

Humanitarian therapeutics of war and the politics of trauma and violence in Lebanon

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Abstract

This paper relies on ethnographic and archival research to narrate the humanitarian trouble in finding trauma in the July 2006 war in Lebanon. The humanitarian inability to easily locate a visible trauma shared by war-affected communities intersected with other political, social and public health debates on the modern ways of suffering from war and violence in 2006 Lebanon. This paper provides a preliminary reading of these debates, as I argue that trauma, whether defined and framed by psychiatry, psychology and humanitarianism as Post-traumatic Stress Disorder (PTSD), or evoked in popular Lebanese culture and discourse to express suffering, takes many material, political and ideological values for different stakeholders and communities in Lebanon. This multi-faceted meaning of trauma in Lebanon, sometimes intersecting, other times clashing, provides us with an understanding of the contemporary politics of suffering from violence in Lebanon.

Keywords: Politics of Trauma, Humanitarian Psychology, Lebanon, July 2006 War, Post-Traumatic Stress Disorder (PTSD), Israel

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Introduction

Israel's war on Lebanon in 2006¹ brought in multiple global humanitarian organizations to provide aid and support for the affected communities. Many launched a series of trauma-related interventions and therapies to treat the psychological impact of the war and displacement. Considering Lebanon's history of political violence, civil strife, Israeli invasions and occupation, there have been only a few psychological interventions planned and designed around war trauma during the civil war and after the Israeli invasion in 1982.² Trauma programs by global humanitarian organizations increased after the liberation of Lebanon in 2000, focusing on psychological programs to treat ex-detainees of the infamous Khiam detention center.³ The July 2006 war, in particular, provoked an unprecedented humanitarian intervention in Lebanon, with an emphasis on the importance of treating psychological war trauma side by side with other forms of humanitarian aid. The humanitarian interest in Lebanon and its classification in 2006 as a "humanitarian emergency" in need of immediate psychological assistance, was the product of intersecting factors reflecting the new identity, politics and ethics of humanitarian action, on one hand, and a universal acknowledgment of the importance of treating and recognizing psychological injuries during wars, on the other. The July 2006 War was also thought to be an enduring conflict.⁴ The

internal displacement of around one million Lebanese from South Lebanon and the suburbs of Beirut – areas that were the most affected by the war, mostly inhabited by Lebanese Shi'a and hosting many Palestinian refugee camps – was believed to require long-term humanitarian intervention.[5](#)

Yet, despite the widespread violence, displacement and destruction caused by the war,[6](#) and despite the established institutional presence of both local and global psychologists and humanitarian experts ready and equipped to find and treat trauma, locating traumatized people and psychological war injuries turned out to be not an easy task. As I will attempt to show in this paper, finding 'trauma', as redefined and repackaged by humanitarian psychology,[7](#) required a lot of intricate work and negotiations by psychologists and local humanitarian workers, as they strove to implement global humanitarian programs that relied on trauma as a universal form of suffering from war. Was the July war then not a humanitarian mental health emergency? Was there not a 'trauma epidemic' that needed attention, as assumed and debated in recent humanitarian literature that argues for the importance of incorporating psychological interventions along with physical ones during war and disaster?[8](#)

At the end of the war, Hizbollah, the primary military player in the war against Israel, was accused by its political opponents in the March 14 coalition of propagating and encouraging a "culture of death" among its Lebanese Shi'a communities, who were perceived not to properly express grief, psychological pain and shock at the death of their loved ones, but rather rejoicing at their martyrdom.[9](#) Their "culture" was said to revolve around death, normalizing it to the extent of being incapable of suffering from it, and sometimes even expressing joy at its occurrence. At that time, the March 14 coalition launched a political campaign countering Hizbollah's "death ideology", defining themselves in opposition to the culture of death, as propagating a culture of life with the motto "I love life". At their core, these political accusations hold assumptions of what constitutes a modern and civil way of suffering from and narrating violence and war, and what does not. The absence of a 'proper' and visible way of suffering during the July war indexed a "culture of death" that was perceived as non-modern, deficient and uncivilized, as Lebanese Shi'a were seen to be unable to celebrate and maintain life, but as roaming backwards around death.[10](#)

This is just one example of how the absence of a visible – and by visible here I mean recognizable and identifiable by others nationally and globally – frame for suffering from war is used to make political, ideological and cultural claims in Lebanon. There were other political investments in the absence of a solid and collective psychological suffering from the July war. In a public speech delivered during Ashura in 2009,[11](#) three years after the war, Sayyid Hassan Nasrallah, Hizbollah's secretary general, discussed the role of "global organizations studying the psychological effects of the war in South Lebanon, who found only resilient people". Their failure in detecting signs of traumatization among Lebanese Shi'a, led these organizations to conclude that they were facing "a special and unique phenomenon in history".[12](#) Nasrallah then turns to declare that military resistance to Israel will always stand firm and will not be broken by any war or invasion.

This alleged absence of psychological suffering from the war, however, was not a natural divine occurrence, nor a manifestation of Shi'a culture of death, or of their "natural" resilience. Hizbollah worked quite hard during the war on maintaining the morale and psychological support of war-affected communities, preventing collective psychological breakdown by providing them with multiple social, medical and health services, some even mobilized within hours of the arrival of the displaced.[13](#) For

Hizbollah, the presence of trauma among these communities meant that the war itself was lost. Psychological warfare was indeed a major part of the July war; terrifying the enemy and breaking it down psychologically was seen as an important war weapon.¹⁴ Moreover, with the ceasefire established and the war coming to an end, deciding on who exactly won the war became the main topic in the media and political analyses. Nasrallah rhetorically utilized this “unique” absence of trauma as a clear sign of who was the victorious party, thereby relocating trauma from a psychological and individual embodiment of terror and violence, into a strategic tool of war itself. He utilized its absence to mark victory, and show the enemy’s weakness and vulnerability, especially that multiple forms of traumatization were being detected in Israeli soldiers, medical personnel and civilians in general. Israeli soldiers were returning home, clearly expressing symptoms of traumatization from the war.¹⁵

I argue that these different ideological investments are a crucial part of the humanitarian story of finding trauma in Lebanon, as they delineate the politics of suffering in Lebanon in the absence of a clear institutional frame through which Lebanese suffering can be recognized, along with other national and communal representational forms of violence and suffering. When trauma and psychological suffering from war, or their lack of, are utilized as a war weapon or to make claims about modernity and civility, the humanitarian trauma model, with its own internal politics and assumptions on what violence is and how one suffers from it, becomes a site for contestation and appropriation in Lebanon. The different historical (scientific and popular) accounts of “Lebanese resilience” and “Lebanese indifference” to war and violence are also fundamental to this conversation. Tracking and recording the historicity of these narratives and representations since the Israeli invasion in 1982 until today is currently part of my dissertation research but is beyond the scope of this article.

The humanitarian inability to easily locate, signal and produce a visible and recognizable trauma shared by war-affected communities intersected with other political, social and public health debates on trauma in 2006, and around the proper, albeit modern, ways of suffering from war and violence. This paper provides a preliminary reading of these debates, as I argue that trauma, whether defined and framed by psychiatry, psychology and humanitarianism as Post-traumatic Stress Disorder (PTSD), or evoked in popular Lebanese culture and discourse¹⁶ to express suffering, is an elusive thing that took various material, political and ideological values for different stakeholders and communities in Lebanon. The multi-faceted meanings of trauma in Lebanon, sometimes intersecting, other times clashing, provides us with an understanding of the contemporary politics of suffering from violence in the country.

This article is part of a dissertation work in progress and attempts to provide a more complex account of the politics of suffering from 2006 war in Lebanon. I write against the above described ideological assumptions of suffering that oscillate between “culture of death” and “culture of resilience” in Lebanon, by attempting to unpack the politics and assumptions of the NGO/humanitarian trauma model and communities’ own experiences of war and violence. I argue that, at the core of all these debates and political investments in certain forms of suffering, lie different comparative relations on the basis of civility and modernity, with trauma being the proper way of suffering that has historically been hard to find after wars in Lebanon.

Hence, this paper is not about whether there actually was trauma in Lebanon in 2006 or whether it was truly absent. As an anthropologist, I do not think that this question can be separated from the political and ideological life that trauma immediately takes when it is evoked and used to signal multiple things

in social reality, both being a discursive concept and an object of science circulating in our everyday life. I am more interested in understanding why it was so important to find trauma in the first place. Or, more specifically, to find an absence of trauma. Why did some experts, politicians and people feel that the lack of recognizable suffering after the war was very problematic, while others found it to be a wonderful and unique thing in history, which shows victory, and illustrates, yet again, how resilient Lebanese are? In other words, what kind of values does (the absence of) trauma have in Lebanese contemporary discourse and different narratives of violence and war? These questions inform this paper, and, I believe, are important questions for a critical and reflexive humanitarian and communal interventions in Lebanon.

The first section briefly addresses the methodology. The second section provides a literature review on humanitarian psychology and the trauma model it adopts. The third section describes snapshots of the different debates, concerns and issues raised by humanitarian workers and psychologists as they implemented global trauma programs in Lebanon. This section attempts to unpack and unveil some of the internal assumptions of the trauma model that was not compatible with the Lebanese context. The last section offers recommendations for a more critical and politically-conscious intervention.

Methodology

My dissertation is based on 18 months of ethnographic and archival research conducted on the programs and therapies of humanitarian psychology in Lebanon. This paper is informed by preliminary analysis and reading of this research, as it is still part of an on-going dissertation work. One purpose of my overall research is to draw the story of humanitarian psychology in Lebanon, the kind of knowledge on violence and politics, subjects and professionals these therapies produce in the country. Data for this paper was mainly drawn from ethnographic research, interviews with professionals and members of Lebanese communities, as well as archival research. My methods are mainly qualitative as I am interested in the discourse and representations of suffering and violence, rather than assessing the efficiency and validity of humanitarian programs themselves, compiling statistics, or describing how many trauma cases were found in Lebanon etc.

Trauma in Humanitarian psychology: brief history and context

It wasn't until recently that psychological suffering, painful memories and difficulties in adjusting during wars and disasters were recognized as psychological reactions that necessitate immediate humanitarian intervention and care.¹⁷ After the end of the cold war in 1990s, the outbreak of civil wars and genocides in Eastern Europe and in Rwanda compelled humanitarian organizations to incorporate psychological interventions as part of their relief strategy.¹⁸ What is now known as humanitarian psychology¹⁹ reflects not only the drastic changes in the identity, politics and ethics of humanitarian action, but also the increasing demands for a global recognition of psychological suffering during war.²⁰

The emergence of humanitarian psychology came about as a reaction to a shifting historical and political context in the early 1990s that was redefining the role, scope and ethics of humanitarianism. Improvement in technology, growing international support and the increasing numbers of relief organizations in the post-Cold War 1990s all participated in enhancing this humanitarian capacity to provide war and disaster victims everywhere with aid, relief and support.²¹ With this growing ability to

extend relief and intervention to all conflicts globally after the cold war, humanitarian organizations found themselves “generally ill-equipped for what they have found”²² as they encountered complex and novel kinds of conflicts and wars. The Rwandan genocide, more than any event, shattered humanitarianism’s confidence in its own ethics, and opened the door for floods of criticisms about the role and usefulness of humanitarian interventions.²³

Defining whether a certain conflict is an emergency became a complex work of multiple agents, who had to decide when to request military intervention with the state, when to provide aid unconditionally, who should be identified as a war victim and who shouldn’t, especially in the light of the mounting threats on the lives of humanitarian workers.²⁴ It is not a coincidence that the term “complex humanitarian emergency” was coined towards the end of 1980s in Mozambique, where the UN began to provide assistance “outside of the framework of its standard country agreements”.²⁵ The early 1990s seems to place the ethics of humanitarian action into question as “the moral necessity of humanitarian action was no longer self-evident”.²⁶

The incorporation of psychology into humanitarian aid relief addressed these new and complex emergencies, making humanitarian workers not only technical relief workers but witnesses to communities’ narratives about violence and war. Humanitarian psychology also made it difficult to be “completely neutral” in the face of genocide and violence, something that humanitarian organizations were highly criticized for during their involvement in Yugoslavia and Rwanda. Humanitarian aid has long relied on the idea of providing aid and medical treatment for civilians during wars and emergencies without interfering or taking side in conflicts, especially following the International Committee of the Red Cross basic principles and ethics.²⁷ However, this had been problematic since the 1948 Red Cross involvement with concentration camps. The principle of neutrality, in specific, became perceived as an impossible and almost immoral act in civil conflicts and genocides like in Rwanda.²⁸ Humanitarian organizations like *Médecins Sans Frontières* (MSF) and, later on, *Medecins du Monde*, rebelled against this adopted neutrality and turned humanitarian action and assistance into an act of “witnessing” violence and taking sides with victims against aggressors.²⁹

This new humanitarian act of witnessing violence was translated through the incorporation of trauma – a modern psychiatric object of knowledge that relies on the assumptions of individual witnessing, remembering and narrating violence – into its emergency and post-emergency action plan. Trauma today is the main psychological concept at the heart of humanitarian psychology, which accounts for the suffering experienced by communities due to war, disaster, rape, torture, discrimination, etc. Trauma became the anchor for these interventions developed for war and disaster, as emergency programs that were implemented on a large scale *during* the conflict itself, not after.

Now both a psychological and humanitarian object of knowledge, trauma became the model to justify the growing sense of urgency for psychological assistance *during* conflicts. The rationale behind the sense of urgency in administering psychological interventions in this context came from the idea that violence produces a universal traumatic experience that needs to be treated immediately by professionals.³⁰ As a product of the fusion between psychology and humanitarianism, two global institutions of the human, humanitarian psychology adopted a universalist attitude towards violence and suffering across cultures.

Although there are many important differences between the experienced types of violence (sexual violence, terrorist bombing, continuous everyday violence, torture, structural violence etc.), the psychological programs for survivors and communities and the treatments used to alleviate suffering were designed to be mostly the same.³¹ People of all ages everywhere were assumed to have similar reactions to violence, war and disasters. This standardization of aid was crucial for the rise of the humanitarian market that opened globally after the 1990s, but it did also create a universal human and a universal generic form of suffering from violence and war that was not necessarily capable of being sustained.

This standardization of aid however clearly relied on a Westernized and biomedical understanding of psychological suffering. The psychological theories and programs that were first incorporated relied mainly on European and American schools of psychology, which challenged humanitarian principles of universalism in action. New models for interventions were also developed to fit with the unique nature of the Yugoslavian war, and, in keeping with the European mental health practice that was well developed at the time, individualized psychological assistance was included for the first time,³² one of them being trauma. At first, these individualized assistances replicated a psychologist-patient relationship for ethno-political conflicts where violence was collectively shared and endured.

The humanitarian trauma model: from psychoanalysis to humanitarian psychology

The turn taken by trauma, from indexing physical shock to the body to becoming a disorder of the psyche and the soul, representing a psychological wound to the psyche, is a modern turn by excellence. A product of modern 19th and 20th century wars and the “new” mine and train accidents produced by the industrial revolution,³³ trauma became a psychological object later adopted and used by Charcot and Freud to explain and justify disorders like hysteria, becoming a core concept in psychoanalysis. In 1981, after the Vietnam war, the diagnostic Statistical Manual III, the bible of biomedical psychiatry, appropriated trauma into biomedical psychiatry, under the name of Post-Traumatic Stress Disorder (PTSD), uprooting it from its psychoanalytic origins and turning it into a cluster of symptoms.³⁴ The increasing humanitarian interest in psychological aid in the early 90s, as mentioned above, found trauma to be the perfect model for suffering that can account for individuals and communities’ experiences with war and disasters across societies and cultures.

The trauma model as used by humanitarian psychology has been summarized best by Derek Summerfield³⁵ who identifies seven assumptions behind international psychological trauma programs: 1) experiences of war and atrocity are extreme and distinctive that they do not just cause suffering, but ‘traumatization’; 2) highly stressful events produce a universal human response that is captured by Western psychology; 3) war-traumatized victims required professional help from experts; 4) victims of violence become better through “talk therapy” and if they ‘work through’ their experiences; 5) there are vulnerable groups and individuals who need to be specifically targeted for psychological help; 6) war represents a mental health emergency: rapid intervention can prevent the development of serious mental health problems, as well as more violence and war; and 7) humanitarian workers are themselves overwhelmed and may themselves be traumatized.

Beside its scientific underpinnings, trauma has many representations and is evoked³⁶ in popular discourse to express anything from general malaise to severe distress and shock. It also still carries

with its psychoanalytic understandings of the unconscious, “complexes”, and the importance of talking through problems. The elusiveness of trauma is also manifested within humanitarian work itself, as trauma is evoked in multiple ways. I choose to use trauma and PTSD in this paper interchangeably to reflect its elusiveness and the multiple meanings projected on it.

Humanitarian therapeutics of the July war: debating trauma and war in Lebanon

In this section, I provide snapshots of the different local debates and conversations emerging around the implementation of trauma global programs for the 2006 war, and the different topics, concerns, and controversies raised. A reading of these debates helps us understand, unveil, and critique the inner-politics of trauma as an object of science that holds specific assumptions around suffering and violence, while claiming universality.

The humanitarian difficulty in finding and unearthing trauma during the 2006 war can be felt and observed through different registers. This difficulty poses questions on whether the politics of trauma, as a particular frame of suffering assumed to be universal, was compatible with the different ways in which war-affected communities live in and experience wars against Israel, or clashed with existing political, cultural and national investments in other representations of violence and suffering in Lebanon. This is one main question I am interested in, as I move forward in this research. I share the concerns and issues raised in some of the interviews and ethnographic data narrating the humanitarian trouble of finding trauma in 2006.

War as normal or as pathological?

There have been some incidences where humanitarian programs designed to find war trauma and PTSD have simply failed to locate traumatized people. I spoke with the regional director of a global humanitarian organization that came to Lebanon to provide psychological assistance since the 2006 war. In our first meeting, while she was describing the organization’s current projects to me, she stressed that her organization “doesn’t do trauma programs anymore”³⁷ in Lebanon, because these programs were not useful, nor did she feel they reflected people’s ways of suffering during the war. Pathologizing a war experience, and turning people’s experiences with the July war into a psychological disorder, became problematic when these programs were launched in Lebanon. “We now have turned away from treating trauma to working on grief and loss,” she added, arguing for the importance of suffering to remain an ordinary life experience, however painful it was.

While the humanitarian trauma model assumes that war must be addressed as a shocking event that has the ability to produce traumatization and should therefore be treated as a mental health emergency, a lot of the humanitarian workers did not find the war to unfold onto communities’ lives as such. Two reasons are suggested here. First, many of the communities affected by the 2006 war have experienced war and displacement in the past. I spoke with a social worker from Khiam, in South Lebanon, who worked in a local NGO about the trauma programs that the center hosted and she said:

“During the war [2006], the doctors came and did activities here [in Khiam] only for the children but no one had been affected [by the war]. We got used to it, the war became a habit since we have been displaced from Khiam seven times because of the war. They did plays for them, they

brought them pieces of dolls and broken dolls so they could express themselves and their experience with the war, but no one was affected. The doctors eventually said that they themselves are going to need treatment”.[38](#)

Perceiving war as “a habit” – as something one is familiar with and prepared to act and behave during, something that is planned and anticipated instead of being startling and sudden – makes experiencing the war, however painful and overwhelming, not as a shocking and terrifying event that has the capacity of wounding the psyche to the extent that it becomes hard to remember or talk about. However, war as habit arguably predicates a very different experience of suffering from a familiar violence that keeps repeating itself. This experience of pain and suffering cannot be captured by the humanitarian trauma model. Experiencing war as a habit, as an event that keeps repeating itself, does have detrimental effects both politically and socially in Lebanon. It is this experience of violence as repetitive that prohibits any kind of commemoration, reconciliation, and transitional justice in the country, since one cannot commemorate and make claims on a violence that did not end and threaten to return.[39](#)

Contradictory prevalence rates: the science of surveys and the field experience

Following the humanitarian interest in the psychological effects of the July war, multiple studies strove to find and measure the prevalence rates of PTSD in Lebanon.[40](#) Issues were later raised among humanitarian workers and psychologists concerning the wide range of these prevalence rates, which seemed to extensively vary between 2% to 25%, depending on the report or the published study. This was a recurrent theme in my research, as many psychologists and humanitarian workers commented that their own experience “in the field” was not compatible with the high prevalence rates that many of these studies found.

Many of them agreed that if one is looking for trauma “in a survey” and crossing off separate symptoms, one will then find what one has set off to look for. However, a lot of these experts were uncomfortable with this way of unearthing trauma. I talked to a Lebanese psychologist with extensive humanitarian field experience working with different global organizations since the liberation of Lebanon in 2000 and who, at the time of the interview, was the chair of the psychology department at the Lebanese University. She addressed the conflicting prevalence rates and stated that based on her field experience, there is no trauma in Lebanon:

“(..) Since the liberation to the 2006 war, I would say that there is around 2% of PTSD. At first glance, one might see PTSD symptoms and, in a survey [English], one might answer the questions in a certain way but when you go deeper into the issue you will see that there is no *trauma* [in Lebanon]. In our work, we can know who is prepared for war and who is not. And we try to give the [psychologically] unequipped treatment so that they can extract the war out of them. We give them prevention and we immunize them. But we did an assessment study and we found that they were already “immunized” [against the war]. The psychologist working on the ground knows that this is not *trauma* [English]. People have different ways of dealing with war...”[41](#)

The account of this humanitarian psychologist and her experience in the field complicates the story of trauma in Lebanon, which seems to be more bounded within a restricted and positivist framework, only being unearthed through surveys and ticking separate symptoms. The contradictory prevalence rates are themselves an indication of how slippery the task of “extracting the war” out of bodies and psyches of the unequipped was. Her understanding of war, as an event one is prepared for and immunized against its psychological effects, relocates it once more as something expected and anticipated within the Lebanese imaginary. It also speaks to the idea of war becoming a habit in people’s lives, thereby shaping their forms of suffering from it in ways that fall outside of the humanitarian trauma model. The task of the psychologist then becomes that of “prevention” and immunization of the community prior to the breaking of wars, to prevent psychological breakdowns.

I read her statement – that the psychologist with the field viewpoint can distinguish between trauma and other expressions of suffering – as challenging what diagnostic measures like trauma surveys can tell us about the state of suffering of war-affected communities. I also read her commentary on the absence of trauma as a statement on an absence of a psychological disorder, not as a comment on a general absence of suffering from the war. People expressed their experience with the war in different and meaningful ways that do not always necessarily fit with the humanitarian trauma model.

PTSD or depression during war? The clinic versus the field

Leading trauma experts in Lebanon, some of which have found the highest PTSD prevalence rates in their studies, seem to agree that a psychologist rarely received a trauma or PTSD case in the clinic from wars, political tensions and conflicts, whereas what one observes is a significant increase in depression cases during war:

“Let me tell you we have problems in assessing trauma because PTSD, I always say, is a western concept. [...] [T]he psychologists that you see and everybody, I mean we don’t see them in the clinic. I mean, I am a clinician, I have two days of clinical every week. Nobody comes and says I have [trauma]. I remember (traumatic events), you know? Unless they are so depressed.”[42](#)

“We don’t see PTSD in the clinic. But we see depression during war.”[43](#)

What does it mean when PTSD cannot be found in a clinic but only in “the field”? What are the implications of finding increasing cases of depression during wars and conflicts, rather than trauma? First, one must be wary of drawing decisive conclusions from these interviews without a clear understanding of the role of class, gender, and age in those who seek mental health help in clinics and those who do not. Still, keeping in mind the importance of class analysis in this context, I would argue that finding depression cases in the clinic during war is indicative of how certain social segments of Lebanese communities experience and react to war in ways that produce depression, and not trauma.

The humanitarian trauma model assumes a kind of violence that is abrupt, sudden, shocking; the kind of accident-like violence that comes unexpected and unanticipated and is unfathomable, producing a

shock that deprives one's world from its regular and everyday meaning. Depression on the other hand is a condition of being disinterested, helpless, and melancholic towards the world. Becoming depressed from war predicates it as a form of violence, which keeps repeating itself without one having control over it, not as a shocking terrifying event that disrupts the everyday. The temporality of violence here, as experienced in Lebanon, is the core issue. Arguing that war might cause depression might be indicative of how Lebanese communities experience and react to recurrent wars and violence, which are seen not as shocking and of rupturing of everyday life, but in terms of helplessness over a situation that keeps repeating itself. Again, a different kind of suffering is experienced here than assumed by the humanitarian trauma model.

Moreover, finding depression in the psychological clinic and PTSD in the humanitarian field have raised a number of ethical questions and concerns for Lebanese psychologists working with humanitarian organizations that request them to go and find psychological disorders and distresses within the communities, rather than wait in their clinics for cases to pour in voluntarily. Some of the psychologists I spoke to expressed ethical concerns over setting off to find the disorders through surveys and probing, rather than sitting in the clinic and allowing for people to voluntarily come to them.

Psychologists, now turning humanitarians, are sometimes wary of going to the field to look for mental illnesses, trying to excavate them through different measures. Some talked about how they would infiltrate psychological assessments and treatments into different medical services in different health centers, from dentistry, to physiotherapy, as a way of preventing stigma. But they expressed concerns over the ethical boundaries of their own discipline, since normally, a patient has to come voluntarily to the doctor to seek treatment and not the other way around.[44](#)

The politics of suffering and violence in Lebanon: conclusions and recommendations

This article attempted to show the story of the humanitarian trouble in finding trauma in the July war in Lebanon, by highlighting the existing ideological and political claims in an absence of suffering and unpacking the inner-politics of the humanitarian trauma model that sometimes was not compatible with communities' experience with the war. Humanitarian psychology today seems more than ever committed to pathologizing wars and political conflicts, reducing communities' experiences of violence into psychological individualistic categories. If we take seriously more recent humanitarian initiative to de-pathologize violence and focusing more on supporting communities in their grief and suffering – while moving away from Western models of psychology that claim universality into other frameworks that can have positive and sustainable effects on the mental health of war-affected communities – then there needs to be a deeper structural reading of the politics of violence and suffering in Lebanon, as well as their different discursive representations.

I argued in this paper that a reading of both internal and external politics of trauma in Lebanon, specific to this particular complex geopolitical and historical site, must be taken into account as humanitarian psychological aid advances trauma as a universal and global form of suffering across cultures. On one hand, an understanding of the politics of violence and suffering in Lebanon cannot be read outside its relationship to Israel's own politics of violence and suffering, where the discourse on trauma and PTSD has always been abundant and proliferating within the different wars launched on Lebanon. The invasion of Lebanon 1982 and the Grapes of Wrath war of 1996 represent two moments where

humanitarian psychologists failed to find trauma in Lebanon for different reasons. Reading (the absence of) trauma as a political discourse of victimhood and of heroism in both Lebanon and Israel is telling of the kinds of values we place on the proper ways of suffering.

Moreover, I believe that a closer look on the ideologies of post-war reconstruction in Lebanon might shed some light on the ways in which violence and hence suffering are erased from the public and its discourse. The aesthetics of postwar reconstruction in Lebanon have been quite adamant at preserving the “beauty” and the modernity of the destroyed cities and places, from the neoliberal vision behind the reconstruction of downtown Beirut as “an authentic city”, to reconstructing the suburbs of Beirut in 2006 for it to come back “more beautiful than before”. It would be interesting to explore further the hypothesis that these ideologies of reconstruction prohibit and erase violence in a way, in order to produce forgetfulness and an inability to remember violence.

Finally, a closer reading of the rich and complex ways in which Lebanese live in, constantly anticipate and experience violence is needed in order to bring forward, as practitioners and experts, the forms of suffering that are produced by this kind of violence. What does it mean to live in constant anticipation of violence and war in Lebanon? And what kind of suffering does that way of life produce? These are important questions to consider.

Violence and war has been studied as phenomena that emerge at the end of politics, as destroying and residing outside of the political. But recently some scholars and ethnographers have emphasized the intersubjective and social transformative role, arguing that violence is an ethnographic site that opens the domain of the political and intensifies it.⁴⁵ Any interventionist model needs to provide room to acknowledge these transformations and not only emphasize the pathological part. Today, all Syrian refugees are being scrutinized, assessed and tested for trauma, in the form of PTSD, as the United Nations High Commissioner for Refugees (UNHCR) requires this diagnosis, not necessarily for the sake of treatment, but to decide on who is worthy of a refugee status in Western countries and who is not. The politics of trauma seems to go beyond the individual to touch on which kinds of injured bodies are allowed to cross borders and which are not,⁴⁶ and the kinds of political economy that humanitarian psychology has opened around trauma.⁴⁷

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- 1. Franck Mermier, Elisabeth Picard (dir.), *Liban, une guerre de 33 jours*, Paris, La Découverte, 2007.
- 2. The only humanitarian assessment project I could find at that time was when the ministry of health, after the invasion of Lebanon in 1982, with the help of World Health Organization, invited a team of global health and mental health experts to study the effect of war on Lebanese communities, among them psychologist E.Mansell Pattison who found no traumatization effects in the Lebanese population. For more, see Mansell E. Pattison, "War and Mental Health in Lebanon", *Journal of Operational Psychiatry*, Vol.15, 1984, pp.31-38 .
- 3. After the liberation of Lebanon in 2000, some humanitarian trauma programs were initiated, some of them by Medecins Du Monde (MDM), to treat the ex-detainees from the torture and illegal detention they suffered in Khiam prison, an illegal detention center established by Israel in 1984 in the occupied Lebanese territories.
- 4. Based on several interviews with humanitarian workers, the influx of global humanitarian organizations into Lebanon in 2006 was justified by the fact that many were under the conviction that this war will endure and will have detrimental long-term effects that require longer humanitarian assistance and presence.
- 5. Iman Nuwayhid, Huda Zurayk, Rouham Yamout and Chadi S. Cortas, "Summer 2006 war on Lebanon: A lesson in community resilience", *Global Public Health*, Vol. 6, No. 5, 2011, pp. 505-519.
- 6. Human Rights Watch reported 1,109 deaths, 4,399 injuries and the displacement of an estimated one million individual. see Human Rights Watch, "Why they died: civilian casualties in Lebanon during the 2006 war", 2007, <http://www.hrw.org/sites/default/files/reports/lebanon0907.pdf> [last accessed on December 1st 2014]
- 7. A new form of intervention that fused together two universal disciplines of the human, humanitarianism and psychology. See Gerard Jacobs, "The development and maturation of humanitarian psychology", *American Psychologist*, Vol 62, No. 8, 2007, pp.932-941.
- 8. Gilbert Reyes & Gerard Jacobs, *Handbook of international disaster psychology: Fundamentals and overview*, Vol.1., Westport, CT, US, Praeger Publishers/ Greenwood Publishing Group, 2006.
- 9. Kinda Chaib, "Les mises en scene des martyrs dans les cimetières de village au Liban Sud", *Le mouvement social*, Vol.237, Octobre-Décembre, 2011, pp. 55-71.
- 10. The same accusations of "death culture" are constantly employed against Hamas in Gaza in popular media and political analysis. See for example "Israel Vs the culture of Death", The Times Of Israel, Michelle Cohen, English, July 11th 2014, <http://blogs.timesofisrael.com/israel-vs-the-culture-of-death/> , [last accessed on december 1st 2014].
- 11. Ashura, the commemoration of the martyrdom of Imam Hussein by Shi'a, is a religious mourning practice that took on different socio-political and ideological meanings after the July war. This commemorative mourning practice also served as a psychological healing place

where crying and expressing grief and pain as a community was acceptable.

- [12.](#) For a news report on the Ashura speech in 2009: Al Masih ne'ma lil nas: Nasrallah yatawakaf 'an al kalam wa yadmyadma', Tayyar.org, Arabic, December 27th 2009, <http://www.tayyar.org/Tayyar/ArchivedNews/PoliticalNews/ar-LB/2010/1/28/hasan-%20nassrallah-98024470.htm> [last accessed on December 1st 2014].
- [13.](#) Iman Nuwayhid, Huda Zurayk, Rouham Yamout and Chadi S. Cortas, 2011, *op. cit.*, pp. 505-519.
- [14.](#) During this Ashura processions in 2009, Nasrallah extensively addressed the power of the psychological warfare Israel was using during the 2006 war.
- [15.](#) I quote here only a few studies conducted on trauma in Israel to prove my point: Menachem Ben-Ezra, Yuval Palgi, Nir Essar, "Impact of war stress on posttraumatic stress symptoms in hospital personnel", *General Hospital Psychiatry*, Vol.29, No.4, 2007, pp.264-266; Menachem Ben-Ezra, "Late effect of the Second Lebanon War: Level of exposure and rates of comorbidity of posttraumatic stress symptoms and depressive symptoms among Israelis from Northern and Center Israel", *The European Journal of Psychiatry*, Vol. 24, No.3, 2010; and Lebanese media reporting on Israeli war trauma: Al Isra'iliyyoun wa sadmat al harb, AlAkhbar, Arabic, July 16th, 2011 <http://www.al-akhbar.com/node/16743>. [last accessed on December 1st 2014].
- [16.](#) There is no word for trauma in Lebanon. *Sadma* is the closest word, which is equivalent to shock. In certain social circles, the word "Trauma" is sometimes when one is attempting to express psychological malaise or distress.
- [17.](#) Gilbert Reyes & Gerard Jacobs, *Handbook of international disaster psychology: Fundamentals and overview*, Westport, CT, US, Praeger Publishers/Greenwood Publishing Group, Vol.1, 2006.
Erin Martz, *Trauma rehabilitation after war and conflict: Community and individual perspectives*, New York, NY, US, Springer Science, 2010.
- [18.](#) Ibid; David Rieff, *A bed for the night: humanitarianism in crisis*, New York, (NY) and Schuster, 2002.
- [19.](#) Didier Fassin & Richard Rechtman, *The empire of Trauma: an inquiry into the condition of victimhood*, Princeton, New Jersey, Princeton University Press, 2010.
- [20.](#) Joshua Breslau, "Cultures of trauma: Anthropological views of posttraumatic stress disorder in international health", *Culture, Medicine and Psychiatry*, Vol. 28, No.2, 2004, pp. 113-126.
- [21.](#) M. Barnett and T. Weiss, *Humanitarianism in Question: Politics, Power, Ethics*, Ithaca: Cornell University Press, 2008.
- [22.](#) Astier Almedon & Derek Summerfield, "Mental Well-Being in Settings of 'Complex Emergency': An Overview", *Journal of Biosocial Science*, Vol 36, No.4, 2004, pp. 381-388.
- [23.](#) M. Barnett and T. Weiss, *Humanitarianism in Question: Politics, Power, Ethics*, Ithaca: Cornell University Press, 2008.
- [24.](#) Ibid.
- [25.](#) Ibid, p.83.
- [26.](#) Ibid, p.2.
- [27.](#) The seven humanitarian principles of the Red Cross are: humanity, impartiality, neutrality, independence, voluntary service, unity and universality.
- [28.](#) Peter Redfield, *Life in crisis: the ethical journey of Doctors Without Borders*, Berkeley: University of California Press, 2013.

- [29.](#) Ibid.
- [30.](#) Laetitia Atlani & Cecile Rousseau, "The politics of culture in humanitarian aid to women refugees who have experienced sexual violence", *Transcultural Psychiatry*, Vol. 37, No.3., 2000, pp. 435-449.
- [31.](#) Gilbert Reyes & Gerard Jacobs, *Handbook of international disaster psychology: Fundamentals and overview*, Westport, CT, US, Praeger Publishers/Greenwood Publishing Group, 2006.
- [32.](#) Inger Agger, 'Psychosocial assistance during ethnopolitical warfare in the former Yugoslavia', In Daniel Chirot & Martin Seligman (eds), *Ethnopolitical warfare: Causes, consequences, and possible solutions*, Washington, DC, US, American Psychological Association publications, 2001, pp. 305-318.
- [33.](#) Ian Hacking, *Mad Travelers: Reflections on the reality of transient mental illnesses*, Harvard University Press, 2002.
- [34.](#) For a critique of the making of PTSD as a psychological disorder in the DSM III, see Allan Young, *Harmony of Illusions: Inventing post-traumatic stress disorder*, Princeton, New Jersey, Princeton University Press, 1998.
- [35.](#) Derek Summerfield, "A critique of seven assumptions behind psychological trauma programmes in war-affected areas", *Social Science & Medicine*, Vol 48 No.10, 1999, pp 1449-1462.
- [36.](#) Who evokes trauma is an important issue here. Who in Lebanon talks about her suffering as traumatic and who doesn't or wouldn't at all. There is definitely a class issue in terms of this.
- [37.](#) Interviews conducted by the author in April 2012 and fieldwork with the mentioned organization from April until September 2012.
- [38.](#) Fieldwork and interview conducted by the author at Amel center in Khiam in February 25th 2012.
- [39.](#) Some activists in Lebanon have captured this politics of violence as habit and the inability to remember this kind of violence through their slogan of "*tinzakar ma tina'ad*" [to be remembered and not repeated]. See Karam Karam, *Le mouvement civil au Liban, mobilisations, protestations et revendications associatives dans l'après-guerre*, Paris, Karthala-IREMAM, 2006.
- [40.](#) For some of these studies see, Khuzama Hijal Shaar, "Post-Traumatic Stress Disorder in Adolescents in Lebanon as Wars Gained in Ferocity: A Systematic Review", *Journal of Public Health Research*, vol.2, No.2, 2013, pp.17
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- [41.](#) Interview conducted by the author in February 2012.
- [42.](#) Interview conducted by the author in March 2012.
- [43.](#) Interview conducted by the author in March 2012.
- [44.](#) Stigma is evoked as the main reason of why people chose not to see a psychologist or psychiatrist in Lebanon and this argument is used to justify the different ways humanitarian psychologists apply to find and treat patients.
- [45.](#) Sharika Thiranagama, *In my mother's house: civil war in Sri Lanka*, University of

Pennsylvania Press, 2011.

Jonathan Spencer, *Anthropology, politics and the state: democracy and violence in South Asia*, Cambridge University Press, 2006.

- [46.](#) For a critique of the relationship between the humanitarian empire of care, psychological injuries and labor mobility, see Miriam Ticktin, *Casualties of care: Immigration and the politics of humanitarianism in France*, Berkely, Los angeles, University of California Press, 2011.
- [47.](#) Erica James, *Democratic insecurities; violence, trauma and intervention in Haiti*, Berkeley and Los Angeles: University of California Press, 2010