Asia-Pacific Journal of Public Health

Violence and Adolescent Mental Health in the Occupied Palestinian Territory: A Contextual Approach

Yoke Rabaia, Rita Giacaman and Viet Nguyen-Gillham

The online version of this article can be found at:

Published by:

⑤SAGE

On behalf of:

Asia-Pacific Academic Consortium for Public Health

Additional services and information for *Asia-Pacific Journal of Public Health* can be found at:

Email Alerts: http://aph.sagepub.com/cgi/alerts

Subscriptions: http://aph.sagepub.com/subscriptions

Reprints: http://www.sagepub.com/journalsReprints.nav

Permissions: http://www.sagepub.com/journalsPermissions.nav

Citations http://aph.sagepub.com/cgi/content/refs/22/3_suppl/216S

Violence and Adolescent Mental Health in the Occupied Palestinian Territory: A Contextual Approach

Yoke Rabaia MPH[1], Rita Giacaman PharmD[1],
and Viet Nguyen-Gillham PhD[1]

Abstract

During the past decade, the Institute of Community and Public Health at Birzeit University has focused on youth psychosocial mental health research with special attention given to protective factors and forms of resilience adopted by people coping with extraordinary and violent times. The authors take a critical view of the predominantly biomedical interventions adopted by humanitarian aid agencies and question the utility of therapeutic forms of interventions introduced by Western medicine. In a context of collective exposure to violence, individual healing methods based on one-to-one counselling generally have little effect. An alternative approach is proposed that views Palestinian mental health within the historical and political context of loss and injustice, while acknowledging the lack of human security and social justice as a determining factor. In building an argument for the development of psychosocial mental health interventions that are contextually appropriate to the Palestinian situation and collective in nature, the authors present an example of an intervention designed and developed in joint cooperation between a Palestinian academic institution and a Palestinian partner in the field.

Keywords

collective suffering, global health research, intervention, mental health, Palestinian youth, resilience, trauma, war

Introduction

In the early part of the 20th century, Palestinians witnessed the increasing influx of European Jewish immigrants to Palestine.

British Undersecretary of State Lord Balfour had written a letter to Baron de Rothschild in 1917, in which it was stated that "His Majesty's Government views with favor the establishment in Palestine of a national home for the Jewish people, and will use their best endeavors to facilitate

[1]Institute of Community and Public Health, Birzeit University, West Bank, occupied Palestinian territory.

Corresponding Author:
Yoke Rabaia, Institute of Community and Public Health, Birzeit University, PO Box 14, Birzeit, West Bank, Palestine (via Israel)
Email: ymeulen@gmail.com

the achievement of this object . . ." Ensuing protests by the local Palestinian population, and especially large-scale strikes, demonstrations, and acts of resistance known as the 1936-1939 rebellion, were suppressed by the British army, and by the early 1940s Palestinians had been largely disarmed. Although several white papers indicated a willingness by the British administration to curb Jewish immigration into the country,[1] the genocide committed during World War II in European countries had the opposite effect. Large numbers of Jewish survivors sought a new home in Palestine rather than returning to their European countries of origin.

A partition plan, whereby it was proposed that a large part of Palestine would become an independent Jewish country, was totally unacceptable to the Palestinians, who had been living on this land for centuries. Furthermore, the legality of the proposal was highly questionable.[1] As Britain began to lose control of the situation, and with the official termination of their mandate in 1948, Israel declared statehood. In the war that followed, the largely disarmed Palestinians, albeit supported by Arab armies, lost to the heavily armed Zionist Jews. More than 700 000 Palestinians, or two thirds of the Palestinian population, were dispossessed and became refugees in neighboring countries. The unilaterally declared Israeli state was soon recognized by many of the world's major powers leaving Palestinians outraged at how their national existence had been sacrificed to compensate for a people whose human rights had been violated in the most horrible ways in Europe, far from Palestine and Palestinians.

It is of critical importance to understand this fundamental injustice that lies behind the ongoing conflict between Israel and the Palestinians. In 1967, there was further loss of land with the Israeli occupation and subsequent colonization of the Gaza Strip and the West Bank. Despite 2 *intifadas* or Palestinian uprisings, Palestinians under Israeli military occupation and siege continue to suffer from a system of structural violence and lack of human security.[2]

Academic interest in the mental health effects of the Palestinian history of loss and dispossession, however, is relatively new. This trend did not set into place until the first *intifada* in the late 1980s, when a seemingly opaque picture of a "benign" occupation, as Israel had tried to portray it, was transformed into images of violent military occupation. As international attention to the Israeli–Palestinian conflict increased dramatically, Western researchers began to investigate the impact of violence on ordinary people. Many of these studies focused on the negative outcomes of violence on mental health, with high percentages of posttraumatic stress disorder (PTSD) or its symptoms among Palestinians emerging as a frequent theme. The fact that "the medicalization of collective suffering" can be used as a powerful tool for advocacy[3] may have influenced the high percentages of PTSD or its symptoms that were registered among Palestinians during the first and second *intifada*.

But can the diagnostic category of PTSD, which was first developed to conceptualize the mental health problems of individual soldiers returning from a combat zone, be adopted to understand the distress of a population dealing with a history of military violence, dispossession and dispersion, ongoing colonization, humiliation, and a generally hopeless political situation? A long debate on this issue was best expressed by Derek Summerfield, who argued, that "PTSD is a Western construct that imposed a medical model on the suffering of people in war situations, thus encouraging the emergence of a trauma industry that could be exported to any culture."[4-7]

The problem with this Western medical construct is 2-fold: on the one hand, its pathogenic orientation leads to a dichotomy between health and ill-health,[8] whereas on the other hand, it assumes that the impact of collective violence can be diagnosed and treated by focusing on the individual.

An alternative model premised on a local conceptualization locates health and ill-health as lying at extreme ends of a continuum, with most people oscillating between these extremes, being neither 100% "healthy," nor 100% "ill." The question is what helps people to remain on the healthy side of the continuum, rather than succumbing to "illness."[9]

Methods

After the Israeli army invasions of Palestinian cities on the West Bank and Gaza Strip in 2002, the Institute of Community and Public Health conducted a quantitative survey among a representative sample of 3415 students attending 10th and 11th grades in the Ramallah district. The aim of the survey was to find out how Palestinian adolescents cope with trauma and violence. Results indicated that young people suffered from a variety of symptoms related to their exposure to severe forms of political violence. At the same time, Palestinian youth also used various coping mechanisms to deal with the traumatic stress that has affected them and their communities. Boys were found to be more prone to behavioral reactions, such as the use of abusive language or aggressive behavior, whereas girls tended to somatize more with higher numbers of subjective health complaints. The quantitative survey was followed by a qualitative component, which looked at the way in which young people constructed and interpreted their violated realities in addition to examining how they coped with chronic political violation. A total of 21 focus groups, 10 for girls, 9 for boys, and 2 mixed groups were completed and yielded important insights.

Results

Young people tended to describe their experience of the pervasive violence in collective rather than individual terms. They also perceived their experiences to be less traumatic than those of Palestinians living elsewhere in the occupied Palestinian territory.

A boy from a village that is being cut off from other areas by the Israeli-built Separation Wall said, "What is happening to us [. . .] is highly insignificant compared to what is happening in Ramallah, Gaza and Nablus."

Furthermore, the focus groups revealed the fluidity and dualism of young Palestinians' ways of coping with traumatic living circumstances.[10] On the one hand, they complained about the hopelessness of the situation and their envy of young people in other countries because they have the freedom to travel and live a normal life. On the other, they spoke of optimism and interpreted as small acts of resistance simple daily activities like going to school in the face of checkpoints.

However, despite the political instability, the study revealed a marked degree of normality informing daily life. Palestinian youth go to school; they help their parents after school; they take part in extracurricular activities if available; they study, watch television, and sometimes they are just bored "because everything is the same, and since everything is the same, I can do nothing to change the situation."[9]

Resilience takes different forms. Young boys may express their resistance to the occupation through throwing stones at Israeli soldiers and jeeps. Sometimes, taking part in street demonstrations and protests can be a part of daily life while at other times these same young people may consider going to school in defiance of checkpoints as their "weapon."

These young people did not see themselves as suffering from a mental illness. Nor did they ask to be treated. While enjoying the focus group discussion for its opportunity to express themselves, one of the students had a specific request for the international researcher, namely, ". . . to convey the reality as it is to the West. That is all we need."

In other words, a Western biomedicalized intervention may be inappropriate in situations where the sources of stress are external rather than located within the person. Palestinian lack of interest in professional help was illustrated by a study completed in March 2009 by UNFPA and the Norwegian FAFO Institute for Applied International Studies[11] involving a representative sample of 2000 households in 132 locations in the Gaza Strip. The results revealed that when asked to whom people would like to talk to about their worries (6 weeks after the Gaza assault of December 2008–January 2009), about 25% of the respondents reported no need or preferred not

to talk to anyone, 59% reported that they would prefer to speak to family members, 22% to friends, and only 1% to professionals.

The Collective Intervention

Thus, rather than focusing on individual behaviors and symptoms of distress which can be explained as understandable reactions to exposure to violence, the Institute of Community and Public Health recommended a more contextualized and public health approach to dealing with the social suffering of war, violation and symptoms. These recommendations include

1. the development of a community model of intervention taking into consideration the fact that young people identify themselves as groups;
2. strengthening youth centers and facilities for young people so that they will have a space to express themselves, share their problems, and become active in communal affairs and problem solving;
3. training of youth workers in supporting and promoting youth engagement; and
4. the utilization of school resources, for example as a venue for youth or community activities.

Unlike more traditional academic approaches, the involvement of the institute did not end with the release of the report or the formulation of the recommendations. Instead, the institute went on to partner with a local nongovernmental organization (NGO), the Community-Based Rehabilitation (CBR) program in the north of the West Bank, to design and implement an intervention program based on the recommendations. A main consideration in designing the intervention was to ensure sustainability and a minimal dependence on external funding. In working directly with a partner in the field, the mental health unit at the Institute of Community and Public Health attempted to stay true to the guidelines for action set by the institute, thus departing from a purely "academic research" mode to one based on "research-to-action." For the CBR program, it meant that their initial interest in adding a psychosocial component to their mandate of supporting people with disabilities was to be operationalized in partnership with Birzeit University's Institute of Community and Public Health, with a focus on young people.

Over the course of 4 years, the development of this cooperation has included the sometimes painstaking task of confidence building between the 2 organizations, team building in and between the 2 organizations, needs assessments in 4 villages for the pilot project, a rigorous evaluation after the first year of the pilot intervention, and finally the adaptation of the model. The commitment of both teams to overcome setbacks related to financial and human resources, and ongoing warlike conditions, has been of undeniable importance to the still fragile but rather startling success of the project in some villages.

At the time of writing, CBR workers in 18 villages in the north of the West Bank have established youth groups that meet regularly (usually once a week). These meetings provide an opportunity for young people to discuss issues related to themselves and to their community, to learn about disability, and to take an action role in helping the CBR worker with community activities for the integration of people with disabilities, for example, summer camps, communal Ramadan (the Muslim holy month of fasting) "breakfasts," celebration of Mother's Day and the Day of the Disabled. An unexpected but important outcome emerging from this project is that young people with disabilities have not only become group members themselves, they have found an opportunity to develop their leadership skills in these groups as well as to contribute to the work of CBR rather than being at the receiving end.

In an external evaluation exercise in November 2009, a CBR worker expressed what her youth group meant to her:

> I think every CBR worker should form a youth group. I used to be anxious about organizing community activities; but now with the group, they do it for me and the activities become bigger and more successful . . .

Youth group members in turn spoke with pride of their organizing role:

> The community point of view towards youth is negative, they think youth are doing nothing. But our work here in the group changes their point of view. We are working and doing many activities, at least one activity every month.[12]

Conclusion: The Complexity of Trauma and Resilience

"Treating" young people's symptoms of distress or generalizing PTSD within a population tends to coincide with a disregard for the moral issues related to the trauma. Fassin and Rechtman explain in their concluding chapter of *The Empire of Trauma*:

> By reducing, whether in clinical terminology or in common language, the link between what happened and what was experienced to a set of symptoms, or even of predefined representations (the fact of being traumatized), it obscures the diversity and complexity of experiences. It conceals the way in which experiences take on multiple meanings in a collective history, in a personal life story, in a lived moment.[7]

The research-to-action project between a Palestinian academic institution, a Palestinian NGO, and Palestinian young people living in the villages described here, is an example of a collective intervention to support resilience in an environment of protracted warlike conditions and violation. This particular form of intervention acknowledges the collective nature of people's suffering that is located within a specific context of historical and sociopolitical injustice. In the absence of the recovery of justice, interventions should not primarily focus on "individual treatment" but rather on strengthening social resilience.

This project is ongoing and challenges to its success continue to unfold. Nonetheless, the fact that it is designed and steered by a local Palestinian academic institution in collaboration with a local Palestinian partner in the field may be of interest to those global health researchers who see the flow of global health research as not only North–South or West–East but also vice versa.

Acknowledgments

Declaration of Conflicting Interests

Funding

References

1. Khalidi W. *From Haven to Conquest. Readings in Zionism and the Palestine Problem Until 1948.* 2nd ed. Washington, DC: Institute for Palestine Studies; 1987.
2. Batniji R, Rabaia Y, Nguyen-Gillham V, et al. Health as human security in the occupied Palestinian territory. *Lancet.* 2009;9669:1133-1143.
3. Kleinman A, Das V, Lock M, eds. *Social Suffering.* Berkeley, CA: University of California Press; 1997.
4. Summerfield D. Legacy of war: beyond 'trauma' to the social fabric. *Lancet.* 1997;9065:1568.
5. Summerfield D. The invention of post-traumatic stress disorder and the social usefulness of a psychiatric category. *BMJ.* 2001;322:95-98.
6. Summerfield D. The assault on health and other war crimes. *BMJ.* 2004;329:924.
7. Fassin D, Rechtman R. *The Empire of Trauma—An Inquiry Into the Condition of Victimhood.* Princeton, NJ: Princeton University Press; 2007.
8. Antonovski A. *Health, Stress and Coping.* San Francisco, CA: Jossey-Bass; 1979.
9. Giacaman R, Saab H, Nguyen-Gillham V, Abdullah A, Naser G. *Palestinian Adolescents Coping With Trauma—Initial Findings.* Birzeit: Birzeit University; 2004.
10. Nguyen-Gillham V, Giacaman R, Naser G. Boyce W. Normalising the abnormal: Palestinian youth and the contradictions of resilience in protracted conflict. *Health Soc Care Community.* 2008;16:291-298.
11. UNFPA and FAFO. Life in the Gaza Strip six weeks after the armed conflict 27 December 2008–17 January 2009. http://www.unfpa.org/webdav/site/global/shared/documents/publications/2009/gaza_six_weeks.pdf.
12. Boyce W. Youth as a Strategy in Community Mental Health—A Preliminary Report. Unpublished; 2010.