

**Being Present in Political Conflict Zones:  
Palestinian Perspectives on International Psychologists**

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This presentation will address the role of international psychologists in zones of ongoing violent conflict, the Occupied Palestinian Territories in particular. Between 2006 and 2009, I lived part-time in the West Bank, where I conducted research with the psychosocial department of the Palestine Red Crescent Society (which is part of the International Red Cross Red Crescent movement). Throughout my time there, I became fascinated with the lives of the psychologists and social workers who lived and worked under the very same violent circumstances as the clients to whom they offered services. In the spring of 2009, I interviewed six of these mental health practitioners about their lives and the unique perspectives of Palestinian practitioners.

This presentation will discuss just one of the topics addressed in the interviews, namely, interviewees' views on the presence of international mental health workers in the region. In what follows, I will first provide some historical background about Western psychologists in the West Bank and Gaza Strip, together known as the Occupied Palestinian Territories. I will also briefly discuss recent academic literature on international trauma work and humanitarian aid. I will then present data from six interviews with Palestinian mental health professionals conducted during the spring of 2009. Finally, I will conclude with some comments about possible futures for international psychology in zones of ongoing violent struggle.

First, some brief history. In the late 1980s and early 1990s, during the first Palestinian Intifada, international non-governmental organizations (aka INGOs), among others, became interested in the psychological well-being or quote-unquote "mental health" of Palestinians living under ongoing military occupation. INGOs flourished in part due to the scarcity of local professionals, as there is no local graduate education in psychology available for Palestinians; here is a slide showing that the number of graduating professionals in psychology and social work in 2005 was zero. As you might imagine, those with graduate education had the opportunity and means to travel abroad (which is particularly complicated for Palestinians, whose passports are largely unrecognized by the international community).

By the start of the second Intifada in 2000, Western NGOs had a steady presence in the region. Bassam Al-Ashhab, writing about mental health services during the second Intifada, described the situation as follows:

"The initial response of the mental health organizations [to the Second Intifada] was a flurry of activity as everyone wanted to help. The responses may be characterized as total disorganization to the extent that up to 10 counsellors might pay sometimes "unwelcome" visits to victims and

their families especially in the early few days after the incident. The professionals and the general population were bewildered by the “debriefing techniques” being used, and at the time there were trauma management workshops all around the country. After a few weeks it became clear that the problems were severe and complex, and that such situations are not easily modified by brief psychological means” (p. 82).

Al-Ashhab’s description may come as no surprise to those of you who are familiar with recent trends in international trauma work. In their book, *Rethinking the Trauma of War*, Bracken and Petty (1998) note that food, health, and shelter shipped to crisis zones in the late 80s and early 90s began to include “trauma projects,” or interventions aimed at addressing the psychological fallouts of war and natural disasters. Similarly, Ethan Watters (2010), in his recent book *Crazy like Us: The Globalization of the American Psyche*, documented the influx of what he called “a people’s army of trauma therapists” to Sri Lanka following the tsunami in 2004 (p. 81). Reflecting on the origins of this phenomenon, Watters wrote, “if you were an ambitious researcher in psychology or psychiatry during the 1990s, PTSD [Posttraumatic Stress Disorder] was where the action was...this body of knowledge goes far beyond describing a disorder with a symptom cluster. It describes a *worldview*” (pp. 72-73, emphasis added). Seen within this broader historical perspective, increased international interest in mental health treatments for Palestinians during this time was not only the result of escalated local violence, but also the product of two distinctly Western trends: (1) the expansion of mental health professionals’ interest trauma studies and (2) a growing first-world obsession with humanitarian interventions (of all sorts) into the conflict zones of the so-called third world.

These two trends undoubtedly worked hand-in-hand, psychological trauma work piggybacking on the exponential increases in international humanitarian aid projects in the latter half of the twentieth century. In her recent book, *Crisis Caravan: What’s Wrong with Humanitarian Aid?* Dutch journalist Linda Polman (2010) offered a daring critique of the zeitgeist of humanitarian aid. Polman poses the question: do humanitarian efforts actually *prolong* conflicts by making war less costly for warring parties? Palestinian thinkers have asked a similar question under a political rubric known as *normalization*. Does the presence of international aid, mental health aid included, normalize the military occupation, such that outside parties are led to the illusory conclusion that there is help whenever it is needed? And more importantly for our own work, how does *psychological* or *psychosocial* aid fit into this matrix? Do our efforts at intervention actually help where help is needed?

With these questions in mind, I will turn to the interview data.

## Interviews

Interview participants were three male and three female Palestinian mental health practitioners whose work addressed victims of political, social, and domestic violence in the West Bank and Gaza Strip. Participants worked in a variety of capacities; although some provided individual therapy and counseling, they also engaged in professional training, capacity building, and program planning and implementation for groups and communities, with the ultimate aim of creating psychosocial changes at the national level. In this way, participants had not only clinical but also meta-organizational perspectives on mental health activities in the region.

Semi-structured interviews, one to three hours in length, covered various topics including psychological reactions to violence, the struggles of mental health workers living under military occupation, the applicability of the PTSD construct, and survivor guilt in chronically violent contexts. Interviews were conducted in the spring of 2009.

I will not be presenting full-fledged analyses of the interviews today. Instead, my goal is to present the interviewee's responses to one question: "What roles would you like to see international psychologists playing in Palestine?"

Rather than creating my own organization of thematic points that arose in the interviewee's responses, I will use the tripartite typology of roles for international psychologists offered by Interviewee #2. The other interviewee's responses fit neatly into this typology and will be discussed accordingly:

Here is the quote in which interviewee #2 described the typology: *"I don't see them [international psychologists] at intervention level...which is happening now, because of that it is really so difficult to talk about it. Personally I don't believe that, and I can't understand. Someone who doesn't know the language, doesn't know the culture, doesn't know the complexity of doing an intervention...I see the internationals coming here for 3 reasons, not more: [Firstly] it's a kind of solidarity, and we are in need. We are in need of such a solidarity ... Secondly, to write. And when we are talking about writing, maybe to write stories, or to document some cases, or doing statistical research. Thirdly capacity building. Working with their professional colleagues. And they have to understand that they are in the end of the day working with their colleagues, not with their students."*

I'll discuss these three elements one-by-one.

(1) The first is **solidarity**. In conducting research with Palestinian populations, there is an implicit call to bear witness to the reality of their everyday lives. Indeed, internationals who visit the Occupied Palestinian Territories are often asked to disseminate the new knowledge they've gained, as Palestinians perceive their representation in the Western world, especially in the media, as biased and inaccurate. As a form of communication, the very act of conducting research is seen as one form of bearing witness to their hardships.

(2) The second role of international psychologists in the typology is **writing and conducting research**. This role is semi-self-explanatory, though I'll add that internationals might offer training in research methodology such that these efforts can then be undertaken by the local population.

(3) I'll now move onto the third element in the typology, **capacity building, which includes education, training, and exchange of knowledge**. Many interviewees positively characterized the exchange of experiences and knowledge that takes place between Palestinian and international psychologists. There are various forms in which this exchange might take place. Capacity building and training might take the form of short- or long-term workshops or seminars. However, one interviewee stated that she did not believe in training workshops,

because rather than providing continuing education, they were too often used as replacements for the basic education in psychology that Palestinian universities have yet to offer. Interviewee #5 suggested that internationals connect with the local university system. Interviewee #6 imagined a system in which Palestinians might train with international psychologists for 5-10 years before providing their own education to the local population.

However, all of these efforts should be treated with sensitivity, and interviewees emphasized that differences in approach and experience should not be treated as asymmetrical differences in knowledge or abilities. International psychologists, they suggested, should be particularly wary of adopting an attitude of superiority, which may be experienced by Palestinian professionals as patronizing. In the words of Interviewee #3, *“They [international psychologists] need to have the modesty of understanding. Because you can’t come with a prescription from the west to here. And you have to be open to really really assess the situation here and see how to best help. You need to learn from people. I find that for myself, as a mental health person, I’m constantly learning from people and teaching people. It’s really reciprocal, it’s not a one-way thing. And never think that you have all the answers. And try to understand the resources people have and the challenges they have from their point of view. The main thing is to not come condescendingly to people I think.”*

Interviewees were particularly skeptical about internationals conducting direct psychosocial or therapeutic interventions with the local population. They also discouraged attempts to blanket-diagnose the population or to provide mass therapy programs.

I would like to play an audio clip here to illustrate this point. This is interviewee #1:

*...I’ll give you an example. In such a crisis like what happened in Gaza [in winter 2008-2009]. I know that many internationals believe in the injustice, not in the injustice but believe how the whole situation is not in the favor of Palestinians. And since they came...like when you go abroad, and you feel that people believe that Palestine and Israel are two equal powers, all that you need to tell them, or what I used to tell them: just come and visit Palestine, and you’ll know it. You know? I don’t have to explain a lot. Just come to Palestine. These internationals who came to Palestine and knew, you know, they feel for Palestinians. And since they feel for Palestinians, they feel that they want to provide Palestinians with the best that they can. But sometimes the best that they can is not suitable for the situation. I’ll explain to you more, because I don’t want to be...I love these feelings. But for example I wouldn’t expect an international psychologist to come and work with Palestinians in Gaza. First of all, they don’t know the language. Second of all, there is not much that they can do, because they are not from the same context, from the same culture. And [despite] how much they want to feel, with Palestinians it’s not the same. So I would see them training psychologists, but not working with people. But I could tell you that since the moment that everything started in Gaza, we got many calls from internationals who want just to jump in and come and help. Which is really appreciated, I don’t know if you understand what I’m saying, it’s really appreciated, and it provides support. Even if they don’t do anything. You know, just come to Palestine and visit these families, it provides support, we cannot deny it. But is it the best way to be done, or is it the best thing to provide? That’s why actually we try to push in [organization] is that what you can help us with is training our colleagues. But not going*

*into the field and assessing, not going into the field and talking to people, and not having short interventions. Because this is another thing. I'm not talking about international psychologists now, I'm talking about international donors. In such crises, they want to jump in and do something, and usually this something is not sustainable and is not helpful in the long run.*

## Discussion

Now I'll move on to some reflections. Under the assumption that their theories and methods are universally applicable, Western psychologists can currently be found in the West Bank and Gaza directly providing therapeutic services for Palestinians who are suffering from the trauma of war. The interviews in the present project suggest that resources directed to these efforts might be better used to support local professionals and to equip them with the tools to conduct these interventions themselves. This would be one step towards unified Palestinian psychosocial field that is supported, but not dominated, by Western NGOs.

Where does all of this leave Western mental health professionals interested in international work?

The interviewees in the present study made clear that, in the Palestinian Territories, international mental health workers are *particularly* valued for their unique capacity to provide (instead of therapy) training, research, and support in the form of solidarity and documentation. In recognition of these needs, future educational efforts in the region might take the form of non-hierarchical knowledge-sharing, where Palestinian professionals themselves elect which aspects of Western psychological intervention and research are most useful –and which ones are not. In providing such educational initiatives outside of Western countries, it is the responsibility of international psychologists to clarify the non-ubiquity and cultural relativity of our own forms of knowledge –as well as our ability and our desire to learn from other populations and places. We should be careful not to contribute to the growing global problem where trauma discourse, once imported, gains sociolinguistic hegemony vis-a-vis local idioms of distress (Watters, 2010).

Similarly, researchers interested in non-Western conflict zones such as the Occupied Palestinian Territories might seek to support new paradigms that are not merely “external validation” of our own deductive notions (e.g., PTSD). There is a need, in particular, for professional facilitation of local psychological knowledge that could preclude the importation of potentially iatrogenic models such as such as mental illness frameworks. As the philosopher Alain Badiou (2004) put it, respect for particularity is itself a universal value.

Though I cannot assume to know the best ways moving forward with psychological research in the Palestinian Territories --as future projects should be driven by local ideas and necessities, I would like to suggest three areas that Western researchers might explore in order to modify and improve our own forms of being present.

(1) **Emergent local trends and local phenomena.** Future research might look for emergent trends in Palestinian mental health work for exportation *from* the Palestinian Territories. In other words, we might seek knowledge that could inform our *own* efforts back home. For example,

many psychosocial agencies are conducting large-scale community-based efforts that reach thousands of people in a number of months and have documentable positive psychosocial effects (Constandinides, Kamens, Marshoud, & Fiefel, in press). Further, the unique experiences of Palestinians might shed light on psychological phenomena that are present in other populations. For example, Palestinians (who to the Western world are often associated with quote-unquote “terrorism”), have experiences with political stigmatization that may shed light on the psychological effects of labeling, scapegoating, and collective social isolation. Research in this area may be one way of showing solidarity, seeing as Palestinians often believe that the Western world has turned its back on them.

The second potential areas for future research is **reflexive psychohistorical investigation of Western mental health efforts in war zones**. In enduring a chronic conflict that has, for better or for worse, fascinated the Western world for decades, Palestinians psychologists have themselves witnessed fluctuating trends in international mental health work. Western models. Indeed, the history of the mental health movement in the Palestinian Territories, intertwined as it is with Western mental health NGOs, may be an ideal place from which to begin generating self-reflexive knowledge about international psychology in general, and the history of so-called traumatology in particular.

Thirdly, we might conduct research that leads to **the cultivation of non-invasive forms of presencing**. It is worth noting that the presence of Western psychologists in the Palestinian Territories is complicated by the sociopolitical history of the conflict, itself a reification of Western hegemony in the form of land grabs, appropriation of basic resources, forced relocation, and a seemingly endless night of military occupation. The notion or concept of being present, in place and time, in Palestine is politically charged and paradoxical. Whether one is by nationality Palestinian, or Israeli, or foreign, one’s presence in the Occupied Palestinian Territories is governed by a labyrinthine set of military-bureaucratic rules that dictate where, when, and with whom one is allowed to be. I will not go into detail about these rules (that would a few hours), but suffice it to say that there is an impossibility of being present in Palestine, forms of full presence being forged and imposed, if not violent. Being present in a land that has been denied the right of statehood is also, simultaneously, paradoxically, a state of being non-present, a political version of what Derrida, following Heidegger, called being *sous rature* (visible but under erasure).

A few concluding comments. The purpose of this presentation is not only to identify and critique the activities of international psychologists in the Palestinian Territories. Instead, these interviews highlight the urgent need not only for future research on Palestinian populations but also for efforts at understanding and revising the ways in which Western psychology presences itself outside of Western contexts, especially in war zones of the so-called third world. The interviews do not lead to absolute answers, but to a series of questions:

- What is it in Western psychology that seeks to export itself indiscriminately to non-Western nations –or, in the case of Palestine, non-Western non-states?
- Could witnessing, as a form of social listening and dissemination of narratives, be an alternative to the massive therapy and trauma projects of recent years?
- Can we cultivate a form of non-invasive being-with, of presencing?

I would like to end with these questions in mind, and with two quotes. One from Patrick Bracken (1998), who reminds us that traumatology is derived from discourse on science and technology, which have not only replaced the Christianity of previous centuries as dominant ideologies but are also often disseminated in similar ways, with similar hopes of alleviating suffering or rescuing the “souls” or “minds” of seemingly less fortunate populations. In *Rethinking the Trauma of War*, Bracken writes, “The challenge to Western NGOs and other agencies dealing with refugees and other victims of violence around the world is to establish ways of supporting people through times of suffering by listening and hearing their different voices in a way that *does not impose alien order*. It is a challenge which demands that we work with a spirit of humility about what we can offer and an acceptance that there is no quick fix or magic bullet that will rid people every where of the suffering brought about by violence” (p. 58, emphasis added).

I would like to close with another quote. This one is from Interviewee #3, whose immediate response when I asked her about the roles of international psychologists was “*I think abroad in general, I expect that every mental health person must advocate for prevention of such violations of human rights. That’s the minimum to start with. I’m aware that some are just seeing individuals, individual therapy, and don’t know beyond their village or beyond their city. But if they’re involved in any international politics or psychology, they should be very strong advocates against it and work with all people of all levels to prevent unnecessary violence and torture and collective punishment.*”

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**This presentation is dedicated to the memory of two people: Victor Constandinides, who always brought light and humor to even the darkest of circumstances, and to Juliano Mer Khamis, who believed in cultural-artistic revolution, and who directed the Freedom Theater in Jenin refugee camp. Both died in peaceful resistance to military violence.**