

HAIGAZIAN UNIVERSITY

The Narratives of the Survivors of the Beirut Port Blast in relation to their Recollections
of Past Tragedies in Lebanon

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A Thesis submitted to the Faculty of Social and Behavioral Sciences in partial fulfillment of the requirements for the Master of Art in Psychology – Emphasis: Clinical Psychology at Haigazian University.

Beirut- Lebanon

February 2022

This project was funded by the United Nations Human Rights Regional Office for the Middle East and North Africa and the UN Peace Building Fund. The views and opinions expressed in this work are those of the authors and do not necessarily reflect the views of the United Nations.

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The Narratives of the Survivors of the Beirut Port Blast in relation to their Recollections of Past
Tragedies in Lebanon

By

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is accepted by the Graduate Thesis Committee as satisfying the thesis requirements for
the degree Master of Arts/ Clinical Psychology

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Haigazian University

February 2022

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ACKNOWLEDGMENTS

First and foremost, I would love to thank my supervisor, Dr. Rita Merhej, for her constant encouragement, enthusiasm, and support. She never hesitated to continuously provide input and academic advice, whenever I needed, even on Sundays and on holidays!

I would like to thank my thesis committee members, Dr. Hanine Hout and Dr Nizar El Mehtar, your reassuring words and thoughtful insight have been very important to me, to the United Nations High Commissioner for Human Rights for sponsoring my thesis and supporting research in Lebanon, and to Dr. Arda Ekmekji, Dean of the Faculty of Arts and Sciences at Haigazian University, who believed in my potential to complete this project and never failed to show her comprehension and support.

A big thank you goes to my family and friends who stood by me during this time, I appreciate your constant support, encouragement, and sacrifices. I am forever grateful.

I would love to thank my colleagues in the field: *Sevana Topalian, Nermeen Saassouh, Sara Makki, Hussein Kleit and Alain Gebrayel*, you were my backbone throughout all of this, I wholeheartedly thank you.

Lastly, a huge thank you goes to all my participants who trusted me with their personal information. My research would not have been possible without you, *شكراً من القلب*.

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Abstract

On August 4, 2020, the city of Beirut was struck by a blast after roughly four tons of ammonium nitrate exploded in the capital's port. The explosion has left an insurmountable impact on the psychological, emotional, and financial wellbeing on the residents of Beirut which is still yet to be explored (UNFPA, 2020). Because, in Lebanon, trauma-related mental health dysfunction must be examined in light of the layers of piled up wars, traumas and complexities over the years, the present study moved away from the traditional post-traumatic stress disorder paradigm used in much of trauma research. It aims to explore the narratives of the survivors of the Beirut blast in relation to past war-related traumatic memories, among which experiencing the on-going disappearance of a loved one during the Lebanese Civil War era. Its purpose is to further fathom the conceptualization that the individuals have created considering these traumas, their personal explanation about what happened, their different theories and perceptions, as well as the mechanisms that helped them cope with such traumatic experiences. Based on case study design, and using the semi-structured interview technique, this qualitative study used content analysis to explore themes emerging from the narratives of a sample of the Beirut port explosion survivors who have also survived past war-related traumatic experiences in Lebanon. The emergent themes were *linking memories, anxiety, emotional impact, coping mechanism and complicated grief*. The analysis of such narratives provides an important window into conceptualizing trauma through a lens that is unique to the Lebanese context, considering the chronicity and recurrence of such traumas on the Lebanese population, and an understanding that could serve as a guide for future psycho-social and clinical interventions in the Lebanese context.

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Key words: Beirut Port explosion, trauma, survivor narratives, post-traumatic stress disorder, mental health, missing loved ones, case study.

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Chapter One: Introduction and Background

Beirut City was severely damaged by the blast after roughly four tons of ammonium nitrate exploded in the capital's port on 4 August 2020. Approximately 300,000 people were left homeless, over 7,000 injured, 220 dead, and many showed severe symptoms of psychological distress (UNFPA, 2020). Such a disaster has a wide range of not yet fully understood effects on both the individual and societal levels. On an individual level, Post Traumatic Stress Disorder (PTSD) has been the hallmark for diagnosing trauma-related mental health dysfunction (Bills et al., 2009; North & Pfefferbaum, 2013). However, the ample amount of quantitative research on trauma-related incidents and natural disasters by itself is not sufficient to conceptualize the full picture of responses to disasters and personal experiences (Batniji et al., 2006; Bills et al., 2009). Trauma, by its nature, disrupts the continuity and the ease of daily life. This disruption can be expressed in the stories trauma survivors tell about themselves and about their lives (Tuval-Mashiach et al., 2004). Embarking on the examination of subjective experiences of such a disaster while taking into consideration the Lebanese context that has layers of piled up traumas and complexities, is of great added value to the scientific community since it may add some contextual explanations of the experience of PTSD and eventually other mental health related issues, based on the unique dynamics and complexities of Lebanon.

The present study is three-fold: It first investigates the unique and subjective experiences of the Lebanese survivors of the Beirut Port blast, including bearing its consequences such as losing a loved one/property, being subjected to physical and emotional pain, and all that lies in between. Second, the study explores the perceived relationship between past and present traumas; and

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third, it examines the factors that helped the survivors cope with their trauma-related memories and their experience of the present disaster.

It is noted that this thesis is sponsored by a bigger project titled “Dealing with the Past - Memories for the Future” by the office of the United Nations High Commissioner for Human Rights. This project aims to support civil society, individual families, and national institutions in their collective efforts to seek the truth and move towards reconciliation around the legacy of the protracted period of civil wars (1975-1990) where several Lebanese people were abducted and whose fate is still unknown. Therefore, a specific emphasis on the experience of families of the missing persons is addressed throughout this research.

In all research on trauma, it is imperative to identify the nature of the traumatic event. Studies commonly categorize occurring disasters into *three types*: natural disasters that are not in human control; human-made non-intentional technological disasters; and human-made intentional acts such as terrorism, mass violence attacks and other personal events such as rape or violent assault. The nature of the disaster impacts the intensity of mental health consequences on the individuals who were exposed to it; such that human-made technological disasters, terrorist attacks, and mass violence, for example, tend to have a greater psychological impact on the affected population in comparison to natural disasters (Goldmann & Galea, 2014). Tyhurst (1951) coined the term “disaster syndrome” which describes the time directly after a disaster when the exposed persons are having symptoms such as feelings “stunned, dazed, frozen, unaware, or wandering aimlessly”. Studies focusing on post-disaster psychopathology confirm that exposure to such events is associated with a variety of mental health concerns, and it differs from one person to the other. Goldmann & Galea (2014) and North & Pfefferbaum (2013) affirm

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that disaster-related psychological distress symptoms generally resolve and decrease in intensity with time, and only become chronic in a substantial minority of individuals. North & Pfefferbaum (2013) stipulate that distress, to a certain extent, is nearly universal after disasters and is far more prevalent than the development of other psychiatric disorders. The most common psychiatric disorder after a disaster, PTSD, is generally diagnosed in individuals who were either at direct risk to the trauma, meaning they were directly involved in the scene, were eyewitnesses, or had a close associate exposed to the trauma. It has been estimated that PTSD may occur in up to 33%, and major depression in up to 25% in highly exposed survivors (Galea et al., 2005; Norris et al., 2002; North, 2007; North et al. 2012).

To better comprehend the literature behind this study, we should go through a rough look at the history of the Lebanese nation. Lebanon has been through wars and destruction throughout the years, where the city of Beirut alone was destroyed and rebuilt seven times (Volk, 2017). To understand the current situation that the Lebanese are living in, we cannot but take a quick look at the most recent civil war which left a devastating impact, both at the physical and psychological level, on the Lebanese citizen. A report by the Greenberg Research (for International Committee of the Red Cross, 1999) states that the war that has shuddered Lebanon for more than two decades is one of the most long-lasting, destructive, and complex conflicts that any country has tolerated since the end of World War II. These conflicts have left some “150,000 people dead, uprooted more than 800,000 others, and destroyed a once-thriving nation” (International Committee of the Red Cross, 1999). Volk (2017, p.3) reports that after the war has ended and warlords settled on an arranged agreement and put off the fire of the war, the prevalent mood back then within the people was “we’ve had enough of the war and a vision of

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reconstruction of the country with hopes of things changing to the better was widespread among the Lebanese” (Volk, 2017, p.3). It’s worth noting that the empirical literature on the Lebanese war(s) is restricted to prevalence studies on PTSD, depression, and other mental health disorders among the Lebanese population (Farhood et al., 1993; Farhood & Nouredine, 2003), and that there is a general lack of individual or communal reports of subjective experiences and responses towards these war-related traumas, except for what is commonly found in journalistic reporting. Hence how the Lebanese comprehend tragedies, survive through tough conditions, and manage to rebuild their lives afterwards, is an area of research worth investigating.

Research Aims and Rationale

To the best of my knowledge, a study examining the relationship between the narratives of the survivors of the Beirut Blast (recent /present trauma) and the narratives of the families of the missing persons (past trauma) has not been carried out before.

The present study explores the conceptualizations that the individuals have created in light of these traumas, their personal explanation (their theories and perceptions) about what happened, as well as the mechanisms that helped them cope with such traumatic experiences. Based on case study design, this is a qualitative study that uses content analysis to comprehend the narratives that were transcribed from the individual interviews with the participants. The experiences of the survivors of the blast, as emerging themes from the case study analysis, provide an important window into conceptualizing the resulting trauma outcomes, an understanding that can serve as a guide for future psycho-social and clinical interventions in the Lebanese context. Consequently, the research aims for this study are as follows:

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- I. *To explore the unique and subjective experiences of the Lebanese survivors of the Beirut Port blast.*
- II. *To explore the perceived relationship between past and present traumas.*
- III. *To explore the mechanisms that helped participants cope and manage with the traumatic experiences.*

Significance

Research investigating trauma narratives is shyly found in a country that has witnessed wars and traumas for the past 30 years. It is also debatable whether only the PTSD construct adequately captures the intensity of the individual experiences of the Lebanese who have been under the plight of repeated traumas, taking into consideration the social, economic, cultural, and political fabric of the country. Afana (2012) and El Hajj (2021) raise the issue on the problematic use of PTSD diagnosis in Arab countries; where close attention should be paid to events that would be widely perceived as traumatic in countries that experience little violence or oppression in comparison to those that are living with daily conflicts and political violence. Accordingly, whether an event is perceived as life threatening and arouses intense fear, horror, or hopelessness will depend on its context. The description of PTSD in both the DSM V and ICD-11 captures an accurate model in most post-conflict or natural disaster situations where it assumes that the stressful event has terminated, and intervention is needed. Conversely, the descriptions do not speak to a situation that has become relatively common in the Arab world, in which the described latency period for development of the syndrome never passes without a new exposure to increasing traumatic events.

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Going beyond quantitative prevalence research in Lebanon is therefore much needed to further understand the intensity of the traumatic experiences of the Lebanese. Analyzing the subjective experiences post the Port trauma and relating these findings to the survivors' past recollections of repeated war traumas in the unique Lebanese cultural, socio-economic, and political context is of great added value to the scientific community. It adds contextual explanations to the experience of PTSD considering people's exposure to repeated past traumas, it highlights the presence of other mental health related issues that may be unique to the dynamics and complexities of Lebanon, and it provides insight into people's coping mechanisms in light of their exposure to repeated traumas (past and present).

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Chapter Two: Review of the Literature

The Lebanese Context

After World War I ended and the Ottoman empire collapsed, the Arab world map was redrawn. In collaboration with the French, it wasn't until 1926 that the Republic of Lebanon was declared with the demographics that we know today (Salibi, 1993). Lebanon's dynamics were redrawn geographically and politically; where in order to establish a government that represents all parties, governors resorted to implementing sectarian quotas that would attract different sovereigns coming from different religious backgrounds to participate in the rule (Traboulsi, 2012). The nation had had its own share of political division and identity confusion, where a portion of the country was calling for a state of Arabism, and another portion was calling for the connection with the West (Salibi, 1993). To add to that confusion, the road to independence was not free from clashes and violence, nor from other nations' influence, such as France's constant interference with Lebanon's politics and later on the influence of neighboring Arab states (Traboulsi, 2012). As Lebanese leaders started to build their own vision for the country, the parliament where most legislative and pressing decisions are taken, was reserved to the countries "za'ims" who represent the various sects. Alliances were formed causing a division in power between leaders who worked for different agendas. It wasn't until April 13, 1975, that a nationwide civil war commenced and took toll for the upcoming 15 years (Traboulsi, 2012). Lebanon's context is particularly interesting to study because of the recurrent traumas that the citizens have been exposed to, making it important to deliberate Lebanon's political history to understand the current psychological situation that the Lebanese are enduring. The Civil war on one hand has left unsurmountable damage on the Lebanese, changing Lebanon's geo-politics and

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dynamics which came at the cost of their well-being and comfort during the 15 years of war (Traboulsi, 2012).

Farhood et al., (1993) highlighted the effect of wars that go beyond physical casualties and somatic disorders, where they emphasized that wars produce a variety of stressful life experiences that have been shown to be related to a wide range of psychiatric disorders such as *depression, anxiety, and poor interpersonal relationships*. Their study investigated the stress dimensions of the Lebanese civil war on both physical and psychological aspects on residents of Beirut city; data collection began in 1987 just two years before the civil war was tamed. Results showed that depression was the most prevalent mental disorder followed by anxiety and other psychological symptoms such as anger and stress, which directly affected the interpersonal and personal facets of the daily lives of the Lebanese. The social and economic changes that were in alignment with the violence of the war have led to an increase of stressful experiences due to the changes of lifestyle that the residents were used to; the authors mention that the desire to remain social and connected with others has helped the Lebanese in coping while in stressful situations. To illustrate, in spite of the threats of the dangers of the war, participants reported having maintained their support system throughout the time of war in terms of communicating and socializing with their family and friends. Such data offers insight on how residents of Beirut city cope in face of threats and disasters, and how social support and communication helped them reduce their levels of distress. The findings of this study suggest that family unity and cohesion, which are heavily based on social support and communication, are the axis of the Lebanese values, beliefs, and culture.

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“Missing Persons”

An area that was not given much research attention is that related to the devastating damage the war left on the families who have lost their loved ones, in particular those who were kidnapped during the period of 1975-1990 and who are estimated to be 17,000 people missing during that time (El Deeb, 2018). The grieving families organized a committee titled “Lebanon’s Committee for Families of the Kidnapped and Missing” back in October 1982 and have since then continuously demonstrated in the face of the Lebanese government for their right to know about the fate of their relatives and loved ones (Hussein, 2018). Wadad Halwani, the founder of the organization and whose husband was abducted back in 1982, describes the scene of her husband’s abduction with full details and vivid description. Abou-Zahr (2017) demonstrates Halawani’s experience:

“Wadad cried so hard on that sad September night at the sight of the empty bed. Day after day, she looked inside herself for ways to survive. She wrote Adnan love letters that never found their way to his eyes or hands. She had to be strong for her kids and husband. Her little boys (6 and 3 years old) were asking about their father. She invented a lie, and this led to another as time passed until one day her elder son learned from another boy that Adnan had been abducted.”

Wadad’s traumatic and horrifying experience is one of the 17,000 abducted, as per the families of the disappeared, however the official number declared by the governments commissioner is only 2,046.

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A glimpse of hope was recently given to the families where Law 105 was drafted and passed in 2018 granting families the right to know the place of abduction or detention of their loved ones, as well as the whereabouts of their remains and the right to retrieve them (International Committee of the Red Cross, 2018). However, despite the law being passed, it has not been an easy task to agree on its logistic execution, leaving the families with a glimpse of light only and no further action (Arab News, 2019). The case of the missing people is a fundamental example of the various types of suffering the Lebanese have borne during the civil war and are still bearing up to this day.

One organization that has been very active in this particularly traumatic, somewhat undermined war-related issue in Lebanon is the International Committee of the Red Cross (ICRC). The ICRC has been present in Lebanon since 1967 and has carried out its humanitarian work through periods of conflict, including 1975-1990 civil war. They are involved in advocating for matters such as restoring family links and searching for the missing persons in countries of conflict. They help the families of the missing persons by showcasing and shedding light on their struggle on one hand; where for example, on August 30 which has been marked as the *International Day of the Disappeared*, the ICRC created an interactive online experience that would walk the users through the struggles of the families and the difficult choices they had to make to look for their missing loved ones. On the other hand, they call for the implementation of national and international laws that would support the families' right to know the fate of their missing loved ones. The ICRC's objective is to provide the necessary technical and advisory support in finding the truth about the persons who went missing since 1975, and their will to

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continue supporting these families and the upcoming generations in their search for the truth (International Committee of the Red Cross, 2021).

Ambiguous Loss

The loss that the families of the missing persons had to endure has been coined “ambiguous loss” and is defined by Boss (1999) as “a situation of unclear loss that remains unverified and thus without resolution”. Boss (1999) described ambiguous loss happening in two situations: when the person is perceived as physically absent but psychologically present (like the kidnapped and missing persons) and when the person is physically present but perceived as psychologically absent. This loss is not definitive, as there is not a clearly defined “death” that can draw a sense of closure to the families and loved ones, which leave the individuals feeling as if they are “in limbo” as they struggle to live with and adapt with this ambiguity (Boss, 2016). Boss describes the experience of ambiguous loss like a “never-ending roller coaster” that affects family members on all aspects, be it physically, cognitively, behaviorally, and emotionally. On the physical level, symptoms may include feelings of fatigue, sleep disturbances, and somatic complaints that may affect various body systems. On the cognitive level, symptoms may include preoccupation, rumination, forgetfulness, and difficulties concentrating. On the behavioral level, manifestations may be expressed through agitation, withdrawal, avoidance, dependence, or a pressing need to talk and vent at times. And on the emotional level, symptoms may include feeling anxious, depressed, numb, angry, and/or irritable. Boss (1999) notes that with ambiguous loss, the resolution of loss and grief is set to be impossible without knowing the status of a loved one as absent or present, or dead or alive. Ambiguous loss can become problematic psychologically when the conflicting feelings of hopelessness and helplessness eventually

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together lead to depression. Psychologically, it constitutes a problem when the conflicted feelings of ambivalence lead to guilt, anxiety, and immobilization. Overall, people experiencing ambiguous loss are immobilized both socially and psychologically (Boss, 1999), this can be best depicted in the interview with Wadad Halawni referenced above, which highlights the immobilizing and horrifying experience she has lived when her husband went missing, and the accompanied feelings of guilt and hopefulness/hopelessness in her journey.

Lebanese Past Trauma

Seeking a deeper understanding of the mental health of the Lebanese during the civil war, The International Committee of the Red Cross (1999) interviewed a wide range of people affected by the war, such as relatives of missing persons, young people who grew up in the war, ex-combatants, first aiders... To grasp the aftermath of the civil war on the mental, physical, and psychological well-being of the Lebanese, a nationwide quantitative survey was administered to 1,000 individuals (above 18) who were randomly chosen between March and April of 1999 and were asked by trained volunteers to fill a questionnaire about their war-related experiences. Results showed that “three out of every 10 people lost a member of their family in the war and 60 per cent lost contact with a close relative. Nearly half (47 per cent) suffered serious damage to their property and nearly a third (31 per cent) had their houses looted. Forty-three per cent had to leave home and live elsewhere. More than three in five Lebanese (62 per cent) say they felt humiliated during the war. Many felt the impact of the war in its most direct forms: 14 per cent were wounded; 12 per cent were tortured; 7 per cent report the sexual assault of an acquaintance; and 6 per cent were kidnapped or taken hostage” (ICRC, 1999, P.11). Analyzing these numbers is imperative in conceptualizing the amount of physical and psychological damage that the war

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has left. Along with the questionnaire, in-depth interviews and focus groups consisting of relatives of missing persons, young men who grew up during the war, ex-combatants, former detainees, those wounded in the war, Lebanese Red Cross first-aiders and displaced women, were additional tools utilized within this research. While the main themes that emerged from the focus groups and the in-depth interviews centered around the participants' feelings of hate (47%), humiliation (46%) and horror (43%) regarding war, an alternate point of view emerged within the same groups where a sizeable number of participants described the war positively, namely as challenging (13%), exciting (6%) and hopeful (3%). Researchers were also interested in knowing how the participants perceived the incentives behind the war, how they made sense out of it, and who was responsible for it. Most of the participants' testimonies stressed the animalistic character of the fighters and the lack of respect for human life. However, different views were also expressed by some of the study's participants, such as perceiving this experience (war) as a rebirth for patriotism, nationalism, and a hope for creating a Lebanon where citizens put their nation as a priority over their alliances, religious beliefs, and international coalitions.

Following the civil war, the country never knew peace and certainty. The south of Lebanon has been in conflict with the Israeli military since 1985 until the present day. Farhood et al. (2006) studied the degree of exposure to traumatic events and prevalence of posttraumatic stress disorder (PTSD) and nonspecific general psychiatric morbidity in a civilian population from the South of Lebanon. Authors used a cross sectional design to measure the relationship between exposure to repeated wars and the development of psychiatric morbid disorders and general health complications. Results show that almost all participants ($n = 256$) were exposed to several traumatic events and the majority had personally experienced at least one. From that

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sample, 29.3% had developed PTSD, and the prevalence was higher in older, less educated citizens and in women. Such findings help identify vulnerability factors in the Lebanese population. On the other hand, Bosqui (2020) highlights that the experiences during the 2006 war were found to be associated not just with distress, but with community resilience as well, when such experiences were comprised of community cohesiveness, a shared identity, and social support.

In another study on the psychological aftermaths of a 1994 bomb-explosion in a Beirut suburb near the altar of a Christian Maronite church resulting in the death of nine people and the injury of around 42 Lebanese civilians, Farhood and Nouredine (2003) showed that even 15 months after the explosion, high levels of PTSD were reported for direct victims while none were reported for the residents of neighboring areas. However, depression was as high as 42% among the total sample, without any significant difference between direct victims and those living in neighboring areas. The authors note that depression rates were present even prior to the explosion and this was attributed to the people's exposure to the long-lasting war and the chronic economic and social burdens.

Lastly, El Hajj (2021) reviewed 11 articles for a total sample of ($n=5875$) on the prevalence of PTSD in Lebanon between the years 2003 and 2020. In particular populations, the percentages of PTSD prevalence within these studies ranged between 2% for a population ($n=2875$) of adult institutionalized patients (Karam et al., 2006) to 98% for a population ($n=85$) of battered women (Khadra et al., 2015). The results of this review suggest that PTSD is relatively common within Lebanese adults and the presence of factors such as female sex, economic

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hardships, low educational levels, unemployment, the witnessing/experiencing traumatic events, as well as the presence of comorbid psychological disorders were associated with higher PTSD rates.

Lebanese Recent Trauma and Present Stressors

The impact of the Beirut Port explosion on August 4, 2020, was no different from the previous tragedies. Shortly after the blast, the ICRC (2020) interviewed citizens of affected areas who expressed their feelings of sorrow by avowing how horrific and terribly unforgettable this experience has been to them. Residents of the damaged areas communicated how difficult this has been on them in terms of processing and accepting that they have lost their homes and loved ones. According to ICRC (2020), this explosion came after an accumulation of unfortunate socio-economic circumstances that the country has been going through; for the past 10 months where people's mental health has been marked with an increase in symptoms related to hopelessness, depression, and suicidal thoughts even prior to the explosion. Such an observation comes in line with several studies that have focused on the impact of negative life stressors and experiences post trauma; Garfin et al. (2020) studied the relationship between the exposure to previous negative life experiences and post trauma following the Boston Marathon Bombing and confirmed that a great number of prior stressful experiences is positively associated with functional impairment and Post Trauma Stress. Traumatic experience and recent worrying stressors can lead to adverse outcomes following a collective trauma making a population more vulnerable compared to people without prior similar conditions.

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Goldmann & Galea (2014) confirm that several pre-factors play a role in the way people deal with trauma. These factors include having poor mental health, going through life stressors, not having a support system, and coming from a low socioeconomic status background. However, different people will react differently to the same traumatizing stimulus; thus, despite that the same trauma leaves an impact on the broad population, wide individual differences in psychological responses exist (Garfin et al., 2020).

In the past two years, Lebanon has been going through an unprecedented socio-economic and political crisis. A description by Abouzeid et al. (2020) summarizes the crisis by stating that Lebanon's context is one of chronic developmental challenges, having the country's social, health, and transport/infrastructure system overburdened as well as having wide corruption, clientelism, and political/economic mismanagement that led to 80% hyperinflation in the economy; the prices of food and services increased up to 200%, and poverty rates that jumped from 28% in 2019 to 55% in 2020. Lebanon's suicide hotline reported that calls increased significantly (Abouzeid et al., 2020). It is believed that such socio-economic and political stressors may have significantly affected the narratives of the Beirut blast survivors, hence the importance of examining these pre-trauma stressors.

Coping with stress in Lebanon is an area that is worth exploring in a population that has been subject to repeated traumas and culminating in the Beirut Port blast. As reported by Mawad (2021), since August 2020, 67% of the phone calls on the National Suicide Hotline were from people in emotional distress, and 28% had suicidal thoughts. The collective processing of events, through the sharing of stories and videos, has also been intensely observed in the days and weeks

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following the explosion (Bosqui, 2020). One of the victims of the Beirut Blast reported to Médecins Sans Frontières (MSF) (2020) that she felt a state of shock when the explosion happened, and an intense amount of fear rushed through her. However, the feelings of panic and daze were rebottled by the urge to do something and to make herself useful during these harsh times. A day after the explosion she ended up helping with rescue teams and emergency services and voiced her experience to MSF saying that “Almost everyone I know has been contributing, in one way or another, to rebuilding this shattered city, piece by piece. This has given me the strength to wake up tirelessly every day since the blast and to keep hold of hope”. Similarly, the local Arabic-speaking daily newspaper An-Nahar (2020) documented action-oriented behaviors where hundreds of volunteers from all over the country provided help to clear debris, cover broken windows and doors, and offer water, food, and shelter to affected people. It is important to mention, in this context, that the international relief and aid that was pouring in from various countries after the blast did not include just “money, medical supplies, rescue crews, medical specialists, planes/helicopters, and food” (MSF, 2020), but psychosocial assistance as well. Non-governmental organizations (NGOs) rushed to provide different types of mental health support; one such NGO, the Malteser International, reported that many victims have asked for sedatives to get over the next twenty-four hours, and deployed “a specialist to Lebanon to help provide psychosocial care for trauma victims.” (Relief Web, 2020). Another NGO, Embrace Lebanon, has launched its Mental Health Clinic and expanded the scope of its services right after the explosion and has supported over 750 people since the Beirut Blast, most of whom were experiencing symptoms of depression and anxiety (Mawad, 2021).

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At the governmental level, the National Mental Health Programme in the Ministry of Public Health published a report projecting a three-month plan to respond efficiently to the needs of the affected population. This plan included mapping resources, coordinating activities and assessments, ensuring provision of Psychological First Aid, promoting access to general information that affected people might need, as well as disseminating key mental health related messages through social media, TV, radio, and other platforms (Ministry of Public Health, 2020).

Trauma

While variations of trauma have been addressed in the literature, namely collective trauma (Kellermann, 2007), trans-generational trauma (Grand & Salberg, 2020) and complex trauma (Mooren & Stöf sel, 2014), the current study rests upon a general understanding of trauma which is further sub-conceptualized as a function of the questions asked to participants during interviews. The American Psychological Association describes a traumatic event (such as accidents, hurricanes, earthquakes and other disasters) as typically unexpected, sudden and overwhelming. An emotional reaction to such events is expected and people who usually experience these events have strong emotional responses towards them which in turn influences their behavior, thoughts, and feelings (American Psychological Association, 2013). Such a description is well reflected in the testimonies of the Beirut Port blast survivors recorded by Al Jazeera (Dekker, 2020): “It came into our homes and took our happiness, our souls” said a woman who lost her husband in the blast. “Everything is gone – places, even people. There is nothing to be attached to anymore” said a Lebanese who returned to Lebanon after the explosion. “Nothing compared with this – not the years of civil war, assassinations, car bombs – this was

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different. It is different” said a government employee who was present on the ground post the explosion.

Collective trauma

Roughly 2,424,000 residents currently live in Beirut, an area that is equal to 19.8 km² and the largest city in Lebanon. The August 4 Beirut Port explosion did not only affect the residents of Lebanon, it was also heard from Cyprus, which is 200km across the Mediterranean Sea, and was equivalent to a 3.3-magnitude earthquake which blew out windows and buildings that are in the parameter of the area (BBC News, 2020). The explosion was experienced nationwide and may be considered as an example of collective trauma, which as described by Kellermann (2007) is “the form of trauma that remains hidden in the dark abyss of the unconscious, with having profound after-effects that are manifold and far-reaching” (p.33). Kellermann states that this trauma might diminish overtime, however its physical and psychological imprint can last around for years and even for generations. Hirschberger (2018) defines collective trauma as “the psychological reactions to a traumatic event that affect an entire society; it does not merely reflect an historical fact, the recollection of a terrible event that happened to a group of people. It suggests that the tragedy is represented in the collective memory of the group, and like all forms of memory it comprises not only a reproduction of the events, but also an ongoing reconstruction of the trauma in an attempt to make sense of it.” (p. 1)

Transgenerational Trauma

Rosenheck (1986) emphasized that post-traumatic stress in reaction to wars or stressful events does not only seem to persist over an extended period of time but might persist throughout

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life and into the next generation; this has been verified by the research on PTSD in the offspring of World War II veterans. Research conducted by Bar-On et al., (1998) and Rowland-Klein and Dunlop (1998) on the traumatic effects of the Holocaust confirm that the trauma can be transmitted through generations. They suggest that the war trauma experienced by Holocaust survivors can be transmitted to second and third generation family members. They identified four themes that characterized the transference of trauma in second and even third generations, which are namely (1) heightened awareness of the parents'/grandparents' (2) Holocaust survivor status (3) parenting style (over identification with parents'/grandparents' experiences) and (4) general fear and mistrust of people.

Complex trauma and Continuous Traumatic Stress

Courtois (2004) refers to complex trauma “a type of trauma that occurs repeatedly and cumulatively, usually over a period of time and within specific relationships and contexts. The term came into being over the past decade as researchers found that some forms of trauma were much more pervasive and complicated than others.” (p. 1)

Building up on the above literature on Lebanese tragedies, it is evident that the repetitive exposures to traumatic experiences has put millions of Lebanese at a high risk for developing PTSD, thus creating a *complex collective trauma* (Bosqui, 2020). The present psychological literature is inclined to focus on singular experiences and associated individualized interventions, neglecting wider social systems and interpersonal processes (Maercker & Horn, 2013). In turn, PTSD models which have been developed for the most part in High-Income countries (i.e. Europe and North America) at the individual level, generally pre-assume a certain level of

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current safety, with a clear distinction between pre- and post-trauma time frames (Ehlers & Clark, 2000). This assumption poses limitations in the application of PTSD on populations facing ongoing and real threats of violence and loss, with the risk of adopting an individual approach that is inappropriate to the context of collective trauma (Wessells, 2009), and undermines natural and normal reactions to complex instability and violence (Summerfield, 2000).

Conversely, the term “Continuous traumatic stress” was coined and developed in the 1980s by a group of mental health professionals working in apartheid-era South Africa who were attempting to provide psychological support to victims of political violence within a context of ongoing state repression. The term describes the psychological impact of living in conditions in which there is a realistic threat of present and future danger, rather than only experiences of past traumatic events, and centers the difficulties of addressing past exposure in the context of an accurate appraisal of the potential for current and future harm (Straker & The Sanctuaries Counselling Team, 1987; Stevens et al., 2013). Hence, Stevens et al. (2013) suggest that the prevalence of both political and community violence globally may also find resonance with the concept of *continuous traumatic stress* among researchers and practitioners working in a variety of contemporary contexts. The authors criticize the literature on PTSD as it being very much tied to clinical observations and research with trauma survivors living in high-income countries, and therefore does not take sufficient account of the experiences of those living in the often conflict-laden and resource-constrained contexts represented by the low-income countries. Studies of trauma originating from countries with a low human development index remain extremely rare (Figueira et al., 2007; Schnurr, 2010 ; Kaminer, 2012), this is especially problematic when we

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consider that violent conflicts are most prolific in settings in which there is low per capita gross domestic product; for example, in the Middle East, Africa, Southeast Asia etc.

Based on our understanding of the current situation that Lebanon is going through (cumulative trauma) and the trauma-loaded past (repeated trauma) of the Lebanese citizens, it's best to say that in this study, *complex and collective trauma* are the basis for the theoretical background of the research at hand. The rationale behind this goes back to the nature of the prolonged traumatic experiences that the Lebanese have been living with for decades now, as well as having these exposures being in the framework of a collective community rather than a single individualized distinctive experience.

The aftermath of trauma

The aftermath of traumas plays a role at multiple levels, namely: individual, family, community, and society. As per trauma research, mental health problems are expected to develop following a disaster. According to Goldmann & Galea (2014) two main risk factors for developing trauma related mental consequences post-disaster are (1) having life stressors (such as property damage, job loss) and (2) low to null social support (such as marital stress, low levels of support). These factors tend to increase one's vulnerability for developing PTSD, depression, substance use and other stress related mental health disorders. In accordance with the literature, it is evident that disasters or terrorist attacks impact individuals' way beyond the physical scope; their emotional, cognitive, spiritual, and psychological well-being are on the line. It is estimated that there are between four and fifty *psychological victims* for every physical fatality in a terrorist attack. A survey one week after the September 11 World Trade Center bombing showed that "44

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percent of adults and 35 percent of children had one or more substantial symptoms of traumatic stress” (Beinecke, 2014). After such events the aftershock seems to leave an impact on a range of people including injured survivors, survivors who were highly exposed to the event, grieving friends and family, individuals who have lost their homes or businesses, people who have preexisting traumas, front line helpers and rescue workers, and people from the greater community who feel as involved and may want to be part of the help provided after the disaster (Beinecke, 2014; Ruzek et al., 2006). Silver et al. (2002) formerly conducted a longitudinal study to assess psychological responses to the 9/11 terrorist attack in the United States. Findings show that after six months of the attack, the effects of the trauma continued throughout the whole country and especially among individuals, who for the greater part were not directly affected by the attack. Results also interestingly showed that Post Traumatic Stress symptoms, while declining over the period of 6 months, were still considered relatively high. In addition, individuals continued to have anxiety about future terrorist attacks that might affect them or the ones they loved.

To grasp the role of different institutions involved in the relief plan after trauma, Beinecke (2014) investigated the different parties that were in the response towards the Boston Marathon Bombing which took place in 2013; interviews with various people present at the bombing site showed that the police, fire departments and paramedics alone were not sufficient to help in the aftermath of the bombing. Public health and mental health officials were critical partners to join the multidisciplinary team and help survivors rebuild their lives. It was shown that after the attack, thousands of people accessed mental health services, as Boston city embraced mental health as part of the national disaster response agenda. It is believed that the

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efficacy of such a response was in light of the previous World Trade Center bombing, as lessons were learnt on how to meritoriously respond to such disasters.

Compared to the Western context, understanding the aftermath of trauma(s) in the Lebanese context as well as in the context of other Arab countries provides different insights: Wispelwey and Abu Jamei (2020) raised this concern in their study on the prevalence rates of mental illness in the occupied Palestinian territory, which according to Western standards, are some of the highest in the world. Compared to Americans, Palestinians have three to four times the rate of post-traumatic stress disorder; similarly, depression rates significantly exceed those of other Eastern Mediterranean countries. Mental health practitioners in occupied Palestine believe that the Western mental health methodology is merely capturing the tip of the iceberg, where there lies a distinction between an end diagnosis and the underlying justified communal misery and pain. The authors highlight that “in particular, therapeutic psychosocial approaches that assume that people suffering from trauma are now *post*-trauma are destined to fail in a region where trauma is continuous, and the triggering context is often unavoidable.” (p.3)

This implies that, in the time of treatment for a mood disorder for example, the progress will be delayed because of the continuous trauma, persistent anxiety and fear due to the lack of security and constant concern from imminent harm. Marie et al. (2020) report that lack of feeling safe is the main cause of mental disorders such as anxiety, PTSD, and depression; Palestinian people are constantly exposed to lack of security and safety due to the practices of the Israeli occupation. Several studies show that the greater the exposure to traumatic events, the greater the likelihood of developing PTSD symptoms; hence undoubtedly, increased frequency and severity of war can cause severe symptoms and, in particular, PTSD symptoms. Furthermore, Wispelwey

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and Abu Jamei (2020) reveal that even the mass protests that regularly take place in Palestine and are usually associated with feelings of *empowerment* and *hope*, became displaced by exacerbated psychological symptoms. Initially, positive mental health outcomes were anticipated with the rise of the resistance and the expectation of a meaningful response from the international community. Two years into the protests, the situation was consistently declining downwards, where hundreds of deaths and tens of thousands of injuries kept on taking place under the eye of local and international communities. The foreseen positive outcomes have turned into further burdens on the collective social fabric that is misfortunate with limited economic resources and is distressed from a surge in physical and mental trauma. This eventually led to a significant increase in patients being diagnosed with depression, anxiety, PTSD, and relapsing mood (Wispelwey & Abu Jamei, 2020). Both continuous traumatic events and mass protests are two elements the Lebanese share with the Palestinian community, making these findings extremely valuable to the research at hand.

Finally, following disasters, change is anticipated, and the changes that take place after traumatic experiences are not necessarily always negative, while in fact previous research has shown that positive change and growth are probable after times of difficulty (Barton, 1970). Indeed, Landau et al. (2004) show that positive attitude change was manifested by individuals in the United States who were directly or indirectly exposed to the 9/11 attack, as reflected in increased *altruism*, *kindness*, and *solidarity*. Cultural changes also took place; such as sacrificing personal liberties in favor of the nation's security, and a perceived increase in religiosity as well as patriotism (Landau et al., 2004). Poulin et al. (2009) found that the state as a whole, in the

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wake of a national disaster, gained religious social benefits which were positively associated with personal well-being.

Trauma Narratives

Brison (1999) demonstrates that when survivors of trauma, such as survivors of the Nazi death camps and Vietnam war veterans, speak about their stories they frequently state that they are not the same people before and after the trauma. The contents of traumatic memories are highly culturally bounded, making the survivors' cultural realm an essential figure in the formulation and articulation of the incident. A number of studies have focused on the narratives of the victims of traumatic events, for example after the September 11 terrorist attack in the United States. Bills et al. (2009) recorded the narratives of rescue and recovery workers who were in the World Trade Center during the attack. These narratives gave the authors greater insight on how different exposures could lead to different roles as well as different attitudes towards the same experience. Interestingly, the narratives conveyed how the long working hours, pressure from supervisors and tedious work conditions were directly involved in their response to the incident; these conditions were among the psychological factors that negatively contributed to the distressing nature of their experience. This illustrates that negative psychological conditions can affect trauma levels, as well as aggravate the experience of the respondents. This is supported by Tuval-Mashiach et al. (2004) who investigated the narratives of five different trauma victims who were subjected to a life-threatening terrorist attack that took place in Jerusalem. Findings of the study indicated the differences in the perception and interpretation of a traumatic event may arise from various sources among which are personality traits, situational factors (if one was directly exposed to the traumatic event or not), physical

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injury, and background variables (such as past trauma). In addition to that, not only do these factors influence narrating the event, but they also affect the later coping and recovery methods as reflected in the stories of the victims during the follow-up period.

Resilience

The American Psychological Association defines resilience as “the process of adapting well in the face of adversity, trauma, tragedy, threats, or significant sources of stress—such as family and relationship problems, serious health problems, or workplace and financial stressors. As much as resilience involves “bouncing back” from these difficult experiences, it can also involve profound personal growth. (American Psychological Association, 2012, p. 1). However, most people who experience disasters do not develop intense psychological distress, and that resilience refers to their ability to recover in a short period of time and bounce back to their daily routine (Goldmann & Galea, 2014).

Bonanno (2004) defined adult resilience as “the ability of adults in otherwise normal circumstances who are exposed to an isolated and potentially highly disruptive event such as the death of a close relation or a violent or life-threatening situation to maintain relatively stable, healthy levels of psychological and physical functioning . . . as well as the capacity for generative experiences and positive emotions.” (p. 20).

In sum, it can be said that after they are exposed to a traumatic event, resilient individuals may experience short-term dysregulation and reactions that include emotional and physical variability, yet they are able to function to a significant degree and continue fulfilling their roles, including personal and social responsibilities, and embracing new experiences as well as

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reporting little or no psychological symptoms of distress (Bonanno et al., 2007). Several variables play a role in an individual's resilience capacities. For example, in the context of the 9/11 terrorist attack in the United States, results showed that *females* were less resilient, and that *ethnicity* was a risk factor in the development of PTSD, where having an ethnic minority status, such as being Hispanic, is often reported as a risk factor for the development of PTSD. It was also found that *older* and more *educated* people were more likely to be resilient and develop less symptoms of PTSD. Factors such as income increase, social support and the absence of chronic diseases have been found to be well grounded predictors of high levels of resilience. Wayment (2004) found that the presence of a supportive social environment that embraced discussion of feelings and thoughts after trauma was associated with lower levels of distress. Similarly, Butler et al. (2009), in alignment with Bonanno et al. (2007) found that educational attainment was associated with higher well-being and lower distress following a disaster, however gender in Butler et al.'s study was found to count for less than 1% of variance in resilience indices. Butler et al.'s findings suggest that "the person most likely to be resilient after indirect exposure to the attacks of September 11, 2001, was someone who was open to his/her emotional reactions, who inhabited a social environment that did not constrain expression and discussion of those reactions, and who did not suffer a damaged worldview. In this case, resilience involves making use of cognitive, emotional, and social resources to face rather than avoid tragedy, although it appears from the present findings that the way the individual thinks about the event is most critical." (p. 6).

It is understood that the term "resilience" has several underlying facets which would play a role in comprehending the psychological status and response of people when faced with

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negative experiences or disasters. Looking at resilience in the Lebanese context, Abouzeid et al. (2020) describe it as a recurrent process of “rebuilding from rubble”: “Widely hailed for their resilience and ability to overcome recurrent adversities, the Lebanese have endured enough, and their resilience is not reason for ongoing lack of political accountability and reform.” (p. 2). In other words, what Abouzeid et al. (2020) mean is that while it is vital to recognize the devastating impact of the repeated traumas on the Lebanese, it is important not to glorify their tragedies and label their ability to overcome them as merely resilience.

The present study aimed at exploring the unique and subjective experiences of the survivors of the Beirut Port blast, in particular those who had witnessed and experienced several repeated past traumas, taking into account how they made sense of the event and what helped them cope during and after that difficult time. Of specific emphasis in the present study is the narrative of those whose loved ones (grandfathers, husbands, brothers, uncles) were kidnapped during the 1975-1990 era, referred to as “missing persons”, and whose fate is still unknown.

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Chapter Three: Methodology

Research Aims and Design

The aim behind this research is to explore the unique and subjective experiences of the survivors of the Beirut Port blast, in particular those who had witnessed and experienced several repeated past traumas, taking into account how they made sense of the event and what helped them cope during and after that difficult time. Of specific emphasis in the present study are the narratives of those whose loved ones (grandfathers, husbands, brothers, uncles) were kidnapped during the 1975-1990 era, referred to as “missing persons”, and whose fate is still unknown.

The design of this study is based on the recommendations of Merriam & Tisdell (2015) who recommended the use of qualitative research when the research is focused on particular experiences and the meaning behind the experiences. Creswell (1998) defines qualitative research as “an inquiry process of understanding based on distinct methodological traditions of inquiry that explore a social or human problem. The researcher builds a complex, holistic picture, analyzes words, reports detailed views of informants, and conducts the study in a natural setting” (p.15).

Case Study Design

The methodological paradigm followed in this study is the case study design. Case studies are “an exploration of a ‘bounded system’ of a case or multiple cases over time through detailed, in-depth data collection involving multiple sources of information rich in context” (Creswell, 1998, p. 61). Creswell (2009) and Merriam (1998) each posit that all methods of data collection may be used within case study analysis. The present study used semi-structured

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interviews: thematic format, specifically exploratory semi-structured interviews. Exploratory semi-structured interview method is frequently used when the topic at stake needs to be explored in more depth from a range of distinctive perspectives (Cassell, 2015).

Ethical Considerations

The present research study received ethical approval from the Haigazian University Social and Behavioral Sciences Ethics Committee (MA.11.21, December 1, 2021, see **Appendix A**). As this research falls *under trauma-focused research*, essential considerations to balance the possible risk and benefit of conducting such a study were examined. To begin with, all the participants were treated in accordance with the ethical guidelines of the American Psychological Association (APA) and the University of Haigazian Institutional Review Board (IRB). To keep in mind, the basic principles of research, as outlined in the International Guidelines for the Ethical Review of Epidemiological Studies (1991) include the respect for the individual, non-maleficence, beneficence, and justice. Certainly, during all phases of trauma-focused research it is important to be aware of the risks to safety and confidentiality for all participants while at the same time promoting dignity, well-being, and autonomy. Seedat et al. (2004) made an argument on the valuable outcomes of the results of *trauma-research* despite the possible risks that are naturally predicted within any form of research. They highlight that “recent observations that many trauma survivors are grateful for the opportunity to share their experiences with a researcher who is unlikely to judge or condemn them suggests that this population may be less fragile than we think, even in the acute aftermath of a traumatic event” (p. 235). This implies that for many survivors, sharing their personal stories of trauma provides them with an opportunity to give testimony about the past, and is essentially perceived as therapeutic. A worry that typically

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arises when studying trauma survivors is the anticipation of a painful and disturbing experience that might surface while reviving the memories of their agony. Seedat et al. (2004) address this by stating that “the notion that participants are “re-traumatized” through research participation may be inaccurate, because perceptions of uncontrollability that characterize actual trauma cannot be equated with the experience of reliving an event in the controlled research setting.” (p. 236). Newman et al. (1999) assert that the vast majority of respondents in their research expressed their relief and gratitude to be part of their study, enjoyed having the opportunity to talk, and declared no regrets despite some having mild short-term distress.

Following the lead of Seedat et al. (2004) who recommend that dignity and integrity of trauma survivors should be always weighed against the pursuit of scientific inquiry, precautions were taken at every step of the way to maximize possible benefits and minimize potential risks. These precautions included addressing the potential risks that may arise from the interviews as there existed a possibility that participants may feel distressed while talking about their experiences or the possibility that they might have felt pressured to answer all the interview questions only to comply with the researcher’s requests. In order to reduce such risks, and as advised by Seedat et al. (2004), participants first became acquainted with the objectives, aims, methods, anticipated benefits, risks, and discomforts of the study at hand. The aim of such an exercise was to give them a feeling of empowerment whereby they would decide whether the benefits gained from participating will outweigh any possible risk. In the process, they were made aware of the impact they will have contributed to the future of the psycho-social and clinical intervention in the Lebanese community. It’s important to note that in accordance with the literature provided by Newman et al. (1999), at the end of the interview stage, five out of the

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eight participants expressed their gratitude and relief to have been part of the study and appreciated the chance they were given to speak and to be attended to, without any judgment or dismissal.

Site Description

Interviewees had the option of participating in the interview in one of three ways; in person, on Zoom, or via WhatsApp call. The variable of location of each participant determined the interview venue. Five out of the eight participants chose to complete the interview in person, two out of the eight participants chose WhatsApp call, and one out of the eight participants chose Zoom as the interview method for the ease of commuting and for the safety concerns posed by COVID-19. It is palpable that online methods can be more attractive than in-person interviews due to features including convenience, efficiency, cost effectiveness, and flexibility (Horrell et al., 2015). Archibald et al. (2019) tested the use of Zoom Videoconferencing in qualitative data collection and the results indicated that most participants rated their interview experience as highly satisfactory and preferred Zoom over alternative interviewing mediums such as face-to-face, telephone, and other videoconferencing services, platforms, and products. The findings of this study suggest the viability of Zoom as a tool used for collection of qualitative data because of its relative ease of use, cost-effectiveness, and security options.

Finally, I conducted all in person interviews in the participants' house as per their discretion, as for the participants who chose Zoom or WhatsApp call as their interview method, the interviews were completed while they were in their home as well.

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Sample Selection

To gain multiple perspectives around people's subjective experiences with the traumatic event (the Beirut Port blast) purposeful sampling technique is used to recruit participants for this research.

According to Yin (2015), case study research would not include more than *four or five* case studies in a single study. Strauss and Corbin (1998) advised the process of sampling to be as specific as possible, meaning to choose participants whose main credential is the *experiential relevance* of the phenomena.

Based on the above, the characteristics of the participants of this study are listed below:

- All participants are 18 years of age and above to ensure relevant input on interviews and capacity to reflect on the type of questions and themes raised during the interviews.
- All participants are of Lebanese nationality so as to control the contextual factor and ensure consistency over the types of collective trauma and memories.
- All participants have been residing in Lebanon during the past two years (2018-2020), to account for the “cumulative stressors” factor (political and socioeconomic stressors)
- All participants have directly experienced the trauma of the Beirut Port explosion. Direct experience is defined as any of the following situations: (1) having personally suffered from a physical/psychological consequence, (2) having lost a loved one, (3) having suffered any level of damage to one's property, and/or (4) being afflicted by the physical or psychological damage of a loved one due to the explosion.

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- All participants have either (1) witnessed/suffered from previous war-related traumas in Lebanon including the experience of having a missing family member during the period of the Lebanese civil war, or (2) heard substantive accounts of previous wars in Lebanon from parents or grandparents or non-related significant others

The term “war-related traumas” refers to experiences dating back from the period of the Lebanese Civil War until the present (including inter-sectorial wars and/or Israeli invasions). Included and of specific emphasis in such experiences are the on-going tragedies of “missing persons” in one’s family whose disappearance dates back to the Civil War period and whose fate is still unknown.

Sampling

This study was conducted with eight participants from the public, three males and five females, four participants of whom belong to the families of the missing persons. Participants were chosen from different areas in Lebanon and were approached via gatekeepers, such as an active NGO who responded to the Beirut Port Blast and preferred to remain anonymous, and the *Committee for Families of the Kidnapped and Missing Persons* as well as *Legal Action Worldwide* who provided the contacts for the families of the missing persons. In qualitative research, gatekeepers are used to assist the researcher in gaining access and developing trust with the community of study (Hatch, 2002). The gatekeepers were provided with the necessary information about this study and were informed on the criteria for choosing participants. Participants’ full socio-demographic information is presented in **Table 1**.

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Table 1. *Participants Full Socio-Demographic Information (N= 8)*

Demographics	Category	N	%
Age	18-25	2	25
	26-49	1	12.50
	50-64	3	37.50
	65+	2	25
Sex	Male	3	37.50
	Female	5	62.50
Marital Status	Single	1	12.50
	In a relationship	1	12.50
	Married	4	50
	Widowed	1	12.50
	Divorced	1	12.50
Educational Background	Didn't finish Highschool	4	50
	Bachelor's degree	3	37.50
	Graduate Degree	1	12.50
Employment Status	Unemployed	2	25
	Employed	3	37.50
	Freelance	1	12.50
	Retired	2	25

As the study progressed, the main criterion for sampling and interviewing more participants was in the purpose of moving towards thematic saturation. The sampling procedure is aimed to saturate a concept, to exhaustively explore it and its relationship to other concepts so that it becomes meaningful (Glaser & Strauss, 1967). Thematic saturation according to Josselson et al. (2003) refers to “stopping data collection when the results start to become redundant” and is “the key determinant of sample size” (p. 267). Thus, gathering data until no new relevant data is discovered regarding a category and until the categories are well developed and validated. Josselson et al. (2003) assert that real saturation never really occurs because each new participant has something different and unique to contribute to the study, hence the real saturation is usually

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within the researcher who collected enough data to understand the breadth and depth of the phenomenon. They add that “generally speaking, the longer, more detailed, and intensive the transcripts, the fewer the number of participants. In practice, this may mean specifying a range between 5 and 30 participants.” (p. 268)

Data Collection

Three processes are blended throughout this study: (a) data collection, (b) data coding, and (c) data analysis (Glaser & Strauss, 1967). A list of potential participants was elucidated with the assistance of the gatekeepers as mentioned above and participants were approached to inquire for their interest in participating in the study. The participants were initially contacted with an introductory message about the researcher, their background and the study’s objectives. After securing the participants’ approval, the gatekeeper provided their respective contact details and the researcher got in contact with them, reiterated the study’s objectives, and once the approval was secured again, the interview time and venue were scheduled as per the preference of the participant.

Interview

Qualitative interviews represent “conversations in which a researcher gently guides a conversational partner in an extended dialogue” (Rubin & Rubin, 2012, p. 4). Participants in qualitative interviews are free to respond as they wish and provide as much detail and background as they are comfortable with. Following this process, the semi-structured interviews were completed either face-to-face or virtually via ZOOM or WhatsApp. The link to the interview was sent via email as well after the consent form was signed and a set time was agreed

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upon. Each participant was provided with a consent form and a participant debrief in their preferred language (Arabic or English, see **Appendices B** and **C** respectively) and was read to them before the interview, they were also informed that they can withdraw from the interview at any point they would like.

Interview Protocol

Yin (2015) asserts the need to design a case study protocol prior to conducting the research, as it plays a major role in increasing the reliability of the case study research and is also intended to guide the researcher in carrying out the data collection.

“First, the protocol contains the instrument but also contains the procedures and general rules to be followed in using the protocol. Second, the protocol is directed at an entirely different party than that of a survey questionnaire, explained below. Third, having a case study protocol is desirable under all circumstances, but it is essential if you are doing a multiple-case study.” (p. 246)

Case study questions are usually designed to address the substance of what the study is about (Hatch, 2002). Yin (2015) suggests that there are five levels of questions:

Level 1: questions asked of specific interviewees.

Level 2: questions asked of the individual case (these are the questions in the case study protocol to be answered by the researcher during a single case, even when the single case is part of a larger, multiple-case study).

Level 3: questions asked of the pattern of findings across multiple cases.

Level 4: questions asked of an entire study—for example, calling on information beyond the case study evidence and including other literature or published data that may have been reviewed; and

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Level 5: normative questions about policy recommendations and conclusions, going beyond the narrow scope of the study.” (Yin, 2015, p. 261)

In this study, the questions are designed to fit levels one, two and three and are tailored to (a) specifically address the experience of the Beirut Port blast, (b) the memories associated with such a traumatic experience, and (c) the mechanisms that have been developed overtime to cope with constant stressors.

Two versions of the interview questions were prepared: Version A consists of ten questions primarily covering (a) the interviewee’s understanding of their experience, (b) the emergence of any previous war-related memories, and (c) their coping skills after the disaster. Version B consists of the same questions with an addition of two questions targeting the interviewee’s experience with the memories related to the missing persons in their families (See **Appendices D** and **E** respectively).

The researcher’s first priority is the development of a level of trust and openness; therefore, I introduced myself briefly at the beginning of the interview and jumped into the questions quickly. Beginning the interview process without a period of lag time alleviated anxiety about the interview and allowed the respondent to relax and begin to answer questions honestly (Merriam & Tisdell, 2015). In 40 minutes, it was efficient to initially cover approximately 11 questions designed to answer specific topics related to the phenomenon. The average duration for the interviews overall was approximately 31 minutes, with females having a higher average than males. During the interview, some follow-up questions were necessary to undergo, specifically to check up on the participant and to provide any emotional support needed. Along with the interview questions a demographics sheet was administered at the end,

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specifically inquiring about their gender, age, marital status, highest level of education, employment, and time lived in Lebanon (see **Appendix F**).

Needless to say that the data collected in a qualitative study includes more than words; attitudes, feelings, vocal and facial expressions, and other behaviors are also involved. Because of the sensitivity of the topic at hand, participants might encounter difficulties in expressing themselves. Corbin and Strauss (2014) address this by stating that “sometimes a person has not thought about the issue for a while. Or it may be that a topic generates a lot of emotions, and the participant has to retreat into silence for a while to regain composure” (p. 89). Therefore, having silence, pauses and emotional revelations were preempted and carefully and empathetically mitigated during the interview. I maintained a relaxed atmosphere, allowed participants to take their time to recollect themselves when needed, and asked probing questions for further clarification when appropriate. I made eye-contact and remained an active listener during the interview process, by that I promoted trust and openness throughout the interview.

Notably, four out of the eight participants underlined the presence of mental health struggles in their daily lives which include, but is not limited to: having suicidal ideation, low mood, stress, depression, and anxiety. Their concerns were empathetically attended to and were also referred to the National Lifeline in Lebanon for Emotional Support and Suicide Prevention (1564), which is in partnership with the National Mental Health Program at the Ministry of Public Health.

Transcription

Following each interview, I independently transcribed my data from the audio-recordings via Microsoft word. Transcription allows for “the conversational interaction between two physically present persons . . . [to become] abstracted and fixed in a written form” (Kvale &

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Brinkmann, 2009, p. 177). This was done in an effort to preserve accuracy to develop a closer relationship with my data. Most participants answered questions in their mother tongue Arabic, and hence, I had to translate those replies from Arabic to English.

Pilot Testing

The study protocol was evaluated through a *pilot interview stage* which took place once the approval from the ethics committee was secured. Four participants were recruited from the public; two were survivors of the Beirut Port blast and two belonged to families of missing persons. The pilot phase assisted in familiarizing the researcher with how to administer the interview questions, and in identifying potential problem areas and deficiencies in the research instruments and protocol. Minor changes were administered to the instrument such as the flow of the questions and their order, as well as changing some terminologies based on the feedback given from the interviewees prior to the implementation of the full study (Lancaster et al., 2004).

Coding and Data Analysis

Strauss and Corbin (1998) describe data analysis as a process of breaking down, organizing, and reassembling data to develop a different understanding of phenomena. Data analysis began by transcribing and coding all inputs from the interviews. The process of transcribing allows the researcher to become acquainted with the data (Riessman, 1993), and coding facilitates the process of forming clusters of themes and establishing relations between these different clusters. Corbin and Strauss (2014) view this process as “digging beneath the surface to discover the hidden treasures contained within the data.” (p.159)

Coding

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Coding the transcriptions or breaking them down into meaningful and manageable chunks of data is a critical part of the data analysis. Coding used in case study design was instrumental in focusing the interview analysis on the experiences of the participants in a structured way. To achieve this and to ensure confidentiality, I created Microsoft Word files for the interviews and all files were protected by setting a password. All files were saved in the portable computer for which only I have access to. I used a highlighter, Microsoft Word and Excel and coded all prevalent themes that arose in the interviews (see **Appendix G**).

Urquhart (2012) termed the three phases of coding as open, selective, and theoretical. I embarked by using *open coding*, which is the initial stage of the research. In open coding, I consulted with a second reader of the interviewees' narratives to identify all possible themes transpiring from the data. This allows the researcher to cluster all the themes into conceptual labels (Corbin & Strauss, 2014). *Selective coding* is the stage where open-coded themes were related together to create thematic categories that were then compared and analyzed (Urquhart, 2012).

In their description of the process of conceptualizing the data, Corbin and Strauss (2007) say that “the researcher scrutinizes the data in an attempt to understand the essence of what is being expressed in the raw data. Then, the researcher delineates a conceptual name to describe that understanding—a researcher-denoted concept. Other times, participants provide the conceptualization. A term that they use to speak about something is so vivid and descriptive that the researcher borrows it—an in-vivo code” (p. 356). The data was not coded sentence by sentence or paragraph by paragraph but coded for meaning. The data was examined closely in

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order to identify common themes, ideas or patterns that will emerge repeatedly within and across all participants. Theme saturation was reached once the researcher noticed the absence of additional new information and when further coding was no longer feasible (Guest et al., 2006).

Data Analysis

The data underwent content analysis to gather certain common themes from what each of the subjects shared when answering questions and elaborating further. Content analysis is used to address most types of research questions, covering questions on practices, views, opinions, to subjective experiences in particular contexts (Clarke & Braun, 2014). To ensure proper application, I followed Braun and Clarke (2006) step-by-step guidelines. The authors used the word guidelines to highlight the flexibility of this qualitative analytic method. These guidelines are (1) familiarizing yourself with your data, (2) reading throughout each transcript to immerse in the data, (3) generating initial codes, (4) identifying and naming the themes, (5) reviewing the themes, and (6) comparing and relating the themes and analysis. Finally, the identified themes were further analyzed to answer the *research aims* previously stated. Researchers assert that the cyclical processes of coding, identifying themes, and comparison of data only to find new categories and themes is a natural part of the data analysis process (Glaser, 1992; Charmaz, 2006).

Establishing Trustworthiness

In quantitative research, trustworthiness is established through ensuring the criteria of validity and reliability. This is paralleled in qualitative research by establishing the criteria of credibility, transferability, dependability, and confirmability.

Credibility is the first and most important criterion that must be established. Credibility requires the researcher to clearly link the research findings with reality; to do so, researchers usually

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resort to triangulation. In triangulation, the researcher uses multiple methods, data sources, observers, or theories in order to gain a more complete understanding of the phenomenon under study (Creswell, 2009; Yin, 2015). Triangulation ensures that the research findings are robust, rich, comprehensive, and well-developed. Maxwell (2005) elaborated by saying that triangulation “reduces the risk that your conclusions will reflect only the systematic biases or limitations of a specific collection method” (p. 93).

The present study used analyst triangulation: This involves utilizing one or more analysts to review the findings. Thus, external graduate assistants from the department of psychology were approached to serve that function in order to reduce any personal influence or bias that may have occurred. Following the open coding phase, two graduate assistants from Haigazian University were recruited, briefed about the study, and were provided with five interview questions that were randomly chosen from the sample. The graduate assistants were requested to identify the salient themes across the data as provided to them based on the selective coding phase.

Similarities between the researchers coding and the graduate assistants coding were remarkably noticed across all five questions. While compared to the researchers’ coding, the same themes were also coded by the graduate assistants, validating the researcher’s coding methodology and increasing the trustworthiness in the coded data (Freeman et al., 2007).

As for transferability, the second criterion of trustworthiness, it refers to demonstrating that the research findings are applicable to other similar contexts (similar situations, similar people, etc.).

In order to ensure transferability, we used “thick description” in our analysis of the findings, delving into minute details, and relying on several quotations from the participants to illustrate concepts, as is revealed in the discussion of findings below.

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The third criterion of trustworthiness is confirmability which is defined as the degree of neutrality in the research findings. Such neutrality guarantees that the findings are indeed based on the participants' responses and not on any bias or personal motivation on behalf of the researcher/interviewer. In our research, we established confirmability by accurately disclosing our working method with enough detail, highlighting every step of our data analysis (see above) to provide an as neutral as possible portrayal of the participants' responses.

The last criterion of trustworthiness is dependability; it is the extent to which the present study could be repeated by other researchers. Dependability requires the qualitative researcher to provide enough information on the entire work process, from data collection, to data coding, to theme generation all the way down to data analysis. In this study, inquiry audit was used by having the study's advisor review and examine the research process and the data analysis in order to ensure dependability.

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Chapter Four: Findings and Discussion

Following the transcription of the interviews and the application of content analysis, five general themes were generated which are: *memories from the past, anxiety, emotional impact, coping mechanisms, and complicated grief* (which is exclusive to the participants of the families of the missing persons). These themes were identified by bringing together components of the participants' ideas or experiences, and captured something important in relation to the overall research aims. The themes we identified in the present research played a significant role in linking substantial amounts of the data (from the transcribed interviews) together. Our themes were generated either inductively from the raw data itself, or deductively from the literature review we performed on the topic of trauma, loss and resilience.

Each of these general themes also include a group of sub-themes that further elaborates on the data collected from the participants.

Table 2 provides all demographics about the participants.

Table 2. *Participants' Demographics*

Participant	Gender	Age	Marital Status	Education	Employment
P1	Female	44 years old	Married	Didn't finish Highschool	Unemployed
P2	Male	64 years old	Married	Bachelor's degree	Employed
P3	Female	24 years old	Single	Graduate Degree	Unemployed
P4	Male	78 years old	Married	Didn't finish Highschool	Retired

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MP1	Female	70 years old	Widowed	Didn't finish Highschool	Retired
MP2	Male	24 years old	In a relationship	Bachelor's degree	Freelance
MP3	Female	52 years old	Divorced	Didn't finish Highschool	Employed
MP4	Female	54 years old	Married	Bachelor's degree	Employed

* P: Participant MP: Missing Person

This chapter will discuss the findings in addressing the **research aims** of this study which are:

- I. Exploring the unique and subjective experiences of the Lebanese survivors of the Beirut Port blast.
- II. Exploring the perceived relationship between past and present traumas.
- III. Exploring the mechanisms that helped participants cope and manage with such traumatic experiences.

The five themes and 16 sub-themes were concluded from the findings as shown in **Table 3**.

Table 3. Emergent Themes and Sub-themes from the analysis of the interview transcripts

Theme	Sub-Theme
1. <i>Memories from the past</i>	1.1 Linking past experiences 1.2 Nostalgia for the Civil War days
2. <i>Anxiety</i>	2.1 A state of anxiety 2.2 Anxiety between the war and the blast 2.3 A state of continuous anxiety, a year after the blast
3. <i>Emotional Impact</i>	3.1 Sadness and hopelessness 3.2 Anger and hate 3.3 Numbness

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 4. *Coping mechanisms*

 4.1 *Positive coping mechanisms*

4.1.1 Social connectedness

4.1.2 Productivity

4.1.3 Optimism

4.1.4 Religiosity

4.1.5 Seeking professional help

 4.2 *Maladaptive coping mechanisms*

 4.2.1 Isolation/Avoidance

 5. *Complicated grief*

 5.1. *Ambiguous loss*

1. *Memories linked to the past experiences*

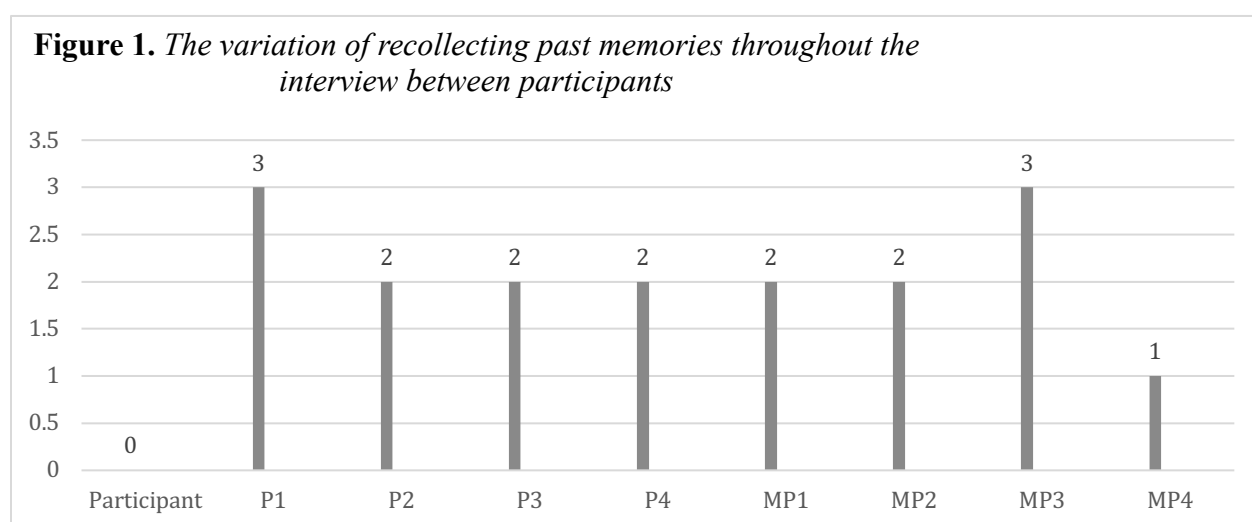
This primary theme emerged from the first few questions which addressed the unique and subjective experiences of the survivors of the Beirut Port blast. Questions 1 and 2 of the interview specifically targeted the initial *thoughts* and *feelings* that surfaced when the explosion took place and question 5 asked participants to compare their current emotional experience with the past experiences in the time of war or conflict. It's extremely crucial to apprehend the subjective experiences of the survivors and the impact the blast has left on them as it sets the tone for the following questions and answers throughout the interview. This theme addressed Research Aims I and II of this study which are to explore the unique and subjective experiences of the Lebanese survivors of the Beirut Port blast and to explore the perceived relationship between the past and present traumas.

In this theme, generally, participants remarkably linked their present experiences with similar past experiences or traumas to rationalize the outstanding circumstances of the present moment.

It has been observed that through the interview some participants spoke of their previous

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memories more so than others as shown in **Figure 1** which presents the differences in number of recollections of past traumas among the eight participants throughout the interview. One interesting subtheme which came to light is the tendency of participants to express nostalgia towards the Civil War days compared to current times, where three out of eight participants reported their preference to the war days when compared to the Beirut Port blast and its repercussions.



1.1 Linking past experiences

Schudson (1997) states that "the past seeps into the present whether or not its commemoration is institutionalized" (p.15). An overwhelming majority of six out of eight participants have linked their previously experienced war memories while experiencing the Beirut Port blast. For example, **P2** said:

'The feeling was the same feeling I had back in the Civil war when an airstrike hit a room in the house or somewhere near my house, it's a feeling of horror.'

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This feeling was common among the six participants, where five out of the six participants linked the blast to the Israeli invasion and airstrike, **P3, MP1, MP2 and MP3** said respectively:

'I thought this was a war, that Israel was bombing us!'

'I thought to myself, what if it was Israel that was hitting?'

'People on the streets were saying "the Zionists are bombing us!'

'I heard airplanes flying, I used to live in the south, and I know what the sound of airplanes roaming mean. I ran to my family and started screaming that it's an Israeli invasion that we should run!'

However, **MP4**, linked this experience to another traumatic memory, she says:

'Our minds went back to 2005 to Rafic Hariri's explosion!'

Prior research has thoroughly investigated the role of repeated and unwanted involuntary memory retrieval of a traumatic event as it being the hallmark symptom of posttraumatic stress disorder (American Psychiatric Association, 2013; Staugaard et al., 2021). Such intrusive memories are common among trauma survivors during the days and weeks directly following the traumatic event, after which their regularity and intensity in most cases will diminish. However, for individuals who suffer from PTSD, intrusive memories of the trauma are persistent and can have an impact on the person's wellbeing even years after the event (American Psychiatric Association, 2013). Building up on that, the latest review of El Hajj (2021) focused on the prevalence of PTSD in Lebanese adults, as results insinuate that PTSD is relatively common

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within the Lebanese, especially with the presence of other risk factors and psychological comorbidities. In the present study, PTSD was not a variable that was accounted for, however, based on the work of El Hajj (2021) on the significant prevalence of PTSD among Lebanese, it can be inferred that the retrieval of those traumatic memories was likely to occur as most of the participants in our study are trauma victims of the Civil war.

It can be said that due to the experience of a traumatic event, memories of previous traumatic events were then elicited. Prior research has posited that the presence of these intrusive memories is primarily connected to the existence of specific cognitive processes which were operating during the trauma exposure and led to a flawed encoding of the traumatic event. This, in turn, renders the traumatic memory highly accessible for involuntary and repetitive remembering; hence, the processing of the traumatic event is the primary root behind the generation of those persistent and intrusive memories (Brewin et al., 2010; Staugaard et al., 2021). Lebanon, on one hand, adopted a postwar silence and denial policy which initially operated in the purpose of reconstructing the narratives behind the war memories (Larkin 2010). Initial postwar silence has paved the way to what Hanssen and Genberg (2002) term *hypermnnesia*- which is the propagation of films, books, and public work that confronts and rethinks the war memories which creates an environment where the memory is being constantly present and even celebrated. Therefore, the processing of the war events was molded in a way that it persists to remain active in the cognition of the Lebanese, which can go back to several incentives, such as resisting the postwar changes and reconstructions, and the nostalgia to the war times (Larkin 2010). Consequently, the faulty processing of war memories can rationalize the currently found prevalence of past recollections in participants' responses to the Beirut blast.

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What was also remarkable is that all four participants who belong to the families of the missing persons had collectively linked the experience of the Beirut Port blast with the past, making it more common for them to revive the wounds that had not yet healed. This goes in alignment with the research of Wispelwey and Abu Jamei (2020) who outlined the disadvantage of those living in unstable and triggering environments to move forward and reconcile their memories, while they are still suffering from new and continuous trauma. **MP1** describes her recollection of the memory in the moment of the blast by saying

*'I told my kids to say goodbye to the house because it's gone, I said it like 50 times!
Because I was previously displaced "مهجرة" from my house in the mountains, my husband was kidnapped, and I lost my house, and this is the only house that I rebuilt like I want and after many years.'*

MP1's traumatic experience of being previously displaced even inspired the helper in the house to think like minded by framing her response to the blast, she said

'The helper in my house told me that "when you previously left your house you said you didn't take anything with you, what do you want to take this time?"'

Previous research conducted by Bar-On et al., (1998) and Rowland-Klein and Dunlop (1998) on the traumatic effects of the Holocaust confirmed that trauma can be transmitted through generations, however they have squandered to identify the transference of trauma to those outside one's family. The above is an interesting example of how the trauma of one individual can be projected onto another individual who comes from a different background, family, environment, and who had no personal experience of the trauma itself.

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1.2 Nostalgia for the Civil War days

When participants were asked to compare their emotions between the civil war or times of conflict and the current times, three out of eight participants favored the Civil War where **P1**, **P4**, and **MP3** said respectively:

'The war was a blessing to what we live in right now.'

'Previously in the war, it was different as it wasn't as horrid and aggressive as it is now. During the war they used to target bombs on people, but now they're not doing that anymore, they threw a bomb that was a 2,500-ton nuclear bomb to destroy us. Before, the bombs and weapons they used to use do not compare to the Beirut explosion.'

'The feelings were almost the same, yet what we are living now is even tougher and now I am playing the role of my father. In the war we were able to go to the basement and to be protected but in the Beirut blast we couldn't be protected, I didn't even want to go to the basement, I didn't want to die under the backfill.'

It is evident from their responses that the lack of feeling safe has been amplified with the Beirut Port Blast, and the single horrific explosion was a crueler experience for them than a 30 years' war. **MP3** attributes the role of responsibility which she currently assumes, compared to her state of dependence under her father's care and protection during the Civil War days, as the main factor that made her favor the past; meaning that the experience of the blast was exacerbated due to the presence of dependents whom she was responsible for their safety.

All three participants also reported in more than one question the considerable rise of *worry* and *anxiety* which have been amplified after the Beirut Port blast, this is in alignment with Marie et al. (2020) study which reports that the lack of feeling safe is the main cause of mental

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disorders such as anxiety and PTSD. Larkin (2010) studied *post*-memory, which is a concept that seeks to explore the memory of a generation of Lebanese who have grown up dominated **not** by traumatic events but by inherent narratives. His study finds that war traces, in the forms of sites, absences, and stories have been normalized in everyday life, impacting social patterns/encounters and the remembrance of traumatic experiences which were associated with sectarian/political strength and history. This can explain why some participants favored the war times, where narratives of death and violence have been normalized for a very long time in comparison with an explosion that took place without the same elements that were usually associated with the Civil War, namely themes of prejudice, in-group loyalty, out-group hostility, etc.

2. Anxiety

In Lebanon, the prevalence of mood and anxiety disorders was estimated to be well above the 10% threshold even before the economic collapse (Karam et al., 2008). Farhood et al.'s (1993) study post-Civil War showed that depression was the most prevalent mental disorder followed by anxiety and other psychological symptoms such as anger and stress. The Lebanese NGO 'Embrace' announced that after the Beirut Port blast; 78% of participants in their article ($n=903$) reported being very anxious and worried every day, and more than 84% felt hypersensitive to loud noises and dangers after the blast. Following up a month later, the number of people feeling anxious declined to 46% (Embrace, 2020).

In the present study, all eight participants reported feeling anxious or worried during or after the blast. This theme entirely addressed Research Aims I and II and upon analysing the interview

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transcripts regarding this theme, three sub-themes were detected: *a state of anxiety, anxiety between the war and the blast, and a state of continuous anxiety a year after the blast.*

2.1 A state of anxiety

Studies have previously shown that conflict situations cause more mortality and disability than any major disease (Murthy & Lakshminarayana, 2006). As seen in the recent limited literature on the mental health status of the Lebanese post-economic collapse and the Beirut Port blast, it can be deduced that a worrying form of despair has touched the lives of hundreds of Lebanese individuals (Farran, 2021). In this context, El Hayek and Bizri (2020) warned that bodies of healthcare institutions in Lebanon should be ready for emerging PTSD and its associated comorbidities; such as mood disorders, anxiety disorders, and addiction.

All eight participants reported feeling *worried, anxious, panicked, or shocked* when asked to describe the main **feelings** that surfaced during that day. Additionally, three out of the eight participants reported the same feelings when asked to indicate the main **thoughts** that came to their mind when the blast happened.

The most salient form of anxiety was **panic** and **horror**, **P1** for example was panicking over her children's safety as they were in a close proximity from the blast, she describes the situation:

'I started screaming on the streets searching for my kids, no one was looking at anyone, everyone was busy with their wounds, and I was calling my kids name to find them. After an hour I knew that they were safe and okay, they couldn't reach home that day because of the situation, however they were safe and that was what's important.'

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On one hand, this pattern was seen in all six participants who had dependents, where the state of worry was directly associated to their children's safety and wellbeing. **P3** describes his attempt to reach out to his daughter after the blast by saying:

'When your kids are outside, the first instinct will be the kids and making sure that they are okay, panic and horror would override you during these times, we didn't think that it's okay and it will pass, we were very worried and panicked on what might happen next.'

MP3 also describes the scene while running with her children from their house in Karantina by saying:

'I was running with the kids and started yelling, some people helped me on the way, all I remember was the glass in my foot and the kids being safe. Everyone felt that the strike was in their own house, this is how big it was. I was very afraid; fear was the dominant feeling.'

On the other hand, both **P3** and **MP2**, who are the youngest age group in the sample, reported their dominant emotion being **fear** without associating it to any of their family members. **P3** says:

'I started hyperventilating and I think I was having a panic attack. The strongest emotions I felt that day were fear, I was very afraid because I thought this was a war, that Israel was bombing us.'

Interestingly, out of the eight participants, only **P3** and **MP2**, responded on the ground on the day of the blast and aided the injured individuals despite being *frightened* and *anxious*. **MP2** says:

'I had a fight with my parents about me going down to help.'

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Undeterred by the state of shared confusion, the instinctual response of **P3** and **MP2** was to go to action and utilize their resources to help the people, while the remaining six participants who all had dependents had their worry tamed only when they made sure that their children were safe and unaffected. It is also interesting to note that neither **P3** nor **MP2** stated that they were worried about their parents or family when the blast happened, a divergent image of what we saw with the remaining participants who are parents and thought of their children first. **P2** describes this phenomenon by saying:

‘When one gets older, we start to have responsibilities and children, we become worried and scared for them. While I wasn't scared for myself back in the war, I didn't appreciate that my parents were worried about me, I didn't recognize it until now.’

2.2 Past and Present presence of Anxiety

When asked to compare the emotions they have experienced between the two traumatic situations (the Beirut blast and the Civil War days) in question 5, six out of eight participants commonly spoke about *anxiety*. This finding is supported by previous research which established that families living in or fleeing war regions have a high probability of suffering from mental health problems such as *anxiety disorders* as they are confronted with an accumulation of risk factors at different socio-ecological levels (Catani, 2018).

When the factor of growing older and having more responsibilities came into play, four out of the six participants, namely **P1**, **P2**, **MP3** and **MP4**, reported the *increase* of caregiver anxiety and worry as it came in a different shape when the blast happened versus when they witnessed the war in a younger age. For example, **P4** said:

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'Now we don't feel in peace, we are worried about robberies and weapons, I feel we are living the same worries of the war, the worries are even bigger now as I am more responsible and more aware about what might happen'

On the contrary, **P4** and **MP1**, who already had kids during the Civil War and were bound to take care of them back then, did not report an increase of anxiety after the blast as the anxiety has accompanied them during the war and after. **P4** describes this context:

'In the war when we used to run to get the kids, we used to feel panicked the whole time, our legs would barely work, we would be shivering on the way, we used to panic every single day. And until this day I still feel that panic, whenever I hear a worry news I would stay at home, I won't leave unless it is necessary'

P3, who has witnessed the 2006 Israeli invasion, stated that her emotions shifted from *worry* during the war, to *anger* in the current time, she says:

'Now I get angry at what happened, at the explosion and at everything. However, when I was young, I was only scared, and I only wished that we could escape.'

MP1 discloses a unique kind of worry that is unlike all the worry of the remaining participants. She discloses the worry she had as she was forced to sleep at her house in the mountains on the night of August 4th, the place where her husband has been previously abducted. She states that even in the day of the blast, she still felt safer in Beirut than in the mountains, the place that reminded her of her agony in losing her lifetime partner. She said:

'I used to spend the day in the mountains, however I never slept there since my husband went missing, I wouldn't feel safe. The first night I slept there was on August 4th, and I told my kids that only God forced me to sleep there.'

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2.3 A state of continuous anxiety, a year after the blast

The lingering presence of anxiety a year after the blast is supported with literature by Silver et al. (2002) who reported the effect of trauma that continued after 6 months of the 9/11 terrorist attack. In the present study, all eight participants reported worry and anxiety in the moment of the blast, and three participants reported the enduring presence and *increase* of anxiety a year after the blast. **P1** describes the increase of worry by saying:

'After the explosion my fear and anxiety increased because what we did not expect happened, so now you expect that at any point something might happen. My fear increased significantly after the blast.'

MP2, who also disclosed his struggle with mental health said:

'I live my life very prepared and equipped, and after the blast the urgency to be equipped with everything increased.'

MP3 describes her current situation as still being stuck in the moment of the blast, she said:

'We are still living the moment of the explosion; the slightest noise or the slightest news would startle us.'

According to Goldmann & Galea (2014) the two main risk factors for developing trauma related mental consequences post-disaster are (1) having life stressors and (2) low to null social support.

To begin with the first risk factor, financial stressors have become increasingly common within the Lebanese after the 2019 economic collapse. The value of the Lebanese pound has fallen by 60% in the 2020, and food prices have increased by over 50% as well (Khraiche, 2020). Cross-cultural research discloses the adverse psychological impact of economic pressures

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(Christodoulou, 2016). Consequently, **P1** and **MP3** have spoken about their struggle with the harsh financial circumstances and described how it is deeply affecting their day-to-day function and wellbeing. Bonanno et al. (2007) assert that having a low educational background and economic status, as well as being a woman are some of the risk factors for having low resilience levels in face of disasters. Both **P1** and **MP3** share these three characteristics, and this can justify why their struggle has continued for a longer period compared with the other participants. As for the second risk factor (low to null social support), **MP2** describes his social support as being low to null, as he mentions that his social circle is not entirely involved in his struggles, and that he prefers to preserve his feelings instead of sharing his worry with others. This can justify the increase of his anxiety symptoms even a year after trauma with the absence of a solid support system.

In sum, the discussed risk factors seem to have instigated more vulnerability in **P1**, **MP2** and **MP3** for developing more chronic symptoms after a period of time has passed on the trauma in comparison to the rest of the sample.

3. Emotional impact

As with any disaster, an adverse psychological impact is anticipated to develop, and in turn this emotional reaction would influence one's behavior, thoughts, and feelings. Emotional reactions to trauma can vary greatly and are significantly influenced by the individual's sociocultural history. Beyond the initial emotional reactions during the event, those most likely to surface include anger, fear, sadness, and shame (American Psychological Association, 2013). Following the Beirut Port blast, the joint rapid analysis of the explosion performed by different UN agencies and other NGOs indicated that feelings of despair and hopelessness,

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anger, frustration, agitation, and anxiety were exponentially growing amongst the affected population of all identities (United Nations Entity for Gender Equality and the Empowerment of Women, 2020).

In the present study, the most common emotional reactions that were recorded include *fear, sadness, exhaustion, hopelessness, anger, hate, and numbness*. This theme entirely addressed Research Aims I and II of this study which are to explore both the unique and subjective experiences of the Lebanese survivors of the Beirut Port blast, and the existing link with past memories and tragedies. As *fear* was previously discussed in the above theme (anxiety), three subthemes were then distinguished which are: *sadness and hopelessness, anger and hate, and numbness*.

3.1 Sadness and hopelessness

Sadness is a negative emotion that is often elevated after trauma (Janoff-Bulman, 1985) and is viewed as a response to the comprehension and appraisal of loss (Dalglish & Power, 2004). In this study, six out of the eight participants reported their feelings of sadness in face of this disaster. **P1** describes her sadness by saying:

'When I saw my kids after the explosion, I held them tight and cried, because I really didn't expect to see them. I cried whenever I thought or talked about this, it was really hard on me.'

The more severe form of this *sadness* was present as *hopelessness*, where five out of the eight participants stated that they feel *hopeless* in the current circumstances, this accounts for 62% of the whole sample. **MP1** describes her *hopelessness* in the moment of the blast by saying:

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'My son was supposed to come on the 8th of August, I told him aggressively to "forget Lebanon! Forget this country! Cancel your reservation and don't come!" Imagine, one hopes that his kids do not come to Lebanon, or those who are here to leave.'

Moreover, **MP4** describes it as:

'At that moment, I felt that there was no Lebanon anymore, that we cannot take any it anymore, that life has stopped.'

When participants were asked in question 6 how the blast changed the way they *think* and *feel* about their lives today, four out of the eight participants reported that the blast confirmed to them that there is no hope living in Lebanon anymore. Findings from studies on disasters and coping, suggest that survivors often feel profoundly changed afterwards in their view of themselves and the world (Appleton & Flynn, 2014). One study following a disaster found that high levels of negative cognitions about oneself and the world were significantly recorded. (Nalipay & Mordeno, 2016). In the present study, for example, **P4** says:

'It didn't change the way I think, it just confirmed my hypothesis that this is country is no good.'

P3 commented by saying:

'I think that by living here we are not even living, in any second, we can die, so this just made me want to leave as soon as possible. That there is no way I will stay here, I never want to stay here.'

MP3 who spoke about her love for Lebanon and specifically for her own area, Karantina, admitted that she would rather her kids leave than suffer here:

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'Before the blast, my emotions used to control me, now after the blast I am not the same, now I am tougher and no matter how sensitive I am I want the ones I love to be safe and to leave even if it means I must suffer from their absence. I was so scared for their lives I would rather they travel than die here.'

She also added that one year after the blast she was still suffering from the psychological impact of it to the extent where suicidal ideas became inevitable.

'I felt that the world was ending and that in any moment I can end my own life.'

The literature on psychological risk factors for suicide suggests that *hopelessness* is strongly related with suicidal thoughts and behaviors (Hawton & Van Heeringen, 2009). Hopelessness increases the risk for suicide in a range of clinical and nonclinical samples (Johnson et al., 2010; Panagioti et al., 2012). Moreover, and in relation to the economic struggles that were disclosed by **MP3**, a study by Agrawal et al. (2017) reported that unemployment and inflation were positively correlated with the incidence of suicide. Hence, one may understand **MP3**'s readiness to end her life as a result of the risk factors she disclosed earlier, in line with research findings on the correlation between suicide and economic hardships.

MP4 who describes herself as someone who always advocated to stay in Lebanon and build the country confesses her surrender:

'The change was beyond my abilities, I was against anyone leaving Lebanon and this is how I raised my children, that we must stay here and there's hope. Two months ago, my daughter left for Dubai, she was against anyone to leave Lebanon, and when she decided to leave, I was a big supporter of her decision, now I say that the ones who are out of Lebanon will come and rebuild, the ones who are still here won't be able to do anything.'

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Whether the participant was a parent or an aspiring student, the Beirut Port Blast has reinforced the notion that Lebanon is a country that is stressful to live and flourish in, making the need to leave and seek refuge outside a pressing need for all three participants. Maslow (1943) says that “practically everything looks less important than safety, even sometimes the physiological needs which being satisfied, are now underestimated. A man may be characterized as living almost for safety alone” (p.50). Subsequently, the lack of feeling safe holds an unfavorable power on the functionality and wellbeing of the individuals, encouraging them to seek asylum in places that would offer them the sense of safety and stability.

Interesting data was generated when participants were asked in question 10 about the notion of *resilience* and the popular folkloric myth of the *phoenix rising from the ashes*, intending to understand how they view their experiences as well as the collective experience of the same circumstances. Two participants out of the eight, namely **P1** and **P4** stated that they do not have hope in the phoenix rising back again, and that this is a myth that is not applicable on the ground. **P1** says

‘I wonder how the Phoenix will rise back from the ashes after all of this. Nothing will get back to normal, people don't have money to buy lentils, and people scare you, they tell you that Lebanon will not get back to the way it was, not soon. It's hopeless.’

P4 adds:

‘It doesn't make any sense that the phoenix is buried under the ground to start flying directly, it's a lie and it doesn't comply with anyone, they just created this simile for morale; so that we can think that we are different, but we are not different! I don't have hope in Lebanon.’

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Mental health experts reported to France 24 that the Beirut Port blast has stretched the capacity of the Lebanese to manage the piling emotional triggers, has worsened the conditions of those already suffering from depression and anxiety, and has pushed people to lose hope (France 24, 2021). Learned helplessness is a concept that is characterized by the development of the belief that one is not able to deal with adverse contexts (Seligman, 1972; Abramson et al., 1978). Learned helplessness is developed through the recurrent experience of aversive events that are perceived to be unavoidable, therefore leading to a sense of uncontrollability of outcomes. When this happens, the individual learns that it is helpless to try to change circumstances, even in new situations where such behavior would possibly have positive outcomes (Trindade et al., 2020). Learned helplessness has indeed been significantly linked to the development of clinical depression and related mental illnesses as well as the worsening physical health (McGuinness, 1996). It can then be concluded how the impact of the blast, along with the history of conflicts and the recent rough circumstances, have caused participants to reach the phase *hopelessness* and *learned helplessness* that was even seen in the country's oldest and most popular pride slogan.

3.2 Anger and hate

Bosqui (2020) emphasized the influence of the governmental corruption and mismanagement that has created a collective sense of *anger* in the country, to add on that the devastating Beirut Port blast which has reignited peoples' *anger*.

P3 compares her emotions between the 2006 war and the explosion as changing from *fear* to *anger*:

'Now I get angry at what happened, at the explosion and at everything.'

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In alignment with Abouzeid et al. (2020) who cautioned people from hailing the Lebanese for their *resilience* and disregarding their agony, **P3** adds when asked about resilience:

'I despise people who used the term resilience to those who lost their loved ones in the explosion, they didn't choose to be this way, this makes me very angry. I am against this quote, I'm against those who say "we're proud we're Lebanese, that we rise from the bottom..." but who said we should be this way? Why should we be this way? Who said we want to be a phoenix? Why can't we be normal people?'

On the other hand, **MP4** whose brother was kidnapped in the Civil War, describes her *anger*, and *hate* being channeled towards those responsible for his abduction:

'The ones who are responsible to solve our tragedy and the new tragedy of the blast are not listening or even thinking about it. We filled thousands of papers and documents, and nothing helped, all the information that we got were personal efforts and not the government. You never lose hope to reach the truth, you only lose hope in the government and in this regime who will help.'

In addition, **MP2**, whose grandfather was kidnapped in the Civil War, talks about his *hate* and *anger* towards the ruling elite:

'My hate for politics significantly increased here, emotionally my hate also increased, and I would expect anything to happen at any moment.'

Anger being reported within participants is expected as it is yet another common reaction to traumatic exposure, and high levels of anger are usually reported during trauma (Amstadter & Vernon, 2008). It is interesting that anger was reported by two of the youngest participants in the sample, for example **P3** (24 years old) and **MP2** (24 years old), while the older participants

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reported their emotions being more inclined towards *numbness* and *hopelessness*. Prior research has shown that elderly are usually oriented and motivated to quickly disconnect themselves from negative situations, however this comes at a price when the negative experiences are highly stressful and inevitable, older adults' recovery becomes poorer and presents more serious consequences (Charles & Luong, 2013; Piazza et al., 2013).

3.3.Numbness

When a traumatic event occurs, fear, anger, shame, are not the only emotional responses that can be detected. Individuals also report experiencing lack of emotion and unresponsiveness to the situation (Litz et al., 2002). Emotional numbing has been labelled as 'emotional anesthesia' and is further described as a loss of the ability to feel emotions of any type (American Psychiatric Association, 1994; Van der Kolk et al., 1996; Litz et al., 2002).

When participants were asked in question 6 if the Beirut Port blast has changed their way of *thinking* and *feeling* about their lives, **P2** who has lived the Civil War and **MP1** who had lived the Civil War and had her husband kidnapped, both report emotional numbness, yet in different forms.

P2, for example, normalizes his experiences and detaches any emotions from it, comparing it to the series of misfortunate events that have been happening in his life:

'It's an explosion in the series of explosions that we are living through. In the war we witnessed even more devastating events, and the Beirut Port Blast is just one of those blasts.'

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However, **MP1**, channels this emotional numbing as her way of not resisting to the adverse circumstances and giving in to the reality that most conditions are out of her hand:

'I feel that I can't do anything, when things will happen, they will, so live day to day, as most things are out of our control.'

When asked in question 7 how the survivors have been managing their lives ever since, **P2** and **P4**, both of whom had witnessed the Civil War, report that this explosion didn't really affect them because they have been used to this type of horror.

P4 comments:

'I remember all the times I had to run because of the airstrikes, and how many times I really thought I will die, and I have no chance. I have been through this for a very long time, we are used to it.'

While **P2** adds

'I am used to it, I lived the war for 15 years with all its details, an additional explosion won't change a thing.'

Despite other participants having also witnessed the Civil War, only three out of five have spoken about the emotional numbness, which means that the experience of the war was subjective to each person, and how the emotions were managed during and after the war could be a possible indicator of healthy coping and healing.

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4. *Coping Mechanisms*

Coping is defined as the thoughts and behaviors that are channeled to manage internal and external stressful situations. When people are subjected to stressors, the numerous ways of dealing with them are termed 'coping styles,' which are a set of relatively stable traits that determine the individual's behavior in response to stress, these are usually consistent over time and across situations (Algorani & Gupta, 2021). This theme entirely addresses Research Aim III which is to explore the mechanisms that helped participants cope and manage with their traumatic experiences, whether in the past or in the present. From this theme, two main subthemes came to light which are: *positive coping mechanisms*, and *maladaptive coping mechanism*.

Positive coping mechanisms include *social connectedness, productivity, spirituality, optimism, and seeking professional help*. On the other hand, maladaptive coping mechanisms include *avoidance and isolation*. Generally, the majority of the participants reported having positive coping mechanisms, as shown in **Table 4**.

Table 4. *Prevalence of coping mechanisms expressed by the eight participants, as per the study's clustering of emerging themes*

Coping Mechanism	Prevalence
Social connectedness	7 participants out of 8
Productivity	6 participants out of 8
Optimism	4 participants out of 8
Religiosity	4 participants out of 8
Seeking professional help	4 participants out of 8

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Isolation	3 participants out of 8
Avoidance	2 participants out of 8

4.1 Positive coping mechanisms

4.1.1. Social connectedness

As a collectivist society, the Lebanese population is substantially dependent on psychologically significant group memberships, like one's close social contacts and community, and in turn these connections are seen to be central to one's psychological well-being (Khalaf, 1987; Ali, 1993; Ali et al., 1997; Tayeb, 1997; Jaspal et al., 2020). **Table 5** shows the type of social support that was used by each participant, if any, during the past and present tragedies.

Table 5. *Social support resources as adopted by each participant*

Participant	Type of Social Support
P1	Family
P2	Family and friends
P3	Friends
P4	Family and friends
MP1	Family and friends
MP2	None
MP3	Family
MP4	Family and the community of the families of the missing persons

The literature associates having a high level of social support with the protection against negative consequences of the present stressors (Aneshensel & Jeffrey, 1982; Dressier, 1985; Paykel, 1994; Farhood et al., 1993; Boscarino, 1995) by offering a sense of security and safety, an opportunity to share thoughts, a feeling of belonging, as well as tangible instrumental help during difficult life events.

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In the study of Farhood et al. (1993), participants have reported that one of the factors that increased their stress during the war is the perceived changes in lifestyle, where socializing with neighbors and family was at some points difficult because of the logistics of the war. The authors iterate that the participants had a desire to reserve their social life and stay connected with others, and that this mechanism has helped them cope while in stressful situations during the war. Correspondingly, Agrawal et al. (2017) mention that social support was found to be a protective factor against poor mental health outcomes, and the presence of support has been found to foster recovery from trauma over time (Koenen et al., 2003). This is confirmed by the testimony of **P2**, whose main coping mechanism in the war was his social activities with his friends, he says:

'Ras Beirut was far from the random airstrikes, we used to go there with friends, and we used to forget for a couple of hours the war, the memories, and the tragedies until we went back to the Mazraa and remember the devastation. I used to play tennis in the afternoon and go to the cafes in Koraytem and Bliss Street. These places were our safe haven, our sanctuary.'

P4 also adds

'We used to support each by giving morale such as "thank God you're okay" and so on and that was enough. We used to gather with friends and family and that was a big support for us to keep going. We were all going through the same circumstances, and we all shared the same conceptualization of what the war is and how we need to manage it to keep going, we were all equals.'

Looking back at the year 2019 with the start of the pandemic, the major adversity of COVID-19 is that these key protective coping mechanisms that are often found in collectivist

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societies, have become less accessible to the Lebanese to use during difficult times (Jaspal et al., 2020). However, despite this impediment, the majority of the participants, seven out of eight, conveyed using their social ties, such as family and friends, as a means to cope with current traumas. Social connectedness has been observed in days and weeks following the explosion, where collective processing of the trauma has been documented through the sharing of stories and videos within one another (Bosqui, 2020). Thus, with the ease of communication facilitated by technological developments, via phone and the internet, social connections were not entirely cut because of the inability to see each other face to face, communication was compensated for by using the platforms which were not previously available during the Civil war.

P2 describes using this coping mechanism after the blast by saying:

'We used to sit with our friends, just supporting each other. I remember a month after the explosion we used to sit with each other most of the time, we were not productive as in we didn't study well or focus during that month, yet we sat with each other and supported one another.'

Moreover, **MP3**, mentioned that her social ties are her only protective factors that hindered her from ending her life:

'When I feel this way, I would think of my kids and my nephews, I wouldn't end my life because of them, they are attached to me, and their existence is the only thing that is keeping me alive.'

This is confirmed by the empirical research which suggests that the presence of social support is often related to increased resiliency to suicide (Kleiman & Liu, 2013). Joiner's Interpersonal Theory of Suicide, for example, explains that the presence of social support may increase feelings of belongingness, which is negatively associated with suicide risk (Joiner,

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2005). The presence of others who can help the individual cope with stressful events and difficulties, can in turn reduce the risk of suicide. Therefore, it can be inferred that in accordance with the findings of Farhood et al., (1993) on the value of social connections as a means of coping during times of distress, the present study confirms these findings and illustrates the sustained presence of social connections as a means of support and provision within the Lebanese society.

4.1.2 Productivity

In this subtheme, productivity was perceived as a coping mechanism and was seen in activities such as *responding on the ground, working, studying, painting, completing chores* and so on. Predominantly, most of the participants used productivity as a means to cope with the aftermath of the blast or in previous tragedies.

Positive distraction allows individuals to distract themselves from a stressor while also acquiring positivity (e.g., engaging in daily activities) and possibly replenishing resources to expediate problem-solving coping efforts later on (Iwasaki et al., 2005; Zawadzki et al., 2015).

There's a gap in the literature when it comes to understanding the people's on-ground-response and emergency aid after disasters. An-Nahar (2020) documented action-oriented behaviors; where hundreds of volunteers from all over the country provided help to clear debris, cover broken windows and doors, and offer water, food, and shelter to affected people. In this study, three participants responded on the ground following the blast, **P3** and **MP2** responded directly on the day of the blast, and **MP4** responded on the day following the blast. **MP4** says:

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'After the blast I went down the streets and cleaned the streets/distributed goods to help the citizens of Beirut, I felt that I needed to help them in any way possible.'

Different strategies for productivity were also documented, for example, **P1** keeps herself busy with her children and family errands, while **MP1** focuses on herself development by engaging in activities such as reading, learning new languages, and watching documentaries. **P3** is focusing on her studies to reach her end goal and leave Lebanon, while **MP4** had to resume her job after wanting to resign to stay active and at the same time increase the family's income. Finally, **P4** uses painting as his way to zone out from reality and focus on the art in his hands away from the violence and chaos outside.

The diversity of the coping techniques can go back to different elements such as gender, age, educational and employment background, and upbringing. The difference for example between **P1**, who has never worked before, and **MP1** who recently retired lies in the interest of activities that they engage in to cope with the stressing times.

4.1.3 Optimism

One factor that contributes to resilience after a disaster is the experience or harnessing of positive emotions even in the midst of exceedingly stressful and potentially life-threatening times (Bonanno, 2004).

With repeated exposures to stress and trauma, remaining hopeful and having a positive outlook can sound unapplicable to the Lebanese context. Nevertheless, despite the adversity of the circumstances at hand, four out of eight participants (50% of the sample), reported that they are still hopeful, and that hope is their means for coping with the worries of the current times.

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In the early study of Scheier *et al.* (1986), findings show a significant positive relation between optimism and different aspects of life, such as having coping strategies that focus on the positive aspects of the stressful situation. Carver & Scheiers' (2014) findings demonstrate that higher levels of optimism are linked to better subjective well-being in times of adversity or difficulty. Consistent with such findings, optimism has been linked to higher levels of engagement coping and lower levels of avoidance, or disengagement coping (Carver *et al.*, 2010; Bouchard *et al.*, 2017). As such, **P2** mentions:

I think that this country was built before us and will stay after us, and so many people passed before us. Everything is still in place, the trees, the mountains, the river everything. We will leave and everything will stay in place, the phoenix is a myth that Lebanese say, however the normal path of life is this, after wars and disasters there's a period of prosperity, hence I do have hope for the future.

Prior research supports that having effective coping strategies were seen to mediate the effect of psychiatric symptoms of wives' coping with husband's absence resulting from war separation (Pearlin *et al.*, 1981), these coping mechanisms also had a fundamental role in maintaining the family system and keeping the family functioning as a unit (McCubbin & Patterson, 1983).

As such, **MP1**, despite losing her husband and being severely impacted by the blast, insists on having hope for the future, she says:

'I never lose hope no matter how tired I am, yet this bird doesn't rise back alone. I have ambition to tour the whole world and to travel, I have a lot of hope and ambition for the future, and I love life.'

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The literature on posttraumatic growth addresses the positive psychological change that occurs following highly stressful and demanding life situations. The positive transformation originally involved five domains according to the development of the Post-traumatic Growth Inventory (PTGI) which are: personal strength, relating to others, appreciation of life, openness to new possibilities and spiritual change (Tedeschi & Calhoun, 1996; Tedeschi & Calhoun, 2004). **MP1**'s growth, for example, falls under personal strength, appreciation of life, and openness to new possibilities. Hence, from the above data on the participants who reported feeling hopeful after the trauma, this can denote that the tragedy had a positive impact on their personal growth, suggesting that the development of a resilient attitude after trauma is possible. It's worthy to note that out of the four participants who showed signs of hope for the future, three of them were females who belong to the *families of the missing persons*. It is remarkable to observe that even though they have suffered from an exceptional type of loss and trauma that no other member in the sample had suffered from (*except MP2*), yet they still retained signs of hope and faith in the future while compared to the remaining participants. However, their level of hopefulness was not constant in all their answers; their responses showed a pattern fluctuating between hopefulness and hopelessness, and this is what Boss (1999) spoke of when it comes to *ambiguous loss*; the individuals would be in a constant struggle or "limbo" between being hopeful and being hopeless for the future.

4.1.4 Religiosity

Religiosity refers to people's varying tendencies to commit themselves to religious beliefs, principles, and activities (Ellis et al., 2019), which incorporates cognitive, emotional, motivational, and behavioral aspects (Hackney & Sanders, 2003). In a systematic review

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conducted by Bonelli & Koenig (2013), results confirm that there is sufficient evidence that links religious involvement with the improvement mental health disorders, specifically with depression, suicide, substance abuse, stress related disorders and other organic mental disorders. The Lebanese population is greatly dependent on psychologically imperative group memberships, such as one's religious community (Jaspal et al., 2020). In one study, Abdel-Khalek's (2015) results assert that Lebanese young adults who were more religious tend to rate themselves as happier and as having better mental and physical health than those who are not. In another study following the 2006 war, it was found that religiosity had the effect of buffering poor mental health outcomes in adolescents from the South who were particularly impacted in the war (Khamis, 2012; Bonelli & Koenig, 2013).

In accordance with the literature, the present study shows that religiosity was indeed a protective factor and a coping mechanism to four out of eight participants (50% of the sample) in this study. **MP1**, who attributes what has happened to "God's will" and her dependance on God, reports being more content and hopeful. **MP1**, who had to take care of her family when her husband was kidnapped, says:

'God helps me a lot, when I think that this is the will of God, and that there is something better for me coming, and that God protects me from the worst. I feel that there was a strong hand that helped me, there was a care from God that helped me.'

On the other hand, **P3**, **P4** and **MP3** all reported their belief in God and how it helps them cope with the disaster, yet they still showed signs of hopelessness and distress. **P4** depends on his faith as his primary coping mechanism, he says:

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'God would help us survive, because he is the only one who writes for us that we will see and how long we will see it, we cannot escape what is meant to be for us. My faith in God and religion helped me accept and manage what was happening, it's a disaster if you don't have faith! Without it you cannot be moving on with your life.'

We can infer that despite the three participants having faith in God, yet faith was not a sufficient shield for them to safeguard them from hopelessness and distress under the current conditions. Opposing the study of Abdel-Khalek (2015) that was performed on young adults, the three participants in our sample did not report to be happier because of their religious beliefs. Nevertheless, it is important to take into account the time and context of Abdel-Khalek's study where Lebanon was doing relatively well and was not undergoing an economic crisis, a pandemic, nor had it witnessed a massive explosion of the amplitude of the Beirut blast. Indeed, economical circumstance have been seen to impact individual's mental health, evidence from other countries in the Eastern Mediterranean Region such as Greece which reported a substantial increase in stress, depression, dysphoria, and suicidal ideation within the Greek population due to the economic crisis (Fountoulakis et al., 2013). **P3**, **P4** and **MP3** confess that the times they are living today are the worst times of their lives, and that even though religion is helping them cope with their struggles, yet the external circumstances are outweighing the power and effectiveness of this coping mechanism.

4.1.5 Professional Help Seeking

Beinecke (2014) investigated the different parties that were involved in the response towards the Boston Marathon Bombing that took place in 2013; where public health and mental

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health officials joined hands with multi-disciplinary teams on the ground to help survivors rebuild their lives. Furthermore, Boston city embraced mental health as part of the national disaster response agenda. In Lebanon, similar efforts were deployed with various Lebanese NGOs providing mental and psycho-social health support and relief services to aid the survivors of the Beirut blast (Relief Web, 2020; Mawad, 2021).

In the present study, four out of eight participants sought professional help whether through an NGO or through a private practitioner. It is interesting to note that those four participants (**P1**, **MP1**, **MP3** and **MP4**) are majorly from the families with missing persons, and that there is no evidence that they had ever sought any form of mental health intervention throughout the years since the disappearance of their loved ones. Seeking therapy in the aftermath of the Beirut blast and not before tells us something about how they conceptualize the two types of losses, the two types of traumas. However, it may also be an indicator that times have changed since the days of the Civil War, whereby psychotherapy may not have been accessible in the 1970s and the 1980s due to the social stigma against mental illness, while it is more readily conceivable in the 21st century as an acceptable way of healing. **P1** who was greatly impacted by the blast says:

'A lot of NGOs came to our area and are still coming to give us psychosocial support and this was very helpful.'

MP3, who also was greatly impacted by the blast says:

'My son and family tried to comfort me, and we saw a show on TV on mental health and what happens after trauma, psychologists and doctors came to our area, and recently I just finished therapy because I was severely depressed after the explosion.'

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Based on the above testimonies, it is important to highlight the need to render mental health services available and accessible to all people after a disaster, and to emphasize the importance of psychosocial support as a main pillar in a disaster plan (Beinecke, 2014).

4.2 Maladaptive coping mechanisms

4.2.1 Isolation and avoidance

In this subtheme, two main maladaptive coping mechanisms were recorded, namely *avoidance* and *isolation*. Current coping theories argue that the effectiveness of any given coping strategy is dependent on the context of the traumatic incident. Accordingly, any specific mechanism that the individuals employ to deal with the trauma can be either considered adaptive or maladaptive depending on the circumstance. Responses that are normally viewed as being maladaptive (e.g., avoidance or dissociation strategies) are generally recognized as being counterproductive to recovery (Kirby et al., 2011).

Avoidant coping mechanisms are those focused on actively avoiding dealing with the traumatic experience or avoiding dealing with one's reactions to the experience. As such, these coping mechanisms can include the withdrawal from others, the attempt to disengage or suppress thoughts and feelings about the experience, the denial that the experience has occurred, or denial of one's thoughts or feelings about the traumatic experience (Littleton et al., 2011).

In the present study, three out of eight participants, **P2**, **P4**, and **MP2** reported their inclination of coping alone during distressing times. However, significant differences lie when comparing coping alone for **P2** and **P4**, when compared to **MP2**. Initially, **P2** and **P4** enclose the importance of family and friends when it comes to coping during the Civil war and times of distress, yet they

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highlight the fragility of such resources in times of war since everyone, including family and friends, was subjected to the same hardships as them. **P4** describes it as:

'Since we were used to it, everyone was going through the same circumstances, so no one was able to really support because we were all going through the same hardships.'

P2 also mentions:

'I did deal with them alone, no one was supporting anyone because everyone was living the same misery. Everyone needed help'

Hence, both **P2** and **P4** recognized the necessity of having support to deal with such distressing time, yet the availability of that support was inadequate. **MP2**, on the other hand, reports the insignificant role that family and friends play for him during distressing times, and his preference of coping by himself without the need for external support. **MP2** clarifies by saying

'I did deal with them by myself, usually I have a very close and selected circle of people that know a bit more about me than others, but not a lot of people know me. There is a need for social support but it's not for everything and every situation, I think that people give you what you want to hear or what they think, no one will have the same experience as you and they cannot truly understand what the other person is experiencing.'

When it comes to avoidance, different ways of avoidance were observed among two participants out of eight. **MP2**, for example, resorts to calming substances as his primary coping mechanism.

'Honestly, I use substance that helps me "chill" at the end of the day. I just like to relax and disconnect from everything around me.'

The literature underlines the surge in substance misuse that is observed as a maladaptive coping response towards conflict-related trauma within the Lebanese (Solberg, 2008). This can

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also explain his desire to cope alone, while using substance and disconnecting from others around him, by that avoiding all triggers or reminders of the traumatic experience.

On the other hand, another type of avoidance was specifically seen within the members of the families of the missing persons; where the family would avoid speaking about the traumatic experience or about the missing person himself, which goes in alignment with the active avoidance discussed by Littleton et al. (2011). **MP2**, pressed the need to talk about his missing grandfather, and said:

'It's not something that we usually talk about at home, until I started bringing it up in my university projects, we don't usually talk about it at home, it's not a topic that is usually brought up.'

MP4, portrayed a severe form of avoidance which contributed to the obliteration of her family's dynamics:

'My father used to have heart attacks because he was not able to talk about his feelings, at that time our lives changed 180 degrees, the whole family was destroyed.'

We can comprehend how maladaptive avoidance can be for individuals, as it hinders the road for recovery from the traumatic event (Kirby et al., 2011), and disrupts the healing process for those who are trying to find closure to the experience.

As a conclusion, we can infer that most of the participants possess positive and adaptive coping mechanisms which help them in managing their emotions and behaviors after the traumatic experiences, *social connectedness* being the most frequently depended on, followed by *productivity* (positive distraction), *religion*, *optimism*, and *professional help seeking*. It was also

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revealed that, in the non-availability of such adaptive resources, some participants resorted to less adaptive ones.

5. Complicated grief

As the families of the missing persons are of a specific interest in this study, one major theme appeared which entails their struggle in comprehending the physical loss of someone who has not escaped their minds since their disappearance. Boss (1999) described this loss being an ambiguous loss, which can happen when someone is perceived as physically absent but is psychologically present.

This theme addressed Research Aims II and III which focused on understanding the link between past and present trauma, as well as understanding the coping mechanisms which particularly helped the families in adjusting to their lives without the kidnapped loved one. To begin with, it is important to note that those who had direct family members who were kidnapped such as **MP1**'s husband and **MP4**'s brother, were more impacted by the disappearance of their loved one than **MP2** and **MP3** who had their grandfather and uncle kidnapped respectively. Rowland-Klein and Dunlop (1998) proclaim that trauma can be transmitted through second and even third generations, they also identified themes that can predict the transference of the trauma. One of these themes is having heightened awareness of the experience of the parents'/grandparents', and according to **MP2** for example, the topic of his grandfather was not a topic that was frequently discussed in the household. Therefore, there was little-to-no awareness of the experience of the missing grandfather, and this can explain the muffled impact it had on his interaction with the subject.

5.1 Ambiguous loss

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Boss (2016) describes the experience of ambiguous loss like a “never-ending roller coaster” that affects family members on all aspects, be it physically, cognitively, behaviorally, and emotionally. **MP1** talks about her emotional rollercoaster which consisted of the feelings of *hope* and *hopelessness* while trying to find her husband (emotional impact), and the struggle she had to endure when it comes to her thoughts and prayers that were projected on him (cognitive impact), she says:

‘I spent 8-10 months running around to try to find him. I prayed that they would have killed him the moment they found him, and not to torture him, then I would think that I can’t be the judge, it’s a struggle, you don’t know what to wish.’

Her husband’s disappearance had a toll on her confused identity as well:

‘I was already feeling that I have an identity crisis, I was displaced, and my husband was missing, I was found in Beirut without a status, I was not divorced or widowed, I didn’t have a place to stay.’

Ambiguous loss can become problematic psychologically when the feelings of *hopelessness* and *helplessness* eventually together lead to depression (Boss, 1999). **MP1** began to feel the impact of her husband’s disappearance after the empty-nest syndrome, she says

‘I also sought professional help, I went to therapy to check with myself why I collapsed after 20 years when my kids left and not before when I was more fragile.’

Evidence from Karam et al. (2019) confirm that only a small fraction of Lebanese seek help for their mental health problems, with factors such as *female gender, higher education and income* that act as predictors of positive attitudes to help seeking. Interestingly, the most important factor that determined the participants willingness to seek treatment was the severity of the disorder and

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the recognition of the need for treatment which outweighed the treatment stigma. **MP1** sought professional help after she “*collapsed*” meaning that she reached a point when she is not able to take of herself alone with the severity of her condition at that point. Needless to say, other factors such as her children leaving the house and the rise of awareness on mental health also played a role in increasing her willingness to seek therapy after such a long period of time.

Psychologically, ambiguous loss constitutes a problem when the conflicted feelings of ambivalence lead to guilt, anxiety, and immobilization (Boss, 1999). **MP4** describes this situation fitting her family’s response towards her brother’s disappearance, she says

‘When someone is kidnapped, the family is destroyed, there is no more mother or father, my mother used to leave work to go search for him, at that time our lives changed 180 degrees, the whole family was destroyed.’

Boss (2016) describes this loss is being in-definitive, as there is not a clearly defined “death” that can draw a sense of closure to the families and loved ones, which leaves the individuals feeling as if they are “in limbo” as they struggle to live with and adapt with this ambiguity. This can be seen in the lived experience of **MP4**, who says:

‘The real tragedy is when you know that the kidnapped person is still alive, it’s harder than when they tell you he’s dead, when they tell you they killed him it is much more comforting, once you don’t see the body dead or alive, you will still be searching.’

The indefinite answer of whether the missing person is alive or dead leaves the room for the individual to choose from either hoping that he is still alive, as **MP4** says:

‘We never lost hope, until this day we still have hope, it’s not in our hands to lose hope, he is part of our family we cannot lose hope’

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Or choosing to seal the case and diminish the levels of hope as much as possible, as **MP1** says:

'Now, even though it is not reasonable after 37 years to expect that he is coming back, yet you still have the one in a million chance that would allow you to have some hope.'

Each choice that **MP1** and **MP4** had to make carries its own consequences. For example, the hope that was described by **MP4** was labelled as “dangerous”, as she mentioned:

'Every time we hear a single thread of hope we used to keep it for ourselves because we were afraid that this hope might be dangerous.'

And the continuation of one's life assuming that the person won't return carried its own sense of *guilt* towards the missing person, as **MP1** says:

'Sometimes I blame myself that my goal was not my husband, it was my kids, and my goal was that they become just as their father wants them to be.'

The conflicting feelings and thoughts that the loved one of a missing person has to go through is then specific to each person according to their end goals and desires.

Coping with the loss

Coping with ambiguous loss is challenging as many elements that are usually essential in coping are missing in their case (Boss, 1999). It was evident that almost all the coping tools which were used to manage the tragedy of the Beirut Port blast were also utilized to manage the tragedy of adapting to the disappearance of the missing person.

MP1, for example, who used social ties, productivity, religion, professional help, and optimism to manage the aftermath of the Beirut Port blast, also utilized the same methods to manage the disappearance of her husband. **MP4**, for example, highlighted the importance of having the

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community of the families of the missing who all shared the same misery and the same goal at the of the day which is their right to know the destiny of the loved ones. She says:

'With the families of the missing, we support each other, and we feel that we have a family, we have people to talk with and people who support us, and the families of the Beirut Port Blast recently joined tragedy.'

This confirms the important role the collective ties play in terms of coping during distressing times and how these connections become fundamental to one's psychological well-being (Farhood et al., 1993; Jaspal et al., 2020).

It can be concluded that the process of grief and apprehension of loss is unique to those who are not privileged to know the confirmed death of a loved one, and hence would have to manage this tragedy by living through times of hope and hopelessness, and by adhering to the goals that they set for themselves, whether it is to continue searching for the disappeared loved one or to continue living up to the standards and dreams that the disappeared loved one had.

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Chapter 5: Conclusions

Overall, the outcome of the findings addressed all three research aims of the present study, namely, to explore: the subjective experiences of the survivors of the Beirut Port blast, the link between the past and present memories and the coping mechanisms used during times of difficulty. The themes *memories linked to the past, emotional impact, anxiety, and complicated grief* empowered us with sufficient data to address the below research aims:

- 1) Exploring and understanding the subjective experiences of the survivors of the Beirut blast
- 2) Exploring the link between past and present traumas.

In the present study, the recollection of previous war memories was captured in the instantaneous *thoughts* of most of the participants in the moment of the Beirut Port blast. The recollection of those memories was inevitable to the interviewed sample, meaning that their past is very much connected to their living present. The processing of trauma plays a major role on how the impact of it will unfold (Brewin et al., 2010), and as it has been seen in the discussion above, the Lebanese processing of the wars' aftermath was overruled by silence and detachment to the war events (Larkin, 2010). In accordance, the dominant feelings that were unified among the participants were *worry* and *panic*, followed by *sadness, hopelessness, anger, hate and numbness*. The variety of the negative emotions that surfaced in their answers can inform us that despite the tragedy being the same for all participants, the emotional reactions generated are unique and distinct to each participant alone. Tuval-Mashiach et al. (2004) indicate that the differences in the perception and interpretation of a traumatic event may arise from various sources among which are personality traits, situational factors (if one was directly exposed to the traumatic event or not), physical injury, and background variables (such as past trauma). In this

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study, factors such as previous life stressors, direct exposure to the blast, and availability of support after the blast played a crucial role in determining the intensity of the lived emotional experience and the level of resilience after the trauma (Bonanno et al., 2007; Goldmann & Galea, 2014). As for *complex grief*, which is the theme dedicated to the families of the missing persons, this theme gave us an idea of the type of suffering the loved ones of a missing person have to endure due to the ambiguity of the situation and the unclarity of what the future might hold to them.

When it comes to investigating the coping mechanisms the participants resorted to in the face of trauma, which the third aim of the present research, participants predominantly presented with positive coping mechanisms, despite their lived tragedies and experiences, which helps them manage their symptoms and move forward with their lives. *Social connectedness* as seen in earlier studies (e.g., Farhood et al., 1993) was the primary means for managing the aftermaths of the Beirut Port blast. This finding confirms that Lebanon, as a collectivist society (Ali, 1993), leverages on people's ability to make use of one another as their main source of relief and support during uneasy times. The families of the missing persons depended on two main forms of coping in addition to social connectedness, namely *optimism* and *professional help*. It's important to note that seeking professional help was more expressed in response to the Beirut blast than in the context of the Civil War. This is understandable since professional mental health seeking is more acceptable today than in the past due to the stigma against mental illness which prevails in Lebanon (Rayan & Fawaz, 2017). Some factors that influence the reluctance for seeking mental health services can be the belief that they can manage their symptoms on their own (Chong et al., 2012) or the doubt they have of the effectiveness that the services would

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provide (Wilson et al., 2011). As for Arabs, including Lebanese, other factors related to values, culture and religion come to play, such as believing that it is God's will and that mental illnesses are an experiment from God or a consequence from one's wrong doings and sins (Youssef & Deane, 2006). In general, the Arab World has its own unique sociocultural, religious, and political factors that are crucial to take into account when discussing the access and use of psychiatric care services (Rayan & Fawaz, 2017), in accordance, Merhej (2019) urges the need for further research and awareness on mental health in the Arab world.

The coping mechanisms illustrated in the present study can serve as a guide for future psychosocial interventions utilized by clinicians and practitioners in Lebanon as they are relevant to the present dynamics and contexts. Since my analysis revealed that *social connectedness*, *optimism*, and *professional help* have shown to be adaptive for all participants from the two sub-groups (the Beirut blast survivors and the families of missing ones), then it is worthwhile exploring them in depth. It has been noticeable that participants who have less **social connectedness** than others showed more maladaptive coping mechanisms, such as turning to drugs, developing learned helplessness, and preferring isolation. As Fergus and Zimmerman (2005) indicated, there is increasing evidence that social support is an important resilient factor in PTSD, and a large body of literature suggests that lower levels of social support are associated with more severe PTSD symptoms (Galea et al., 2002; Hobfoll et al., 2006). It should be noted, however, that social support is a multidimensional construct that includes the structure of a support network, the function of the support, and the user and giver's perceptions of it (Sherbourne & Stewart, 1991). For example, **P4** who recognized the need for social support yet

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had a negative perception about it reported doing worse than **P3** who positively perceives social support as her main coping mechanism despite its quality or availability. Paul et al. (2015) confirm the prominence of social support in their cross-sectional study of trauma-exposed disaster victims who have shown a negative relation between social support and PTSD symptoms severity. As a conclusion, there is a consensus that elevated social support from family, friends, and community members is shown to be associated with reduced PTSD symptom severity (Price et al., 2018). Building up on the work of prominent psychologists and scientists such as Sullivan (1953), Bowlby (1969), and Ainsworth (1979) who all delved deep in the imperative role that human relationships, connections, and attachment, play for the welfare and prosperity of the individual since early childhood. *Interpersonal therapy*, for example, focuses on fostering social connectedness as one of the main foundations that helps patients work on their issues and decrease their interpersonal stress. This form of therapy utilizes a *diathesis-stress* model of psychiatric illness and integrates two interpersonal frameworks, the first is relational theory, which provides the basis for connecting relationships with mental health, and the second is research on stress, social support, and illness, which informs IPT's precise focus on current interpersonal problems (Lipsitz & Markowitz, 2014). The findings of the present study along with the extensive research that has been performed on the effectiveness of therapies such as interpersonal therapy, can inform us of the promising results that we could anticipate if clinicians adopted this therapy modality with the Lebanese context as it is highly based in relationships, connections, and social support.

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The stigma and reluctance to seek mental health professional help in Lebanon, that was discussed earlier, increases especially when the available treatment modalities are not consistent with one's worldview (Pratt et al., 2017). As *religiosity* was seen as a prominent coping mechanism for half of the sample, this poses the need for developing evidence-based paradigms that align with faith and culture, two components that are essential when considering the services provided to the Lebanese. This is supported by the work of Bernal and Scharroón-Del-Río (2001) who advocate for the inclusion of ethnic and cultural factors while developing or delivering psychosocial treatments. They propose that psychotherapy itself is a cultural phenomenon that plays a key role in the treatment process. In addition, ethnic and cultural concepts may clash with mainstream values inherent to traditional psychotherapies. In alignment with that, Merhej (2019) poses the need for having culturally competent psychiatry for the destigmatization of mental illness and mental health treatment in the Arab world. This would encompass having a people-friendly image of the psychiatrist that is in accordance with the local religious, social, and cultural values of the country instead of solely adopting the Western standards of psychiatry. Furthermore, the findings of Pratt et al., (2017) highlight the need for religious congruence in order for interventions to be considered acceptable for religiously oriented Muslims for example, and other findings associate positive religious coping mechanisms, such as the use of prayer, with lower PTSD symptom severity (Aflakseir & Coleman, 2009). Therefore, culturally sensitive therapy that embraces the notions of faith and culture, if utilized in Lebanon, can increase the rates of seeking mental health services and reduce the stigma on mental health.

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As for *professional help seeking*, half of the sample reported the use of professional services as a means for coping after the Beirut blast. Effective stress-related therapies such as *trauma-focused CBT* has been shown to yield positive results with trauma survivors. Several well-done meta-analyses (Watts et al., 2013; Cusack et al., 2016; Kline et al., 2017) have verified the efficacy of trauma-focused CBT in reducing trauma-related psychopathology, with evidence of long-term persistence of gains. The integration of Interpersonal Therapy and/or culturally sensitive therapy with trauma-focused CBT to fit the local context and dynamics of Lebanon would encourage more people to seek professional help and benefit from the therapy provided.

Finally, as for *complicated grief* and specifically *ambiguous loss*, which uniquely belongs to the families of the missing persons in the present study, has its own distinctive challenges when it comes to approaching the grieving process that requires a different method for healing (Boss, 1999). Boss (2017) did not recommend adopting traditional grief or trauma therapies that are catered for definitive deaths, instead she recommends the use of methods such as narrative therapy; which is re-telling the story and externalizing the blame to build resilience for long-term unresolved loss “people tell their story willingly to peers who, as they say, have walked in their shoes. Also, with methods of psychoeducation, we teach ways of thinking that de-emphasize binary thinking (dead or alive) and instead encourage “both-and” thinking.” (Boss, 2017, p. 256).

Boss et al. (2003) also underlined the importance of an ethno-psychological approach to ambiguous loss, which means the comprehension of the ethnic and cultural contexts where the loss occurred. Boss (2006) highlighted important factors such as the organization of the society and the religious/spiritual beliefs which influence the resilience and the mechanisms of

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adaptation of the families in the case of ambiguity. As seen in the present study, **MP1**, who had strong religious beliefs such as believing that the loss of her husband is according to God's will, showed positive progress and welfare when it comes to dealing with the ambiguous loss.

Boss (2017) also stressed that the first general requisite for intervention is to use a family and community-based approach where family meetings are recommended in order to openly discuss the ambiguous loss in a safe and supportive environment. This requisite would fit impeccably in the Lebanese collectivist society which depends on family and social connectedness as a means of coping with disasters. It is evident that developing treatment modalities that are different from those used for definitive deaths and incorporating the cultural component that encompass values and faith, are vital elements to consider for crafting a therapy modality for those dealing with ambiguous loss in Lebanon.

Unfortunately prospects for positive outcomes from any intervention are meagre due to the fact that the Lebanese people are presently undergoing massive stressors at the socio-economic and political levels (Wessells, 2009; Stevens et al., 2013; Wispelwey & Abu Jamei, 2020). Hence, the survivors of the Beirut Port blast and the families of the missing persons are both disadvantaged when it comes to processing and managing their traumas. The presence of continuous unpredictable stressors and the absence of accountability and liability in the country is aggravating their worry and distress and is pushing them to reach *hopelessness* and *learned helplessness*.

On the other hand, Frankl's (1985) logotherapy emerged from discovering the meaning in suffering, which brings us to the *hope* that was engraved in the narratives of the survivors and

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families of missing persons who had suffered greatly whether in the past or present. Frankl often quotes Nietzsche's statement, "*He who has a why to live can bear almost any how.*" Frankl's meaning-seeking model reinforces the idea that meaning is essential for resilience, and that to effectively cope with the suffering, we need to believe that there is coherence and order in the world, and there is a reason or meaning for everything that happens, including our own sufferings. The Lebanese who still have *hope* in their future or in Lebanon are probably extracting that hope from the meaning they made out of their tragedies and stories, a meaning that gives them a purpose to stay and work for it.

Limitations

The first limitation of the present study lies in the choice of its design, a common criticism for qualitative designs is that they are perceived to be subjective or biased to the researchers' interpretations (Corbin & Strauss, 2014). In order to reduce researcher's bias, the present study adhered to the four criteria of trustworthiness established by Lincoln and Guba (1985), ensuring openness, transparency, and thoroughness in the data collection and analysis phases.

A second limitation has to do with biases: one such bias in the present study is *recall bias*. In other words, as the Beirut Port blast took place more than a year ago, recalling specific memories and images may be clouded with the events that are currently taking place, similarly, for the recollections of experiences related to the missing persons. Recall bias is an inevitable phenomenon: we never remember past events as an accurate picture of what happened. Our memories are often distorted by shock at the time of an event, a post-traumatic stress disorder or any one of a number of diseases and conditions that affect the brain. In the case of the present

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study's participants who are all people who have lived an accumulation of traumas, recall bias is expected, and in most cases, is assumed to be unintentional. To reduce the amount of expected recall bias, the participants were given ample time to respond to questions requesting recall of specific events; the face-to-face interview technique that was used in this study provided the participants with a feeling of safety where they were given enough room to discuss their past in a non-threatening way, thus allowing memories to flow as smooth a stream as possible. In addition, the interview questions were designed in such a way as to trigger specific recollections for specific events and avoid any interferences with other events. The study protocol and the pilot testing were important tools to help the researcher familiarize herself with the interview context and reframe her interview questions in such a way as to later guide the study's participants into the interview process in as careful a way as to control for recall bias.

Future Research

Since qualitative research on Lebanese tragedies in general is scarce, the present study only serves as a basis for future clinical psychology research. Perhaps future research studies can be directed towards exploring maladaptive and adaptive coping mechanisms in a larger sample of Lebanese while taking into account the unique dynamics and socio-political complexities of Lebanon. In addition to that, it would be of added value to further explore the concept of "resilience" and the meaning it holds to the Lebanese who have experienced a unique and distinct form of resilience which is not usually documented in the present literature. The Lebanese have been subjected to repeated traumas throughout the years, it would be interesting to know if their resilience is the result of them becoming less fragile and vulnerable in the face of adverse circumstances or if the result of their *learnt helplessness* as they became accustomed to

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the robust circumstances. A replication of the present study with a larger sample is paramount to corroborate current or bring forward new themes that may emerge which were latent or were not properly addressed by the present interview questions. The present study tapped into the narratives of the survivors of the Beirut Port blast and the families of the missing persons, more mixed-methods research that would also include quantitative methods should be focused on understanding the depth of the experiences of the Lebanese, in parallel to comparing it to where they lie when it comes to the DSM V symptomatology of trauma and stress related disorders.

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APPENDIX A

HAIGAZIAN UNIVERSITY
Faculty of Social and
Behavioral Sciences
Ethics Committee

December 1, 2021

Dear Ms. Amikah, The SBS Research Ethics Committee reviewed the following protocol:

Type of Review:	Initial, Expedited
Study title	The Narratives of the Survivors of the Beirut Port Blast in relation to their Recollections of Past Tragedies in Lebanon
Study ID	MA.11.21
Principal investigator(s): <i>Name, title, institution, contact information (email and phone number)</i>	Noura Amikah, MA Clinical Psychology Student Department of Psychology Noura.amikah@students.haigazian.edu.lb
Advisor	<u>Rita Merhej, Advisor</u> <u>Lecturer in</u> <u>Psychology Haigazian</u> <u>University.</u> <u>Rita.Merhej@haigazian.edu.lb</u>
Documents reviewed	<ul style="list-style-type: none"> - Proposal submission form - Participant information letter - Participant consent form

The SBS Research Ethics Committee approved the above study from December 1, 2021, to December 1, 2022 inclusive. The documents listed were reviewed and approved for use in this protocol. Please note that any change in the study methods, design and / or instruments should be cleared by the committee before its application. Once the study is complete a closure report should be sent to the committee.

Regards

SBS Research Ethics Committee



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APPENDIX B

*Informed Consent***IRB#:** MA.11.21**Principal Investigator (s):** Noura Amikah**Telephone and E-mail:** +96171692453; noura.amikah@haigazian.edu.lb**Co-Investigator (s):** Rita Merhej
Thesis Advisor**Telephone and E-mail:** +96103858234; rita.merhej@haigazian.edu.lb

This is a research project exploring **the narratives of the survivors of the Beirut Port Blast** of Lebanese **citizens who have witnessed previous tragedies**. For this project, you will be asked to **answer a set of interview questions**. Your answers to these questions will help the researcher identify **your understanding of the Beirut Port Blast, your subjective experience in relation to your previous memories, and your coping mechanisms during these times**. The analysis of your answers will help highlight priority issues regarding **the comprehension and response to trauma** and hopefully contribute to **the psycho-social and clinical interventions in the Lebanese context**.

Please note that your answers will remain anonymous. Your name will not be reported in any document. All your answers will be held confidential. Your answers will be kept in a locked file and will be only accessible by the principal investigator and her Advisor. **Any published data that may result from this study will not include names of the participants.**

You should only take part in this study if you want to volunteer. You are free to participate in this study or withdraw at any time, without providing any explanation. There will be no penalty or loss of benefits if you stop taking part in the study.

The research intends to abide by all commonly acknowledged ethical codes. You agree to participate in this research project by answering the following questions. If you have any questions, please ask the research team listed at the beginning of this questionnaire. Thank you for your time.

Signature:

Date:

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APPENDIX C

Participant information letter

Dear Ms./Mr.

I am Noura Amikah, a student at Haigazian University at the Department of Social and Behavioral Sciences. I am currently carrying out a research study titled: *The Narratives of the Survivors of the Beirut Port Blast in relation to their Recollections of Past Tragedies in Lebanon*, advised by Dr. Rita Merhej.

You are kindly being asked to take part in this study since you are a Lebanese, have witnessed the Beirut Port Blast as well as previous tragedies. Therefore, your contribution would be beneficial for the results of this study, and for the eventual benefit of the collective psycho-social interventions in Lebanon.

Kindly read the below information to decide whether you would like to participate in this research study.

Purpose of the Research Project

This research study aims at exploring and understanding the accounts of the survivors of the Beirut blast in relation to past traumatic memories. Its purpose is to further fathom the conceptualization that you have created in light of these traumas, your personal explanation about what happened, as well as the mechanisms that helped you cope with such traumatic experiences. This study will contribute towards the fulfillment of my MA Thesis requirements at Haigazian University.

What will I be asked to do?

- If you choose to participate in this research study, you will be asked to attend a short interview and fill in a demographic form. Your participation will extend for approximately 20-30 minutes.

Participation in this project is voluntary. You are free to withdraw anytime without having to give any reason for your withdrawal.

What are my rights?

- Participation in this study is completely voluntary, anonymous, and confidential. Your name or any other identifying information will not be asked.
- Data you provide along with data from all participants in the present research will be stored in aggregate in the personal residence of Noura Amikah and the soft copy of the results will be stored on her personal computer. The data will be analyzed and reported in

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aggregate. Only the principal investigators of this study will have access to the compiled data.

- You have the right to withdraw your consent or discontinue participation at any time for any reason. Your decision to refuse participation or withdraw will not involve any penalty or loss of benefits to which you are entitled. Discontinuing participation in no way affects your relationship with Haigazian University.
- This research study has been reviewed and has received clearance from the Ethics Committee of the Faculty of Social and Behavioral Sciences at Haigazian University. If you have any further concerns about your rights as a research participant, please, do not hesitate to contact the SBS Ethics committee SBS.Ethics@haigazian.edu.lb

What are the risks and benefits of participation?

- Participation in this study does not involve any physical risk or emotional risk to you beyond the risks of daily life. If you experience any distress after your participation, you will be provided with the space to express that distress and received the needed support.
- You will receive no direct benefits from participating in this research; however, your participation does help researchers better understand the factors that help Lebanese cope in face of traumas.

Contact information

If you have any questions or concerns about the research, you may contact:

Noura Amikah

Noura.amikah@students.haigazian.edu.lb

0096171692453

Advisor:

Dr. Rita Merhej

Rita.Merhej@haigazian.edu.lb

009613858234

رسالة توضيحية خاصة بالمشاركين

عزيزتي/عزيزي السيدة / السيد.

أنا نورا عميقة، طالبة في جامعة هيغازيان في قسم العلوم الاجتماعية والسلوكية. أنا أجري حالياً دراسة بحثية بعنوان: روايات الناجين من انفجار مرفأ بيروت في علاقتها بذكرياتهم عن مآسي لبنان السابقة، وذلك بالتعاون مع الدكتورة ريتا مرهج للإستشارة الأكاديمية.

يطلب منك المشاركة في هذه الدراسة لأنك مواطن لبناني شهد انفجار مرفأ بيروت إضافةً إلى ماسيه السابقة. ولذلك، فإن مساهمتكم ستكون مفيدة لإتمام هذه الدراسة، وللمصلحة العامة الخاصة للتدخلات النفسية والاجتماعية الجماعية في لبنان. يرجى قراءة المعلومات التالية لإقرار ما إذا كنت ترغب في المشاركة في هذه الدراسة البحثية. الغرض من مشروع البحث:

تهدف هذه الدراسة البحثية إلى استكشاف وفهم روايات الناجين من انفجار بيروت فيما يتعلق بالذكريات المؤلمة الماضية. والغرض منه هو فهم التصور الذي أنشأته في ضوء هذه الصدمات، وتفسيرك الشخصي لما حدث، بالإضافة إلى الآليات التي

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ساعدتك في التعامل مع مثل هذه التجارب الصادمة. ستساهم هذه الدراسة في تحقيق متطلبات الماجستير الخاصة بالطالبة نورا عميقة في جامعة هيغازيان - بيروت.

ماذا سيطلب مني أن أفعل؟

- إذا اخترت المشاركة في هذه الدراسة البحثية، سيطلب منك حضور مقابلة قصيرة وملء استمارة ديموغرافية. ستمتد مشاركتك لمدة 20 - 30 دقيقة تقريباً.
- المشاركة في هذا المشروع طوعية. أنت حر في الانسحاب في أي وقت دون الحاجة إلى إعطاء أي سبب لانسحابك.

ما هي حقوقي؟

- المشاركة في هذه الدراسة هي طوعية تماماً، وهويتك تبقى مجهولة وسريّة. لن يتم طرح اسمك أو أي معلومات تعريفية أخرى عنك.
- سيتم تخزين البيانات التي تقدمها جنباً إلى جنب مع البيانات من جميع المشاركين في هذا البحث في المنزل الخاص بالطالبة نورا عميقة وسيتم تخزين نسخة إلكترونية من النتائج على جهاز الحاسوب الخاص بها. وسيتم تحليل النتائج والإبلاغ عنها بشكل إجمالي وليس بشكل فردي. المحققين الرئيسيين لهذه الدراسة فقط سوف يكون لهم حق الوصول إلى البيانات التي تم تجميعها.
- لك الحق في سحب موافقتك أو التوقف عن المشاركة في أي وقت ولأي سبب كان. قرارك برفض المشاركة أو الانسحاب لن يسبب لك أي عقوبة أو خسارة. التوقف عن المشاركة لا يؤثر أبداً على علاقتك مع جامعة هيغازيان - بيروت.
- تمت مراجعة هذه الدراسة البحثية وحصلت على موافقة لجنة الأخلاقيات في كلية العلوم الاجتماعية والسلوكية في جامعة هيغازيان. إذا كان لديك أي مخاوف أخرى بشأن حقوقك كمشارك في البحث، من فضلك، لا تتردد في الاتصال ب:
SBS.Ethics@haigazian.edu.lb

ما هي مخاطر وفوائد المشاركة؟

- المشاركة في هذه الدراسة لن تجلب لك أي مخاطر جسدية أو عاطفية تختلف عن مخاطر الحياة اليومية. إذا واجهت أي محنة بعد مشاركتك، فسيتم تزويدك بالمساحة للتعبير عن هذا الضيق والحصول على الدعم المطلوب.
- لن تحصل على فوائد مباشرة جراء المشاركة في هذا البحث. إلا أن مشاركتكم تساعد الباحثين على فهم العوامل التي تساعد اللبنانيين على التأقلم مع الصدمات بشكل أفضل.

معلومات الاتصال

إذا كان لديك أية أسئلة أو استفسارات حول البحث، يمكنك الاتصال ب:

نورا عميقة،

Noura.amikah@students.haigazian.edu.lb

0096171692453

المستشارة الأكاديمية:

د. ريتا مرهج

Rita.Merhej@haigazian.edu.lb

009613858234

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APPENDIX D

Interview questions

1. Take yourself back to the Beirut Port blast. Can you tell me how you experienced the blast? And can you describe to me 2 or 3 of the strongest **emotions** you felt that day when the blast happened?
2. Can you remember what were the instant **thoughts** that came to your mind when the blast happened?
3. Have you lost any loved one(s) in the blast? Would you like to talk to me about that person(s)?
4. If you previously witnessed the Lebanese Civil or any war in Lebanon, have you lost any loved one during those past wars?
5. If you previously witnessed the Lebanese Civil or any war in Lebanon, can you compare the emotions back then and now?
6. Do you think the Beirut Port blast has changed the way you think and feel today about your life? Can you explain how?
7. Now, one year after the Beirut explosion, can you help me understand how are you going on with your life? Can you help me understand how have you supported yourself during such difficult times?
8. If I ask you to choose the most effective support technique you used to cope with all these tragedies, whether back in the past or now, which one would you choose?

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9. Do you think you could have been able to cope with all these unfortunate events in your life (past traumas, present trauma) on your own? Or was the presence of support necessary? What kind of support are we talking about here?

10. Do you consider yourself like the “phoenix rising from the ashes?” Can you explain why or why not?

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APPENDIX D

Arabic Version

1. خلينا نرجع بالذاكرة الى 4 آب 2020، يوم انفجار المرفأ في بيروت... هل يمكنك أن تخبرني ماذا حصل؟ وهل يمكنك أن تصف لي 2 أو 3 من أقوى المشاعر التي شعرت بها في ذلك اليوم؟
2. هل يمكنك أن تتذكر الأفكار الفورية التي خطرت ببالك عندما حدث الانفجار؟
3. هل فقدت أي من أحبائك في الانفجار؟ هل تود التحدث معي عن هذا الشخص (الأشخاص)؟
4. إذا سبق لك أن شاهدت الأهلية اللبنانية أو أي حرب في لبنان، فهل فقدت أحد أحبائك خلال تلك الحروب الماضية؟
5. إذا كنت شهدت سابقاً على الحرب الأهلية اللبنانية أو أي حرب في لبنان، فهل يمكنك مقارنة مشاعرك السابقة ومشاعرك الآن؟
6. هل تعتقد أن انفجار مرفأ بيروت غير طريقة تفكيرك وشعورك عن حياتك اليوم؟ هل يمكن ان توضح كيف؟
7. الآن، بعد مرور عام على انفجار بيروت، كيف عم تعيش حياتك؟ كيف دعمت نفسك في مثل هذه الأوقات الصعبة؟
8. إذا طلبت منك اختيار وسيلة الدعم الأساسية التي استخدمتها للتعامل مع كل هذه المآسي، اذا كان في الماضي أو الحاضر، أي وسيله بختار؟
9. هل تعتقد أنه كان بإمكانك التعامل مع كل هذه الأحداث المؤسفة في حياتك (صددمات الماضي، الصدمة الحالية...) بمفردك؟ أم كان وجود الدعم ضرورياً؟ ما نوع الدعم الذي نتحدث عنه هنا؟
10. هل تعتبر نفسك مثل "طائر الفينيق الذي ينهض من الرماد؟" هل يمكنك تفسير اختيارك؟

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APPENDIX E*Interview questions for the family of missing persons*

1. Take yourself back to the Beirut Port blast. Can you tell me how you experienced the blast? And can you describe to me 2 or 3 of the strongest **emotions** you felt that day when the blast happened?
2. Can you remember what were the instant **thoughts** that came to your mind when the blast happened?
3. Have you lost any loved one(s) in the blast? Would you like to talk to me about that person(s)?
4. If you previously witnessed the Lebanese Civil or any war in Lebanon, have you lost any loved one during those past wars?
5. If you previously witnessed the Lebanese Civil or any war in Lebanon, can you compare the emotions back then and now?
6. You told me there is one dear member of your family who has been missing for years. Can you help me understand how do you cope with such a tragedy?
7. You told me you lost a loved one in the Beirut Port explosion. How does the absence of that dear person today compare to the long absence of the missing person in your family?
8. Do you think the Beirut Port blast has changed the way you think and feel today about your life? Can you explain how?

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9. Now, one year after the Beirut explosion, can you help me understand how are you going on with your life? Can you help me understand how have you supported yourself during such difficult times?
10. If I ask you to choose the most effective support technique you used to cope with all these tragedies, whether back in the past or now, which one would you choose?
11. Do you think you could have been able to cope with all these unfortunate events in your life (past traumas, present trauma) on your own? Or was the presence of support necessary? What kind of support are we talking about here?
12. Do you consider yourself like the “phoenix rising from the ashes?” Can you explain why or why not?

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APPENDIX E

Arabic Version

1. خيلنا نرجع بالذاكرة الى 4 آب 2020، يوم انفجار المرفأ في بيروت... هل يمكنك أن تخبرني ماذا حصل؟ وهل يمكنك أن تصف لي 2 أو 3 من أقوى المشاعر التي شعرت بها في ذلك اليوم؟
2. هل يمكنك أن تتذكر الأفكار الفورية التي خطرت ببالك عندما حدث الانفجار؟
3. هل فقدت أي من أحبائك في الانفجار؟ هل تود التحدث معي عن هذا الشخص (الأشخاص)؟
4. إذا سبق لك أن شاهدت الأهلية اللبنانية أو أي حرب في لبنان، فهل فقدت أحد أحبائك خلال تلك الحروب الماضية؟
5. إذا كنت شهدت سابقاً على الحرب الأهلية اللبنانية أو أي حرب في لبنان، فهل يمكنك مقارنة مشاعرك السابقة ومشاعرك الآن؟
6. أخبرتني أن هناك فرداً عزيزاً من عائلتك مفقوداً منذ سنوات. هل يمكنك مساعدتي في فهم كيف تتعامل مع مثل هذه المأساة؟
7. أخبرتني أنك فقدت أحد أفراد أسرتك في انفجار مرفأ بيروت. كيف يقارن غياب ذلك الشخص العزيز اليوم بالغياب الطويل للشخص المفقود في عائلتك؟
8. هل تعتقد أن انفجار مرفأ بيروت غير طريقة تفكيرك وشعورك عن حياتك اليوم؟ هل يمكن ان توضح كيف؟
9. الآن، بعد مرور عام على انفجار بيروت ، كيف عم تعيش حياتك؟ كيف دعمت نفسك في مثل هذه الأوقات الصعبة؟
10. إذا طلبت منك اختيار وسيلة الدعم الأساسية التي استخدمتها للتعامل مع كل هذه المآسي، اذا كان في الماضي أو الحاضر، أي وسيلة تختار؟

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11. هل تعتقد أنه كان بإمكانك التعامل مع كل هذه الأحداث المؤسفة في حياتك (صدّامات الماضي، الصدمة الحالية) بمفردك؟ أم

كان وجود الدعم ضروريا؟ ما نوع الدعم الذي تتحدث عنه هنا؟

12. هل تعتبر نفسك مثل "طائر الفينيق الذي ينهض من الرماد؟" هل يمكنك تفسير جوابك؟

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APPENDIX F

Demographics Sheet

- 1) What is your gender? Female Male prefer not to say
- 2) How old are you? 18-25 years 26-49 years 50-64 years 65 and older
- 3) What is your marital status? single in a relationship married widowed divorced separated
- 4) What is the highest level of education you have?
 - Did not finish High School
 - High School Diploma
 - Vocational Degree
 - Bachelor's Degree
 - Graduate Degree (Masters, Ph.D, JD, MD, etc)
 - Other (Please specify): _____
- 5) What is your employment status?
 - Employed Full-Time (40 or more hours/week)
 - Employed Part-Time (less than 40 hours/week)
 - Freelance Worker
 - Unemployed
- 6) How long have you been living in Lebanon? _____

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APPENDIX G*Data coding and theme generation*

Code 1	Themes and Sub-themes
M1	Past experiences
M2	Nostalgia for the war
EI1	Hopelessness
EI2	Emotional impact
EI3	Anger
EI4	Numbness
C1	Social Connectedness
C3	Religion
C5	Professional help
C6	Productivity/ Responding on ground
C7	Social activities
C8	Isolation
C9	Optimism
C10	Avoidance
CG	Complex Grief
CG	Ambiguous Loss

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<p>1. <u>Take yourself back to the Beirut Port blast. Can you tell me how you experienced the blast? And can you describe to me 2 or 3 of the strongest emotions you felt that day when the blast happened?</u></p> <p>P1:</p> <p>It was a holiday, and the town was closed because of COVID. My kids went out with their friends to Downtown, and I stayed with my youngest daughter at home. At 5:55 my daughter asked me to switch on the electricity, she literally saved my life because she asked me to get up and to move from my place, which after the explosion happened became shattered with glass and aluminum. We heard 2 strikes, and then afterwards I look at the house and it's all broken and destroyed. The whole house was destroyed, the walls became shattered and the whole house was not recognizable. I thought of my kids who left the house, and whenever I speak of this event I cry because it really affected me. I started screaming on the streets searching for my kids, no one was looking at anyone, everyone was busy with their wounds, and I was calling my kids name to find them. After an hour I knew that they were safe and okay, they couldn't reach home that day because of the situation, however they were safe and that was what's important. We were worried about our sick child and were worried about our kids in general. When I saw my kids after the explosion, I held them tight and cried, because I really didn't expect to see them. I cried whenever I thought or talked about this, it was really hard on me, I was afraid and in a state of panic "ملح".</p> <p>P2:</p> <p>I was in the basement, and as I was leaving at 6 the power "عصف" of the explosion threw me all the way back even though I was underground. At first, I thought they placed a bomb "عمود" at the entrance of the building and I was worried about my family, I went up to the streets and I found it to be a war zone, all glass was shattered on the streets. The feeling was the same feeling I had back in the civil war when an airstrike hit a room in the house or somewhere near my house, it's a feeling of horror "رعب".</p>	<p>Markup Area</p> <p>NOURA ABED EL SALAM AMIKAH A1</p> <p>NOURA ABED EL SALAM AMIKAH E12</p> <p>NOURA ABED EL SALAM AMIKAH A1</p> <p>NOURA ABED EL SALAM AMIKAH A1</p> <p>NOURA ABED EL SALAM AMIKAH E12</p> <p>NOURA ABED EL SALAM AMIKAH A1</p> <p>NOURA ABED EL SALAM AMIKAH A1</p> <p>NOURA ABED EL SALAM AMIKAH M1</p> <p>NOURA ABED EL SALAM AMIKAH A1</p>
<p>P3:</p> <p>I was standing outside the library, I was speaking with my friend on the phone while waiting for a ride back home, and suddenly the ground started shaking and we heard a small explosion, we looked up and we saw the big mushroom coming in our way, and then the major explosion happened. I started hyperventilating and I think I was having a panic attack. Then, we went to the ER to help with the doctors and those injured. The strongest emotions I felt that day were fear, I was very afraid because I thought this was a war, that Israel was bombing us, I was also confused, because at some point I didn't know what I should do and where to go. I also felt sad.</p> <p>P4:</p> <p>We were sitting in the living room while my daughter just left the house to see her friends. The explosion happened and the whole house was shaking, we are far from the explosion and on our street all the building started shattering glass on the floor. I directly called my daughter to check in where she is, we thought the explosion happened on our street! She came back home, and it was only a couple of moments that they announced on TV that it was a major explosion, may God be kind with us with this explosion! It was a huge explosion, may no one ever experience this.</p> <p>When your kids are outside, the first instinct will be the kids and making sure that they are okay, panic and horror would override you during these times, we didn't think that it's okay and it will pass, we were very worried and panicked on what might happen next. You become controlled by panic and horror, the scenes that we say on TV were horrible. I thank God that we didn't go out, this is not our will, it was God's will. It was scary, if I don't draw, I would have probably gone insane.</p> <p>MPI:</p> <p>On this day usually I cook, and the kids come to take the food. My daughter passed by to take the food and she went back to the mountains. As for me, I finished, showered, closed all the</p>	<p>NOURA ABED EL SALAM AMIKAH A1</p> <p>NOURA ABED EL SALAM AMIKAH C2</p> <p>NOURA ABED EL SALAM AMIKAH A1</p> <p>NOURA ABED EL SALAM AMIKAH M1</p> <p>NOURA ABED EL SALAM AMIKAH E12</p> <p>NOURA ABED EL SALAM AMIKAH A1</p> <p>NOURA ABED EL SALAM AMIKAH A1</p> <p>NOURA ABED EL SALAM AMIKAH A1</p> <p>NOURA ABED EL SALAM AMIKAH C3</p> <p>NOURA ABED EL SALAM AMIKAH A1</p>

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windows, and sat by the TV, I was watching the news and they were saying that there was a fire at the port, and they were asking the civil defense to come support. My son called, and he said that they stopped with kids to see the fire at the port. All of this was after 5:30. I was sitting in my room, watching the news about the fire, then I listen to the sound of 2 rockets, I am sure they were 2 rockets. I was sitting in the living room and the portraits were falling, the glass was shattering, and the helper at my house was screaming. The house was falling apart, the phone was working, and my kids called me; I told them to say goodbye to the house because it's gone, I said it like 50 times! Because I was previously "مهجرة" displaced from my house in the mountains, my husband was kidnapped, and I lost my house, and this is the only house that I rebuilt like I want and after many years. My son was supposed to come on the 8th, I told him aggressively to "forget Lebanon! Forget this country! Cancel your reservation and don't come!" Usually when I face an issue, the first thing I do is that I execute orders, and then I collapse.

The neighbors were going down the stairs and saying that we should leave the building, what if it was Israel that was hitting? Blood was shedding down my face and I was receiving calls from my friends all around Lebanon, I was telling them that I'm injured and that the house is gone. I started to touch myself and to check that all my senses are there, my motor skills are okay, and I started to calm myself down. Everyone was afraid, we went down to the basement, and my daughter was on the way to pick me up. The helper in my house told me that "when you previously left your house you said you didn't take anything with you, what do you want to take this time?" I started to gather my things, my identity card and so on, I opened a blanket and started to dump in my things (papers, documents...). I went down and sat on the streets waiting for my daughter, my nephew couldn't recognize me because of the situation of the street and my street. We couldn't enter the hospital because it was full. My daughter was able to treat me, and she stitched my wound. My whole family was waiting for me in the mountains as they knew I was injured, my daughter took care of me, but I can never forget the scenes I saw on the streets and how the people were.

When my husband was kidnapped, we were emotionally displaced, this time it was a forced and an aggressive "رحمني" displacement. When you are at war, you know where the safe zones are, here something from the sky was dropped on us.

It was very tough on us this year; it was an accumulation of adverse circumstances. Imagine, one hopes that his kids do not come to Lebanon, or those who are here to leave. I still consider

NOURA ABED EL SALAM AMIKAH
M1NOURA ABED EL SALAM AMIKAH
E11NOURA ABED EL SALAM AMIKAH
C4

NOURA ABED EL SALAM AMI... January 01, 2022

NOURA ABED EL SALAM AMIKAH
E12NOURA ABED EL SALAM AMIKAH
A1NOURA ABED EL SALAM AMIKAH
M1NOURA ABED EL SALAM AMIKAH
C1NOURA ABED EL SALAM AMIKAH
E12NOURA ABED EL SALAM AMIKAH
M1NOURA ABED EL SALAM AMIKAH
E11

myself a miracle in comparison to other people, my first reaction was very aggressive to the port blast, I was still shocked for a couple of days. I noticed that I was not myself, I was not polite, and I reminded myself that this happened with everyone, and that I need to calm down. My kids supported me and helped me calm down, they tried to fix and clean the house quickly, You feel sad, you get busy with what you have today, but you remember the scenes which we saw after we left the house, they were horrible. Yet, I feel safe in Beirut, in my house.

MP2:

I was at the barbershop, I heard a lot of noises, and then I went directly to the national warehouse of a big NGO. People on the streets were saying "the Zionists are bombing us!", obviously there was a general panic mode. I felt panic and fear, and a state of total loss "ضياع", for the first 20 minutes I was very hesitant if I should go help or not, I had a fight with my parents about me going down to help.

MP3:

My sister asked me to come with her and I was tired honestly, I was shopping in the supermarket and wanted to rest at home because I was feeling so tired. I remember all details of the event; I went to the balcony and saw fire and smoke coming out of the port. I went to my room, and I thought maybe there's a celebration near because I was hearing fireworks, there were a lot of sounds at that point, then I thought to myself that it's a fire and not fireworks. Then I heard airplanes flying, I used to live in the south, and I know what the sound of airplanes means. I ran to my family and started screaming that it's an Israeli invasion that we should run! My family was also panicking and trying to escape the building, I started to gather the kids and so did the other grownups, we reached the entrance of the room and the second major explosion happened. We protected the kids with our bodies, and we saw our homes being shattered Infront of our eyes, I fell on the ground and lost conscious for a couple of minutes and when I woke up, I saw myself lying on my niece protecting her; I started to scream "Allahu Akbar! It's the end of time". Because I was so scared, I carried only one child and her inside in a safe room so I can go and get the others. I felt so scared, I was certain that it was an Israeli invasion, and I was so scared.

NOURA ABED EL SALAM AMIKAH
E11NOURA ABED EL SALAM AMIKAH
C1NOURA ABED EL SALAM AMIKAH
E11NOURA ABED EL SALAM AMIKAH
C6NOURA ABED EL SALAM AMIKAH
M1NOURA ABED EL SALAM AMIKAH
C2NOURA ABED EL SALAM AMIKAH
M1NOURA ABED EL SALAM AMIKAH
A1NOURA ABED EL SALAM AMIKAH
M1NOURA ABED EL SALAM AMIKAH
A1NOURA ABED EL SALAM AMIKAH
C1NOURA ABED EL SALAM AMIKAH
A1

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It was the same air strike that I witnessed before, in seconds I thought that I should run down to the entrance because they might bomb the military base that is next to us. I started screaming to leave the house and to go the base that is next to us. I was running with the kids while yelling, some people helped me on the way, all I remember was the glass in my foot and the kids being safe. Everyone felt that the strike was in their own house, this is how big it was.

I was very afraid, fear was the dominant feeling and I was pretty sure that it was an Israeli invasion, and I acted on that intuition. I was afraid that they might bomb the military bases that are next to us.

NOURA ABED EL SALAM AMIKAH
M1

NOURA ABED EL SALAM AMIKAH
A1

NOURA ABED EL SALAM AMIKAH
A1

NOURA ABED EL SALAM AMIKAH
M1

MP4:

I was visiting my sister in Saïda, and suddenly we heard a sound it was something like an explosion, all the tables and windows started shaking and it felt very weird. We ran towards the TV and switched the news on, our minds went back to 2005 to Rafic Hariri's explosion. Then the actual news started to come, and we thought about our nephew who was near Beirut, it took us more than 45 minutes to reach him and to make sure she's ok. At first, we were worried about only our nephew, and then we started to think of everyone else. At that moment, I felt that there was no Lebanon anymore, that we cannot take any it anymore, that life has stopped.

NOURA ABED EL SALAM AMIKAH
M1

NOURA ABED EL SALAM AMIKAH
A1

NOURA ABED EL SALAM AMIKAH
A1

NOURA ABED EL SALAM AMIKAH
E1