

# Towards an emerging paradigm of critical community psychology in Palestine<sup>1</sup>

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This paper argues that the Latin American model of liberation social psychology provides the framework for understanding the need for community critical psychology praxis in Palestine.

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This paper sets forth an argument delineating the significance and imperative need for an emerging paradigm of critical community psychology as an indispensable approach to understanding and alleviating the conditions of poor community mental health, which follow prolonged colonialist oppression in occupied Palestine, specifically in the occupied West Bank and Gaza Strip. I assess key historical turning points in the Palestinian socio-political context as they pertain to community mental health in general and advance an argument for the urgency of shifting our community mental health practices towards those consistent with a critical and liberatory version of community psychology. The current stagnation in community mental health practices is manifested by the disconnection between the wide variety of 'training projects' conducted by myriad NGOs on one hand, and accumulating reductionist, positivistic and individualistic research about the effects of military violence on psychological well being on the other. I conclude this paper by describing a masters program in community psychology which has recently developed at Birzeit University in an effort to contribute to the overdue process of transformation of the currently stagnant state of community mental health practices in Palestine.

## **Community psychology in context**

It is beyond the scope of this paper to conduct a general review of the international development of community psychology, or to survey the different approaches and practices of community psychology in a large number of countries around the globe (for a comprehensive account of the international

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1. An earlier version of this paper was presented at the II International Conference on Community Psychology, Lisbon, Portugal.

development of the field see: Reich, Riemer, Prilleltensky, & Montero, 2007). Nevertheless, I establish my argument in this paper on the assumption that there is no single approach to community psychology, but rather a wide variety of 'community psychologies' (Fryer & Laing, 2008). Furthermore, no single approach to community psychology can claim its sole relevance and applicability to all people and communities in all and across all socio-political and cultural contexts. However, for the purpose of the current discussion it might be appropriate to start with a broad definition of community psychology as the scientific study of people within their particular socio-political environmental context while using this knowledge to help improve the health of individuals, groups and communities (Orford, 1992). It follows from examining the various definitions of community psychology that a key assumption common to many community psychologies pertains to the high degree of context-dependency of the field. A form of community psychology that works well for community intervention in one context may not be appropriate or may require major revision in order to fit another context.

Community psychology, as a sub-discipline within general psychology, emerged in various parts of the world when community psychologists (locally and internationally) began to realize that the genesis of so-called mental health disorders among members of the oppressed and marginalized communities was rooted in the pervasive conditions of oppression, discrimination, injustice and social deprivation within their social environment. From the outset, community psychology took issue with socio-political arrangements that render the lives of some groups and communities within the larger society more susceptible than others to health problems due to relative deprivation and oppression. While to some extent, this realization might be characteristic of the early development of the field in the United States during the civil rights movements of the 1960s, today the dominant and globally hegemonic USA version of community psychology has become reductionist and individualistic in nature and has been critiqued for coalescing with rather than challenging the USA global capitalist hegemony (Fryer & Laing, 2008).

For the purpose of the current discussion and in an attempt to fathom the complexity of the Palestinian context, I would not argue for the uniqueness of the Palestinian case but would rather position Palestine among the internationally known examples of colonized nations where colonialist practices constitute the most important cause of community problems. Furthermore, it is possible to place the various traditions of community psychology on a continuum, where at the individualistic and reductionist end of the continuum we can locate the USA school of community psychology, whereas, at the transformative and liberationist end of the continuum we locate the Latin American school of community psychology, better known as liberation social psychology (Burton & Kagan, 2005). Analogous 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 oppressed people. The Latin American model of liberation social

psychology (Burton, 2004) provides an ideal framework for understanding and arguing for the inevitable need for critical community psychology for occupied Palestine as well as Palestinians in Diaspora.

There are at least three influential roots of the Latin American school of community psychology (Murray, Nelson, Poland, Maticka-Tyndake, & Ferris, 2004). First, rejection of the North American school of social psychology due to its experimental nature and detachment from real life social problems. During the 'crisis' of social psychology in the 1970s, the founder of the European school of social psychology had argued that the United States school of social psychology became too reductionist and individualistic by relying on the 'often unstated assumption that individuals live and behave in a homogeneous social medium' (Tajfel, 1981, p. 49). Second, the influence of and close connection with the widespread development of national liberation movements throughout the Latin American continent: liberation social psychology has been enacted as part of the broader national liberation movements in Latin America. Third, liberation social psychology in Latin America has been influenced by Paulo Freire's (1970) radical philosophy and liberation education as praxis.

Hernandez (2002) sums up the common ground among the various theories which guide the practice of liberation social psychology in Latin America. In common, these theories: '(a) acknowledge the sociopolitical nature of traumatic experiences, (b) take a position against repression and state violence, (c) name the source of oppression, (d) assist people in the reconstruction of their lives, (d) rely on community-based approaches for therapy and education, and (f) link therapeutic work with human rights and activism' (p. 335). It is beyond doubt that the Palestinian experience with protracted colonialism, occupation and oppression shares a great deal of similarities and interrelated international colonial practices with the people of Latin America as well as that of South Africa (for more details on the practice of community psychology in South Africa, see: Seedat, M., Duncan, N. & Lazarus, S., 2001). Hence, it follows naturally that what we need in Palestine within the prolonged struggle for self determination is a liberation form of community psychology.

### **The Palestinian socio-political context**

Any discussion focusing on the sociopolitical circumstances of a specific single group of the Palestinian people today, or the discussion of a particular dimension of their national struggle for self-determination without asserting and analyzing the organic relationship between the parts and the whole, involves the intellectual risk of accepting and legitimizing the forced fragmentation and dispersion of Palestinian people since they lost their homeland more than half a century ago. The Palestinian people today do not live and interact as one intact community in a clearly defined socio-political structure, but rather they are scattered in various locations where some of them live within their original homeland (1948 occupied Palestine), some in the occupied West Bank and Gaza, and the rest are dispossessed refugees in exile.

In 1948, the state of Israel was established following an ethnic cleansing campaign leading to the mass expulsion of more than two thirds of the indigenous Palestinian population, leaving a fragile minority behind (Morris, 1989). In 1967 the remains of historical Palestine, namely the West Bank and Gaza Strip, were occupied by the Israeli invading army in another wave of aggression and colonial expansion. Since 1967 the two populations of Palestinians in historic Palestine have been divided by the virtual 'green line' living under two contradictory socio-political conditions; one as Israeli citizens, albeit second class citizens in a regime identical to the Apartheid system of South Africa (for comparison of both Apartheid systems see: Will & Ryan, 1990) and the other living under occupation in the West Bank and Gaza Strip. 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 countries and in the west. In this paper we discuss critical community psychology and mental health specifically among the Palestinian population of the occupied West Bank and Gaza Strip.

During the first two decades of resistance to the Israeli occupation, the Palestinian people in the West Bank and Gaza Strip managed to establish an extraordinary network of grassroots organizations and community level committees, including student unions, women's groups, workers' groups and a wide variety of professional organizations. Underlying this sense of community and collective responsibility was a spectacular drive for volunteering and contributing to the public good. 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 and military violence (Hiltermann, 1991). Women's organizations ran kindergartens and child care centers, conducted literacy and skills classes, helped to create and support agricultural and food processing cooperatives, and maintained a wide variety of discussion and support groups, and other activities women in Western countries generally define as 'consciousness raising' (Sosebee, 1990).

The signing of the 'Oslo' agreement between the leadership of the PLO and the government of Israel in 1993 was a turning point in the Palestinian national movement when the Palestinian community described above was deliberately invaded by overseas funding from western capitalist countries. Rather than having the opportunity to develop their own social and economical infrastructure, Palestinians were taken hostages by funding conditional upon satisfying western capitalist demands 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 simply disappeared from the map.

### **Community mental health and the NGOs network**

Contrary to indigenous, grassroots, and community based voluntary organizations, Non Government Organizations (NGO) constitute a recently imported phenomenon encompassing a network of western funded projects misleadingly referred to as 'civil society' organizations operating mainly in the third world. In the Arab world, the number of such NGOs increased from 20,000 in the mid 1960s to 70,000 in the late 1980s (Qassoum, 2002). In the West Bank and Gaza Strip alone the number of NGOs jumped from 272 on the eve of first *Intifada* in 1987 to almost double of that totaling to 444 around the emerging of the 'Oslo' political agreement in 1992.

It is imperative to differentiate between the networks of NGOs active today in the West Bank and Gaza Strip, and the grassroots organizations and community groups which were in place a couple of decades ago (Samara, 2001). While grassroots organizations are established from the bottom up with a broad base of supporters, typically linked to political parties and self sufficient in their financing; NGOs are usually established by a few individuals with links to western funding organization and with no popular base whatsoever (Samara, 2003). The tremendously expanding movement of the latter type of NGOs leaves one puzzled regarding the real objectives held by their western funders. One critical argument mobilized against such phenomenon is that the core agenda behind the spread of these organizations and their generous funding is one of co-option and entrapment of the Arab and Palestinian intelligentsia, de-politicizing, distracting and distancing radical and 'organic' intellectuals from their involvement with the masses and their struggle for justice and self-determination (Qassoum, 2002)

With reference to community mental health in the West Bank and Gaza Strip, in 2004 a total number of 57 NGOs were identified as providing psycho-social / mental health care services to a broad variety of groups including women, children, people with disabilities and victims of military violence (Giacaman, 2004). Governmental institutions providing mental health services included the Ministry of Education, Ministry of Health and Ministry of Social Affairs. Many of these organizations, both governmental and non-governmental, provided overlapping services sometimes to the same population, all depending on the availability of external funding, which is typically conditional upon the political situation in the occupied territories. Being entirely dependent on western funds to conduct their activities, the staff and administrators of these mental health NGOs, are acting in a vicious circle that goes like this: writing proposals for funded projects, receiving the funds, implementing a funded training project, writing a report to the funder and moving on to writing the next proposal. These 'training projects' are sporadic, overlapping, ill defined, never properly evaluated, and are unrelated to any strategic plan or a clearly defined movement to enhance community mental health among the oppressed communities.

During my own service as a Chair of the Department of Education and Psychology (2006-2008), I was approached by a dozen such organizations all

eager to recruit psychology students for participation in 'training projects' and workshops for which they had already received funds and were obliged to meet deadlines defined by the funder. In examining the merit of such 'projects' I still have a problem forming a coherent picture about their utility and effectiveness in preparing future community mental health workers from among the university students they were intended to serve. Despite the fact many of these mental health NGOs operate centers within the community, their framework for intervention is individualistic in nature: they mostly apply individualistic approaches to counselling and psychotherapy.

When the second *Intifada* erupted in 2000, the Palestinian community in the West Bank and Gaza was less prepared to sustain the collective struggle and provide the social and psychological support it had done before. Compared with mass demonstrations, community building, alternative economics and a strong sense of solidarity and social support, which were prevalent during the first *Intifada*, the second *Intifada* was less grassroots based, and highly militarized with many casualties and victims of military violence. It is within this social milieu of a demoralized, depoliticized and pacified community that mental health NGOs were wrongly expected to provide mental health services and to attend to problems stemming from the brutal repression and military violence perpetrated by the Israeli occupation. Constrained by the availability of funding and the political agenda of the funders, one can safely conclude that the work of these organizations is anything but praxis towards liberation and social justice for the communities they purport to serve.

### **Research on military violence and mental health**

Parallel to this expanding network of mental health services and 'training projects' conducted by myriad NGOs, there has been a growing body of empirical research on the exposure of Palestinian children and young people to political violence and trauma due to prolonged practices of the Israeli occupation. Both types of activity are individualistic, non participatory, acritical and represent power knowledge embedded in the current phase of global capitalism. It is noteworthy that distress among the Palestinian people has been common in their collective experience since their first uprooting as a consequence of the Israeli colonization of their homeland in 1948. Continuous experience of collective trauma as a consequence of their uprooting by Zionist colonialism, and the psychological effect of the destruction of their social fabric during the consequential colonial practices, have been passed down from one generation of Palestinians to another. It is only recently, namely since the eruption of the first *Intifada* in 1987, but with new momentum during the second *Intifada* in 2000, that research on mental health and war related experience among the Palestinian people has proliferated. Due to its obsessive focus on the consequences for the individual of exposure to military violence and trauma, this peculiar corpus of research could be termed a 'PTSD research industry'. This research has very little if any relevance to the community level work

conducted by indigenous mental health practitioners who provide services to Palestinian victims of military violence.

According to Haj-Yahia (2007), this body of accumulating empirical research suffers from a number of methodological flaws. First, the overwhelming majority of the studies use traditional quantitative research methods, and there is near absence of qualitative research methodology used in research with young people and their families who are exposed to military violence. Second, the majority of the research has been conducted in the Gaza Strip where political violence and hardship is greater than the West-Bank. Third, there is a lack of comparison groups with young people who have not been exposed to the same level of military violence. Fourth, military violence and traumatic events, as they are experienced on the individual level, have been measured on dichotomous scales of measurement using yes/no response categories. Finally, all the scales used in these studies were initially developed in English, mainly in North America and Western Europe and were merely translated into Arabic with no attention to their cultural relevance. The mere translation of these scales into Arabic does not render them culturally relevant to the measurement of context specific psychological constructs such as trauma and its collective consequences.

The absurdity and inapplicability of research findings conducted on Palestinian children and their families' exposure to military violence in a war torn environment, raises a critical ethical question regarding the utility of conducting such research in the first place. Haj-Yahia (2007), raises a challenging question regarding the ethical integrity of 'conducting studies on the effects of Palestinian children's exposure to political violence and how they cope with those effects, when it is not always possible to provide the children, their parents, and their families at large with the necessary services to help them cope with the effects of those traumatic experiences?' (p. 696). Since the research about trauma and mental health in Palestine is not an action-oriented endeavor in the first place, it is apparent that it is practically and ethically ineffective on the very basic level of 'providing services' for individuals to help them cope with the repercussions of trauma. Consequently, this research falls short of meeting the expectation of being transformative and liberating through critical praxis and community participation. What is needed is a radical transformation and 'paradigm shift' (Kuhn, 1970) in research being currently carried out on mental health in Palestine.

It is apparent that psychological trauma caused by military violence which is perpetuated by the Israeli occupation dominates current empirical research on mental health in Palestine. Accordingly, I draw attention to the unambiguous absence of two fundamental and critical issues in relation to this research. Paying close attention to these issues may expose the inadequacy of mainstream research to inform the practice of community psychology, let alone inform a community psychology that is critical, transformative, and liberating.

First, the irony of this reductionist body of research is its exclusive emphasis on and measurement of psychological constructs and coping mechanisms at

the *individual* level, when trauma caused by the colonial practices of the Israeli military, has to be understood and addressed at the *collective* level of the Palestinian people: a colonized nation engaged in a long struggle for self determination. Fundamental to this collective experience is the concept of collective/national identity (Makkawi, 2004). Previous research with Palestinian students attending Israeli universities has indicated that involvement in the Palestinian Student Movement fosters a process of national identity development in involved activists, which in turn enhances their psychological adjustment within a hostile and discriminating political environment (Makkawi, 2004). What is lacking in current research conducted on the Palestinian people in the West Bank and Gaza is the examination of the relationship between collective/national identity and coping within the psychological consequences of military violence. Collective identity and coping with collective trauma are closely interrelated and may explain resilience in the face of trauma caused by military violence.

To support this proposition, it is worth pointing out the existence of a large number of ethnic-racial identity development models in the literature (Phinney, 1990). In her research program on ethnic identity development among ethnic minority adolescents in the USA, Jean Phinney (1989) developed a model that is 'consonant with Marcia's (1980) ego identity statuses, that reflects the stages and issues described in the ethnic identity literature, and that can be applied across several ethnic groups' (p. 36). There is strong evidence in the literature of a positive correlation between higher stages of ethnic identity development and personal self-esteem (Phinney, 1995; Phinney & Chavira, 1992). Individuals who were found in the higher stages of ethnic-racial identity development, (Phinney, 1989; Cross, 1991), were found to be actively involved in cultural and political activities which involved their ethnic identity. It might be inferred from this that cultural and political ethnic group related activities strengthen the individual's sense of ethnic identity, while at the same time ethnic identity as a construct serves as a psychological shield for individuals protecting them against severe consequences of collective oppression and discrimination. In her study with Filipino Americans into the role of ethnic identity in protecting mental health in the context of ethnic/racial discrimination, Mossakowski (2003) found that ethnic identity acts as coping resource in that 'commitment to ethnic relationships and having a salient ethnic identity buffers the stress of discrimination by preventing negative stereotypes from infecting one's self-concept' (p. 319).

Second, the trend of reductionist, individualistic, and positivist research currently being conducted on the traumatic consequences of exposure to military violence in Palestine could be described as anything but community participatory research (Gibson, Gibson & Macaulay, 2000), let alone praxis (Lather, 1986). Research which is carried out on colonized communities such as the Palestinian people with the presumption to address the psychological consequences of such colonization cannot and should not be neutral research



or 'research for research sake'. Rigorous qualitative research methods not only resonate well with the basic values and spirit of community psychology (Stewart, 2000; Banyard & Miller, 1998) but can also serve as liberator by critical scholars and researchers who are genuinely interested in the collective welfare of the population under study and the restoration of social justice (Lather, 1986).

An exemplar of the peculiar and trivial association between an accumulating body of reductionist quantitative research conducted by academics for the sake of academic promotion on one hand, and the sheer implementation of funded 'training projects' which are remotely informed by this research and its results on the other, is best illustrated in a series of empirical quantitative research papers published by researchers affiliated with Gaza Community Mental Health Program (GCMHP). In a chapter describing community mental health as practiced by the GCMHP, Qouta & El-Sarraj (2002) assert with reference to their research program that 'research activities improve knowledge of health and human rights issues facing the Gaza community; the publication of research documents is a valuable tool in raising the profile both of GCMHP's work, and of the current situation in Gaza' (p.333).

However vague this statement might be in its depiction of the role of research in the work of one of the most prominent community mental health NGOs in Palestine, the dialectical interconnection between scholarship and practice (the simplest form of praxis), is strangely missing. What is really in question is the disconnection between the various interventions and 'human rights activities' (however individualistically the concept of human rights is defined) and research produced by the staff and visiting researchers in the GCMHP (see for example Punamaki, Kanninen, Qouta & El-Sarraj, 2002; Qouta, Punamaki & El-Sarraj, 2003). Having said this, it is by no means my intention to discredit the valuable services the GCMHP provides to individuals and groups who are victims of military violence such as former political prisoners, children and youth, women, families of former political prisoners etc.

### **Community Psychology at Birzeit University<sup>2</sup>**

Due to prolonged repression by the Israeli occupation, along with the inability of the 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

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2. The Masters Program in Community Psychology at Birzeit University has been developed in collaboration with the Norwegian University of Science and Technology (NTNU) and Lillehammer University College, Norway.

of critical community psychology with its interdisciplinary emphasis and context specific praxis will provide resources to improve this acute situation of community mental health practices.

We presume 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 well-being is to a large extent an outcome of ongoing occupation, oppression, repression, and exploitation.

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 all play a significant role in the severity of people's distress. Consequences of these factors include but are not limited to disempowerment, poor community prevention, delinquency, child labor, high-risk behaviors, aggression, domestic violence, school violence, substance abuse and many other distressing factors. 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 emphasise 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 are 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 a participatory manner with community members, develop and implement community level intervention programs. Topics covered through courses 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 environments; applied social psychology; individual and small group interventions; professional ethics; educational community psychology; psychology and gender differences; and ethno-psychology.

### **Conclusion**

Colonialism and colonialist practices stand behind the grave level of collective distress present in the Palestinian experience and struggle for self determination for more than half a century. However, the articulation of health problems as a consequence of the experience of trauma and military violence took a new momentum as a recent phenomenon following the two *Intifadas* in the West Bank and Gaza Strip in 1987 and 2000. This paper presented an argument for a

critical community psychology model for the Palestinian context where repression, oppression, exploitation and destruction of infrastructure form a prolonged state of affairs caused by Israeli colonialist practices.

Community mental health practices which are performed by the existing network of NGOs in Palestine are externally funded, project based activities, sporadic, collectively ill-defined and conform to the funders' political agenda rather than the authentic needs of target communities. Furthermore, empirical research on military violence, trauma and community mental health in Palestine is reductionist, positivistic and individualistic in nature and scope.

The simplest form of praxis as an interplay between idea and action is seriously missing in this form of community mental health work with Palestinians as a colonized people, let alone praxis as a collective process involving 'knowledgementing, radical reflexivity and ideologically progressive social action' (Fryer & Laing, 2008, p. 12). It is within this oppressive context that mental health research and practice as described above can become part of the problem rather than part of the solution. It is this enigma of community mental health state of affairs in occupied Palestine that call upon a 'paradigm shift' (Kuhn, 1970) towards the development of critical community psychology as a collective praxis towards liberation and justice.

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