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SCHOOL OF PUBLIC HEALTH

Exploring the decolonial and Indigenous frameworks of mental health to address the colonial trauma experienced among Palestinian youth

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Abstract

The growing settler colonial project of Israel forced indigenous Palestinians to flee from their homeland to further the Zionist movement of establishing a Jewish-majority state. The forced dispossession and displacement of Palestinians at this time was referred to as the Nakba, or catastrophe (Masalha, 2002). From 1947 and 1949, approximately 750,000 Palestinians from a population of 1.9 million were made refugees (Al Jazeera, 2017). Also referred to as the ethnic cleansing of Palestine, Zionists forcibly took over 78 percent of Palestine, destroyed about 530 villages and cities, and killed around 15,000 Palestinians including more than 70 massacres (Al Jazeera, 2017). Since October 7th, 2023, Palestinians have continued to be under violent besiegement of the Israeli occupation through carpet bombings, forced starvation, aid deprivation, and massacres. Current figures still do not reflect an accurate number of Palestinian child fatalities in both Gaza and the West Bank. Palestinian youth have been forced to live under violent occupation since they were born and have been reported to live with psychosocial challenges due to the conditions brought upon by Israeli occupation. According to Dr. Samah Jabr, the Palestinian head of mental health services, she described how there is no "post" in Palestinian youth facing trauma because it is never-ending. Furthermore, she continues how Westernized clinical definitions of mental health do not apply to the experiences of Palestinians (Goldhill, 2019). In exploring decolonial and Indigenous mental health frameworks and practices, how can they address the complex historical trauma of the ongoing violence of settlercolonialism among Palestinian youth?

Background

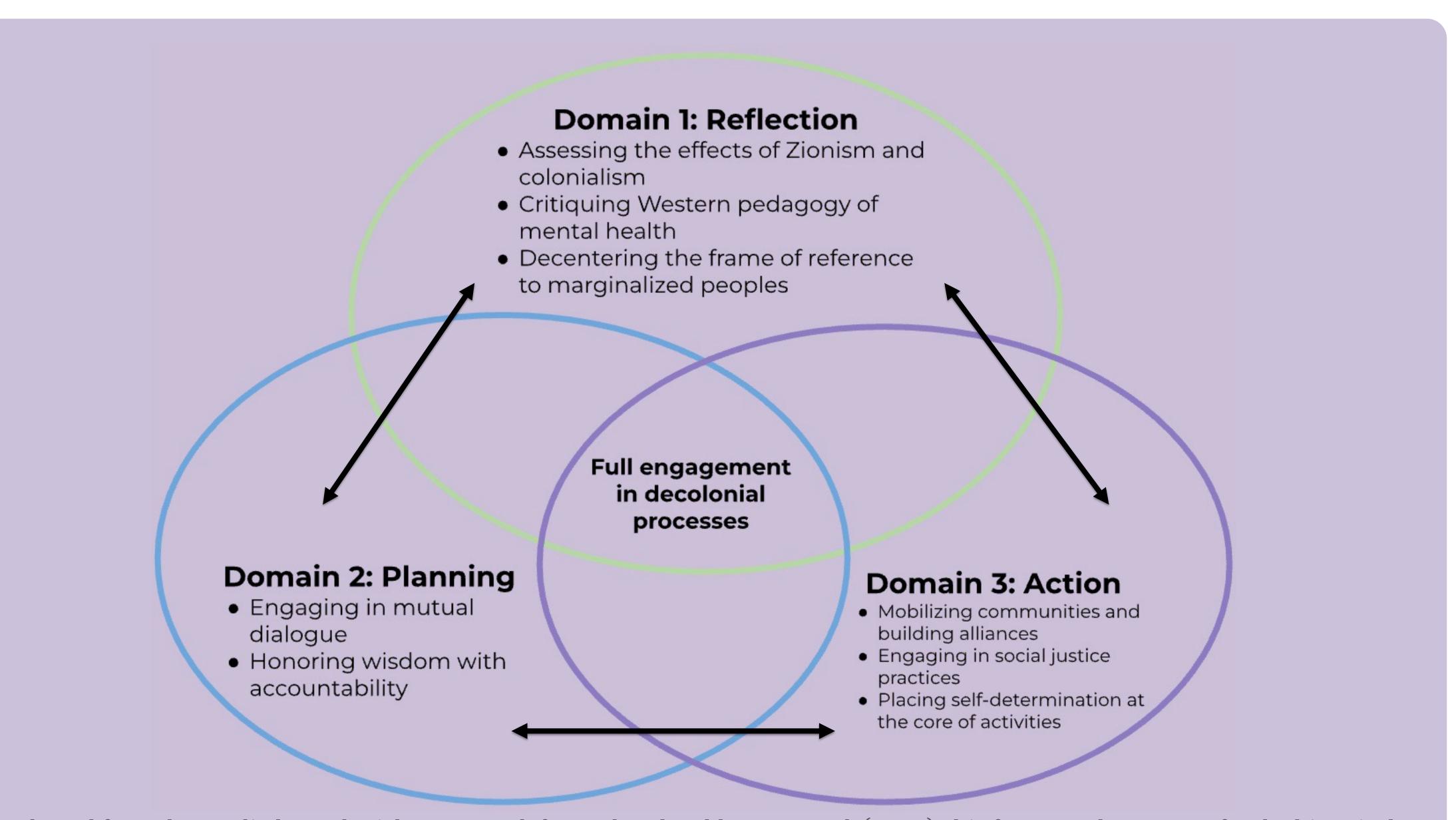
Palestinian youth have been forced to live under violent occupation since birth, thus resulting in considerable psychological and social suffering. It is well documented that violence exposes children to a variety of mental health problems, including post-traumatic stress disorder (PTSD) and depression, and studies focused specifically on the experiences of Palestinian youth and children have shown a high prevalence of adverse mental health outcomes (Vostanis, 2003; Dabbagh et al., 2023). In a recent study of 2,000 Palestinian youth ages 14-17 conducted in the West Bank and Gaza, researchers found that about half of the overall sample had elevated symptoms of global distress (45.7%) and depression (55.2%), and over one-third (37.0%) had elevated symptoms of anxiety (Wagner & Khammash, 2022). Amongst this sample, 85% of youth experienced at least 1 form of violence in their lifetime, with a mean of 2.9 events endorsed among the group (Wagner & Khammash, 2022). The mental health outcomes of Palestinian youth and children are a critical public health concern and necessitate swift action from public health experts.

However, as the occupation wages on, especially with the ongoing genocide since October 7th, the term "post-traumatic" is not equipped to address the full extent of the historical and colonial trauma that is still rampant. In the study conducted by Wagner et al. (2022), Palestinian children and youth have experienced various forms of violence (as a victim, witness, or know someone who was a direct victim) that all harm mental health. This extensive form of trauma rooted in colonialism. militarization, and violent occupation is unable to be addressed under the Western definition and care categorized for PTSD. Dr. Samah Jabr, the head of the Palestinian mental health services, has spoken extensively of how the Western label of "post" within PTSD implies the end of a violent event. This reinforces Western pedagogy of who gets to redefine violence and erases their complicity in enacting decades-long violence on Palestinians since 1948.

Theoretical Framework

In addressing the violent mental health impact experienced among Palestinian youth, the decolonial lens confronts the Western power dynamic that situates itself as "who knows best" (Horn, 2020). The framework of trauma in Western psychology is centered around the privileged idea that the world is fair and just and that therapy is the work of "returning the individual to a place of peace or happiness if worked on consistently with guidance (Horn, 2020). However, in the case of Palestinians, or any targeted populations subjected to violent militarization, colonialism, occupation, racism, sexism, homophobia, and xenophobia, the world itself is the stressor (Horn, 2020). Therefore, it is imperative to critically understand how to support wellness and emotional health from the systemic macro lens and how it impacts targeted populations.

In trying to engage in a decolonial framework that addresses mental health at the "structural roots of distress," exploring the concept of Indigenous health equity and culture as treatment accounts for structural issues of inequality and policy injustices, medical discrimination, marginalization, and exclusion (Asher Blackdeer, 2023). When access to healthcare and treatment is contingent on the structural barriers built and sustained by colonization and forces Indigenous communities to be extremely dependent on limited state resources, Indigenous health equity practice embodies culture as treatment by honoring the knowledge carried among generations (Asher Blackdeer, 2023). This also allows for Indigenous communities to address health disparities not contingent on reinforcing Western colonial power.



Adapted from the Applied Decolonial Framework from Chandanabhumma et al. (2020), this framework accounts for the historical and sociopolitical elements critical to addressing the mental health and well-being of Palestinian children and youth. Decolonization calls for a critically reflective process of unpacking the pervasive influences of colonialism; this praxis reorients from an oppressive focus to the Indigeneity of community wisdom to fully achieve health equity and social justice (Chandanabhumma et al., 2020). The framework is meant to be repetitive and non-sequential in that no matter which domain a practitioner enters from: the work in one will impact the other no matter what stage (Chandanabhumma et al., 2020). Therefore, when practitioners encompass all three, they are fully engaging in the decolonial process (Chandanabhumma et al., 2020).

Conclusion

Exploring the need for a decolonial framework for mental health among Palestinian children and youth is more critical than ever with the continued bombardment, blockade of humanitarian aid, and destruction of infrastructure. Throughout history, colonization has exploited Indigenous land and resources to maintain and reinforce Western positional superiority. The violent nature of colonialism has not been confronted within health care and health promotion that would address the systemic root cause for those impacted by colonial legacy. Therefore, the hope for this exploration allows for future research, advocacy, organizing, and policy planning to continue reorienting the praxis toward addressing the violent impacts of colonialism that have worked the way it was always intended.

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As public health practitioners, we must stand with the global community in joining the calls for a permanent ceasefire and the end of the occupation of Palestine. In addressing the complicity of the U.S. and the apartheid state of Israel in their involvement with the ethnic cleansing of Palestine, we stand in the values of decolonization and centering the needs of the Indigenous targeted by colonial legacy.