THE HUMANITARIAN POLITICS OF TESTIMONY:
Subjectification through Trauma in the Israeli–Palestinian Conflict

DIDIER FASSIN
IRIS, Institute for Interdisciplinary Research on Social Issues, Ecole des Hautes Etudes en Sciences Sociales and University of Paris–North

The critique of violence is the philosophy of its history.

—Walter Benjamin

The Maison de la Mutualité, a conference center in Paris's Latin Quarter, is a key site in French political and intellectual life. It has been the scene of public meetings held by all the political parties, and many so-called intellectuals have participated in heated debates there. From the struggle against capitalism to antidiscrimination campaigns, many causes have been championed at the Mutualité since its theater opened in 1931. But it was a very particular cause that was presented there on March 8, 2002. An international conference had been convened by Médecins sans Frontières (Doctors without Borders) and several hundred psychiatrists and psychologists had come to address the theme of trauma. They discussed wars and natural disasters, refugees, and street children. But the situation that concerned the largest number of speakers was the Israeli–Palestinian conflict. Médecins sans Frontières has developed programs to deal with posttraumatic conditions among the people living in the Palestinian Territories, who have been subject to daily reprisals by the Israeli army since the beginning of the al-Aqsa intifada. Although the conference addressed psychological care, the issue of testifying to the world from this highly symbolic location was also raised: bearing witness to the violence experienced by the inhabitants of the Gaza Strip and the West Bank, but also to the presence of the organization's mental health teams among them, since these two

aspects of the question are always linked in humanitarian testimony. The evocation of trauma testified to the suffering of the oppressed people. Psychiatrists were publicly declaring the injustice of the situation. With the Israeli–Palestinian conflict, for the first time in Médecins sans Frontières' history a "humanitarian crisis" was being denounced in terms of subjectivities.

Let us consider this scene. Whereas, not so long ago, that is until the 1960s, volunteers went off to fight alongside peoples in their liberation struggles, it is now humanitarian workers who go to take care of victims of conflict. Where previously the language evoked in defending oppressed peoples was that of revolution, current usage favors the vocabulary of psychology to sensitize the world to their misfortune. Yesterday we denounced imperialist domination; today we reveal its psychic traces. Not so long ago we glorified the resistance of populations; we henceforth scrutinize the resilience of individuals. Of course, traditional criticism of oppression has not disappeared, and in fact it is often reformulated in terms of human rights. Similarly, geostrategic analysis has not merely been replaced by psychotherapeutic intervention. But it is clear that a new language is being used to promote causes more effectively. In the words of the psychiatrist Christian Lachal, keynote speaker at the conference, the task is "to add a psychological and cultural representation to the moral and political representation of the facts." I would like to show, on the contrary, that far from augmenting (or replacing) the "moral and political representation," this "psychological and cultural representation" is in fact defining a new modality of it by expressing violence in terms of trauma. To talk of suffering in order to speak about domination is to do morals and politics with new words.

"What do psychologists record?—What do they observe?" asks Wittgenstein (1964:179). It is to this question that Veena Das and Arthur Kleinman (2001:1) seem to be responding when they write: "Psychologists and psychiatrists are engaged in documenting, describing, and diagnosing post-traumatic stress disorder (PTSD) and other distressing consequences of murder, rape, torture, molestation, and other forms of brutality." But in the anthropological or historical perspective, this answer cannot be read as a simple positivist assertion affirming the discovery and witnessing of clinical situations by experts who are finally recognizing a previously unknown reality: it has to be understood as a certain "moral problematization" of violence, using Michel Foucault's concept (1994:544). It is not just that mental health specialists have established new nosologies to describe the consequences of war and to find ways of addressing them; they also, through their categories and testimonies, propose new frameworks to interpret contemporary conflicts.

Viewed from this angle, trauma is not only a clinical description of a psychological status, but also the political expression of a state of the world.

We can thus use the term *political subjectification* to describe the advent of subjects and subjectivities onto a political scene. These subjects are not the rational and autonomous actors represented by a certain kind of sociologists, like Raymond Boudon or Alain Touraine, respectively. Nor are these subjectivities buried in the consciousness or unconscious explored by psychologists such as Françoise Sironi and psychoanalysts, even unconventional like Slavoj Žižek. They are figures that enable individuals to be described (by others) and identified (by themselves) in the public arena. In Palestine, the bold stone thrower and the unfortunate trauma victim—who may be the same person—are two of these possible figures. Thus, to speak of political subjectification is not in any way to predicate a Cartesian "I" or a Freudian "ego" but, rather, the production of subjects and subjectivities that hold political significance within the framework of social interaction. The point is therefore not to determine whether the Palestinian youth is a combatant or a neurotic, but to acknowledge that he is presented, and even presents himself, alternately as one and the other. We then seek no longer to know what his true experience of violence is, but rather, what the various ordeals of truth to which he is submitted by political authorities or humanitarian organizations, by religious officials or psychiatrists, correspond to.

Thus defined, political subjectification conforms to Louis Althusser's paradigm of interpellation (1976:113): "all ideology interpellates concrete individuals as concrete subjects," he writes. We can generalize this proposition: any socially relevant (and therefore culturally constructed) designation constitutes both a subject called on to identify him or herself, sometimes against his or her will, with the way in which she or he is designated, and a subjectivity that conforms, at least in part, to this injunction. In the political arena, trauma produces the suffering being just as humanitarianism produces the victim. The presence of psychiatrists and psychologists in Palestine enables and makes necessary a particular form of subjectification through this interpellation.

This way of thinking about subjectification contrasts both with the essentialist conception that reduces the experience of trauma to the reified "condition of the trauma victim"—always the likely result of the psychological account (Lachal 2003)—and with the moralist critique that demagogically denounces the "victimization of victims"—as one influential intellectual trend does today (Eliacheff and Soulez-Larivière 2007). In fact, on the one hand, by refusing any objectifying reading, it recognizes that there are other ways of interpreting violence (not only

through trauma); on the other hand, by rejecting any univocal interpretation, it affirms that individuals have multiple sites of identification (not only as victims). The issue is thus both theoretical and ethical. It is inscribed in a tension that Judith Butler articulates when she writes that subjectification "consists precisely in this fundamental dependency on a discourse we never chose but that, paradoxically, initiates and sustains our agency" and "signifies the process of becoming subordinated by power as well as the process of becoming a subject" (1997:2). From this perspective, humanitarian psychiatry is itself another instance of power that, in war zones particularly, prescribes a certain discourse: its compassion for trauma produces a particular form of subjectification that is imposed on individuals, but through which they can also exist politically.

We should make no mistake in speaking of affects: with the tools available to social science, all we can offer are culturally significant expressions of these affects, and psychiatry now forms part of this culture that allows us to interpret them in violent situations, as Richard Rechtman and I have shown (Fassin and Rechtman 2007). Moreover, it is remarkable that in this domain psychology has shifted from the causes of violence, when criminological victim studies, which emerged in the 1950s, attempted to understand crime-generating factors in the victims—who were therefore suspects—to the consequences of this violence, with psychiatric victim analysis, which has come since the 1990s to accord full recognition to the victims—henceforth definitively innocent of the crime committed against them. This inversion of the chain of events (from causes to consequences) and of evaluation of subjects (suspects who become innocent) demonstrates, if demonstration were needed, the profoundly moral dimension of this political subjectification (Fassin 2004). On the terrain of wars and in the sites of violence, psychiatrists and psychologists do not only utter diagnoses: they pronounce judgments.

What does it mean to bear witness to violence using the language of trauma? How does the introduction of humanitarian psychiatry, with its actors and its concepts, transform the experience of oppression and war? How do the affects of the protagonists in the conflict become political objects? What do we gain and what do we lose in this translation? What is the significance of a politics of testimony that substitutes its own truth for the truth of those in whose name it is deployed? These are the questions I would like to raise here, on the basis of two approaches, one conducted through a series of twelve interviews with members of Médecins sans Frontières and Médecins du Monde (Doctors of the World), and the other consisting of a participant observation over four years on the Administration Board of Médecins sans Frontières. These two NGOs share the same genealogy, often

narrated in an epic style (Weber 1995), sometimes in a more biographical manner (Vallaeys 2005). Both belong to the second age of international humanitarianism, when medical doctors refused the clause of silence that the Red Cross had imposed to its members to preserve their capacity of intervention in conflicts. They are thus intrinsically linked to the issue of testimony, which they claim to be one of their two missions, the other being treating and saving people. The case study I develop my analysis on—the Israeli–Palestinian conflict, especially since the al-Aqsa intifada—certainly brings elements of specificity since it is probably the site where the politics of testimony has relied most on psychiatrists and psychologists. However it enlightens many of the issues humanitarian workers are confronted to when they want to transform their witnessing into advocacy and make themselves spokespersons for the supposed voiceless.

FROM ONE WITNESS TO THE OTHER

According to Emile Benveniste (1969:277), Latin has two words for "witness." *Testis* is the "third party" who observes an event that brings two parties into conflict and who can help to resolve the dispute because he saw what happened. *Superstes* is the person who "lives on beyond" what happened; he experienced the event and survived it. In the first case the witness was external to the scene, but observed it: to be more precise, he has no vested interest and it is this supposed neutrality that is the grounds for hearing and believing him, including in legal proceedings. In the second case, the witness lived through the ordeal, and suffered it: it is therefore because he was present, but as a victim of the event himself and hence a survivor, that his word is listened to. One testifies on the basis of his observation, the other on the basis of his experience. The truth of the *testis,* expressed in the third person, is deemed objective. The truth of the *superstes,* expressed in the first person, is deemed subjective. The latter has merit by virtue of the affects it involves, the former by virtue of those it eliminates. However, in today's usage, the boundary between the two figures is tending to become blurred. Let us consider these two trends in contemporary societies.

What historian Annette Wieviorka (1998) calls "the era of the witness," that is to say a period when the written, recorded, filmed and exhibited testimony of the Holocaust multiplied, thus corresponds to the advent of the second figure, the "survivor," who can—or must—bear witness precisely because he has lived through an ordeal in which so many others perished. Primo Levi, in his writing, is the archetypal witness, and also one of the first. As a survivor, he is the person who can testify to something having happened because he lived through it.

Having experienced the camps, he can tell the truth about them. His intellectual engagement with his own subjectivity is the highest guarantee of the objectivity of his testimony. However, he recognizes the absolute limit of this testimony, which resides precisely in the fact that, as a survivor, he cannot report the truth of those who died (Levi 1987:83): "We, the survivors, are not the true witnesses. When the destruction was terminated, the work was not told by anyone, just as no one ever returned to recount his own death. Even if they had paper and pen, the submerged would not have testified because their death had begun before that of their body. . . . We speak in their stead, by proxy." The survivor, even if he has passed through the same places and the same ordeals, can only speak for those who did not survive.

Nevertheless, this very fact means, as Giorgio Agamben (1999:41) observes, that "testimony is of value essentially by virtue of what is missing from it": it bears witness to what cannot be witnessed. In this extreme situation, the *superstes* doubly blurs the boundary between himself and the *testis*: because he is the only one who can speak and has no interest to hide, he makes a statement on the basis of her experience; because he survived, he cannot speak of what he did not experience, that is, death. Although a survivor of the camps, that is a *superstes,* he thus nevertheless bears witness for a third party, as a *testis.* By sublimating his affects in a coldly clinical description, he becomes the privileged witness through whom the truth of inhumanity can be made present.

Parallel to this first historic movement, a second is coalescing almost symmetrically around what Larry Minear (2002) calls "the humanitarian enterprise." The International Committee of the Red Cross was founded in the 1870s on the principle of neutrality, and the corollary of the Committee's authorization to intervene on the battlefields was an implicit agreement to remain silent. To be able to offer care, the Committee had to agree not to speak out. Thus the witness undertook not to bear witness. Although present as a "third party," the organization did not testify. The inherent contradiction in this situation became evident after WWII, when it was revealed that humanitarian agents had worked in the camps without denouncing their existence. However, it was not until the early 1970s that a split emerged in the humanitarian movement, giving rise to Médecins sans Frontières and later to Médecins du Monde. The former was born out of the refusal to remain silent during the war in Biafra. The latter was formed to speak of the oppression exerted by the communist regime in Vietnam. "Acting and speaking, providing care and bearing witness, would be their watchwords," as Rony Brauman puts it (2000:60). The second age of humanitarianism thus corresponds to the advent of

the witness—not the witness who has experienced the tragedy, but the one who assists the victims.

Given this constant tension between the imperative of providing assistance and the imperative of speaking out, the careful accommodations required are sometimes subject to an abrupt breakdown. Such a case occurred during the Ethiopian famine of 1985, when Médecins sans Frontières was expelled from the country for accusing the government of being responsible for the food crisis, as Laurence Binet recounts (2005). Testimony, which is inscribed in a globalized media space, is now as essential a part of humanitarian activity as rendering aid. Humanitarian agents testify not on the basis of what they have experienced, but on the basis of what they have seen. They have not been through the ordeal, precisely because their intervention assumes the establishment of spaces of sanctuary known as "humanitarian corridors" where they are protected from hostilities, but they make themselves the spokespeople for those who have lived through it. Nevertheless, the essence of their testimony is emotional rather than analytical. Within the organizations, debates do include political issues, but for their audience and donators affects are solicited. Media play an increasing role in the construction of causes, as Luc Boltanski (1999) has demonstrated it, and the "French doctors" are aware of it. Quite understandably the register in which they inscribe their testimony corresponds to the basis on which their legitimacy is constructed in the public space, and is that of compassion. Thus, through a sort of reversal of the traditional roles, they now occupy the structural place of the *testis* but employ the language of the *superstes*. They privilege the experience over the statement, but this experience is the experience of others.

Let us assess this new configuration of testimony. On the one hand, the survivors, on the basis of a sort of ethical radicalism, state that they cannot bear witness for those who are no longer present. Despite all that they have lived through, they do not take on themselves the authority to act as spokespersons, except specifically to question their status as representatives who could speak on behalf of the disappeared. On the other hand, humanitarian workers, on the basis of a moral imperative, take on the role of witness for those they assist. Although they are rarely explicitly mandated to do so, they set themselves up as spokespeople for the oppressed to make their suffering public. In the contemporary world, the prolixity of humanitarianism increases in parallel to the silence of the survivor. The discourse of the former substitutes itself to the voice of the latter. Or, more precisely, wherever victims of violence and inequality are supposedly deprived of the power to express themselves, international organizations that defend their cause decide to speak on their behalf.

But there is more. The survivors, because they need the facts to be established and because they are aware of the risk of not being believed, distance themselves from affects. The humanitarian agents, because they seek primarily to move their audience and because they know that they have a capital of credibility, exploits these affects. We could offer many illustrations of the parallels between the written, recorded and filmed testimony of these two classes of witness. We could also contrast the striving toward total absence of affect on the walls of names of the dead in the Shoah memorials, with the attempt to sensitize the public to the injustices of the world, "the experience lived as moment of emotion and realization"—mediated through documentation of crossing a checkpoint or visiting a refugee camp—in Médecins sans Frontières' traveling exhibitions. Thus the archetypal figures of *testis* and *superstes* are operating in reverse: although the latter becomes objective, the former emerges as subjective.

In psychiatry, the process of humanitarian subjectification has found a key tool for giving form to the experience of victims of war, disaster, and famine. However, this new field of operation is of recent invention. Although military psychiatry has been addressing the psychological effects of trauma at least since WWI, and created new tools with the identification of PTSD at the time of the Vietnam War, as Allan Young (1995) has shown, humanitarian psychiatry emerged only in the aftermath of the Armenian earthquake in 1989, born out of almost simultaneous initiatives by Médecins du Monde and Médecins sans Frontières. Prior to this there was no place for psychiatrists and psychologists in humanitarian missions, but from this point on they have been increasingly present, from Romania to the Caucasus, from Bosnia to Kosovo. In fact, as the medical director of Médecins du Monde complained in a public meeting on humanitarianism in La Sorbonne, after the Bam earthquake in 2004, more humanitarian psychiatrists and psychologists of his organization flew out to assist than did surgeons and doctors, the traditional emergency intervention agents. Of course, when one considers the global landscape, psychiatry remains only one dimension of humanitarian intervention, especially on the African continent where precisely trauma was long ignored by these organizations: during famines and epidemics, in Darfour or in Malawi, the activity of humanitarian workers remains dominated by traditional medical action.

Interestingly, contrary to what might be concluded from the chronology, the expansion of humanitarian psychiatry did not result from the international diffusion of new categories in the third version of the *Diagnostic and Statistical Manual of Mental Disorders* (American Psychiatric Association 1980), starting with PTSD. It is clear from all our interviews with psychologists and psychiatrists that

they had received no training and had no particular expertise in the field of trauma until at least the late 1990s. It was only after encountering situations and symptoms related to traumatic events that they discovered, often by chance (meeting military psychiatrists in conferences, for instance), that their clinical records could fit into the new classification. Humanitarian concern preceded psychological analysis. In other words, more than a politics of trauma this evolution originates in politics of suffering (Fassin 2002). Even today, Médecins sans Frontières' and Médecins du Monde's psychologists and psychiatrists remain relatively suspicious of the category of PTSD (Roptin 2006). More than a clinical tool, trauma is used as an instrument in the production of testimony on the basis of the experience of victims of violence.

And this testimony is constituted not on the basis of what the humanitarian agents have seen, but what they have heard. "Between he who has seen and he who has heard, it is always he who has seen who should be believed," writes Emile Benveniste (1969:173), basing his argument on Indo-European rules and proverbs of many different origins—and as we know, this principle generally prevails in the law. The fact that today the testimony of humanitarian agents probably has more impact in the construction of political causes than the testimony of the survivors who lived through the events or of observers who witnessed them, clearly shows the change in the nature of what is being communicated. What counts is not that the facts be stated, but that they be experienced. It is not the event itself that constitutes the proof, but the trace it leaves in the psyche or the mark it makes in the telling. In the testimony brought to the world's consciousness, affect is present both as that which testifies (the suffering of the people) and that which is produced by the testimony (the public's compassion). The truth sought is not the objective truth of the events themselves, but the subjective truth of the experience of them. Thus psychologists and psychiatrists, because they have access to this subjectivity, become the legitimate witnesses who speak in the name of those who have experienced the traumatic events. Nowhere is this subjectification through testimony so manifest as in Palestine, particularly since the start of the al-Aqsa intifada, which has seen Médecins sans Frontières and Médecins du Monde initiate an unprecedented number of mental health programs. The Palestinian case is thus both exceptional and exemplary.

Funded in 1971 by a group of doctors who had done several missions for the Red Cross, Médecins sans Frontières has had a presence in the Palestinian Territories since 1988, and opened its first mental health program, a clinic in the Jenin refugee camp, in 1994. Result of a dissidence of the latter that had occurred

in 1980, Médecins du Monde, whose mission in the Palestinian Territories began in 1995, has developed a small operation that has offered psychological support to drug users in East Jerusalem since 1998. However, it was only with the start of the al-Aqsa intifada in late 2000 that psychiatry became dominant in the two organizations' work there.

The official reason for this mobilization of mental health specialists at this particular point is simple. On the one hand, volunteers sent in exploratory visits during the first weeks of the insurrection ascertained that Palestinian society had no need of the resources traditionally offered by humanitarian organizations, because there were fully trained doctors and well-equipped health care infrastructure already in place: obviously it was easier for Médecins sans Frontières and Médecins du Monde to find a space through their mental health activities than with surgeons and physicians as they usually did in camps. On the other hand, given the emotional tone of the extensive media coverage of the renewed conflict, they saw the presence of their psychiatrists and psychologists as essential in exposing the consequences of what was portrayed as a humanitarian crisis: Médecins sans Frontières and Médecins du Monde had to be the witnesses of the conflict. They had to "be there," as many would say in these organizations, but not primarily for the purposes of practicing medicine. Whereas the UNRWA, United Nations Relief and Works Agency for Palestinian Refugees in the Near East, traditional humanitarian organization in the region studied by Ilana Feldman (2007), serves the local populations, Médecins sans Frontières and Médecins du Monde rather speak to the global world.

Here, psychiatry offered an alternative. Everyone could imagine that violence, destructions, and humiliations inflicted on the Palestinian population by the Israeli army must have major psychological consequences. However, it was equally evident that the conditions were not conducive to the delivery of psychological care: Palestinian teams were already engaged within the health services, while in local districts, particularly the most at risk, the situation was so precarious and dangerous that psychotherapeutic work was effectively impossible. Thus it was in bearing witness that the aid missions were able to find meaning for their work: adopting a new role, psychiatrists and psychologists began to piece together personal observations and clinical anecdotes to condemn what they were witnessing. Thus fragments of narratives about humanitarian workers in the Palestinian Territories multiplied on websites and in journals aimed at donors, in the media and among the senior management of international institutions. In a remarkable inversion of the traditional witness figures, the *testis* was now speaking in the first person, taking the place of the *superstes*.

BACK TO THE MARTYR

As Giorgio Agamben reminds us (1999:31), "the Greek word for witness is *martus*," and with the Fathers of the Church this term acquires the more precise meaning of martyr: the person who attests to the existence of God by choosing to die rather than betray his faith. The sacrifice of his life bears witness. Similarly the Arabic word *shahid,* which means witness, also designates a martyr (supposedly a man)—one who dies while performing his duty as a Muslim or in a holy war. The witness is therefore the sacrificed person, the one who has chosen to give up his life to affirm his religious—and by extension, political—truth. Unlike the survivor or the observer, who speak in the first or third person, the martyr bears witness without speaking: he testifies through the sacrifice of his life, and after his death through his image, reproduced in icons venerated by those who can testify to what he was.

In the Palestinian Territories, both those who die in suicide attacks and those who die under enemy fire are described as *shahid*. Thus the Palestinian canon of martyrs under the Israeli occupation incorporates at least two distinct figures—he who chooses death in the course of killing Israeli soldiers or civilians, and he who falls under the Israeli army's bullets. Although in terms of both dramatic visibility and polemic the figure of the suicide bomber dominates representations in the international public arena, it accounts for only a small proportion of the dead who are considered martyrs. During the first four years of the al-Aqsa intifada, 112 suicide attacks were committed, compared with 3,275 Palestinians killed by the Israelis, including 173 women and 139 children under 12 (http://www.palestinercs.org, consulted February 6, 2007). Thus only 1 Palestinian death in 30 is related to suicide attacks; the other 29 result from Israeli fire. In other words, in bringing together the person who sacrifices himself and the person who is killed, the term *martyr* links to a militant rhetoric, the purpose of which is to generate a single condition of heroic victims who through their death, whether voluntary or otherwise, bear witness to their resistance to oppression.

The massive overrepresentation of young men among the Palestinians killed since 2000 is directly linked to the emergence and spread of the figure of the stone thrower, both victim and hero, who sacrifices himself and who is killed: he exposes his body to Israeli fire to free his country from its illegal occupants. Laetitia Bucaille (2004:139) suggests that this development manifests an Islamization of Palestinian society—or rather, an inscription of religious language into the political discourse—which is established by the new canon of martyrs: "Hamas has succeeded in spreading its ideology by setting up the martyr-figure as the

definitive model for Palestinian struggle. As the deadly cycle of violence and reprisal steadily accelerates, there is an unmistakable will to replace victim-martyr with the hero-martyr." A transformation of political subjectification is operated through this figure: where the balance of power is profoundly unequal, where negotiation has become impossible, where the nation's future seems blocked, offering one's life becomes the ultimate mode of subjectification in the political arena. The young boys—they are increasingly younger—who expose their body to the enemy's bullets offer a dramatic manifestation of the powerlessness of Palestinian society. This imposed figure of male adolescence is the political subject who bears witness to resistance. However, women have increasingly shared this heroic status with men since the first *shahida* of the al-Aqsa intifada January 27, 2002: during the following four years, 67 of them died as suicide bombers in Israel (Schweitzer 2006). In a controversial statement, Sheikh Tantawi, a Cairo mullah, asserted that women were henceforth authorized to sacrifice themselves and would be rewarded after their death.

However, the testimony of humanitarian psychiatry produces a very different image. A few months after the beginning of the al-Aqsa intifada, when deaths among under-18-year-olds already numbered 102, of which 101 were Palestinian, French journalist Alexandra Schwartzbrod (2001) began a description of the conflict in Hebron thus: "The medical term for it is enuresis; we would call it wetting the bed. It is one of the most common conditions affecting young Palestinians since the beginning of the Intifada. The *shebab* who throw stones at Israeli soldiers during the day, more aggressive than the men, often wet the bed at night, in an expression of the fear they repressed a few hours earlier. The symptom was revealed by mothers who confided in psychologists sent out by humanitarian organizations." The phenomenon is confirmed by one of the psychologists: "They have no other way of showing their fear," she explains. "In front of the soldiers, in front of their friends and even their family, they have to present themselves as strong, almost adults. Wetting the bed is their way of showing that they are still children." Enuresis has become a commonplace of the discourse on the consequences of violence. Psychiatrists and psychologists have located it alongside anxiety, stress and nightmares as the most common expression of the climate of fear to which children are subjected and the clearest manifestation of the psychic regression it causes. This juxtaposition of the adolescent as stone thrower and as enuretic reveals the fragility of the young combatants—tragic heroes during the day, vulnerable patients at night. Given the importance of the appearance of virility in Palestinian youth culture, as described by Julie Peteet (1994), this public revelation of intimate

wounds that lead to shameful release of the sphincter ruins the image that these youths attempt to present.

The discourse of mental health—which is based here on an everyday experience—does indeed reveal a reality that seems more familiar to the Western reader of humanitarian testimony: a vulnerable teenager engenders a more consensual empathy than a provocative or violent adolescent. At the same time, it substitutes a suffering subject to the martyr subject, replacing the politics of justice proclaimed by the martyr with a politics of compassion that has the sufferer as its object. It prefers the affect of the latter to the gesture of the former—an affect that links the victim and his audience, unlike the gesture that often divides them. Humanitarian subjectification blurs the image of violence—or rather, through the offices of psychiatrists and psychologists, requalifies it as trauma.

As John Collins has noted (2004:36), the situation in Palestine is the subject of discourses that are not only politically contradictory but profoundly heterogeneous. It is this "discursive field" in which concurrent interpretations meet, particularly those related to children, that needs to be engaged, rather than attempting to "distil an authentically Palestinian account." In this battle of truths—the truth of the Israeli politician who condemns the hold of terrorist groups on adolescents and that of the Palestinian poet who sings the praises of the young combatants' resistance, the truth of the development worker who highlights their capacity to act for a better future and the lawyer who emphasizes the violations of their human rights—we now need to add a new voice: that of the agents of humanitarian psychiatry who describe them as victims of trauma.

In fact, this voice is not new in Palestine. As early as 1979 the Gaza Community Mental Health Programme, established by a Palestinian psychiatrist who trained at the University of Oxford, was setting up clinics and conducting studies in which PTSD occupied an increasingly important place. A series of articles published in international journals and studies made available online on the association's website, and reported in press releases, publicized statistics relating to the psychological consequences of the conflict among the Palestinian people. These statistics included the fact that, in a random sample of adolescents aged between 10 and 19, 83 percent had witnessed shootings and 62 percent had seen a neighbor or relative injured or killed, 33 percent were suffering from PTSD serious enough to require treatment and 65 percent showed moderate or minor psychological disturbance (Gaza Community Mental Health Programme 2003)—figures that were in turn criticized by Palestinian activists for the victimized picture of the youth they were proposing. The testimony of Médecins sans Frontières is a

quite different angle in tone, preferring fragments of narrative to statistics, and the experience of trauma reported in everyday language to PTSD as a diagnostic category. The aim is to touch people through stories in which humanitarian workers place themselves as privileged witnesses of the suffering of an oppressed people. In particular, the field observations of psychiatrists and psychologists were collected in their remarkable *Palestinian Chronicles* (Médecins sans Frontières 2002), which was translated into several languages and debated in many countries, including Israel and Palestine.

These chronicles are a testimony of undefined status. Sitting between diagnosis and condemnation, between pathology and experience, these narratives mingle clinical and political language. They do indeed make reference to anxiety, depression, stress, trauma—and to enuresis—among children. Very quickly, however, the authors turn their attention to describing the local situation, the family history, the biographical details, everyday life. Ibrahim, for example, who had been arrested, beaten, and released by Israeli soldiers some time previously, is described as "suffering from post-traumatic stress," but this description is immediately followed by: "He no longer does anything during the day. He stays in bed, smokes, and ponders revenge. He is still recovering physically from the beating he received, but also presents symptoms of psychological trauma. He feels weak, complains of headaches. He says he will never forget those who beat him. He talks of how his application to join the police force was rejected, forcing him to work in the occupied territories, and hence for the Israelis. He believes his friends think he is a traitor. His sense of injustice is further fed by a romance which ended badly. In the evening he talks with his group of friends, from whom he feels excluded" (Médecins sans Frontières 2002:41). The diagnosis thus becomes simply a pretext for a description of suffering that mingles sociohistorical conditions with personal events, unemployment and work, love and friends.

Moreover, a close reading of these narratives reveals that often the trauma does not bear witness to what it is intended to, the violence of war. We learn that the "distress related to post-traumatic stress" suffered by a little boy results from a serious fall from the terrace of his house (Médecins sans Frontières 2002:31). Another one who, we are told, stammers "following a traumatic event" turns out to have been frightened by a dog when he was younger (Médecins sans Frontières 2002:25). In many of the adults the PTSD observed actually derive from older events, often unrelated to the conflict, and are thus less probative than the authors would like. They fall back on conjecture, for example, during this visit to a family holed up in a house that had come under Israeli army fire: "Despite the lull, many

people seem to have difficult relaxing and returning to normal life. We could be seeing the first signs of trauma here. If this is the case, we expect to see symptoms of this type in the near future" (Médecins sans Frontières 2002:31). Similarly, after a military operation in which around forty houses were destroyed and their inhabitants prevented from returning to collect their belongings: "Winding our way through the narrow streets, we consider the psychological injuries that have been inflicted. How many will escape without too much psychic damage? And will it be this cold tomorrow? Will it rain again?" (Médecins sans Frontières 2002:44). The authors marry psychological landscape and weather conditions in a hypothetical attempt to account for their experience.

Thus rather than supporting diagnoses, the authors seek to communicate or to evoke impressions beyond the dramatic situations they report and affects that local people feel just as much as the humanitarian workers. A youth describes an attack on his school in Hebron: "He has not yet got over the shock of seeing seven of his schoolmates burned when soldiers threw a bomb into the playground. He hardly speaks of the event and gazes vacantly towards the hillside of Abousina which he sees being bombarded" (Médecins sans Frontières 2002:34). A psychologist expresses his feelings at seeing a bulldozer destroying glasshouses, market gardens, wells, and houses in Gaza: "It's enormous. It moves forwards and backwards, tearing out trees. I'm scared. Everyone is scared. A plane breaks the sound barrier and terror prevails. All the people who have been working this land for decades are seeing their work destroyed. A father tells us how, when he comes home this evening and tells his children there is nothing left, they will cry. We leave sick at heart. When we shall return, the landscape will be very different" (Médecins sans Frontières 2002:39). Emotion may also be conveyed through sober description. After the bombing of a house in Rafah: "In the destruction, a man who didn't have time to flee was thrown into his neighbor's house. It is a traumatic sight for the neighbor, who is the first to discover him. His body is so mutilated that only his clothes identify him" (Médecins sans Frontières 2002:60). Clearly, the adjective "traumatic" here describes an affect rather than suggesting a diagnosis. The aim of the testimony is first and foremost to evoke the experience of state brutality using everyday language.

Thus, through a remarkable detour, what emerges repeatedly in the psychiatrists' and psychologists' notes is violence in the political sense, rather than trauma in its clinical meaning. The tone shifts from suffering to indignation. Despair inverts anxiety: the latter is expressed in the inability to act, the former is revealed in the gesture of rebellion. One sign of this shift is that many of the fragments of life

recounted in these narratives end with the same suggestion: the only future lies in death—a chosen death. A young girl of 14 who still has a bullet lodged in her abdomen from a Israeli shooting at her home, tells of her plans: "She would have liked to be a martyr, but maybe she'll get to be a doctor" (Médecins sans Frontières 2002:33). Little girls of 10 chat with a member of the humanitarian team: "We talk about what they want to do when they grow up: kill myself, says one of them" (Médecins sans Frontières 2002:37). In the narratives all the children's drawings show "martyrs," and most of the adolescents' accounts relate to them. "The doctrine of martyrdom emerged to justify the scandal of a pointless death, a carnage which could only be absurd," Giorgio Agamben (1999:32) writes in relation to the early Christians. Beyond the psychological disorders they are here to diagnose to give an account of the effects of the conflict, the psychiatrists and psychologists are rediscovering this truth in the Palestinian Territories, but with a shift in focus: for children with no school, parents with no jobs, families with no home, present with no future, it is life that is pointless, and death gives it back some meaning. A decidedly tragic reading, in which testimony meets the canon of martyrs in the etymological confusion of the *martus*—the witness turned martyr.

This almost unconscious return to the sources of the violence probably explains the virulence of reactions to the narratives among Israelis and pro-Israeli donors to Médecins sans Frontières who often protested after reading the chronicles. This document begins indeed with an unequivocal text by the president of the organization, Jean-Hervé Bradol (2002:7), on the significance of humanitarian action: "Aid to people affected by the conflict cannot be reduced to food, shelter, and repairing bodies. Only those directly affected can determine the limits of what is acceptable when it comes to an attack on human dignity. On this point, the Palestinians' response is clear: they do not accept the situation they are in and many say they are ready to die for their cause." Thus to testify in their name is to tell this truth. We end up far from trauma, and the subjectification is located in the arena of violence.

The use that Médecins du Monde makes of testimony, albeit in the same sites, with the same tools and the same specialists, is quite different.

THE END OF HISTORY

As François Hartog (2005:200) reminds us, there is one other witness figure in the ancient Greek world: "the *histor,* who intervenes in a disagreement, is called on by both parties, and listens to each one, unlike the *martus* who is concerned with only one side, or rather, for whom there is only one." This witness has not

necessarily observed the event that has led to his being summoned (he testifies on the basis of what he has heard, not what he has seen), nor is he required to decide between two conflicting versions (he acts as guarantor for what is agreed between the two parties). Herodotus sees the work of the historian as an extension of this role, being both an inquiry based on oral testimony gathered from the accounts of others and an attempt to maintain equal distance from the two sides of the event narrated. Thus this witness must reveal his sources just as he aims for impartiality.

The dramatization and radicalization of the Israeli–Palestinian situation make this position particularly delicate. Historians—and analysts in general—are easily identified as being on one side or the other. In principle, the role of humanitarian organizations is not to make statements about the past but to intervene in the present. Nevertheless, if they wish to testify publicly to what they know, the issues they come up against are not so far removed from those met by historians. Like historians, they do not observe what they report, but rather communicate what they are told (and not without converting it into a form suited to the causes they aim to defend). Like historians, they should not take sides, but profess neutrality (which is indeed a condition of their intervention in conflict situations, as defined in their charters). However, they differ from historians in two respects. First, when they bear witness it is in the register of emotion rather than of reason: they seek to persuade rather than to explain, aiming to stimulate action rather than interpret facts—a tendency to which contemporary historians are not immune, as Arlette Farge (1997) notes. Second, although they attempt to remain impartial, they add that they aim to be on the side of the victims, even if the latter are on both sides of the conflict: in their way, they are creating a history of the vanquished—to use Reinhart Koselleck's phrase (1997). We see how the two elements that come together in the (relatively) unique role of humanitarian workers are linked: it is because they speak of (and for) victims that they can (and feel authorized to) fall back on emotion. The suffering of the victims justifies the appeal to affects.

In the recent history of humanitarian intervention, there has often been an implicit choice of victims on only one side of the conflict: Biafrans but not Nigerians, Misquitos rather than Nicaraguans, Afghans but not Soviets, Kosovars rather than Serbs, Timorese but not Indonesians, Chechens rather than Russians, Iraqis but not Americans. The origin of the conflict, the balance of power between the parties involved and above all the representation of the situation in the Western public arena generally mean that it appears obvious who the victims are. However, this is not always the case. In particular, we know that internal ideological battles were fought within the humanitarian movement before the Vietnamese boat people

fleeing the communist regime were recognized by Médecins sans Frontières in 1979 as victims, and thus specifically worthy of aid. It is this crucial moment, and the motto that arose from it, that forms the basis for Médecins du Monde's work in Palestine: "There are no good or bad victims," reads the cover of their report *Israeli and Palestinian Civilian Victims of an Endless Conflict* (Médecins du Monde 2003). The introduction to this volume returns to this formula and its origin in the tragedy of the South China Sea, and then lists the conflicts in which the organization has refused to take sides, concluding: "There are no good or bad victims. These principles still apply to the civilian populations in the Israeli-Palestinian conflict." The conclusion appears self-evident: like the Greek *histor,* the humanitarian witness must do justice to both parties. However, this statement implies a genuine change in direction in the work of these international organizations who until that point had intervened solely in the Palestinian Territories, on the side of Palestinians, on the grounds that they were subject to occupation and oppression. Within Médecins du Monde itself the reorientation did not come without clashes, and what is portrayed as self-evident in the published report is not seen as such by all in the organization.

Indeed, this report follows an earlier one, published the previous year (Fédération Internationale des Droits de l'Homme and Médecins du Monde 2002). This resulted from a joint investigative mission by the humanitarian organization and the International Human Rights Federation, and addressed the consequences of the Israeli "security wall" in Nablus and, more generally, of violations of international humanitarian law and human rights by the Israeli army in Palestine. The report describes "obstacles to provision of assistance to the sick and injured," "inappropriate treatment of the wounded," "deaths and injuries resulting from the indiscriminate and disproportionate use of force," "attacks on human dignity by means of humiliating and degrading treatment," the "use of human shields," "arbitrary and mass arrests," the "conditions of detention and treatment of detainees," the "destruction of buildings and property, both private and public," among other abuses. It includes several testimonies providing evidence for the analysis.

These are extremely precise and aim to attest to the truth of the facts: eyewitnesses are called on, written documents are produced, material evidence, such as bullets and X-rays, is sought. For example, this story of events in the Askar refugee camp is recounted in support of the description of "deliberate assaults on life and bodily integrity with this factual description": "This account has been reported in a newspaper article. The three witnesses were interviewed by the mission and their injuries examined. On April 8, at 11:00 in the morning, Shaninaz, six months pregnant, was cleaning the steps. Her husband Samer heard shots. He ran into the

living room and saw his four children and his wife run in. Alha, aged 4, had been shot. Blood was coming out of his mouth. His mother picked up her son and held him out, trying to come out of the house to alert the Israeli soldiers posted 50 m from the house. A soldier shot at her. A bullet hit her in the left groin area. She fell, the child falling with her. Samer was just behind her" (Fédération Internationale des Droits de l'Homme and Médecins du Monde 2002:22). In this case there are also records from the hospital where mother and child were operated on and where the mother underwent a Caesarian section. The report concludes by establishing the responsibility of the Israeli state and its army and calling for "a just and immediate peace in the Middle East," adding that this peace cannot be achieved "without the end of the Israeli occupation and without the guarantee of security for Israel and the Israelis." In this report facts are given precedence over affects; characterization of the violation of rights is preferred to evocation of emotion. This first testimony produces a subject in law.

However, tensions arose within Médecins du Monde after the publication of this document, which some saw as too harsh on Israel. At a meeting of the Administration Board several current and former chairpersons of the organization spoke of the need for a "rebalancing" the perspective; they were immediately suspected of adopting this position for reasons of religious affinity. For the first time in its history Médecins du Monde, an organization based on universal values, found itself divided by supposed sectarian allegiances. It was victim to the general polarization of the debate in French society and the suspicion that falls on anyone who takes a stand: during this period, in France, criticizing the Israeli politics of expansion and repression was considered as anti-Semitism, and symmetrically many intellectuals would justify their defense of the Israeli government on the basis of their Jewish belonging; among many other polemical statements, in October 2001, Claude Lanzmann, director of the monumental film *Shoah* and editor of *Les Temps Modernes,* the journal founded by Jean-Paul Sartre, accused Rony Brauman, former president of Médecins sans Frontières, of being a "traitor to his country" because he had been denouncing Ariel Sharon's politics.

The report published the following year (Médecins du Monde 2003) is presented as "a follow-up to our study" on attacks provoked by Palestinians. This time the International Human Rights Federation has refused to collaborate in this mission. Nevertheless, Médecins du Monde proposes a legal-sounding neologism to describe the Palestinian attacks: to avoid using the term *suicide attack,* which places the emphasis on the attackers rather than the victims, or "kamikaze operation," which suggests military objectives, the report speaks of "democidal" attacks to

indicate that the targets are civilians, and expand the use of the term by describing various kinds of violence against civilians as "democidal" acts. However, unlike the first report, most of the second is concerned not with acts but with their victims.

In this respect the focus is much more on the psychological than the physical consequences of the attacks, particularly PTSD, the subject of often-detailed descriptions. For example David, a nurse who treated the wounded after bombings, suffers from "a total and profound reorganization of his personality polarized on the traumatic event and hardened into a chronic trauma neurosis; during the interview he showed neurovegetative symptoms, hyperemotivity and psychomotor reactions. He devoted much of his narrative to calling for a status of attack victim, which he sees as insufficiently recognized by the medical committee for sickness benefit" (Médecins du Monde 2003:42). The recourse to the concept of trauma effectively makes it possible to expand the range of victims considerably: in addition to the wounded and the immediate witnesses to the attacks, they include those "involved"—family, friends, neighbors, classmates, work colleagues and, more globally, "society in general," starting with health and social work professionals, but including also bus drivers and police officers. Potentially the entire Israeli population is susceptible to suffering from posttraumatic stress symptoms. But the farther away the individual is from the attack, the less clinical the description: the focus is on recounting an experience rather than attesting to a diagnosis. A woman living in Jerusalem describes the effects of attacks she has seen on television: "My heart is bleeding, I'm flayed alive. I try to protect myself, I don't watch the pictures and I don't want to see the exact details" (Médecins du Monde 2003:45). The narrative here is in the first person: it is the victim who expresses herself, and it is again affects, rather than facts, that are sought. This second testimony produces a subject of suffering.

Thus an inversion has occurred between the two reports here published in a single volume. Political subjectification has shifted from a demand for justice to the exhibition of pain. Between the two, trauma has been engaged both as psychiatric category and as shared experience. Although absent from the first report, it is omnipresent in the second. The dual claim of consistency and balance made by Médecins du Monde's senior management is unconvincing, even within the organization. On the one hand, the second part of the report was only brought into being in the aftermath, to correct the impression of strong criticism of Israel created in the first part; on the other hand, the legalistic operation that takes place in the first part has no equivalent in the medical–psychological analysis of the second. Indeed, in the final combination of the two reports there seems to be a

correspondence of accusations: war crimes on the part of Israelis who are guilty of violations of international law and human rights against the Palestinian population; war crimes and crimes against humanity on the part of the Palestinians who commit the attacks. However, for many, within and outside of the organization, this apparent symmetry reveals to be misleading.

The macabre count of casualties gives only a partial indication of the disequilibrium: during the first seven years of the al-Aqsa intifada, 4,376 Palestinians, and among them 866 minors, were killed by Israelis whereas 1,028 Israelis, including 119 minors, died because of Palestinian attacks (B'Tselem 2007). More important is the fact that description of crimes committed by individuals who die for the liberation of their country cannot be paralleled with accounts of the abuses perpetrated by the army of the occupying power, unless all historical perspective is suspended (UN Department of Political Affairs 2007). Asymmetry is thus a question of politics more than of statistics.

This is precisely what the cartographic representation of the conflict in the two reports suggests. In the document on Israeli actions the map uses contrasting colors to show the scattered plots of territory administered by the Palestinian authority and their borders under the 1994 and 1995 agreements. In the text on the Palestinian attacks the map, entirely white, shows only the names of the places where the attacks were committed, marked by little lightning flashes. The political geography of the first map is thus replaced by the bare violence of the second. Paradoxically, the authors' attempt to treat all crimes and all victims equally underlines the factual asymmetry of the situations. In the moment when the aim was to proclaim the neutrality of the *histor,* the polemical figure of the *martus* reappears. The witness thus loses some of his authority.

In fact, this symmetry of assessment can only be made possible by positing an equivalence between the victims: on one side Palestinians who are the victims of the Israeli army, on the other Israeli victims of Palestinian bombs. This principle of equivalence only holds as long as the debate is restricted to counting the dead and wounded, effectively reducing the individual to his manifest physical body, or conversely if the focus is on misfortune and suffering, creating an infinite extension of the individual into his recounted experience. The Palestinian mother weeping for her child who has been shot dead by the Israelis can thus share her pain with the Israeli mother mourning her child killed in a Palestinian attack. Some of the campaigns for peace on the margins of the Israeli–Palestinian conflict have in fact been constructed precisely by drawing together these traumatic experiences: in other words, the equivalence of victims is not an artificial device created by humanitarian agents, but

a principle that local actors attempt to activate. However, from the point of view of testimony about the conflict given to the world, it is clear that attention focused exclusively on the experiences of people invited to express them determines and restricts political subjectivities, and that such expressions erase individual and collective histories, as analyzed by Liisa Malkki (1996) in a different context. Both the biographical and the national narratives tend to focus down on the trauma, understood well beyond its psychiatric definition in a system of references of which Ann Kaplan (2005) describes the extension in the contemporary imagination. Both the singularity of individual trajectories and situations and the specificity of collective processes and issues are effaced: camp and kibbutz, refugee and citizen, occupied and occupier become identical in a supposedly shared "lived experience" of pain attested by clinical evidence or merely commonsense.

Of course we cannot underestimate the performative effect of this way of speaking of violence, in the Israeli–Palestinian context as elsewhere. Avram Bornstein (2001) has shown how the public representation of Palestinian prisoners in Israeli prisons changed from the mid-1990s, as they shifted from being fighters in the liberation struggle to victims who required professional support for rehabilitation. Images have concrete and effective implications—to this extent, subjectification is political. However, we need also to consider the restriction imposed by a testimony that reduces violence to trauma and the subject to victim. François Hartog (2005:203) writes of Roman historiography that it is "a history without *historia* (in the Greek sense of inquiry)." In this translational operation, what is lost in the testimony of the humanitarian witness—the one who was seen as *histor*—is, ironically, history.

<center>* * *</center>

The witness has become a key political figure of our time. From the survivors of the camps telling of the horror of the exterminating machinery to guests on television talk shows who recount intimate experiences, the increasing importance of testimony in telling violence in the contemporary public arena has been extensively noted. However, this witness figure is much less homogeneous than is often suggested. We have been too quick to come to a single conclusion on the victim subjectification that this figure was alleged to produce. The etymological detour emerges here as heuristic, as it returns to the genealogy of the witness: from *testis* to *superstes,* from *martus* to *histor,* what we have in fact is a configuration of testimony constituted through the multiplication of witness figures, from observer to survivor, from involved party to guarantor of the truth. What is more,

ethnographic study of the production of humanitarian testimony in a particular context, the Israeli–Palestinian conflict, allows us to understand the relationships and the shifts between different witness figures, as well as the polysemy and instability of the configuration of testimony: the stone thrower turned victim of trauma, or the sufferer becoming candidate for martyrdom. An anthropology of the witness has to be grounded in this semantic plurality.

Humanitarian testimony occupies a unique position in the space thus described. In contrast to the traditional situation, where the witnesses speak for themselves or their family, in a court of law, or in front of a microphone or camera, the humanitarian workers speak in the name of those who are deemed not to have access to the public arena: they literally speaks their words for them. In doing so they illuminate, transform, and simplify these words, dramatize them in line with their objective, which is not so much to reconstitute an experience as to construct a cause. This cause is constructed on the basis of the legitimate principles of humanitarian intervention, the defense of victims, and the appeal to emotion. Of course these organizations are not the only actors who speak in the name of the insulted and the injured, but on the international level they now probably have the greatest legitimacy in so doing, alongside the legal institutions whose principles are in theory very different because they deal with the multiple facets of the law and rights. One could think by comparison of the religious or revolutionary movements of other eras, which also spoke in the name of those vanquished by history.

In the case of humanitarian testimony, the defense of victims combined with the appeal to emotion have long resulted in the body being used as the preeminent site of manifestation of violence and the object best placed to demonstrate suffering. In the recent period the introduction of psychiatry and psychology, both as languages and as professions, has made it possible to imagine other ways of thinking about victims and pleading their cause. It might be thought that trauma, as the psychological trace of violence, and PTSD, as the classificatory translation of violence, would offer a new dimension to humanitarian testimony. Our study of Médecins sans Frontières and Médecins du Monde throws this assumption into question. Admittedly reference is made to these categories, but the often precarious conditions in which observations are gathered, the diversity of experiences encountered in the field of intervention, the resistance to an imported model seen as too rigid and above all the ethos of actors who are much more involved in the cause of the victims than in the establishment of diagnoses means that the testimony of humanitarian psychiatrists and psychologists derives less from clinical evaluation

than from moral judgment. It is because they see populations as victims of a violent situation that they wish to bear witness to the psychological consequences of this situation for the victims, and even when they speak of trauma it is often in a generic sense. The discourse thus produced articulates affects rather than symptoms and, through a mechanism of projection that is always produced in defending a cause, says as much about the speaker as about the victim in whose name he speaks. Thus there is a double paradox in the testimony of humanitarian psychiatry. On the one hand, it refers less to clinical expertise in trauma than to the common understanding of suffering. On the other hand, it expresses more of the witness's moral sentiment than of the experience lived by the victim.

Political subjectification as I have outlined it is an offshoot of this representation of victims and their cause. On both the Palestinian and the Israeli sides social agents tend to construct their presence in the public arena in terms of affects. Trauma, to which claim is increasingly laid on both sides, largely escapes from the confines of its psychiatric definition to articulate a much less clearly defined psychological condition. From this point of view, the victim is not only a rhetorical figure, he also becomes a political subject. To say this in no way implies a presumption that individuals consider themselves victims: such a generalization, which is often made, has little meaning on the empirical level, for not only are experiences diverse but above all they remain largely inaccessible to ethnographic investigation. However, we can say that humanitarian testimony contributes to forming victim subjectivities to which social agents must make reference, among other things to make a demand for justice heard—that is, precisely, to escape from the logic of compassion. Thus political subjectification passes through a double operation in which the rules of the game are imposed (humanitarian psychiatry has this power) and through which these rules can be appropriated or even diverted (local actors still find new spaces of freedom).

A journalist in *Haaretz,* on March 25, 2001, feigned astonishment: "What? Palestinians suffer from trauma and anxiety?" She was reporting the chance meeting between an Israeli army psychologist and a French humanitarian psychologist at a checkpoint. During their conversation, whereas the latter explained his work among young Palestinians, the former, who saw them only as stone throwers and potential suicide bombers, is said to have exclaimed: "I was convinced that Palestinians do not feel trauma and anxiety!" Whatever its veracity, this anecdote reveals one basic fact. Far from merely proclaiming the bare truth of the victims— to which psychiatrists and psychologists would theoretically be more sensitive than others—humanitarian testimony constitutes a truth ordeal. It produces utterances

having the value of truth that do not reflect the social world but rather transform it. But is this not the basis of any politics of testimony?

—Translation by Rachel Gomme, revised by the author

ABSTRACT

The witness has become a key figure of our time, whether as the survivor testifying to what he has lived through or as the third party telling what he has seen or heard. Publicly bearing witness of suffering and injustice is precisely what departs the first (International Red Cross) and second (Doctors without Borders, Doctors of the World) ages of humanitarianism. Based on an etymological inquiry of the word in Greek and Latin and on an ethnographical investigation into the production of documents on the Israeli–Palestinian conflict, this analysis of the politics of testimony shows how the humanitarian agents define the legitimate manner to tell the world the "victims' truth." In particular, the increasing presence of psychiatrists and psychologists on the field introduces a new vision in which trauma appears less as a clinical category than as a political argument. This process of subjectification of Palestinians but also of Israelis as victims, which institutes their experience and condition as shared, leaves aside both the individual and collective histories of the subjects.

Keywords: humanitarianism, witness, testimony, trauma, subjectification, Palestine

Editor's Note: *Cultural Anthropology* has published a range of essays on humanitarianism. See, for example, Peter Redfield's "Doctors, Borders and Life in Crisis" (2005), Sherene Razack's "From the 'Clean Snows of Petawawa': The Violence of Canadian Peacekeepers in Somalia" (2000), and Michael Barnett's "The UN Security Council, Indifference and Genocide in Rwanda" (1997),

Cultural Anthropology has also published many essays on the Israeli–Palestinian conflict. See Ilana Feldman's "Difficult Distinctions: Refugee Law, Humanitarian Practice and Political Identification in Gaza" (2007), Iris Jean-Klein's "Nationalism and Resistance: The Two Faces of Everyday Activism in Palestine (2001), and Julie Peteet's "The Writing on the Walls: The Graffiti of the Intifada" (1996).

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