Psychological Support for Palestinian Refugees Amid Genocide and Structural Injustice

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Contents

- Lived experience of Palestinians,
- General therapeutic aims and techniques,
- Common aims of trauma focussed therapy,
- What therapists bring to the table,
- Confounding factors,
- What can we do?

Lived experience: Nakba

- In November 1947, the UN General Assembly passed a resolution partitioning Palestine into two states, one Jewish and one Arab, with Jerusalem under a UN administration.
- One year later, following fighting, resistance and the withdrawal of the UN and British involvement, the state of Israel came to be.
- Between 1947 and 1949, at least 750,000 Palestinians from a 1.9 million population were made refugees beyond the borders of the state of Israel.
- Zionist forces had:
  - Taken more than 78 percent of historic Palestine,
  - Ethnically cleansed and destroyed about 530 villages and cities,
  - Killed roughly 15,000 Palestinians

PALESTINE **SHRINKING** **EXPANDING** ISRAEL

1918



UNDER OTTOMAN RULE, ZIONIST ORGANISATIONS INCLUDING THE JEWISH NATIONAL FUND BEGIN TO MAKE **LAND PURCHASES THROUGHOUT PALESTINE** FOR JEWISH SETTLEMENT.

1947



PRIVATISATION OF LAND UNDER THE BRITISH MANDATE **ACCELERATES ITS TRANSFER AND SALE TO ZIONIST ORGANISATIONS,** AND THE DISPLACEMENT OF PALESTINIAN INHABITANTS.

1960



FOLLOWING THE **FORCED DISPLACEMENT [NAKBA] OF OVER 750,000 PALESTINIANS** IN 1948, THE NEW STATE OF ISRAEL ENACTS LAWS **TO CONFISCATE THE VAST MAJORITY** OF PALESTINIAN LANDS.

2017



SINCE OCCUPYING THE WEST BANK AND GAZA IN 1967, ISRAEL HAS UNILATERALLY DECLARED **TENS OF THOUSANDS OF HECTARES** OF SO CALLED 'STATE LAND' FOR **ISRAELI SETTLEMENTS.**

SOURCES

Text based on
BADIL, 2000. **Land Ownership In Palestine/Israel 1920–2000.**
BADIL, 2012. **Living Land: Population Transfer And The Mewat Pretext In The Naqab.**
B'Tselem, 2010. **By Hook And By Crook: Israeli Settlement Policy In The West Bank.**

Maps adapted from
Malkit Shoshani, 2010. **Atlas of the Conflict: Israel-Palestine**
B'Tselem, 2014. **Map of the West Bank, Settlements and the Separation Barrier.**

Palestinian Land
Zionist Settlements

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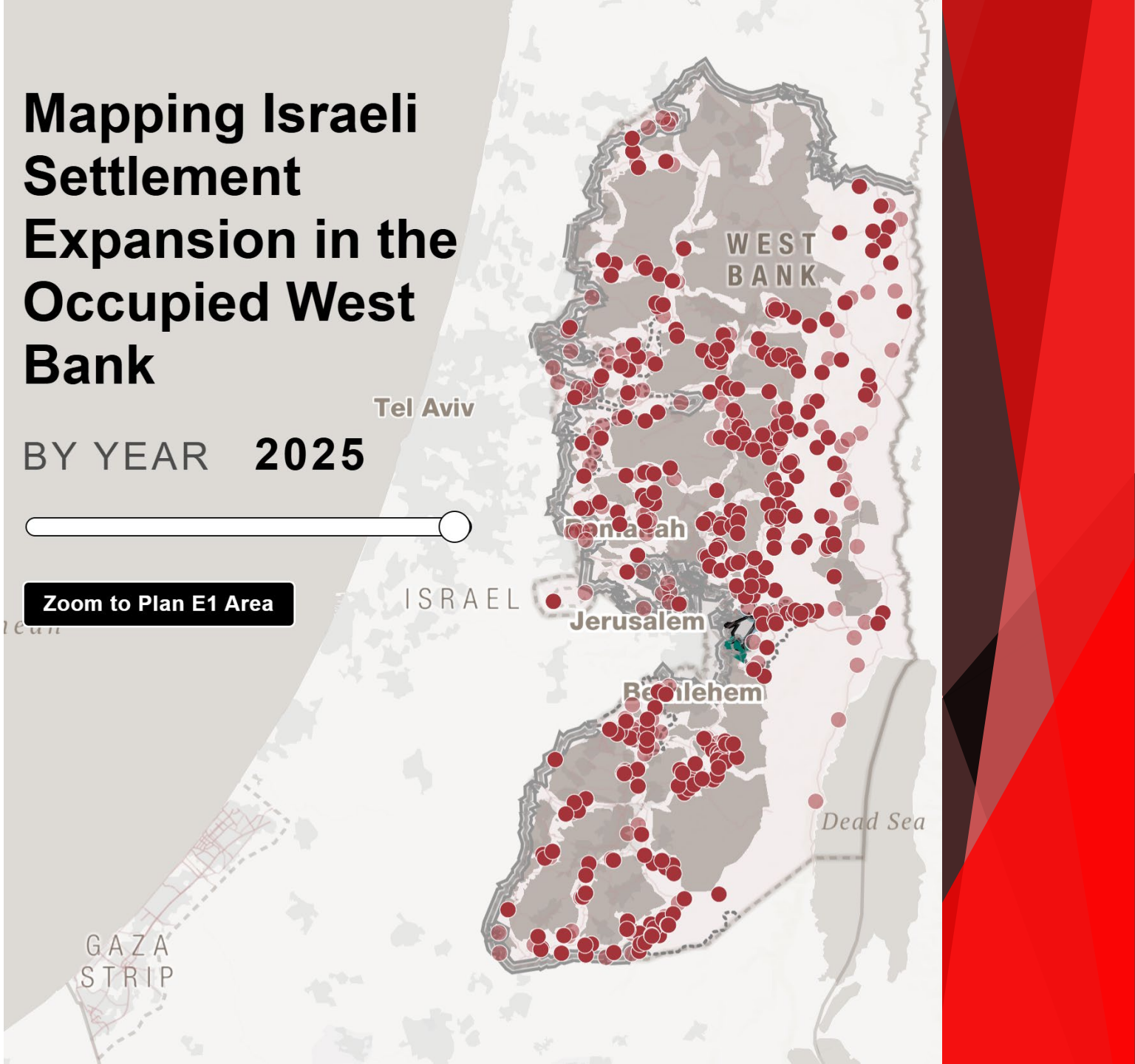
Present day Occupation of Gaza



Present day West Bank Occupation

- https://www.crisisgroup.org/visual-explainers/israeli-settlements/



Apartheid

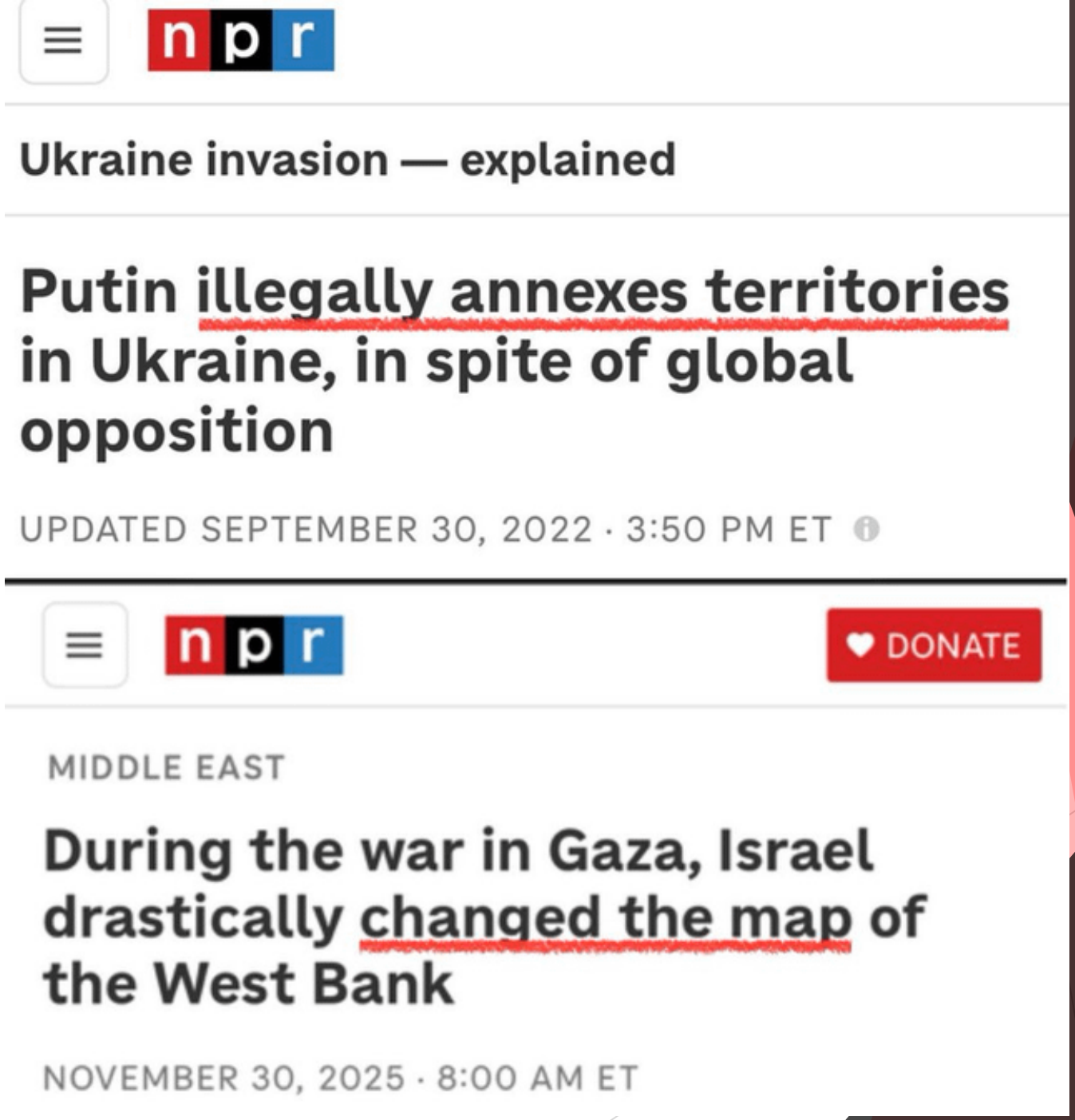
- **Fragmentation into domains of control**
  - At the heart of the system is keeping Palestinian separated from each other into distinct territorial, legal and administrative domains
- **Dispossession of land and property**
  - Decades of discriminatory land and property seizures, home demolitions and forced evictions
- **Segregation and control**
  - A system of laws and policies that keep Palestinians restricted to enclaves, subject to several measures that control their lives, and segregated from Jewish Israelis
- **Deprivation of economic & social right**
  - The deliberate impoverishment of Palestinians keeping them at great disadvantage in comparison to Jewish Israelis.
- **Imprisonment without charge or trial**
  - E.g. 1,132 people were being held in administrative detention, a practice in which prisoners can be held without charge practically indefinitely and are not granted access to the evidence against them.

- Source: https://www.amnesty.org/en/latest/campaigns/2022/02/israels-system-of-apartheid/ , https://www.timesofisrael.com/over-1100-palestinians-said-held-by-israel-without-trial-highest-figure-since-2003/

List of War crimes perpetrated by Israel on Palestinians since October 7th (https://afsc.org/israeli-violations)

- More than 70,000 Palestinians killed by Israel (https://www.bbc.co.uk/news/articles/c8e97kl240lo)
- Deliberate starvation of Palestinians (https://news.un.org/en/story/2025/11/1166295)
- Food used to trap and intentionally kill Palestinains – e.g. Gaza Humanitarian Foundation (GHF) (https://www.amnesty.org.uk/press-releases/gaza-israel-turns-seeking-aid-deadly-trap-starving-palestinians-further-evidence)
- Children and aid workers intentionally targeted by Israeli snipers (https://www.theguardian.com/world/2024/apr/02/gaza-palestinian-children-killed-idf-israel-war)
- Hospitals deliberately targeted (Al Shifa, Al-Nasser etc), since October 7th
- IDF Drone Bombed World Central Kitchen Aid Convoy Three Times, Targeting Armed Hamas Member Who Wasn't There (Haaretz, 4/2/2024)
- Israeli attack that killed aid workers consistent with multiple precision strikes, analysis shows (CNN, 4/3/2024)
- And many more.

Western depictions



Ukraine invasion — explained

Putin illegally annexes territories in Ukraine, in spite of global opposition

UPDATED SEPTEMBER 30, 2022 · 3:50 PM ET

DONATE

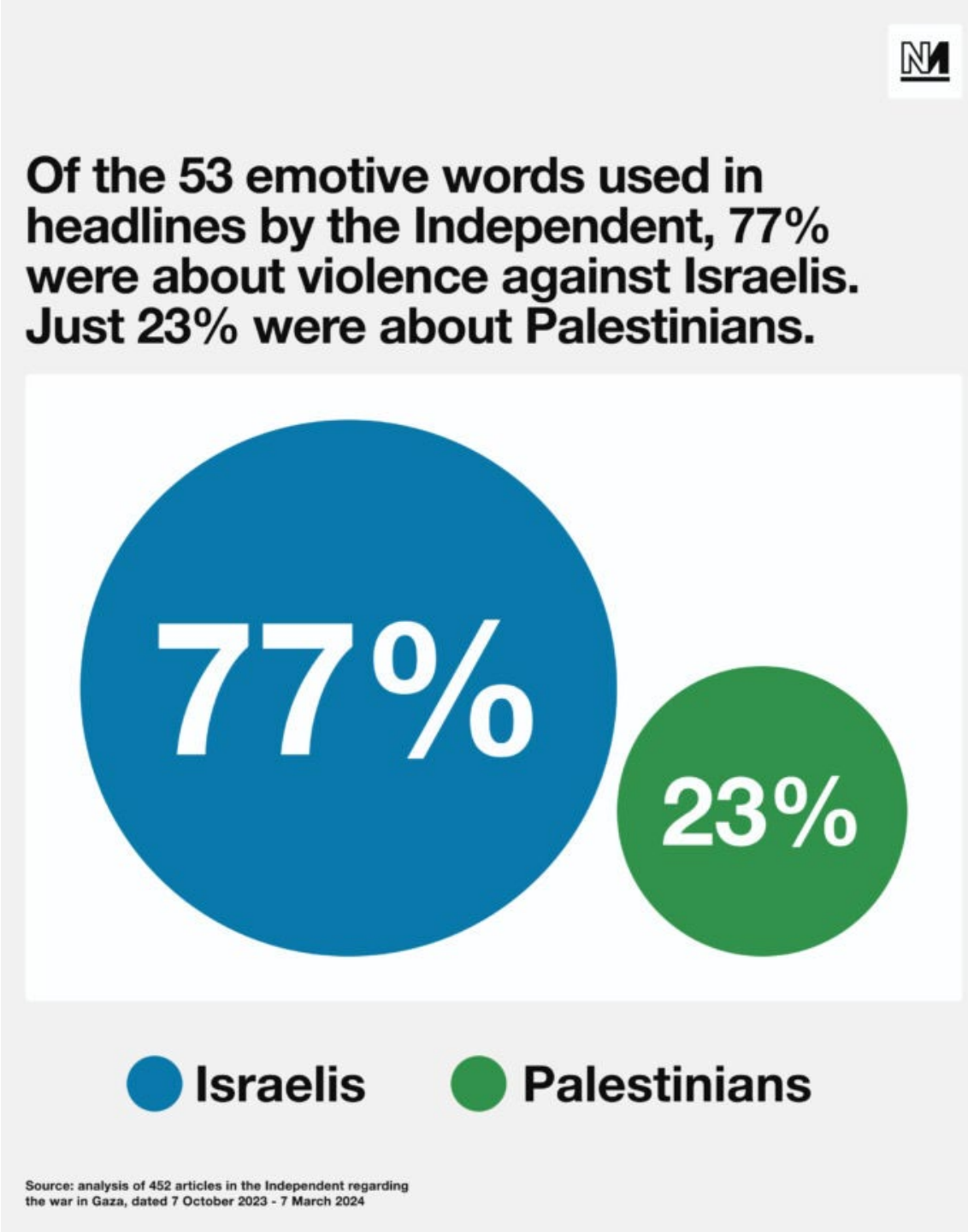
MIDDLE EAST

During the war in Gaza, Israel drastically changed the map of the West Bank

NOVEMBER 30, 2025 · 8:00 AM ET

Novaramedia assessment of media representation

- https://novaramedia.com/2024/08/01/we-ran-the-numbers-heres-how-britains-progressive-newspapers-have-covered-gaza/#:~:text=Across%20all%20three%20publications%2C%20the,that%20included%20%E2%80%9CHamas%20says%E2%80%9D.



- Western media coverage often uses **different terminology, attributes of blame, and levels of emotive language** for Palestinians compared to Israelis,
- "Terrorist" vs. "Militant": The term "terrorist" is frequently used to describe Palestinians or groups like Hamas, while Israeli groups or individuals committing similar acts might be described with softer terms like "extremists" or "vigilantes".
- Loaded words: News organizations like the BBC have a policy against using the word "terrorist" to maintain impartiality, as it is considered a loaded word, preferring terms like "militant".
- Avoiding specific terms: Internal memos at some major newspapers have reportedly instructed journalists to avoid terms like "genocide," "ethnic cleansing," "occupied territory," and even "Palestine" or "refugee camps" in certain contexts.
- Dehumanizing language: Terms that dehumanize Palestinians, such as describing them as "human animals," "wasps," or "mosquitoes," have been noted in Israeli political and military discourse, which can influence news reporting.

- https://novaramedia.com/2024/08/01/we-ran-the-numbers-heres-how-britains-progressive-newspapers-have-covered-gaza/#:~:text=Across%20all%20three%20publications%2C%20the,that%20included%20%E2%80%9CHamas%20says%E2%80%9D.

Western perspectives on ‘treatable’ difficulties through therapy

- Complex PTSD arises after exposure to a stressor typically of:
  - An extreme or prolonged nature from which escape is difficult or impossible.
- Includes:
  - Torture,
  - Concentration camps,
  - Slavery,
  - Genocide campaigns,
  - Organized violence,
  - Domestic violence,
  - Childhood sexual or physical abuse.

(Giourou et al., 2018)

PTSD (NHS)

- Symptoms:
  - Flashbacks
  - Nightmares
  - Repetitive And Distressing Images Or Sensations
  - Physical Sensations,
    - Such As Pain, Sweating, Feeling Sick Or Trembling
  - Avoidance
    - (People, Places, Words, Activities, Objects, Emotions Etc)
  - Irritability
  - Angry Outbursts
  - Sleeping Problems
  - Difficulty Concentrating
  - Comorbid Mental Heath Difficulties,
  - Self-inflicting Or Destructive Behaviours,
  - Physical Symptoms And Sensations

Complex PTSD (NHS)

- The symptoms of complex PTSD are similar to symptoms of PTSD, but may also include:
  - Feelings of worthlessness, shame and guilt,
  - Problems controlling your emotions,
  - Finding it hard to feel connected with other people,
  - Relationship problems, like having trouble keeping friends and partners,

Therapy aims

- **Objectives (Yadav et al., 2024):**
  - Identify the various manifestations and effects of trauma in individuals,
    - Including cognitive, emotional, and physical impacts.
  - Implement trauma-informed practices in therapeutic settings to create a safe and supportive environment for patients.
  - Apply trauma-informed principles to develop individualized treatment strategies,
    - To address the unique experiences and needs of trauma survivors.
  - Collaborate with an interprofessional healthcare team,
    - To integrate trauma-informed approaches across all aspects of patient care and support.

Common Elements of Trauma Focussed Treatments (Yadav, 2024)

- Psychoeducation
  - Providing information about stress reactions, coping with trauma reminders, and managing distress.
- Emotion regulation and coping skills.
- Targeting emotions such as trauma, guilt, shame, anger, grief, or sadness.
- Cognitive processing, restructuring, and meaning-making.

Working with Trauma

- Generally, therapy aims to ground patient's emotions and experiences in reality.
- This includes a shift away from internalised beliefs which maintain the traumatic elements – or 'freeze them in time' (Crosby, 2008),
- Importance of a non-neutral human rights stance (Young et al., 2025),
- When working with Trauma, this means an exploration of techniques used to perpetrate the crime itself and approaches used to avoid consequences,
- Can include saying or doing things that deny, justify, minimise or normalise the offence and contribute to confusion and self-blame for the survivor
- Aims of avoiding consequence can be to reframe patient's internal worldview,
- We need to help the survivor to see that the rapist's sole aim is to stay out of prison. (Young et al., 2025),

Working with Trauma (Cont)

- This can include (directly and externally):
  - Avoidance of or coercion away from specific language (e.g. Rape, murder, assassination etc),
  - Minimising/blaming victims,
  - Narrative control,
  - Shifting responsibility,
  - Dehumanising language or actions,
  - Gaslighting,
    - Mental manipulation makes you doubt your decisions, mistrust your judgment and question reality (https://health.clevelandclinic.org/gaslighting)
  - Disinformation,
  - Tone Policing
    - strategy designed to draw attention to the tone or emotion behind a statement being delivered, rather than the statement itself (Portwood-Stacer and Berridge 2014)
  - Drawing attention to Societal/Media perspective etc

After processing of trauma

- ‘Grounding in reality’
  - Ideally alleviating certain feelings, such as ‘responsibility’ of being a victim, guilt, shame,
  - Acknowledging reality – including ‘appropriate’ (to the patient) emotions, appraisals, meanings etc,
  - With traumatic grief, considerations of what aspects of the deceased loved one will be taken forward (Wild et al., 2023),
  - Updating meanings of new appraisals (e.g. ‘I am responsible for what happened’ to ‘I was made to feel responsible, but that’s not true. I was abused.’

Where does this lead Palestinians after trauma focussed therapy?

- What is the reality they are expected to accept therapeutically?
- To accept the horrors witnessed and endured? E.g accepting:
  - Hind Rajab and others who have been slaughtered are now sheltered from violence and abuse?
  - Accept the cultural erasure, ethnic cleansing, forced displacement?
  - Accept that it is all still ongoing?
  - Carte blanche of Zionists ad supporters to dehumanise, oppress, genocide?
- To feel less hypervigilant in the UK in SOME aspects of their presentation but not others? E.g:
  - Anti-Islam/Arab rhetorics?
  - Prioritisation of the experience of the oppressors?
  - And more

Where does this lead Palestinians after trauma focussed therapy (cont)

- Accept the emotions that come from processing, E.g:
  - Anger?
  - Betrayal?
  - Radicalisation (according to the UK Government?
- Are we attempting to help Palestinians stop feeling like victims of an oppressive and genocidal state, only to be at increased risk of other forms of oppressive violence?
  - E.g. Further demonisation, criminalisation?
- If Palestinians question what must be done for them to be ‘good enough,’ what is the answer?
- That for Palestinians, this was the destination of the high road?

Therapy Considerations

- Clinicians do not get to decide:
  - What is ‘best’ for the patient,
  - Where Palestinians go in their therapeutic journey.

- PTSD presumes a return to a pre-trauma baseline; genocide destroys the baseline itself.
  - Applying ‘PTSD’ here risks misrepresenting the nature of the wound and ‘psychiatrising’ what may be adaptive, expected, or socially patterned survival responses. (Sennik, 2023).
  - Localising the problem within the Palestinians?

- How are Palestinians meant to feel, based on the reality of everything?

What do Clinicians bring to the table?

- Clinicians who are not sympathetic:
  - Belief that Palestinians hold responsibility, are not victims, lie etc,
  - Rise in reporting of ‘Antisemitism’ of UK doctors,
  - Ban on expressing solidarity with Palestinians (as will reportedly make Zionist and Israel-sympathetic clinicians feel ‘unsafe’),
  - Social media spaces littered with pro-genocidal rhetoric, often coming from healthcare professionals.

Example Clinical Perspectives

- ***"Psychology isn't political; our job is to focus on the individual, not the context."***
  - Erases structural violence and reproduces institutional blindness.
- ***"If we make an exception for this group, we'll have to make exceptions for everyone."***
  - A common procedural defence that maintains inequity under the banner of fairness.
- ***"We need to consider broader diversity—everyone suffers."***
  - A flattening response that dilutes specific forms of trauma under generic multiculturalism.

Example Clinical Perspectives (Cont)

- ***"Shouldn't they just focus on the future instead of the past?"***
  - Minimises historical trauma and misunderstands its psychological continuity.

- ***"I'm not sure how this is different from any other trauma case."***
  - Reflects a diagnostic reductionism that overlooks the sociopolitical nature of the wound.

- ***"We can't bring politics into therapy; that would compromise neutrality."***
  - Frames neutrality as apolitical, despite neutrality itself often aligning with dominant power structures.

Unsympathetic clinicians providing treatment

- “…the therapist, who in spite of protestations of neutrality, may very well operate with (their) own agenda.” – (Levenson, 1992, p.461)

Palestinian's relationship to help

- Withdrawn when things become risky/difficult/dangerous (therefore temporary?)
- Trustworthy?
  - GHF massacres,
- Westerners in Palestine:
  - Genocidal or helpful?
- Wanted?

Well meaning practitioners

- Hold in mind our therapeutic goals vs what the patient's goals are,
  - What is it you are trying to do or 'fix?'
  - And is this your own goal or your patients?

- Consider what it is you may want to communicate to patient.
  - The more you emphasise solidarity, could this create barriers?
  - E.g. focus on political rather than personal (in that moment).

- Consider therapeutic approach,
  - E.g. Psychotherapeutic approach is often associated with a clinician who is facially 'neutral' so as not to influence the therapy content,
  - **"The purest form of listening is to listen without memory or desire." - Wilfred Bion.**
  - But when reality is that Palestinians traumas and experiences are met with silence or neutrality, how would this therefore be experienced?

So what can we do?

Arabic Humanity

- Hospitality as a ritualised tradition,
  - '…guests are meant to be welcomed into the family circle, even if they are strangers.' (https://www.arabamerica.com/hospitality-in-the-arab-world/)
  - "Guests were welcomed with open arms, offered the best available food, and granted protection, regardless of their background. This generosity was not transactional" - https://www.shms.com/en/news/middle-eastern-hospitality/
- Altruism:
  - "It is that one prioritises others over himself with a thing despite his need for it." (https://dorar.net/en/akhlaq/7)
- As Rafeef Ziadah has said, Palestinians "teach life."
  - In response to a journalist asking "Don't you think it would all be fine if you stopped teaching your children to hate?"
  - https://www.youtube.com/watch?v=aKucPh9xHtM
- Rooted in religion and tradition,
  - E.g. Very few differences between Arabs of Christian and Muslim faith (Al Khatib and Jamal, 2016)

How do we show this to Palestinians? In the therapy room:

- Consider their reality – How are they supposed to feel after everything?
  - Clarify REALISTIC treatment aims and remit,
- Show an acceptance of their situation,
  - Can involve fighting your own sense of injustice – is that what is helpful for the patient at this time?
  - E.g A consequence of this is our deep anger overshadowing deep sorrow.
  - Honesty around reality – could conflict with 'hope' from clinician,
- Not everything needs to be verbalised, communicated and expressed by the clinician.
  - Your presence, willingness to listen, feel and understand is generosity returned – and a welcome of the individual in front of you.
- Arabic is a very descriptive, expressive and highly emotional language.
  - Hold in mind the interpreter may also have reactions (and views) of what is being communicated.

How do we show this to Palestinians? In the therapy room:

- Consider the relationship to help they may have,
  - Explore this and try to understand,
  - This does not mean overtly reassuring at every aspect, but acknowledging and trying to understand their position.

- Be generous with your ears and your heart.
  - Consider your ability to sit with the often tempestuous emotions.
  - Consider a perspective of “emotional altruism”
  - Consider the impact of your own capabilities – if therapy becomes ‘too much’ for you to manage (which it may do), what does this reinforce in the patient?

How do we show this to Palestinians? Non therapy spaces:

- Similar to within the therapy room – the generosity and altruism of openness and honesty is not specific to therapy.

- 'It's time for psychologists to become activists' – By Dr Mehdi Alemohammad (https://www.bps.org.uk/psychologist/its-time-psychologists-become-activists)

- Confronting systems that create suffering,
  - NHS,
  - Education,
  - Professional bodies and more,

- By offering the above, it still may not be enough.
  - But no one knows that better than Palestinians.

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