



Psychology of the Oppressed: Encounters with Community Psychology in Palestine

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Abstract

In this presentation I explore and discuss the importance and relevance of community psychology as a paradigm in understanding the dialectics of oppression and mental health in occupied Palestine, specifically in the occupied West Bank and Gaza. I survey key historical turning points in the Palestinian context and advance an argument for a critical and liberating community psychology. I end by presenting a program of community psychology we are in the process of developing at Birzeit University.

Rather than presenting another review of the international development of community psychology, for the purpose of understanding the specific context of Palestine it is suffice to state that community psychology as praxis involves the scientific study of people within their particular socio-political environment while using this knowledge to help improve the mental health of individuals, groups and communities (Orford, 1992).

Community psychology, as a sub-discipline within psychology, emerged when critical psychologists realized that the genesis of mental health disorders among members of the oppressed and marginalized communities are rooted in the objective conditions of oppression, discrimination, injustice and social deprivation within their social environment. Similar to Paulo Freire's (1970) pedagogy of the oppressed and liberation education, community psychology may as well be perceived as the psychology of liberation of the oppressed. The Latin American model of liberation social psychology (Burton, 2004) provides an ideal framework to understanding and arguing for the necessity of critical community psychology in occupied Palestine.

In 1948, the state of Israel was established consequential to an ethnic cleansing campaign leading to the mass explosion of more than two thirds of the indigenous Palestinian population, leaving a fragile minority behind (Morris, 1989). In 1967 the remaining of historical Palestine, namely the West Bank and Gaza Strip, were occupied by the Israeli invading army. Since 1967 the two populations of Palestinians in historic Palestine have been divided by the virtual "green line" living under two contradictory political conditions; one group as formal Israeli citizens and one under military occupation. Palestinian refugees in exile account for the remaining half of the Palestinian people and they are about five million today spread between refugee camps in neighboring Arab countered and in the west. In this paper we discuss community psychology and mental health among the Palestinian population in the occupied West Bank and Gaza Strip.

During the first two decades of resisting occupation, the Palestinian people in the West Bank and Gaza Strip have managed to establish an extraordinary network of grassroots organizations

and community level committees, including student unions, women groups, labor unions and a wide variety of professional organizations. In the foundation of this sense of community and collective responsibility was a spectacular drive for volunteerism and contribution to the public good and the national cause. When the first Intifada erupted in 1987, it was these grassroots organizations and community groups that carried out and sustained the struggle and provided the needed social and psychological support to victims of political violence.

The signing of the “Oslo” agreement between the PLO and the government of Israel in 1993 was a turning point at which the Palestinian cohesive community described above was deliberately invaded by funding coming from western capitalist countries. Rather than having the opportunity to develop their own social and economical infrastructure, the Palestinians were taken hostages by conditional funding which had penetrated the community from the top down, including the Palestinian Authority itself. With a widespread network of funded Non Governmental Organizations (NGOs) operating throughout the Palestinian community, the old grassroots voluntary organizations had simply disappeared.

In 2004 a total of 57 NGOs were identified as providing psycho-social / mental health care services to a wide variety of groups including women, children, people with disabilities and victims of military violence (Giacaman, 2004). Governmental institutions providing mental health services include the Ministry of Education, Ministry of Health and Ministry of Social Affairs. Many of these organizations, both governmental and nongovernmental, provide overlapping services sometimes to the same population, all depending on the availability of external funding, which is typically conditional upon the political situation in Palestine. Despite the fact that they may operate centers within the community, their framework for intervention is individualistic in nature, where they mostly apply individualistic approaches to counseling and psychotherapy. When the second Intifada erupted in 2000, the Palestinian community was less prepared to sustain the collative struggle and provide the needed social and psychological support like before. Contrary to mass demonstrations and community building, which were prevalent during the first Intifada, the second Intifada was highly militarized with many casualties and victims of military violence. It was within this stressful social milieu that NGO were expected to attend to collective social and psychological suffering of war. The task was way beyond their stated agendas and professional capacities.

Parallel but unrelated to this expanding network of mental health services, there has been an evidence of growing body of research on the exposure of Palestinian children and youth to political violence and trauma. This peculiar “PTSD research industry” encompasses little relevance if any to practitioners who work with Palestinian victims of military violence.

This body of research suffers from a number of methodological flaws (Haj-Yahia, 2007): First, the overwhelming majority of the studies use the traditional quantitative research methodologies, and there is near absence of qualitative research methodology. Second, the majority of the research has been conducted in the Gaza Strip where political violence and hardship of life conditions are grater than the West Bank. Third, there is a lack of comparison groups with youth who have not been exposed to the same level of political violence. Forth, political violence and traumatic events have been measure on a dichotomous scale (yes/no). Finally, all the scales used in these studies were initially developed in English, mainly in North America and Western Europe and they were merely translated into Arabic with no attention to their cultural relevance.

The gap between mental health practices carried out by a large number of NGOs and the empirical research on political violence and mental health in Palestine brings to the fact that the fundamental necessity for critical community psychology, rather than traditional psychological and mental health practices in occupied Palestine, is derived from the assumption that the individual’s psychological well being is to a large extent an outcome of the ongoing occupation, oppression, repression, and exploitation.

Due to prolonged repression by the Israeli occupation, along with the inability of Palestinian Authority to monitor the various psychological and mental health services provided by a network of NGOs in the occupied West-Bank and Gaza, there is an entrenched phenomenon of “bad practice” embedded in the overlapping and border-crossing practices among the various professions of mental health, including psychology, social work, special

education and even sociology. Furthermore, we cannot ignore the reductionist and individualistic nature of both research and practice in community mental health as well as the peculiar gap and disconnection between them. We believe opting for a paradigm of critical community psychology with its interdisciplinary emphasis and context specific praxis will provide some answer to this acute situation of community mental health practices.

It is essential that we examine how the ongoing occupation, military violence, colonialist separation wall, checkpoint, economical embargo, the rise of poverty, imprisonment and torture, assassination and killing, school closures, and the systematic destruction of Palestinian infrastructure; how all of these factors play a significant role in the severity of people's mental health and the expansion of risk factors. Such resulting factors include but not limited to disempowerment, poor community prevention, delinquency, child labor, high-risk behaviors, aggression, domestic violence, school violence, substance abuse and many other mental health issues. While working with groups and communities within this oppressive colonialist context, we strongly emphasize that ultimately the process of community critical conscientization (Freire, 1970) is by and in itself a process of psychological liberation and mental health promotion.

At Birzeit University we envision community psychology as praxis where we strongly emphasize both qualitative and quantitative research methodologies and epistemologies, and conduct community participatory action research about context specific issues within the Palestinian socio-political context. Our students also participate in a year long practicum in community based organizations, and encouraged to conduct their thesis research in conjunction with this practicum. They are expected to engage in a number of community level intervention projects where they gather data in participatory manner with community members, develop and implement community level intervention programs. Topics covered through course in our program include, community psychology (overview and community interventions); qualitative and quantitative research methodologies; culture and mental health in Palestinian society; child and adolescent development in war environment; applied social psychology; individual and small group interventions; professional ethics; educational community psychology; psychology and gender differences; and ethno-psychology.

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