

The House That Saddam Built: Protest and Psychiatry in Post-Disaster Turkey

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ABSTRACT: Following a series of devastating earthquakes that struck western Turkey in 1999, the Iraqi Red Crescent Society donated ten million dollars worth of oil to assist those displaced by the earthquakes. The aid, designated specifically for low income residents who had been renters at the time of the earthquake, funded the construction of an apartment complex on the hills surrounding the city of Izmit. The building of the apartments—known locally as “Saddam’s Homes”—would mark the beginning of a decade-long campaign by the provincial government to evict its residents, an effort that only slowed when one of the residents set himself on fire in 2011. In this article, I explore how the struggle of the residents of Saddam’s Homes against the provincial government emerged out of a distinctive convergence of seismic activity, psychiatric expertise, and bureaucratic regimes of property and charity in post-disaster Turkey. The article draws particular attention to the ways that their activism engaged a range of psychiatric discourses that had become prominent in the wake of the earthquake, discourses that were both a component and byproduct of the enormous humanitarian psychiatric apparatus that descended on the region following the earthquake to provide psychological aid to survivors.

On the night of 17 August 1999, a massive earthquake measuring 7.4 on the Richter scale struck the Kocaeli province of western Turkey—a densely populated and heavily industrialized region seventy kilometers east of Istanbul. Three months later, a second earthquake of similar magnitude struck nearby Düzce, approximately one hundred kilometers east of the first earthquake. Together, within the combined span of minutes, these geological events left a devastating toll of human death and destruction in their wake. Hundreds of thousands of homes, many constructed with substandard materials, either collapsed or were rendered uninhabitable. A massive chemical fire at Turkey’s largest refinery complex burned for five days. Large sections of the coastline, along with the buildings they supported, sank into the Bay of Izmit. And more than 20,000 people died either in the earthquake or in the days to follow, as hundreds of thousands more were severely injured and upwards of a million people were displaced from their homes. In the days and months that followed, an increasingly familiar script would unfold—as the government

struggled and largely failed to manage the disaster, as millions of people came together in a collective effort of unprecedented mutual support, and as an enormous humanitarian machine descended on the region to assist survivors, much of it focused on treating the psychological effects of disaster.

For the past several years, I have been documenting the continuing effects of this earthquake, which is commonly referred to as the 1999 Marmara earthquake.¹ The question guiding my research—much of which occurred more than ten years after the earthquake—has been a simple one: What remains? What, today, remains of this event? In the larger project from which this article emerges, the remains of the earthquake that interest me consist of: the medical-psychiatric infrastructure born of the earthquake; corresponding networks of seismic monitoring and technical expertise; experimental, private-public partnerships in financing home construction; public health and educational campaigns for disaster preparedness; a host of new civil society organizations; governmental disaster relief agencies and popular disaster relief clubs; and the continuing social, psychological, and emotional effects of the earthquakes within people's lives.

In this essay, I examine one such remain, namely the forms of unanticipated community that emerged out of the earthquake's ruins. I am particularly interested in the ways that a field of post-earthquake psychiatry—as both an idiom of psychopathology and a form of psychiatric care—converged with systems of post-disaster relief and charity to precipitate novel experiments in collective political and medical life. Toward this end, I follow closely the efforts of a group of earthquake survivors who found themselves living together in an apartment complex on the hills surrounding Izmit, Turkey—a short distance from the earthquake's epicenter—as they struggled to rebuild their lives. This group, made up of families renting their homes at the time of the earthquake, were regarded by many as some of the earthquake's most desperate victims—as families already in dire financial situations that experienced devastating personal, familial, and economic loss in the earthquake. Beyond hoping to rescue their struggle from possible obscurity—to chart a “remain” that, as we will learn, no longer in effect remains—I want to consider their projects of “living on”² after the earthquake as part of a distinctive convergence

1. I will follow everyday and scholarly convention by using “earthquake” in the singular when referring to the two seismic events of 17 August and 12 November 1999.

2. As I ask elsewhere: How might we think about the relationship between the geological time of the earthquake and, on the one hand, the urgent temporality of disaster and response, and, on the other hand, the enduring temporality of loss and mourning, what Lauren Berlant would characterize as the time of “living on”? See Lauren Berlant, *Cruel Optimism* (Durham: Duke University Press, 2011).

of seismic activity, psychiatric expertise, and bureaucratic regimes of property and charity in post-disaster Turkey.

In making this argument, I want to be clear at the outset that by “psychiatry” I do not mean merely those clinical practices and theories of psychopathology dominant within the medical field of Psychiatry. On the one hand, and following Nikolas Rose, I mean by “psychiatry” a “heterogeneous complex of contested relations” among different professionals who claim theoretical and practical expertise concerning the “vicissitudes of the psyche.”³ As such, the field of psychiatry subsumes not only a wide variety of psychiatrists, but also a range of specialists variously dedicated to the psychological well-being of individuals (e.g., clinical psychologists, psychiatric social workers, psychotherapists, counselors, general practitioners who provide mental health advice, and so forth). On the other hand, by “psychiatry” I also mean to indicate what Elizabeth Lunbeck, in her study of psychiatry and gender in the early twentieth-century United States, referred to as a certain “psychiatric perspective.”⁴ For Lunbeck, the cultural authority of psychiatry in the United States grew not because of psychiatry’s institutional power or its claim to scientific expertise over insanity, but rather through its newfound claim to expertise over “normality.”⁵ Psychiatry’s authority, in this regard, rests not primarily on its institutional power to identify and confine madness, but in its capacity to “leave the asylum” and come to bear on “every aspect of people’s lives”—such that virtually all forms of deviation from social norms would gain a psychological meaning, which the psychiatrist was uniquely qualified to judge.⁶ As I will argue below, the story of the community of earthquake survivors that I trace in this article is at the same time a story about how the earthquake facilitated psychiatry’s movement beyond the clinic, as a form of expertise granted new value to speak about the affective, behavioral, and political vicissitudes of the everyday.

With this in mind, I begin by sketching the broad processes that gave rise to the conditions within which the group of earthquake survivors I interviewed came together as a community. Following a description of their decade-long struggle against the provincial government to keep their homes, I turn to an examination of three moments in their struggle, moments that

3. Nikolas Rose, “Psychiatry as a Political Science: Advanced Liberalism and the Administration of Risk,” *History of the Human Sciences* 9 (1996): 3–4.

4. Elizabeth Lunbeck, *The Psychiatric Persuasion: Knowledge, Gender, and Power in Modern America* (Princeton: Princeton University Press, 1994).

5. Also, see Michel Foucault, *Discipline and Punish: The Birth of the Prison* (New York: Vintage Books, 1975).

6. Lunbeck, *The Psychiatric Persuasion*.

highlight the particular convergence of property, protest, and psychiatry at work in their collective project of post-disaster “living on.” I will return, by way of a conclusion, to touch on the distinct challenge of developing an analysis capable of moving across the vast scales of experience at play in Saddam’s Homes—such that the complexity of affective processes and the intimacy of social ties can become mutually intelligible with the structural forces of large-scale assemblages of political and medical power—and how this might contribute to developing interdisciplinary approaches in Turkish studies.⁷

Renting Disaster

Although Turkey has a long history of seismic activity,⁸ the scale of devastation caused by the 1999 earthquake was exceptional in Turkey’s modern history of disaster. While other earthquakes have taken more lives, the combined toll of human, economic, ecological, and infrastructural destruction was unprecedented.⁹ Given its magnitude and location, the earthquake would leave its mark on virtually every aspect of social life in the region, as it also catalyzed a range of large-scale political and economic transformations in the country as a whole. It was, as scholars of disaster would characterize the earthquake’s impact, a “totalizing event.”¹⁰

7. For related concerns with thinking about intimacy as a vital register of politics and economy, see Kathleen Stewart, *Ordinary Affects* (Durham: Duke University Press, 2007); Berlant, *Cruel Optimism*; Elizabeth Povinelli, *The Empire of Love: Toward a Theory of Intimacy, Genealogy, and Carnality* (Durham: Duke University Press, 2006). Also, see Christopher Dole, “Revolution, Occupation, and Love: The 2011 Year in Cultural Anthropology,” *American Anthropologist* 114 (2012): 227–39.

8. See Yaron Ayalon, *Natural Disasters in the Ottoman Empire* (Cambridge: Cambridge University Press, 2014); Fatma Ürekli, *İstanbul’da 1894 Depremi* (Istanbul: İletişim, 1995); N. N. Ambraseys, “The Seismic Activity of the Marmara Sea Region over the Last 2000 Years,” *Bulletin of the Seismological Society of America* 92 (2002): 1–18; idem, *Earthquakes in the Mediterranean and Middle East: A Multidisciplinary Study of Seismicity up to 1900* (Cambridge: Cambridge University Press, 2009); Amit Bein, “The Istanbul Earthquake of 1894 and Science in the Late Ottoman Empire,” *Middle Eastern Studies* 44 (2008): 909–24; Feriha Öztin, *10 Temmuz 1894 İstanbul Depremi Raporu* (Ankara: T.C. Bayındırlık ve İskan Bakanlığı Afet İşleri Genel Müdürlüğü Deprem Araştırma Dairesi, 1994).

9. TMMOB Chamber of Environmental Engineers, “TMMOB Chamber of Environmental Engineers’ Preliminary Report on Environmental Impacts of 17 August 1999 Marmara Earthquake,” *Urban Cooperative Trading System* 109 (1999): 20–26; Kohei Suzuki, “Report on Damage to Industrial Facilities in the 1999 Kocaeli Earthquake, Turkey,” *Journal of Earthquake Engineering* 6 (2002): 275–96.

10. See Kim Fortun, *Advocacy After Bhopal: Environmentalism, Disaster, and New Global Orders* (Chicago: University of Chicago Press, 2001); Anthony Oliver-Smith, “Anthropological Research on Hazards and Disasters,” *Annual Review of Anthropology* 25 (1996): 303–28.

Behind the enumeration of death and destruction common to gauging the severity of a disaster move innumerable stories of personal and familial tragedy. In tracing the lives of people who lived in the region during the earthquake, it has become clear that the single most consistent factor shaping the trajectory of lives following the disaster was one's housing status at the time of the earthquake. In keeping with dominant approaches to longer-term disaster relief, the vast majority of disaster relief programs in Turkey implemented after the 1999 earthquake were structured by the conventional logic of "asset replacement."¹¹ That is, the relief designated for long-term recovery—as compared to the emergency relief distributed immediately after the earthquake (e.g., clothing, food, emergency housing)—aimed to rebuild the region by replacing the distribution of wealth and property in existence at the moment of the earthquake. For individuals and families, this meant that virtually all long-term aid for earthquake survivors was directed toward homeowners, typically in the form of either subsidized loans to purchase new housing or the reconstruction of homes destroyed in the earthquake.¹² In Izmit, much of the subsidized housing would be newly constructed on the hills surrounding the city, where it was determined that the land was less vulnerable to the effects of seismic activity.¹³

For those renting their homes at the time of the earthquake, or those whose property rights were uncertain, there were far fewer options in acquiring

11. Turkey is not unique in its focus on homeownership as the preferred target of post-disaster relief. See Oxfam, *The Tsunami Two Years On: Land Rights in Aceh*, 2006, http://oxfam.ca/sites/default/files/file_attachments/the-tsunami-two-years-on-land-rights-in-aceh_2.pdf, accessed 1 Sept. 2014.

12. The link between property and disaster being played out here was not new to the 1999 earthquake. Indeed, it had already long been a component of legal property regimes in Turkey. Disaster Law no. 7269, which was passed in 1959, required the state to finance the reconstruction of housing destroyed by disasters. In the context of the 1999 earthquake, this resulted in the distribution of 107.9 trillion lira (TRL) to 59,533 property owners who applied for loans from the government. The legal frameworks represented by this law would be radically transformed—and expanded—following the 1999 earthquake. See Turkish Red Crescent Society, *1999-Marmara Earthquake Case Study* (Ankara: Turkish Red Crescent Society, 2006).

13. In the town of Izmit, a significant amount of the initial post-earthquake construction was funded by the World Bank. By 2005, however, Izmit had established an experimental municipal agency, Kent Konut, that built low-income housing and worked closely with private banks to secure below-market interests rates for buyers. An important aim of the agency was to remain more flexible than the national Housing Development Agency (TOKİ), especially by outsourcing the financing of construction to private banks. Kent Konut would come under public scrutiny by 2012, at which point it had begun funding the construction of affordable housing by building and selling luxury apartments, such that affordable housing in the city would become a byproduct of new, high-end development.

long-term disaster relief. As such, for many renters, the limited access to long-term post-disaster assistance only compounded the already precarious financial position they were in before the earthquake.¹⁴ Moreover, because the earthquake crippled the industrial sector in the region and, beginning in 2000, Turkey's economy entered its worse financial crisis in history, the prognosis of recovery for those who were not homeowners before the earthquake grew particularly bleak in the ensuing years. Not surprisingly, those renting homes at the time of the earthquake became some of the longest term residents of the "temporary" housing settlements established in the wake of the earthquake, as they struggled to find jobs and gain the financial stability necessary to continue renting.

Although experiences of extensive material, social, and emotional loss cut across class divisions, the effects of these losses were, therefore, not distributed equally. Over the course of my research, it became clear that the capacity of earthquake survivors to rebuild their lives turned in large measure on their ability to gain access to long-term aid, which was in turn determined by the sorts of property and wealth they had access to at the time of the earthquake. Put otherwise, the distribution of wealth and property relations already in place leading up to the earthquake was a powerful predictor of the sorts of lives deemed worthy of financial support after the earthquake. As such, for many renters in particular, a semblance of economic and social stability would take much longer to reclaim, a process that followed not the temporality of humanitarian aid and housing reconstruction but rather the much slower pace of regional economic recovery.¹⁵

The House That Saddam Built

The Iraqi Red Crescent Society was one of the few organizations to recognize the distinct plight of renters following the earthquake. In the immediate aftermath of the earthquake, the Iraqi Red Crescent Society donated ten million dollars worth of oil to assist displaced earthquake survivors. The aid, designated specifically for low income residents who had been renters at the time of the earthquake, would be used to fund the construction of an apartment complex in the hills surrounding Izmit—on a site far outside the city and with limited access to public transportation.

14. Given the gender disparity in home and land ownership, this post-disaster financial precarity also tracked sharply along gendered lines.

15. For a discussion of the juxtaposing temporalities at play in contexts of large-scale disaster, see Christopher Dole, "When Is Catastrophe?: An Introduction," in *The Time of Catastrophe*, ed. C. Dole, A. Poe, A. Sarat, and B. Wolfson (New York: Ashgate Publishing, 2015).

The apartments, completed in 2001, would become known by their first residents as “Saddam’s Homes.”¹⁶ Unlike much of the post-earthquake development in the region—which consisted of tracts of densely clustered apartment buildings, typically nine to ten stories tall—Saddam’s Homes was an expansive complex of three-story buildings spread across a large parcel of land. By the time of my first visit in 2013, although the property was no longer being regularly maintained, one could see the grassy remains of well-manicured grounds, an abundance of shade and fruit trees, breezy courtyards, and park benches scattered along a paved path that took you around the property and out to a scenic overlook that offered a striking view of the city of Izmit, far below, and outward to the Bay of Izmit. In addition to the attractive surroundings, the apartments were appreciated by residents for being spacious, comfortable, and well-constructed. Saddam’s Homes was a far cry from the rapidly constructed and imposing cement verticality of the typical post-earthquake construction, where common green space was effectively non-existent.

The residents of Saddam’s Homes were among those who experienced the most significant loss in the earthquake. To be considered for one of the apartments, survivors were required to submit an application to the provincial government confirming that they had lost a mother, father, or children in the earthquake, that they owned no property in Turkey, that they were renting their home at the time of the earthquake, and that it was either destroyed or rendered uninhabitable. Within months of announcing the program, 7,000 applications were submitted, out of which the 237 most severe cases (and those with some *torpil*, or “influence”) were promised apartments. Following the logic of other charity organizations, the selection process was designed to identify the “deserving poor” (or “deserving survivor”)¹⁷ and, in so doing, constituted a community bound both by its economic precarity and experiences of extensive personal loss, in an isolated setting far from the city.

16. Over the course of my research, residents of Saddam’s Homes offered many interpretations of the geopolitical significance of the Iraqi government’s aid. Trying to discern the political motivations of the donation was made all the more difficult by the time that had elapsed since the earthquake, a period over which the meaning of Saddam Hussein had shifted dramatically—from brutal regional dictator and U.S. gadfly to a global figure around which much of the “War on Terror” revolved. These varying meanings of Saddam Hussein were readily apparent in the way residents used the name “Saddam’s Homes,” as a term that expressed an ironic confluence of utopian (American) ideas of suburban development and Saddam Hussein’s reputation as a brutal dictator.

17. See Damla Isik, “*Vakıf* as Intent and Practice: Charity and Poor Relief in Turkey,” *International Journal of Middle East Studies* 46:2 (2014): 307–27.

The first residents, all strangers to one another, moved into the newly constructed apartments in November of 2001. For many, this was the first time they had lived in permanent housing since the night of 17 August 1999. Although the residents had moved in with the understanding that the apartments were “grants” (*hibe*) from the Iraqi government, the provincial government—who oversaw the apartments—soon began demanding that tenants pay rent for their apartments and pressuring them to sign a five-year agreement that, among other things, gave the provincial government the authority to evict tenants who failed to pay rent for more than two consecutive months. Not long after signing their agreements, the government began raising rents, which pushed many residents further into debt—as they borrowed money to pay the increasing cost of rent. By the end of the first five-year period, approximately eighty families had been forcibly evicted from their apartments for failure to pay rent. According to residents, the provincial government—typically personified as simply “the *vali*,” or provincial governor—wanted to clear out Saddam’s Homes in order to give the apartments to high-ranking civil servants and police officials. With the assistance of a lawyer, the residents of Saddam’s Homes took the provincial governor to court, which ultimately ruled that the government could not charge rent for the apartments. In response, the government began charging residents a monthly “fee” (*aidat*), ostensibly for the upkeep of the apartments and property.

In 2006, the remaining residents were presented with a new five-year agreement, one that raised the monthly fees from 60 TL to 200 TL (approximately 140 USD, an exorbitantly high amount for the region). When a large group of residents refused to sign the new agreement—many unable to borrow more money to meet the increased costs—and organized a demonstration in the parking lot of Saddam’s Homes, the provincial government responded by sending in anti-riot police to forcibly break up the protest. During the same period, the provincial government began filling the empty apartments with civil servants and police officials. In the months that followed, many of the very people that residents were in open conflict with at regular demonstrations became neighbors. As one female resident explained the dynamic at this time, “These men would beat us at protests and then come back and interact with us as neighbors. Such was the shape of our relationship.”

Although there was no shortage of everyday resistances to government pressure and police presence in the period to follow—especially in the form of children vandalizing the apartments given to government officials—the struggle entered a new phase in 2009. In response to mounting police pressure, a group of residents set up a tent at the entrance to the apartment complex, where they took rotating shifts guarding the entrance to alert residents if police or government officials arrived unannounced. In time, the tent became

a site of community gathering and a setting for strategizing about possible courses of action. In August of 2009—two days before the tenth anniversary of the earthquake—the government sent in dozens of anti-riot police officers in response to the effort of residents to prevent a government official from entering the apartment complex, which led to a ten-hour stand off between residents and police. This was the first of several events to generate a minor outpouring of media images showing Saddam's Homes engulfed in tear gas and police officers in anti-riot gear severely beating residents.

This confrontation would set the stage for a series of actions that unfolded largely without pause through 2011. During this period, groups of residents organized multiple demonstrations in the center of Izmit, staged protests at the visit of several national political leaders to the city, and marched 350 km to the capital city Ankara to present their grievances to the parliament. Regular confrontations with police and government officials at Saddam's Homes also continued with little interruption. As word spread about their struggle, the regular community meetings—hosted in tents that were repeatedly torn down by police, only to be replaced soon after—began to grow. Meetings that began with sixty to seventy people swelled, in time, to several hundred. As one of the main organizers—a middle-aged woman named Emine¹⁸ who had been one of the original occupants—explained, “When we saw the size of the support from the public for our just struggle, it became apparent that, from then on, we needed a more organized operation. We held several house meetings where we formed into task groups. While one group worked on legal matters, another group, in order to educate the public, worked on establishing relationships with political parties, civil society organizations, and the press.”

As they became more organized, an unanticipated political space began to take shape, a space constituted not through familial or regional ties, nor shared religious, ethnic, or class identities. Although most residents had little more than a grade school education and identified broadly as conservative (having supported the ruling AK Party in recent elections), they nonetheless spoke of themselves and their neighbors as representing a spectrum of ideological convictions and religious sensibilities. They in fact resisted efforts to pin their activism to a particular ideology or political party, a sensibility that emerged out of their frustration with a number of leftist political parties that attempted to assume leadership over their struggle against the provincial government. Instead, they were bound together by their shared struggle against the state to keep their housing, a struggle that was in turn born of the similarly

18. Names and identifying details have been changed to protect confidentiality.

destructive experience of the earthquake in their lives. As such, this was a political space defined as much by its opposition to the state as by the affective and psychological terrain that had precipitated out of the earthquake's ruins.

By 2011, after scores of events and actions, the remaining residents of Saddam's Homes had settled into a sort of routine with the police—with residents erecting tents in the courtyard, police raiding the complex and tearing down the tents, residents rebuilding the tents, and so on. The residents had also established close relationships with several reporters, who helped keep media attention focused on their struggle. Despite the mounting sense of solidarity, the continued conflicts with the provincial government and recurrent confrontations with the police took its toll. During this period, for instance, a number of residents grew leery of the prospects of keeping their apartments and accepted the *vali*'s offer of government-constructed apartments at below-market prices. The remaining residents, in turn, opened a second court case against the *vali* in Turkey's European Court of Human Rights (*Avrupa İnsan Hakları Mahkemesi*, or AİHM), which seemed to invite a further intensification of police action at Saddam's Homes. It was during this time that roadblocks were set up on the roads leading to Saddam's Homes and hundreds of anti-riot police were stationed outside of the entrance, on the ready for regular incursions into the complex. The police presence and repeated confrontations continued until April of 2011, when a resident set himself on fire in the parking lot of Saddam's Homes—at which point the provincial government suspended their efforts to evict the residents, thereby beginning a two-year lull in the conflict.

According to recent news reports, Saddam's Homes no longer exists. In 2013, the government announced its plans to convert the apartment complex into student dormitories. The remaining forty-eight families were to be relocated into a single section of the apartment complex, with the other apartments designated for students. In explaining the continued presence of these families at Saddam's Homes, the state makes no reference to the decade-long struggle of the residents to keep their homes. Rather, their presence is reduced to a psychological sequela of disaster: "Because of their fear of heights, [these families] did not want to move into nine-story buildings."¹⁹ Despite claims that these families would be relocated, they were instead evicted. The last appearance of Saddam's Homes in the media explains, in passing, that the

19. Milliyet, "Irak Hükümetin Yardımıyla Depremzedeler İçin Yapılan Konutlar Yurt Oluyor," *Milliyet*, 7 Sept. 2014, <http://www.milliyet.com.tr/irak-hukümetinin-yardimiyla-depremezeler-kocaeli-yerelhaber-369955/>, accessed 8 Sept. 2014.

remaining families “having been evicted from [their homes], were resettled in other homes sometime later.”²⁰

Having lost their homes a second time—first by the earthquake, second at the hand of the state—residents thus left Saddam’s Homes, much as they had entered, to spread out across the region in search of new housing. In the decade between, a group of strangers that had come together in the aftermath of a massive catastrophe—expressly because of the severity of their loss and suffering, and lacking claims to property and employment that could survive the earthquake—would cultivate an ethics of neighborliness and solidarity as they moved through (and struggled with) a shifting terrain of post-disaster charity, government corruption, and police violence. In what follows, I want to consider in some depth three moments in this struggle, moments that will highlight the distinctive convergence of idioms of psychopathology, institutions of psychiatric care, and relations of property and affect at play in their post-disaster experiment in communal and political life.

Cursing the State, and Other Psychopathologies

For Erol, the years following the earthquake were a blur of psychiatrists and medications. At the time of the earthquake, he was living in a rented apartment with his wife and two young children, in a small town near the earthquake’s epicenter. He had spent most of his life in the area, having completed his formal education at a nearby elementary school and, as a young adult, taken a job at the local offices of a major telecommunications company—a job from which he had only recently retired. When the earthquake struck on 17 August 1999, the five-story building where he and his family were living collapsed immediately. Erol remained trapped under the rubble for five days. Once freed, he spent eleven days in a hospital in Samsun, nearly 700 km away from Izmit. (Because of the strain on the regional health care system, many people injured in the earthquake were transferred to hospitals in their home provinces.) Fortunately, his wife and two children had been visiting relatives on the Black Sea coast when the earthquake struck, although it took them almost a week to learn that Erol had survived, and was in fact in a nearby hospital.

As Erol described his time in the hospital, “[Hospital officials] were afraid that I might go mad (*deli*), that I might lose my mind (*keçileri kaçırmak*) and become aggressive. They were frightened that I might commit suicide. Because

20. Özgür Kocaeli, “Arızlı’da Kız Yurdu İçin Çalışma Başladı,” *Özgür Kocaeli*, 29 Jan. 2014, <http://www.ozgurkocaeli.com.tr/haber/arizlida-kiz-yurdu-icin-calisma-basladi-153008.html>, accessed 8 Sept. 2014.

of this, they kept watch over me, expecting that I might do something at any minute.” They had good reason to be concerned, for it was in the hospital in Samsun where he learned that his parents, siblings, and their children had all died when their nearby apartment buildings collapsed. “There was an Egyptian doctor in the hospital who, when he learned that I lost all of my family, said that I had a real problem. So he gave me an injection. What a beautiful moment, when I received that injection. And I would receive an injection the next morning and evening.” This would begin what Erol referred to as his two-year psychological “war,” a period during which his condition was at its worse. Once physically able to be discharged, Erol left the hospital “utterly shattered” (*paramparça*): “My entire family was gone. My parents, my brother and sister, they were all gone. Only I remained. . . . At that point, I was thoroughly depressed (*benim psikolojim bozulmuş iyice*).”

He remained on medications—what he described as his “legal drugs”—without pause for the following decade. Although the medications helped regulate his most debilitating symptoms, such as his bouts of depression and outbursts of intense anger, he continued to be easily irritated and socially withdrawn.

According to doctors, I have anti-social behaviors. I can't handle being around large crowds, it makes me tense. I have an intolerance for people. . . . I mean, I care for my family—I can laugh with them, share with them—but I am still anti-social. It's still hard to communicate with people. I can sit alone for hours without talking to anyone. I'm not able to go to weddings, to holiday celebrations. And all of my relatives criticize me for this.

Erol and his family were at the top of the list of loss and suffering that qualified him for an apartment in Saddam's Homes.

When we met in 2013, Erol was still living in Saddam's Homes. He continued to receive intermittent psychiatric care and remained on a number of medications. Although Erol showed no signs of a continued “psychological war” in our conversation, its toll on his family—who were present during our conversation—was apparent. It was clear that they had been through difficult periods and openly discussed their struggle to make sense of Erol's mood swings, his irritability, and his inability to be around groups of people, even close relatives. Despite his social anxieties, Erol was at the center of the residents' struggle to stay in Saddam's Homes. He was active at the meetings in the tents and took the lead in organizing several actions, including the march to Ankara. He was described by others as one of the lead activists of Saddam's Homes. In fact, I had initially sought out Erol for his reputation as the resident archivist. As he would show me over the course of our conversation, Erol maintained carefully organized binders that collected newspapers

reporting about Saddam's Homes' struggle against the government, volumes of legal documents from their trials, as well as a number of documents about the earthquake relief efforts and the history of Saddam's Homes. Although I came to him as the community historian, a bigger story opened before me as we talked, a story that captured the ambiguous play between protest, pathology, and psychiatric care that marked the history of Saddam's Homes.

Erol spoke at length about his resentment over how the police were treating him and his neighbors. As people who had experienced so much suffering because of the earthquake, and who had been granted these apartments by Saddam Hussein because of their suffering, Erol felt that the police treatment of residents was reprehensible. Moreover, not only were their claims being ignored by the government and the police, but their collective anger was being dismissed as symptomatic of individual pathology. "Do you know how they were seeing us?" Erol asked, "They weren't saying we were 'earthquake victims' (*depremedeler*). They saw us as people with mental disorders, as being insane."

On occasion, the dismissal of their anger as pathological turned coercive. Erol offered as an example an event in which a group of residents began swearing at a police commissioner during a live television interview, for which Erol and others were arrested. While in custody, the police accused Erol of being insane and having lost his "mental faculties" (*akıl melekeleri*). After further interrogation, the police committed Erol to Erenköy Mental Hospital, one of Istanbul's two large psychiatric hospitals. Once there, he was brought before a group of what he referred to as "professors." As Erol recalled the commitment hearing, the "professors" asked him, "Why are you insulting the state? Why are you cursing the state? You have committed a serious criminal offense against the state. . . This is not rational (*aklı başında*). It's crazy (*deli*)." After being briefly assigned to the section of the hospital for severe mental illness, a period that Erol described as being utterly terrifying, he fortunately met a sympathetic psychiatrist. "They began doing tests on me on the second day. They attached electrodes to my head and had me go to sleep. Then they talked with me [with the electrodes attached]. They had me say my mother's and father's names to see my reaction. They had me watch television to see what made me angry."²¹ Over the coming days, he underwent further testing—answering questionnaires, interpreting images, gauging his response to a range of scenarios, and so forth. On the fourth day, the psychiatrist reassured Erol: "Look, you're healthier than most of us. Honestly,

21. Erol explained that his most intense reaction came when Prime Minister Tayyip Erdoğan appeared on television, a reaction that the psychiatrist administering the test regarded as non-pathological.

had I lived through what you did [in the earthquake], I would have certainly gone crazy (*turlatmak*). After seeing what you saw, that you are still able to remember your own name means you are healthy. . . . You have no signs of madness. [Your problems] are related to the earthquake. I don't know why they sent you to us." With that, the psychiatrist began the process for Erol's release. "You're a person who needs to recover within society, not here."

Erol did not deny that he was easily irritated. He also recognized the connection between the intensity of his anger at demonstrations and his struggle to contain his anger in everyday life. At the same time, however, he took great care explaining that he had not always been so easily angered. The anger, for Erol, was both a symptom of the traumas he experienced during the earthquake and a side effect of the medications he took to treat the effects of the former. That is, he located his anger not in some intrinsic personality trait or genetic predisposition, but with those series of experiences that had brought him to Saddam's Homes in the first place. Yet this anger (as both symptom of traumatic loss and side effect of medication) was being read by police as a threatening sign of pathological aggression. As Erol described this dynamic,

After the earthquake, I was suddenly a "bad person." When I was being questioned by the police, they criticized me for being irritable and rebuffing their questions. "Why are you getting so angry and shouting?" Before, I was never one to make people angry. I was someone who came to agreements with others through talking. This was the type of person I was. I was a humanitarian. But after the earthquake, I was suddenly a psychopath (*psikopat*). It was as if they thought I was sick and were waiting for me to snap. The medications, of course, do have effects. How many years have I been taking them? Medicine, medicine, medicine.

This exchange exemplifies the unstable, and insidious, play between symptoms of emotional distress, idioms of psychopathology, and the pathologization of political protest that runs through the residents' struggle. In particular, Erol's experiences highlight the ambiguous relationship between symptoms of traumatic loss born of the earthquake (e.g., irritability, outbursts of anger, etc.) and the affective register of their resistance to the government's efforts to evict them from their homes; the former shadows the latter, and the latter channels the former, in such a way that the two become impossible to disentangle. Yet, for the police, the politically charged affects animating the residents' protests are read in pathological terms, which in turn validate police aggression and justify Erol's involuntary confinement.

Erol's account of familial loss, psychiatric and pharmaceutical care, political activism, and involuntary hospitalization allows us to track in detail the unfolding of a seemingly age old story of the political uses of psychiatry,

namely the use of psychiatry to pathologize political dissent and protest.²² It also brings into view the sorts of novel political communities and subjectivities that were enabled by this field of post-earthquake psychiatry. On the one hand, Erol's struggle to keep his apartment exacerbated his suffering and symptoms, as it repeatedly resulted in violent and humiliating encounters with police. Yet, on the other hand, Erol's struggle with his neighbors to keep their apartments was at the same time a vital project for his cultivating a will to endure; it was a project in which he found a social purpose and sense of belonging, a pretext for being with others (despite his anxieties) and a desire to "live on" that was materialized in his archival efforts to document their collective struggle. And through each weaves both Erol's personal history of psychiatric care, as well as a more general freeing of a psychiatric idiom in the context of everyday social lives, a development I will return to momentarily.

The Limits of Protest

In our conversation in a makeshift social space in the courtyard of Saddam's Homes, Ibrahim described the events that led up to his attempted self-immolation. I had first learned about the struggle of the residents of Saddam's Homes through a YouTube video documenting Ibrahim setting himself on fire. The video captures Ibrahim holding a press conference for a small group of reporters gathered in the main parking lot of the complex. After reading aloud a brief statement, he quickly picks up a container of fuel, pours it over his head, and sets himself on fire. In a matter of seconds, an otherwise unremarkable press conference turns into a scene of chaos and despair—as Ibrahim, on fire, runs through the crowd and bystanders frantically scream and wail (see fig. 1).²³ I found the video deeply unsettling, and in dramatic contrast to the mild mannered retiree talking with me, two years later, in the courtyard of Saddam's Homes.²⁴

22. For instance, see Thomas Szasz, *Law, Liberty, and Psychiatry* (New York: Macmillan, 1963); Peter Conrad, "Medicalization and Social Control," *Annual Review of Sociology* 18 (1992): 209–32; Jonathan Metzger, *The Protest Psychosis: How Schizophrenia Became a Black Disease* (Boston: Beacon Press, 2010).

23. Footage from the news conference can be found at <https://www.youtube.com/watch?v=g0LUDF4p5N8>.

24. Radikal, "Depremzede Kendini Yaktı," *Radikal*, 18 April 2011, <http://www.radikal.com.tr/radikal.aspx?atype=haberyazdir&articleid=1046616>, accessed 8 Sept. 2014. This image appears on several websites, see https://www.google.com/search?biw=1396&bih=775&q=arizli+kocaeli+yakti&tbm=isch&tbs=simg:CAQSJglVmQ3biqIa_1hoSCxCwjKcIGgAMCxCOrv4IGgAMIQwPdCWxzBEV&sa=X&ved=0CBoQwg4oAGoVChMItKy_zY7MxwIVS3Q-Ch170QCp#imgrc=.



Figure 1. Depremzede kendini yaktı.

Ibrahim described, with clinical detachment, the years of organizing and struggle that led up to the event. He narrated his attempted self-immolation as the natural outgrowth of their activism and the escalating violent encounters with police. As the government's efforts became more and more violent, Ibrahim saw his self-immolation as a reasonable tactic to draw public attention to the injustices they were confronting. He had no intention of dying, nor was the event spontaneous. Over the course of several meetings with a small group of residents—Ibrahim had not wanted to include the larger group, for fear that they would either prevent him or warn the media in advance—they carefully planned the action. And it appeared to have the desired effect. When I met Ibrahim in 2013, there had been a two-year lull in the government's effort to evict the residents of Saddam's Homes. As some argued, Ibrahim had taken the struggle to a level that frightened government officials.

Over the course of interviews with other residents, a more complex picture began to take shape. While there was no doubt about his commitment to the residents' struggle against the government to keep their homes, Ibrahim was repeatedly described by his neighbors as someone who was attracted to "extremes." They described a person who had been a passionate leftist and labor activist, someone who spoke at length and with intensity about his materialism and his struggles against imperialism. They also described a person attracted by the forms of religious conservatism that had become a more visible component of public life in the years since the earthquake, someone who spoke about his efforts to lead an ethically purposeful life through regular prayer and fasting. I would come away from these conversations thinking that, locally, Ibrahim's self-immolation was regarded by his neighbors as a complex

political and psychological drama being played out on a public stage, one put in place by the media attention their struggle had attracted.

Although Ibrahim's attempted self-immolation succeeded in pushing the state back, it fractured the residents. That is, the event brought into the open much of the ambivalence and discord in the group that had been kept in check by their common struggle. As some of his neighbors argued, his self-immolation raised the stakes too high, crossing a limit of protest they had not wanted to cross. They were frightened by the intensity of the event, a fear that was captured in the video footage showing the terror of bystanders as they chased Ibrahim through the parking lot in an effort to put out the fire. More seriously, they felt that his actions only fulfilled the government's sense that residents were mentally unstable, if not mentally ill, and dangerous. As such, for these residents, Ibrahim's tactics threatened to further justify the use of excessive force by police.

Protest Psychiatry

At one of the nightly community meetings held in the tents in the courtyard of Saddam's Homes in 2009, a resident suggested, as Mustafa recalled the meeting, "Let's go to the hospital, let's go to the psychiatric clinic, and have them give us a certificate confirming that this police repression is causing us psychological damage, that it is making us go crazy (*delirmek*).” Mustafa, who was a teenager at the time, went on to describe how a group of children and their mothers gathered a month later outside of a hospital in downtown Izmit to announce that they were visiting the clinic to seek help for a range of psychological symptoms that had come to plague their children. The cause of these symptoms, according to the gathered residents, was the multi-year police siege of Saddam's Homes. As one resident—a woman in her late-sixties—described the three-year period leading up to their visit to the hospital, “Over the past 1,000 days, we have seen police 800 days. We've experienced a number of psychological assaults—tear gas, police batons, security cameras—about which we can do nothing. It's been an environment of conflict.” Another resident continued, “This has a negative effect on people. It opens the door to sickness. It makes it difficult for people to communicate. One minute you are talking, and the next you are arguing, and that turns into a fight. All of this social movement (*toplumsal hareketi*) is all a product of this repression.” Most worrisome for residents, this environment was having a detrimental impact on the well-being of the young children living at Saddam's Homes.

The group of mothers and children gathered at the hospital were seeking an official certificate—*deli raporu*—documenting the psychological toll of the police violence at Saddam's Homes, a report that would confirm the extent to

which they were suffering from a “mental disorder.” It is important to note that there was dissent within the group about such a psychiatric mode of politics. On the one hand, critics of this tactic were concerned that it would confirm the state’s image of them as “crazy.” As already mentioned, this concern grew out of their repeatedly violent encounters with police, who would justify their use of violence through claims of self-defense and personal safety. On the other hand, many residents were ambivalent about how this tactic required them to assume the status of victim in order to be taken seriously. To understand this reaction, it is critical that we appreciate how their concern grew out of a set of specific experiences with a group of organizations established after the earthquake in the name of the “*depremzede*,” or “earthquake victim.”

In the wake of the Turkish state’s largely failed efforts to manage the disaster, groups of survivors in the region began organizing associations of “earthquake victims” to concentrate collective demands for post-disaster aid and coordinate rebuilding efforts in the region. The emergence of these associations—typically referred to as *Dep-Der* (an abbreviation of *depremedeler derneği*, or “association of earthquake victims”) and associated with particular towns (e.g., *Düzce Dep-Der*)—is commonly regarded as a critical moment in the birth of Turkey’s “civil society” and, therefore, an important milestone in Turkey’s democratic development.²⁵ The residents of Saddam’s Homes that I interviewed were roundly critical of these associations. They argued that local *Dep-Ders*, as they became more established in the years following the earthquake, grew less willing to challenge the state and ultimately, like the numerous NGOs that had formed following the earthquake, functioned as but extensions of the state. Moreover, they argued that this relationship between *Dep-Ders* and the state grew directly out of the willingness of *Dep-Ders* to exploit their status as “victims” of the earthquake in order to gain political influence. For many residents of Saddam’s Homes, such a status placed them in a position of dependence (to the state, or to charities) that potentially undermined the willingness of the public or the state to take their political demands seriously. In short, they were struggling with the same sorts of questions that scholars studying the politics of humanitarianism and human rights have more

25. See Rita Jalali, “Civil Society and the State: Turkey After the Earthquake,” *Disasters* 26 (2002):120–39; Paul Kubicek, “The Earthquake, Civil Society, and Political Change in Turkey: Assessment and Comparison with Eastern Europe,” *Political Studies* 50 (2002):761–78; Alpaslan Özdemir and Tim Jacoby, *Disaster Management and Civil Society: Earthquake Relief in Japan, Turkey, and India* (London: I.B. Tauris, 2006); Bahattin Akşit, Bahar Tabakoğlu, and Ayşe Serdar, “Deprem Bağlamında Sivil Toplum Kuruluşları ve Devlet İlişkilerinin Yazılı Medyada Kuruluşu Üzerine Gözlemler,” in *Kültür ve Modernite*, ed. G. Pultar et al. (Istanbul: Türkiye Kültür Araştırmaları ve Tetragon Yayını, 2003)

recently identified as central²⁶: what does it mean to seek political recognition based upon one's bodily or psychological damage?

Despite these reservations, the group agreed that seeking a *deli raporu*, if done in combination with other strategies, would bring awareness to their situation and, therefore, outweigh its potentially undesirable consequences. As Mustafa explained, "That was the goal of our going there. In the six-month period leading up to our going [to the hospital], approximately 100–150 police stood guard in front of the apartments. And in the apartment complex, police were continually walking around in the name of keeping things under control. This situation really affected us, and more than us it affected the small children." As an example, he turned to the subject of play: "If there was a group of ten children, there would be one group of five that would be police and another group of five who would be activists, and the groups would be clashing with one another. They would be hitting one another." This environment, he continued, "was having a bad effect on the mental health (*ruh sağlığı*) of the children. Whenever they would see police, they would become frightened. Without doing anything, they would grow frightened whenever police came." As this suggests, if the initial residents of Saddam's Homes came together through their shared experiences of "earthquake trauma" (*deprem travması*), their children were coming of age through an epidemic of pathological fear and anxiety precipitated by police violence.

The group of residents seeking the *deli raporu* encountered resistance from the moment they arrived at the hospital for their appointment. As Mustafa recalled the events, "We went to the front of the hospital for everyone to read a statement to the press, but we were assaulted by the hospital security guards almost immediately. They forced us to the hospital garden, although a handful of people were able to enter the hospital." Once inside, this smaller group continued to demand to see a doctor and receive a certification validating their psychological suffering. "One of us made it into an examination room," Mustafa continued, "Again the police forced their way in. They told the doctors that this was an activist and that he should not do anything. Because of this, the doctor became frightened and avoided us. Even though we weren't able to get in, we had achieved our goal." As another resident explained their objectives, "Our goal in this situation was to spread the word to the media. That is, to spread the word about our psychological suffering and the psychological

26. Among others, see Miriam Ticktin, *Casualties of Care: Immigration and the Politics of Humanitarianism in France* (Berkeley: University of California Press, 2011); Didier Fassin and Richard Rechtman, *The Empire of Trauma: An Inquiry into the Condition of Victimhood* (Princeton: Princeton University Press, 2009); also, see Wendy Brown, *States of Injury* (Princeton: Princeton University Press, 1995); Adriana Petryna, *Life Exposed: Biological Citizens after Chernobyl* (Princeton: Princeton University Press, 2002).

state of our children to the media.” Although they were ultimately unable to get the *deli raporu*, the clinical protest offered its own lessons; as one of the mothers present at the hospital explained, “What can I do? In a place where you cannot have justice, you might need to act crazy (*Ne yapalım adaletin olmadığı yerde deli olacaksınız*).”

Conclusion

Although these intersecting moments of post-earthquake life in Turkey capture but one of innumerable other possible stories of people struggling to “live on” in the wake of catastrophic loss, they are by no means exceptional. Indeed, they reflect an altogether too common set of experiences—of an enormously destructive seismic event giving way to a series of secondary catastrophes as survivors try to rebuild lives in conditions marked by economic precarity and government indifference (if not active repression). In our case, I have been particularly interested in tracing the ways that a field of post-earthquake psychiatry converged with systems of post-disaster relief and charity to precipitate a novel experiment in collective political and medical life. By way of a conclusion, I want to step back to reflect on the conditions that gave rise to this experiment. What made claims of and to psychopathology an appealing and potentially effective idiom of protest in this setting—rather than a demand to be dismissed as irrational if not altogether “crazy”? That is, what accounts for the social and political currency of psychiatry in this particular context?

To start, it is vital to recognize the familiar lineages of protest at play in the struggle of the residents of Saddam’s Homes against the provincial government. Erol’s account, for instance, is a story of involuntary hospitalization that is as old as the psychiatric hospital itself, where political dissent is pathologized and hospitalization operates as a form of intimidation and carceral silencing. Ibrahim’s self-immolation, as well, expresses a familiar genre of protest in Turkey and beyond—a threat of bodily self-destruction intended to bear witness to the state’s unjust and unbearable repression. In the case of their visit to the psychiatric clinic, the mobilization of children and women, especially mothers, in political protest is, likewise, a familiar form of political dissent in Turkey.²⁷

27. For instance, see Gülsüm Baydar, “Territories, Identities, and Thresholds: The Saturday Mothers Phenomenon in Istanbul,” *Signs* 31 (2006) and Zeynep Gülrü Göker, “Presence in Silence: Feminist and Democratic Implications of the Saturday Vigils in Turkey,” in *Social Movements, Mobilization, and Contestation in the Middle East and North Africa*, ed. J. Beinín and F. Vairel (Stanford: Stanford University Press, 2013) for discussions of the ongoing vigils staged by mothers—known, commonly, as “Saturday Mothers”—whose sons or daughters disappeared after being detained by security forces, especially by military forces in the Kurdish region of southeastern Turkey.

As in previous instances, residents of Saddam's Homes sought to rely on a symbolic economy of innocence and victimhood associated with children and mothers to marshal public sentiment against government repression. And the same could be said about their efforts to mobilize illness and medical affliction as an idiom of political critique. Despite these precedents, however, I want to argue that their struggle represents a novel arrangement of psychiatry and protest in post-disaster Turkey.

There are two aspects of this that require elaboration. First, there is the distinctive way that their political demands were founded on claims of psychological and emotional rather than bodily damage. While the use of illness and affliction toward political ends has a long history in Turkey—a confluence of illness and law that has grown significantly with the expansion of human rights based politics—this has largely been a discourse of bodily damage. Noteworthy in our case, then, is the shift toward a specifically psychiatric idiom of dissent, a shift that is in fact staged in the very human rights literature that grew out of the confrontation between the residents of Saddam's Homes and the provincial government. In the following excerpt from a report produced by a prominent human rights association (*İnsan Halkları Derneği*) about the events at Saddam's Homes, note the shift from bodily to psychological injury:

Despite having lost more than one close relative, themselves being injured in the earthquake, and having spent long periods of time in the hospital receiving treatment, these earthquake victims (*depremedeler*) continue to bear the permanent disability and lasting traces of the earthquake on their bodies. These people who lost close relatives—wives, children, mothers, fathers, and siblings—have yet to be freed from the effects of the psychological trauma (*psikolojik travma*) they experienced. Especially with the events of the past two years, these traumas have been triggered (*tetiklemek*), putting them in a state of mind as if they had just recently come out of the earthquake.

I am not suggesting that political dissent has never relied on a psychiatric idiom in Turkey. Indeed, there are prominent examples of psychiatrists mobilizing clinical evidence as a form of political critique.²⁸ Yet, it is critical to note that this discourse was being mobilized by psychiatrists who were

28. M. Başoğlu, M. Paker, E. Özmen, Ö. Taşdemir, and D. Şahin, "Factors Related to Long-Term Traumatic Stress Responses in Survivors of Torture in Turkey," *Journal of the American Medical Association* 272 (1994): 357–63; M. Başoğlu, M. Paker, Ö. Paker, E. Özmen, I. Marks, C. Incesu, D. Şahin, and N. Sarımurat, "Psychological Effects of Torture: A Comparison of Tortured with Nontortured Political Activists in Turkey," *American Journal of Psychiatry* 151 (1994): 76–81; M. Paker, Ö. Paker and S. Yüksel, "Psychological Effects of Torture: An Empirical Study of Tortured and Non-tortured Non-political Prisoners," in *Torture and Its Consequences: Current Treatment Approaches*, ed. Metin Başoğlu (Cambridge: Cambridge University Press, 1992).

speaking as psychiatrists and medical experts. As such, secondly, what is distinctive in the case of the residents of Saddam's Homes is the way that a technical vocabulary of psychopathology is being mobilized by non-experts to assert a set of legal rights. We thus encounter another formulation of what Lunbeck described as psychiatry's capacity to leave the clinic and enter into the flow of everyday social exchanges,²⁹ here as a technical vocabulary to be mobilized and recognized as a form of moral witnessing and political protest.³⁰

Understood in these terms, we can better recognize how this psychiatric response to the earthquake also belongs to a wider history of global psychiatry in relation to disaster and crisis. From the perspective of post-disaster psychiatric care, the earthquake occurred at a fortuitous moment. By this period, "psychological first aid" had become a standard component of global humanitarian responses to crises, especially in terms of treating psychological trauma and PTSD.³¹ In the context of the 1999 Marmara earthquake, this meant that the outpouring of assistance from psychologists and psychiatrists within Turkey was quickly met by a vast network of international humanitarian mental health professionals that descended on the region in the immediate wake of the earthquake. In the process, previously marginalized mental health professionals in Turkey who emphasized psychotherapeutic and psycho-social approaches to the treatment of psychological trauma would gain influence in a field of clinical practice dominated by biological psychiatric approaches and based primarily within large psychiatric hospitals. As became clear in the years to follow, the earthquake would prove itself to be a defining moment for establishing a domestic field of psychiatric expertise organized around concepts of psychological trauma—refining and standardizing the translation of diagnostic instruments; establishing an epidemiological basis of PTSD in Turkey; giving rise to new journals and expanding the presence of psychological trauma in mainstream psychiatric journals; multiplying collaborations with international experts and opening researchers in Turkey to new sources of funding; and inspiring the formation of new professional groups and associated conferences and publications.³² At the same time that the psychiatric humanitarian response to the

29. Lunbeck, *The Psychiatric Persuasion*.

30. One can of course identify precursors to such developments; for instance, see Nadire Mater, *Mehmedin Kitabı* (Istanbul: Metis Yayınları, 1999), in which one finds examples of a (semi)technical psychiatric discourse being used to critique the traumatic effects of the Kurdish conflict on Turkish soldiers.

31. For a discussion of the history of trauma in the context of humanitarian psychiatry, see Fassin and Rechtman, *The Empire of Trauma*.

32. For a brief description of this history, see Tamer Aker, et al., "Psychological Trauma: Research and Practice in Turkey," *International Journal of Mental Health* 36 (2007): 38–57.

earthquake dramatically increased the presence of psychiatric care within the region, it also had a significant effect on lessening a seemingly entrenched stigma associated with mental illness—especially for depression, trauma, and anxiety disorders.³³ Taken together, this meant that an unprecedented number of residents in the region suffering extreme emotional distress gained access to professional psychiatric care as people more generally became able to talk about their suffering in psychological terms without fear of social censure.

Instead of reading these developments in Turkey merely as an instance of the globalization of psychiatric categories,³⁴ I have been interested in tracing how this expanding field of post-earthquake psychiatry—as an interconnected set of ideas and practices, idioms and representations, policies and institutional norms, forms of care and coercion—actually took shape as it worked through the lives of actual people in specific situations and settings. In the context of Saddam’s Homes, I have traced how a series of devastating experiences of personal and material loss born of a massive seismic event came together with a field of humanitarian psychiatry, post-disaster regimes of property and charity, and lineages of popular protest to constitute a community of strangers bound together by their common experiences of poverty and a shared struggle against the government to keep their homes. While we have to be careful not to exaggerate the efficacy of the psychiatric mode of politics that emerged here (the residents of Saddam’s Homes, after all, were ultimately evicted), the novel arrangements of psychiatric expertise, crisis, and politics that took form in the ruins of the earthquake would extend into the future in unexpected ways.

In the years to follow, for instance, the language of psychopathology, particularly trauma, would gain increased currency in a range of political discourses concerned with competing conceptions of Turkey’s national historical memory, and especially as a means to conceptualize the historical legacy of the often violent exclusion of difference from mainstream Turkish nationalism.³⁵

33. For discussions of the stigmatization of severe mental illness in Turkey, see A. Sağduyu, et al., “Halkın Şizofreniye Bakışı ve Yaklaşımı Üzerine Bir Epidemiyolojik Araştırma,” *Türk Psikiyatri Dergisi* 12 (2003): 99–110; E. Taskin, et al., “Public Attitudes to Schizophrenia in Rural Turkey,” *Social Psychiatry and Psychiatric Epidemiology* 38 (2003): 586–92.

34. See Ethan Watters, *Crazy Like Us* (New York: Free Press, 2010); Joshua Breslau, “Globalizing Disaster Trauma: Psychiatry, Science, and Culture after the Kobe Earthquake,” *Ethos* 28 (2000): 174–97; Derek Summerfield. “A Critique of Seven Assumptions Behind Psychological Trauma Programmes in War-Affected Areas,” *Social Science & Medicine* 48 (1999): 1449–62; Vanessa Pupavac, “Therapeutic Governance: Psycho-Social Intervention and Trauma Risk Management,” *Disasters* 25 (2001): 358–72.

35. See Duygu Gül Kaya, “Coming to Terms with the Past in Turkey: Rewriting History through a Therapeutic Public Discourse,” *International Journal of Middle East Studies* 47 (2015). Also, see Salih Can Aciksoz, “Ghosts Within: A Genealogy of War Trauma in Turkey,” in this volume.

And more tangibly, the development of psychiatric instruments used to measure rates of PTSD among earthquake survivors (including, of course, the residents of Saddam's Homes) would appear again, fourteen years later, in psychiatric forensic reports being completed among protestors in Gezi Park to document the psychological effects of police violence. In this respect, we can recognize the 1999 Marmara earthquake not only as a defining moment in Turkey's history of psychiatric expertise around psychological trauma and the social permissibility of psychiatric terms for describing personal distress, but also as a critical moment in a set of global developments wherein the language of psychopathology, especially PTSD, emerged as a prominent idiom for expressing political critique in settings marked by large-scale crisis.³⁶

With a particular interest in the ways that psychopathologies can become entangled within large-scale political-economic processes in Turkey,³⁷ I have sought to develop an analysis attuned to the indeterminacies of social realities and the multiple forces at play in constituting the conditions of lives—such that the experiences of Erol, Mustafa, Emine, Ibrahim, or other residents of Saddam's Homes do not appear simply as symptoms of broader structural forces (which is not, incidentally, the same as privileging the “local” over the “global,” or “micro” over the “macro”). In the context of this issue's concern with interdisciplinary and comparative approaches to Turkish studies, I want to conclude by suggesting that such an approach holds particular promise for building an empirically grounded and theoretically ambitious future for the field. Here, I am specifically interested in the way that anthropology's ethnographic commitment to privileging actual lives, events, and situations as a means to approaching the force of large-scale societal processes³⁸ can work in concert with the sorts of empirical investments in the historical specificity of place characteristic of area studies. As such, the latter can be reimagined

36. For instance, see Fassin and Rechtman, *Empire of Trauma*; Ticktin, *Casualties of Care*; Erica James, *Democratic Insecurities: Violence, Trauma, and Intervention in Haiti* (Berkeley: University of California Press, 2010); as well as Petryna, *Life Exposed*.

37. Byron Good, “The Subject of Mental Illness: Psychosis, Mad Violence, and Subjectivity in Indonesia,” in *Subjectivity: Ethnographic Investigations*, ed. B. Good, et al. (Berkeley: University of California Press, 2007).

38. The anthropologists João Biehl and Peter Locke put this well when they argued that, “It is not enough to simply observe that assemblages exist; we must attend. . . to the ways these configurations are constantly constructed, undone and redone by the desires and becomings of actual people—caught up in the messiness, the desperation and aspiration, of life in idiosyncratic milieus.” See João Biehl and Peter Locke, “Deleuze and the Anthropology of Becoming,” *Current Anthropology* 51 (2010): 337; see Christopher Dole, *Healing Secular Life: Loss and Devotion in Modern Turkey* (Philadelphia: University of Pennsylvania Press, 2012) for a parallel set of questions with regard to that status of secularism in Turkey.

not as a rejection of theory—for which area studies is regularly critiqued—but instead as the very basis for a set of theoretical claims about the emergent and indeterminate qualities of social life. One of the distinct challenges here is to develop an analysis that is at once resolutely empirical and able to move across vast scales of experience, such that the complexity of affective processes and the intimacy of social ties can be recognized as a vital register of politics and economy, while simultaneously refusing to reduce one to the other. In our case, this has meant that my effort to track the struggle of the residents of Saddam's Homes to rebuild their lives in the aftermath of catastrophic loss has been concerned less with charting some sort of straightforward causal chain of events than with remaining open to the ambiguities and specificities of social existences as they form and transform in their movement through an emerging political, psychiatric, and affective terrain of post-disaster recovery in Turkey.

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