

CHILDRENS MENTAL HEALTH AND CIVIL SOCIETY IN THE GAZA STRIP

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SUMMARY

The Gaza Strip, with a population of 1.7 million, over half of whom are under 18 years old, has existed in a state of ongoing conflict and containment for years, most notably since its closure in 2007. There is much concern for the mental health of the vast young generation who have little memory of other circumstances of existence, and even less exposure to the outside world. Their society forms the site of direct conflict and social destruction pertaining to untreated stress among the adults. However, leaving the social realm for the institutional for mental health treatment carries strong taboo, especially for adults. Civil society expert organisations offering a range of mental health work primarily pertaining to childrens social development can bypass some of this taboo and can also intervene at their schools and in their families, and may be most strategically located as social rather than institutional actors. Empowering the youth and seeking to strengthen Gazan society through them and for them causes some friction with the local government.

However, despite the cultural and political challenges of mental health treatment for children within the Gaza Strip, the wider fact remains that however treated and psychosocially rehabilitated, society is predictably the site of renewed trauma in the short term and foreseeable future, enmeshing the mental health of its future generation inseparably with the international politics it inhabits.

Key words: *trauma – stress -post-traumatic stress disorder - conflict*

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INTRODUCTION

Gaza is unique in the world, there is no safe place in Gaza; not the home, the mosques, the hospitals, the UN buildings, the schools, the streets. (Zeyada 2012)

The Gaza Strip, with a population of 1.7 million, over half of whom are under 18 years old, has existed in a state of ongoing conflict and containment for years, most notably since its closure in 2007. The effects of this particular conflict strike the domestic and everyday spheres creating a pervasive, empirically provable sense of powerlessness and that nowhere is safe. There is much concern for the mental health of the vast young generation who have little memory of other circumstances of existence, and even less exposure to the outside world. They experience various incarnations of the trauma of living in conflict, the direct attacks, fear of new violence, and its recycled effects that manifest themselves as abuse within the family and school.

Despite the prevalence of mental health problems in Gaza, the issue suffers under layers of taboo. The locus of the conflict is understood here as being the subjectivity of society itself, and society is arguably the best mechanism for recognising and treating mental illnesses sensitive to its own codes of honour and indeed of trying to slowly change those codes to accommodate more awareness of mental health, however this brings social work into contestation with government policy internally, and if society is the target of an international conflict then there are also palpable, shoot-to-kill limits to its potential as an arena for treatment.

This article gives an overview of the social and political taboos at work in mental health treatment for children in civil society the Gaza Strip. The reasons for the prominence of civil society mental health treatment are discussed with the politics of dealing with mental health outside and alongside the remit of the Ministry of Health or of the ruling party. The conclusion returns to the conflict for society, where both trauma and treatment are aimed at society as a whole, limiting the place of mental health treatment to a rung in a cycle of violence.

The political situation that Gaza lives in is understood in predominantly psychological terms. The daily setting for the traumatic events and the lack of control of the most basic elements of modern life such as electricity, communications technology, public water sanitation and waste disposal as well as means to income can be argued to be aimed at influencing subjectivities in the long term rather than bringing about a straightforward political goal that would trigger the end of the blockade and military incursions. As Mr Zeyada writes, “we should be aware of the larger context that we are living in under the occupation; we view the mental health well-being of the Palestinian population as a political issue, so we cannot separate mental health from human rights violations as they are strongly intertwined” (Zeyada 2012). The undoubtedly psychological effects of the blockade and violence along with its uncertain duration create a unique setting for stress and trauma to take hold. Gazan mental health providers in civil society are keen to stress the

exceptionalism of Gazas situation and question the application of terms inherited from Western experiences.

'Trauma as a terminology is not the right term to apply to our concept. It used to be called shell shock and is a very recently born concept. It defines a stable situation with a moment of breakdown and that moment is the trauma, creating circumstances that are beyond the ability of a human being to cope with. Coping or not is also central to the concept. Certain things, like PTSD have to be used to meet international linguistic norms. They just don't take into the consideration the whole picture of the situation, which affects peoples daily lives and their subjective appreciation of their lives'

(Tawahina 2012).

The mental health of Gazas inhabitants is affected by levels of war-related trauma such as bombings and house demolitions, as well as the societal effects these traumas can create such as abuse and violence meted out in schools and in the family and the high prevalence of addiction to powerful sedatives (Robson 2012) obtained on the black market among Gazas teenagers. According to the Palestinian bureau for statistics, 45% of children in Gaza aged between 12–17 have reported physical abuse from their parents. Tramadol addiction is noted in teenagers as young as 14 years old. The practicalities of understanding mental health issues in the Gaza Strip are fused with the political situation, which along with the duration of the occupation and hostilities means the mental and psychosocial development of the next generation is a real concern.

Complicating the approach to treatment is the taboo of psychological illnesses in a culture bound by concepts of honour as fundamentally illustrated in abilities to provide and marry. Mental health treatment at hospitals favours institutionalisation, which would carry shame for a family. Another issue with institutionalisation is that hospitals are often military targets, (Nasser 2012) and while removed from society, are not at all removed from potential trauma.

Therefore, it is understandable that the burden of caring for mental illnesses and psychological stress remains a social concern.

Contrasted to the general taboo of mental illness is the awareness of trauma and psychological distress stemming from warfare for the children of the Gaza Strip. While mental health carries shame for adults, and particularly men, caring for the mental and psychosocial well-being of Gazas giant population of children represents a common concern among Gazas civil society. It is estimated that 95% of those under 18 suffer some symptoms of post traumatic stress disorder (PTSD) impacting their daily lives, school performance and social interactions (GCMHP 2012). As a demographic without social responsibility and when a consequence of direct external factors, childrens mental health can find itself a lacuna in cultural taboo within which to operate.

Controversy returns when stressed parents and teachers attempt to redress their disempowerment at the hands of the conflict by meting out violence at home and in the school. Mental health care for children, therefore, has secondary aims under the umbrella of childrens mental health whereby it can identify adults for treatment.

Most international and local governmental and non-governmental organizations offer psychosocial activities for children under the banner of mental health. The range of interpretation of psychosocially valuable activities range from organising football games to counselling interventions at schools and kindergartens as well as the family as a unit. In such activities, children are socialised closer together and brought into close contact with mental health actors. Their families and teachers are also brought into their treatment. Since the destruction wrought by Operation Cast Lead December 2008–January 2009, reconstruction efforts are aimed foremost at society and humans. This was a conscious effort of international donors, who once spent many millions only to see their money turned to rubble, and who now favour projects of a social nature, deemed more permanent than concrete and a wiser financial investment. This is also perceived inside Gaza, Ms Reem Abu Jaber, director of the Qattan Centre for the Child, puts it: "we build people, not buildings here" (Abu Jaber 2012). In this way, society is the site and means of treatment of itself.

According to Dr Hasan Zeyada of the GCMHP, "We look for the protective factors in our society, like social support networks and extended family relationships. Sometimes we use the avenue of religion. We try to empower people to overcome the situation" (Zeyada 2012). Building people and reinforcing society blur the boundaries of mental health care and political development. This has opened up a space of contestation between the two state-like power sources in Gaza, Hamas and UNRWA; UNRWA cancelled its summer games programme for 2012, usually the largest in the strip, after the organisers were sent bullets with their names on; Hamas ran the biggest summer games instead. In June 2012 one could see groups of children organised on the streets wearing green caps bearing Hamas logo. It seemed if anyone was going to socialise Gazan society out of its trauma, the ruling party wanted a large stake in that process. Psychosocial activities for the benefit of childrens mental health can also influence politics on a grassroots level. For example, in order to counter feelings of disempowerment, the American Friends Service Committee (Sabawi 2012) helps youth focus on community goals that are achievable, such as dealing with a contaminated well, and helps the youth organise and lobby for changes to be made. When a tangible improvement is made through the efforts of the young it is argued that the sentiment of powerlessness and lack of control that can lead to drug use and depression among teenagers particularly is reduced and potentially problematic youth can be rehabilitated into

their society, newly empowered and somewhat politically enfranchised.

While the youth and children are diverted and bonded, with eyes open for mental illness, civil society remains disempowered when it comes to removing their patents from the stress-causing situation. "We can never deal with the larger, wider perpetrator, we can only treat the symptoms. The Israelis need to deal with their trauma too, they do not tackle their issues and so recycle them among the Palestinian communities" (Zeyada 2012). And just as the conflict is viewed in psychological terms, so the limits to mental health treatment are political. As Mr Zeyada described it, "sometimes you feel as if you are just preparing the victim for a new cycle and dose of violence" (Zeyada 2012). Therefore, while society forms the location and the mechanism of much psychosocial treatment for children and the youth, as a means of working with a cultural taboo around mental health, this enacts political sensitivity internally and has firm limits set upon efficacy by the influence of violent international politics that directly effect Gazan society. This means that the ambition of mental health professionals in the Gaza Strip is influence in international politics as well as local society: "Our role should be to place more pressure and efforts towards ending the human rights violations committed by the Israeli occupation. This will ultimately affect the mental health of the population in a positive manner" (Zeyada 2012). The scope of the mental health treatment and socialisation of the young generation in Gaza starts with their immediate concerns

and rehabilitation but does not end until lasting peace is achieved. The scale of responsibility assumed by civil society mental health professionals in Gaza is vast and wholly embedded in politics.

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