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Trauma as Displacement: Observations from Refugee Resettlement

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Abstract

Trauma does not have a single definition. Within western paradigms, across humanities and social sciences, it has largely been characterized through temporal and spatial dislocation. Critical studies of trauma, however, suggest that such framings of rupture, catastrophe, and mass displacement can obscure longer-term and structural forms of violence, such as colonialism and gender-based violence. This paper explores the displacement, emplacement, and transitivity of trauma through the process of refugee resettlement. It is part of a broader qualitative study that traces how trauma concepts and practices are mobilized in the process of refugee resettlement, specifically for Iraqis who are resettled in the United States. This paper argues that trauma is neither a one-time event that is endlessly re-lived and reactivated in identical episodes. Nor does trauma emplace a singular geography. Rather, trauma can be understood as a set of serial emplacements and displacements across multiple sites, in our case transnationally. Apart from the distress and geopolitics of war, securitized migration policies produce trauma for people who have been displaced. This trauma of family separation, however, should not be regarded merely as an extension of war-making, but as an additional manifestation produced by the global refugee regime.

Introduction

Trauma does not have a single definition. Within Western paradigms, the most commonly referenced experiences of trauma—repetition of a past event, intrusive thoughts, senses of disembodiment or hyper-alertness—were characterized by the psy- sciences through work with survivors of war and domestic violence in the early- and late-twentieth century (Young 1997; Fassin and Rechtman 2009). This framework has been widely criticized for its individualized as opposed to structural focus; its attention to singular events rather than sustained, even multigenerational, suffering; and inappropriateness of its diagnoses and remedies to non-Western cultures and places (Linklater 2014; Atallah 2017; Marshall and Sousa 2017; Pain 2020). Given this ongoing debate, it is not surprising that the interdisciplinary field of trauma studies claims “relatively little structural coherence,” aiming rather to critically assess the “political and cultural work that ‘trauma’ does” within particular “epistemological and broader geopolitical contexts” (Wertheimer and Casper 2016, 3). Critical studies of trauma, then, seek to understand framings

of rupture, catastrophe, and mass displacement as part of discourses through which we collectively also distinguish between ‘normal’ and aberrant forms of violence.

Trauma studies thus converges with the ongoing emergency of population displacement. Some 79.5 million people have been forcibly displaced as of 2019, according to the United Nations High Commission on Refugees (UNHCR), with 26 million of those individuals classified as refugees living outside of their nation of origin and 45.7 million people internally displaced within their national territory. In her influential assessment of refugee studies, Lisa Malkki observes that the field was characterized by a “view of society that constructs displacement as an anomaly in the life of an otherwise ‘whole,’ stable, sedentary society” (1995, 508). While there is now considerable academic attention to the geopolitical and geoeconomic forces that create and sustain displacement, the discursive framing of displacement as abnormal and disruptive for individuals and societies continues to have ideological purchase, driving the securitization of migration that serves to justify nationalist and restrictionist politics and policies around the world (see Ehrkamp’s 2017 *Progress* report).

We see a parallel between Western constructions of trauma and population displacement in that each phenomenon continues to be framed as a rupture or exception when both are widely, if differentially, experienced. Indeed, as Rachel Pain writes, critical race, decolonial, feminist, and queer scholarship on trauma has questioned this frame of rupture and exception, instead drawing attention to trauma’s structural, intergenerational dimensions: “it is the commonness of experiences of gender-based, racist and homophobic violence that challenges assumptions of cohesion or security before or after trauma” (2020, 5). To explore trauma’s ideological, geopolitical and geoeconomic displacements, we begin with a brief discussion of geographic literature on trauma.¹ Then we explore how refugee management and the securitization of migration are part of a first order displacement, which create conditions that can be traumatizing. To illustrate the transitivity of trauma, we show how mental health care for trauma and other distress becomes part of refugee containment. We close with some thoughts on the multiple displacements of war, geopolitics, and trauma.

Theorizing Trauma in Geography

Blum and Secor write that “although the ‘scene’ of trauma lacks a determinate time and place (it is, in a sense, unlocalizable), it is nevertheless spatial” (2014, 104). A growing body of work in geography has explored the multiple spatialities and emplacements of trauma, from place destruction to colonial occupation, human migration, militarism and everyday forms of violence. We do not recount all of this literature (see Pain’s 2020 *Progress* report), but draw out two major constellations of this work in order to illustrate different ways of analyzing the traumas of displacement and displacement of trauma. The first constellation considers trauma through

¹ We largely leave aside personal and collective narrations of trauma, a vast and complex topic, nor do we offer refugee accounts as evidence of trauma. We did not elicit mental health status or accounts of trauma in our interviews with people who have been resettled.

themes of emplacement and displacement and the second foregrounds the transitivity, mobility, or transnational dimensions of trauma.²

Much of the geographic work on trauma conceptualized through examinations of emplacement and displacement has focused on memory-work and place destruction or rebuilding. Entrikin's examination of disasters draws attention to how the "collective trauma of place destruction" is often described in terms of "*uprootedness, dislocation, and exile*" from a "sense of security that place and its everyday rhythms provide" (2012, 177, emphasis in original). Till argues that practices of memory-work in "wounded cities" actively remake place in ways that are "fundamental in the establishment of differentiated and active forms of belonging and political community..." (2012, 7). While Till is interested in the possibilities of making more just cities, Micieli-Voutsinas's examination of the memory-work of the National September 11th Memorial & Museum finds that "*re-membering* 9/11 keeps the emotional wounds of the attacks raw," and thereby "risks further intensifying islamophobia and thwarting collective healing beyond social divisions" (2017, 102, emphasis in original). Similarly, in their work on gender-based violence, Pain, Rezwana, and Sahdan argue that trauma "involv[es] spatial and temporal psychological dislocation [that is] triggered by aspects of place or particular sites where memory, pain or ongoing violence linger. Place thus becomes hardwired in trauma, and trauma can become hardwired in place" (2020, 288). Building on Ahmed's idea of the "stickiness" of affect, Adams-Hutcheson argues that the failure of trauma to leave the body and remain stuck to the skin "challenges the theorisation of trauma as a 'breakdown' or rupture -- a momentary interruption in time and space" precisely because both skin and affect are relational (2017, 106).

In striking contrast to the idea of trauma as sticky or emplaced, Perera's examination of the geopoliticization of the 2004 Indian Ocean tsunami argues that trauma is "eminently transactable, mobile and adaptable in its circulation" (2010, 31). Coddington draws on the metaphor of contagion to suggest that trauma features a "movement through space that circles back on itself as well, concentrating and expanding" (2016, 7). For Mountz, trauma exceeds detention's capacity to contain because it acts as a "conduit" that moves "among people in ways that disrupt and distort time, space, and the boundaries surrounding facilities" (2017, 75). Pratt, Johnston, and Banta emphasize that the "transmission and reception of trauma narratives are uneven and thoroughly embedded within existing unequal geopolitical and other power relations" (2017, 84). Moreover, the "multi-directional conversations across traumas of the Global South and North" represent a "diffused network of interrelated stories of trauma" that radiate, knot, and link with each other (2017, 91). Recent work on refugee resettlement (Loyd, Ehrkamp and Secor 2017; Ehrkamp, Loyd and Secor 2019) argues that efforts to emplace trauma as internal to refugees or as originating in the space of war is part of a geopolitical imagination that works, but fails, to create linear time and discrete geographies. Instead, the effects of war-

² These constellations roughly encompass Pain's (2020) categories of memorial places, layered places, and hardwired places for our first set and her categories of retraumatizing places and mobile places for the second.

making endure and combine with increasingly exclusionary refugee regimes to move trauma across space.

Our purpose in highlighting these constellations is not to identify theoretical or methodological approaches paradigmatic to each—feminist perspectives, for example, are common in both. Nor are we advocating the superiority of one focus over another. Nor do we wish to diminish important work on the methodological and practical dimensions of researching and coping with trauma (see Cuomo 2019; Markowitz 2019; Taylor 2019) and on trauma’s institutionalization (Moss 2014; Moss and Prince 2017). Rather, both of these constellations offer crucial insights, suggesting that trauma must be approached through attention to both place and mobility.

Our insights offered here are based on a study that examined how mental health paradigms and practices affect the resettlement of Iraqi refugees to the United States in the aftermath of the 2003 US-led invasion and occupation of Iraq. Our study builds on longstanding work in feminist geopolitics that questions the neat separation of war and peace. Instead, we investigate how conceptions and practices of trauma are imbued with geopolitics (Loyd, Ehrkamp and Secor 2017). We traced notions of trauma transnationally in 2015 and 2016 with fieldwork in Turkey and Jordan, where we interviewed over 30 staff members from the major IGOs and NGOs tasked with third-country resettlement and refugee administration, psychologists and psychiatrists, panel physicians, and legal aid providers. We also observed planning meetings among such organizations. The U.S.-based portion of our study included fieldwork in two larger and two smaller cities, all sites of substantial resettlement of Iraqis, and in Washington D.C. between 2016 and 2019. Our data collection includes interviews and focus groups with over sixty domestic participants, recruited from resettlement agencies, medical centers, county health departments, Iraqi community centers, legal aid, psychosocial services, and voluntary organizations that provide support services for such vulnerable groups within refugee populations as the elderly, survivors of torture, or survivors of domestic violence. Our interviewees were administrators, case workers, mental health screeners, employment agents, counsellors, attorneys, psychologists, social workers, physicians, community leaders, and Iraqis who came to the United States via the resettlement and Special Immigrant Visa process.

Tracing Displacement

The influx of Iraqis started in May, 2014. And as [my colleague] mentioned, we had [almost 5,000] people in front of our office one day. And due to this influx and the increasing numbers of Iraqis, [...] they started to register Iraqis like Syrians, but they were not included under temporary protection. So their status was somehow undefined, actually. They had an ID card like the Syrians, had the ID numbers like the Syrians, but they could not benefit from the rights determined in the temporary protection policy, and they cannot benefit from the rights that are for international protection advocates like Afghans, Syrians or Somalis. (Agent at NGO working with refugees and asylum seekers, Turkey, 2015)

We began our research in 2015, some 12 years after the 2003 U.S. and ally war with Iraq. A major wave of displacement began in 2006, with a high in 2007 of nearly 2.2 million UNHCR-registered Iraqi refugees. In 2015, there were 252,000 UNHCR-registered Iraqi refugees and some 4.4 million were internally displaced. Our arrival in Turkey for field work that year was in the midst of the so-called Syrian refugee crisis, driven by the civil war that had begun in 2011. The majority of Iraqi and Syrian refugees had made their ways to other countries in the region, with Jordan and Turkey alone hosting 2.85 and 2.75 million people respectively as of 2015 (Pew Research Center 2016). Over 1 million of Syrians arrived in the EU later that same year. Meanwhile, EU member states had granted refugee status to 40,000 Iraqi refugees between 2003 and 2013 (Fandrich 2013), and the United States had admitted nearly 85,000 Iraqi refugees between 2007 and 2013 (USCIS 2013).

We quickly found that the rhetoric of “refugee crisis” regarding the Syrian situation displaced what attention there had been to Iraqis and other groups in the region (such as Palestinians, Afghans, Yemenis, and Sudanese). While the scale of displacement and human needs of Syrians were significant and urgent, the protracted displacement of other groups also remained pressing. As the quotation at the outset of this section suggests, the situation led to the effective collapse of asylum in Turkey; the UNHCR office there suspended applications from Afghans in 2013 and began to prioritize their resettlement work on “vulnerable” categories of applicants (Heck and Hess 2017). UNHCR in Turkey was still allowing Iraqis to apply for resettlement in 2015, but it was scheduling registration interviews *eight* years from then (Loyd, Ehrkamp and Secor 2017).

As one of our respondents who worked with refugees in Turkey put it, “the system depends on resettlement,” but such opportunities were becoming increasingly scarce as displaced groups’ futures became more tightly entwined with the Trump administration’s hardline stance on migration. A series of executive orders issued in early 2017 invoked national security in order to bar entry to the United States for citizens of Iran, Iraq, Libya, Somalia, Sudan, Syria, and Yemen; they fully suspended the U.S. Refugee Admissions Program (USRAP) for 90 days. Ensuing airport protests and legal challenges curtailed the full scope of the so-called Muslim Ban, but the orders and other policy changes still resulted in even more extreme security screenings for visa seekers and refugees and sharp cuts to the number of refugees whom the United States would agree to resettle (Darrow and Scholl 2020; Paik 2020). The result was increasing uncertainty, not only for those in Turkey or Jordan awaiting status determination, but also for those who had already arrived in the United States without their families. In the words of one young woman who had been resettled to a major U.S. city with her brother but without her parents:

I’m always with my family, but now, it’s been one year. It’s very – and now, we’re really concerned because of the Supreme Court decision [upholding the 2017 immigration ban]. We don’t know what will happen next.

The U.S. cuts to and further securitization of resettlement would reverberate across the world, impacting the lives of those who remained displaced, and entwine with Europe's own migration politics. As the possibility of resettlement through formal channels shrank, displaced people tried to reach Europe any way they could, including treacherous boat crossings. The layering of shifting formal policies and refugee resourcefulness meant that many families found themselves stretched across Europe, North America, and the Middle East.

This context of tremendous flux and uncertainty informs our argument that trauma is neither a one-time event that is endlessly re-lived and reactivated in identical episodes. Nor does trauma enmesh a singular geography. Rather, trauma can be understood as a set of serial emplacements and displacements across multiple sites, in our case transnationally. Across our U.S. research sites, we heard many stories about the involuntarily transnational character that life has taken for Iraqis. For example, an Iraqi woman in her sixties who was part of a focus group of fellow Iraqis now living in the U.S. West told us:

We got refugee status, and we were [resettled] within a year. But the real problem is that my children...my children were a part of my same case, but there was a delay. So, the new amendment that was added to the new law says they have to investigate the last ten years, that delayed the arrival of my kids. My daughter has a school-age daughter in Egypt. They're not letting her go to school...

She broke into tears recounting her worries about children and grandchildren abroad. Like other Iraqis whom we interviewed across the country, she recounted trying--and failing--to bring her family to the United States. Increasingly strict security screening procedures diminished her and other Iraqis' hopes of reuniting with (or even visiting) family members who were in Iraq, neighboring countries, or Europe.

During this time, each executive order and Supreme Court decision added to the sense of uncertainty and vulnerability within the community. The ongoing separation of refugee families is thereby part of a routinized "economy of abandonment" (Povinelli 2011) that produces and sustains displacement as a traumatizing experience, not as emplaced either here or over there, but as it courses through the trans-locally and trans-historically distended relations of people who have been involuntarily separated.

Remaking of Trauma in Conditions of Refugee Containment

One way we can see the transitory nature of trauma is by considering how trauma, and mental health more broadly, has been situated within the global refugee management regime. Recognition of the need for mental health services during humanitarian emergencies started to

cohere in the late 1990s with the Balkan Wars and 2004 Asian tsunami (Fassin and Rechtman 2009). The Inter-Agency Standing Committee (IASC) established a task force on Mental Health and Psychosocial Support (MHPSS) in emergency settings in 2005, which was aimed at developing practical agreement and coordination across three paradigms, trauma, psychosocial, and mental health in general health care (Ventevogel 2018). Based upon guidelines the committee published in 2007, the World Health Organization and IASC created a “4W” tool to map MHPSS services to enable coordination across (I)NGO and state sectors. For Ventevogel, a public health researcher at UNHCR, this planning has made MHPSS work “more coherent, more visible, and probably more effective,” but it has not translated to requisite increases in funding (2018, 174).

From the perspective of public health, such funding is necessary to address human needs, including the stressor of displacement. Yet, there are geopolitical dimensions to such funding that extend beyond the recognition of human rights or need. The rapidly changing terrain of mental health services became evident in our interviews with mental health care providers and other refugee resettlement workers in Jordan, the country where the 4W tool was first deployed in 2009 (Mental Health & Psychosocial Support Working Group 2017). One organization underscored the importance of stability in these services: “We had a medical mobile team, but now we’ve stopped for the lack of funding. So we stopped it, but they made 345 visits...”. Other people we interviewed suggested that there was an invidious cycle of donors in the Global North issuing calls to fund certain kinds of services, leading agencies to shift their work to justify their proposals, resulting in competition for scarce resources. The effect, some said, was a paucity of specialized services, which would have required more qualified (and highly paid) health practitioners, more time, and perhaps more (expensive) medications. While donor support for specialized services seems to have improved, the most recent 4W mapping exercise estimates that only 49.9% of funding necessary to support refugees has been allotted, and that 64% of the funding was for projects that lasted 12-months (Mental Health & Psychosocial Support Working Group 2017).

This sense of capricious and arbitrary funding on the part of the global North was interpreted in geopolitical terms by one service provider we interviewed in Turkey:

They send resources because it’s cheaper this way. That’s why there are some projects being funded here. [...] Europe is trying to keep the refugee crisis here in this part of the world under control because if all the people who come here somehow find a way to get into Europe, it’s gonna create a lot of trouble for them.

This analysis acutely addresses the politics of humanitarian aid in an era of refugee externalization and containment in regions closer to where people are being displaced (Hyndman and Mountz 2008). As Hess and Heck (2017) caution, refugee externalization is not a story of the

Global North dictating terms to the Global South. Rather, “refugee rent-seeking” on the part of Jordan, Lebanon, and Turkey has resulted in substantial foreign (and military) aid and other concessions, such as favorable visa conditions and health services for citizens, that affect domestic governance and regional geopolitics (Loyd, Ehrkamp and Secor 2017; Tsourapas 2019). Amidst competing trauma paradigms, the principle of mainstreaming mental health services becomes tied to geopolitics of containment and domestic governance dynamics. Within this context, resettlement workers and health providers also find themselves navigating the geopolitics of their national governments’ negotiations with Europe and the United States. Some use and some reject Western trauma frameworks (Loyd, Ehrkamp and Secor 2017), but all recognize the stressor not just of war but of protracted displacement.

While the donor landscape may shift, what has remained steady is the Global North’s continued geopolitical commitment to containment. But containment fails. As we have seen from the distress of the grandmother and young woman quoted above, people find formal and informal ways to make lives, albeit in different places, stretching families across the globe. With each further tear in the fabric of family life, the stresses mount. Beyond the heartaches and worries for the safety of those far away, the “direct negative consequences of family separation for refugee health” (Löbel 2020, 28) are clear and quantifiable (Jamil, Nassar-McMillan, and Lambert 2007; Nickerson et al. 2010; Willemsen 2011; Hauck et al. 2014). With policies that shred multi-generational households and kinship networks, refugees are less able to pool resources, young people are forced to leave school for work, and elders are stranded without the duty-bound care and respect of their adult children (UNHCR 2018). War and geopolitics thereby continue to be inscribed onto families through the securitization of migration and capriciousness of humanitarian funding.

Conclusion

We approached the issue of displacement by attending to protracted consequences of war, insecurity for survivors of conflict and displacement, and securitization of migration. This paper underscores feminist and postcolonial imperatives that war does not have a discrete time or space. Through tracing trauma--as a concept, set of practices, and characterization of human experiences of distress--we show how geopolitical configurations supporting war-making extend beyond battlegrounds. This approach betrays the ideological work that “refugee trauma” does when conceptualized as an issue inherently “stuck” to displaced individuals or temporally isolated to a warzone in the past. This discursive emplacement at the scale of individual body-minds and spaces can be recognized as part of a militarized, geopolitical imagination that works to exert sovereign boundaries and singularly narrate how humans respond to atrocity and distress. Many health practitioners and refugee services workers reject this idea. As one respondent insisted, “Yes, they had very, very traumatic events, they saw, they experienced, but they are not all traumatized.”

While perpetrators and supporters of war in Iraq have legal responsibilities for refugees, they have largely displaced this responsibility to nations in the region. Mainstreaming mental health into international refugee response is entwined with the geopolitics of war (as is other humanitarian aid) and with the geopolitics of migration. The funding for these services is a result of the Global North's efforts to externalize and contain refugee populations, yet the paucity of funds simultaneously imperils those objectives by sustaining distress of protracted waiting, which many try to remedy by attempting to leave the region. Mental health care and other service providers in Turkey and Jordan, themselves employing a range of understandings of trauma, endeavored to navigate and challenge this multi-scalar political terrain to support refugees with whom they work.

Apart from the distress and geopolitics of war, securitized migration policies produce traumatizing conditions for people who have been displaced. The trauma of family separation, however, should not be regarded merely as an extension of wartime violence, but as an additional manifestation produced by the global refugee regime. In fact, the violence of family separation is not incidental to refugee administration but a symptom of its inscription within colonial practices that have long treated non-white families as sacrificial to the securitization of national territory (Povinelli 2011; Rifkin 2017; Smith et al. 2019; Paik 2020). The externalization of refugees on the part of Europe and the United States is a shared project that is executed not only through increased border militarization and migration policing, but also through humanitarian (and military) aid.

Our work refutes the notion that trauma inheres in a person or group. The place of trauma multiplies across war zones, the administration of mental health services, and the geopolitics of its funding. We drew out trauma's transitive qualities through the resultant transnational stretching of families who find themselves separated by the shrinking of asylum and resettlement as a "durable solution" to displacement. Trauma, accordingly, exhibits features that are tied to place, its destruction, and remaking and also has transitive qualities that move with and through people and reshape connections across (transnational) space.

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