“It’s a power, not a disease”: Syrian Youth Respond to Human Devastation Syndrome

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While it is well acknowledged that the effects of war and exile are devastating for Syrian youth, there has been less focus on how they interpret their experience of war and displacement. Integrating anthropological and global health perspectives, we invite two Syrian youth, Karim and Khadijah, to speak to larger theoretical questions about humanitarianism. We describe the creation of a new diagnostic term, “Human Devastation Syndrome” (HDS) by the Syrian American Medical Society. Used describe the effects of war and displacement on Syrian youth, HDS provides a lens through which Karim and Khadija introduce their own theories of devastation.

Keywords: Syrian children, mental health, Syrian refugees, Lebanon, ethnography, Human Devastation Syndrome

“There’s no need to number”

> “There's no need to number the number of men, women, and children who have died or become homeless, or of the cities or homes that have been devastated and stolen” (Masri 42).

“My exile here in Lebanon made me conscious of a lot of things,” Khadija[1] said. It was July 13th, and we had called Khadija to talk about the defeat of Darʿā, Syria. “It made me conscious of things like depression and these feelings and how much I need to know and express myself, and how little I am able to.” Originally from western Ghouta, Khadija was ten years old when the first protest happened in her neighborhood. “Even though I was young I got really excited. I knew that I didn’t have freedom and I wanted it.” She joined the protests. “I thought that if I could achieve something, anything, I would be able to take control of my life, and cure my depression.” The Syrian government responded to her neighborhood’s protests with force.[2] “I know I’m traumatized,” she explained, “but I’ve accepted it. It’s in the past, and, to be honest, I’m bored of it.” It was very important for Khadija that we understood this point. The suffering Khadija experienced as a result of the siege of western Ghouta and her displace-

ment to Lebanon has not turned her into a traumatized victim. It has made her conscious.

Khadija's boredom with trauma is an important counternarrative to the seemingly endless cycle of photos of shell-shocked children, advocacy reports, and articles talking about the high levels of trauma experienced by Syria's "Lost Generation" (Chen; Collard; Durando; Hawilo; Hosseini; McVeigh; Stano; Taylor; UNICEF). These accounts paint a stark picture. They remind us that more than 14,000 Syrian children have been killed, more than 8 million have been displaced, more than 50% of children (and 90% of girls) have dropped out of school, and more than 180,000 children have had to start working to support their families since 2011 (Doucleff; Sirin and Rogers-Sirin). They also remind us that the long-term impact of these realities on children's mental health is significant. Chronic exposure to violence and warfare throughout the course of the Syrian war has resulted in a wide range of severe emotional and developmental disabilities among Syrian youth, including post-traumatic stress disorder (PTSD), anxiety, and depression (Devakumar et al.2; UNHCR). Without disregarding the real psychological effects of the war and displacement on Syrian young people, Khadija reminds us that these numbers, reports, and diagnostic categories can never quite capture what it is that she has been through.[3]

Syrian medical and humanitarian professionals have struggled to capture the full depth of what children like Khadija have been through. In 2013, Dr. MK Hamza, a Syrian-American forensic neuropsychologist with the Syrian American Medical Society (SAMS), started using a new term, "Human Devastation Syndrome," to describe their suffering. A few years later the press picked the term up and it immediately solicited global attention via Arabic and English news outlets (ATTN; Syria Noor; NabdSyria; Al-Arabiya; Strochlich; Davis). Most of this media provides minimal context to the term itself and merely cites Dr. Hamza. Here is how Dr. Hamza introduced the term in media interviews:

> "We have talked to so many children, and their devastation is above and beyond what even soldiers are able to see in the war. They have seen dismantled human beings that used to be their parents or their siblings. You get out of a family of five or six or 10 or whatever – you get one survivor, two survivors sometimes. A lot of them have physical impairments. Amputations. Severe injuries. And they've made it to the refugee camp somehow." (ATTN)

The questions that motivate this article are about what the creation and circulation of Human Devastation Syndrome in general and this statement, in particular, adds to trauma-centered discussions about the mental health of Syrian children. How does it contribute to understanding Khadija's experience of mental illness and health?

To offer a preliminary answer to these questions, we turn to two young people, Khadija and Karim*, and their thoughts about Human Devastation Syndrome (HDS). By foregrounding Karim and Khadija's experiences and interpretations, we are making explicit the fact that Syrian young people can and should be given the space to theorize about their own lives and articulate answers to larger theoretical questions about humanitarianism and representation.[4] In so doing, we also pose questions to SAMS and other humanitarian organizations about the relationship between the diagnoses and solutions they propose and the kinds of possibilities opened up by the term "human devastation." Inspired by Khadija and Karim's observations, we suggest that human devastation is not only a series of symptoms that can be diagnosed and treated; it is also something that can often be reproduced by the same humanitarian projects designed to help them.

"Aliens of the century"

> "There's no need to number these things because Syrians themselves already know them. How can Syrians not know when what is happening is eating from their bodies and souls, and is drinking deeply and getting drunk on the blood of their children?" (Masri 42).

In this section, we introduce Karim and Khadija's theorization of what humanitarian assistance means to them in the midst of widespread devastation. Both Khadija and Karim are leaders and beneficiaries in several different Syrian Community Based Organizations (CBOs) and international nongovernmental organizations (NGOs). Both were ten years old when the Syrian revolution and war began, and both are now approaching the threshold of adulthood. Both want to study psychology and continue working with Syrian children and adolescents when they grow up. Despite this commitment to psychological services, they both also have significant criticisms of humanitarian psychological care. As a result, they are fluent in psychological discourse, able to be both self-reflective and analytical, and eager to share their thoughts and critiques with the wider public.

We first met Karim in a music therapy class in the Bekaa Valley in 2016. Originally from Hama, he fled to Lebanon with his family in 2012 after the Syrian government arrested his mother for the second time. During his first two years of his exile in Lebanon, Karim worked at a clothes shop and studied at home. He spent his free time volunteering with different Syrian Community Based Organizations (CBOs) by playing with children his age or younger. In 2015, Karim finally managed to register in Lebanese school. He started going to school and started working as a part-time translator and part-time co-teacher for an American music therapist. At first, Karim was enthusiastic about the program. It offered twelve weeks of intensive music training to a select group of children from the nearby refugee camps, at the end of which the children themselves would write and design a musical piece. As the weeks went on, however, children started to drop out, and the European therapist started to get stressed out. He started trying to discipline the kids, complaining that they were not "committed" enough. For Karim, the therapist's response is a normal one in humanitarian and mental health interventions. "They think they are offering us the world," Karim ironically observed, "and then go crazy when we don't want it. What they don't understand is that they need us more than we need them."

Karim quit his job a few weeks later and decided to start his own program. "This is my theory of life. If I can do a thing, why not do it? And if this thing can help me, and help children at the same time, why not do it?" It is important for Karim that his work with children is mutually beneficial. "When I first started working with children, I felt like the experience that they made for me, the experience that we made together, changed me and changed my life. My whole life I'll say that I am not the one helping the children, they are helping me." The problem with NGOs and humanitarians that run programs like the program he quit, he explained, is that they want to "help us." While helping is not a bad thing, he suggests, unilaterally helping is. "The whole world wants to help us and write reports on us," Karim said. "They turn us into the aliens of the century. They write about us and try to help us, and then are surprised when their help doesn't work, and then write about us again. What's the result? Nothing changes except that we become aliens."

We met Khadija in January 2017. She was studying in a program run by a local university through a Syrian NGO designed to

help Syrian teenagers get into Lebanese universities. When she arrived in Lebanon, Khadija immediately registered in the Syrian Opposition school in her neighborhood. She passed the 9th and 12th-grade exams with distinction but was told when she started applying for universities that Syrian Opposition certificates were not recognized by the Lebanese Ministry of Education. She enrolled in the university-NGO program because they promised to sort out the problem and get her into universities. She was skeptical. At the end of the year when she found out that none of the program's beneficiaries would be receiving a scholarship, she was not surprised.

"All of these programs are fake," Khadija said. "They can't give us anything. All they want to do is make jobs for themselves and show people how much they are helping Syrian kids; they don't actually care about us. What's worse is that they think they are helping the poor hopeless Syrian kids. In reality, they are making it worse." This fake hope, for Khadija, is both an essential part of how humanitarian projects operate and part of what "makes Syrian kids depressed." "NGOs can't succeed," she says, "because if they succeeded, we would be better, in school, with good jobs, living the lives of our choice. We would no longer be 'lost' and we would no longer need them. But that can't happen. They can't fix the problems, because they need the problems to have jobs." Khadija's critique of NGOs extends to psychosocial services.

Instead of helping her, the psychological services she has sought out have ironically made her "feel worse." "We know that no one cares," she explained. "If I told people about my experiences, my sadness, there's no result. I will receive nothing, no care, no attention, and nothing will change. So why talk? Talking makes it worse." Khadija's experience of depression is intimately related to her experience of what she calls *'ajiz*, or her inability to do or achieve something. If talking to a therapist, or registering in an NGO-run educational program, or protesting the Ministry of Education's mistreatment of her could affect change, she would do it. But "nothing can change" for Khadija. Nothing she can do, she insists, can make her life better. "It's like being in prison," she once told us. "Do you think these programs make life in prison easier or worse? They make life worse because they offer fake hope and remind us of our *'ajiz*." "But I'm not helpless," Khadija quickly clarified, always careful to avoid being a victim. For Khadija, the problem is the prison around her, not her weakness. If she *could* achieve something, she would.

"There Is a Monster"

> "While it is possible to rebuild devastated buildings with money, effort, and time, what about the devastation of the spirit, the devastation of the human?" (Masri 42).

Among the many NGOs that provide mental health services to Syrian children, only a handful are CBOs or local NGOs that employ Syrian health professionals (Almoshmosh et al. 2016). Most of these were established by Syrian refugees who had fled Syria for Turkey, Jordan, or Lebanon, or by the Syrian diaspora in the US and the UK. SAMS is one of these diaspora organizations. Originally founded in 1998 as a medical professional society by first-generation Syrian immigrants to the United States, SAMS evolved into an NGO in 2011 ("About SAMS Foundation").

In December 2017, we spoke with Dr. Hamza, who has been volunteering with SAMS since 2012. He also chairs the SAMS's mental health committee, which coordinates psychosocial and psychotherapeutic programming for Syrian refugees throughout Lebanon, Turkey, and Jordan

as well as tele-mental health services inside Syria ("Salah's Story: Mitigating the Impact of Trauma"). After interacting with Syrian children in Lebanon and Jordan during medical missions, Dr. Hamza and his team observed that the wide variety of symptoms and high levels of trauma experienced by children surpassed the most severe levels of post-traumatic stress disorder (PTSD), a mental health diagnosis outlined in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) and commonly attributed to the condition of Syrian refugees (Parekh; Hassan et al. 16). They were so high, he explained, that the DSM-5 was unable to account for them. HDS is more appropriate than either of these categories, Dr. Hamza explained, because it accounts for both the variety and intensity of children's symptoms ("Salah's Story: Mitigating the Impact of Trauma"). Ahmed et al. similarly conclude that HDS is similar to PTSD, but explicitly Syrian in its severity and pervasiveness. HDS is necessarily Syrian, they explain, because it helps us to "recognize the severity of the emotional and mental problems faced by Syrian people."

Trained in medical and forensic neuropsychology, Dr. Hamza insisted that we cannot separate the children's symptoms from their causes. "Someone," he elaborated, "created criteria for how to completely devastate a human being, [and has been doing so] continuously ever since, non-stop. That's the main point [...] it's not just medical; it's intentional. It's programmed in both Syria and in host countries."[5] Dr. Hamza explained that mental health constructs like PTSD are culturally and politically limiting because they do not account for this intentionality. "A lot of what [Syrians] are experiencing is dehumanization and humiliation," he said. "When you cause the other person to despair, what are you aiming for? You are trying to humiliate him, to rip him or her from their own identity and state of being. You are demolishing the human inside. You want him to become a walking shell. This is different [than trauma]." HDS is different, we can infer from Dr. Hamza's comments, because it tries to account for the Syrian government's response to the Syrian people's demands for freedom and dignity.

Despite calls for culturally sensitive and locally grounded mental health research, only a few studies regarding Syrian mental health have sought to understand how Syrians who have survived war and displacement personally interpret their immaterial needs (Quosh et al. 288; Hassan et al. 22; Greene et al. 4).[6] As a result, most mental health interventions by humanitarian organizations have tended to primarily rely on standardized approaches to mental health and categories like PTSD to make sense of the Syrian experience (Almoshmosh et al. 82; Save the Children; UNICEF; International Medical Corps; Hamdan-Mansour et al. 6). For Dr. Hamza, these studies fail to capture the harrowing nuance of the Syrian experience, which has been reported to include direct exposure to the torture or killing of family members, the loss of one or both parents, and intense fear due to unpredictable bombardment, all factors that have been shown to further exacerbate trauma among Syrian children (Almoshmosh et al. 82). He argues that HDS does, and thus tells a more compelling "story" than either PTSD or depression. Whether or not this story captures the perspectives of Syrians themselves, and the perspectives of Syrian youth in particular, is a question that will be explored in the rest of this section.

In our search for literature on devastation, we discovered that the term "human devastation," or *āldamār āl'insāny*, is already an analytic category in Syrian social thought. In the text cited throughout this article, "Closed for Reconstruction," Monzer Masri uses *human devastation* as

an alternative to mental and emotional health illness. For Masri, human devastation is a category that explains the root, rather than the effects, of the events that caused Syrian children to exhibit such an extreme variety of symptoms. It captures not only the intentionality of the violence that has so thoroughly devastated the Syrian population, but also captures the psychological dimensions that this scale of violence requires. "The failure to recognize the humanity of the person in front of you," Masri said to us in an interview we had with him, "is the cause of this devastation." This is why when he asks the question, "is it possible to rebuild and fix human devastation?" he intentionally refuses to provide an answer (42). He refuses because answering might run the risk of objectifying and therefore re-damaging the very humanity that needs to be rebuilt.

Like Masri, Dr. Hamza thinks that HDS is unlike the more biomedical ways of thinking about the aftermaths of violence. It cannot be cured. Unlike Masri, however, he wants to try to find a cure anyway. "I'm trying to build a team of researchers," he told us, "so we can work officially on the syndrome, in a scientific way." He is working towards publishing the first scientific report on HDS[7] and design programs for children by late 2018. Ultimately, Dr. Hamza told us that he wants HDS to do more than just help diagnose and fix Syrian children; he wants it to "change the direction of the world." This is a change that Dr. Hamza hopes will come about by simply "telling a story" that "really describes the tragedy" of what Syrian young people are going through.

Notably, HDS itself has remained largely unacknowledged by scholars of Syrian mental health and humanitarian organizations providing mental health services to the Syrian population since its creation in early 2016. Since then, there have been no further comments or evidence posed by SAMS to substantiate HDS. With the exception of one academic article that describes HDS as the "Syrian" version of PTSD (Ahmed et al. 1228), HDS has been used mostly as an advocacy tool rather than a scientific and diagnosable medical construct, which risks affecting the legitimacy of the term. Lebanese journalist Hala Nasrallah included HDS in a larger critique she wrote on Facebook about the creation of new syndromes as tools to pathologize Syrians and warned people not to take HDS too seriously. It is probably only an American publicity stunt, she wrote, as it lacks the evidence needed to be a real syndrome (Nasrallah).[8] A Syrian health professional articulated his problem with SAMS's version of human devastation another way:

> The problem is foreigners—even Syrian Americans, and Syrians living abroad—coming in and playing the role of a benevolent dictator in order to 'heal' us. They think that because they are experts they can come for a week and know what the problem is. When they say that they want to help us, all I hear is that they want to control us. (Dr. Khaled)

What is ironic about this critique is that Dr. Hamza told us that he adopted HDS explicitly to avoid this problem. So how did SAMS's well-intentioned attempt to get distorted into "control"? Based on our conversations with Karim and Khadija, we suggest that part of this distortion was caused by the persisting inability to incorporate children's perspectives into terms regarding their mental health. If humanitarian NGOs responding to the mental health crisis had done so, they would have learned, as we did, that while Syrian youth find the term itself compelling, they are deeply sensitive to and critical of NGO and research exploitation.

It is exploitative, Karim told us, when "people write a new report about how horrible our lives are and then walk away without

trying to make that life better." Circulating with little grounding in evidence-based research, HDS is more of a concept rather than a scientific diagnosis. "The organizations who work in mental health with Syrians care just about prestige and donors," Dr. Khaled explained. "They do things just to be able to say that we did something, not to actually effect change." From this perspective,SAMS's HDS has the potential to become just another term in the umbrella of mental health terms, such as "toxic stress" (Save the Children) and "hitting rock bottom" (UNICEF), that have emerged as a result of the Syrian war and have failed to receive substantial validation or interpretation by Syrians themselves. Furthermore, by imposing this term "devastated" on all Syrian children, SAMS risks painting a very grim picture regarding the mental health and well-being of Syrian children and adolescents such as Karim and Khadija. In Ahmed et al.'s interpretation of HDS, they conclude that this picture is grim enough to warrant a need to "manage" those who have survived the Syrian war. In this light, instead of helping us to understand those who are devastated, the term itself has been used to encourage the public to objectify and fear them, thus perpetuating the violence that it is trying to address. Despite their hardships, we see Karim and Khadija's experiences as signs of strength, resilience, and power, and not of weakness or warning signs of extremism.

At the same time, both Khadija and Karim found aspects of HDS compelling. Prolific readers, both Karim and Khadija regularly read all the literature they can about Syrian refugees and mental health. At our prompting, they read the short Arabic media pieces that describe the creation of HDS. We asked Khadija what she thought. "I think [Dr. Hamza is] right!" she exclaimed, excited. "Lots of us have no idea what's going on inside of us. We think we are living, but we really aren't. We are missing a lot of things—playing, building relationships, feeling safe." Khadija herself says she has experienced something similar. "Yes," she acknowledged, "it's crazy how much we've changed. I no longer have any hope that anything good exists. I have learned over the last seven years that it is impossible to change anything. Learning this lesson devastated me." Khadija appreciated the article because it gave her a kind of language to explain what has been happening to both her and her friends and family. "It's not the same as a mental illness, because it's not something that can be treated. It's our life now."

Karim was a bit more cynical at first. "To be honest," Karim responded, "I didn't read all of [the HDS article] because they were just saying things that all the other psychologists say, that Syrian children are traumatized because of the war and getting bombed and all that s**t, that they've been through trauma. And now they have this." At first glance, Karim understood HDS and the discourse around it to be similar to the discourses that turn him into an alien.

When Karim read the rest of the article, however, he changed his mind. "I don't know what to say, but I really think that it might be true. This might be what's happening. I feel that there are kids who really are going through something that people haven't discovered yet, but I don't know how to define it or make sense of it, you know?" Karim's inability to define what these kids are going through is important here. Because while something about HDS rang true to him, the language with which it was defined echoed other problematic reports and articles Karim had read that had made him feel like an alien. Significantly, Karim immediately took the term and made it his own. "You know, for example, why we take vaccines? So the cells can develop protection against specific diseases. I think mental health works

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in the same way: we develop our psychological power to prevent things from happening." Karim here is not quite talking about the same thing that Dr. Hamza was talking about. For Karim, human devastation is "like a vaccine." It is something that Syrian children "changed and evolved" within themselves to survive. For Karim, human devastation provides the language he needs to theorize his suffering positively, using theories of power and agency rather than theories of illness (Park 257). "I don't know what it is," Karim concluded, but it is "not an illness." It is a "power, and a weakness."

Based on Khadija and Karim's reflections, we suggest that SAMS's HDS may be able to serve two purposes for Syrian youth. First, it may provide an opportunity for them to find meaning in their experiences (Park 257). Karim found meaning in HDS, in part, because it gave him the language he needed to theorize the ways in which the devastation that has affected him and his community is a source of strength and power. Second, HDS may be able to act as a kind of social lubricant for broader conversations about mental health in Syrian society. Syrians find it easier to acknowledge their personal and psychological well-being when it is framed and treated as collective and shared (Hassan et al. 39).[9] Individualized trauma and depression tend to be stigmatized. Khadija told us that she is scared to tell her family about her depression and anxiety. She lies to them when they ask her how she's doing because she says they can't understand. "It's sad, they think that depression and mental illness are against our religion. I'm the only one in my family who is depressed and they try to keep my sisters away from me. If I feel depressed or anxious, I am the problem. I did something wrong, so God is punishing me." Khadija's family refuses to accept Khadija's illness, she explained, in part because they fear being blamed. "So they use sin as an excuse." Human devastation is different though. "Everyone in my family is devastated. My sisters, my friends." When we asked her if her family would more readily accept HDS than depression, Khadija responded with a shrug. "It's not about accepting it or not. It's the reality, and they know it."

Conclusion

Karim and Khadija ultimately teach us that human devastation is important, not because it is an appropriate diagnosis that captures their particular series of symptoms, but because it is useful for them. This does not mean that it will be useful for every Syrian child or adolescent. Something our relationship with Karim and Khadija emphasized is the fact that each Syrian person is unique, and contains a multitude of perspectives and abilities. If we reduce this multitude into the category of "Syrian children" we risk reproducing the very violence we wish to help heal.

Ultimately, respecting the uniqueness of each human means that we cannot argue for or against the use of HDS, or any category. Because as both Karim and Khadija show us, even problematic categories can be useful. We can, however, encourage SAMS, other humanitarian organizations, and researchers to give infinitely more weight to the perspectives and abilities of the Syrian children and adolescents that they are in relationship with. What do they think about the questions we ask, or the papers we write?

Our conversations with Karim ended with a piece of advice. "It really important that you write about this in your paper," he told us. "People always think that the refugees have problems and need psychologists. You need to write about the fact that refugee kids can also be the psychologists! They know how to solve what makes us depressed. I believe they know the solution."

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This invitation to treat the children and adolescents we work and write with as psychologists is a profound methodological provocation. It invites us to treat Karim and Khadija not as case studies or examples of some wider population, but as insightful colleagues. With this in mind, what would it look like for us—academics, aid workers, and psychologists—to get out of the way and allow our colleagues, Karim and Khadija, to take control of their own lives, devastated or otherwise?[10]

Notes

[1] Khadija, and all names followed by asterisks, have been anonymized.

[2] Human Rights Watch and Karim Eid's *My Country: A Syrian Memoir* provides a comprehensive account of these two years.

[3] See Adams's *Metrics: What counts in global health* for a discussion on the politics of numbers, statistics, and metrics more generally.

[4] A great deal of anthropological literature outlines the imperative to do so (i.e. Boyden; Hart; Malkki).

[5] "Either Assad or we'll burn the country," the militias warned Khadija's neighborhood right before they attacked them in 2012.

[6] See Moghnieh (193-201) for a detailed analysis of the relationship between Syrian mental health treatment in Lebanon and the use of indicators like PTSD.

[7] The SAMS report on HDS has yet to be published as of the date of this article.
[8] Some Arabic articles refer to SAMS as an American NGO rather than a Syrian-American NGO.

[9] This has been the case in other war-affected populations that emphasize collective identity and collective frameworks of healing, which can often reduce the stigma of mental illness or psychological distress and facilitate community-level coping (Hussain & Bhusan; Nguyen-Gilham).

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