very different from the stories.

In the narrative structure of Tales of Bliss and Woe, a wife begins her married life helpless and vulnerable. If her husband is "good" he will salvage her honor and bestow a new dignity upon her. If he is bad, she will collapse in depression and despair, she will be old before her time, she will be "ruined." The husband is the chief actor in the study while the wife's role is to react. The husband performs moral action; the wife rejoices or suffers. As we have seen, the only feminine strategy that is morally unambiguous is khidmat: loving service. A good woman will

protect her husband's honor by defending him and keeping his secrets.

Both happy and unhappy wives attempted to frame their own lives in terms of these moral prescriptions. This process could be discerned through breaks in logic, incoherence, and inconsistency in the life history accounts in the interview study. One of the benefits of the interview/participant observation method described in Chapter 2 was that it was often possible to collect competing accounts of a woman's life story from her friends and relatives. These revealed the ideological and political interests that shaped women's understanding of themselves.

At least one marriage tale axiom--that marital success and feminine well-being depends on the personality of the husband--was strongly born out in the interview sample, however. Each of the unhappy women had unmistakably bad husbands, who had in most cases drawn criticism and censure from community elders or their own families. Of these five women, at least four experienced demoralization and symptoms which they attributed directly to their marriage problems: symptoms which, for the most part, had a strong effect on their lives and formed a conspicuous feature of their self-description. In fact, for several of these woman their self

presentation was organized around their experience of marriage ruin.

The six happily married women, on the other hand, had husbands who (from the researcher's knowledge) were well regarded in the community. Though some of these six women did complain of symptoms which appeared to be related to gender role strain, as a group they looked in far better physical and mental health than their "unhappy" counterparts. Moreover, mental and physical well-being was an important feature of their self description. In each case the wife attributed her health and well-being to her husband's virtue. The emphasis on the husband as actor caused women to minimize the hard work and sophisticated efforts they made to maximize the success of their marriages. Though some of them reported symptoms that they attributed to aspects of their social roles, these symptoms served to serve the ends of defense, deflecting attention and criticism away from husbands, in-laws, and from the gender system itself.

In this chapter we will examine role strain and symptoms among the five unhappy wives. The following chapter examines role strain, adaptation and symptoms among three of the six happily married women.

1. Naila

The first life history to be examined is that of Naila, a 65 year old widow. Naila immigrated to New York ten years ago and currently lives with her daughter's family. She recounted a harrowing experience of depression that she still remembered vividly after more than thirty years. Her depression took a "classic" Tale of Woe form in which the wife retreats to bed, experiences alterations in consciousness, and loses the capacity to eat, speak and work.²⁷

Naila's husband Muzamil was a self-taught village "doctor," a capable man who made a good living in their small provincial town. From its earliest days their marriage lacked intimacy and emotional warmth. Naila wonders now whether her husband had ever been attracted to her. Though pretty, she was a tiny woman under four feet ten. At the time of her marriage Naila was athletic and had a passion for basketball: her husband, apparently, was critical of her "hard muscles."

From the beginning of their marriage Muzamil was faithless and wasted money on prostitutes and mistresses. His wife, who had fallen in love with her husband, suffered

²⁷ This interview was conducted with the help of a translator.

intensely from his emotional neglect and her own sexual frustration. The couple often argued and Muzamil, who had a violent temper, often beat Naila. In keeping with the marriage tale prototype of the virtuous wife, Naila reports that she did "nothing" about her husband's behavior, explaining it is a wife's "duty" to be "patient" under these circumstances. However Naila's daughters, who are listening to the interview, recall that their mother many times told them that she would have divorced their father if she had had any way of supporting her children.

Eventually Muzamil fell in love with a woman living in a distant village. He moved in with this woman and his visits home became shorter and less frequent. Gradually his financial support to his own family decreased. At a certain point Naila, who had seven children between the ages of three and sixteen, realized that she had been all but abandoned. The family had enjoyed a middle class standard of living and the growing threat of poverty represented an agonizing loss of status. Grocers and tradespeople were already complaining about unpaid bills. Timidly Naila approached her in-laws for help, but it was not forthcoming. Naila's own parents, particularly her mother, also seemed

indifferent to her sufferings. At a certain point Naila collapsed.

When he told me I wasn't his family, that he wasn't coming back to me anymore, I fainted! I couldn't take it any more. I gave up for a time, the problems were so bad. I was depressed ("There was a depression" Depress hota hai.) I knew I was in a depression, but it was so bad I couldn't think for myself. I didn't know where I was. I couldn't eat. There wasn't any pain, but when I went to the bathroom everything came out like water, more than I ate. My skin became a blue color instead of white. I lay in my bed for many days. Though I knew my children needed me, I could not rise to care for them.

In her periods of lucidity as she lay in bed, Naila worried about the affairs of the household--the cooking, cleaning, bills, and the care of the small children. When she finally got out of bed, pale and wasted, she found that the household had been run well during her illness. "It was as if angels took care of us," she says. The "angels," of course, were the older daughters who took over the management of the house.

Naila continues:

But that depression lasted only a short time, because I knew that if I let myself stay depressed God would be angry with me. At a certain point, I prayed and had a communication from Allah, who told me that he did not want me to be depressed.

For Naila, depression has to do with disappointment and frustrated desires, while the cure has to do with

resignation. "Why should you (ever) be depressed?" she asked me. "You were not put on earth to be happy."

Naila recovered from her "depression" fully. Though the years that followed were very difficult--her husband often failed to send enough money and sometimes the children had nothing but bread to eat--she never again experienced depression. Even today, she is known for her sanguine temperament. "Nothing upsets our mother," her daughters report.

Yet her bout of depression had lasting consequences for Naila. Her digestion was ruined. Even today she can't eat many of staples of Pakistani cooking including fruit, beef, bread and chilies. She has never gained back the weight she lost during her depression and remains painfully thin. Perhaps most significantly, her menstrual periods stopped and she experienced early menopause.

Naila's "depression" also made a difference in the emotional equilibrium of her primary social roles. According to her daughters, she had always been a somewhat naive, innocent person. Her daughters had always worried that she would not be able to find them good husbands because of her lack of worldly knowledge. She had been a poor household manager. After she got up from her bed the girls took over

much of the household work. Her daughter Naseem took charge of the finances, budgeting the money her father sent sporadically. Naila, who had always been exceptionally pious, spent more and more time in prayer and meditation.

When Naila looks back on her experience of depression, she recalls with horror the terrible sensation of the loss of control over her mind and body. She feels she could have become insane or died if she had not taken control of herself. She believes it was her prayers that brought her through the experience. Today she is known in the community as someone who is "strong in prayer." Naila's family is proud of her piety, which they believe has brought blessings on their whole family.

We can see, though, that Naila's depression served a function in a time of crisis in her life. It allowed her to retreat from "the world" and renounce some of the domestic responsibility that had weighed heavily on her by forcing her daughters to step into their mother's place. Evidence also suggests that Naila's experience also served as a rite of passage from one state of being to another.

I have noted that Naila's menstrual periods stopped during her depression and never returned. "I never had bad feelings again," she says cryptically. In the

Ayurvedic/Unanic conception of the body²⁸ female fertility is based on a sufficiency of bodily heat that is associated with blood. Blood provides the heat and energy that nourishes a baby in the womb. Since menstruation is the sign of the continuing abundance of hot blood in the female body, Pakistani women are extremely preoccupied with the regularity and sufficiency of menstrual blood. The heat of uterine blood, while necessary for reproduction, is also associated with morally ambiguous sexual passion and love.

Prior to her depression Naila had been "hot": she'd had seven children, she'd had a temper, she'd been "hard" and athletic, and she was sexually passionate. But when her husband abandoned her, Naila "lost her blood" in an attack of depressive illness. The "loss of blood" is a folk illness characterized by irregular or skimpy periods, exhaustion, and weakness. Naila turned "pale blue" in color and became completely exhausted. Depressive illness quenched and purified her, and many of the "bad feelings" associated with love and sexual desire--jealous anger, loneliness, despair--stopped troubling her.

Naila became "cool" inside. As passion and desire were quenched she became deeply religious and retreated from the

²⁸ The following is a very rough and approximate description.

world. Her present dietary restrictions support this view. She avoids "hot" foods which are believed to enflame the passions; she also avoids "cold" foods which could exacerbate her lack of inner heat.

We know that Naila never again became "depressed." In fact, her behavior after this period is characterized by a saintly equanimity. When her husband's lover died and he returned to her household, Naila comforted him through his mourning period, telling him that he would see his lover in heaven. She brought his illegitimate child to live in her household and raised her as her own daughter. After a time her husband became sick, and Naila nursed him until he died. Naila's husband felt her new detachment as a loss of advantage to himself. Apparently he reproached her, saying: "You have no blood left in you."

But the "loss of blood" and the depression were perhaps the only strategies available to Naila. Depression became a ritual ordeal marking a rite of passage between one state of being and another, allowing Naila to accomplish a retreat from her marital identity into a new identity as a bait ("pious one"). In the terms discussed in this study, her honor and identity were "salvaged" and she was saved from ruin by her new relationship with God--a time honored

solution to marital disappointment in South Asian culture
(see Roy, 1981).

Once I was so depressed and I cried so much, because I and my husband were having an argument, and I called to my husband and begged him to let me put my head on his lap. He let me, and I cried and cried with my head on his lap. He didn't say anything, he just sat there, it was as if he had no feelings. Then Allah spoke to me. Allah said, "You can't do this." And so I didn't do it any more.

Naila's depression happened thirty years ago, in a time when Pakistani women were much more powerless than they are today. Naila had been brought up in seclusion and was barely educated. Perhaps this is one reason why her depression takes such classic form--a complete retreat and a complete loss of function. As we have seen in Chapter 4, many Pakistani women explain the form of depressive illness as a direct result of feminine helplessness and powerlessness.

2. Sara

Sara is a generation younger than Naila, a married woman in her mid-forties who has been living in New York for about twenty years. During the interview Sara talked a good deal about her childhood growing up in a small provincial town that has been the center of the Mu'minana sect in Pakistan. Sara was raised very strictly. Though she was bright in school she was not allowed to continue her education after high school at the University of Lahore, a

loss she still regrets and resents. She was married at twenty two to a first cousin, a handsome boy somewhat younger than herself to whom she had served the role of an older sister and confidant.

Her husband Saleem, now a prosperous business man, provides generously for Sara and her three children: she has her own car, checking account, lots of clothes and jewelry, and trips to Europe. Sara is college educated,²⁹ speaks English, and is a popular member of the Lajna Immailah, where she holds office. Yet Sara has been depressed for a number of years. At the time of the interview her depression had grown more severe: she was experiencing a crisis in her marriage and was contemplating leaving her husband. Her marriage had always been a disappointment to her. From its early days her husband had resembled the standard Tale of Woe neglectful husband. Unlike many Pakistani husbands, he was deeply involved in his business and spent little time at home. Sara would have been very lonely except for the fact that the couple lived with Salam's parents, Sara's aunt and uncle. Sara and her mother in law spent most of the day working, talking and drinking tea together.

²⁹ A "college" in Pakistan is distinct from a university. A college degree is probably the equivalent of a two-year degree from a US college.

When I first came to this country, we were living with my mother in law. I liked it very much. I wasn't going out, only staying at home, taking a long time for breakfast, talking all the time. I loved her so much, I was more close with her than with my own mother-- really!

Though she treasured this relationship at the time, she is ambivalent about it now.

I have been thinking and thinking, and I don't know what happened (with my marriage).. . maybe my mother in law was too kind to me. . .

While she lived with her mother in law, she was safe, immune to disappointment. She hardly felt lonely. As she now sees it, though, her sense of safety was a false one. Sara's mother in law had kept her dependent just as her own mother had done:

I wish I had had just some encouragement. When I came here I was taking a few courses at the community college, and then I got pregnant. Well, I wasn't feeling so well, I felt ashamed to let other people see I was pregnant. But instead of saying, "Don't be ashamed, there is nothing wrong. Go to school, learn," my mother in law told me, "It's OK if you don't feel well, if you don't want to go out, if you want to miss your exams. Just stay at home here with me." So eventually I stopped the school.

Sara particularly needed her husband's "encouragement" in order to develop her potential. Without his encouragement, she hardly felt strong enough to negotiate the outside world:

After I came here, I went for the driving test with Nahid, just for a joke, we did not think we would pass. And I passed the test but she didn't, so everyone was

saying I was so intelligent, and saying I must learn to drive right away. Well my husband had a big Cadillac, and he took me out.

Sara's lack of acculturation to American culture is linked with her innocence, her immaturity, the ultra femininity of a girl who has been brought up too strictly:

I was a simple girl, I had never driven in a car except in the back seat, but he didn't explain anything to me! He should have said, "That is the brake, that is the gas, " etc. I didn't even know what gas was, because at home we say petrol. So we are on the street, and he tells me, "Drive!" But I didn't know how, so we start moving and I am going into the tree! So he says "Stop!" but he hadn't told me where the brake was. So I ran into a tree.

The driving lesson is a test, and Sara fails:

My husband, it was typical, he didn't reproach me, but he said, "I don't want to drive with you again." So I did not learn for many years. . .

After a number of years of marriage, Saleem persuaded Sara, who was very reluctant, to leave her in-laws' house and move in to a house of their own. She had hoped that this move might make her husband feel more comfortable in showing his affection for her (see Chapter 3). However, after the move Saleem continued to ignore and neglect Sara and the children. Sara felt incredibly lonely and depressed without the company of her mother in law. The move occurred after the birth of her fourth child, a daughter, after which she

felt very "tense and weak." In the ten years since this time her depression has grown more intense:

I am feeling depressed now because my husband is never here, he is never at home. He leaves at eight o'clock in the morning and comes at two three in the morning. I can't do anything for him. When I was first married I used to prepare food for him and wait up until he came home, but he began coming so late, how can I wait for him? It is no use. A wife is sad when she can't prepare food for her husband.

Eventually she realized that Saleem was unfaithful:

I realized that my husband is going with other women. When I realized this my eyes were opened, I thought, you have been too stupid, too innocent. You know nothing about the world.

"I was too innocent." For Sara, as for many women, innocence is associated symbolically and also has a practical relation to powerlessness. She feels somehow that if her "eyes had been opened," her problems, the crisis in her marriage, would never have happened to her. What her eyes were opened to was the reality of male/female relations--the gender system itself. "I thought in my heart that even if other mans are doing these things [adultery]," she says, "Mu'minana men are not doing them." When she thinks about the long history of her marriage and realizes that Saleem has been unfaithful all along, she feels very bitter, not only against Saleem, but against the social

order that kept her in ignorance, unable to think for herself or even perceive reality for what it was.

Another way Sara expresses her powerless is in an incapacity for speech:

I am thinking and thinking why I am not happy, what is the reason for my problems. . . I am thinking, maybe it is that when I was married, I loved my husband too much, so I could not speak. . . I think it is because Pakistani girls are so shy, little free. . . Pakistani girls, when they get married, they don't know anything about men, or about marriage--their mothers don't tell them anything!

As Sara speaks about her husband, she recalls her own upbringing. She recalls with anger that her mother had not allowed her to go to medical school "even though girls were wearing full purdah at the University of Lahore." The reason her mother did not educate Sara was because of her own ignorance of Quuranic teaching. Like many emergent "feminists" who participated in this study, Sara understood her new capacity for structural critique as part of a religious awakening.

Learning the Islamic way gives a woman all rights. But education of girls is only one hundred years old (since the beginning of the Mu'minana movement). You know, my grandparents did not even want my aunt to learn to read--they thought if she reads and writes she will be writing letters to boys!

When Sara's "eyes were opened," she experienced uncharacteristic anger. She confronted Saleem's parents with

his behavior. But she was not at all satisfied with their response:

They say ("Be satisfied). See, he is such a good husband, because he is giving you a nice house, nice clothes, making so much money for you.

This may not be cynicism on their part, but a gesture of support. Saleem's parents are trying to reassure Sara that she is not "spoiled" by his treatment of her. She is still an honored wife.

But I told my father in law, "I don't want anything of his, I don't want his house, or his gold, if he won't give me his love."

Drawing on themes of IE discourse echoed in mosque speeches, Sara asserted her right to an egalitarian marriage. She had been faithful and loving and she had the right to the same treatment. Still extremely angry, she adopted a strategy that has been advocated in mosque discourse but is actually an extremely unusual practice in the Mu'minana community: she went to the jamaat--literally the "community," the mosque elders. The missionary agreed to counsel the couple. But when he met with Saleem and Sara, he nervously forbore to criticize Saleem. "All he said was, 'Oh, you are so good and y our family are so good people,'" Sara reported bitterly.

Her strategy backfired as her in-laws became furious with her. By making her accusation public Sara had told a family secret, endangering the family izzat and playing the part of a traitor. In her in-laws' reframing of the situation, Sara's disclosures to the missionary were the real crime, much worse than Saleem's sexual indiscretions. Sara lost the friendship of her mother in law, who now chose another daughter in law to be her favorite.

At the time of the interview, Sara appeared moderately depressed. She was sad and tearful, complained of various pains and somatic symptoms, and felt exhausted. She admitted she felt too tired to do her housework, but she forced herself because she felt she needed to keep busy. Her most painful "symptom" was her hopelessness: her sense of failure and emptiness, of being ruined. Of her marriage, she said, "This is not marriage." She believed that the possibility of fulfillment as a wife was finished. "My golden time," she expressed it poignantly, "is gone forever."

At the heart of the matter lay the fact that Sara still loved Saleem. Even though she was very angry, her love had not gone away. "I am thinking that if my husband will encourage me," she said, "I would be the happiest woman on earth." She criticized herself for her love, seeing it as a

sign of weakness. She disparaged her weakness, her inability to "speak" to Saleem, to give him an ultimatum. She had been raised to be loving, she had thought of love as a virtue, but, she admits, "Maybe I love my husband too much."

Sara also sees her depression as an advent of clear vision and she struggles with its implications. She looks back on her life ("I am thinking and thinking why this happened to me") and she also looks forward to the future ("I am thinking and thinking what I should do.") She feels the beginning of an emotional shift ("My respect for this man is running out of my heart.") that will free her from her emotional dependence. Interestingly, even in her depression, with its flavor of agoraphobia (I know I should go out, but I can't.") Sara is beginning to think of "going"--of going somewhere or becoming something.

I go to a gynecologist for my doctor--she is a Hindu woman of my culture. She is very understanding. I go with all my health problems. . .but I know all my health problems are because of (my marriage) problem only. When all this began I went to her and told her everything that was happening. (What did she say?) She told me, you can't expect him to change. You have to work for yourself, go out and find some work, do something for yourself, and then you won't feel so sad.

Like the "classic" form of depression in the Tale of Woe, Sara's depression represented a retreat from the world. In the interview she emphasized her solitude, her lack of

friends, her limited opportunity for conversation. Evidently Sara understood her experience in terms of the classic image of suffering that is expressed in marriage tales--the image of silent helplessness that does not seek relief through speech. Yet Sara wanted to talk:

I will tell you something now, that I haven't told more than two-three times, I am too ashamed. I am only telling you because you are a psychologist and this is a confidential interview.

As later became apparent, this disclaimer was not a representation of fact. It became clear that Sara had discussed her situation with a good many other people. Evidently she began to find that disclosure, instead of making her feel ashamed, actually dispelled shame and made her feel a good deal better:

I have one friend I tell about it. I am talking to her on the phone two or three hours--since I came back from London I am afraid to call her because maybe we won't stop talking. She is like you--she is admiring me, she is crying too. She says: "Baba Rani (that is my nick name) you are so good, you don't know how good you are." But other lajna don't know about it? Some know because they have heard. There are rumors. . Farquenda (the Lajna President) said to me: "Sara, you are too good. I won't say anything more, but I am praying for you."

Sara's whole stance in her marriage situation was one of adherence to new egalitarian gender ideology of IE, which promised her that she should stand up for herself and seek the help of the Jamaat. The (male) missionary had

disappointed her, but now the official mouthpiece of IE, the President of the Lajna Immailah, was explicitly encouraging and supportive. The sense of a new "feminine" community was almost exhilarating to Sara. Along with the disenchantment with her former life Sara felt as if she were coming awake to new possibilities.

I have so many people encouraging me, and I have a friend who is telling me, "Women can do anything!" I should do something--I wish I had known that before!!!

Naila's and Sara's stories have many elements in common. For each, much of her distress was related to her emotional dependence on her husband. When support and legitimization were not forthcoming each woman became depressed. The crisis of depression that each experienced took the form of a rite of passage in which the wife found herself questioning the "useless love" that bound her to her husband. Sara took confrontative action to control and influence her husband's behavior and to help herself become more independent: she reported his behavior to elders, she moved out of his house³⁰ and took a job. Naila did not have these options open to her: her option was a retreat from the world into a more religious mode of being.

³⁰ Unfortunately I know very little of this episode. After living apart for a year the couple was reunited. I don't know on what terms.

3. Alia

A third unhappy wife, Alia, a woman of about Sara's age, had a very different kind of marriage. Alia's husband Sultan is a classic bad husband of the jealous, possessive type. From Alia's point of view, he had always been much too identified with his own family. He is a submissive and traditional son, strongly pious, and emotionally dependent on his dour, possessive mother.

The couple spent the first ten years of their marriage in a joint family setting. Two brothers with their wives and children, as well as their mother, were crammed into a small two bedroom apartment in Flushing. Alia felt cramped and uncomfortable, but the worst part of the situation was that she felt under constant surveillance by her in-laws. The family was very traditional on matters concerning women. Daughters and daughters in law kept purdah strictly and stayed at home unless they had a good "reason" for going out. Alia's sociability and her habit of visiting friends and neighbors was strongly disapproved of. Her elder sister in law was anxious, conservative, and highly identified with her husband's family. To gain favor with them she often told tales on Alia, complaining that the younger woman neglected her and failed to do her share of the housework.

Alia says that in the early years of her marriage she was not happy. When asked if she was depressed, she says she wasn't, "or only a little bit." Alia may have felt symptoms of depression, but her state of mind at that time does not meet her own criteria for "depression." For Alia as for many women, marriage-related depression has to do with collapse and ruin:

I am never depressed. That is my weakness (laughter). If I could be depressed, then maybe my husband would listen to me and think, "I should not make her depressed." What would you act like if you were depressed? Oh, lying down whole day, can't do anything, don't talk anybody, don't get out of bed. I cannot do this behavior except for a very short time. (laughter)

In those days, she says, her husband was "bad but not too bad." The couple quarreled frequently, often about money. Sultan was extremely strict about money and Alia could buy nothing for herself without asking for it. He was successful in his business, but (as she saw it) he sank his money into his own family. Though it is a matter of debate whether Alia was "depressed" in those days, she certainly was lonely, and she was also very irritable:

In those days I was very upset with my in-laws, my husband, and many time I yelled at my husband. You should not yell at your children. . .but I used to yell at my daughter Kalida and tell her, do housework, do these things, help me in the house, do the dishes. But Kalida never did these things because she wanted to do her studies. So I yelled at her, I even hit her. Why? I thought, she doesn't care about the house, and she

doesn't care about me. That is why I was angry. I wanted her to do housework. . . Because? Oh, our culture thinks a girl should just stay home--she is girl, why should she study, why doesn't she just stay home. Stupid things like this. It is our culture.

After they had been married about 12 years, a significant change in their marriage occurred when Alia's older sister Naseem immigrated to the US with her family. Alia's older sister was an extremely vibrant, powerful person who attracted friends and admirers wherever she went and soon became the center of a wide social network in her neighborhood. Though only a year older than Alia, she had always been her sister's mentor and protector. In describing her sister's condition at the time of her arrival, Naseem employs classic images of marriage depression and ruin:

Alia was so unhappy, she was crying every single morning, "oh, my husband is so bad with me." She looked so old, her face was like old woman, and she was so thin. Her clothes were so old, so dirty. She cried all the time. "So I told her, "don't cry. I don't want to hear this crying. If you must cry, then divorce your husband. But don't cry!"

The competing descriptions of the two sisters hints at another point of divergence between the Marriage Tales and real life. In the tales "marriage ruin" is always permanent and unmistakable. In real life, marriage ruin can be a state of mind that is periodic and ephemeral. From her present position of strength and security, Alia has a hard time

seeing herself as "ruined." Naseem, however, would obviously prefer to emphasize her own heroics in "saving" Alia by emphasizing Alia's state of "ruin" at the time Naseem arrived on the scene.

According to all accounts, including those of Alia's children, Naseem's arrival made a very significant change in Alia's life. It was as if the sisters had returned to an earlier time and an earlier relationship in which Naseem scolded, protected, instructed and supported her Alia. She told Alia what to cook and how to organize her household. And Alia's mental and physical condition improved dramatically. She put on makeup and started wearing the pretty clothes her sister sewed for her. Her children recall that she became a lot less irritable. Her behavior towards her daughter changed significantly. Naseem told Alia to leave Kalida alone and let her study. We recall Alia says "I used to yell Kalida. . . even I hit her," but

Then my sister came and she told me, "Don't force her. Don't speak angrily to your children. Kalida is doing one thing, her studies and she is doing them very well." So I stopped.

If Alia's children appreciated their mother's improvement in mood, her husband did not. Something was happening to Alia that Sultan did not like. He felt his wife was changing. He had always been strict and controlling with

Alia, but now this tendency erupted in a full-fledged case of jealousy.³¹ He felt that Alia's sister was "taking her away" from him, causing her to neglect her children, her affines, and her housework. Alia doggedly continued to fulfill her marital duties: cooking for her husband, serving him, and making sure she was at home whenever he was there. But when Sultan demanded that Alia stop seeing her sister altogether, she refused outright. Their relationship changed dramatically and their marriage became psychologically violent and confrontative as it remains today.

After a number of years Sultan bought a house for his family, but the change to a nuclear family setting did not, as sometimes happens, improve relations between the couple. Without the presence of his own relatives to keep tabs on Alia during the day, her husband became increasingly paranoid. Alia tried to calm him down, limiting her visits to her sister and even cutting down phone conversations. But Sultan began indulging in frantic, self defeating temper tantrums. He followed Alia around the house for hours at a time, screaming insults and reproaches.

One time so many guests came, my family was also here. Some children were sleeping the basement. My

³¹ The researcher had contact with Alia's husband, who tried to use her influence with his wife to gain political ends in his marriage.

husband was quarreling with me so (I didn't want to sleep with him so) I went and slept with them. My husband came early and yelled too much at me. He was like crazy. He was yelling, I don't like your sister, your father. You will have to leave my house, don't stay here any more. But I told him, No. This is America. If you don't like it, you will leave! I will stay with my children. . .

If he brought her to tears of despair or anger during one of these quarrels, he would soften and beg her to have sex, saying, "This is not good, I love you, we are husband and wife, why don't you treat me well?" But the emotional balance of the relationship had changed. Though Alia had enjoyed sex during the early years of their marriage, she now found she had little inclination for it. Perhaps what had happened was that she could now afford not to be interested in sex.

But it is a funny thing about me, when I feel angry I don't have a desire for sex. Many times during sex I don't climax. My husband doesn't like it when I don't climax. I think that is one reason why he can't have sex now.

In keeping with a widely held view among study participants that a lack of sexual outlet makes people sick, Alia assumed that her husband's impotence in turn was responsible for his multiple health problems including diabetes, high blood pressure, etc. Therefore, at a certain level, it was her own refusal to give herself sexually that was causing his health problems. Interestingly, Alia's in-laws believed this

implicitly and constantly reproached her for "ruining" her husband's health by her lack of love and "care" (khidmat) for him. Alia countered this accusation by pointing to the fact that she continued to perform all required wifely services. Thus in a sense, the conflict became an argument over the meaning of khidmat. On the one day a week she visited her sister, Alia always prepared an elaborate meal for her husband and left it for him to eat when he returned. Sultan often refused to eat it and left it sitting on the table. This counter attack, full of significance and reproach, upset Alia a good deal.

For Alia, as for each of the other women described so far, the issue of marriage ruin centered around the presence or absence of love. Though Alia did not like to admit it openly, the fact was that she did not love her husband anymore. She realized that it was her lack of love that made her strong:

So many marriages are bad, and the men are treating the wives so badly. Pakistani ladies are sensitive ladies. You have to live with what you have. If they don't get their wishes in their marriages they will be depressed. But I am different. I will not get depressed in any circumstances. I try to hold myself. . .
In her comments on Sara's marriage, she shows clearly

that loving--"caring"--is the source of a wife's weakness:

Sara's husband runs after women. Everybody in our community knows this. He drinks also. But she told me this is his only fault, otherwise he is nice, he never

shouts, never says anything to the children. And he is giving so much money. She is very upset about this thing. She told me about it one time when we were going in the car to someplace, she told me he has this habit that he runs after women. But she told me his behavior is very nice at home.

She cares too much! She should not care. She can go see her brother, her sister, her mother. She has a car and can drive everywhere! Why doesn't she go, and leave him alone? Why? She should leave him alone. She can have freedom, a nice house. And maybe if she doesn't care about him he will come back.

Yet Alia was not prepared to admit fully that she didn't love her husband. When he reproached her, saying "You do not love me," she replied stiffly, "I do not love your behaviors."

At the time of the interview Alia was a friendly, sociable, pleasure-loving person, curious and interested in other people. She looked tired and worn but was fond of bright colors and heavy makeup. Like many other women in the interview study, Alia was mystified by her marriage "fate." She had married unhappily--her husband was "not good," and her in-laws were "very bad people." Yet somehow she had escaped the "ruin" of a disappointed wife. The fact was that Naseem really had replaced Sultan in Alia's affections. The mutual feelings between the sisters had an almost lover like intensity and had become something of a joke in Naseem's family.

"Marriage ruin" discourse centers on images of breaking, crushing and emptying. Whatever her marriage problems actually are, Alia does not experience these as "ruin." She employed a different vocabulary to describe them--the vocabulary of "stress." For Alia, stress has to do with the experience of coercion. The pattern of her marriage to Sultan has always been that Sultan "forces" Alia to do things--devote herself to his family, practice stricter purdah, stay home all the time, serve her in-laws.

I can't go anywhere without his permission. He wants that I am sitting all day in the house.. . I don't mind sitting, I like being at home alone, working in the house. But I don't like force. Every hour he is calling me. He is worried I am with my sister. I go there, but I tell him I am going shopping. Then he says, gone shopping for so long? I don't mind sitting, but when you are forced to do anything you don't like it. Maybe you will sit all day in the chair, but if you are forced to sit ONE MINUTE you are miserable.

The stress of being "forced" wears Alia down, creates a strain on her system. Excessive anger has worn away her looks, making her skin coarse (according to her) and her face look old. She has also developed a chronic cough and nasal congestion. Whenever she is away from her husband, these symptoms clear up and she looks many years younger. To treat these symptoms in recent years Alia has taken to chewing perfumed tobacco. Tobacco is very 'hot" and is believed, like liquor, to inflame the passions. Alia

justifies this habit with the claim that tobacco has cleared up her allergy problems. Whether or not this is true, it is certainly the case that chewing tobacco gives her a great deal of pleasure, not the least of which is the sense that she is doing something behind her husband's back that would absolutely infuriate him.

This is a small example of the function of symptoms and illness in justifying certain forms of action--particularly agentic, or non-feminine action--as treatment. Another good example of the rhetorical use of symptoms occurred when Alia left Sultan briefly and went to live at her sister's house. Naseem's family de-emphasized Alia's will and desire in the matter, unanimously interpreting her behavior as a form of therapy:

Niece: I feel like it was the right decision. After all, it's not like she wanted to leave him. It's not like she didn't try. She was married for 22 years. He told her so many times to get out and she didn't. . .

Alia's niece suggests that her aunt could be "broken" if she does not take action in her marriage:

It's just too much for my aunt. And you know, it's really taking a toll on her health. What do you mean? I mean like her asthma. That's my opinion, I think it just gets worse and worse with stress. I think she knows it too.

As we've seen, Alia was struck with her own emotional strength and lack of vulnerability. Her relatives' emphasis on her physical and emotional weakness suggests the moral ambivalence in Pakistani society on feminine strength and independence. At some level, Alia was also ambivalent. Despite her lack of love for Sultan, she could not leave him. She also had a lot of difficulty confronting him. Alia criticized herself as insufficiently "strict." If she'd been a different kind of person, she thought, she would have insisted that her husband behave himself. This, she thought, would have made their marriage a lot better. Alia's daughter Kalida tried to explain her mother's lack of strictness and resolve:

My mother is also sort of passive like (another dominated wife). Like I'm sure she told you all about my father. It's true he's wrong the way he won't let her see her family. But I feel like my mother doesn't really understand my father. She doesn't know how to handle him. It's like he shouldn't prevent her from going and he shouldn't favor his own family, which he does. But she shouldn't blame him for the fact he doesn't like them. That's just the way he is--maybe he can't change. But instead of just doing what she wants, she fights with him. Or like now, she's just accepting it, she doesn't even go over there much. (That's not the solution either.) I tell her, if she wants to go see her sister, she should just go, and not talk about it. But she's scared, and she complains, "Your father won't let me go." She doesn't understand how to handle him.

Kalida sees that Alia is still completely focused on Sultan. In a sense she continues to try to force her husband to play the role of a good husband. She doesn't want freedom so much as she wants Sultan to make her a present of freedom. The fact that Sultan continues to try to control her, despite his actual inability to do so, makes her feel like a slave. This feeling of Alia's is not unique to her, but reflects the meaning of feminine privilege and freedom represented in the marriage tales. A wife who takes freedom for herself is Bold. Kalida, who is something of an outsider to her own culture, does not understand this:

When parents are trying to talk girls into marriage, they tell you, "This man will let you do whatever you want." But that's not what I want at all! I don't want someone to "let " me do things, I don't want someone to "give" me my freedom.

Alia, on the other hand, observed proudly that Kalida would almost certainly be very strict with her husband. She regretted her own lack of strictness. She believed that strictness in a woman coupled with lenience in the husband makes a happy marriage:

But you should be strict with husbands--! Because husbands prefer this thing. They like strict ladies. Why? I don't know. But I am telling you my experience. I observe many, many families and this is one thing that is true. (So it's good to be strict?) Yes, but not too strict!

As we see, Alia enjoyed a level of social support that is highly unusual among Pakistani women: a refuge from her marriage in the home of her sister. But strong feminine alliance that threatens male/affinal hegemony is vulnerable to criticism in Pakistani society. Alia's affines began a kind of hate campaign against Naseem. Alia's husband called all of his wife's friends, including the researcher, asking them to caution her against her sister. Officials from the mosque visited Naseem's house and talked seriously with her husband. The degree of energy and venom speaks to the degree of threat that Naseem's relation with Alia presented--not, only, I hypothesize, to Sultan and his family, but to the gender system and society itself. As many participants expressed it, a wife who bonds too closely with her natal relatives, or with other women, puts her husband and affines at risk. If she holds on to her old identity, her in-laws may not be able to dominate her and incorporate her. In the case described here, Naseem offered Alia a chance to salvage her old identity as a sister.

Yet Alia was unlike many women in that she was capable of sacrificing her primary allegiance to her husband and affines. Though she continued to perform her role as a member of their family, entertaining them, making visits,

attending weddings, etc., she no longer evidenced the desire to appease and placate that typically characterizes daughter in laws. Unsurprisingly, Alia was very low in "defense." She had a jaundiced, cynical view of Pakistani "culture," that is to say, the gender system, and an acute understanding of the structural features underlying it.

4. Hajira

The fourth unhappy wife to be discussed is Hajira, a woman in her mid forties who had been married for seven years to a man named Abdul. Abdul was a divorcee well known in the community for his vicious treatment of his first wife. During the course of her marriage to him Hajira, too, had become notorious. "You know I am a battered woman," she said on meeting me. "All the women in the Mu'minana community know this thing. Sometimes I think I am the most battered woman in the whole world!" Hajira was reluctant to grant the interview because she thought it might contribute to her notoriety. She hated the idea that other women would talk about her shame. She thought they would get pleasure out of it, comparing her situation to their own and glorying in her failure. Though she felt the need to talk to someone, she was suspicious of me and worried that I would tell her secrets.

Besides the shame of being a "battered wife" Hajira also had a shameful secret that she was terrified of anyone finding out about. In her late twenties and early thirties, while she was still unmarried, she had a five year illicit relationship with a man. This man had promised to marry her, but at the end of five years, he married someone else. Hajira was devastated. She soon realized, however, that her problems were only beginning. Her former lover began blackmailing her, threatening to make their secret relationship public if she did not continue to see him.

Suddenly Abdul, the man's younger brother, proposed to Hajira. To the horror and amazement of her own family, Hajira accepted him. She says that she thought that marrying Abdul was the only way to save her reputation, since she doubted her former lover would bring shame on his own brother. But Hajira was also (apparently) in love with Abdul, a man of almost shameless good looks, who sported imported shoes and a film star coiffeur.

Because of her mother's opposition to the match, Hajira and Abdul could not have a religious wedding, so they eloped and were married in court. Hajira's mother cursed her at her marriage and failed to provide the proper bridal jewelry; Hajira's in-laws, after the wedding, did not welcome the

bride with the traditional presents. Following this unlucky marriage, Hajira and Abdul moved to the US, using Hajira's green card that her brother, an American citizen, had obtained for her. Though Hajira came to be on speaking terms with her family, she remained extremely bitter about their opposition to her marriage and in general she got very little support from them.

Abdul's abuse began fairly soon after their arrival in New York. The violence emerged in a predictable pattern. He would provoke Hajira and then beat her when she protested. The abuse was so severe that on one occasion Hajira miscarried during her sixth month of pregnancy.

That night my husband grabbed my mouth and squeezed so hard, and he began shouting: "You suspect me, you suspect me" and he beat me so severely you cannot imagine. He kicked me and punched me. After that I went in the bathroom and I was crying and I began to feel a very bad pain in my belly. The next day this pain was worse and I began to have bleeding. But will you believe, this man did not take me to the doctor. The next day there was more and more bleeding and the pain was terrible. In the toilet came out an umbilical cord. I flushed the toilet, and I told him, there is an umbilical cord in the toilet, you had better take me to the hospital. He took me to the doctor and the doctor told him: "She tests positive, and the child is still inside." At night I went back to the hospital and had a D&C. Then he told him, bring her back for a follow up appointment. Can you imagine, he never brought me back for my appointment. I asked him: "Why don't you take me?" and he said, "You are fine, no fever, no bleeding. Why should I take you? It will be expensive for me."

Though the salient features of this account from our point of view would seem to be the violence, the senselessness, the tragic loss of a baby greatly longed for (as we will see below), it is of note that Hajira chooses to emphasize a seemingly peripheral issue--the fact that her husband does not take her to the doctor after giving her a miscarriage. Providing medical care is a basic duty of a husband. Abdul's refusal to do so is a more dangerous betrayal than his physical assaults because it suggests his refusal to play his role. Above all things Hajira wants Abdul to be a husband, even a bad one, and she focuses throughout the interview on her attempts to get him to play this role.

My husband has sexual problem, he masturbates. Before marriage he had this problem. At first he made sex with me, but then less and less. Now sometimes twenty days he does not have sexual relations with me. When I saw him masturbate first time I was like this (opens eyes wide). He told me to masturbate him. He prefers this to sexual relations . .I begged him please to stop because (fervently) "I need child. Please discharge inside, not outside, because I need child."

When Abdul made "normal" if unreasonable demands on Hajira she obeyed these with alacrity, almost relief. If he informed her that he would take a journey the following day and she would accompany him, Hajira would stay up all night packing and cooking food for the trip. If he demanded a

clean shirt but gave her no money to go to the laundromat, Hajira would wash his clothes by hand in the bathtub. Thus her strategy in dealing with her husband was simple and classic: she intensified her performance of khidmat. But this strategy, as Hajira's experience testifies, is almost never successful:

I will tell you one thing that happened to me. My husband has the habit, that he will not speak to me for twenty twenty five days. He comes home here and eats and sleeps, and will not speak to me. Can you imagine my feelings after twenty days? .

Once he left without eating and without taking any lunch and I thought, I will go to him at his job and bring him food. I spent so many hours cooking. . and I packed it all in big, big package like this (spreads her arms).

However, her performance of this duty proved to be highly dangerous:

But that gas station (where my husband works) is in Hicksville, it is very far from here, and I have never gone by public transportation. So I called my friend Babhi and asked her to take me to the bus stop. When it was twelve o'clock I went to her house and her husband was there, I asked, "Where is Babhi?" and he said, "Oh, somewhere. Don't worry, I will take you to the bus stop." I didn't want to go with him, but I didn't know where was the bus stop. He took me in the car and he began talking with me, saying, "Oh, I feel sorry for you, you have so many problems with your husband, and you are so pretty," like that. I looked out the window and I felt afraid, I said, "Where are you taking me?" and he said, "To your husband's work," then I was afraid. "No" I said, "I want to go by bus. " but he kept driving me and talking to me like that, trying to take advantage of me. (Grows upset.) Because my husband was not good, he thought he could take advantage. "Please, " I said, "if you insist to drive me to Hicksville, don't talk this stupid thing to me." "You

are so nice, you take food all this way to your husband," he is saying. Finally we reached that place and he parked a little distance away. "I will wait for you and take you back," he said, but I said "No, please don't wait. I will come home by myself." But he said, "No I will wait ten fifteen minutes."

When she finally arrives, her husband only ignores her:

So I took that big package of food and went to the gas station. I arrived at the gas station, and my husband was sitting inside the cubicle with his friend. I knocked on the door. . .and do you know, my husband never opened the door for me. (Begins weeping.). . .I stood outside, and then finally his friend was sitting there, he said, "Baji, why don't you come in?" I went in and he said "Sit on the stool." So I sat and still my husband ignored me. He went into the garage and was doing something, some work. I sat a long time, then I left, I went out of the cubicle. I was walking towards the street and my husband never stopped me or came after me, but after five minutes I thought, "Wait, I will try one more time." I went back, and again, my husband left the door locked in my face, he would not open it for me. And that friend said, "Come in." Then I went in and waited, and finally I put the food on the counter and I left.

Her husband's abandonment leaves Hajira feeling empty, lost and confused--feelings that echo descriptions of "marriage ruin."

I went out, I felt so confused. The gas station is in a very empty, calm place. There were no stores. I could not imagine how to find the bus stop. You cannot imagine my feelings. (weeping) To go all that way, and he did not speak to me, he did not care for me, he did not ask me, "How did you come all this way for the first time, how did you know how to come?" He is supposed to be my protector, and he lets me come, and another man is taking advantage of me? What kind of protector is that? What kind of protector is that?

She sees the other man's molestation as the direct result of her husband's failure to play his proper role:

That man was still waiting for me. He saw me and saw my face. "Oh, your husband treated you bad," he was saying, he talked to me like that all the way back to home. He wanted to go somewhere with me but I told him, "No, take me my home." He wanted to come upstairs with me but I said, "No, I am alone." Can you imagine? I risked that for my husband, so that man could enjoy taking advantage of me. All those things I did for my husband--for what? I can never, never understand this man. When I think this thing I think I must separate from my husband.

As I have noted, marriage takes place in a symbolic moment when a woman is extremely vulnerable to shame. The bride's silence, her tears, her observance of strict purdah, and beliefs about her vulnerability to illness are all testimony to this vulnerability. A good bride is "sharameli" (shy) because of her "sharam" (shame). As we have seen, it is up to the husband to "salvage" his wife's honor. Part of this salvage is the husband's acceptance and respect for his wife despite her new sexual availability and awakened desire. Rejection or humiliation in sexual matters, therefore, is deeply wounding to the wife. In the following anecdote Hajira relates how Abdul's humiliation of her in this vulnerable moment leaves her lying, literally, in the dust:

One month after marriage we were living in London and my husband had no money at all. We were living in a kind of trailer, it was a small room, few feet wide,

with no furniture in it. Only a cement floor. My husband told me to clean that room and I spent a long time cleaning it. Then I was lying on the floor, like a kind of dirty carpet that was on the floor, it was very dusty. If you cleaned a long long time still that room could not be clean. My husband came in and began sexual relations with me. I was enjoying. (Begins to smile) I like very much, I feel. . .much love, much happiness. I think I am the most happy woman in the whole world and I will always be happy. When you have sexual relations like that you feel so joyful. . .Something happened, he turn and twisted muscle in his back. But I was laughing, I did not know he hurt himself. And in the next room a man was snoring, we could hear him snoring loudly. And I was laughing (smile fades and she begins to weep) but I was laughing quietly, with air only, like this. I was laughing out of happiness. But my husband grabbed my face like this, he squeeze and twisted my face, and he said, "Why are you laughing, bad woman, (kharab aurat--"whore"). Your noise is waking the neighbor so he will know what you are doing." I said, "please, please, you are hurting me." But I only laughed so quiet, and I could hear him snoring. (weeping). That was the first time he hurt me. You can't imagine how you feel to have someone hurt you, during sexual relations, when you are feeling so much love, so close. That was the beginning.

After five or six years of marriage, Hajira took other steps to try to exert some control over Abdul. She appealed to authorities in the Mu'minana community and told her family about some of her problems. She even appealed to the social service organization Sakhi. But these sources of outside help were highly unsatisfactory. The Jamaat, after looking into the situation, advised Hajira to leave her husband--in itself evidence of the extremity of his behavior. Sakhi helped Hajira get an order to protection

against Abdul and an order of maintenance. Sakhi also suggested possibilities for housing and employment. But Sakhi's goals and Hajira's goals were very different. While Sakhi's focus is on getting women out of dangerous situations, for Hajira the only intolerable danger was the destruction of her marriage.

Her problem was not that she wanted to dissolve her marriage but that she wanted to save it. She attempted to use the court injunctions as a threat, but her fear of being abandoned by Abdul was so great that she could not hold him to their terms. She let him back into her apartment and when he failed to pay her maintenance she threatened to take him to court but did not carry out this threat. Hajira's tragedy was the tragedy of the Tale of Woe: her marriage was "ruining" her, but there was no possibility of honor outside her marriage. She believed that if she were abandoned by Abdul, she would be easy prey for marauding men:

My counselors at Sakhi told me that I can get an apartment sharing with another battered woman. But I don't want to share with another woman. I don't feel safe. They also told me about one job, as a baby sitter with a couple who are doctors. But I don't want to be alone in a house. I am afraid of men. I tell you the truth, the men in our community are very bad.

Hajira could not possibly hope to salvage her identity except through succeeding in her marital role as wife. Thus

she clung desperately, and rigidly, to this role. Even working, which can involve a sacrifice of a wife's khidmat towards her husband, was too risky.

I don't want to give (my husband) an opportunity to say that I did not do my duty. I still want to do my duty as a wife, and my duty is to be here when he comes home. . . why should I work, it is (his) responsibility according to the Quuran to support me!"

Hajira could not return to her family because, by forbidding her marriage, they had made an honorable separation from her husband impossible. We recall that her mother had cursed her at her marriage.

My mother cursed me at my marriage. She told me, "If you marry this man, you will come home to this house a divorced woman." (Becomes tearful.) Can you believe this thing? That is why I hate my mother.

In Hajira's case we encounter a case of severe, incapacitating clinical depression. Hajira was so depressed she often seemed disoriented, illogical, even thought-disordered. A disconcerting dissociative quality caused her to shift rapidly in affect, so that she seemed warm and capable at times, confused and disoriented at others. Even her voice changed from meeting to meeting: sometimes it was resonant and mature, at times it had a tinny, high pitched childish quality.

Like Sara, but to a much greater degree, Hajira had become agoraphobic. She lived in a tiny studio apartment

that was packed floor to ceiling with suitcases and broken machinery. Her husband worked during the day but was very irregular in his hours. Hajira spent many, many hours at home alone. "My husband has never allowed me to work," she said. "Can you imagine? I have spent seven years alone in this room." Yet her response to his abuse was to become increasingly immobilized. She could not bring herself to leave her apartment except for short shopping trips. This was partly a response to her depressive symptoms: she felt "too tired" and too "weak" to go outside.

More than any other woman encountered in this study, Hajira was a clinical "case," disoriented and incapacitated by her symptoms. What is interesting from a cultural point of view is that, like Sara and Naila but to a far greater degree, Hajira's symptoms took the form of culturally prescribed gender-role behaviors. Her "sick" behavior reflected an intensification of femininity. Like the perfect wife of the Marriage Tales Hajira clung to her sadistic husband and attempted to placate him with a crazed intensification of khidmat. In a significant intensification of her normal practice of purdah, she restricted herself to her house. Echoing mosque speeches that urge women to

protect their beauty, she felt her own beauty made her so vulnerable she could hardly risk going outside.

I don't feel safe if I go out. That is why I stay in this room. I am afraid if I'm alone in somebody's house, then some man can come in. I am not an old ugly woman so that no man would attack me. They speak to you, they talk to you, they pull at your body when you go out.

She felt drawn to observe purdah in its strictest form and tried to wear the burqua, a conservative garment worn only by a small minority of Pakistani women. But the burqua made it hard to walk:

I feel better when I wear the burqua. My husband likes the burqua very much, when I was married he asked my mother to please send two burquas from Pakistan. But it is difficult to walk long distance in the burqua, it is exhausting.

Like the virtuous women of the Tale of Woe, Hajira hid her shame by hiding herself, by keeping secrets. When her family meekly reproached Abdul for his treatment of her, Hajira was furious with them. She was completely isolated from the Mu'minana community. She did not attend the mosque or women's group meetings and had almost no friends in the community. It was clear that Hajira kept herself apart because of shame. She had a horror of being talked about by other women. Women's talk was only malicious gossip, the triumph of safely married women over her own helplessness.

A plain-looking middle aged woman, Hajira had one real "beauty"--five feet of thick black hair. Her hair had never been cut and she was enormously proud of it. It became her pretext for hiding:

I like to wear the chador, because you see I have long hair, a lot of hair. That is a hereditary thing. That is why men follow me when I go out. That is why it is better to stay at home.

In a final act of humiliation before the researcher lost contact with Hajira, Abdul took her to the beauty parlor and "made" her cut her hair.

He is always angry, always shouting at me, "Why you want to keep your long hair?" So he (took me to a hair dressers and he told me,) "Cut your hair. If you don't like it short, then you can grow it." But I said, "No, I don't like (short hair). I want to save my hair." But then he cut it! . . . I never cut my hair my whole life, it was very long, you know. But now not. It is very short in front.

Thus, as Hajira clung desperately to the vestiges of feminine honor by retreating further and further into solitude and immobility, her husband responded by exposing her, cutting her hair in a symbolic gesture that mirrored her fear of other kinds of shaming and exposure. It became impossible to go outside, to seek even the comfort of her neighbor's company:

I am embarrassed to go outside. Do you know, Nazira's mother, my neighbor, she called me and we talked on phone, but I am too embarrassed to go her house. I

don't want to go outside (now), only to hide in my apartment.

In the four cases discussed here we have seen how depression is a response to a social crisis--the "spoiling" of a woman's identity (Goffman, 1963). In each case the resolution of this social crisis is found in the salvaging of this identity though various means. In Hajira's case there were few social resources. Because of her elopement, she had no hope of an honorable termination of her marriage--on the contrary she had reason to fear that once she was single again her shameful past would reemerge.

5. Parveen

In the final case to be discussed here, we will examine the history of Parveen, a fifty-eight year old widow. Two significant characteristics distinguish Parveen from the other unhappy wives described in this chapter. First, unlike them, Parveen never considered herself spoiled or ruined and apparently never became depressed despite her suffering in her marriage. Symptoms formed no part of Parveen's self presentation. Second, Parveen did not give her own account of her unhappy marriage, but concealed it throughout the interview.³² As a result, her account was uniquely bland and

³² It may well be, though, that Parveen had no wish to conceal this information, but only to avoid giving it herself. Of her

official, lacking coherence and authenticity. As we will see in the analysis of Parveen's story, certain features of her circumstances account for both of these characteristics.

At the time of the interview, Parveen had been widowed for five or six years. Educated, energetic, and beautiful, she had been married at twenty-six to the youngest son of a brilliant, wealthy family of politicians, scholars, and diplomats. Her husband Hassan was the black sheep of the family. He had not done well in school and had been unable to get a business going in Pakistan. He failed again in business after his emigration to New York, despite the advice and assistance of many relatives living in the New York area. Through the years of her marriage, which included the birth of two children, Parveen worked as a book keeper. Hassan, whose sense of failure was exacerbated by the success of his elder brothers, became increasingly demoralized. He drank and was subject to mood swings and bouts of severe depression during which he abused Parveen physically. According to Parveen's daughter, Hassan was extremely brutal with Parveen and the whole household was terrified of his moods.

own accord she referred the interviewer to her daughter, who promptly told the interviewer the whole story.

Parveen's only overt criticism of her husband occurs late in the interview when she speaks of her husband's lack of encouragement and support. "I had it at first in my marriage, and then I didn't," she says. Parveen explains that for many women, the lack of support from a husband makes life very difficult.

I am telling you from my own personality only, a woman is fragile, delicate. That means. . .she will need assistance, support, if she is married. (Pauses) I don't know why. . .either it is because of the male superiority that we have this feeling. . .I'll feel very happy if I get male support of some kind. . . For example, if you look good, if you wear very nice clothes, still you will feel happy if your husband tells you that you are looking nice. A woman is happier, and she feels proud, if her husband supports her, if he is admiring her

When asked how Parveen coped with the lack of support in her own marriage, she attributes it to her own strength of mind, which she considers a legacy from her father;

With self pride, that is how I coped with it. I don't need anybody to tell me I look nice, I know if I do. I had my own happiness, from the inside. I don't where I got it, it is a mystery, I just wonder sometimes. I believe I got it from my father. I can know everything myself and find everything for myself, I found my own answers. I enjoy getting my own answers myself, I enjoy taking care of myself.

It does appear that Parveen was an unusually strong, resourceful person. However, she also had other significant sources of emotional support in her life. Though she focuses at first on her own personality as a source of strength,

later in the interview she "admits" she owes a great deal to external support. One of these sources of support was that, unlike other unhappy wives, she had worked throughout her marriage:

I think it would have been very different, very difficult, if I hadn't worked. Work keeps you involved, it gives you an outlet, a place to get angry, to feel happy, to feel flattered. You make a mistake and your boss is angry with you, and you get all taken up with that, or else your boss is happy with you and pays you a nice compliment. When you work, at least you are appreciated, at least somebody can say thank you. Housewives work so hard. . .and they are not appreciated. At home nobody says thank you!

Parveen also enjoyed a very high degree of family support. According to her daughter, Parveen's parents openly urged their daughter to return to them when they discovered how badly she was being treated. This attitude was unusual, but what was even more unusual was the degree of in-law support that Parveen enjoyed. In this she was aided by the fact that the whole family viewed Hassan as a no good. "Everybody in the family was involved, her brother in laws, and so on. People tried to help, his brothers tried to talk to both of them." Sophie says.

The "support" that Parveen received was more than friendship and counseling. Through the years of her marriage Parveen remained in close contact with a wide network of affines. Apparently Parveen served an important structural

role in the family as her house became a central meeting place for different members of the family passing through the New York area.

The work of serving entertaining in-laws ("in-law khidmat") is often prominent in a wife's list of complaints. When a husband makes his wife serve his relatives, he shows off her domestic skills, her obedience and her devotion. If a wife feels that her husband is not devoted to her in turn, she will resent these demands and she will vent her anger by complaining about the work. At her first approach to this subject, Parveen focuses on the work her in-law khidmat made for her:

I was so busy in those days! All I can say, is thank God I had the energy. My husband was lucky that I had so much. I worked a forty hour week, then I had cooking and cleaning, but the most time consuming was the entertaining. We had so many family members, always visiting and dropping by, and I had to cook and serve food. . . When my sister came and saw me doing all that, she said: "I don't know how you do it."

In contrast to many wives, however, Parveen was deeply gratified by this work:

But I liked it. Those were good years. I wasn't too tired to enjoy those years. Thank God I had the energy, because if I hadn't, I would have been dead! My personality is like that, I'd do so much for somebody. This is the way I am, it is my entertainment. It has become a must for me. . .

When asked how she coped with her husband's lack of support, she refers again to her entertaining as a way of coping:

I tried to stay busy, involved in the house, cooking cleaning, and especially entertaining. During those years we had so many guests, every day of the week almost.

Thus, though Parveen's wife role had been sabotaged by her husband's ill treatment, her in-laws rescued her by making her a part of their family. By flocking to her house and enjoying her entertainment, they affirmed her honored status as a member of their family.

I would like to suggest that Parveen's retained status in her in-laws' family is one reason why she never stopped "defending." Unlike many of the other unhappy wives, Parveen had no reason to formulate a feminist protest (Levy, 1976). The embodiment of patriarchal authority and the gender system, her in-laws, remained a benevolent force in her life. We recall that it was not until Sara was separated from her benevolent in-laws that she became able to "see" her husband's bad behavior in a clear light, and it was not until she was removed from her mother in law's protection did she begin to feel critical of "Pakistani culture" or the gender system. For Parveen, this process never occurred because she never experienced, first hand, the divergence of

interest between her affines and herself. Thus she emphasizes the psychological and physical fragility of women, "the male superiority" that makes women suffer when "the marriage is bad." Not having formulated a critique of the system itself, she is surprisingly conservative in her views.

My father was a socialist. He used to get mother and go out with her, encourage her to go out. In those days mother didn't have to go out at all, she would stay at home, a servant did the shopping. Of course she would go to visit friends occasionally, but she would wear the chador. My parents didn't disagree about it, but my father urged my mother. . . Things are changing. My cousin was in Pakistan recently, and he said that he was so happy to see women driving and going around. So do you think in some ways keeping a strict purdah makes life difficult for women? Not at all, no! The old way is good. (pause, hesitation) But your cousin appreciated seeing the women more free? Let's see, I don't know where he was in Pakistan. Perhaps he was comparing it to Saudi Arabia....

With Parveen's defending stance comes discretion and secret-keeping at the personal level. She keeps the secret of her husband's abuse throughout the interview. As a result the interviewer feels peculiarly distanced, bored, and deflated. Parveen's interview behavior hints at her patterns of alliance with other women. In contrast to Sara, who pretended to have no friends at all but comes across as engaging and lovable, Parveen admits to many friends in her

western way but does not form intimate bonds with any of them:

Can you describe your personality? I am outgoing--a confident sort of person. I'm a happy, pleasant person. When I'm walking on the street, people say hello to me. I know everybody, I'm pleasant to everybody. Not intimate with people, but I let them know I care for them.

Of all the women in the group of unhappy wives, Parveen appears to have best survived her husband's tyranny and ill-treatment. She is the only one of the four who never saw herself as badly hurt or damaged by the problems in her marriage. A comparison of Parveen's situation to those of others suggests that when affinal support is available and the defensive stance can be maintained, this configuration of circumstances best preserves feminine well-being in the context of role strain. As we know, Parveen owed her relatively privileged position within the family system to the fact that her husband was unusually "disempowered"--the youngest son, a business failure, the black sheep in the family. Given his disadvantage, Parveen did not have to placate her husband and did not have to love him. Her daughter's and her own comments suggest that she did not. "My mother was strong," her daughter says, "much stronger emotionally than my father."

Conclusion

Ewing (1991) has suggested that the presence of depression in the context of marital problems among Pakistani women provides evidence for the prevalence of mental disorders across culture. It is true that both Sara and Hajira looked "clinically depressed" in a manner very similar to that of western depressed patients. But is the Pakistani woman's experience of "marriage sickness" the same as the western patient's experience of depression?

We have seen that depression in the context of severe marital role strain was viewed as a normal response. When depression is thus viewed as part of a dyadic interaction, abnormality lies not with the wife but with the husband and his failure to play his role according to the dictates of Mohammed and the Quuran. Depression in this light is not only normal but evidence of the wife's virtue. When the marriage is not right, a good woman will suffer. She suffers because of her investment in the her marital role, because of her attachment and virtuous dependence on her husband, because of her love. And the mental and physical devastation of depression is also a moral act, pointing a finger of blame towards the perpetrator of evil. When a woman is "in" her depression, the experiences of sadness, emptiness, loneliness, shame and failure seem to embody her sense of

failure as a woman and a human being. As we know, she feels "crushed," "broken," "ruined."

When depression is a moral consequence and a moral statement, then, rather than a symptom description, it is likely to be subject to varying interpretations. We have seen several examples of the ways that individuals made differing diagnoses, depending on their interests in a particular situation. Naseem interprets her sister's distress as "depression," while Alia, who has come to see herself as a survivor, not "ruined," is not sure that she was ever "really" depressed. The researcher diagnoses Zuhra, in the last chapter, as depressed on the basis of her evident depressive affect. But Zuhra's own view of her problems strongly contradicts the idea that she is depressed. If she were depressed, it would suggest that "her husband was not good," an interpretation that Zuhra must refuse. She resorts to rashes and other physical symptoms, blaming these on the harsh demands of her work as a housewife. Naila, when she looks back on her own marriage, at first declines to call her illness experience "depression," because she views depression as impious. She came through her illness because she was able, with the help of prayer and daughters, to transcend her marriage ruin.

Thus, though marriage sickness often looks a lot like depression, it is a moral judgment that varies among observers and shifts through time.

The logic of the marriage tale is based on the hypothesis that the extent of female suffering depends on the degree of male wickedness. On the whole the evidence of the five cases discussed here supports this hypothesis. For example, the wife of the most monstrous husband in the study, Hajira, endured the most monstrous suffering.

Yet it is not completely true that wives' own assets, whether social or psychological, have no bearing on their suffering in a bad marriage. Of course, it is not easy to tell where psychological and social assets begin and end. For example, Hajira was the most disturbed woman in the study and her autobiographical account hints at long-standing emotional problems. Yet she was also distinguished by her lack of social support. Alia tended to attribute her own well being despite her bad marriage to the help of her sister. Yet we might also suppose that a weaker woman would not have been able to take advantage of Naseem's support. At times Alia alluded to this mysterious inner strength, as when she remarked: "I am never depressed under any circumstances. I hold myself. . ."

When a woman has marriage problems she is supposed to turn first to her in-laws. If they refuse to help, she is supposed to turn to her own family--not to her sisters, Pakistani women say, but to her brothers. Yet the evidence of the small sample described here suggests that valuable support is much more likely to come from female friends and relatives than from brothers. Sara received support first from her mother in law and later from her women friends, Alia was supported by her sisters, Naila received support from her daughters. Yet support from other women is rarely mentioned as a first line of defense, perhaps because it is considered low status and dangerous for the reasons described in Chapter 3. Whereas brothers have to be sensitive to the demands of izzat in their dealings with their sisters' husbands, sisters are supposedly more likely to cherish the emotional ties over the claims of izzat.³³

Officially fathers and brothers are a woman's source of support. Yet for each of the three women in the chapter who acknowledged having experienced depression and "breaking," the factor of maternal support emerged as an important feature. We recall that Naila's mother had been cold and

³³ Naila and her daughters liked to say boldly: "In our family we hate izzat!"

indifferent to her daughter's troubles. Sara also complained about her mother, recalling with bitterness that her mother had kept Sara at home and refused to allow her to be educated, and connecting her lack of adequate preparation for life to her experience of helplessness in the crisis of her marriage. Hajira also complained bitterly about her mother (and her sister). In Hajira's case the appearance of a disturbance in the maternal relationship is most pronounced. Indirect evidence of an early disturbance is suggested by the mother's opposition to her daughters' marital prospects and failure to marry her two daughters on time, a profound violation of social norms. Hajira's illicit relationship with a man, extremely unusual in her particular social milieu, hints of her neediness and loneliness. In some ways Hajira blames some of her present misery on her mother, who "cursed" her marriage, and by doing this, made it impossible for Hajira to leave her marriage honorably.

Maternal support is also a salient feature of Alia's story. As we have seen, Alia had been "rescued" from her crisis by her sister Naseem. The sisters' attributed this explicitly to their mother's love and support all through their lives. "When the mother is loving," they explained, "then the sisters will love each other. In the whole world

you will never find a mother who is so loving her children as our mother." Thus Naseem's support of Alia was a continuation of a maternal legacy of love and support.

Parveen also gratefully recalled the love and indulgence of her parents and attributed to it her own strength of character. She is the only woman in the group who focuses on her father and not her mother.³⁴ We recall Parveen's daughter's report that both her mother's parents had been extremely supportive during the crisis in her marriage and over and over again begged their daughter to return home to them. It seems likely that Parveen's account of her parents reflects their support to her at the time of her marital crisis as much as her early childhood experiences.

It may be a testimony to daughters' expectations of love and support from mothers that our "unhappy wives" tended to be so deeply disappointed in their own. All too often, Pakistani women say, mothers find themselves unable to protect their daughters from woman's "fate" at the hands of powerful males--fathers, husbands, and affines. As we

³⁴Parveen attributed her well-being to paternal, not maternal support. Paternal support, like other forms of male support, is more normative and high prestige than feminine support. Perhaps it is not surprising, then, that "defenders" tended to focus on male support, while "protesters" focused on feminine support.

have seen, structural factors in Pakistani society function to prevent women from protecting their daughters. As the Tales of Woe suggest, it is men who can afford to bend the rules and indulge wives and daughters. Mothers, by contrast, must obey the conventions. All too often a mother, a low-status stranger in her in-laws' house, must choose between her desire to protect izzat by raising an innocent, vulnerable daughter and her own inclination to raise a strong, knowledgeable one. Perhaps this is the reason why, as Sara says, women would rather be the mothers of sons: "Mothers like girls. . .but they cannot save them from their fate." And unfortunately, the structural factors that prevent mothers from protecting their daughters in many cases are the same factors that prevent women from seeking adequate feminine support when they have marital problems, contributing to the experience of profound isolation that is reported by unhappy wives.

Chapter 7: Role Strain and Symptoms Among Three Happily Married Wives

In contrast to the wives described in the previous section, several of the seven happily married women represented themselves in terms of the vocabulary of "wellness discourse" described in Chapter 4. These women saw themselves as free, mobile, and self determined. Indeed, five of the six ³⁵happy wives were mobile and had major commitments outside the home. One was a graduate student, three worked, and one was a high ranking Lajna officer who spent many hours working in the mosque each week. In their interviews most happy wives expressed a profound gratitude towards their husbands. Most happy wives felt that they owed their freedom and contentment to their husbands.

Yet role strain did exist among the happy wives. Several had experienced chronic difficulties in their roles as wives, mothers, housewives, or daughter in laws. For

³⁵ "Happy" was the word most frequently used by English-speaking participants to describe a relatively successful marriage. A "happy" wife is a reasonably contented wife. "Happy" wives generally feel that their husbands have met the minimal standards required to qualify as "good" husbands.

some, these difficulties were expressed through symptoms, while for others they were not. When wives who classified their marriages as happy reported symptoms, these differed sharply from those of unhappy wives. Symptoms tended to be much milder and less debilitating. They rarely constituted a salient feature of happy wives' self presentation, emerging only through detailed "cross examination" by the interviewer. And none of the happily married women complained of depression or other psychological symptoms. Symptoms were usually somatic, and causal explanations of symptoms tended to be vague. When women could explain their symptoms, they attributed these in formulaic fashion to the standard rhetorical accounts of feminine illness described in Chapter 5. Participants often asserted that women's domestic roles are inherently exhausting; alternatively they claimed that domestic roles are boring because there is too little to do. Monthly hormonal shifts, too little sleep, anemia (often without a diagnosis of iron deficiency) weather, New York water and inadequate diet were frequent explanations offered for symptoms.

Among unhappy wives, symptoms tend to make a point, functioning as a critique of injustice. Among happy wives, symptoms may function as a petition for change, but tend to

diffuse, rather than concentrate blame. Happy wives were much higher in defense than unhappy wives. They were likely to use defense mechanisms such as denial or minimization in defending themselves from unpleasant feeling such as sadness or anger. Happy wives were highly defending of their (good) husbands, and were also more socially/politically conservative than unhappy wives. They were also more defended at the interpersonal level, tending to be somewhat more secretive with the interviewer than unhappy wives. Because defense permeated both the form and content of interview material, unhappy wives tended to be more enigmatic and self-contradictory.

In this chapter we will examine the interplay of symptoms, defense, and adaptational strategies in the life histories of three of the six happy wives in the interview sample. One of the three is a healthy active woman who complains of culture-specific menstrual and genital disorders that appear to be related to marital role strain. Another is a woman who reports no symptoms at all: she is included for the purposes of comparison. The third woman to be discussed is the only happily married woman in the group who appeared to be experiencing a mood disorder--a mood

disorder which, however, she articulated entirely through somatic symptoms.

1.Farsana

The first "case" to be discussed is Farsana, a thirty-five year old housewife and mother of four children. Farsana is a tall, attractive woman who holds a top position in the Lajna, a distinction which is very unusual for a woman of her age. She is a member one of the most prominent families of the community, a family which has close ties to "Hazoor," the leader of the sect. Farsana was taught Arabic by Hazoor's mother, and is well known in the community for her Arabic scholarship, for which she has won many prizes and awards. Farsana is also well known for her organizational skills and political clout. Her husband Sharif is a jovial, affectionate husband and devoted father who makes a fairly good living. She lives near her in-laws, with whom she gets on well, in a spacious and comfortable apartment. All in all Farsana is probably the most successful woman in the study.

In general Farsana seemed cheerful and self satisfied. She evidently sees herself as a successful woman. Yet in her role as wife and housewife Farsana experiences a perceptible degree of role strain that emerges only in clear outlines at the end of the long six hour interview.

Farsana experiences the life of a traditional housewife, staying at home while her husband goes out, in terms of a complex set of symbols. For Farsana, a woman's role is not merely one of working in the home, but of being "left" at home, "stuck" at home, and "waiting" at home. It is not that Farsana dislikes being home--she evidently enjoys cooking and keeping house--as that she experiences this role as a liability. Farsana feels that the domestic role places a woman at a disadvantage in her ability to negotiate with her husband. "Waiting" faithfully at home, a woman does not know what her husband is doing in the outside world. A husband on the other hand is free, and this freedom gives him power.

Well, Sophia [a sister in law who is a successful businesswoman and takes many trips to foreign countries] is different (from most women). How? We say that she is lucky! But her situation is unusual. . . . When the children are coming home from school they go to their grandmother. And her husband is a very good man, very cooperative. He must be!

Not must--(Laughing, but serious)--never say "must" with husbands. You can't say that!³⁶ He works for the city, he is not in business, so if she is away he can come home and be with the children. She is very lucky.

So the chief thing women need to be lucky is a cooperative husband? That is the chief thing.

³⁶ She misunderstands the idiomatic use of "must" here. She thinks I mean either he should be, or he is forced to be. . . . but I mean: "Evidence suggests he is cooperative."

A woman can be satisfied in her traditional role--but only if she is sure her husband is faithful:

If your husband is good, if he is coming to you, not running with other women, not going out to eat, then you are happy. Yes, I am very happy with my husband. When you know he didn't have any other girlfriends before you and you are the only one, then you really feel something special for him. Is your husband this way? Yes. Then you must be happy. Now you can say "must"!!!

"You cannot say 'must' with husbands." Husbands are free to 'run', to 'go,' and they will only 'come' if they want to. For Farsana a woman's role at home, waiting, is permeated with anxiety and uncertainty.

Like many participants, Farsana viewed a "good husband" as one who liberates his wife a bit and provides some access to the outside world. Early on in their marriage Sharif took on this role, showing sensitivity towards her predicament as a lonely new bride.

After their wedding Sharif brought Farsana to a community on the west coast where they knew very few people. Sharif was busy in his business all day long and Farsana was left to her own devices at home. She had no friends in the area and did not know how to drive, and she desperately missed her own family. In a short time Farsana became completely demoralized. Interestingly, she describes her situation using the standard tropes that describe the

predicament of the new wife. She is lonely--sad--"missing" (udas).

What word would you use to describe your mood during that time? Well, it was udas, like. . .sad, lonely, in the condition of missing someone. It was because I missed my friends, my family, I am thinking every day they are 10,000 miles away and there is no way I can see them. I was listening to tapes of my family's voices. You Americans, perhaps you don't feel this way [when you are married]. You meet a boy, you like him, you go out, you are not attached to your family. And you don't have to live with a different family. . . Our girls feel sad. You cannot imagine how we feel. We are in a new family, in one day our whole life is changed.

I became pregnant, and I was nauseated all the time. I was so sick, I had a miscarriage after that. I couldn't eat or drink, I couldn't stand cooking, people would tell me, "Your food is so delicious," but I hadn't tasted even one bite. And I was feeling very bored. All day I was alone in the house. I used to do my work one two three, we were only two, there were no children to make messes, I could do my cleaning and cooking in a short time and then I had nothing to do. My husband told me, you can do whatever you want, you can watch a movie, watch TV, but I didn't know driving and I couldn't see my friends.

Eventually Farsana's feelings of sadness and boredom reached a crisis. Note here the rescue theme:

So one day my husband came home early after an hour and he found me crying and crying. So he said it is too much for you. He was working in a restaurant at that time and he had a big office, like this room. It had a sofa, refrigerator, all like that. So I used to go there every day! Yes, I would take my sewing, my stitching, I would do embroidery, watch TV, I could cook there. I was with him the whole day and then came home with him! We were like that for a while and then me and my husband started going again to school. I took some courses, he was going, but then we moved back to New York and I got a Ph.D. in babies! (laughter)

This act of kindness set the tone for their marriage and Farsana is still grateful. But nowadays, though Sharif is still "going" and Farsana is "going with him," she obviously misses the time when they spent more time together. Though she does not/cannot articulate this, she is obviously troubled by the amount of time that Sharif is "going" and Farsana is at home "waiting."

A wife is miserable if she doesn't know where her husband is, where he has been, what he has been eating. She is miserable if he is out all the time. Sharif my husband always calls if he cannot come from the office.

My husband and I were like friends (in the early days of their marriage)--at least in the beginning--now he is not caring for me (laughs) but then he was. It's not true marriage if there is not confidence. Both husband and wife have to have complete trust in each other. You have to know where each other is, you have to tell each other your true feeling. . . . To have a happy marriage, the main thing is you should realize the feelings of each other, you should have full confidence, you should say everything, everything that is in your mind. Only then a marriage can be saved, whether it is American or Pakistani.

For Farsana, "confidence" has a particular, idiosyncratic meaning:

Then if your wife has confidence, she doesn't mind. She says, even if you are late coming home, she knows where you are, she is not worried, she is happy. But a bad husband goes out all the time, his wife does not know where he is, (she calls him at work and then) she only knows that he is not working.

It means both emotional trust and an absence of secrets "You say everything, everything that is in your mind," but it

also means accountability. A "confidant" wife does not worry that her husband is betraying her, either by eating with other people, or doing worse things with them.

But sometimes men don't call, then you don't know where they are. You don't know who is giving them food.

A woman's immobility is a powerful liability:

A man is away from home all day, he goes out, and all day he can forget about home, he can run away. Ladies stay home and we care for our husbands too much [very much] and we are giving food. Ladies are like stuck to their children, they are so close to them. If a lady is not happy [in her marriage], she will suffer, suffer.

When her husband stays away and doesn't call, Farsana experiences painful jealousy:

One time my husband was in Pakistan and he was supposed to come home late at night. I was cleaning, cooking for him, waiting for him. He was supposed to come at 12 o'clock, but he didn't come, he didn't come at 1 . Finally at 1:30 he called me on the phone and said, "I am so sorry, but I came first to my mother's house. She missed me so much so I came here and I am sitting with her.

Well, I was happy that he said that. I told him, I am so happy you have gone to her. I began crying because I was so happy.

Farsana works hard to cope with her feelings:

I am thinking, why shouldn't he come to her, she's not going to bite something out of him, take something away from him. After he has been with her, he will come to me. . . If I am thinking of how much my husband loves his mother, I think of how I love my children. You are raising your children, sitting with them, caring for them when they are sick, you do everything for them. You have your son for 25 years and only then the wife comes. I think, when I am grown up so my sons shall care for me!

Jealousy, hurt and anger, defended against at the interpersonal level (not admitted to) and perhaps at the intrapsychic level (out of awareness) were evidently an ongoing source of stress for Farsana. It is impossible to know whether her jealous preoccupation with her husband's trustworthiness may have been enhanced by a long standing personal disposition. Farsana had the reputation for being highly jealous and competitive in other areas of her life. However, a fact that was never mentioned during the interview was that Farsana's husband Sharif, though by all accounts a devoted husband and father, was in fact a "ladies' man" who kept girlfriends "on the outside." It is not known whether Farsana knew this or not, but certainly her preoccupation with these issues suggests that she was aware of it on some level and that her realistic suspicions acted as a painful stimulus to her jealousy.

It seems rather likely that these worries had at least something to do with Farsana's symptoms. She had been troubled recently by symptoms of weakness and exhaustion that were at variance with her apparent physical strength, appetite and industrious work habits. On health day at the mosque she rather ostentatiously consulted a visiting doctor about these symptoms. We notice that the doctor, an Mu'min

woman, suggested a biological explanation for her symptoms that Farsana feels quite doubtful about:

You know I had a miscarriage. I was feeling very tired after that, for a long time, weak. But [now] there is this other problem. What is it? I feel lazy [Urdu sustiya, tired, listless, lazy] at home, I don't feel energetic. I don't know what it is. So I asked Dr. R. to explain to me why on some days I feel fine and on other days I feel so lazy. . .

Farsana now addresses the interviewer directly, apparently asking me whether as a woman, I share Farsana's experience:

Do you know this feeling? Maybe you don't have this problem. What did Dr. R. say? She said don't worry, it's not so abnormal. Maybe on one day you are not eating enough, your food is not as good as it should be, so you feel tired.. .(pause) Do you think it's your food? No, not at all! I am eating same same everyday! So why? (Pause. . .Some ladies say it is staying home that makes them feel bored & tired. Do you think that is true in your case?)

This may have been the "diagnosis" Farsana was waiting for. She seized on it at once and went on to ask the interviewer for help:

Yes, definitely! I want to do something now, I feel little bit bored. I want to be home 3 o'clock when my children are coming, but let's say 2 because I need to prepare food for them. So I need to find some study between ten and two o'clock. Do you think there is some study in this special time? I'll help you if I can-- what would you like to do? Not only study, but work too . . it is not good to have too much time, now that the children are in school. Because if you have LESS time, you do everything faster. I can do it. If I must go to school or work in the morning, I will cook food at night. I can do that! What do you do when you feel "tired"? Lie down, read. Not the Quuran, but some story books or magazines, I love those. Then sleep for half

an hour, I feel better. I have to cook and clean, this is a big place.

Thus, though Farsana asserts that her sustiya feeling may be boredom and that she has too much time on her hands, she treats it in typical fashion by resting. Because exhaustion is usually understood to be a symptom of overwork, Farsana shifts back and forth between the two explanations: too much to do/not enough to do:

"Headaches." (from a symptom list) I get these. From mental stress, when I do too much work I get a headache. I take Tylenol and drink tea, I like to lie down and read this book. "Pain in the body." Yes, I have too much pain, in my legs, my hands. It's when I'm tired, when I am doing too much work. I'm not made out of steel!

She focuses on menstrual symptoms which are often linked to exhaustion because it is believed that excess menstrual blood drains the female body of vital fluid.

My periods are bad. Last month I felt so weak. It was very bad,. Pains, weakness. I took Tylenol for that.

Finally she complains of vaginal discharge. This is also linked to a culture specific syndrome called Dhat, in which the flow of semen or vaginal fluid is viewed as a toxic drain of the vital fluid energy necessary for life (Chaturvedi, 1988.).

Vaginal discharge--YES. that is big problem. I get this so often. It is some kind of sickness. I get it when I am tired, when I work too much. It is a sign of exhaustion. When I am getting this discharge, I try not to work much and not to go out. I avoid getting tired.

Thus Farsana's symptoms, unlike those of the unhappy wives, appear mild and respond to her own treatment-- resting, drinking tea, avoiding work and reading "story books." Her symptoms may function to gain sympathy and support from others, to relieve guilt when she takes time off from household work, and to advocate for some kind of change in her life circumstances. Given her preoccupation with the dangers of feminine waiting and her painful sense of the contrast between her husband's freedom and her own immobility, it seems quite possible that these symptoms represent a response to Farsana's painful feelings of helplessness and jealousy which her "defensiveness" does not allow her to articulate. "Staying at home" makes Farsana feel rather sick (a not uncommon theme in the reports of other participants) yet it seems unlikely that it is the specific tasks of the housewife role that are pathogenic. Rather it is Farsana's sense of helplessness and her painful suspicions that create the problems.

Paid work, viewed as a privilege and inherently fulfilling, is a classic solution for a woman with a bad husband. Yet unlike Sara, whose miserable marriage made it possible for her to openly contemplate rebellion, Farsana's intact marriage requires that she conceal her anger and

suspiciousness towards her husband. Her symptoms allow her to seek change in her social setting without critiquing the husband or the system. Despite Farsana's intelligent, acute sense of the liabilities of the female role, she is a staunch defender of the gender system.

Is life more difficult for men or for women? For women, because physically the woman is weaker. She has her periods that are so long--sometimes 6,7, or 8 days. Then she is so weak. Or she has to have a baby. When they have a baby, a man doesn't suffer but is free, but the lady suffers. Having a baby, it is so difficult. . . And what about marriage. Is that more difficult for a woman? No. In some marriages, like in an Indian movie I saw, the family is very rich and the mother and father are living so easily, they have one daughter and all their wealth is for her. Then the daughter falls in love with a poor boy but she loves him because he is good and strong. So he comes to live in her house with her. Then HE must change. HE is in a new family, and must be shy!!!

2. Sultana

Another happily married wife, Sultana, contrasted with Farsana in many ways. Sultana was a thirty seven year old nursing assistant who had been living in the US for about three years at the time of the interview. Though she and her husband had lived a comfortable life as professionals in their native Bangladesh, they had experienced severe personal losses and hardships following their immigration to the US.

Life in Bangladesh was very good for us, we had a big house with a big garden, and in the garden was one

mango tree. . . I had a good life, I was a nurse in the villages, I delivered over 800 babies. The women there are so backwards, so primitive, sometimes they don't like the doctor-nurse coming because they believe they are bringing the IUD. But they loved me, they called me "Burqua-mohila" or "burqua- lady." Because I was wearing full burqua, up to the eyes. If I took off one minute from work they were saying, "Where you were?" and when I left they cried and said, "Sultana, there is no one like you." In those days, you wouldn't know me, I had a jolly personality.

In the US Sultana and her husband face a constant prospect of unemployment. Sultana must work as a low paid part-time nursing assistant in a hospital that is a two hour commute from her home. The hospital is beset by racial politics and as an Asian Sultana is hated by both blacks and whites. After several years of exhausting labor, Sultana realizes that her chances of getting a full-time, union job with benefits are almost non-existent. She is insulted and harangued and must work the shifts that nobody else wants. Altogether Sultana's life is very, very difficult.

Now we are having so many problems. This is a free country, but still. . . My husband was a bank manager in Bangladesh, now he can't find a job. Last night my son spent the night at Azra Ahmed's and he called me and said, "Mami, they live in a palace! It is so beautiful with a garden and furniture!" He doesn't even want to come back to our apartment. He is saying our apartment is garbage.

Sultana also faces the problem of loneliness. In her own country she had many friends and traveled extensively for her job. In this country she has a hard time making

friends. Because of the poverty of her family and their Bangladeshi origins, Sultana is not a popular member of the Mu'minana community and has made almost no friends in the Jamaat. Yet despite all these problems, Sultana is confident, optimist, and sanguine. In her gender roles as wife, mother and housewife, Sultana always comes out on top:

. . . it is very hard here. So many times I am praying to God to help me, don't let my children do wrong. Children here don't have respect for parents but in my country that is not true. Once I was telling my son, "It is time for you to study the Quuran today. Come over here and sit down." But he wanted to play, he was saying, No, I don't want to. So I hit him--you know, only a little--and said, "Come here and study the Quuran." But then my son is saying, "Don't hit me Ami (Mom), or I will call 911. My teacher is saying if anybody hits you or tries to make you do something you don't want to do, dial 911."

Well (dramatically) I pulled my veil over my face (demonstrates) and I went into a corner and turned my face to the wall, and I prayed, "Please Allah, help me, tell me what to do, don't leave me alone in this strange country. Oh Allah, who will I turn to?" Well, I felt something pulling on my sleeve, I heard sounds and my son was standing there, holding a Kleenex, He was crying and saying, "Please don't cry, Ami." And now, (with great satisfaction) he is so good, you will not believe it. He is very religious, going to the mosque so many times, reading the Quuran. He is valedictorian of his high school class and he is only fifteen!

This anecdote is a good example of Sultana's autobiographical style. According to her she achieves the impossible in her life through a display of sheer, invincible virtue. A good example is her story of her in-law problems during the early years of her marriage:

You see Alison, the problem is my husband's family are very rich people. They have a car and a house, they are big people, and my husband has a university education. I have college only and. . . in my country I am not pretty. I am black and short, and I am not thin. And my face is not beautiful, so my in-laws don't like it. My sister in laws are very beautiful and white. . . I always worked, before marriage and after when we were living in my in laws' house. How did your in-laws like that? Well, at first, my mother in law criticized somewhat. . . at first I was not happy, they were criticizing me all day long, all the time. Well, for 12 years it was very hard. I had to wear purdah in front of my father in law and his brothers. My brother and sister in laws were really very bad, they said I did wrong things.

Sultana became upset by this treatment and appealed to her husband. Though her husband could not put a stop to the situation, he was very supportive:

I would cry and tell my husband, "I want to leave this place, they did these things to me." But my husband is so good and patient, he said, "What can I do, I love you and I love them. Please be patient. Just as you would excuse your parents, I must ask you to excuse my parents. Just wait a little."

According to this account Sultana's solution to the problem was her devoted daughter-in-law khidmat, which overwhelmed her in-laws with the sheer force of its virtue:

So what did you do about this problem? I was the best daughter in law. I helped my mother in law all the time, I worked but also I helped her, washing her saris at night, her towels, washcloths. I did everything, plus I gave her money for a servant. But I was working, I was so good and I helped so much. Now my in laws love me, my mother in law is calling me on the phone from Bangladesh, and she is crying and crying. "Sultana we miss you, you are our daughter, not our daughter in law." It was because I was so good a in law. You can do anything if you are good.

The claim "you can do anything if you are good" is the claim of Islamic Egalitarianism, which promises women that if they fulfill their gender roles dutifully they will get their reward. In general, Sultana was a firm believer in the perfection of Islamic society and the gender system. She was a very high defender. Sultana often made jokes about female nature, even at her own expense, and she believed that the constraints placed on women in traditional family life were all to the good. As she began to search for a wife for her son, she amazed the researcher by claiming that she did not want an American born Mu'min girl because such a girl would be too "bold." Instead, she wanted a Bangladeshi girl who would be very "shy" (a code word for obedient) and who would fit in well with the family. "She could work, OK," Sultana admitted magnanimously. "Because if I tell her she cannot work she will say--'What? My mother in law is working and I am not allowed to work?' But first thing is our family. And she must wear purdah and she must pray. That is very, very important."

Defense is an interpersonal variable that varies according to the nature of the social interaction. Sultana's interview took place over a long period of time. As the intimacy between Sultana and the interviewer deepened,

Sultana's level of defense dropped. Though her political views did not alter, the details of her autobiography became sharper, less rhetorical and more plausible. In a second telling of the story of her in-law problems, she offers a sharply contrasting account (which, incidentally, begins with the same poetic image):

I had a beautiful house with a mango tree. . . But for the first ten years of marriage I lived with my in-laws. They had a big, big house, bigger than my family's house. Always I was working. They were not so nice people. Because I was not beautiful and I come from a poor family, my father was only a government employee and I couldn't bring a big dowry. My sister in law who lives in Germany, they love her because she is very white and beautiful.

In the second version of the story there is no mention of "goodness." Sultana describes how she punished her in-laws for their treatment of her by refusing to pay them anything out of her salary. In this land-rich/cash-poor family her salary represented real power:

I was living in their house, and they were having financial problems. But I didn't pay them any money. They wanted me to pay out of my salary, but they didn't treat me well, so I didn't pay.

At the same time that she declined to pay in her in-laws, she continued a practice she had started as student of paying maintenance to her own mother. She began taking meals at her mother's house instead of at her in-laws' house:

And everyday I ate three meals at my Mom's house. I ate breakfast there on the way to work, and made my lunch

there, and I ate evenings there before going home. My in-laws were very angry, but I didn't want to pay them anything when they didn't treat me well.

Sultana's in-laws tried to force her hand by threatening to throw her out of their house, never dreaming that she will actually call their bluff.

One time my brother-in-law, when he was little boy, he told me, "You are not good, go back to your house." And the other children were saying the same thing. I was so upset, I was crying. I went to my in-laws, mother in law and father in law, and I knelt down in front of each one and said, "Please, you [tell me whether] I should go back to my own house or stay here." And each of them said, "I can't say anything." I had one baby then, my oldest son was six months old. So I took him, and I went home to my mother's house.

Sultana's mother takes the part of her daughter's affines:

When she saw me coming at the door, she said, "No, you are crying. I don't want to see you coming from your husband's house in tears. That means you must have had a fight. I don't want to see you unless you are smiling and you come here with your husband."

But Sultana again was able to assert her position. She refutes her mother's assertion that her in-laws' rejection of her automatically dishonors her. In fact, she draws here implicitly on a very modern/western morality of rights and reciprocity. If her in-laws treat her badly, she doesn't pay them. And if they throw her out, they are the ones who must suffer the consequences of shame. She makes the highly individualistic claim that only her own actions honor or dishonor her.

But I said, "Mom, no you are wrong. I didn't leave on my own, they told me, 'Get out.' This is my home, and I will stay here."

So I stayed three four days. My husband was so upset, he came and said, "Please, they won't bother you. Please come home." Finally I went home. After that they didn't treat me so badly.

Why was Sultana able to handle this situation in this way? On the one hand, she had the support and love of her husband.

My husband was always very good. Always he was telling me, "Please be patient. One day we will have our own home." He was too nice, he couldn't defend me. But he has a good heart. He is better than other husbands. I don't know, I am lucky. He is not handsome, like his brothers, because he is short and dark. But his heart is very good."

Her husband's kindness continues to this day. While Sultana is in bed sleeping after her night job, her husband and sons do housework and cooking so that she can rest. But besides a good husband, Sultana had another major asset--a job and money. When she fled to her mother's house and her mother tried to defend izzat by taking the part of her daughter's affines, Sultana reminds her, not very subtly, that her situation is different from what it seems. She says, "This is my home, and I will stay here." Most daughters can't go home--but Sultana can because her mother's home is her home--it is maintained on her salary.

Sultana, did you ever have any health problems resulting from all this family trouble? No, I never have. Never. And I am never, you know, depressed. I

don't know why. . . I think it was because, always, I had my own job. I was charge of so many people, everybody liked me. And I had my own money. Because I worked I was free.

Unlike most women in her community, Sultana is able to play a non-traditional role in her family while maintaining a highly socially conservative outlook. She keeps strict purdah, covering her whole head up to her eyes, and never wears makeup or jewelry in public. She even avoids the mosque when she has her period (rare in the Mu'minana community). She is proud of the religious orthodoxy of her family. But, though Sultana thinks of herself as traditional and orthodox, she conducts herself confidently in the outside world and is anything but shy. After a recent mosque meeting in which men were urged to make sure that women in their family did not grow "lax" in purdah, Sultana's sons and husband approached her and scolded her for her sociability with men:

My husband and my son are telling me, Why do you talk to men? If men are coming to the house, you should go upstairs, and let us talk to them. Why are you talking to them and we are silent?

Her husband and young sons reproved her for receiving guests, (albeit in full purdah) in her living room. But Sultana, instead of being angry, was very appreciative of her male relatives' display of virtue and izzat. She basked

in their reflected glory while she determined not to honor their requests. At the time of this conversation Sultana continued to be the chief support of her husband and children and took care of most of the business affairs of the household.

I am the one who is talking to everybody. My husband is shy and he won't talk to anybody! I am the one who is speaking to the landlord, to the real estate agent, I am finding a house, I am having work done, I am finding a job for myself and for my sons. If I am not talking to everybody, my family will not survive in this country!

What Sultana's case indicates is that, in contrast to the view that living in "both worlds" causes stress and problems, it is precisely the women who can enjoy the prestige and honor of a traditional role and the freedom and power of a modern role who do best. Despite the severe stresses she was facing, Sultana was the most contented woman in the study.

3. Farhat

Another woman whose lifestyle was divided between traditional and modern roles was Farhat, who provides an interesting contrast to the other happily married women in the interview study because she was the only one in this group who seemed depressed and demoralized.

Farhat was a twenty five year old Ph.D. candidate in chemistry at the time of the interview. She lived in a crowded apartment with her husband, her one year old child, her husband's parents, and her three brothers with their wives and children. Despite this classically tense living situation, Farhat was the envy and admiration of many members of the Lajna community. She was frequently pointed out as an example of the egalitarianism of Mu'minana. She had been made an officer in the Lajna Immailah, a position which she had not sought and which she had no time for. She belonged to the same university department as her young husband Mudassar, and the two students spent most of their days together.

Farhat's husband Mudassar, a graduate student in the same department as herself, was liberal minded, affectionate, and devoted to her. Yet, unlike any of the other happily married wives, Farhat appeared anxious, exhausted, and mildly depressed. Yet the elegant vocabulary in which she framed her autobiographical account, presented in part below, gives no hint of her distress. Farhat's distress does not form a prominent part of her verbal self presentation, though it is very obvious to an observer.

It all started like this. I was born in Hyderabad and grew up there, perhaps you have heard of it, it is a very ancient city, and there is a university of

Hyderabad there which has an international reputation. I studied pure chemistry there as an undergraduate, and did very well, and I was thinking of being a medical doctor but actually I was more interested in pure research and my father preferred that I pursue research. He himself is a professor of astronomy at the University. I sat for the examination for the MS at the University, and out of sixteen hundred applicants they accept four or five, so I said there is no way I am going to be accepted, and I planned to apply to another department. But my father said wait for the results--he is a religious man, very pious, he has committed large parts of the Quuran from memory. I wrote to our noble Hazoor for prayers, and his Honor said he believed I would be accepted. Well, I was, and I completed by MS by the age of twenty-three.

Then I just. . .waited for two years in India, not doing anything. My mother said it was time for me to be married, my father said, "We'll wait and see, see what Allah sends us, we won't look for a match. I want you to go on with your career, Farhat." So for two years I waited. The first year my beloved Grandfather expired, that was a very sad occasion for all of us, a true calamity in our home. Then the second year there was some tension. . .I prepared to do my Ph.D..

I was considering the university of Delhi, but it is very hard for a girl to go so far to Delhi, we had no relatives there, I could not have been secluded. I was brought up very strictly, we were always very strictly constrained. I wore the burqua even in front of my brother's friends. My mother said you can get married and continue education after. But actually, you know, few women go in for higher education (after marriage).

Farhat takes a defending stance in the interview, acting as an advocate for the gender system:

The Muslim woman's first duty is to look after her husband and children. This is the saying, the sunnat, of the prophet. You can write that down, sunnat. It is not right for girls not to marry, that is not what Islam teaches. Why? Well, after puberty, girls' sexual desire becomes very strong, you have to keep that up. Were you worried about not being able to continue with your studies? I wanted to get married, I was waiting.

That was a lovely time. I spent so much time with my family, because before that I had been caught up in my school work. I used to take walks with my father every day, and with my mother I would do housework, and I would cook special foods for her. Also during the last part we were getting ready for the wedding, making some preparations, though there was no suitable match as yet.

The sunnat states that girls may pursue education after their maternal duties have been taken care of. Because a girl has to become a mother! How will the Muslim society and the purdah system perpetuate itself if girls do not fulfill the basic duty of motherhood? It is not like here in the west. My husband has a girl in his laboratory who is roaming about with all kinds of men and does not marry even one! We were not like that, not at all. I did not feel troubled about my marriage. I wanted to marry. You know, Alison, it was time. There is a pleasure in doing things at the right time. . .

When a girl has fulfilled her obligation at home, or if she has someone to help her with husband and children, then she can study. Our Caliph gives lots of attention to girls' going to school, and to the general level of girls' education. I wanted to study, I am very happy now that I can study and pursue research, because, you see, my father had such a deep desire that I continue. I was the one in the family who had an ability in this area. It was Allah who made it possible for me to go on.

Farhat's father took a trip to the US at this time and found a match for his daughter--a young graduate student in the same field. Though Farhat does not say this explicitly, it becomes clear that part of the marriage negotiation included the stipulation that Farhat would be allowed to continue with her studies--a request that her future husband was very willing to accede to.

My father came home and told me, I have selected someone for you. What did you say? --laughing-- You can

see I am married!!! I thought Mudassar looked nice, when I saw the picture. . . I came alone with my mother in 8/91 and in 10/91 I was married. Only my mother was with me. . . What did you feel like to leave India? I didn't like the idea, I was attached to my family. But I had been thinking to come here, for education. The research facilities are much better. So I joined the university at the spring semester. I spent the other time at home, preparing for the GRE. I didn't have much time, because I soon became pregnant--she was born in January 93.

Now Farhat describes her routine:

I get up at about ten o'clock and make breakfast for Mudassar and me. It is a big meal. Then I make lunch, and at about one or two o'clock we come to school and eat lunch together at school. We usually leave the baby with my mother in law. Then at nine or ten o'clock we come home, and I do housework, I make beds, wash the dishes, and clean. I do the laundry on week ends. My mother in law is very kind, she looks after the baby.

Yet Farhat now looked more anxious and more exhausted. The whole tone of the interview changed:

No, my mother in law is not so enthusiastic about my research. Sometimes she says it would be better for the baby if I could stay home. . . So I try to do my share, not to impose on her too much. That's why we brought the baby here today, because she was cranky, not feeling well. . . Is it hard to do housework when you come home at night? Yes. My friends at the lab say they're so tired when they get home they fall on the bed, and they don't understand how I can work when I get home. But it's not fair not to do so.

Once or twice I lay down on my bed like that, I "dropped," but my husband said it wasn't good, I shouldn't do it. Because the other women in the house don't like it. Whenever I am at home I am cooking, cleaning.

At this point in the interview I asked her about recreation and relaxation:

Recreation? Not much. . . Sometimes the children watch cartoons and I watch with them, I laugh. I don't feel interested in TV anymore--sometimes I don't know what's happened to me. I am involved just in research and housework.

Farhat looked increasingly tired as the interview continued. But when she was asked about health problems, she denied them:

Health problems? No, I don't have many health problems.

After a pause, however, she adds:

For the past two months I have had a headache. I don't know what caused them, I'm not sure.

Unlike the unhappily married women, Farhat does not want to offer a diagnosis:

I haven't been to the doctor yet so I don't have a diagnosis. I have been thinking I must go to the doctor now. I have tried some home remedies--homeopathic medicine. Some Chinese medicine my husband gave me. I believe this creates a strong odor which distracts the person from the pain. I don't know the causes of the headaches. I think it might be sleep problems, you know how it is with a baby. I am often very tired, I am a person who requires at least eight hours of sleep a night. I often feel tired.

While Farhat minimizes both the strain and the symptoms, it is actually quite clear from her account that there is a serious conflict in her relationship with her affines--an impression that was confirmed by subsequent conversations with other women who knew the family. It is likely that the very existence of such a conflict was likely

to be highly demoralizing for Farhat. Her traditional upbringing had prepared her to placate and appease affines. Yet because of the kind treatment she had received in her own family, Farhat probably assumed that her khidmat to in-laws would be met with the permissiveness and indulgence that she had received from her own parents, who as she tells us, never insisted that she perform all the domestic duties usually allotted to daughters. Mudassar himself made these allowances for her:

(Mudassar makes it possible for me to study.) . . . Perhaps my husband might like his wife to be a housewife, to give due preference for such things. But Mudassar forgoes his natural interests--he does not complain if I am a bit neglectful. Other husbands might ask their wives to make special food for them, but he never does. Merely he eats what I cook and doesn't complain about it.

Thus the "basics" are enough for Mudassar. Farhat feels no shame about the fact that she cannot cook "special foods": on the contrary she is proud of the fact that he is so indulgent with her. His parents, on the other hand, aren't satisfied with Farhat's khidmat. They won't hold her to a lower standard in her domestic duties because of the demands of her academic work. They don't hold her in such high esteem that they excuse her from her full share of domestic drudgery. Her sister in laws insist that she is "just" a daughter-in-law--"just" like them. The nature of

Farhat's role strain has to do not with the inability to perform to a certain standard, but with other peoples' attitudes towards her.

Farhat's case is an interesting contrast to Sultana's. Sultana also struggles to run a household and support a family. Though Farhat is probably genuinely underslept, Sultana gets much less sleep than Farhat. But in Sultana's case, though the work is harder and the hours are longer, there is no role strain and no role conflict. The fact is that her whole family regards her with gratitude and awe. Her husband and teen aged sons struggle to prepare Bangladeshi food for her when she is away at work, a favor that Sultana accepts magnanimously. In Farhat's case, however, her academic efforts are not appreciated, and she is criticized for her lack of khidmat to her child, her husband, and her affines.

Like Farsana, discussed earlier, and in contrast to some of the unhappily married wives discussed in the last chapter, Farhat expresses distress through somatic symptoms. Her "tiredness" and her headaches are presented to the interviewer as the logical result of a lack of sleep. This somatic presentation is apparently linked to Farhat's defensive stance and refusal to articulate the source of

social strain in her affinal family. If she tells me she is tired from lack of sleep, I can not possibly infer that she is so unloved a daughter in law that her in-laws are dissatisfied with her; nor can I infer that she is so undutiful as to blame them for anything. Complaints of sadness, hopelessness and anger, on the other hand, would point directly to social strains and to the perpetrators of these strains.

Farhat was probably the very highest defender in the interview study. She is an interesting example of the way that Defense need not be associated with very traditional roles and a lack of exposure to western ideas. The whole focus of her upbringing had been to instill in her the basic tenets of Islamic Egalitarianism: that strict purdah and intellectual and career ambitions are not mutually contradictory. For Farhat to admit that her career aspirations and the expectations of her in-laws were in conflict would have been to question the Islamic Egalitarian insistence on the justice and moral coherence of the purdah system. As a result she needs to minimize her symptoms and to attribute them to peripheral aspects of her gender roles that actually have very little to do with her symptoms.

As a researcher I was not the only person to interpret Farhat's symptoms as resulting from severe role strain in her relations with her in-laws. The wife of Farhat's paternal uncle, Azra, offered a similar interpretation. Though Azra uses Farhat's word, "tired," it has a much more specific, psycho-social meaning:

She is very tired. I think she is doing too much. It is a big amount of adjustment she had to go through.. . She is exhausted--both emotionally and physically. She has so much to do at school and then she is up late--when she gets home of course she has chores, she has to do her share. There are other sisters in law in the house. The mother in law was taking care of the baby, but she can't do it any more, it is too much for her. So Farhat is having to take her to the baby-sitter. It is too much for her.

What do you think she should do? I personally? I think she is trying to do too much. I think that if she had wanted to continue with her studies, that would have been fine, but she should have waited to have the baby. Since she has had the baby, that is different. Now I think she should be with the baby, give her all her care.. . I personally think that a human being is more important than your ambition. You see, we Mu'minun believe that if you make a sacrifice, you will get it all back--ten fold. I myself gave up my job as a teacher to stay at home with my children, and I never regretted it. Especially when I see how well my children have turned out. . .

Azra declines to criticize Farhat's in-laws, but she points clearly to the problem:

Farhat had to leave her own family, she has not seen her mother in over a year. And in laws, of course, are not the same as your own family. It is very fortunate that she has our family here. She and my children have become so close! they are like brother and sister. And I think it is good for a girl to have her uncle nearby. It is someone to speak for her. It is

very hard when you are first married.. . But it is always difficult, and it is a big adjustment to live that way. My self, I was in a completely different situation when I was married. I had my own house right away and my mother in law was in Pakistan.

Part of the problem (for Farhat) is the crowded conditions, three sons with their wives. And children. They have no time to themselves, no time apart. Her husband, though, seems very nice, very encouraging.

Now Azra offers an interesting interpretation. She criticizes Farhat's father and husband precisely because they have encouraged her:

Sometimes I think her husband is too encouraging. If he put his foot down and said No, it is too much, then I think that would be the end of it. . . Her father also was very encouraging. We know him very well, you know. Her father is a physicist, a very brilliant man. He had, poor man, three daughters and two sons. All the children he pushed very much to go into research, and do you know, all three of the daughters are pursuing higher education, while neither of the boys have turned out that way! Poor man, one can't always have the same ambition for girls as one has for boys. But wasn't it a question of the girls' natural ability? Well, perhaps. Of course . But I think perhaps it is because girls are more compliant--do you know what I mean? He had better success with them, pushing them, they went along with their father better than the boys.

This basically sympathetic and sophisticated account is tinged with Azra's own defensiveness (on many levels) and perhaps with a hint of envy. Unlike Farhat's male relatives, who have supported her so strongly, Azra takes a more conservative position. Though she does not approve of Farhat's in-laws treatment of her, she "understands their perspective." All in all Azra's response suggests another

reason why Farhat prefers to sometime her symptoms and minimize her distress. If she were to actually to lose all propriety, abandon her defensive stance, and start complaining, criticizing, and getting depressed, it might be that her family would not support her in finishing her degree. Instead they would point to her distress and symptoms as a justification for her to give up her conflicting role and concentrate on gaining success in her domestic one.

Conclusion

The histories of the three happily married women here show some of the characteristics of happy marriages in Pakistani immigrant society. In most cases, as we have seen, happy wives tend to be relatively high defenders. Why is this so? Happy wives are invested in their own identification with the social and gender system and for this reason tend to overlook its failures, injustices, and inconsistencies. Usually this involves some degree of illusory engagement with reality and the use of what we call defense mechanisms. However, it should also be noted that for happy wives the defensive stance mirrors their actual experience. For happy wives--more or less--marriage has delivered what it promised.

Of course, a woman's level of "defense" is a matter of degree: most women, whether happily married or not, were capable of some level of feminist critique. Despite the ideology propagated by the Tales of Bliss and Woe, which almost seem to suggest that all husbands are either monsters or heroes, most husbands are somewhere in between. When a husband fulfills the basic requirements of his role, the marriage is "good enough." In this case, strain in the marriage will have consequences in the form of mostly somatic symptoms in the wife, and they will not constitute a prominent place in her self presentation.

Chapter 8: The Questionnaire

The questionnaire that was used in this study was developed following a two year period of ethnographic research. It was designed to reflect both questions that arose during this period, as well as issues and questions from several literatures pertaining to the focus of the study. The questionnaire covers five broad areas: 1) symptom levels and symptom expression; 2) marital role strain; 3) traditionality and acculturation processes; 4) treatment seeking and illness attribution; and 5) demographic variables.

Background and Research Questions

Symptom Levels and Symptom Expression

The contribution of culture to mental disorders is an area of considerable disagreement in modern mental health research, underlying the ongoing debate on the universality of mental disorders. While contemporary psychiatry continues to view illness as symptoms of disease immutably reflecting underlying biomedical disease processes, psychiatric anthropologists and other researchers have argued that symptom expression is a form of culturally generated

behavior. Numerous writers have proposed that non-westerners express distress through patterns of somatic syndromes that reflect a variety of cultural meanings and practices such as illness beliefs, folk physiologies, views of social causation, treatment seeking patterns, etc. (e.g. Good and Good, 1981) while arguing that the predominance of psychological symptoms in key western psychiatric categories reflects the "psychologizing" tendencies of western culture (Kleinman, 1986). Among South Asian women specifically, somatic syndromes as expressions of psycho-social distress related to family problems have been described (Nichter, 1981).

The issue of symptom form and expression is a chief focus of the questionnaire study. It will be investigated whether syndromes of distress and disorder are organized in patterns that resemble western psychiatric categories or in patterns that, by contrast, reflect local indigenous or typically Pakistani symptomatic idioms. It will also be investigated whether the process of psychologization--the shift from predominantly somatic forms of symptom expression to psychological forms of expression--is observable in this group.

A preliminary examination of the qualitative data at the time of the questionnaire design suggested several clusters of symptoms often attributed to marital role stress. Fatigue, weakness, reports of anemia, and sexual and menstrual problems commonly appear in women's accounts of "marriage sickness" (feminine illness that results from marital problems: for a definition, see Chapter 1.). The "semantic" perspective is that such idioms communicate the "meaning" of marriage sickness in the same way that "depression" communicates social meaning in western society.

To investigate these questions respondents were given a symptom checklist that included both symptoms typical of western depression and symptoms that had been mentioned frequently in the interview study or had appeared in the literature on South Asian women. Embedded in this 70-item symptom list was the Brief Symptom Index (BSI) (Derogatis and Melisarotus, 1983.), a measure that has been used with some frequency in cross cultural studies.

In a test of the construct validity of the measure, Derogatis and Melisarotis factor analyzed the scale, using a Varimax rotation, with both normal and psychiatric populations. Nine factors emerged in this analysis. These nine factors reflect distinct symptom dimensions including

anxiety, somatization, obsessive compulsive thinking, hostility, and depression. The dimensions thus appear to reflect both DSM-III categories as well as symptom configurations commonly encountered in clinical settings in the west.

Thus the BSI is probably a good reflection of common dimensions of contemporary psychiatric diagnostic practice as well as non-professional "folk" categories of mental illness prevalent in western industrial societies. However, research has shown that the BSI factor structure may not be a universal property of the scale. In some research with non-western samples mixed factors combining psychological and somatic symptoms have emerged. This was the case in a study of Iranian immigrants (Good, Good, and Moradi, 1985). In a cross cultural study comparing native born Americans with several foreign born minority groups, Beiser (1981) also found that while in the case of western respondents relatively "pure" psychological and somatic factors emerged in the factor analysis, this was not true in the factor analysis of the foreign-born respondents. Among these latter groups, factor analyses of the BSI yielded mixed somatic and psychological symptom factors.

Another potential problem with the BSI as a measure for studying distress and symptoms in a non-western sample is that the scale includes only those symptoms common in the United States and other western countries. It does not include syndromes and symptoms that reflect non-western cultural systems. And it certainly does not include those local syndromes and symptoms peculiar to Pakistani society. For the purposes of this study a set of twenty somatic symptoms collected from both the qualitative data in this study and from South Asian ethnographic literature have been included with the BSI items.

The first analysis to be performed will be a calculation of BSI scores for the purpose of comparing the study sample and Derogatis and Melisarotus's non-patient sample investigated in their normative studies of the BSI. However, though it may be of interest to discover whether these scores differ sharply from those of an American sample, I suggest that these scores do not tell us very much if we accept the hypothesis that Pakistani women in the sample tend to express distress through local, culturally shaped, possibly somatic, idioms. Further research questions include: 1) Will the BSI symptom dimensions (i.e. factor structure) be replicated in this population? To answer this

question a factor analysis of the BSI was performed to determine whether factors similar to those found by Melisarotis and Derogatis emerged. (Additional analyses designed to explore this question further will be discussed below.) 2) Do culture specific syndromes, as described above, emerge in this population? To examine this hypothesis, the total symptom checklist including the 49 BSI items plus the set of twenty somatic symptoms were factor analyzed to determine whether meaningful culture-specific syndromes, reflecting findings in the literature and qualitative study, emerged in the factor structure. The third question is: 3) Are somatic symptoms more closely linked to marital role strain than psychological symptoms (as assessed by a symptom count)? A regression analysis, with somatic symptoms and psychological symptoms entered as independent variables and role strain as the dependent variable³⁷ was performed and the standardized beta coefficients were compared to assess this question.

³⁷ Symptoms and role strain were designated independent and dependent variables, respectively, only for the purpose of this analysis. In the study as a whole role strain is conceptualized as the independent variable.

Marital Role Strain

Role Strain is conceptualized as the main independent variable in this study. In order to investigate the effect of marital role strain on symptoms the structure of the marriage role in this sample will be examined through the use of factor analysis. These analyses are modeled on the work of Pearlin and Schooler (1978) for the purpose of comparison. These authors developed a set of role strain scales that has been used extensively to examine role strain in American samples. Their factor analyses of the scales yielded a series of underlying dimensions in each scale. For example, a Varimax rotation factor analysis of the marriage role strain scale yielded three factors: "depersonalization," "disappointed role expectations," and "non-reciprocity."

It is argued that the role strain dimensions underlying the Pearlin and Schooler marital role strain scale do not represent the universal dimensions of marital role strain. On the contrary marital role strain, like marriage itself, is a local phenomenon shaped by ideology and culture. For a Pakistani woman in particular the marriage role is the most ideologically saturated of all her gender roles. Pakistani

marital role strain is therefore likely to reflect a structure specific to Pakistani society, reflecting salient aspects of marital relations.

A marital role scale was developed that is patterned on Pearlin's scale but also contains items that pertain to Pakistani marriage. Four possible factors could include: neglect, control, devaluation (perhaps similar to Pearlin's "non-acceptance") and "disappointed role expectations." A factor analysis was performed to see whether these or similar theoretical components emerge.

A Housewife role scale is also included in the measure. Adapted entirely from Pearlin's measure, it will be used principally for the purposes of comparison with the marital role measure. Though the Housewife Role is an important part of the lives of all married Pakistani women, it does not appear to bear the same moral and psychological significance as the marital role. It is therefore hypothesized that marital role strain, operationalized as high scores on the negative role strain items, will be linked to symptoms more strongly than Housewife role strain, operationalized as high scores on the negative housewife role strain scale items. To examine this hypothesis, Pearson's correlation's of the relationship between the two role strain scores and symptoms

were computed. The correlations were then transformed into z-scores and compared. The same analyses were then performed using a single item marital role and housewife role satisfaction scores. It is also hypothesized that marital role strain will moderate strain (as measured by symptoms) in the housework role. To assess this question, a moderator analysis was performed as described by Baron & Kenny (1986) using a regression analysis.

Acculturation and Traditionality

This study was designed in part to explore the issue of the relationship between traditionalism, role strain and symptoms among women in the Pakistani immigrant community. This is a fairly traditional community that is in many ways unassimilated to western culture. At the same time it must be regarded as a culture in transition. One focus of the questionnaire is the effect of culture change on symptom levels and expression.

Several theories of the effects of acculturation on symptoms expression and symptom levels are represented in the literature. Some researchers have hypothesized that when traditional immigrant women enter a society in which traditional domestic feminine roles are not valued they develop symptoms as a response to the stress of cultural

conflict (Moghaddam et al., 1990). Others have suggested that the higher levels of distress and symptoms associated with being a woman are associated with the peculiar features of traditional feminine roles, in which case more traditional roles could be expected to result in higher symptom levels (Soto & Shaver, 1982). In another study of this issue, Schwartz (1991) argues that acculturation and westernization neither increase or decrease symptom levels in women: instead, they precipitate a shift in symptom type. In this view traditional women, as they become westernized, begin exhibiting more aggressive, outward-directed and socially disruptive symptoms such as alcoholism.

Levy (1976) examines this issue from yet another standpoint. Levy proposes that traditional roles, based on a fundamentally sexist, unjust division of labor and resources, are pathogenic. Yet, he specifies, this is particularly true when traditional role occupation is accompanied by adherence to traditional (sexist) gender role norms (see Chapters 1 and 2). In his study of Swiss housewives, Levy (1976) predicted that somatic symptoms would be highest among women who both played traditional roles and who adhered to traditional norms. Among these women, he predicted, he would find a low capacity for

feminist protest, a form of structural critique of the social institutions that engender stress and symptoms in the first place. Levy found that both traditional roles and traditional norms were linked to higher symptom levels, and, as he predicted, the traditional norm/traditional role constellation was most closely linked with symptoms. As far as structural critique, however, he found that among most women symptoms and the capacity for protest coexisted simultaneously (see Chapter 1 for a more detailed discussion).

In this study several analyses focus on the broad issue of the relationship between modernization/acculturation processes and symptom levels/symptom expression. The first analysis is a simple calculation of correlation coefficients between demographic variables such as income, education, immigration history and language, and symptoms. The purpose of this analysis is to determine whether these demographic variables predict symptom levels and symptom types in such a way as to support the hypotheses described above.

It is predicted that in this sample, as among Levy's Swiss housewives sample, gender norms will moderate the effect of the traditional roles on symptoms. In addition, the relationship between norms, roles and psychological

symptoms, which Levy did not explore in his study, will be examined.

It is predicted that greater role traditionalism, when accompanied by traditional role norms, is linked to higher levels of somatic symptoms and lower levels of feminist protest/structural critique but that, as Levy found, symptoms and protest will not be mutually exclusive. An ANOVA was performed to test for an interaction effect.

An important and culture specific aspect of role traditionalism in the Muslim community under study is the practice of purdah. The effect of this variable on symptom levels and symptom expression will be explored. Several hypotheses regarding this relationship are plausible. Since, on the one hand, purdah involves the symbolic isolation of women, as well as restriction of movement and is also associated with a range of beliefs and practices emphasizing the importance of modesty, silence and obedience (see Chapter 3), stricter purdah may be linked to higher levels of distress. However, purdah in Muslim societies is also linked with wealth and prestige. In this sample it was sometimes viewed as a symbol of religious identity: "I wear a veil because it says that I am a Muslim," some participants observed.

If purdah functions in women's lives as a marker or agent of decreased social power, it will predict symptoms. However, it is also likely to be linked to role traditionalism, itself conceptualized as a potential stressor. To determine the independent contribution of purdah to symptoms a multiple regression analysis, with role traditionalism entered first as a covariate, will be performed. It is hypothesized that when role traditionalism is held constant, stricter purdah will be linked to symptoms as a source of stress in this population.

Another possibility is that purdah may function differently among different traditional/non-traditional groups in the sample. Some writers (Papanek, 1981) have observed, for example, that purdah gives working women confidence and equanimity in their workplace relationships with men. It is possible that stricter purdah predicts distress among housewives, among whom it may function as a symbol of isolation and inferiority, while it functions very differently among working women among whom it may function as a symbol of identity. To assess whether the relationship differs significantly between these two employment groups, two multiple regression analyses will be performed and the

differences between the regression weights for the two groups compared.

The qualitative data suggests that religion acts as a powerful source of emotional support for women in this community. Many women reported that they derived a great deal of comfort and peace of mind from prayer. Quite apart from this private aspect of religious experience, however, its public dimension was also observed to play an important role in women's lives. When women visited the mosque frequently and participated in a significant way in the public life of the community, they were observed to derive considerable benefits. The questionnaire contains a number of religiosity variables, such as prayer and scriptural reading, while one item examines mosque participation. Correlation coefficients will be calculated to examine the relationships between these variables and symptom outcomes.

Treatment seeking and illness attribution

Very little is known of treatment seeking and illness attribution in the population under study. At least one study suggests that while levels of symptoms and psychological distress may not differ between South Asian subjects and western native born subjects, treatment seeking levels are lower among the former (Cochrane & Stopes-Roe,

1981). Mahmud (1987) found significantly lower levels of symptoms among Pakistani women than among natives but used a rating scale of strictly psychological symptoms which may have left out those women expressing distress through somatic syndromes. The questionnaire in this study seeks to explore issues of whether illness attribution affects treatment seeking and gain some insight into the process of somatization which may affect treatment seeking.

It is hypothesized that symptoms which are attributed to psycho-social stress or particular South Asian folk conceptions of illness etiology (diet and weather/temperature) will be more strongly linked to indigenous forms of health seeking (prayer, homeopathy, home remedy) than will symptoms which are attributed to biomedical disease (virus/germ, chronic disease condition). To analyze this question, scores for each type of attribution and each type of health and treatment seeking behavior will be calculated and a multiple regression analysis will be performed with indigenous health seeking as the outcome variable and biomedical and stress/folk etiologies entered as independent variables in the equation.

A specific question to be answered is the issue of how well the classic view of "psychosomatic disorder" explains

symptoms and treatment seeking in these subjects. It was observed during the qualitative research phase that women participants often sought treatment for symptoms that they acknowledged had psychosocial precipitants. The relationship between stress attributions and biomedical treatment seeking will be examined to determine whether the stress attribution is negatively related to biomedical treatment seeking. This is intended to examine the question of whether somatization is a psychological defense against the acknowledgement of psycho-social stressors. If the "classical psychosomatic" view were correct, a negative correlation between medical treatment seeking and stress attribution would result. The findings of the interview study suggest by contrast that psychological insight often accompanies treatment seeking for somatic symptoms. If this is true there should be no correlation between these two variables. Pearson's r was calculated to assess this question.

Demographics

The demographics section of the questionnaire is expected to provide data on the relationships between socio-economic status, age, marital status, work status, and years since immigration to role strain, role stress/distress, and

symptoms. A correlation matrix will be calculated to examine these relationships.

The Measures

The Questionnaire

When the English language version of the questionnaire had been developed it was translated into Urdu using the "back translation" method by a team of bilingual translators. The questionnaire was not formally piloted before distribution but it is argued that the long period of ethnographic research that preceded its development is likely to result in a high level of construct validity for the measures included in the questionnaire. In developing these measures, most of which were adapted from measures in the literature, I attempted to increase construct validity through the inclusion of culturally relevant items. The questionnaire was reviewed by several Pakistani women in the community for suggestions and criticism before it was distributed but no substantive changes were suggested on the basis of this review.

Two hundred and three questionnaires were distributed to South Asian Muslim women living in the New York area. Subjects were recruited utilizing the "snowball" method (Schwartz, 1991) in which participants identified friends,

neighbors, and acquaintances who were then contacted and invited to participate. Subjects were paid \$5 per questionnaire; however, a significant proportion declined to take any payment because, as they said, they wished to "help me with my education." The questionnaires were administered in several ways. Typically the author and an Urdu-speaking interpreter/research assistant visited certain participants in their homes and left questionnaires for women in the household and for friends and relatives. Selected participants also acted as local "recruiters." Though they were not paid for the time they took to recruit their friends and relatives into the study, they were given dresses at the conclusion of the study. This combination of methods worked fairly well. Of the two hundred and three questionnaires that were completed 196 were judged suitable for use in these analyses.

The symptom checklist. The symptom checklist includes the Brief Symptom Inventory (Derogatis & Melisarotus, 1983), a short form of the SCL-90-R, a self report scale that has been widely used and validated in many samples. The BSI is designed to measure symptoms along nine dimensions including anxiety, somatization, obsessive compulsive thoughts and actions, and depression. As described above, twenty somatic

symptoms derived from the ethnographic study and the literature were appended. The culture-specific symptoms include items related to menstrual symptoms, anemia, the "lack of blood," (a folk diagnosis for weakness or exhaustion believed to be caused by an insufficiency of blood), digestive problems and diarrhea, sexual problems, fatigue, and various types of body pain. In this symptom list items were answered in a five point Likert format ranging from 0 to 4.

The role strain scales. The marriage role strain scale included in the questionnaire was partly derived from Pearlin's (1978) measure. As described above certain items judged to be particularly culturally salient were used to supplement Pearlin's scale. The scale included items such as "My husband is too involved with his family," and "My husband follows the teaching of the Quuran." These items were answered through a five point Likert response format. Pearlin's housewife role scale was also included in the questionnaire. It contains items like "My housework is too much work for me."

Role satisfaction items. Also included were two role satisfaction questions. Following the example of Kandel et al. (1985), these were included to provide a common metric

for comparing roles. These were single item scores. Subjects were asked to rate their overall satisfaction in each role. Responses ranged from 1 ("I am extremely satisfied in my role as a wife/housewife.") to 4 ("I am extremely dissatisfied with my role as a wife/housewife.").

Traditionality and acculturation. A variety of short measures assessed women's level of acculturation and traditionality. These were original to this study but reflect aspects of traditionality described in the literature (Naidoo & Davis, 1988). Several questions about religiousity including frequency of prayer, scriptural reading, and involvement at the mosque were included. Several items assessed traditionality in dress (Western vs. non-western). Several items about the respondent's practice of purdah were included to assess the strictness of her practice. They included items such as "I don't usually wear purdah," to "I wear purdah when I go shopping," and "I wear purdah in front of my husband's relatives." Following the initial data analyses, these items were developed into a scale through the use of an algorithm. The scale ranged from 1 ("I don't usually wear purdah.") to 13, judged to be the strictest level of purdah.

Norms and feminist protest. In an attempt to replicate Levy's findings, a measure of traditional norms, of traditional roles, and of feminist protest were included in the questionnaire. The norm scale in this study was adapted, with minimal changes, from the norm scale used by Levy (1976). The scale measures the respondent's adherence to traditional sex role norms including items such as: "Men should make the decisions in the home," and "Boys and girls should be raised differently to prepare them for different tasks in life." This scale showed high levels of endorsement across the sample. Its construct validity was indicated by the correlation between norm scale scores and other measures of traditionality and religiosity such as the purdah scale, an item measuring traditionality of dress, levels of education reported, and immigration history including the number of years a woman had spent in the west. Inter item reliability of the norm scale was not high but probably adequate: $\alpha = .67$.

The measure of feminist critique included, in the original Levy paper, items assessing the degree to which the subject believed that women experienced sexism, injustice, and discrimination. The items were altered slightly to make them more specific to Pakistani culture. The items in the

new scale reflected comments frequently heard during the qualitative research phase regarding women's sense of injustice in Muslim society. These items were also part of a five point Likert scale ranging from 1 ("I strongly agree.") to 5 ("I strongly disagree."). Three items were included in the original scale, but analysis of their internal reliability revealed that one item did not correlate well with the other two items. In subsequent analyses, therefore, only two items of the scale were used.

Role traditionalism concerns the roles that women actually occupy. The role traditionalism scale consisted of five items that were borrowed directly from Levy. These were yes/no questions that assessed the degree of the sexual division of labor in the home. They included items such as "My husband takes care of the finances in our home." In an analysis of interitem reliability, it was found that internal validity of the scale was insufficient: $\alpha = .24$. This scale could not therefore be used.

Illness attribution and treatment seeking. In order to gain some understanding of patterns of illness attribution and treatment seeking in this sample two measures assessing these variables were included: an illness attribution scale and a treatment seeking or "problem solving" scale. These

measures were not derived from existing measures but were based on ethnographic research. The illness attribution and treatment-seeking part of the questionnaire examines categories of help and treatment-seeking as well as patterns of illness attribution. Items relating to three types of illness attribution (stress, indigenous, and biomedical) and two types of treatment seeking (indigenous and biomedical) are included in this section. The "indigenous" category includes explanations and treatments that relate to traditional South Asian physiological models. In an attempt to assess the degree to which women resorted to traditional vs. biomedical treatments for different types of problems, items on types of health providers consulted as well as a range of items related to illness attribution from biomedical explanations to traditional explanations were included.

Demographics

Basic demographic data were gathered on the questionnaire respondents including questions about income, family type and size, work status, age, and education.

Descriptive Statistics (See Table 1.)

Very old, sick, and illiterate women are underrepresented in the sample. Working wives are also,

apparently, underrepresented. Perhaps they were perceived by local "recruiters" as having less time to fill out the questionnaire. The sample could be described as literate and educated since very few women were unable to fill out the questionnaire themselves. Of the 196 participants, 57% elected to fill out the questionnaire in Urdu, while 43% preferred English. 82% of participants report that they were born in a South Asian country. The average number of years lived in the US is twelve.

Religiosity and Traditionalism. Participants are fairly traditional in their form of dress. 35% report that they wear purdah in front of male acquaintances and male affines--probably a substantive indicator of "strict" purdah. 62% of women say they perform the traditional five daily prayers, an important aspect of Muslim daily devotional life. Half the women in the study spend time regularly in their mosque.

Family life. The majority of women who participated in the study are married (73%). Six participants are divorced and seven are widowed. The 126 married women provided data for use in the marital role strain analyses. For a few of the analyses, including the factor analysis of the symptom checklist, the questionnaire data of both married and

unmarried women were used. The vast majority of married women have children (124 out of 126). Half of married women have small children at home and the average number of children per family is 2.8. An aspect of family life that has been considered an important factor in the lives of South Asian women is the type of family structure. Though the extended patrilineal form of family structure is still the norm in South Asia, women in the study were much more likely to live in western-style nuclear families. Only 23 out of 126 married women reported that they lived continuously with in-laws. However, this figure may be somewhat misleading, since ethnographic data indicates that many in-laws live with their children "more or less," moving around and spending part of the year with each son.

Age, education, and income. The age distribution of the sample is skewed. Although the average age of the sample is 31, and the median age 29, a disproportionate number of women are in their early twenties. Women range in age from fifteen to 73 but there are relatively few late middle-aged and old women. Twenty-one percent of the total sample worked, but most of these were students working part time. Only 12 women worked forty or more hours per week. The percentage of working married women was very low--about a

fifth of the sample. The median salary for working women in the sample was low: \$12,480.

It is traditional in Muslim culture for the husband to work and support his wife unless the family is very poor. Husband's income, therefore, is probably a good indicator of family income. Income was distributed across the sample unevenly. For example, the mean income from the husband's job was \$34,704. However, the median salary was only \$24,000. The reason for the discrepancy is that the income distribution was skewed by a group of ten outliers--women's whose husbands made \$82,000 or more per year.

The husband's education, however, turned out to be more evenly distributed. Husbands had an average of 15 years of education. This contrasts with the average education of participants which was 13 years. About a quarter of the women in the study had graduated from college.

Demographic Predictors of the Study Variables

(See Tables 2,3, and 4.)

The income of the family (as measured by the husband's pay) and the education of husband and wife were as usual moderately predictive of symptoms. Though the husband's education did show some predictive power beyond income, for the most part his pay accounted for more variance in the

outcome variables. Income was also linked at a moderate level to marital strain.

Age did not appear strongly related to most symptoms measured on the questionnaire though it did appear to predict some somatic syndromes weakly.

Most demographic variables predicted marital role strain only weakly. Several demographic measures of exposure to western culture, such as "years in the west," and "years living in South Asia" were related to marital satisfaction. On the whole, more westernized, acculturated women were somewhat more satisfied with their marriages than other women. Less acculturated women (measured by the number of years they had lived in South Asia) scored more highly on the marital role strain factor (see below for a description of the factors) measuring sexual appreciation and traditional protectiveness, but also scored higher on the subscale that measures traditional coercion and the lack of lenience. Older, less acculturated and less educated women were more traditional in their sex role norms.

It was not obvious that demographic factors made a significant difference in levels or types of symptoms beyond the fact that income and education appeared related to lower levels across the board. Noticeably, however, Urdu speaking

women showed lower levels of menstrual disorders (most likely an age effect), as well as slightly lower levels of anger and suicidal feelings--both relatively socially disruptive expression of distress which have been associated with the psychopathology of the west.

Results

As described above, the questionnaire was designed following a period of ethnographic research in the Mu'minana community and is intended to reflect key constructs derived from this research. However, due to time constraints, the design of the questionnaire necessarily preceded the completion of the qualitative data analyses. For this reason, several key constructs and research questions had not been sufficiently elaborated by the time the questionnaire was designed and are not reflected in the questionnaire.

However, sufficient data were gathered in the questionnaire to permit the testing of some hypotheses that suggested themselves relatively late in the study. What follows in these pages, therefore, is a combination of pre-planned analyses and analyses that were designed after the questionnaire data had been collected. These are grouped under the headings "Additional Analyses" in each section.

Symptoms

For the purpose of comparison with a normative sample, BSI scores were calculated. The mean score for the sample was .67 (SD = .628). A t-test indicates that this score is not significantly different from the mean scores found by Derogatis and Melisarotus in their non-patient normative American sample. Given cultural differences between the two samples and the possibility that Pakistani women may express distress through different symptomatic idioms from those of Americans, however, it is questionable how much information this score actually provides.

One of the theoretical issues that was of interest in this study was the question of how symptoms are configured in this non-western sample.

In keeping with the method of Derogatis and Melisarotus, a Varimax rotation factor analysis was performed of the BSI. However the use of this method yielded no interpretable results. The resulting factor structure did not resemble the 9-factor structure reported by those authors. Furthermore, the factors did not duplicate anything else in the literature and did not appear to be conceptually meaningful. Similarly a factor analysis of the total symptom

list including the BSI as well as the set of culture specific symptoms yielded no interpretable results.

The failure to duplicate the BSI factor structure suggests that this measure, validated on a western sample, may lack construct validity in this non-western group. Though the original BSI factor structure seems to reflect the basic categories currently defining contemporary psychiatric practice and diagnosis, the failure to replicate this factor structure may indicate that Pakistani women experience distress and psychosomatic symptoms in fundamentally different ways.

A second aim of the factor analysis was to identify culture specific syndromes or local 'idioms of distress.' When the original planned analyses yielded mixed syndromes that did not appear to represent meaningful symptom configurations, perhaps due to the fact that the Varimax rotation method does not permit correlations between factors, a different strategy was attempted. To clarify the structure of the factors in this sample, somatic and psychological symptoms were considered separately. A second set of factor analyses were performed, this time using the Oblimin rotation which permits correlations among factors. This makes sense conceptually because it is likely that

symptom configurations are related to each other, though for the sake of construct validity, correlations should be low to moderate. When these analyses were performed, highly interpretable factor structures emerged. The following section describes the results. Intercorrelations were moderate, for the most part, among the somatic symptom factors; they were very high, however, between several pairs of psychological factors, suggesting that it might be best to combine these factors in future analyses. The factor intercorrelation matrices may be found in Tables 5 and 6.

1. Psychological symptoms.

Factor 1 (Despondency) resembles the depression subscale of the BSI, but does not include some of its affective items or suicidality. It includes: Feeling blocked in getting things done (.45); Feeling no interest in things (.46); Your mind going blank (.46); feeling hopeless about the future (.51); Trouble concentrating (.41); feeling tense or keyed up (.33); Nervousness or shakiness (.35); feeling lonely (.35).

Factor 2 (Vulnerability) does not resemble any of the BSI factors. It is highly correlated with Factor 1 but seems more socially oriented, focusing on the person's emotional vulnerability to other people. It includes: Your feelings

are easily hurt (.39); feeling very self conscious with others (.30).

Factor 3 (Inferiority) is similar to 1 and 2 and is also is strongly social in orientation. It focuses on a person's sense of personal and social inadequacy. It includes: Feeling that people dislike you (.68); Feeling inferior to other people (.83); Feeling self conscious with others (.45).

Factor 4 (Rage) focuses on the wish to inflict harm. It includes: Feeling that you would like to beat or injure someone (.30) and Feeling that something is wrong with your mind (.41). Presumably these two items are related because the impulse towards physical violence is severely socially sanctioned in this population--so much so that its presence is accompanied by concerns about being crazy.

Factor 5 (Irritability) resembles the BSI factor 4 hostility scale. includes: Feeling easily annoyed or irritated (.51); Temper outbursts you could not control (.64); Getting into frequent arguments (.40).

Factor 6 (Feeling Exploited) does not resemble any of the factors on the BSI. It includes : Feeling that others do not give you credit for your achievements (.45); Feeling worthless (.35); Feeling that others take advantage of you

(.56); and Feeling that someone else can control your thoughts (.30). It is interesting that the last item is one which loads on the psychoticism factor in the original BSI factor analysis. The results described here may indicate that this "symptom" is not so much an aspect of psychotic delusion in this sample as a reflection of the very real experience of coercion and control by others.

Factor 7 (Lack of Agency) also appears to reflect a social stance towards others. It includes: Feeling others are to blame for most of your troubles (.44); feeling uneasy in crowds (.32); Feeling so restless you can't sit still (.30).

Factor 8 (Suicidal Depression) is a depression factor. It includes: Feeling suicidal (.41); feeling lonely (.44); feeling no interest in things (.36). The emotion, "feeling blue" which has a high loading on the BSI depression factor, loads on this factor but only at .22, indicating that suicidal depression is distinct from other types of socially generated dysphoria in this population.

Factor 9 (Fearfulness) includes: Feeling afraid in open spaces (.54); Feeling suddenly scared for no reason (.35); feeling afraid to travel on busses, subways, and trains (.51); feeling afraid of certain places, things or

activities; spells of panic or terror (.51); feeling nervous when you are alone (.51); feeling fearful (.65).

2. Somatic Symptoms

As above, the analysis performed on the somatic symptom list was an Oblimin rotation to allow intercorrelation among factors. Ten interpretable factors emerged from this analysis. Intercorrelations between the factors may be found in Table 6.

Factor 1 (Pain and Weakness) is appears to represent a syndrome of multiple-site body pain and weakness. It includes back pain (.45); joint pain (.45); chest pain (.41); numbness or tingling (.39); exhaustion (.30) and "lack of blood" (.44), an indigenous symptom which was included in the symptom list because it came up frequently in the qualitative material. The "lack of blood" is, in a sense, a "folk" or indigenous diagnostic term that suggests a physiological etiology for a felt lack of vital energy and strength. "Lack of blood" is sometimes associated with anemia and with excessive menstrual bleeding. However, on this factor, anemia only loads at a .10 level and "period too heavy" does not load on this factor. This may be due to the fact that each of these items load heavily on other factors. However, this factor is strongly negatively

associated with "period too light" (.57), suggesting, indeed, that this syndrome is related to an association, among Pakistani women, of the relationship between the excess of menstrual bleeding blood and the lack of nervous vitality that emerged in the qualitative data.

Factor 2 (Menstrual Problems) is primarily a "menstrual concerns" syndrome. It includes: Menstrual periods too heavy (.77); menstrual pain (.50); irregular periods (.62); as well as skin problems (.30) and weight gain (.36).

Factor 3 (Gastrointestinal Problems) is a gastrointestinal syndrome that includes: constipation (.73); nausea (.50) ; and diarrhea (.52); as well as skin problems (.53) and sleep problems (.32).

Factor 4 (Sexual Pain) is a sexual dysfunction syndrome. It includes: lack of feeling in sex (.82); pain during sex (.39); and vaginal discharge (.68). The latter symptom has been described in the literature as part of an exhaustion syndrome (see Chapter 5) but these findings suggest that it may also vary as part of a sexual dysfunction syndrome.

Factor 5 (Facial Pain) is a facial pain factor. Though this symptom has low frequency in the population, the factor loadings suggest it is linked to anxiety. It includes facial

pain (.89); can't swallow (.64); and feeling faint and dizzy (.36).

Factor 6 (Weight Loss) may be an anorexic factor. It includes no appetite (.50); and weight loss (.76).

Factor 7 (Somatic Anxiety) appears to be a somatic anxiety factor that includes : hot and cold spells (.73); trouble getting your breath (.75); feeling faint or dizzy (.48); waking up too early (.33); exhaustion (.44); and joint pain (.33).

Factor 8 (Headache) is another pain and weakness syndrome with headache as its primary focus. It may have a substantial anxiety component. It includes headaches (.71) waking up too early (.56); sleep problems (.60) ; heart pounds (.39); sexual pain (.37); mouth dry (.30); period is too light (.32); back pain (.34); nausea (.34) and weakness (.49). Headaches are frequently mentioned in the qualitative data as a symptom reflecting marital unhappiness.

Factor 9 (Anemia) is a traditional anemia syndrome that includes anemia (.78); the lack of blood (.48); diarrhea (.44) sex pain (.37); numbness or tingling (.30); and faintness or dizziness (.30). In general the factor suggests an indigenous diagnosis of a lack of vital strength.

Factor 10 (Genital Pain) is a urinary pain factor that includes pain urinating (.74); period too light (.40); mouth dry (.33) and period irregular (.44) suggesting that this symptom may tend to be accompanied by menstrual concerns and anxiety in this population.

The Role Strain Scale

The first factor analyses, utilizing a Varimax rotation, did not yield meaningful results. It was determined that the use of an Oblimin rotation, in which factors are permitted to correlate with each other, would increase the construct validity of the measure. When the scale was analyzed again, utilizing this form of rotation, a meaningful pattern emerged. The six resulting factors highlight aspects of the Pakistani marriage role that were reflected in qualitative data gathered in the study, as well as the literature on South Asian social roles and social structures. A correlation matrix of the factors may be found in Table 7.

Factor 1 (Sexual Appreciation) appears to focus on the husband's appreciation of his wife as a sexual being and his faithfulness to her. It includes: My husband and I have a satisfying physical relationship (.70); My husband is faithful to me (.66); My husband appreciates me just as I am

(.49); My husband appreciates my appearance (.44); My husband gives me the freedom I need (.43); I can be myself around my husband (.40).

I predicted a factor resembling Pearlin's "acceptance/non-acceptance factor." In Pearlin's scale this factor features the husband's acceptance of the wife as a person--including both her femininity and sexuality as well as her abilities. By contrast, the Sexual Appreciation factor emerging in this analysis focuses on the husband's sexual love for his wife.

Factor 2 (Respect and Reciprocity). This factor appears to represent a more modern type of marriage that incorporates different values from those of marriages high in Sexual Appreciation. It includes: My husband respects the work I do (.80); My husband listens to me when I talk (.65); My husband helps with children or housework when necessary (.62); I have access to money whenever I need it (.56); My husband takes care of me when I don't feel well (.45); My husband and I enjoy going out together (.39).

This factor constitutes the "other half" of Pearlin's "appreciation" factor and resembles the "control/freedom" factor predicted. This factor is made up in part of items related to the husband's respect for his wife's intellectual

and instrumental capacities. Evidently reflecting a less traditional, more egalitarian marital style than Factor 1, it also includes items drawn from Pearlin's reciprocity factor that indicate role flexibility within the marriage.

Factor 3 (Quuranic Marriage) represents another aspect of marital traditionalism. It suggests a marital style in which a husband explicitly adheres to a Quuranic philosophy of gender in which a woman is protected and appreciated in her domestic role. It includes: My husband is very protective of me (.66); My husband respects purdah (.60); My husband follows the teachings of the Quuran (.56); My husband likes my cooking (.50); My husband appreciates my appearance (.43); My husband welcomes my family (.35); My husband gives me the freedom I need (.32); My husband prefers me to stay at home during the day (.31).

Factor 4 (Material Support) apparently has to do with financial ease in the family. It includes: My husband is a good wage earner (.34); My husband frequently gives me gifts (.35).

Though in Pearlin's sample wage-earning and sexual satisfaction combined into one factor, these two aspects of marriage are more sharply differentiated in this sample.

Factor 4 or consists of only three items, all of which relate to economic well-being.

Factor 5 (Traditional Constraints). This factor may relate to the traditional problems encountered by women living in a joint family situation in which the husband is both overcontrolling and emotionally distant. It includes: My husband is too involved with his family (.52); I do too much for my husband (.43); My husband makes all the decisions in our home (.34); My husband thinks he should always have his way (.31); My husband is stingy with money (.31). This factor is comprised of a commonly encountered constellation of features including a wife who feels neglected and starved for affection and a husband who strives to keep her in her place in order to placate his own relatives.

Factor 6 (Aggression) focuses on anger and violence in the marriage. It includes: My husband is physically violent with me (.71); I am physically violent with my husband (.70); My husband criticizes me (.30).

The constitution of this factor is rather surprising. "I am physically violent with my husband" is included with the other factors in a way that does not reflect the qualitative data. This data suggests that for a wife to hit

her husband is an extreme rarity. Several questionnaire respondents actually laughed on reading this item! It may be that this factor represents some kind of response bias. For example, it may be possible that among women who were being physically abused by their husbands, those who were willing to admit to the abuse were more likely to be violent themselves.

The Relationship between Marital Role Strain and Symptoms

The question was posed whether marital role strain would be more closely linked to somatic symptoms, as idioms of distress more typical of Pakistani culture, than to psychological symptoms. A multiple regression analysis was performed to assess this question. (See Table 8). The method utilized was the backward elimination method in which variables are removed one at a time, step by step, until most significant predictors are left on the final step of the equation. For the overall marriage scale, a sum score of all the items, the results indicate that when total scores for somatic symptoms and total scores for psychological symptoms are entered separately, the somatic symptom scale is a better predictor of marital strain. Once somatic symptoms are accounted for, psychological symptoms

contribute almost no variance to the equation and are eliminated.

Further Analyses of the Relationship between Individual Role Strain Scales and Symptoms

However, this result does not actually tell us very much about the ways that marital role strain actually make women sick. When the relationship between individual role strain scales and various syndromes³⁸ is examined, it appears that different role strain scales predict patterns of syndromes which reflect their unique properties.

Tables 9-13 show the results of regression analyses which were performed in order to determine which syndromes predicted which marital strain factors.

1. Sexual Appreciation. (See Table 9.) When the Marriage Scale Factor 1, Sexual Appreciation, is examined in its relationship to symptom outcomes, it is found to protect against the syndromes Menstrual Problems and Despondency. This is not surprising given its on emphasis the physical relationship between husband and wife and the husband's appreciation of his wife's appearance and sexuality. On the other hand, Sexual Appreciation appears to be positively

³⁸ The factors yielded by the factor analyses of the psychological and somatic symptom scales will be referred to from now on as "syndromes."

related to the psychological syndrome Vulnerability. This finding will be discussed at length in the discussion section.

2. Respect and Reciprocity. (See Table 10.) Factor 2, the Respect and Reciprocity factor, by contrast, predicts a very different pattern of symptoms: marriages that are high in this factor seem to predict lower levels of the syndromes Feeling Exploited, Despondency, and Pain and Weakness. Again, these results make sense given the nature of the Respect and Reciprocity factor, which emphasizes liberality and reciprocity on the part of the husband. However, the factor is inversely related to Fearfulness, Suicidal Depression, Irritability, and Weight Loss. Though this result will also be discussed at greater length in the discussion section, it may be noted that the latter three syndromes have been linked to western psychopathology. Suicide risks are much higher in western societies; expressive anger has been linked to aggressive acting out behaviors which have in turn been associated with acculturation (Schwartz, 1991); and anorexia has been labeled a western "culture bound" syndrome.

3. Quuranic Marriage. (See Table 11.) Marriages high in the Quuranic Marriage factor were associated with lower

levels of Feeling Exploited and Despondency. This makes sense given the focus of the factor on the husband's Quuranic protectiveness and dutifulness. On the other hand, marriages high in this factor were also higher in the syndromes Lack of Agency and Fearfulness (see Table 6). These syndromes focus on anxiety, fearfulness and phobias, and the feeling of not being in charge of one's own life. One could expect that these feelings would be associated with a strict purdah life style and a highly traditional relationship.

4. Material Resources. (See Table 12.) The items in the Material resources factor have to do with financial ease and security. Marriages that are high in this factor are associated with lower levels of Face Pain, Feeling Exploited, and Despondency. Interestingly, such marriages are also associated with higher levels of Suicidal Depression, Weight Loss, Rage, and Fearfulness. Since the Material Resources factor is associated with higher income and more education, it is likely to be associated with a somewhat more acculturated, modernized life style. This may explain why marriages high in material resources are associated with some of the same syndromes that Respect and

Reciprocity is associated with: Weight Loss, Rage, Suicidal Depression and Fearfulness.

5. Traditional Coercion. (See Table 13.) Marriages high in the factor Traditional Coercion, a type of marriage in which the wife feels both neglected and over-controlled by her husband, are associated with the syndromes Inferiority and Headache. This reflects some of the qualitative data which found a relationship between loneliness, suppressed anger, and headache and the use of "force" by affines. Feelings of helplessness and inferiority are also commonly viewed as a part of the emotional sequelae of a traditional marriage in which a wife is devalued. The factor is also marginally inversely related to Irritability. This may also make sense in that marriages which are coercive and traditional generally do not permit the expression of anger in wives.

The results of these analyses suggest that the marital role strain scale used in the study does not represent a unitary construct, Marital Role Strain, but several types of role strain. Examination of the patterns of relationships between the marital role strain factors and syndromes also suggests that these factors do not in themselves reflect the role strain construct purely. Rather, they reflect types or

styles of marriage, each of which bears implications for a person's life style (see the discussion section).

Comparing Marital Role Strain and Housewife Role Strain

The relationship between the housework role strain and marital role strain was explored in two ways: first through a comparison of scale means for the two scales; and second through a comparison of the single item role satisfaction measures. It was predicted that marital role strain, as measured by the scale, would be more closely linked to symptoms than housework strain. Pearson's R was calculated as an estimate of the relationship between marital role strain and symptoms and between housewife role strain and symptoms. The correlation coefficients were transformed into Fishers-Z scores for the purpose of meaningful comparison and the two Z scores were compared using a z-test for testing the difference between correlation coefficients. The relationship between role strain and overall symptoms was actually slightly lower than the relationship between housewife role strain and symptoms ($\underline{r} = .3687$ and $\underline{r} = .3888$ respectively). However, the z-test of the difference between correlation coefficients resulted in a z-score of 1.796, which does not reach significance when $p = .05$. The second question was whether Marital Role Strain would moderate

symptoms associated with the Housewife Role. To assess this question, a moderator analysis was performed. The moderator analysis is a multiple regression analysis, with overall symptoms as the dependent variable. Centered scores are calculated for each of the independent variables in the equation. These variables are entered first in the equation to test for main effects, followed by a variable representing the product of these two centered variables. If the interaction is significant, a moderator effect is indicated. In this case, however, the interaction was not significant, suggesting that marital satisfaction does not in fact moderate housewife role satisfaction.

The next step was the comparison of marriage role satisfaction scores with housewife role satisfaction scores. Recall that the role satisfaction scores were computed on the basis of a single item indicating the respondent's level of satisfaction with her marriage or housewife role. The results of this analysis differed from those described above. The correlation between marital satisfaction and symptoms was larger than that between housewife satisfaction and symptoms. ($r = .3508$ and $r = .1894$, respectively). When a Fisher's Z transformation and a subsequent z-test was performed, this was found to be a significant difference.

Thus in the case of marital and housewife satisfaction, the hypothesis was supported. However, it was not found that marital satisfaction moderated housewife role satisfaction in this sample, using the analysis described above.

Acculturation, Traditionality, and Symptoms

Norm traditionalism. It was predicted that traditionality in norms would predict symptom levels. Examination of a correlation matrix of the relationship between traditional norms and symptoms shows that there is no statistically significant relationship between these two variables.

Additional analyses. In an effort to understand why the sex role norms measure does not appear to predict symptoms across the sample, it was determined to examine its relationship to the marriage role scale. It was observed in the qualitative data analysis that the construct Defense appeared to be linked to happy marriage. Happily married women identified more easily with Pakistani culture and the gender system. In addition, it was observed that traditional women with more conservative "sexist" views tended to be highly secretive and defending of their husbands and affines.

Evidently both these qualities could be affecting the relationship between marital role strain, norms and symptoms. If a happy marriage produces fewer symptoms and more conservative norms, it could obscure the relationship between sexist norms and symptoms. Similarly, if conservative norms tended to decrease negative reporting of the husband's behavior, while not affecting symptoms, this could affect the relationship between marital role strain and symptoms.

To investigate this problem it was determined to assess whether controlling for marital satisfaction in an regression equation could affect the relationship between norms and symptoms. The overall marriage scale consisting of the sums of item means was used. When marital satisfaction was controlled for, conservative norms did significantly predict overall symptoms, suggesting that marital role strain obscures the relationship between norms and symptoms (see Table 15.). One explanation for this phenomenon is that women in happier marriages have more traditional norms but fewer symptoms, a phenomenon that obscures the process by which traditional norms engender symptoms. Another probable explanation is that women with very conservative norms underreport marital dissatisfaction. In this case,

controlling for marital satisfaction would reveal an underlying relationship between conservative norms and symptoms, as these results show.

Role Traditionality

It was predicted that role traditionality, or the traditionality of the division of labor in the home, would moderate the relationship between traditional norms and symptoms. It was predicted that women living in traditional roles with traditional norms would report higher levels of somatic symptoms and lower levels of Feminist Critique. In addition, it was determined to explore the relationship between norms, roles, and psychological symptoms. The Role Traditionality scale, as described above, was borrowed entirely from Levy's study and did not include any culture specific items. When the interitem reliability for the scale was examined in preliminary analyses, it was found to be very poor ($\alpha = .2424$). It thus appears that the Traditional Role scale may be a poor measure of the construct, and, to have measured this construct in this Pakistani sample, a more ethnographically based, culture-specific measure should have been developed. As a result of the poor psychometric properties of this scale, correlational analyses with symptom levels were not conducted.

Further Analyses of the Relationship between Role
Traditionality Norm Traditionality, Feminist Critique and
Symptoms

Since it was not possible to use the Role Traditionality Scale to test Levy's hypothesis in this sample, it was determined to use other items in the questionnaire in order to operationalize the construct "traditional role."

The "traditional" marriage for a woman in South Asian societies usually means a joint family setting in which a woman leaves her own home to join that of her in-laws. Both the separation from one's own parents and the joint family living arrangement are important aspects of a traditional life style. It was determined to explore whether traditional norms would interact with these variables in a way that would reflect Levy's findings.

In examining the hypothesis of an interaction effect between joint family living and traditional norms, the following analyses were performed. Among women who reported regular relations with in-laws, some reported that they lived with in-laws to a greater or lesser extent. An analysis of variance was performed to investigate the hypothesis of an interaction effect. Results showed that the

traditional norms/traditional role (joint family) group does not report higher levels of most symptoms, thus failing to support Levy's hypothesis using this particular measure of traditionality. What is interesting is that the most healthy norm/role constellation for this subsample was the joint family/non-traditional norm group. Women in this group--that is to say, women living in a traditional family setting who advocated feminist norms-- reported lower levels of most syndromes than the other three groups in the analysis. This pattern was detectable through an inspection of cell means for most syndromes, although due (possibly) to small cell sizes the interaction was statistically significant only for Inferiority, Sexual Problems, Rage, Irritability, and Menstrual Problems (See Figure 1.)

The results of an examination of levels of Feminist Critique reveals that levels of critique were not lowest in the traditional norm/traditional role constellation, thus failing to replicate Levy's findings.

In a second attempt to replicate Levy's findings, patrilocality was used as a measure of traditional roles. As is described above, patrilocality (women removed from their natal homes and taken to live with affines) is a feature of South Asian society that is linked, both explicitly and

implicitly, with the control of females. Though living with affines was common among many women in the study, many actually had their own natal relatives living close by. Some women also relied heavily on local neighborhood and friendship networks. It was hypothesized that those women whose own relatives lived far away and were also separated from friendship networks would have to play the role of more traditional brides: they would be relatively unempowered and they would be more vulnerable to stress.

It was therefore determined to examine the interaction between norms and this aspect of patrilocality in their relationship to symptoms. An item on the housework scale ("I live far away from friends and relatives") was chosen to define the traditional role condition. Women endorsing this item were more likely to report somatic symptoms ($\underline{r} = .33$) and psychological symptoms ($\underline{r} = .32$), and they were more traditional in norms than the rest of the sample ($\underline{r} = .38$). The latter correlation supports the hypothesis that the distance of in-laws actually increased the "traditionality" of the social setting. In an analysis of variance the hypothesis was supported that family type and traditional norms would show an interaction effect, replicating Levy's findings that symptoms would be highest in the traditional

role/traditional norm group. An analysis of variance (ANOVA) using the overall psychological and somatic symptoms lists resulted in a significant interaction effect, suggesting that the combination of having traditional norms and a patrilocal living situation is particularly likely to create somatic and psychological problems for a married woman (See Figure 2.). A significant interaction effect was found for most somatic and psychological syndromes.

Again, an analysis of the levels of feminist critique in the sample found that critique was marginally lower in the traditional role/traditional norm group, but the interaction was not significant.

Further Examination of Structural Critique

The results of the analysis described above indicate that Feminist Critique, as operationalized in this study, is not functioning similarly to the way that it functioned in Levy's study.

The analysis described above suggests that women engage in feminist critique who report varying degrees of norm and role traditionality. It was predicted in this study that the capacity for critique among Pakistani women was widespread and would not be expected to replace somatic symptoms, which might have a different social meaning and more adaptive

function. But what is the relationship between Feminist Critique and symptoms?

A regression analysis utilizing the Backward Method was again performed to examine which symptoms were significant predicted by Critique (See Table 16). It was found that symptoms were only weakly predictive of feminist critique (Multiple $R = .2$). Yet examination of the beta coefficients indicates, interestingly, that feminist critique is differentially related to somatic and psychological symptoms. Higher levels of feminist critique were related to lower levels of somatic symptoms but higher levels of psychological symptoms (See Table 8). This would seem to mirror Levy's overall findings that critique and somatic symptoms are inversely related across the sample. Yet they suggest that psychological symptoms may function differently from somatic symptoms within a social system.

Other measures of traditionality: the purdah scale

It was proposed that purdah strictness would be linked to symptoms across the sample when role traditionalism was held constant. However, this analysis could not be performed as planned because of lack of reliability of the Role Traditionality Scale. In a further examination of the relationship between purdah strictness and symptoms,

multiple regression analyses using purdah strictness (a continuous variable) as the independent variable and symptoms as the dependent variable showed no relationship between purdah strictness and symptoms.

In a further exploration of the health implications of purdah, it was determined to examine purdah in terms of qualitative categories. Two groups of married women: those who wore no purdah at all and those who wore strict purdah were assigned to different groups for the purpose of the analyses. T-tests showed that these women did not differ significantly in most somatic syndromes. However, the picture is somewhat different in psychological symptoms. Rage and Suicidal Depression were significantly higher in the non-purdah group.

It was predicted that purdah strictness would be more closely linked to stress among housewives, among whom it may function as a sign of isolation, than among working women, among whom it may function as a symbol of identity. Two multiple regression analyses, using Purdah strictness as a continuous variable, showed no relationship between purdah and symptoms. A second analysis of variance, comparing the strict purdah/no purdah groups, was then performed. Results suggest that strict purdah may be linked with lower levels

of symptoms in working women, but does not have this protective effect among housewives. However, due perhaps to the small cell sizes which are related to the distribution of these variables across the sample--namely, that it is quite rare for women in strict purdah to work--the results of this analysis are not statistically significant.

Illness Attribution and Treatment Seeking

To investigate whether indigenous illness attribution types such as attributions related to diet or weather would be more closely related to indigenous than to biomedical treatment behaviors, a multiple regression analysis was performed, using the Backwards Entry method described above. Results indicate that, in fact, the attribution of biological causes is inversely related to indigenous treatment seeking. Unexpectedly, indigenous attributions are not significantly predictive of indigenous treatment seeking either. Of the predictive variables entered into the equation only the stress attribution positively predicted indigenous treatment seeking.

The relationship between the use of stress attributions for health problems and medical treatment seeking was also examined. It was hypothesized that there would be no correlation between these two variables. The correlation

coefficient reveals no relationship ($r = .02$), suggesting that medical treatment seeking is often accompanied by an acknowledgement of a stress precipitant to the health problem.

Discussion

Symptoms

The results of the factor analysis suggest that women in the study experience distress and symptoms in patterns that differ in culturally meaningful and specific ways from those proposed by DSM-IV categories, ways that may reflect some of the unique social realities of Pakistani family life. Some of the symptom factors that emerge from the factor analyses look very much like culturally shaped idioms of distress. An unexpected but highly plausible finding is these idioms of distress do not include merely somatic syndromes but psychological syndromes as well. A good example of a local psychological idiom of distress is the syndrome "Feeling Exploited." This configuration of symptoms, which does not resemble any of the BSI symptom scales, appears to reflect an emotional response to the real social experience of a person who feels worthless, devalued, and taken advantage of by others. Regression analyses of the relationship between symptoms and the role strain factors

found that this particular syndrome is a predictor of role strain in a number of the factors.

Though "the idea that someone else can control your thoughts" loads on the Psychoticism scale of the BSI in the original analyses, here it is isolated with other symptoms of social dysphoria. Why does it load differently in a South Asian sample than in the western samples used in the standardization of the BSI? Possibly because the experience of being controlled by others is so stigmatizing and morally unacceptable in western society that it functions as a symptom of psychoticism; whereas, for a South Asian woman, the experience of a level of domination so intense that one feels one can hardly think for oneself may reflect a recognized aspect of feminine experience.

The somatic syndromes revealed through factor analysis also suggest idioms of distress reflecting Pakistani folk physiology. Anemia for example is reflected clearly. The factors also reflect menstrual disorders which are an important part of the taxonomy of folk illnesses among Pakistani women, and sexual and genital pain linked with symptoms of exhaustion. Factor 1, a general overall body pain and weakness syndrome, reflects a constellation of

symptoms most commonly encountered among both happily and unhappily married women in the interview sample.

Yet the results of these analyses by no means suggest that psycho-social stress among respondents was reflected in exotic syndromes bearing no relation to affective disorders common in western societies. Based on his own studies of role strain in American samples, Pearlin has proposed that depression is the most common health consequence of chronic role strain (Pearlin, 1989). In this sample results of the relationships between various types of role strain and symptoms indicates that the syndrome Despondency is the most frequent outcome of marital problems. Despondency resembles the BSI depression scale in many ways. It reflects hopelessness, apraxia, and slowed thinking, all symptoms of depression "as we know it." In contrast to the Depression scale, however, Despondency does not include the affective symptom "feeling blue." In general its flavor is less purely affective and more social in orientation. It includes the item "Feeling lonely."

In their 1983 validation study of the BSI, Derogatis and Melisarotus report that items from their "Interpersonal Sensitivity" subscale--items such as "feeling inferior to others," or "feeling that others take advantage of you"--

loaded on several factors. They wonder whether this anomaly reflects some peculiarity in their sample. However, the same phenomenon is observed here. Items from the BSI interpersonal sensitivity scale are distributed among numerous factors. In fact, most of the symptom factors appear to be organized around interpersonal items. Upon inspection these syndromes appear to indicate not merely inner states and functional problems, but an individual woman's position in her social world. Perhaps this is not due to a "peculiarity" in either sample, but to a reflection of the ways that individuals actually experience distress and symptoms: not as isolated affective symptoms but as problems in social relationships.

Marital Role Strain

The results of the factor analysis of the Marital Stress Scale revealed six underlying factors related to marital role success and failure in Pakistani society. In some ways these results resemble those of Pearlin and Schooler (1981) in their original analysis of their role strain scales. For example, the analysis suggests that an important condition of role success is the husband's personal appreciation of his wife (Factor 1). However there is an important difference in this respect. In Pearlin's study, appreciation

of a wife's feminine qualities was linked with appreciation for her intelligence and instrumental capacities. Satisfaction with the physical aspects of the relationship loaded on a third factor. In these analyses, by contrast, the husband's appreciation of his wife's femininity and sexual characteristics loaded on one factor with the wife's satisfaction with their sexual relationship. And the husband's appreciation of his wife's intelligence and instrumental capacities loaded on a different factor. What this pattern suggests is that these factors represent more than aspects of role distress and strain. Instead they actually represent distinct marital styles, each with its characteristic criteria for success and failure. The Sexual Appreciation factor, representing a traditional marital style, accounted for the most variance in the sample. This is unsurprising in a culture in which a girl's beauty, sexuality, and feminine qualities--her "lovableness"--are believed crucial to the success of her marriage. A husband's appreciation of his wife's conversation and respect for her abilities, as indicated by the Respect and Reciprocity factor (Factor 2) probably represents a more modern type of marital relationship. Other factors similarly reflect marital "types" that echo themes from the interview study.

For example, Factor Three, "Qur'anic Marriage," reflects the ultra conservative, religious type of marriage in which the husband prefers to play a protective role, while his wife occupies a strictly domestic sphere. Traditional Coercion, on the other hand, represents a different kind of "traditional" husband. This husband also prefers to keep his wife in the domestic sphere, but this role becomes onerous because a woman feels overworked, confined, neglected and devalued.

Role Strain and Symptoms

The basic hypothesis of the study, that role strain would predict symptoms, was supported. What could not have been predicted ahead of time was that different types of marital roles would be differentially related to symptoms.

For example, marital relationships which measure high in Sexual Appreciation appear to protect against genital and menstrual syndromes, a result that suggests the possibility of a specific, symbolic relationship between the nature of the stress--in this case a wife's experience of her husband's rejection of her as a woman and a desirable sexual object--and the location of the symptoms.

The Respect and Reciprocity factor, by contrast, appears to protect against the syndromes Pain and Weakness,

Despondency, and Feeling Exploited. The first of these factors may represent a somatic depression syndrome which associates the experience of pain and weakness with menstrual problems. Thus it may represent a relatively traditional, Pakistani idiom of distress. Feeling Dominated, in turn, may be associated with the traditional constraints of married life. Therefore it makes sense that both these syndromes are negatively associated with a modern marital style characterized by the husband's respect and permissiveness.

The Quuranic Marriage Factor, by contrast, appears to protect women against Feeling exploited and Despondency. This makes sense since the focus on the factor is on the husband's dutifulness in his role as a husband. Despondency here seems to represent a non-specific distress that is associated with several of the marriage role factors. Marriages high in Material Resources, by contrast appear to protect wives against pain, despondency and feelings of being exploited.

The Traditional Coercion factor predicts a pattern of syndromes that also "fit" its social meanings. This factor is most closely connected to Inferiority, a syndrome expressive of a sense of inferiority and inadequacy, and to

Headaches, a pain syndrome that includes anxiety and sexual problems. This certainly reflects the ethnographic data gathered in this study. In these data headaches are often associated with worrying and "thinking too much," a typical consequence of marital strain. In particular, headaches are associated with suppressed anger as a consequence of the use of "force" or pressure by others.

All these patterns make sense, more or less on inspection, though these analyses must be viewed as exploratory and tentative and as requiring further investigation and elaboration. They suggest an important point about the nature of the role strain scale that was administered in the study. This scale appears to tap, not only aspects of marital role strain/success, but distinct marital types.³⁹ Some of these styles appear to engender specific idioms of distress when something goes wrong--as in the menstrual and genital problems associated with factor 1. Yet many of the symptoms predicting marital role strain specifically may be more global, non-specific indicators of

³⁹ Such marital types of styles could be conceptualized as deriving from divergent value systems. For example, the Respect and Reciprocity factor appears to represent a relatively modern life style and a western value system, while Sexual Appreciation reflects the values advocated by Islamic Egalitarianism.

marital strain--including Feeling Exploited, Despondency, and Pain and Weakness.

The idea that some of the various factors represent different marital styles is also supported by the patterns of positive correlations with symptoms. For example, Factor 1, Sexual Appreciation, is associated with higher levels of Vulnerability. Perhaps this result suggests that one of the liabilities of traditional sexually oriented marriages is that women feel helpless and dependent on their husbands, unable to cope with life without male support and authority. This could result in the symptoms of social inadequacy and vulnerability expressed in the syndrome Vulnerability. Marriages high in the factor Respect and Reciprocity, on the other hand, are associated with higher levels of weight loss, irritability, suicidal depression, and anxiety. The first three factors have all been associated with mental health risks in modern western culture--and as well be seen, several other indicators of modernity and acculturation are also found to be linked to anger syndromes and suicidality. The association of the Respect and Reciprocity marital style with anxiety is more surprising, but may indicate that the non-traditional lifestyle represented by Respect and

Reciprocity results in more feelings of fear and anxiety because it pressures women into more independence.

The other four factors from the factor analysis suggest fairly meaningful links to symptoms. Traditional Coercion, which I have suggested is a traditional marital style in which a woman feels coerced and devalued, is negatively associated with Hostility. This also makes perfect sense since outright hostility and anger is rarely a viable social option for a woman in a coercive marriage or joint family situation.⁴⁰

It was predicted that the marriage role would be more closely related to symptoms than the housewife role and that it would moderate the relationship between symptoms in this role. The second prediction was not supported and results suggest that strain and dissatisfaction in these two roles contribute independently to distress and symptoms. But there is some evidence that marital distress is a better predictor of symptoms. Although the overall role strain scale did not predict symptoms better than the overall housewife role strain scale, the single item marital role satisfaction

⁴⁰ Recall the mother who told her daughter when she fought with her brothers: "Don't talk back to your brothers. After you're married, you'll have to be very shy, and you'll have to take a lot of flack."

measure was a significantly better predictor than the single item housewife role satisfaction measure. There are several possibilities that could explain the difference between the two measures. For example items on the housework scale (perhaps related to exhaustion, for example) may independently predict symptoms but may have little to do with the experience of strain and dissatisfaction in the role as a whole. Another explanation, discussed above, is that the role strain scale measures more than simple role distress and strain: it may instead reflect distinct marital styles or cultures. If this is true, then the relationship between the scale means and overall symptom levels would be weakened because these marital styles are differentially related to different syndromes. In this case the single item role satisfaction measure may be a better indicator of the actual level of role strain. As Kandel et al. (1985) point out, in comparing the experience of role strain in two roles it is important to include an overall stress/dissatisfaction item precisely for the purposes of comparison. The fact that marital satisfaction was a much better predictor than housewife role satisfaction of symptoms does support the overall hypothesis.

Traditionality and Symptoms

The analyses of the role strain and symptom relationships predict some unpredicted but plausible patterns of findings. In general the results suggest that women across the sample experienced distress through both psychological and somatic syndromes. The results also hint of a shift in symptom expression through the processes of acculturation. The shift is subtle and is not reflected in the demographic variables that would seem to reflect acculturation: both old and young women, English speaking and Urdu speaking, and educated and uneducated, religious and non-religious, appear to experience distress both psychologically and somatically. However, certain patterns of relationships between traditional vs. "modern" life styles are suggested in the data, though the findings are merely suggestive and require further exploration and analysis. For example, the analyses of the relationship between purdah and symptoms suggest that two psychological idioms, Irritability and Suicidal Depression, are associated with the more modern life style. Women who did not wear purdah were higher in these symptoms. Similarly marriages high in the "modern" marital style Respect and Reciprocity were also predictive of higher levels of these symptoms. At

the same time, other psychological syndromes, such as the experience of Vulnerability of Lack of Agency appear to be associated with more traditional life styles. Recall also, along these lines, that Feminist Critique was positively related to psychological syndromes, but negatively to somatic syndromes. These data suggest evidence of a process of "psychologization" accompanying acculturative processes. However this does not mean that very traditional women do not have access to psychological forms of expression. For example, in patterns of treatment seeking and illness explanation, women who sought indigenous forms of treatment were more likely to nominate psycho-social precipitants for their treatment seeking behaviors. It appears that anger and suicidality, symptom patterns clearly more threatening and disruptive to the social milieu, are available to women but may not represent the most adaptive and socially rewarding forms of illness behavior in certain traditional social settings.

The association between feminist norms, the propensity to feminist critique, purdah, and symptoms is extremely weak, reflecting, perhaps, that these underlying constructs are not fully operationalized in the measures used in this study. They were added to the questionnaire at the end and

were not piloted; the lack of internal validity of the Traditional Role scale indicates how problematic this can be. Yet their relationship to symptoms is interesting and suggestive. Traditional, conservative women may be vulnerable to certain types of symptoms--particularly the experience of weakness, whether mental or physical, which is associated in Pakistani gender discourse both with female biology and with female social roles. Modern women on the other hand may be vulnerable to symptoms associated with the pressure and anomie of modern life, including suicidality and symptoms of anger.

Particularly interesting and inviting of further investigation is the relationship between Feminist Critique and symptoms. it was noted in the qualitative data that women high in the variable Defense (not measured in the questionnaire study) were likely to defend not only Pakistani society and the gender system, but also the powerful members of their own social and family networks. Among these women, it appeared that the acknowledgment of emotional/psychological symptoms was rare. Among high "defenders," role related problems tended to find expression through somatic symptoms with vague attributions to peripheral aspects of social roles, especially "overwork" or

"insufficient food." This finding is reflected by the quantitative analysis finding that Critique is related to lower levels of somatic symptoms.

On the other hand, women low in defense were more likely to acknowledge psychological symptoms openly. One association from the qualitative data was that low defense was a common consequence of disastrous marriages. Low defense was also a consequence of education, sophistication, and acculturation. Thus there may be two causal pathways relating Critique with psychological symptoms. On the one hand, women whose delusions had been shattered through marital role failure were likely to be high in both critique and in psychological symptoms. On the other hand, women higher in critique may be more westernized and acculturated and may therefore tend more towards more western psychological idioms of distress. In further studies of the relationships between aspects of social life, traditionality, and symptoms, it would be well to develop and operationalize these constructs more thoroughly.

The questionnaire study results suggest that the best life for women is that which incorporates elements of both the traditional and the modern worlds. Women in purdah who worked appeared to be protected against symptoms, while

women who lived with their in-laws but advocated feminist norms were similarly protected. This makes sense if we suppose that such women enjoy both traditional support and modern freedoms. This pattern of findings also clearly reflects the qualitative data, which suggests that women who have modern life styles and careers, but are deeply traditional, enjoy better health. Again, more research is needed. Future research efforts in this area should include, in particular, an effort to sample specific categories of traditional and modern lifestyles.

The Questionnaire Study and the Qualitative Study:

Comparing Findings

It has been suggested by a number of researchers that the field of psychology needs more qualitative research. Some researchers have proposed, for example, that a qualitative research phase is an important preliminary step in the investigation of little understood phenomena, or among populations which have not been widely studied (Hughes et al., 1993). Others have suggested the use of both types of data can be used to confirm or disconfirm findings, thus increasing their validity. As far as I know, however, there has been little discussion of the problems involved in combining these two types of data in a single analysis. Yet

the example of the present study would seem to suggest that this combination is problematic.

As described in Chapter 1, the present study drew on three different categories of data: illness and marriage role discourse, collected through anecdotes and stories; case histories, collected through interview data and reports from family members and acquaintances; and self-report data collected through questionnaires. I have discussed briefly how two of these categories, discourse and life history, sometimes fail to "mesh": how gender discourse shapes and engages but does not always accurately reflect women's experience of gender roles. In similar fashion the self report data at times reflect aspects of both discourse and experience, while at other times seem almost completely disassociated from them. Indeed, the questionnaire study may produce "facts" of a completely different nature from the "facts" of fieldwork or interviews. As the philosopher of science Ian Hacking(1991, pp. 1-10) has shown, the discovery of the statistical "fact" is actually a fairly recent phenomenon which followed the nineteenth century development of the social sciences. Acceptance of the statistical fact as "real" has permeated western society, yet, though we are

bombarded with such "facts," they may bear very little relation to the knowledge we gain in other ways.

At the beginning of the study I assumed that the relationship between the qualitative and quantitative studies would inform each other in simple and advantageous ways. First, it was supposed that the qualitative study would provide valid conceptual categories, theories and hypotheses that would be operationalized in the questionnaire. This intention was realized in the development of the questionnaire, which was in fact based in part on the qualitative study. Yet, due to the fact that the questionnaire was developed before the qualitative analyses were completed, the former does not reflect some of the important constructs and categories which emerged from the latter. Some of the gaps between the two studies, described above, derive from this consequence.

Second, it was assumed that the questionnaire findings would serve to confirm and validate (or alternatively, disconfirm and invalidate) the quantitative findings--and vice-versa. As far as it goes, the questionnaire study does confirm some of the basic hypotheses of the interview study. For example, both studies show a relationship between role strain and illness. In addition, factor analysis of the

symptom scales seems to confirm the presence of certain culture-specific syndromes that are a significant feature of both illness discourse and women's private experience. Furthermore, role strain factors that emerge in the factor analysis of the role strain scale appear to reflect the taxonomies of husbands that are reflected in marriage discourse and in the interview study.

In ways that appeared inevitable at the time but may not perhaps be fully justified conceptually, the quantitative data findings played a part in the dialectic process of grounded theory data analysis. For example, at the point in the study where initial qualitative data analyses had been completed, I felt convinced that traditional roles, strict purdah, and traditional (sexist) norms were pathogenic for women--a conviction that was based in part on prejudice and an "unconscious" disregard of some evidence. To my dismay, the initial questionnaire findings indicated that the relationships between these traditionality variables and illness were very weak. This prompted a new look at the qualitative data and a search for more specific conditions and consequences. On reexamination of the interview data, it appeared clear that traditional roles can be highly supportive in some contexts and that

traditional gender norms are often in fact the consequence of successful marriages; while, on the contrary it is only in the context of powerlessness and role failure that traditional norms result in symptoms. New hypotheses were developed along these lines and were tested in part in the questionnaire. This seems to have been a fruitful exercise that compensated in part for the fact that the grounded theory methodology was not fully utilized in the qualitative study (as described in previous chapters).

The final point to be addressed is the issue raised at the beginning of this section: that the "facts" of the questionnaire study are of a different nature from those of the qualitative study. For example, the central hypothesis of the study--that marital role strain causes illness--was confirmed by both the qualitative data and by statistical analyses of the quantitative data. Yet in their reflection of the independent variable (the marriage role), the dependent variable ("marriage sickness") and the relationship between the two, each of these two data sets makes a different contribution to our knowledge of the phenomenon.

A complex picture of "marriage sickness" emerges from the qualitative study that includes not only memorable

descriptions of this phenomenon, the "what" of marriage sickness, but also the process, or the "how"--the role of marriage sickness in the context of a person's life, together with its numerous antecedents, conditions and consequences. For example, the interview study shows "how" Sara experienced depressive illness as a result of her continuing love for her husband and dependence on him, while her depressive disillusionment had the consequence of creating a shift in her moral and political beliefs. It shows how Alia escaped depression and demoralization, while her family was drawn to diagnose her as depressed and ill in order to justify their loyalty to her. It shows how Farhat dodged the self-diagnosis of depression through reliance on the vague category "exhaustion," while her uncle's wife Azra used this category as moral justification for her claim that Farhat's husband should "put his foot down." It is obvious that the "pictures" described above could never be represented through a quantitative analysis.

Yet the quantitative study also yields unique data. For example, the symptom configurations that emerged through the factor analyses differed sharply from professional DSM-IV categories--but they also diverge in part from salient indigenous illness categories. Such categories (menstrual

problems, genital symptoms, "exhaustion") do show up in the factor analyses, but they emerge together with other factors that center around anger, the experience of inferiority, nausea and other symptoms. These latter symptom factors may be perfectly "real" and clinically significant. They may be important factors in distress, debility, and treatment seeking. Yet for many reasons such symptoms may well not emerge in fieldwork or interview data. Some, such as anger, may be morally suspect. Others are hard to describe or lack cultural significance. Symptoms of anger, guilt or social vulnerability lack the symbolic meaning of genital symptoms. They lack the dramatic force of conversion symptoms or debilitating exhaustion. And as emotional symptoms they are assumed to be both controllable and ephemeral. For these reasons they are not very likely to form an important feature of women's self presentations or descriptions of others.

Another type of data provided by questionnaire analyses that cannot be answered through the analyses of individuals is evidence of historical and cultural processes. One of the questions posed in the study was whether symptom expression changes through time and through acculturation. Subtle shifts in symptom expression may be undetectable at the

individual level, and yet, if they give evidence of cultural change, highly significant. Given the small size of the interview sample, the association found in the study between suicidality and a more westernized, modern lifestyle, for example, could probably not have been detected without the questionnaire study.

This section is intended to convey some notion of the complexity of the relationship between quantitative and qualitative data. In this study it turned out that the use of the questionnaire as an adjunct to a qualitative study was in certain ways problematic. Though some parallel findings emerged, other findings of the two studies appear to represent distinct aspects of reality that neither confirm nor disconfirm each other. I also describe the process through which the quantitative findings became a part of the grounded theory analytic process. Though this process appeared to yield interesting directions for investigation, its conceptual and methodological validity requires further examination.

Chapter 9: Conclusion

This study set out to investigate the relationship between marriage and well-being in a group of women living in a traditional immigrant society. Results support the basic hypothesis that chronic problems in the marriage role, conceptualized as "role strain," are a significant source of distress and symptoms in Pakistani women. The toxic effects of marital role strain emerge both in the questionnaire data and in autobiographical accounts collected in the interview study. They are also reflected in Pakistani marriage discourse, which clearly elaborates a relationship between bad husbands and sick wives.

The second major area of investigation in the study concerns symptom patterns or idioms of distress. The question was posed whether psycho-socially precipitated illness in Pakistani immigrant women takes the form of local, culture-specific syndromes, or of symptom configurations resembling the categories of western psychiatry. Results suggest both. A common response to severe marital problems is a depressive syndrome that can include deep sadness, lethargy, and hopelessness. Though it may include an array of somatic symptoms, this syndrome is

quite recognizable as depression. Another common syndrome is body pain, weakness, and exhaustion--resembling in no small degrees of the fatigue syndromes of western societies. On the other hand, culture-specific syndromes also emerge in the results. Some of these are somatic syndromes such as the genital syndromes and menstrual concerns which appear to be a common sequelae of marital role strain. The study also found the presence of local, culture specific psychological syndromes. Vulnerability, Inferiority, and the syndrome Feeling Dominated appear to be related to various types of marital role strain.

One question the study raises is whether patterns of symptoms appear to shift through the process of acculturation, with more acculturated women expressing distress through increasingly "western" symptomatic idioms. Some writers have referred to this shift as psychologization, suggesting it is a property of emergent third world societies (Kolody, 1986). Results suggest a subtle shift of symptom expression accompanying the acculturation process. A few demographic and social variables, such as speaking English, wearing no purdah, and reporting a relatively modern, egalitarian marriage, appeared to be linked to slightly higher levels of anger,

anxiety, and suicidal depression--symptoms that have been associated with western civilization and the peculiar stresses of modern life. Some analyses suggest that women in more traditional marriages may express distress through symptoms that focus on mental weakness, the sense of inferiority and inadequacy, and helplessness.

Providing evidence against the view that traditional, non-western people simply do not have the linguistic potential to differentiate between shifting emotional states, moods, and symptoms, the study shows that psychological idioms of distress were readily available to women across the whole sample, regardless of acculturation and traditionality. Poorer, uneducated, and presumably less westernized women had higher levels of all symptoms.

Symptom presentations of depressed women in the interview study closely resembled those of depressed American patients presenting in clinical settings.⁴¹ Sara demonstrated a mild, typical DSM-IV dysthymia-type disorder, while Hajira's symptoms appear to meet criteria for Major Depression, perhaps with mild psychotic features. At the same time, some of the women in the study who appeared to be

⁴¹ Some differences were apparent: in Pakistani women's depression, with its focus on external causes, I did not observe the same prominence of guilt and self-loathing.

"somatizers" were among the more educated, modern women in the study. Farhat, for example, was a doctoral candidate in chemistry. Thus, the question of interest is not so much the availability of psychological idioms of distress as the "preference" for some types of symptoms over others. Other variables besides the usual indicators of acculturation/traditionality may have an important role in determining symptom choice in an individual situation. For example, we may need to examine how different symptoms function in different social settings.

One of the variables that emerged as the study progressed was the construct Defense. In the interview study depression associated with marital role strain appeared to be associated with a breakdown in Defense. Phenomenologically, it seems, depression is experienced as disillusionment. Wives who characterize their symptoms as depression tended to be more critical of themselves, their husbands and affines, and of Pakistani custom and tradition. Unhappy wives in general were much lower in defense and higher in feminist protest than happy wives.

Richard Schweder has written of "soul loss" as the phenomenological constant of depression across cultures (1985). The soul loss experienced by (self-acknowledged)

depressed wives in the study is related to the sense of crushed hopes and lost illusions. Pakistani women are socialized to be "patient" with their husbands and to hope for the best. Yet each of the self-acknowledged depressed wives felt that her husband's behavior had definitely spoiled, or ruined, the marriage. This represented a painful loss of romantic hopes and dreams and the innocence and naive confidence of girlhood.

Depressed wives in the interview study, like the heroines of *Tales of Woe*, had invested all their hopes and dreams in their husbands. They had fulfilled conjugal obligations and more: they had given everything. Yet instead of receiving the reward they deserved, they were despised, neglected or abused by their husbands. In an important sense it was not only their husbands who had disappointed them, but the promises implicit in the philosophy of Islamic Egalitarianism.

As we know, one of the chief propositions of IE is that women have a spiritual and moral role to play in Islamic society. IE even suggests at times that the whole society is dependent on the tenderness, obedience, patience and devotion of wives and mothers. In sharp contrast to classical gender practice, in which women are forbidden to

enter the mosque or read the Quuran, Islamic Egalitarianism makes spiritual and religious demands on women, demanding their full moral participation in the society in return for moral and religious equality.

I think it likely that women in more "backward" communities untouched by egalitarian gender reform may grumble quite a bit about many aspects of Pakistani gender practice, including purdah and the economic dependence of women. Women in the community studied here certain did so-- at least some women did, though only in secret social contexts. But the pressure on women in a reform society like Mu'minana is to embrace gender ideology and practice. Prestige is attached to the reinterpretation of purdah as the protection of precious goods, and women are pressured to internalize this view. Nowadays, mosque speeches in the women's community always construct as the "purdah of the heart," making the claim that "It must come from within or it is not purdah at all!"

Thoughtful girls often echo the words of one participant: "I don't know why girls have such high expectations of marriage." Often the foolish romantic notions of unmarried girls are attributed to an intellectual diet too heavy in Indian love films, romantic TV serials,

novels, stories, love songs and other popular media. Yet mosque discourse also portrays an idealized image of conjugal relations. As a result, Mu'minun girls come to marriage with expectations of love, romance, honor and safety. Yet as this study documents, these expectations are often disappointed.

In such a society, in which women are invited to participate as full members but where the reality does not match the ideology, we would expect to see high levels of gender role strain, distress and symptoms. Yet in a system where prestige and other social rewards are linked to loyalty and moral participation, we would also expect to find women "clinging" to Defense as long as possible. Women experiencing role strain would avoid potentially disruptive psychological idioms, such as intense depression or anger, since these types of symptoms constitute an inevitable moral critique of persons and institutions. Instead such women would "prefer" somatic idioms. Articulated depression would only emerge as a consequence to a severe threat to their hopes and convictions. As the study finds, women experiencing role strain who consider their marriages viable and intact tend to express role strain through somatic symptoms. Somatic symptoms diffuse blame and allow Defense

to be maintained. In addition, they occur in the context of an elaborated local discourse on feminine vulnerability to illness. Finally, of course, somatic symptoms actually may help a person gain certain social ends and rewards. As the case of Farhat suggests, the reliance on somatic symptoms emphasizes a woman's suffering in such a way as to maximize potential offers of help from her husband and relatives.

But to return to the cases where role strain is transformed into psychological symptoms through disillusionment. The presence or absence of in-law support may also be an important factor in the maintenance of Defense. In the case of Sara and Hajira, marital problems occasioned a break in relations with in-laws; while in Parveen's case in-law support continued throughout her marriage. In a traditional Pakistani marriage, the saying goes, "a girl marries not a man but a whole family." When relations between the wife and her in-laws are good they can serve to preserve a wife's sense of identity in her marital role. In Parveen's case in-law support made it possible for Parveen to interpret her husband's behavior as an anomaly, a sad case of lack of character, the excesses of the "black sheep of the family," while she continued as a loved and honored member of the family. Yet for Hajira and Sara, no

support from the affinal family encouraged them to maintain their defensive stance.

What about Farhat, the mildly depressed but happily married young wife with "in-law problems"? Farhat's social network, including her husband and the in-laws with whom she lived, was still sufficiently rewarding to make the abandonment of a defensive stance untenable. Yet though she herself acknowledged somatic symptoms, while her natal relatives diagnosed her as both mentally and physically exhausted, Farhat was not ready to focus blame on her in-laws by articulating her distress as depression. And by refusing to cast blame, Farhat avoided the logical necessity of criticizing the structural foundations of the gender system, a system on which her whole identity was based. As Farhat herself inquired in the interview: "Women must be wives and mothers, else how will the purdah system be maintained?"

Part of what is interesting about these findings is that they suggest the ways that psychological and somatic symptoms are generated under varying social and historical conditions. If psychological idioms such as depression become a common idiom of distress when a person's assumptions of moral coherence in the world are challenged,

we could expect to find the preference for this idiom among specific groups of women in certain societies. First, as described above, we would expect to find depression among women who have experienced severe marital strain. Second, we would expect to find it among westernized, acculturated and educated women who have been socialized to think more critically about social structures and institutions. The questionnaire results and the interview study both support this supposition. Finally, we would expect to find depression as a common idiom of distress in communities where women have no illusions about marriage. Such women might include poor, uneducated women living in communities where the classic patriarchal gender system has not been touched by reform.

The interview study did not include such women, and it is likely that the questionnaire study did not include many of them either. They are probably relatively rare among immigrant families and communities. Yet throughout the course of the qualitative research, I heard a great deal about lower class women--"village women," as they are often disparagingly called. Interestingly, the image of the "village woman" that emerges in middle class women's accounts is often conflated with the image of the Bold

Woman. Such women are unfeminine, irreligious, immodest, disloyal, and altogether lousy defenders. Lower class women are often described as embodying everything that is wrong about female nature, while they include none of its virtues. In the following fragment of a mosque speech, such women are criticized for their lack of feminine charm--here poetically termed "fragrance"--and then blamed for a variety of social evils ranging from impiety in men to wife abuse:

Women should have a fragrance about them. They should have a sweetness in the voice. I am very sorry to hear that sometimes among our ladies, not the educated ones, of course, but from the illiterate part of society, you sometimes hear mothers saying to their children, "I will slap you so hard I will break your jaw or ribs." (general laughter). Now this is not the way to speak to your sons. When the boy grows up he will take revenge on his own wife. Every blow you give your son he will give hundred fold to his wife. And any woman who lives with such a man must curse her who is responsible for his upbringing. A woman who speaks harsh words, or uses illiterate, unpolished speech, does not have a fragrance about her.

Bold Women in marriage tales are almost always "uneducated." Bold Women, like poor women, are associated with numerous feminine vices, not the least of which is that they tend to act for themselves, without the guidance of their husbands. A chief characteristic of the Bold Woman is her lack of feminine charm, "fragrance," as the mosque speech proposes.

The representation of Bold Women and Village Women certainly reflects a projection of societal misogyny onto lower class women. But it probably also reflects reality. An implicit logic underlying these representations of Bold/poor women is that such women have been socialized differently from their middle class, educated, sisters. Such women, we may well imagine, make no effort to justify the inherent morality of the gender system or the relations between husbands and wives.

During the questionnaire study a brief encounter with a woman from Pashto, a rural society on the border between Pakistan and Afghanistan, suggested that women from this relatively "backward" culture may not internalize some aspects of middle class Pakistani gender ideology. This woman neither offered a romanticized image of marriage, nor offered the standard misogynist explanations of female nature as an explanation for female suffering. This woman's opinion of male/female relations focused squarely on the skewed distribution of power.

(I always want my husband to talk with me, but he won't.) But women are always talking. Men don't like our talk! Men and women are very different. In American culture if there is fighting between husband and wife, then you will have divorce, but among us, never. We don't like that. We say in every marriage there is some fighting. (AK: Who fights more?) Oh . . . the man is fighting, and the woman isn't saying anything. Because if she speaks (laughs) she will get (gestures, pounding

her palm with her fist). Men don't like women to talk back, to be talking to them. Women are supposed to be quiet. Like my husband, sometimes he tells me, "Shut your mouth." Even if I am not fighting, not arguing, but only trying to explain. Like I am doing something, some work, and it is not finished and I am trying to explain to him why it is not finished yet. Then he will tell me: 'Shut your mouth. I don't want to hear your explanations.'" (pause) And he is a good man.

If the hypothesis is correct that depression becomes the idiom of distress when there is no motivation to Defend, we would expect to see full blown depressive syndromes, with few examples of masked or somatized depression such as that demonstrated by Farhat, among women from poor tribal communities such as Pashto, as well as among westernized women and among high defenders who have been badly disappointed in marriage.⁴² This could explain why depression and other psychological symptoms do not simply vary according to standard demographic variables, with western symptomatic idioms higher among more westernized participants. To detect these effects, one would have to measure women's loyalty to gender system ideology, something only indirectly tapped by sexist norms, as well as the availability of social rewards from the immediate environment.

⁴² Although we might also expect to see some depression against depression and symptoms due to lowered expectations of marriage.

All this has interesting implications for understanding the interplay of feminist consciousness and symptoms among women. The finding that somatic symptoms are inversely related to feminist protest, while psychological symptoms are positively related, suggests that symptoms do not all function similarly in a social setting. Somatic symptoms (and perhaps some kinds of psychological configurations) diffuse blame, while psychological depression points a finger of blame.

The study also examined patterns of solution and treatment seeking. Both the qualitative and quantitative data suggest that psychological symptoms and somatic symptoms are a precipitant for biomedical treatment seeking, but that the process involved does not appear to resemble traditional views of somatization as a "denial" of psychological distress. Traditional understandings of problems were, as predicted, linked with traditional forms of treatments, but the acknowledgement of stress or worry was the most significant predictor of engaging in traditional remedies.

Other kinds of help seeking turned out to be a significant theme in the interview and participant observation data. The qualitative data indicates that the

availability of social support is a crucial part of the management of marital role-related problems. Women in problematic marital relationships unreported that the support of others was significantly related to their ability to manage their problems. The most severely depressed and disorganized participant, Hajira, was notable for her complete lack of social support due to her poor relationship with her family and her distrust of other women. For another unhappily married woman, Sara, social support played a significant role in helping her through the process of depression; for others, including Alia and Parveen, social support actually appeared to provide a prophylactic or a cure.

In Alia's unusual case, the presence of a strong feminist sister who was not afraid to draw public criticism through her support of female relatives provided Alia with an alternate home and identity as an "auntie" in her sister's house. In Parveen's case, as discussed above, the support of powerful and prestigious in-laws enabled her to maintain her equanimity and her defensive stance. For each woman, social support allowed her to escape shame by salvaging her "spoiled identity" as a wife. These accounts suggest something about the mechanisms underlying social

support, which is widely researched in the psychological literature but is still perhaps not fully understood. They suggest that social support provides an antidote to severe distress when it also provides a salvaged alternative identity for the sufferer.⁴³

It was not easy for women in the study to get the social support they needed. One factor that emerged as a possible barrier to social support is the stigmatized nature of most forms of feminine support. A woman who seeks the support of her mother, sisters, or friends is in a dangerous position, while a woman who gives support to another may be suspected of trying to subvert the woman's loyalty to her husband. One of the issues that could not be studied in the questionnaire study, due to the fact that it did not emerge clearly in the data until the questionnaire had been designed, is how women's attitudes towards other women, as well as towards feminine talk and support seeking, influence the degree to which they can seek support from other women.

Many women who participated in the qualitative study referred to traditional life in purdah disparagingly. In their mothers' generation, they said in a frequently

⁴³ This could explain the relative success of formal support networks such as AA, some of which set out explicitly to offer a new identity.

repeated phrase, "all women had to do was sit in a corner." This is compared with the freedoms and the chance of work and public life that are available to women today. Paid work was viewed almost entirely as a privilege, and professional and career women were regarded with admiration and friendly envy by housewives. Yet though the image of traditional life that emerges in this study is hardly an idealized one, the study does not necessarily provide any evidence that a modern western life style is superior to a traditional one. The quantitative data, which sampled a much wider range of women than the qualitative data, does not suggest strong advantages to living a westernized lifestyle. What the qualitative and quantitative findings do suggest is that the best life for a Pakistani woman is one that combines the best elements of the modern and traditional lifestyles.

The study suggested that women who wear strict purdah and work may be lower in symptoms, while the effect is negligible for housewives. The study also showed that among women with feminist sex role norms who were living in a situation that could provide traditional support (a joint-family situation), symptoms were lowest. The questionnaire results also suggest that in situations that are traditional but lacking in support (separation from friends and

families) women who advocate conservative traditional norms are much worse off. It may be that a feminist in a traditional setting enjoys the best of both worlds, just as a working woman in strict purdah may enjoy protections from a variety of distress and symptoms. The qualitative data also reflect this finding. The highest levels of well-being of any woman in the study were encountered in the person of Sultana, the Bangladeshi nursing assistant described in Chapter 7. Sultana wore the strictest purdah of any woman in the study while she worked as the sole financial support of her family. Plagued with loneliness, severe financial problems, faced with discrimination and racism on her job, Sultana was the bubbliest, most effervescent woman in the study, positively bursting with energy, self satisfaction, and insouciant piety. As the findings from the questionnaire suggest, Sultana is no anomaly, but a good example of the way that having a foot in both worlds can insure well-being.

Power, Reciprocity, and Social Causation

A refreshing aspect of Pakistani culture is its unabashed view of the social causation of distress and illness. Even women who obscure the social causation of their own distress through a process of somatization may be able to articulate it in other women. As has been discussed

in detail, marriage role discourse articulates the disastrous mental and physical health consequences of monstrously bad husbands.

American culture is very different from Pakistani culture in this respect. A major assumption of traditional psychiatry is that emotional illness and suffering is due to intrapsychic failings, whether these are conceptualized as inner conflicts or biochemical imbalances. Systems therapy and research with couples and families is often based on the notion that "it takes two to tango" when there are problems in a marriage. Yet in relationships in which the power differential is very marked it does not take "two" for the less powerful member of the dyad to be miserable. This is something that is easy for Pakistanis to acknowledge but I think much less easy for Americans. Contemporary American culture shies away from the acknowledgement of power relations and power differentials in many aspects of life. And nowhere is this more obvious than in the attitudes of most American women towards the gender system.⁴⁴ American women strenuously deny the power differential as a characteristic either of their marriages or in the gender

⁴⁴ A good example of which is the "I am not a feminist" phenomenon.

system in general (c.f. Somers, 1996). In Pakistani culture there are no illusions of this kind. Following the wedding of a Pakistani girls, friends and relatives wait eagerly for news, and the question everyone keeps asking is: "Is he nice?" Yet the "niceness" variable has been rather neglected in gender role and stress research.

Some of the research on the division of labor in the home has been weakened by the assumption that the meaning of domestic labor, and of marriage itself, is similar for husbands and wives. I was not able to examine the division of labor in Pakistani homes in detail. Yet the interview study findings do suggest why inequalities in the division of domestic labor found in some recent studies (Lennon, 1997) do not necessarily result in the perception of unfairness, thus accounting for surprisingly little variance in psychological outcomes. The marital role of the Pakistani woman embodies the notion of khidmat, "special effort, care, duty, devotion." Khidmat forms a significant part of a woman's sense of identity as a wife. When the wife goes the extra mile for her husband, whether in putting on perfume and makeup before he gets home from work,⁴⁵ cooking him his

⁴⁵ This is a practice advocated in mosque sermons, which explicitly frame women's beauty and decorativeness as their special gift to their husbands.

favorite foods, or waiting up late for him, she gives her husband a gift. The gift demands in turn an emotional response: appreciation, gratitude, and esteem. The husband must acknowledge both the dignity of the wife's labors and his own need of them, his own debt. We recall Farsana's anecdote of the time she waited up late for her husband to cook fresh bread for him. Her husband's friend exclaimed: "We are late and you are not angry, you are cooking bread for us!" to which she replied: "If he comes home and does not eat, that is when I will be angry."

In any society where feminine and masculine identity are not parallel--in any society that trains men to be men and women to be wives--I think we will observe the situation in which distributive justice and a fair division of labor is not the crucial predictor of marital happiness in a woman. Instead, this quantity will depend on how much her husband values her. Studies have shown that when there is a more egalitarian division of labor in the home, where men share housework, wives' well-being is increased (Lanza, 1994). Yet how much of the increase is due to the fact that a man sharing his wife's domestic chores from time to time indicates on the one hand, that he does not despise domestic work, and on the other hand that he acknowledges his debt to

her? These are issues which would provide a good basis for further study.

Strengths and Weaknesses of the Study

The grounded theory paradigm proved to be a distinct advantage in this study. The chief constructs that arose out of grounded theory methodology could not have been predicted at the beginning of the study. The emphasis on both independent and dependent variables in the analysis of the relationship between role strain and symptoms represents an advantage over much of role strain research, which has been criticized for its lack of attention to outcomes (Horwitz, personal communication, 1997).

However due to the fact that the study was not a full grounded theory study (for the reasons described in chapter 2), the process of repeated sampling did not proceed until "theoretical saturation."⁴⁶ Instead, data collection stopped once the interview material was collected, and the research moved on into the questionnaire phase. Since it was impossible to wait until the qualitative data was analyzed before designing the questionnaire, the latter does not incorporate some key constructs or research questions as

⁴⁶ A point in the research when there are no more questions to ask about the causes, conditions, dimensions and consequences of important phenomena.

they later emerged. Defense, social support, and feminine friendship networks are among the constructs and variables that were not represented directly on the questionnaire.

In contrast to many dissertation studies, this one is large in scope. It addresses many topics and raises many questions, not all of which it answers. The depth of detail in the analysis is not always sufficient, particularly in the quantitative analyses. Yet I think that there is something to be said for large scale studies that examine a phenomenon from many perspectives. The general design of the study in combining both qualitative and quantitative methods has turned out to be a success. While the qualitative data inform the quantitative data, as expected, the reverse is also true. Numerous supposed anomalies in the qualitative data, unconsciously ignored by the researcher (something that is all too easy to do) defied understanding until unexpected questionnaire findings suggested the logic underlying these data. This is fact was, for me, the most important "finding"--the fruitful ways that quantitative and qualitative data collection and analysis can work together in the analysis of a phenomenon.

Tables

Table 1: Description of the Questionnaire Sample

Traditionality

Observes strict purdah	35%
Wears traditional dress	50%
Visits mosque regularly	50%
Prays five times per day	61%

Education

Has bachelor's or advanced degree	22%
Mean years of education	13

Ethnicity

Pakistani	88%
Indian	7%
Bangladeshi	3%

Born in South Asia	82%
Mean years lived in the US	12
English speaking	43%

Average age	31

Family Life

Married	73%
Married women with children	99%
Average number of children	2.8

Work and Income

Works for pay	21%
Average hours paid work	25.5
Average income from paid work	\$12,480
Husbands' Average Wage	\$34,704
Husbands' Median Wage	\$24,000

Table 2: Correlations between Marital Role Factors and Key demographic variables

<u>Role Factors</u>	SA	RR	QM	TC	AGG
Income	.09	.04	.12	-.13	.06
Spouse's Education	.06	.10	-.15	-.35**	-.29**
Wife's Education	.02	.09	.02	.15	-.12
Age	.00	.00	.02	.05	.05
Years in US	-.16	.00	-.26**	-.22*	-.12
Language ^a	.09	.05	.13	-.12	.00

SA = Sexual Appreciation; RR = Respect and Reciprocity;
 QM = Quuranic Marriage; TC = Traditional Coercion;
 AGG = Aggression

* $p < 0.10$

** $p < 0.05$

^a 0 = English; 1 = Urdu

Table 3: Correlations between Some Psychological Symptom Factors and Key Demographic Variables

<u>Psychological Syndromes</u>	Des.	Irr.	Ex.	Vul.	SD
Income	-.17	-.18	-.16	-.26*	-.07
Spouse's Education	-.13	-.06	-.13	-.11	-.22*
Wife's Education	-.15	-.11	.02	-.15	.08
Age	.00	.00	.00	.05	.00
Years in US	.00	.03	.00	-.10	-.10
Language ^a	.00	-.14*	-.14*	-.02	.15*

Des = Despondency; Irr. = Irritability; Ex = Feeling Exploited; Vul. = Feeling Vulnerable; SD = Suicidal Depression

* $p < 0.10$

** $p < 0.05$

^a 0 = English; 1 = Urdu

Table 4: Correlations between Some Somatic Symptom Factors
and Key Demographic Variables

<u>Somatic Syndromes</u>	Pain	Men.	Anemia	Head
Income	-.31**	-.14	-.27*	-.31**
Spouse's Education	-.25*	-.00	-.29*	-.29**
Wife's Education	-.16	-.05	.11	-.15*
Age	.20	-.26	.10	.07
Years in US	.00	.06	.02	-.12
Language ^a	.12	-.20*	-.07	-.02

Pain = Pain and Weakness; Men.. = Menstrual Problems;
Head = Headaches

* $p < 0.10$

** $p < 0.05$

^a 0 = English; 1 = Urdu

Table 5: Psychological Symptom Factors Correlation Matrix
(Pearson's R Correlations)

Fact#	1.	2.	3.	4.	5.	6.	7.	8.
1.	-							
2.	.75	-						
3.	.57	.56	-					
4.	.56	.38	.39	-				
5.	.56	.50	.42	.46	-			
6.	.62	.57	.55	.54	.51	-		
7.	.65	.54	.51	.47	.47	.61	-	
8.	.69	.56	.49	.43	.49	.50	.53	-
9.	.62	.55	.47	.36	.45	.50	.50	.53

1. Despondency; 2. Feeling Vulnerable; 3. Feeling Inferior;
4. Rage; 5. Irritability; 6. Feeling Exploited; 7. Lack of
Agency; 8. Suicidal Depression; 9. Feeling Fearful

Table 6: Somatic Symptom Factors Correlation Matrix
(Pearson's R Correlations)

Fact#	1.	2.	3.	4.	5.	6.	7.	8.	9.
1.	-								
2.	.35	-							
3.	.45	.42	-						
4.	.25	.16	.24	-					
5.	.36	.17	.19	.02	-				
6.	.34	.06	.26	.14	.11	-			
7.	.78	.24	.37	.18	.49	.34	-		
8.	.78	.37	.64	.36	.38	.34	.69	-	
9.	.67	.28	.46	.26	.42	.18	.50	.59	-
10.	.47	.55	.24	.20	.30	.17	.49	.49	.34

1. Pain and Weakness; 2. Menstrual Problems; 3. Gastro-intestinal Problems; 4. Sexual Problems; 5. Facial Pain; 6. Weight Loss; 7. Somatic Anxiety; 8. Headache; 9. Anemia; 10. Urinary Pain

Table 7: Marital Role Factor Correlation Matrix

Marriage Factor	1.	2.	3.	4.	5.
1. Traditional Appreciation	-				
2. Respect and Reciprocity	.65**	-			
3. Quuranic Marriage	.69**	.61**	-		
4. Material Resources	.37**	.58*	.33**	-	
5. Traditional Coercion	-.18*	-.19*	-.15	-.10	
6. Aggression	-.25*	-.22*	-.24*	-.07	.35**

* $p < .05$
 ** $p < .01$

Table 8: Final Solution of a Backwards Regression Analysis of the Relationship of Somatic And Psychological Symptoms to Role Strain

Dependent Variable = Marital Role Strain

Entered into Equation at Step 2:	B	<u>SE</u> B	<u>p</u>
Somatic Symptoms	.396028	.097908	.0001
$R = .342$ $\underline{r^2} = .117$			
Dropped from the Equation at Step 2:	B	<u>SE</u> B	<u>p</u>
Psychological Symptoms	.128656	.082284	.3636

Table 9: Final Solution of a Backwards Regression Analysis
of the Relationship Between Sexual Appreciation
and Symptom Factors

Symptom Factor	B	<u>SE</u> B	<u>p</u>
Menstrual Problems	-.385052	.104099	.0003
Vulnerability	.157981	.093711	.0944
Despondency	-.214149	.119368	.0753
Constant	1.329111	.104211	.0000
<u>R</u> = .382, <u>r</u> ² = .165			

Table 10: Final Solution of a Backwards Regression Analysis
of the Relationships Between Respect and Reciprocity and
Symptom Factors

Variable	B	SE B	p
Weight Loss	.259013	.140334	.0675
Feeling Exploited	-.602323	.109803	.0000
Irritability	.184298	.090776	.0446
Fearfulness	.284199	.116495	.0162
Suicidal Depression	.231029	.114337	.0456
Despondency	-.301717	.139845	.0282
Pain and Weakness	-.221766	.119256	.0655
Constant	1.690238	.106488	.0000
R = .5819			
R ² = .33825			

Table 11: Final Solution of a Backwards Regression Analysis of the Relationships between the Quuranic Marriage Factor and Symptom Factors

Variable	B	SE B	p
Feeling Exploited	-.221130	.097248	.0248
Feeling Fearful	.157981	.093711	.0944
Lack of Agency	.214149	.119368	.0753
Despondency	-.2249641	.102319	.0299
Constant	1.728377	.082561	.0000
<u>R</u> = .33918			
<u>R</u> ² = .11504			

Table 12: Final Solution of a Backwards Regression Analysis of the Relationship between the Material Resources Marriage Role Factor and Symptom Factors

Variable	B	SE B	p
Facial Pain	-.400654	.185777	.0311
Weight Loss	.407489	.155429	.0099
Feeling Exploited	-.467166	.119623	.0002
Feeling Fearful	.268211	.127389	.0374
Suicidal Depression	.256995	.126030	.0437
Despondency	-.302282	.150699	.0472
Constant	1.995959	.104619	.0000
<u>R</u> = .5819			
<u>R</u> ² = .33825			

Table 13: Final Solution of a Backwards Regression Analysis
of the Relationship between Traditional Coercion
and Symptom Factors

Variable	B	<u>SE</u> B	p
Irritability	-.145392	.087254	.0983
Inferiority	.212472	.097346	.0310
Headache	.289998	.131760	.0297
Constant	2.958904	.110603	.0000
<u>R</u> = .403, <u>R</u> ² = .162			

Table 14: Final Solution of a Backwards Regression Analysis
of the Relationship between Aggression and Symptom Factors

Variable	B	SE B	p
Fearfulness	-.393781	.135446	.0043
Inferiority	.282569	.109246	.0109
Pain and Weakness	.288074	.129289	.0278
Constant	4.325853	.121016	.0000
R = .403, R ² = .162			

Table 15: Hierarchical Multiple Regression Analysis of the Relationship Between Marital Role Strain, Norm Traditionalism, and Symptoms.

Dependent Variable = Symptoms

Variable entered on step #	B	SE B	p
1. Marital Role Strain	.380364	.081527	.0000
2. Norm Traditionalism	-.095705	.052926	.0732
Constant	.05408	.202633	.7699
$\underline{R} = .408, \underline{R}^2 = .166$			

Table 16: Multiple Regression Analysis of the Relationship
Between Structural Critique and Psychological
and Somatic Symptoms

Dependent Variable = Structural Critique

Variable	B	SE B	p
Psychological Symptoms	.522631	.184648	.0049
Somatic Symptoms	-.540221	.262551	.0411
Constant	1.329111	.104211	.0000
R = .203, $R^2 = .04$			

Figures

Figure 1

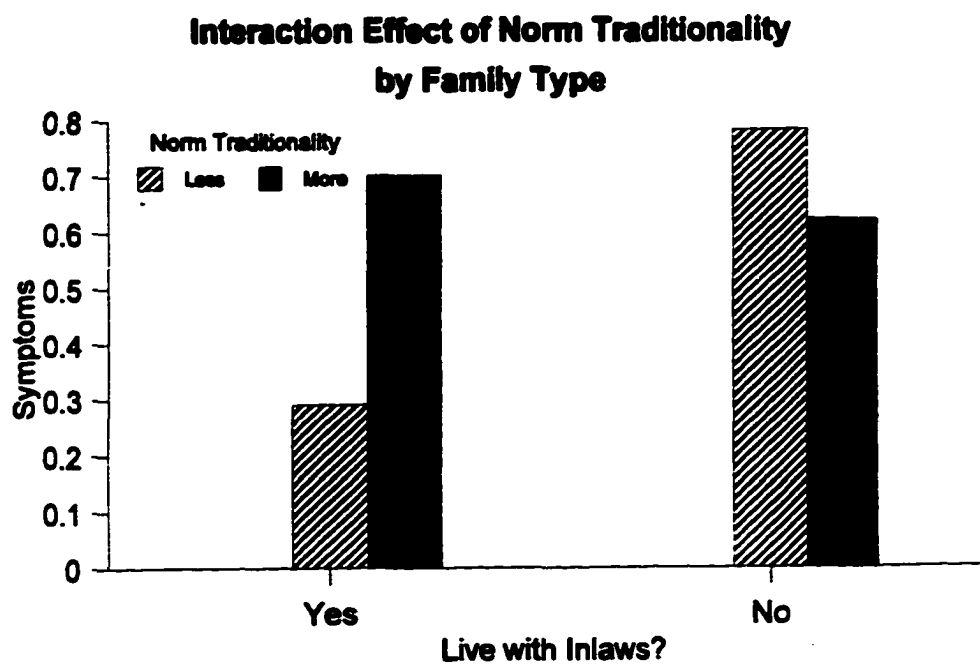
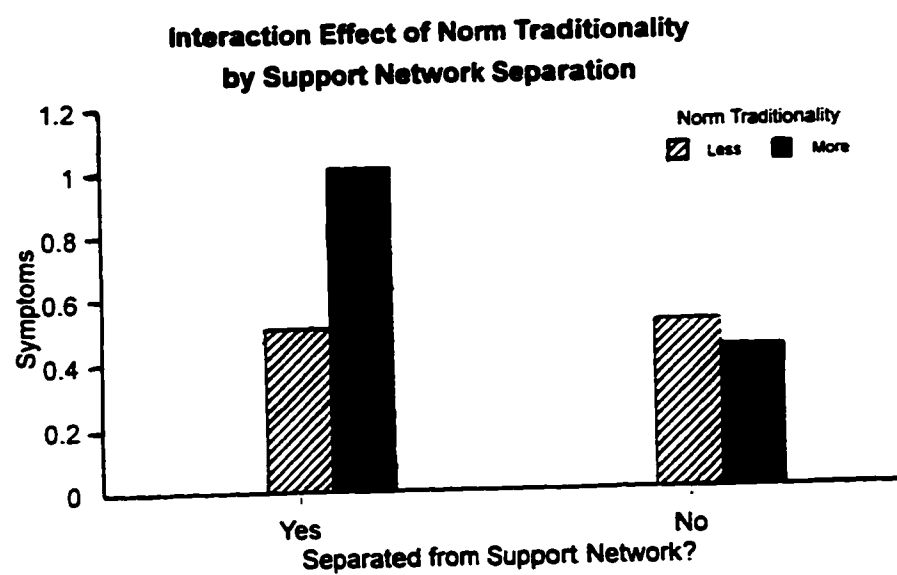


Figure 2



References

- Abu-Lughod, L. (1986). Veiled sentiments: Honor and poetry in a Bedouin society. Berkeley: University of California Press.
- Agar, M. (1986). Speaking of ethnography. Beverly Hills, CA: Sage.
- Ahmed, L. (1992). Women and gender in Islam: Historical roots of a modern debate. New Haven: Yale University Press.
- Ananth, J. (1984). Treatment of immigrant Indian patients. Canadian Journal of Psychiatry, 27, 470-478.
- Baron, R., and Kenny, D. (1986). The moderator-mediator distinction in social psychological research: Conceptual, strategic and statistical considerations. Journal of Personality and Social Psychology, 51, 1173-1182.
- Batt, A., Forrenson, B., & Benjamin, S. (1989). Transcultural patterns of somatization in primary care: a preliminary report. Journal of Psychosomatic Research, 33, 671-680.
- Beiser, M. (1985). A study of depression among traditional Africans, urban North Americans, and Southeast Asian refugees. In Kleinman, A., & Good, B., (Eds.), Culture and depression: Studies in the anthropology and cross cultural psychiatry of affect and disorder. Berkeley: University of California Press.
- Bruner, J. (1990). Acts of Meaning. Cambridge: Harvard University Press.
- Bruner, J. (1987). The narrative construction reality. In H. Beilin, P. Pufall (Eds.), Piaget's theory: Prospects and possibilities. Hillsdale, NJ: Lawrence Erlbaum.
- Carstairs, M. & Kapur, R. (1976). The great universe of Kota: Stress, change and mental disorder in an Indian village. Berkeley: University of California Press.

- Celentano, D., Linet, M., & Stewart, W. (1990). Gender differences in the experience of headache. Social Science and Medicine, 30, 1289-1295.
- Chandra, P., Sudha, M., Subbarathna, A., Rao, S., Verghese, M., & Channabasavana, S. (1995). Mental health in mothers from a transitional society: the role of spouse supportiveness. Family Therapy, 22,
- Chaturvedi, S. (1988). Psychasthenia syndrome related to leukorrhoea in Indian women. Journal of Psychosomatic Obstetrics and Gynecology, 8, 67-72.
- Cochrane, R., & Stopes-Roe, (1981). Psychological symptom levels in Indian immigrants to England: a comparison with natives. Psychological Medicine, 11, 319-327.
- Derogatis, L., & Melisarotus, (1983). The Brief Symptom Inventory: an introductory report. Psychological Medicine, 13, 595--605.
- Dohrenwend, B.P., Shrout, P., Egri, G., & Mendelsohn, F. (1980). Non-specific psychological distress and other dimensions of psychopathology. Archives of General Psychiatry, 37, 1229-1236.
- Dressler, W. (1985). Psychosomatic symptoms, stress and modernization: A model. Culture, Medicine, and Psychiatry, 9, 257-86.
- Dube, K.C. (1968). Mental Disorder in Agra. Social Psychiatry, 3, 139-149.
- Dworkin, R. (1980). Asian Indians. Plural Societies, 11, (2), 43-57.
- Ewing, K. (1991). Can psychoanalytic theories explain the Pakistani woman? Intrapsychic autonomy and interpersonal engagement in the extended family. Ethos, 19 (2), 131-160.
- Finkler, K. (1985). Symptomatic differences between the sexes in rural Mexico. Culture, Medicine, & Psychiatry, 9, 27-57.
- Foucault, M. (1963). The birth of the clinic. London: Tavistock Publications Ltd.

- Glaser, B., & Strauss, A. (1965). Awareness of dying. Chicago: Aldine.
- Glaser, B., & Strauss, A. (1967). The discovery of grounded theory: Strategies for qualitative research. Chicago: Aldine.
- Goffman, E. (1963). Stigma: Notes on the management of spoiled identity. New York: Simon & Schuster.
- Golding, J., & Burnam, A. (1990). Immigrant stress and depressive symptoms in a Mexican-American community. Journal of Nervous and Mental Disease, 178, 161-171.
- Good, B., & Good, M. (1981). The meaning of symptoms. In L. Eisenberg & A. Kleinman, (Eds.), The relevance of social science for medicine. Dordrecht: D. Reidel.
- Good, B., Good, M., & Moradi, R. (1985). The interpretation of Iranian depressive illness and dysphoric affect. In A. Kleinman & B. Good, (Eds.), Culture and depression. Berkeley: University of California Press.
- Gopalani, S. (1993). From a presentation by Dr. S. Gopalani, attending physician at Elmhurst Hospital, Queens, at a meeting of the Association of Indian Psychiatrists in America.
- Griffith, J. (1983). Relationship between acculturation and psychiatric impairment in adult Mexican Americans. Hispanic Journal of Behavioral Sciences, 5, 431-459.
- Grima, B. (1991). The role of suffering in women's performance of Paxto. In A. Appadurai, F. Korom, & M. Mills, (Eds.), Gender, genre, and power in South Asian expressive traditions. Philadelphia: University of Pennsylvania Press.
- Guzder, J., & Krishna, M. (1991). Sita-Shakti: cultural paradigms for Indian women. Transcultural Psychiatric Research Review, 28, 257-273.
- Hacking, Ian (1991). The Taming of Chance. Cambridge: Cambridge University Press.

- Heriot, J. (1983). The double bind: Healing the split. Women and Therapy, 2, 11-28.
- Hitchcock J., & Mintern, L. (1963). The Rajputs of Khalalpur. New York: John Wiley.
- Hughes, P., Seidman, E., & Williams, N. (1993). Cultural phenomena and the research enterprise: Towards a culturally anchored methodology. American Journal of Community Psychology, 21, 687-703.
- Jambunathan, J. (1992). Sociocultural factors in depression in Asian Indian women. Health Care for Women International, 13, 261-270.
- Jeffery, P. (1979). Frogs in a well. London: Zed Books.
- Kakar, S. (1978). The inner world: A psychoanalytic study of childhood and society in India. Delhi; New York: Oxford University Press.
- Kandel, D., Davies, M., Raveis, V. (1985). The stressfulness of daily social roles for women: Marital, occupational and household roles. Journal of Health and Social Behavior, 26, 63-78.
- Kapur, M. (1975). Psychiatric disorders in a West Bengal village: an epidemiological study. Indian Journal of Psychiatry 17, 87-89.
- Keefe, R. (1986). Depression, pain, and pain behavior. Journal of Consulting and Clinical Psychology, 54,
- Kleinman, A. (1986). Social origins of distress and disease: Depression, neurasthenia and pain and modern China. New Haven: Yale University Press.
- Kleinman, A. (1980). Patients and healers in the context of culture. Berkeley: University of California Press.
- Kleinman, A., & Good, B. (1985). Introduction. In A. Kleinman & B. Good, (Eds.), Culture and depression. Berkeley: University of California Press.
- Kolody, B., Vega, W., Meinhardt, K., & Benussen, G. (1986). Correspondence between health complaints and depressive

- symptoms among Anglos and Mexican Americans. Journal of Nervous and Mental Disease, 174, 221-228.
- Lateef, S. (1990). Muslim women in India: Political and private realities. London: Zed Books.
- Lanza, A. (1994). Social role identity, social support, competency and psychological well-being among Hispanic women with arthritis. Dissertation Abstracts International, 55-11, 5125B.
- Lennon, M. (1987). Sex Differences in distress: The impact of gender and work roles. Journal of Health and Social Behavior, 28, 290-505.
- Lennon, M. (1997). From a presentation by M. Lennon at the Institute for Health, Health Care Policy, and Aging Research in April, 1997.
- Levy, R. (1976). Psychosomatic symptoms and women's protest: two types of reaction to structural strain in the family. Journal of Health and Social Behavior, 17, 122-134.
- Link, B., Mesagno, R., Lubner, M., & Dohrenwend, B.P. (1990). Problems in measuring role strains and social functioning in relation to psychological symptoms. Journal of Health and Social Behavior, 31, 354-369.
- Low, S. (1994). Embodied metaphors: nerves as lived experience. Unpublished manuscript.
- Mahmud, S. (1987). Life stress and symptoms: A comparative study of Pakistani and English women. In H. Dent, (Ed.), Clinical psychology: Research and developments. London: Croom-Helm.
- Mankekar, P. (1993). National texts and gendered lives: an ethnography of TV viewers in a North Indian city. American Ethnologist, 20, 543-563.
- Mathur, C., & Jain, P. (1988). Psychometric studies on the possible relationship between sexual orgasm and primary dysmenorrhea in Indian women. Indian journal of psychological medicine, 11(1), 17-20.

- Mehta, R. (1982). Purdah among the Oswals of Mewar. In H. Papanek & G. Minault, (Eds.), Separate worlds: Studies of purdah in South Asia. New Delhi: Chanakya.
- Moghaddam, F., Ditto, B., & Taylor, D. (1990). Attitudes and attributions related to psychological symptomology in Indian immigrants. Journal of Cross Cultural Psychology, 21, 335-350.
- Naidoo, J., & Davis, J. (1988). Canadian South Asian women in transition: a dualistic view of life. Journal of Comparative Family Studies, 19, 311-327.
- Nandy, D. Contagious hysteria in a West Bengal village. American Journal of Psychotherapy, 39, 247-252.
- Nandy, D. (1983). Demographic characteristics and mental morbidity amongst different castes in West Bengal. International Journal of Social Psychiatry, 29, 21-28.
- Nichter, M. (1981). Idioms of Distress: Alternatives in the expression of psychosocial distress. Culture, Medicine and Psychiatry, 5, 379-408.
- Nuckolls, C. (1996). The cultural dialectics of knowledge and desire. Madison: University of Wisconsin Press.
- Papanek, H. (1982). Separate worlds and symbolic shelter. In H. Papanek & G. Minault, (Eds.), Separate worlds: Studies of purdah in South Asia. New Delhi: Chanakya.
- Pearlin, L. (1989). The sociological study of stress. Journal of Health and Social Behavior, 30, 241-256.
- Pearlin, L, & Schooler, C. (1978). The structure of coping. Journal of Health and Social Behavior, 19, 2-21.
- Pillay, A. (1988). Midlife depression and the empty nest syndrome in Indian women. Psychological Reports, 63, 591-594.
- Rahman, S., & Kureshi, A. (1989). Mental states, alienation and menstrual disturbance. Journal of Personality and Clinical Studies, 5, 195-197.

- Rauf, A. (1987). Rural women and the family: a study of a Punjabi village in Pakistan. Journal of Comparative Family Studies, 18, 404-417.
- Roland, A. (1991). The search for self in India and Japan. New Haven: Yale University Press.
- Rosaldo, R. (1989). Culture and truth: the remaking of social analysis. Boston: Beacon Press.
- Roy, M. (1981). Bengali women. Chicago: University of Chicago Press.
- Rubin, G. (1975). The traffic in women: Notes on the "Political Economy of Sex." in R. Reiter, (Ed.), Towards an Anthropology of Women. New York: Monthly Review Press.
- Rushdie, S. (1981). Midnight's children. New York: Alfred A. Knopf.
- Sabbah, F. (1984). Women in the Muslim unconscious. New York: Pergamon Press.
- Sakhi (1992). Pamphlets and other literature distributed by Sakhi, a social service organization serving South Asian immigrant women in New York City.
- Schwartz, S. (1991). Women and depression: A Durkheimian perspective. Social Science and Medicine, 32, 127-140.
- Schweder, R. (1985). Menstrual pollution, soul loss, and the comparative study of emotions. In A. Kleinman & B. Good, (Eds.), Culture and depression. Berkeley: University of California Press.
- Sethi, R., & Allen, M. (1984). Sex role stereotypes in north India and the US Sex Roles, 11, 615-626.
- Shirali, K., & Kanwar, W. (1987). Mental illness and hill women: a demographic study. Journal of Personality and Clinical Studies, 3, 103-108.
- Shorter, E. (1992). From paralysis to fatigue: a history of psychosomatic illness in the modern era. New York: The Free Press.

- Siann, G., & Khalid, R. (1984). Muslim traditions and attitudes to female education. Journal of Adolescence, 7, 191-200.
- Skultans, V. (1986). Psychiatric community care: a Maharashtrian example. Psychological Medicine, 16, 499-501.
- Somers, C. (1994). Who stole feminism? How women have betrayed women. New York: Simon & Schuster.
- Soto, E., & Shaver, P. (1982). Sex role traditionalism, assertiveness and symptoms of Puerto Rican women in the US. Hispanic Journal of Behavioral Sciences, 4, 1-19.
- Spacks, P. (1985). Gossip. Chicago: University of Chicago Press., 24-46.
- Spark, L. (1980). The Indian immigrant in America. In P. Saran & E. Eames, (Eds.), The new ethnics: Asian Indians in the United States. New York: Praeger.
- Strauss, A., & Corbin, J. (1990). Basics of qualitative research: Grounded theory procedures and techniques. Newberry Park: Sage Publications.
- Ulrich, H. (1987). A study of change and depression among Havik Brahmin women in a South Indian village. Culture, Medicine, and Psychiatry, 11, 261-287.
- Vatuk, Sylvia, (1982). Purdah revisited: A comparison of Hindu and Muslim Interpretations of the cultural meanings of purdah in South Asia. In H. Papanek & G. Minault, (Eds.), Separate worlds: Studies of purdah in South Asia. New Delhi: Chanakya.
- Vega, W., Kolody, B., Valle, J., & Hough, R. (1986). Depressive symptoms and their correlates among Mexican women in the US. Social Science and Medicine, 22, 645-652.
- Venkoba-Rao, A. (1974). Marriage, parenthood, sex and suicide. International Journal of Psychiatry, 1, 92-94.
- Veroff, J., Kulka, R., & Douvan, E. (1981). Mental health in America. New York: Basic Books.

- Verbrugge, C., & Steiner, R. (1984). Another look at physicians' treatment of men and women with common complaints. Sex Roles, 11, 1091-1109.
- Vitz, P. (1990). The use of stories in moral development: New psychological reasons for an old method. American Psychologist, 45, 709-720.
- Weissman, M., Leaf, P., Tischler, G., & Blazer, D. (1988). Affective disorders in five US communities. Psychological Medicine, 18, 141-153.
- Williams, R. (1985). Religions of immigrants from India and Pakistan: New threads in the American tapestry. Cambridge: Cambridge University Press.
- Yack, D. (1992). The use and value of qualitative methods in health research in developing countries. Social Science and Medicine, 35, 603-612.