

Sudeshna Chakravorty*

THE ROAD LESS TRAVELLED: READING DR. IZZELDEIN ABUELAISH'S I SHALL NOT HATE AS A RESPONSIBLE RESPONSE TO TRAUMA

Keywords: *trauma; healing; historical consciousness; responsible response; non-violence; anger vs hatred.*

Abstract: *The political and cultural contexts are very important to the experience of trauma (individual or communal), and yet, ultimately every reaction to an event is unique, depending largely on individual positioning and psychic history.*

'True' versions of traumatic historical events, with minimum contamination or distortion by any specific ideology or unreliable memory, are needed; if these narratives are to have long-term value. Unfortunately, most often the 'social discourse' surrounding these is manipulated by institutional forces (including the media) and the main experience gets either downplayed or sensationalised.

*By focussing on the journey of the Palestinian doctor, Dr. Izzeldin Abuelaish, this essay attempts to highlight such responsible responses to trauma. Dr. Abuelaish, even after growing up in a refugee camp in Gaza, or after witnessing the death of his three daughters by Israeli tank shells that hit his home, rather than seeking revenge or letting intrusive memories fill him with eternal hatred, continues his humanitarian call for the people of the region to come together, promoting understanding, respect, and peace. His experiences, some of which was captured live on TV, and later penned down in his memoir *I Shall Not Hate*; and his life choices and activities since the tragedy are the best example how unconventional individual reactions can have large-scale repercussions; and hence needs to be chronicled.*

Dominick LaCapra had pointed out that trauma often leads to distorted identity-formation, where either the subject-position of 'victim' or 'perpetrator' becomes prominent; "wherein one is possessed by the past and tends to repeat it compulsively" (Representing the Holocaust 12). But this article seeks to reveal how, when some individuals find within themselves to rise above such binaries, and tell their stories sensitively yet objectively- they accelerate the healing process, both for themselves and the community.

In our fractured modern existence, disruptive experiences of Trauma, which impact the emotional health of the self and the way they perceive the external world, are unfortunately unavoidable. As Nancy K. Miller and Jason Tougaw have said in the Introduction to *Extremities: Trauma, Testimony and Community*: "If every age has its symptoms, ours appears to be trauma" (1). As early as 1895, Freud had described melancholia to his friend Wilhelm Fliess as something similar to an "internal haemorrhage... which operates like a wound" (Masson 103-4), a wound which he felt constituted a "hole... in the psychic sphere" (Masson 104). Trauma

* Sushil Kar College, West Bengal; India.

Studies, in its early phases, relied heavily on Freudian theory; and mostly believed that the suffering caused by extreme experiences is mostly unrepresentable. Cathy Caruth, for instance, has argued in her seminal book *Unclaimed Experience: Trauma, Narrative, History* that traumatic events always remain outside normal memory, and can never be known directly, but only as a recurring absence of what is NOT (11). With time, however, more pluralistic views regarding trauma, and the possibility of it being narrativised, have emerged. Miller and Tougaw's book observes, for instance, on "the remarkable renewal of autobiographical writing" (2), of the growing popularity of the memoir which record "for public consumption the personal strain on the body and the mind by... extreme suffering" (2).

Thus the links among trauma, repetition, memory and the dilemmas of representation (particularly narrative representation) are quite problematic. What was once thought of as incapable of being linguistically expressed has come to rival the classic tales of adventure in modern times, partly, unfortunately because of the modern consumer's addiction to violent events and the "borrowed emotion" they elicit (Miller and Tougaw 2). Trauma is a problem both for psychoanalysis and for historical consciousness. To quote Caruth again, "history, like trauma, is never simply one's own, that history is precisely the way we were implicated in each other's traumas" (*Unclaimed Experience* 24). Whether it is psychological or physical trauma, causing great emotional anguish to an individual, or cultural trauma or a dramatic loss of identity and meaning, a tear in the social fabric, affecting a bigger group of people; the demand for acknowledgment through some form of representation is now considered crucial for recovery and for the construction of historical meaning. Narratives of and discourses on trauma – as a result of, abuse, accident, illness, oppression, war – have become pervasive in global culture and they circulate in a wide variety of forms including blogs, films, videos, social media postings, legal testimonies, print articles and books. They often evoke strong emotions and provoke action, as perhaps best reflected in Miller and Tougaw's edited collection *Extremities*, referred to above.

Along with being a historical event, every trauma is two traumas or ten thousand depending on the personal experience of the number of people involved. In *Trauma Culture*, E. Ann Kaplan too explores the relationship between the impact of trauma on individuals and on entire cultures and nations and points out the compelling human need to draw meaning from personal experience and to communicate what happens to others. Thus the political and cultural contexts within which a catastrophe takes place becomes very important to the experience of trauma. Laurence Kirmayer, for example, argues in his article "Landscapes of Memory: Trauma, Narrative, and Dissociation", that the registration and recollection of traumatic events is:

...governed by social contexts and cultural models for memories, narratives, and life stories. Such cultural models influence what is viewed as salient... and more important for long-term memories- what is socially possible to speak of and what must remain hidden and unacknowledged (191).

Unfortunately, the social discourse concerning historical truth is often “managed” by institutional forces, including the media, in such a way that the main experience gets either downplayed or sensationalized. This is especially true in connection with disasters defined as man-made, like riots, war, acts of terrorism, because of society’s inherent desire to avoid confronting the crimes, the horror and the victims’ suffering. Different types of traumas produce different responses—sometimes dissociative amnesia, sometimes intrusive recall. Generally it would be expected that more ‘victims’ will suffer from intrusive recall, whereas the ‘perpetrators’ would prefer to forget all about the event. However, the social valuation of that particular experience, created in that particular culture or community is also another reason for disparate responses, as Kirmayer observes above (e.g. sexual abuse trauma or domestic violence trauma is more likely to be suppressed in conservative cultures; as opposed to other traumas).

The processes of memory thus have a central role to play on the depiction of the impact of trauma. According to Caruth (*Trauma* 17; *Unclaimed Experience* 4-5), it is not the experience itself that produces traumatic effect, but rather the remembrance of it. As a reflective process, trauma links past to present through representations and imagination. Traumatic memories are often stored in fragments, disconnected from a clear narrative and a broader context. As Michelle Balaev points out in her essay “Trends in Literary Trauma Theory”, traumatic experiences often seem “unrepresentable” due to “the inability of the brain, ... the carrier of coherent cognitive schemata, to properly encode and process the event” (151). Dominick LaCapra (1994, 1999) also opined that traumatic memories constitute a kind of foreign body in the psychic-associative network, but rather than forming an exact replica of the traumatic experience they undergo specific remodellings. If memory is thought of as a fixed process, where all experiences are stored exactly, then the traumatic experience will always remain frozen in the victim’s mind(s); and their capacity to haunt and pain will never diminish. If, however, memory is viewed as fluid and capable of being reconstructed; as Balaev and Lacapra have argued, then the view that responses to trauma can be changed from being knee-jerk to being responsible, which is what this article is trying to highlight using two case studies, gains currency.

There are several common psychological reactions to trauma that psychologists have decoded over years. Traumatic experiences disrupt the self’s fundamental assumptions about morality, law, social relationships. Clinical Assistant Professor of Psychology, Seth J. Gillihan, for instance, has talked of twenty-one ‘common’ reactions to trauma. Apart from the usual suspects like fear, anxiety, anger and avoidance, he also talks of heightened distrust towards people and situations, seeing danger everywhere, self-blame and feelings of having not handled the tragedy properly (“21 Common Reactions to Trauma”). Healing from traumatic experiences depends on how the self reorganizes itself “in relation to this new reality” (Balaev 160). Yet, how that remodelling will occur in individuals, how each person will experience and react to an event, is unique. It depends largely on individual memories, one’s direct or indirect positioning, and personal psychic history.

Narratives of trauma contribute significantly to legal and human rights discourses of trauma; and thus there is growing need for finding ‘true’ versions of

traumatic historical events, as less contaminated by any specific leaning or ideology as possible. This is where responsible individual versions and responses to trauma gain such immense value, justifying the focus and relevance of this paper detailing the journey of two traumatised fathers—the Palestinian doctor, Dr. Izzeldin Abuelaish and the relatively more obscure Imam from a small town in Bengal, India.

Primarily, this essay focuses on Dr. Abuelaish, who grew up in a refugee camp in Gaza, and has gone through the extreme experience of witnessing the death of his three daughters by Israeli tank shells that hit his home (January 16, 2009). Yet, rather than seeking revenge or letting those memories fill him with eternal hatred, he continues his humanitarian call for the people of the region to come together in understanding, respect, and peace. Professor Gillihan, in another article, has stressed that speaking about one's traumatic experiences is one of the first steps to healing, as it helps to organize memories, slowly making them "less triggering" and contributes to correct "unhelpful beliefs" about self and the world ("The Healing Power of Telling Your Trauma Story"). Dr. Abuelaish's experiences, some of which were captured live on TV (the Israeli Channel 10), and later penned down in the book *I Shall Not Hate* (and spoken about in several subsequent interviews and TED talks) is an illustrative example of this and shows how unconventional individual reactions to trauma can have large-scale repercussions in the formation of trauma narratives.

By turns inspiring hope and breaking hearts with its descriptions of mindless horror, *I Shall Not Hate* is Izzeldin Abuelaish's (now known simply as the "Gaza doctor") account of his extraordinary life. The book begins by recounting Abuelaish's remarkable life as a Palestinian refugee. He was born in the Jabalia refugee camp seven years after his father fled his ancestral village in what is now southern Israel in 1947 during what Palestinians refer to as the *Nakba*. While not directly threatened, the family believed they would be safer in the refugee camp until the fighting ceased, after which they would return to their homes; but the exile became permanent and Abuelaish's life-long status as Palestinian refugee coloured every aspect of his childhood. His family was ...everything the word refugee stands for: disenfranchised, dismissed, marginalized, and suffering. Until he was ten, his family of eleven lived in one room that measured ten feet by ten feet. "There was no electricity, no running water; there were no toilets in the house. It was dirty. There was no privacy. We ate our meals from a single plate we shared" (*I Shall Not Hate* 38). Babies in the family had to be kept in the dish bucket, because there was no other place in which an infant could be kept, and there is a very moving description of how one of his brothers had jumped onto the bucket once, inadvertently suffocating his baby sister and causing her death (39). These experiences are no less traumatic for a young boy, as he says: "It's the worst memory I have of growing up" (39). However, it is probably these experiences, of people clinging to hope "by a thread that threaten[ed] to break any time" (39) which served to imbibe fortitude in him, and shaped his response to grievous loss, years later.

The Harvard-trained Abuelaish found that even in the most stormy moments of the Israel-Palestine conflict, he collaborated well with doctors across the border—he didn't care that they were Israeli and they didn't care that he was Palestinian. Furthermore, his Israeli patients were simply grateful to receive help and were also unconcerned about his ethnicity. Abuelaish spent much of his life crossing

the sandy borders that divide Israelis and Palestinians – not only treating patients of both nationalities, but as a visionary who recognises how access to improved health and education facilities, especially for the women, is vital to the progress of the Middle East. Over time he developed the knowledge that communication promotes understanding, and only through understanding can disparate peoples reach reconciliation:

... you cannot ask people to co-exist by having one side bow their heads and rely on a solution that is only good for the other side. What you can do is stop blaming each other and engage in dialogue with one person at a time. Everyone knows that violence begets violence and breeds more hatred. We need to find our way together (Abuelaish 210).

Dr. Abuelaish, however, became best known when his response to the tragedy of being the father whose daughters were killed during Israel's incursion into the Gaza Strip made news and won him humanitarian awards around the world. Instead of seeking revenge or sinking into hatred, Abuelaish called for the people in the region to start talking to each other. His deepest hope, as Sally Armstrong reminds us in the foreword to *I Shall Not Hate*, is that his daughters will be "the last sacrifice on the road to peace between Palestinians and Israelis" (2). Dr. Abuelaish's thesis is clear and runs through every chapter of his book. "Violence is futile, he writes, "It is a waste of time, lives, and resources...It does not work" (104). He emphasizes the need for those in conflict to talk to, listen to, and respect each other, and it is to these themes that the author returns again and again. While his arguments are aimed squarely at the Israelis and Palestinians, their underlying truth is universal.

The book's apex comes as the author relates the events surrounding his wife's death from cancer in November 2008 and the subsequent tragedy leading to the snuffing out of four young lives on January 16, 2009 (his niece and three daughters). It leaves a lasting impression of sorrow at their loss, and drives home the utter waste and pointlessness of war. In an interview to *The Guardian*, Abuelaish has recounted the entire event. He talks of the "blinding flash" and the "thundering, fulminating sound" that suddenly penetrated his body (Cooke, "Gaza Doctor Izzeldin Abuelaish-Interview"). Once the dust had settled, he remembers how he rushed towards his daughters' bedroom which had been hit by a shell and "... saw everything. My children in parts. A decapitated head. And Shatha in front of me, with her eye on her cheek" (Cooke, "Gaza Doctor-Interview"). A second blast followed, claiming another daughter, Bessan. As he writes in the most horrifying portion of his book:

there was brain material on the ceiling, little girls' hands and feet on the floor as if dropped there by someone who left too quickly. Blood spattered the entire room, and arms in familiar sweaters and legs in pants that belonged to my children leaned at crazed angles where they had blown off the torsos of my beloved daughters and niece (176-7).

But what is truly amazing and of relevance here is how even in that moment of extreme duress, he did not let the shock paralyse him. As he says, he did not want Shatha to become blind. But in the same vein, he emphasises that he did not want his

son, who had just lost his two sisters to such horrendous cruelty, to succumb to this trauma. In the same interview, he says that he wished to protect his young boy from being an “extremist”, from being “crazy”, from “hating the world” (www.theguardian.com). Whether his thoughts of what he could do for “those who are living” were, as he claims, instantaneous; or retrospective, while a fascinating query; is not central to this paper’s argument. Rather, the very fact that a parent maddened with shock and trauma (which was captured on live television), could move beyond the fear, anxiety and other emotions listed by experts like Professor Gilihan mentioned above, and ‘remodel’ his memories to concentrate on healing both himself and those around him, is a very heartening example of responsible response to trauma.

This does not imply, however, that Abuelaish isn’t angry; a subtle undercurrent of rage pervades much of his narrative. He is very vocal against the injustices he sees around him, the discrimination and inequality that have only intensified over the years: “Dozens of amputees wait for treatments. Why? Does importing artificial limbs pose a security risk? . . . That the Gaza hospitals are run-down and can’t be repaired because of an embargo is preposterous. This is a medical issue; it’s not about recruiting soldiers and making rockets” (129). He makes it clear, however, that anger is different than hate, and while he is angry with the situation in which the Palestinians find themselves, he has made a choice to not hate those who have contributed to this state of affairs. Dr. Abuelaish did not accept the unjust end of his daughters’ lives silently, he moved Court seeking an apology and reparations for the deadly 2009 incident. These petitions were subsequently denied by the Israeli Courts in 2018, on the grounds that the responsibility of the girls’ deaths lay with the terror groups who had been fighting from within civilian population, and storing weapons in the building where the family had been residing (“Court Rules against Gaza Doc”). Arguing about the validity or otherwise of this judgement is beyond the scope of this essay; but the point of relevance here is to highlight a healthy and “responsible” way forward in trauma recovery. Reposing faith in the social systems, seeking redressal through ratified channels of law, rather than focussing on anarchic revenge and ‘getting one’s own back’ is the kind of response to trauma that is sorely needed in today’s increasingly fractured world. Abuelaish’s story has been criticised by some people as being a one-sided view of a complex historical and political situation¹. But such uncharitable jibes have not dented his grace or his attempts to move on from that horrific day, in a responsible manner. In all his arguments, the Gaza doctor rises above communalism and bias; though not specifically for the shellings, but he does blame the Palestinian extremist outfit Hamas along with the Israelis, for the larger conflicts ruining the quality of life in his region. He speaks against relying on “spokespersons”, who claim to act on their behalf, but actually have “hidden agendas” (*I Shall Not Hate* 101). Abulelaish repeatedly stresses on the need for direct

¹ Professor Haskel Greenfield of the University of Manitoba expressed outrage over an exhibit about Abuelaish’s tragedy at the Canadian Museum for Human Rights. The renowned archaeologist and Judaic studies expert called it a “disgusting, one-sided portrayal of a complex situation” which completely ignored “the fact that Hamas used yards and roofs of residences, schools, hospitals to launch their missiles”. For Greenfield this family were “a tragic example of collateral damage in a war started by their Hamas government” (Love, “Human Rights Museum Criticized for Featuring Palestinian Doctor”)

interaction between Jews and Arabs, because he feels “we are more similar than we are different” (101) and “we are ALL (emphasis added) fed up with the violence” (101). This underlying tension prevents the book (and Abuelaish’s stance) from coming across as too simplistic or naïve; it gives it heart and keeps it from becoming too dry. The truth of his views, despite the attacks of those like Professor Greenfield mentioned in the footnote, get illustrated through the way majority of the people, irrespective of nationality, rally around him and draw inspiration from his mission and vision.

This difference that he draws between anger which stems from the hope that things can and should be better and hatred, which is purely destructive; is something these researchers find extremely interesting. As Palestinian-American academician, Rima Najjar stresses, “I call it cruel and maybe the root of all cruelty to know what occurs but not recognise the fact”. Trauma, anguish, injustice quite naturally precipitates anger, but it is only when that anger is responsibly sublimated and channelised towards improving the existing situation, that healing from trauma can occur. One example of how Abuelaish’s attitude is bringing the two conflicting peoples closer was seen when an Israeli mother-daughter duo, Naomi and Galia Yoeli performed his story at the annual Acco (Acre) Festival of Alternative Israeli Theatre in Northern Israel. Instead of unequivocally justifying their country’s stand on Palestine, which would have been the easy way out, these women acknowledged that theirs was a “very painful performance about an impossible situation of violence” (Lewis, “Gaza Doctor Tragedy Central in Israel Stage Show”). Israel’s official line in the Abuelaish-tragedy is that the shellings were “reasonable” because suspected militants were spotted on the house’s upper level. But rather than falling in line with that view blindly, Galia and her mother force their audience to see the conflict *not* from a safe distance, but up close. Corroborating the Gaza doctor’s emphasis on proper communication as the road away from intergenerational transmission of historical trauma and pre-determined identities of victim and perpetrator, Galia says: “When you stand and look from the outside, it looks almost like a miniature and people were saying: ‘Let’s kill them all’, but when you go into detail, you see a small child being killed” and the unacceptability of that is what they try to highlight to their-predominantly- Israeli audience (Lewis, “Gaza Doctor Tragedy”).

In this context, this article would like to mention in passing another traumatised father, from a vastly different socio-cultural and economic milieu. Moulana Imdadul Rashidi, the imam of Nurani Mosque, Asansol, West Bengal, India, unfortunately lost his 16 year old son Sibtullah to communal disharmony in March 2018. But not only did he urge members of his community to exercise restraint and not retaliate with more violence; he even refused to name anyone as a suspect, to prevent any innocent person from being mistakenly prosecuted (Ray Chaudhuri, *Hindustan Times*). This example hopes to drive home the point that while cultural conditioning and education do play crucial roles in formulating human character and thought processes; through informed choice and resilient acts of will- it is possible for anyone to break the cycle of intergenerational trauma.

Bohleber Werner has pointed out in “Remembrance, trauma and collective memory: the battle for memory in psychoanalysis” that remembering crimes unfolds a special set of dynamics and in order to confront the problems posed by a multifaceted

traumatic reality, it is also necessary to battle to restore memory to an appropriate place in psychoanalysis (349). Again, LaCapra had pointed out that trauma often leads to distorted identity-formation, where either the subject-position of 'victim' or 'perpetrator' becomes prominent (*Trauma, History, Memory* 378-79); "wherein one is possessed by the past and tends to repeat it compulsively" (*Representing the Holocaust* 12). But our turbulent world needs narratives where individuals find within themselves to rise above such binaries, and tell their stories sensitively yet objectively, what LaCapra calls the "empathic unsettlement" of the secondary witness (*Trauma* 722), where they empathise with victims of atrocity, but "do not take on their identity" (722), even in imagination. Thus when people like Dr. Abuelaish or Imam Imdadul show such remarkable restraint and philanthropy in the wake of tremendous personal trauma, they accelerate the healing process, both for themselves and the community, because as Abuelaish reiterates: "Tragedy cannot be the end of our lives. We cannot allow it to control and defeat us" (*I Shall Not Hate* 212).

Works Cited:

- Abuelaish, Izzeldin. *I Shall Not Hate: A Gaza Doctor's Journey on the Road to Peace and Human Dignity*. Canada: Random House, 2010.
- Balaeu, Michelle. "Trends in Literary Trauma Theory." *Mosaic: An Interdisciplinary Critical Journal*. Vol.41, no.2 (2008): 149-166. Print.
- Caruth, Cathy. *Unclaimed Experience: Trauma, Narrative, History*. London: The John Hopkins Univ. Press, 1996.
- Ed. *Trauma: Explorations in Memory*. London: John Hopkins Univ. Press, 1995
- Cooke, Rachel. "Gaza Doctor Izzeldin Abuelaish-Interview". 16 January 2011. www.theguardian.com. Web. 09 06 2019.
- Gillihan, Seth J. "21 Common Reactions to Trauma". 07 September 2016. www.Psychologytoday.com. 20 April 2019. <<https://www.psychologytoday.com/us/blog/think-act-be/201609/21-common-reactions-trauma>>.
- . "The Healing Power of Telling Your Trauma Story". 06 March 2019. www.Psychology.com. 21 April 2019. <<https://www.psychologytoday.com/us/blog/think-act-be/201903/the-healing-power-telling-your-trauma-story>>.
- Kaplan, E. Ann. *Trauma Culture: The Politics of Terror and Loss in Media and Literature*. New Jersey: Rutgers UP, 2005.
- Kirmayer, Laurence. "Landscapes of Memory: Trauma, Narrative, and Dissociation". Antze, Paul and Michael Lambek. Ed. *Tense Past: Cultural Essays in Trauma and Memory*. New York: Routledge, 1996. 173-98. Print.
- LaCapra, Dominick. *Representing the Holocaust: History, Theory, Trauma*. New York: Cornell Univ. Press, 1994. Print.
- . "Trauma, History, Memory, Identity: What Remains?" *History and Theory: Studies in the Philosophy of History*. Vol.55, Issue 3. (Oct 2016): 375-400. Print.
- . "Trauma, Absence, Loss". *Critical Inquiry*, Vol.25, no.4 (pbshd by U of Chicago) (1999): 696-727. Print.

- Lewis, Ori. "Gaza Doctor Tragedy Central in Israel Stage Show." 09 November 2011. www.moneycontrol.com. Web. 17 November 2019.
- Love, Myron. "Human Rights Museum Criticized for Featuring Palestinian Doctor." 11 april 2016. www.cjnnews.com. Web. 14 November 2019.
- Masson, Jeffrey M. *The Assault on Truth: Freud's Suppression of the Seduction Theory*. London: Faber, 1984. Print.
- Miller, Nancy K. and Jason. Ed. Tougaw. *Extremities: Trauma, Testimony, and Community*. Urbana: U of Illinois P, 2002. Print.
- Ray Chaudhuri, Sumanto. "Won't name anyone as suspect, says imam whose son was killed in Asansol clashes". *Hindustan Times*, Asansol. Web. 02 April 2018.
- TOI staff. "Court Rules against Gaza Doc who sued over IDF shelling that Killed 3 Daughters". 03 December 2018.
- The Times of Israel.com. Web. 17 November 2019.
- Werner, Bohleber. "Remembrance, Trauma and Collective Memory: The Battle for Memory in Psychoanalysis." *International Journal of Psychoanalysis*. Apr. 88 (Pt 2) (2007): 329-52. Print.