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CHALLENGING MENTAL HEALTH ASSUMPTIONS

**IN THE PALESTINIAN CONTEXT**

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By:

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Abstract

Psychological literature worldwide has been dominated by Western models. However, research in the fields of Liberation Psychology, Decolonial Psychology, and Community Psychology coupled with Indigenous perspectives resulted in the call for the development of a psychological practice that is grounded in the contextual and cultural values, strengths, and challenges inherent in oppressed populations, such as in Palestine. Using a qualitative phenomenological descriptive design to the study, interviews were conducted with a sample of Palestinian lay people and mental health professionals to study the lived experience of Palestinians under prolonged Israeli military occupation. Themes identified across the axis of mental health, mental exhaustion (illness), satisfaction, and dissatisfaction, when coupled with the identified prevailing coping mechanisms employed by Palestinians, cumulated in the identification of culturally-based strengths and unique concepts such as *Sumud* (steadfastness), *Takaful* (social solidarity), resistance, and community solidarity. The findings in the study resulted not only in implications for policy makers, mental health professionals, and local and international organisations, but ultimately in the call for a mental health system that upholds justice, solidarity, and human dignity for all the people of Palestine.

Keywords: Palestinian mental health, Community Psychology, Decolonial Psychology, Liberation Psychology, trauma in Palestine, and mental health under occupation

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Challenging Mental Health Assumptions in The Palestinian Context

"Resistance, far from being merely a reaction to oppression, is a necessary condition of freedom and will continue to be so until the pressures that have produced it are lifted." (Said, 1978).

The story of the Palestinians was one of the complex and turbulent experiences of the indigenous people during the era of the state of Israel in the post-British mandate era—a story that grew entwined with deeply oppressive and traumatic psychological events (Pappe, 2006). These multifaceted, collective, and transgenerational traumas directly delineated the challenges faced by the Palestinian people (Giacaman et al., 2011; Jabr & Berger, 2016). The Palestinian narrative was one defined by resilience in the face of adversity that, in light of the historical events, has left indelible scars on its people. The persistent suffering of the Palestinian people manifested in various forms through the years, culminating in the recent genocide in Gaza. This tragic climax resulted directly from the prolonged history of oppression and violence, exacting a heavy psychological toll on the Palestinian people (Buheji, 2024).

The psychological toll on the Palestinian population demanded a critical examination of assumptions surrounding mental health in the historical and ongoing context. Esteemed historians such as Ilan Pappe (2006) have meticulously documented the historical injustices and events that have contributed to the psychological traumas endured by the Palestinians. Through innumerable articles, papers, and years of experience as a practising psychiatrist in the West Bank of Palestine, Dr. Samah Jabr, the head of the Mental Health Department in the Palestinian Ministry of Health, delved into the complexities of the collective and intergenerational trauma experienced by the Palestinian people. Her most recent work shed

light on the lasting impact on mental health across generations (Jabr & Hannawi, 2024). The historical and psychological complexities of Palestine were well documented and continue to be an area of primary importance for the mental health and well-being of the Palestinian community.

The settler colonial policies of Israel, akin to many other historical colonial practices, demonstrate a parallel deployment of Western psychological frameworks and disorder classifications to describe the Palestinian experience (Makkawi, 2012; Atallah & Masud, 2023). This practice resulted in a deliberate intersection of political control and the dangerous shaping of narrative discourse. The attempt to see abnormalities in the experiences of pain labelled an entire population with symptoms of post-traumatic stress disorder (Summerfield, 2002). Such efforts must be seen as keen to invalidate the suffering of Palestinian people in the face of an ongoing abnormal situation, which the brutal Israeli occupation has perpetuated for 77 years.

The Palestinian story forced the world-wide community to recognize and confront the injustices of Israel's military occupation and genocidal actions. Most notably, the referral of Israel to the International Court of Justice in January 2024 (International Court of Justice, 2024), as well as multiple attempts for UN resolutions in the Security Council, which were repeatedly blocked by the United States using its veto power (Borger & Tondo, 2024). These world body processes, among others, recognized the extraordinary circumstances surrounding claims of genocide. As Francesca Albanese, the UN Special Rapporteur for Occupied Palestinian Territories, stated, "By analysing the patterns of violence and Israel's policies in its onslaught on Gaza, this report concludes that there are reasonable grounds to believe that the threshold indicating Israel's commission of genocide is met" (United Nations, 2024). South Africa first brought the charge of genocide to the United Nations, with many countries

joining in their legal suit against Israel in the following months (Al Jazeera, 2024). As the international community grappled with the legal implications, it became imperative for professionals and academics in their respective fields to challenge their preconceived notions of the profound and devastating mental health implications of the Palestinian experience.

Problem Statement

The Palestinian community has long wrestled with the enduring mental health difficulties stemming from a deeply rooted history of injustices, such as displacement by force and prolonged occupation (Jabr & Berger, 2021). Prevailing assumptions failed to acknowledge the complex interaction between historical traumas and ongoing adversities, impeding a comprehensive understanding of the Palestinian community's psychological experience (Jabr & Berger, 2016). In fact, the official diagnosis for an individual or a population of victims of traumatic events is generally summarised by the Post Traumatic Stress Disorder (American Psychiatric Association [APA], 2013), which cannot represent in any means the experience of Palestinians (Jabr & Berger, 2016).

Although the coping mechanisms developed by Palestinians had not been widely explored in earlier literature, more recent studies, such as Afana et al. (2018), have begun to address this gap by offering a culture-informed analysis of how Palestinians in the Gaza Strip cope with trauma and adversity. These strategies, such as collective memories, contributed to the resilience of the culture. Therefore, it was crucial to address this gap in knowledge in an

effort to inform mental health interventions that would be relevant and contextually appropriate for the Palestinian population.

Significance of the Study

This study held significant importance by offering a culturally sensitive and accurate understanding of the variables describing mental health in Palestine; an understanding that could facilitate the building of interventions tailored to the specific needs of the Palestinian population (Giacaman et al., 2011). Additionally, by questioning accepted wisdom, the study added to a larger conversation on the intersectionality of historical trauma and mental health, the implications of which extend well beyond the Palestinian context. Martín-Baró (1994) notes, "The recovery of historical memory. The hard struggle to satisfy everyday basic needs forces the popular majorities to stay in a "here and now" without a before or after—in a permanent psychological present. Furthermore, the prevailing discourse puts forth an apparently natural and ahistorical reality, structuring it in such a way as to cause it to be accepted without question. This makes it impossible to derive lessons from experience and, more important, makes it impossible to find the roots of one's own identity, which is as much needed for interpreting one's sense of the present as for glimpsing possible alternatives that might exist" (Martín-Baró, 1994, p.28). Ultimately, the study aspired to foster empathy, understanding, and support for the mental well-being of Palestinians. The implications of this research extend beyond the Palestinian context, offering a framework that acknowledges the collective suffering experienced by marginalised groups globally, while also presenting a decolonial framework for addressing the psychological impacts of conflict and displacement in other oppressed communities. As Atallah (2021, p. 92) explains, "Part of decolonial solidarity includes not only building community across radical relations, ideologies, and re-envisionings, but also includes making choices about how to articulate struggles and how and

when to foster alliances "in terms of both their possibilities and their limits". This effort

aimed to offer a framework for marginalised communities worldwide through which an

examination of the psychological impacts of conflict and displacement could be viewed.

Background

The present research endeavoured to critically interrogate existing assumptions in

psychological research, the application of methodologies, as well as current practices, and, in

doing so, presented a comprehensive and nuanced exploration of the multifaceted mental

health challenges confronting the Palestinian population. This work sought to unravel the

intricate layers of the Palestinian psychological experience by taking into consideration the

historical injustices that included forced displacement, prolonged occupation, collective

trauma, and transgenerational trauma (Makkawi, 2009; 2017). At the same time, special

recognition was given to how these historical injustices were carried out alongside the

ongoing complexities of contemporary events. By utilising an interdisciplinary approach

incorporating historical analyses, psychological insights, and sociological perspectives, the

research sought to transcend simple narratives. The aim of this study was not only to identify

the manifestations of mental health challenges but also to understand the resilient coping

mechanisms specific to the Palestinian community (Giacaman, 2019). This research aspired

to contribute to a more holistic comprehension of the psychological landscape. It challenged

the prevailing assumptions through an exploration that resulted in valuable insights for the

development of targeted interventions and support systems unique to the mental health needs of the Palestinian population.

Historical Context of Palestine

In order to appreciate and comprehend the efforts and findings of this research study, a discussion of the historical context of violence in Palestinians' lives must be carefully considered. To truly understand the transgenerational psychological effects of the Israeli occupation on the Palestinian community and individuals, an in-depth look into the loss of agency, displacement, and ongoing trauma inflicted throughout modern history was necessary to discover the contextual elements underlying the phenomena.

Palestine is the geographic area bordering the Mediterranean Sea to the Jordan River Valley, bordered on the north by the country of Lebanon and to the south by the country of Egypt. In total, it is approximately 25,900 square kilometres (Beinin & Hajjar, 2001). This land was once home to the Assyrian, Roman, Byzantine, and Ottoman Empires (Lewis, 2018). This area, commonly referred to as the Holy Land, was, by the turn of the nineteenth century, home to various religions (Islam, Druze, Christianity, and Judaism) (Beinin & Hajjar, 2001). Although the land had a contentious past since recorded times, the people of this land have never experienced a moment of peace since the collapse of the Ottoman Empire when the British mandate took over control of Palestine (Lewis, 2018). After World War I, the League of Nations placed Great Britain in an administrative position over Palestine

with the intention of forming an independent nation for and by its indigenous peoples (United

Nations, 2021). However, these aspirations were not to be achieved.

Figure 1

1917 Pre-British Mandate Palestine

(Haddad & Chughtai, 2023) Use permission provided in Appendix A

On November 2, 1917, the British Foreign Secretary, Sir Arthur James Balfour issued

a declaration in support of the Zionist Jewish movement. Now referred to as the Balfour

Declaration, the brief 65-word letter would set into motion the creation of the state of Israel

on the lands of Palestine. In his letter, Balfour states:

> "I have much pleasure in conveying to you on behalf of His Majesty's
>
> Government the following declaration of sympathy with Jewish Zionist aspirations,
>
> which has been submitted to and approved by the Cabinet: His Majesty's Government
>
> view with favour the establishment in Palestine of a national home for the Jewish
>
> people, and will use their best endeavours to facilitate the achievement of this object,
>
> it being clearly understood that nothing shall be done which may prejudice the civil

and religious rights of existing non-Jewish communities in Palestine or the rights and

political status enjoyed by Jews in any other country." (United Nations, 2021).

Facilitated by the controlling powers of the British Mandate, immigration of Zionists and

people of Jewish faith began, continued, and expanded through World War II (Beinin &

Hajjar, 2001).

Supported by powerful countries such as Great Britain, France, and the United States,

the land of Palestine was partitioned by the United Nations (UN) General Assembly

resolution (181) in 1947. This caused the division of the area into an Arab state and a Jewish

state, with Jerusalem under UN control (United Nations, 2021).

Figure 2

1947 UN Partition Plan (Resolution 181)
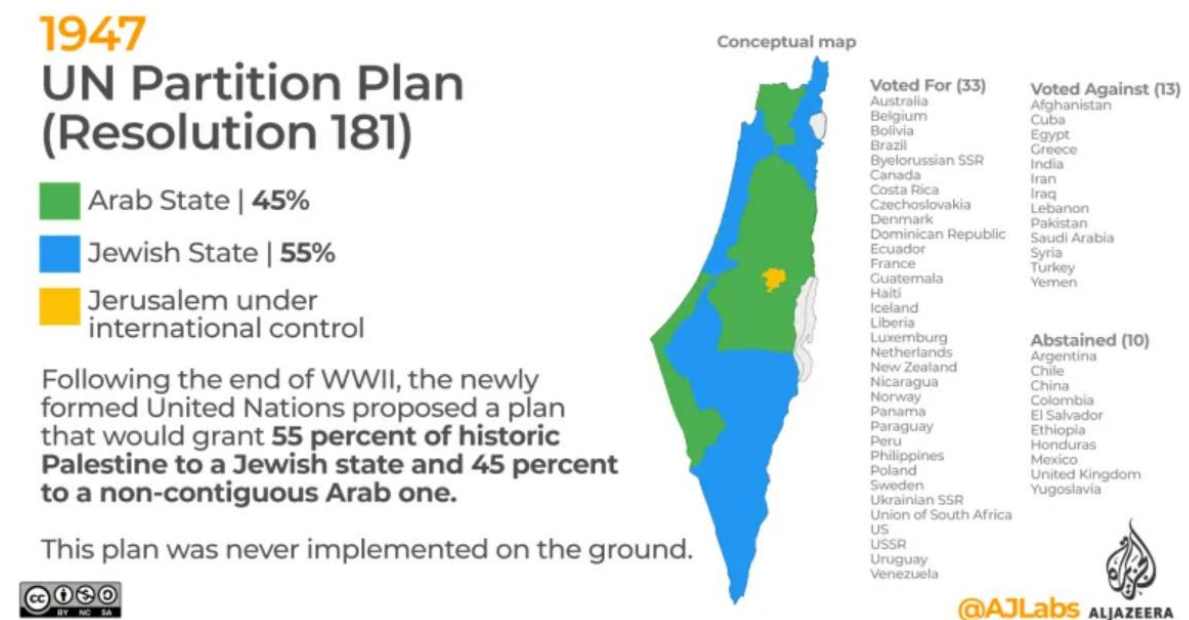
(Haddad & Chughtai, 2023) Use permission provided in Appendix A

All of this was done without consulting the Palestinians, who had lived there for generations.

In May 1948, one day before the end of the British Mandate, Ben Gurion announced the

establishment of the Jewish state. The Arab nations refused the resolution and the

establishment of the state of Israel, which deprived the Palestinians of their rights (United

Nations, 2021). Since then, the Palestinians have lived their lives under the Israeli

occupation.

Upon Israel's declaration of its independence, Arab countries, Egypt, Syria, Jordan,

and Iraq, declared war on the newly established state, starting with the 1948 war, which was

named by the Palestinians "Nakba," or catastrophe, as approximately 750,000 Palestinians

were displaced from their homes and forced to flee to other countries.

Figure 3

1948 Palestinians Expelled

(Haddad & Chughtai, 2023) Use permission provided in Appendix A

"One Israeli military intelligence document indicates that through June 1948, at least 75

percent of the refugees fled due to military actions by Zionist militias, psychological

campaigns aimed at frightening Arabs into leaving, and dozens of direct expulsions" (Beinin

& Hajjar, 2001). There were also many well-documented massacres, such as Dayr Yasin,

where over 254 people, mostly women and children, were killed by Zionist militias, although

the village had shown no resistance, nor threat, nor given time to evacuate. The depravity of

the massacre became a rallying call to the Palestinian resistance (United Nations, 2021).

By the end of the war in 1949, the country of Palestine was divided into three areas

along the Green Line. Egypt would control the south of Gaza and areas in the south. Jordan

would control Jerusalem and the West Bank. Israel would control the remaining territory,

which amounted to 77 percent (Beinin & Hajjar, 2001). The Palestinians who fled the

violence created the Palestinian Diaspora, a group of refugees who, to this day, demand the

Right of Return to their generational homes that Israel deprived them of. Those who

remained in Palestine would become Israelis (if they were Jewish), Arab Israelis, or

Palestinians of the West Bank or Gaza.

After 1967, the Cold War greatly influenced the regional stability of the Middle East,

which resulted in the Arab-Israeli war between Syria, Egypt, Jordan, and Israel. At the end of

the brief war of 1967, Israel militarily occupied the Gaza Strip and the West Bank, up to the

Jordan River (Beinin & Hajjar, 2001).

Figure 4

1967 Israel occupies Gaza and the West Bank

(Haddad & Chughtai, 2023) Use permission provided in Appendix A

During this time, the PLO (Palestinian Liberation Organization) formed for "the

intensification of the armed struggle by the PLO to reassert the Palestinian national identity

and its claim to the inherent right of self-determination and increasingly focused world

attention on the resolve of the Palestinian people to regain their national rights" (United

Nations, 2021).

Additionally, by the end of 1967, the UN Security Council adopted Resolution 242,

which called for Israeli withdrawal from the territories seized in the war. However, due to an

inconsistency in the French and English wording, Israel argued that the resolution was not

binding on all territories seized. This resulted in the Palestinians having to acknowledge

Israel without the motion being reciprocated to include the rights and existence of

Palestinians. From this, Israel created an administrative force to oversee the Palestinian

Territories, which resulted in the heavily imposed loss of freedoms, the criminalization of

Palestinian nationalism, and severe restrictions including the ability to travel, the banning of

the Palestinian flag, and even the picking of Zatar, an indigenous food source (Beinin &

Hajjar, 2001).

By 1974, Yasser Arafat, Chairman of the Executive Committee of the PLO, addressed

the United Nations after Palestine had been granted observer status. In his speech, he

countered the Israeli rhetoric depicting Palestinians as terrorists.

"The difference between the revolutionary and the terrorist lies in the reason

for which each fights. For whoever stands by a just cause and fights for the freedom

and liberation of his land from the invaders, the settlers and the colonialists, cannot

possibly be called terrorist, otherwise the Americans in their struggle for liberation

from the British colonists would have been terrorists; the European resistance against

the Nazis would be terrorism, the struggle of the Asian, African and Latin American

peoples would also be terrorism, and many of you who are in this Assembly hall were

considered terrorists." (United Nations, 2021).

During his speech, Arafat offered the motion of peace for a one-state democratic

solution, famously ending his speech with the line, "Today I have come bearing an olive

branch and a freedom-fighter's gun. Do not let the olive branch fall from my hand. I repeat:

Do not let the olive branch fall from my hand" (United Nations, 2021).

However, this path was not taken as Israel attacked Lebanon, where the PLO was

headquartered, in 1982. Throughout the war, the president-elect of Lebanon, Bashir Gemayel,

was assassinated. Days later, the Sabra and Shatila Palestinian refugee camps in West Beirut

were stormed, and a mass slaughter of civilians occurred at the hands of the Israeli military

(United Nations, 2021). This was addressed at the United Nations but made no difference in

the lives of Palestinians.

Almost forty years after the Nakba and after twenty years of military occupation, the

first Palestinian Intifada resistance movement occurred between 1987 and 1993. The

resistance movement resulted in the jailing, forced displacement, and death of many

Palestinians. The Israeli defence minister, Yitzhak Rabin, tried to crush the resistance through

force and power. This military action resulted in the deaths of over 1,000 Palestinians, 200 of

whom were under the age of 16. Of importance, the Intifada was not initiated by the PLO.

Instead, it was a popular movement against Israel through boycotts, protests, refusal to pay

taxes, underground schools (as education was disrupted during this period), and resistance.

By 1990, most of the leadership of the movements had been imprisoned through campaigns

of mass arrest. At the same time, internal divisions within Palestinian society and the broader

geopolitical dynamics in the region influenced the emergence and growth of groups like

Hamas and Islamic Jihad. These groups developed independently out of the specific

historical, social, and political conditions in Palestine, responding to the failures of the peace process and the pervasive effects of the Israeli occupation (Masalha, 2018; Pappe, 2022).

The Oslo Accords in 1993 yielded the Oslo Agreements during the following six years. They transferred control of the West Bank and Gaza areas from Israel to the Palestinian Authority. The Palestinian Authority was formed from the PLO to act as the governing body of the Palestinians. In 1994, elections were held in which Yasser Arafat and the Fatah party won by a landslide. The PLO accepted the Oslo agreements as it was weakened by the Hamas and Islamic Jihad movements as it looked for an internationally

legitimate footing to establish the Palestinian state. Unfortunately, these efforts did not result in a Palestinian state.

Figure 5

1993 & 1995 Oslo Accords
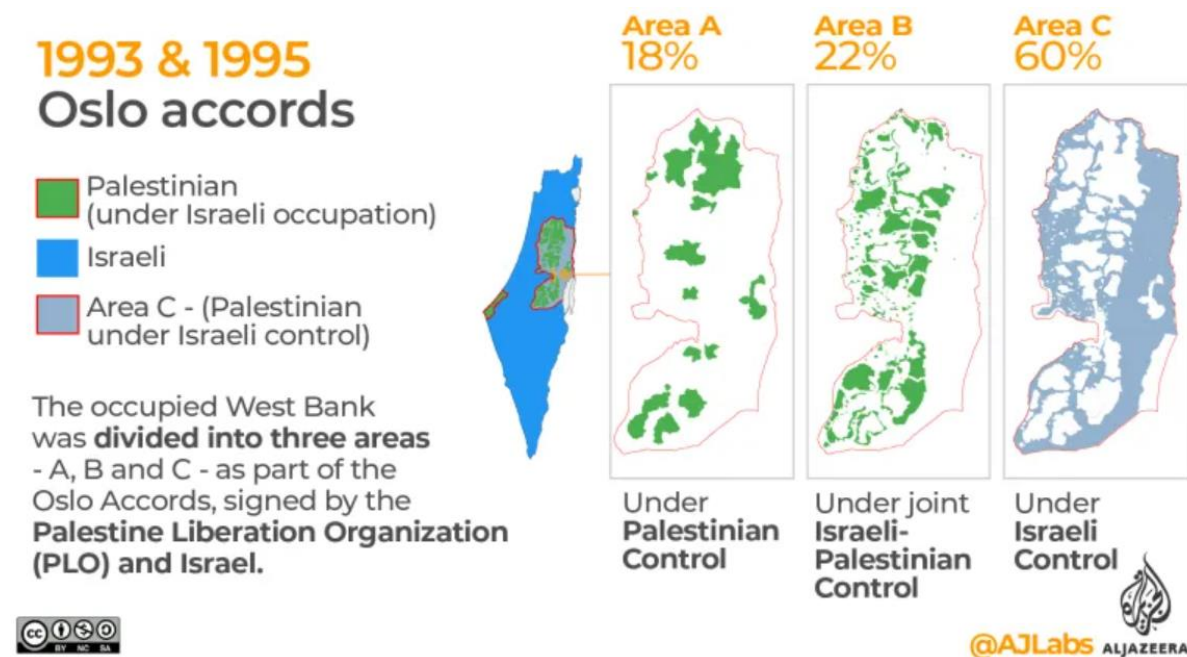
(Haddad & Chughtai, 2023) Use permission provided in Appendix A

As a result, there was no resolution to Jerusalem, water rights, freedom of movement, or financial considerations; instead, there were municipally controlled areas surrounding Israeli-controlled areas of the West Bank. Israeli-only roads to connect the expanding illegal settlements in the West Bank were built. By the time negotiations were fully underway, the Palestinian Authority was left with partial control of 40 percent of the West Bank and 65 percent of the Gaza Strip, with entrance and exit from these areas controlled by Israel (Beinin & Hajjar, 2001).

This set the scene for the Second Intifada in 2001. Massive demonstrations spread throughout the West Bank and Gaza as a new round of resistance ignited when Ariel Sharon

and 1,000 armed guards visited Al-Aqsa Mosque in Jerusalem. This ignited the untenable

situation into violence. In the first three weeks of the Second Intifada, Israel used over 1

million live bullets. The result was a much deadlier uprising than the First Intifada. Israel

quickly deployed tanks, F-16 fighters, and a full military movement to bomb and destroy

civilian and PLO offices throughout the West Bank and Gaza. The Palestinian side, armed

primarily with small arms, escalated their tactics by employing armed operations referred to

locally as "Amaleyat Istesh-hadeyyeh", martyrdom operations (Holt, 2018), along with other

forms of armed resistance, resulting in over 150 such operations from 2000 through 2005

(Pappe, 2022).

The response from the Arab League during this time was to put forth a proposal for

Palestinian statehood, again along the 1967 borders, in return for full recognition of the state

of Israel. At the same time, in 2002, Israel began construction of the "separation barrier," or

wall, that annexed even more of the Palestinian territory by creating a barrier on the

Palestinian side of the Green Line, even though the International Court of Justice ruled

against it. Furthermore, no solution was found to the problem of Jerusalem throughout many

rounds of peace talks. The addition of the wall effectively put the control of Jerusalem

directly onto Israel, despite its religious significance to all the people of the Middle East

(Beinin & Hajjar, 2001).

2002 was also the year that the United States put forth a "road map to peace" that

supported the two-state solution. Ariel Sharon fought against this in Israel, but the world

powers persisted in trying to find a solution through this method. In 2004, it seemed the

international community had accepted the current status of Israeli annexation and control over the Palestinian territories (Beinin & Hajjar, 2001).

In 2005, Israel withdrew from the Gaza Strip yet maintained control of borders with regards to entry and exit of goods and people, as well as control of the water and electricity. (Beinin & Hajjar, 2001). This was also the year that, following Yasser Arafat's death, Mahmoud Abbas was elected from the Fatah party to the position of president. However, general elections held in 2006 would see the Hamas Party win the Palestinian Legislative Elections (United Nations, 2021). In response, Israel withheld the tax collected on behalf of the PA, which amounted to half of its operating budget, along with the cut in aid from international countries (Beinin & Hajjar, 2001).

"Ignoring the legitimacy of Hamas' victory in indisputably free elections, the United States provided $84 million in military aid to improve the fighting ability of the Presidential Guard loyal to Mahmoud Abbas. US Marine Lt. Gen. Keith Dayton oversaw a program to retrain Palestinian security forces in the West Bank. Israel also permitted the Presidential Guard to enhance its arsenal" (Beinin & Hajjar, 2001). This led to a failed attempted coup in 2007 in Gaza to remove Hamas, leading to the split between Gaza and the West Bank since then. Following the 2006 Palestinian Legislative Council elections victory by Hamas, Israel imposed an unprecedented blockade on Gaza, declaring it a closed area and restricting

imports of fuel, other goods, and the movement of people. The blockade was further

intensified in 2007-2008 completely sealing Gaza off (Euro-Med Monitor, 2023).

Figure 6

Gaza: 16 years of Living Under Blockade
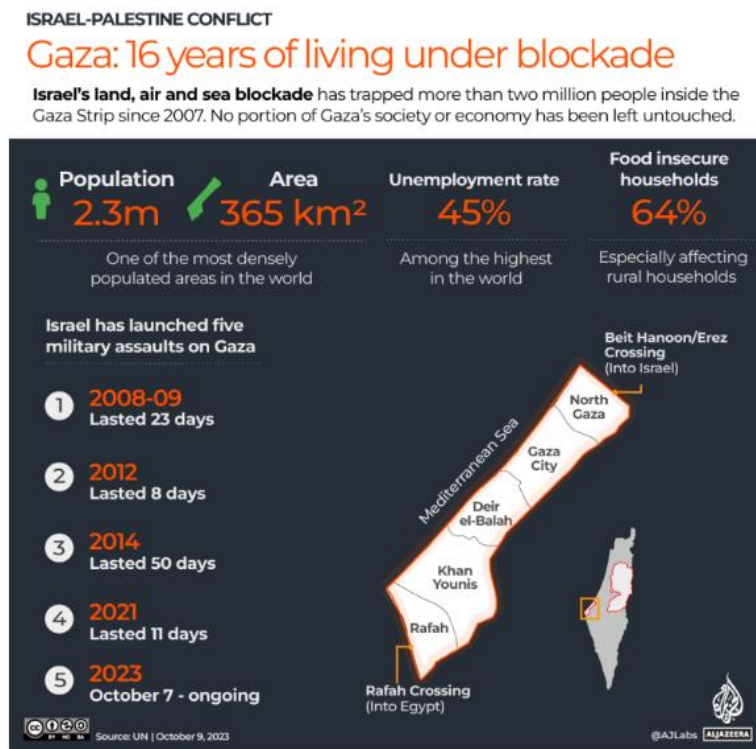
(Haddad & Chughtai, 2023) Use permission provided in Appendix A

In the same year, the assaults on Gaza began. These assaults would be deadly

bombing and assassination campaigns that would occur in 2008, 2012, 2014, 2018, 2021, and

2022 (Al Jazeera, 2022).

Palestine was granted admission to the United Nations as a non-member observer

state in 2011. While this did nothing to change the reality for Palestinians, it did grant the

ability for Palestine to engage with the International Criminal Court for crimes committed by

Israel, which has become of paramount importance post-October 7th, 2023, in light of the

multitude of violations of international law (United Nations, 2021).

A restart in the peace process in 2013 was initiated under the administration of United

States President Barack Obama. However, when President Trump came into office, much of

that changed when he announced the United States' recognition of Jerusalem as the capital of

Israel in 2017. This move was followed by the 2020 Abraham Accords, which sought to

strengthen and normalise ties between Israel and many Arab countries in the Middle East

without providing a just answer to the Palestinian's rights to self-determination, self-rule,

natural resources, or the right of return of refugees, among many other outstanding issues

(United Nations, 2021).

The issue of Palestine seemed forgotten by the world until October 7, 2023, when

Hamas attacked Israel, taking captives back with them to Gaza with the aim of exchanging

these captives for Palestinian political prisoners that by April 2024 numbered around 9,500,

of which 3,660 are administrative detainees (held without charge or trial) (Al Jazeera, 2024).

Israel responded with a full attack by air, land and sea, which amounted to what constitutes a

genocide according to the UN definition of the term. By legal definition, the situation could

not be described as a war because Israel was the occupying power over Palestine. As the

months wore on, the Palestinian death toll would grow to over. "By June 19, 2024, 37 396

people had been killed" (Khatib et al., 2024). A majority of those numbers are women and

children. Countless other losses remained unaccounted for as they were buried in the rubble

of the destruction or arrested in military concentration camps in Israel. "In recent conflicts,

such indirect deaths range from three to 15 times the number of direct deaths. Applying a

conservative estimate of four indirect deaths per one direct death to the 37 396 deaths

reported, it is not implausible to estimate that up to 186 000 or even more deaths could be

attributable to the current conflict in Gaza" (Khatib et al., 2024). Israel has been in violation

of many international calls and resolutions as it continued to weaponize food and aid

deliveries, purposefully starving the citizens of Gaza. The targeted bombings of hospitals,

schools, infrastructure, and historical sites have been aimed at making the Gaza Strip

uninhabitable, while prominent members of the Israeli Knesset and other government

officials have called for the total displacement and killing of all Palestinians in Gaza.

In the backdrop of the genocide in Gaza, the Palestinians of the West Bank endured

expanding illegal Israeli settlements built on top of the massive annexations of stolen

Palestinian land.

Figure 7

Illegal Israeli Settlements

(Haddad & Chughtai, 2023) Use permission provided in Appendix A

Palestinians in the West Bank also faced tighter restrictions on travel between Palestinian

cities through military checkpoints.

Figure 8

Israeli Checkpoints in Occupied West Bank

ISRAEL-PALESTINE CONFLICT
Israeli checkpoints in occupied West Bank

There are at least **645 fixed physical obstacles**, **49 checkpoints constantly staffed** by Israeli companies and **139 occasionally staffed checkpoints**. In 2022, Israeli forces also deployed an average of four ad hoc, "flying" checkpoints each week in the occupied West Bank.

— Armistice "Green" Line
— Separation wall
● Israel checkpoints

Taybeh Tulkarem
Eyal Qalqilya
Qalandia East Jerusalem
Checkpoint 300 Bethlehem
Tarqumiyah Hebron

Eyal Checkpoint, 2018 [Activestills]

Source: OCHA (2023)

@AJLabs ALJAZEERA
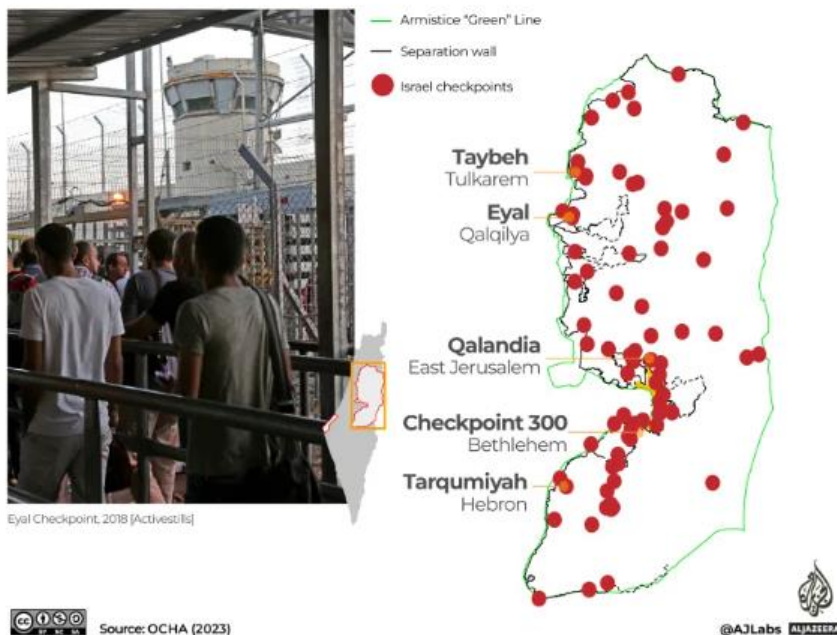
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Additionally, the forced reduction in the economy, increase in settler violence, extra-judicial killings, mass arrest campaigns, infrastructure destruction, the withholding of essential tax funds, and restrictions from sites of worship during the holidays of Ramadan and Easter in Jerusalem continue to be apartheid and occupation practices that inflict trauma and harm in the daily lives of Palestinians in the West Bank (Amnesty International, 2022).

Palestinians, regardless of geographical locations, have endured physical and psychological trauma over generations, from the very moments of the establishment of the Israeli state to the disastrous, ongoing, genocidal violence of the last year. This research study

came at a time when the entirety of Palestinian life is threatened and in turmoil, giving the

necessity of the findings an unwanted weight and importance.

Beyond the Historical Timeline: Collective and Transgenerational Trauma

A deep comprehension of the Palestinian narrative must extend beyond the historical

political timeline to include a thorough examination of collective and generational trauma as

well as a meticulous exploration of strategies for enduring psychological repercussions

(Pappe, 2006). Pappe's seminal work in the Journal of Palestine Studies not only chronicled

historical events but laid bare the psychological wounds etched into the collective memory of

the Palestinian people (Pappe, 2006). This collective trauma is more than an individual

experience; it became a shared narrative that defined the identity of an entire community

(Khamis, 2019). The dislocation, loss, and upheaval embedded in this collective trauma

created a pervasive and collective consciousness of historical injustice.

Complementing this historical perspective, Giacaman's research in The Lancet offered

a lens through which to understand the broader population-wide implications of sustained

conflict (Giacaman et al., 2009). Her research detailed the mechanisms by which collective

trauma affected not just the individual but also the health and welfare of the entire

community. When the socio-political background of the protracted conflict was linked to

health inequalities, resource accessibility challenges, and general community resilience, the

systemic and societal aspects of collective trauma became apparent.

Dr. Samah Jabr and Dr. Zaynab Hinnawi (2024) narrowed the focus of the

community's general health and welfare by investigating the pervasive physical and mental

health challenges faced by the Palestinian population due to Israel's military occupation,

settler-colonialism, and apartheid regime. This imposition has resulted in grave health and

mental health crises directly inflicted through physical and psychological distress, environmental violence, and the direct targeting of medical providers and services. Indirect consequences encompassed economic stagnation, disrupted social functioning, and hindered development efforts. The worrying fact that Palestine had the highest rate of morbidity from mental illness in the Eastern Mediterranean region and thus represented a significant public health challenge occurring in the context of ongoing occupation and violence punctuated her article. Approximately half a million individuals suffered from psychosocial distress and mental disorders in occupied Palestine. Jabr and Hinnawi (2024) emphasised how Israel's occupation not only affected individuals but also attacked the social fabric, social norms, symbolic representations, and collective identity of Palestinian society. The collective consequences included internalised oppression, prevalent mistrust, low collective self-confidence, and impaired collective functioning. The author argued that Palestinian resistance, expressed in various forms, has the potential to repair damages caused by oppression. The primary way to achieve this was by moving individuals from learned helplessness to hopefulness. This resistance was attributed to the deep psychological factors that were rooted in the moral, symbolic, and spiritual values of Palestinians. Furthermore, this very resistance was determined to be crucial for those deprived of tangible rights. They concluded in their assessment by asserting how international solidarity can serve as a rehabilitative force by validating the humanity of Palestinians. These very efforts, fostered through mutual activism for justice, flourished despite challenges imposed by some democratic governments. Jabr and Hinnawi (2024) ultimately highlighted the Palestinian

resistance, both within and beyond occupied Palestine, as an important source of strength in the ongoing struggle against Israel's oppression.

Within this intricate tapestry, the concept of generational trauma emerged as a crucial dimension. Shalhoub-Kevorkian's exploration of gender-based violence and its impact on Palestinian children highlighted the intergenerational transmission of psychological distress (Abu-Lughod et al., 2023). The trauma and misfortune experienced by the generation before it shaped the psychological landscape of succeeding generations. The trauma that Palestinian parents experienced became an indelible part of the family narrative, which influenced their children's worldview and coping mechanisms.

A vital prerequisite for designing effective mental health strategies and interventions was the need to create a deep understanding of the intricacies of collective and generational trauma, one that exceeded a mere academic exercise. The interconnectedness of these concepts emphasised the need for holistic approaches through which the acknowledgment of both the individual and collective dimensions of psychological distress within the Palestinian community could be obtained. By recognizing the profound impact of historical events on collective consciousness and by understanding how trauma permeates through familial and societal structures, interventions could be tailored to address the complex nature of psychological challenges (Giacaman et al., 2009; Khamis, 2019). In doing so, a potential for fostering resilience, healing, and a collective sense of restoration was found residing within the Palestinian narrative.

Simultaneously, the transmission of intergenerational trauma and the collective memories of Palestinians served as a resilient thread woven throughout the fabric of their identity. This thread contributed to positive growth, resilience, steadfastness, and societal

bonds. As Ilan Pappe meticulously detailed the historical struggles in "The Ethnic Cleansing of Palestine," these collective memories embodied a shared narrative of resilience in the face of adversity by fostering a profound sense of identity and interconnectedness (Pappe, 2006). Rita Giacaman's works in public health emphasised the role of collective memories in bolstering resilience. A resilience that enabled communities to navigate the persistent challenges imposed by conflict and occupation (Giacaman et al., 2009). Samah Jabr's exploration of the psychological impact of historical trauma shed light on how the collective memory of resistance became a wellspring of strength and a contributor to the steadfastness of the Palestinian people (Jabr & Hinnawi, 2024). Abu-Lughod et al. (2023) insights into gender-based violence brought yet another layer of understanding by illustrating how shared memories of resilience are transmitted across generations, further cementing the bonds within Palestinian families. Thus, the positive impact of collective memories emerged as a source of growth, resilience, and steadfastness by fostering a collective ethos that transcended individual experiences and shaped the endurance and unity of the Palestinian community.

Critique of Colonial Approaches to Trauma Measurement in Palestine: A Call for Liberation Psychology

While the story of occupied Palestine has generated a wealth of scholarly efforts aimed at contributing to understanding, methodologies, and strategies in the mental health field, some research has remained problematic due to the very frameworks in which they were constructed. This set of research has contributed to pathologizing the palestinian struggle for liberation, particularly by the Israeli occupation and broader Western narratives. Jabr and Berger (2023) addresses how the psychological impact of occupation is often framed in a way that decontextualizes the legitimate political struggle of Palestinians and

reduces it to an individual mental health issue, rather than recognizing the collective trauma inflicted by oppression, occupation, and violence.

Jabr & Berger (2023) argues that the occupation not only imposes physical and political constraints but also seeks to control the Palestinian psyche, often framing Palestinians' responses to oppression as pathological, whether through labelling resistance as "terrorism" or dismissing psychological distress as inherent to the Palestinian character. They emphasise that such narratives neglect the structural violence of occupation, instead shifting the focus onto the psychological symptoms of individuals, ignoring the broader context of social and political repression.

The following studies reviewed throughout this section were selected based on their essential yet problematic research on the prevalence of trauma among Palestinian populations. Even though these studies offered valuable insights into the mental health challenges faced by Palestinians, they, unfortunately, adopted a predominantly Western-centric approach to trauma measurement and risk factor identification. The approach overlooked the socio-political context of colonisation and occupation in Palestine. Naturally, this critique results in a call for a paradigm shift towards Liberation Psychology to better understand and address trauma in the Palestinian context.

Qouta, Punamäki, and El Sarraj (2003) and Qouta and El Sarraj (2004) conducted pivotal studies on the prevalence and determinants of PTSD among Palestinian children exposed to military violence, providing important data on the psychological impacts of the occupation. However, despite their contributions, these studies adhered to a Western-centric diagnostic framework that isolated trauma within individual psychological pathology, failing to consider the collective and sociopolitical dimensions integral to the Palestinian experience.

By focusing on symptoms such as hypervigilance, emotional numbing, and nightmares, these studies framed these behaviours as indicators of dysfunction, aligning with the criteria for PTSD as established by Western mental health paradigms (APA, 2013). Yet, in the context of occupation, such behaviours may be entirely rational and adaptive responses to living under conditions of persistent violence and threat (Jabr & Berger, 2021). For example, heightened awareness and distrust, labelled as pathological in these frameworks, could be understood as essential survival strategies in a landscape where safety is unpredictable and constantly violated.

Moreover, these studies neglected the deeply embedded cultural values and collective resilience mechanisms that have helped Palestinians endure decades of occupation. Practices like *Sumud* (steadfastness) and community solidarity are essential in maintaining psychological and social well-being amidst continuous adversity (Giacaman, 2019). By omitting these communal coping strategies and instead emphasising individual pathology, the researchers inadvertently contributed to a narrative that pathologized Palestinian resilience, reinforcing a Western gaze that views trauma through an apolitical lens (Meari, 2014). This not only undermined the complexity of Palestinian trauma but also distorted the cultural context in which Palestinian children live, reducing their lived experiences to clinical diagnoses disconnected from the realities of occupation, resistance, and survival.

In parallel, both Thabet, El-Buhaisi, and Vostanis (2014) and Thabet, Thabet, and Vostanis (2016) examined trauma and psychological distress among Palestinian adolescents and children exposed to war in Gaza. While these studies aimed to document the psychological impacts of warfare on children, they too employed Western-centric constructs such as PTSD, anxiety, and depression as their primary lenses (APA, 2013). This diagnostic framework, however, failed to account for the broader sociopolitical reality in which these

children live, where recurring violence, displacement, and occupation are normalised conditions. In this context, behaviours such as hyperarousal, heightened alertness, or withdrawal may not indicate psychological dysfunction but may instead represent adaptive strategies necessary for survival in a hostile environment (Veronese et al., 2023). By diagnosing these responses as PTSD, the researchers applied a framework that pathologized Palestinian children's reasonable reactions to trauma, ignoring the role that collective trauma, structural violence, and political repression play in shaping mental health.

Additionally, like Qouta and colleagues, these studies failed to integrate or even acknowledge Palestinian cultural practices of communal coping and collective resistance. Community solidarity, family support networks, and cultural practices of resistance are fundamental to Palestinian survival and resilience (Jabr & Berger, 2021). By neglecting these dimensions, the studies perpetuated a reductionist approach to trauma that focused on individual symptoms without addressing the root causes of psychological distress, such as the occupation itself. As a result, these studies reinforced a pathologizing discourse that abstracted Palestinian children's experiences from the sociopolitical realities of their lives, thereby missing an opportunity to contextualise their trauma within the broader framework of collective struggle and resilience.

Altawil, El-Asam, and Khadaroo (2023) conducted a longitudinal study to examine the influence of chronic conflict trauma exposure on the diagnosis of post-traumatic stress disorder (PTSD) in Palestine from 2006 to 2021. The longitudinal nature of the study offered valuable insights into the long-enduring effects of trauma. However, this research's methodology was also primarily based on Western-centric perspectives on PTSD and trauma. This was yet another example of using the standard method in a way that did not adequately

account for the unique contexts in which Palestinian trauma occurs. It neglected the innate

Palestinian coping mechanisms of family in its critical role in mental health.

Additionally, the study's use of Western-centric symptomatology and diagnosis

pathologized contextually appropriate adaptive behaviours such as distrust and catastrophic

thinking. The same behaviours that could be seen in individuals with PTSD in standard

frameworks, could also be interpreted as practical survival strategies in an environment

characterised by persistent threat and instability (Khamis, 2020). For example, the child

whose house was invaded and destroyed at night by the occupation army could have a

reasonable expectation of another similar night in the future where their safety is violated. By

employing methods that centre the individual without their context, the researchers neglected

a critical aspect of the lived experiences of Palestinians in their analysis. This omission

emphasised the necessity of future research methodologies that incorporate the political

realities of life under occupation (Veronese et al., 2021b).

The critical analysis of these previous research studies emphasised the importance of

a paradigm shift in the examination of trauma in Palestine. Liberation Psychology was

promoted as a framework that prioritised the experiences of colonised peoples from the

perspective of liberation struggles. Scholars were encouraged to adopt frameworks for future

research that would prioritise methodologies that capitalise on Palestinian perspectives,

experiences, and forms of resistance to enhance comprehension. Additionally, insights from

Palestinian scholars such as Shalhoub-Kevorkian (2015) could provide vital direction and

deep understanding. Employing a decolonial praxis that frames trauma within the broader

context of colonial violence could facilitate an improved understanding of the psychological

repercussions of occupation. These recommendations served as a call for a change in paradigm for subsequent investigations.

Literature Review

Theoretical Frameworks

The conceptual frameworks, or theoretical perspectives, that informed this research were derived from the integration of Community Psychology (Kloos et al., 2012), Decolonial Psychology (Fanon, 1961), and Liberation Psychology (Martín-Baró, 1994). Apart from traditional Western psychological practices, these frameworks offered alternative lenses through which the efforts of this research endeavoured to understand and address mental health in the Palestinian context. By combining multiple frameworks, the researcher was able to gain the depth and breadth of the situation to fully describe the societal phenomena of mental health in Palestine. Due to the existence of multiple frameworks, a discussion of the benefits and applications of each follows below.

Community Psychology emphasised the significance of understanding the sociocultural context of communities. Additionally, it promoted active engagement with communities to address mental health challenges (Rappaport, 1977). By adopting the Community Psychology perspective, this research acknowledged the importance of incorporating the voices and experiences of Palestinians during efforts to reshape mental health interventions. This framework was aligned with the research objective of understanding how both Palestinian individuals and mental health practitioners perceived

mental health and mental exhaustion. It examined the factors shaping these perceptions through a focus centred on the role of community and the context (Jason et al., 2004).

In an effort to critically examine and challenge the Western assumptions that framed distress and suffering as psychiatric conditions, this research study engaged the framework of Decolonial Psychology. Fanon (1961) wrote expansively on Decolonial Psychology as a means to challenge and dismantle oppressive systems and power structures that perpetuated inequalities and injustices. This framework contributed to the research objective of exploring the journey toward decolonial practices in the Palestinian context. Specifically, it was interpreted by this study as a call for the transformation away from oppressive conditions to the reclamation of agency and resilience within the Palestinian community (Prilleltensky et al., 2001).

Liberation Psychology focused on empowering marginalised populations and promoting social justice through collective action (Martín-Baró, 1994). Including this perspective made it possible for the research to identify the critical need for a paradigm that functions as a means of comprehending and mitigating the conditions of poor community mental health. Specifically, a means through which to understand the impact of prolonged colonialist oppression on community mental health in occupied Palestine. This framework aligned with the research objective of challenging Western assumptions of mental health. Additionally, it aided in the research objective of developing a conceptual map of mental health as a continuum from well-being to distress.

At the intersection of these three frameworks, authors such as Frantz Fanon (1952, 1961) and Paulo Freire (1970) simultaneously emphasised how mental health cannot be understood in isolation from the social, economic, and political contexts in which individuals

exist. In the Palestinian context, factors like the Israeli occupation, forced ongoing population displacement, and continual violence have profoundly impacted mental health outcomes. This encompassing perspective recognized how various social identities, such as gender, class, and race, intersect—what Kimberlé Crenshaw (1989) terms intersectionality—and exist at the same time as the occupation and colonisation of Palestine. Furthermore, it emphasised the cumulative influence of these intersecting factors on people's well-being (Crenshaw, 1989).

Through these various frameworks, the research acknowledged the impact of broad societal factors affecting mental health and overall well-being that went beyond the personal traits or psychological variables of individuals. In Palestine, this meant understanding the social determinants of mental health as well as addressing the root causes of their disparities (Giacaman et al., 2009).

The integration of these frameworks offered a comprehensive and nuanced understanding of mental health in the Palestinian context. It acknowledged the contextual and cultural specificity of mental health determinants, challenged dominant Western models, and called for decolonial practices that prioritise the voices and experiences of Palestinians. The intersectionality of these frameworks allowed the researchers to consider how social identities co-occur at the same time as occupation and colonisation, as well as their impact on different groups like children, refugees, and women (Fryer & Laing, 2008). Furthermore, this literature review acknowledged the shortcomings of previous studies on mental health in Palestine, especially their dependence on individualistic, non-participatory, and acritical methodologies (Haj-Yahia, 2008; Giacaman et al., 2007). Taken together, the frameworks

underscored the importance of adopting alternative perspectives that centre community, challenge oppressive systems, and promote social justice.

This research project sought to contribute to the psychological field by offering new insights to address the mental health needs of Palestinians. The adoption of these conceptual frameworks aligned with the research objectives of understanding perceptions of mental health and mental exhaustion among Palestinians while defining a path toward decolonial practices. Furthermore, they provided a theoretical lens through which to critically analyse the research, with the aim of contributing to the broader struggle for justice and liberation in Palestine. From the integration of the three theoretical frameworks: Community Psychology, Decolonial Psychology, and Liberation Psychology, the primary research questions emerged: "How do Palestinian people and practitioners conceptualise mental health and mental illness? What is the trajectory towards decolonial practice in the Palestinian context?" These research questions provided a framework for organising and focusing the literature review.

Methodology

A rigorous and comprehensive search process was accomplished by implementing a systematic approach to this literature review, following PRISMA guidelines (Page et al., 2021). Relevant sources were identified through the use of multiple databases, including PsycINFO, PubMed, and Google Scholar, to ensure broad coverage of the literature. Specific keywords were employed to capture the relevant studies, such as "Palestinian mental health,"

"Community Psychology," "Decolonial Psychology," "Liberation Psychology," "trauma in

Palestine," and "mental health under occupation."

The inclusion and exclusion criteria were as follows:

- Inclusion Criteria: Studies that were (1) conducted in the Palestinian context or with

  populations affected by occupation and colonisation, (2) published in peer-reviewed

  journals, (3) written in English, (4) published between 2000 and 2023, and (5) that

  applied the frameworks of Community Psychology, Decolonial Psychology, or

  Liberation Psychology to mental health.

- Exclusion Criteria: Studies that focused on Western populations without relevance to

  Palestine, lacked empirical rigour (e.g., opinion pieces or editorials), or were

  published prior to 2000, unless they were foundational to the development of these

  psychological frameworks.

The review drew upon the conceptual frameworks of Community Psychology, which

addressed mental health challenges through an understanding of sociocultural contexts and

active community engagement (Kloos et al., 2012); Decolonial Psychology, which sought to

dismantle oppressive systems and power structures (Maldonado-Torres, 2017); and

Liberation Psychology, which focused on empowering marginalised populations and

promoting social justice (Martín-Baró, 1994). This multi-framework approach allowed for a

comprehensive view of the Palestinian experience by accounting for both psychological and

sociopolitical factors.

The literature selected for the review was critically evaluated for its relevance to the

research topic, methodological rigour, and overall contribution to understanding mental

health in the Palestinian context. The literature was organised based on common themes

emerging from the studies, with a focus on how each framework informed the understanding and addressing of mental health in Palestine.

Literature Review

This literature review critically analysed the commonly accepted assumptions that existed around the topic of Palestinian mental health through a thorough investigation of alternate viewpoints and methods in the existing literature. It contested the prevalent Western paradigm of mental health while seeking to create a paradigm for Critical Community Psychology that took into account Palestine's unique sociopolitical context. This literature review critically examined other scholarly works to challenge preconceived notions and advance mental health practices that are both culturally aware and contextually relevant, thereby deepening our understanding of mental health in Palestine.

From this effort, the review was determined to have had two main objectives. The first objective was to comprehensively explore existing research, theoretical frameworks, and empirical evidence through a thorough assessment of their applications to mental health perceptions within Palestinian communities. The literature review sought to explore those concepts, describe lived experiences, define cultural beliefs, and influence local knowledge related to mental health. The second objective of the review was to investigate the journey towards Decolonial Psychology practices in the Palestinian context by aiming to contribute to the growing knowledge of decoloniality in psychology and mental health disciplines. That was achieved through examining efforts, initiatives, and strategies that challenge the established colonial legacies. Together, these objectives involved exploring narratives of

resistance, community mobilisation, and resilience in the face of oppressive structures and power dynamics.

Ultimately, this literature review aspired to challenge prevailing Western assumptions regarding mental health by contributing to the development of a Critical Community Psychology paradigm specific to Palestine. By investigating how Palestinians perceived mental health and exploring the trajectory towards decolonial practices, the review intended to generate new insights and strategies for addressing the mental health needs of Palestinians. The recognition of the interconnectedness of mental health with social, political, and historical factors enabled the efforts of this study to make a meaningful contribution to the broader struggle for justice and liberation in Palestine.

This literature review not only explored the intersection of Community Psychology, Decolonial Psychology, and Liberation Psychology but also how they directly applied to Palestine. It synthesised relevant research and articles that provided critical perspectives. Additionally, it sought out alternative approaches for understanding the challenges faced by individuals and communities affected by political violence, armed conflicts, and other traumatic events (Haj-Yahia, 2008; Marshall & Sousa, 2017; Makkawi, 2012). The studies in the review contributed valuable insights to the main findings of not only the literature review but also to the total trajectory of the research study. They illuminated the discrepancies, continued scholarly discourses, and remaining areas to be addressed that existed in their fields. Analysed together through comparative analysis, a path emerged that naturally led to the call for Critical Community Psychology in Palestine. This literature review addressed the limitations of previous research on mental health in Palestine by operating within these interconnected frameworks. Specifically, it addressed how previous research had focused on

individualistic and non-participatory approaches that ignore the socio-cultural context and the effects of oppressive systems (Dutta, 2018; Abudayya et al., 2023).

Mental Health and Mental Exhaustion Definitions in Context

The essence of mental health was vital to grasp in order to comprehend the mental health challenges in Palestine. The definition of mental health encompassed our emotional, psychological, and social well-being along with the impact on our cognition, emotions, and behaviours (APA, 2013; Kirmayer et al., 2011). This definition included the active application of healthy coping mechanisms that included the realisation of one's potential, the ability to effectively manage stress, and a pursuit for positive developments in the community. A closely related concept to mental health was mental exhaustion, a condition marked by chronic physical and emotional exhaustion brought on by prolonged stress (Maslach et al., 2001). Often indications of mental exhaustion were detachment, fatigue, and diminished motivation. Its development also resulted from elements that included personal circumstances, influences from the broader society, and work-related stress.

The concepts and presumptions pertaining to mental health and mental exhaustion in the Palestinian context were greatly shaped by the unique circumstances and challenges faced in the Palestinian context. The ongoing Israeli occupation of Palestine has led to various psychological and emotional responses among the indigenous population, including anxiety, depression, and trauma (APA, 2013; Kirmayer et al., 2011). The occupation exerted a substantial and continuous influence on the day-to-day existence and welfare of Palestinians, leading to significant consequences for their mental well-being. The Palestinians' experience of mental health problems was exacerbated by the ongoing process of colonisation. The occupation directly generated a widespread sense of powerlessness and injustice due to its

implementation of structural violence, restrictions on resource accessibility, limitations on

mobility, and discriminatory apartheid policies. Due to these circumstances, both individuals

and communities suffered a decrease in their overall well-being, which subsequently

impacted their views on mental health and mental exhaustion.

Western Model versus Indigenous Perspectives

Mental health and mental exhaustion were two significant aspects of understanding

human well-being that had gained increasing attention in the years before this research.

Understanding these concepts was done from two distinctly different paradigms, the Western

model and the Indigenous model. The Western model of mental health has been

predominantly concentrated on the diagnosis and treatment of an individual's mental illnesses

(APA, 2013). In distinct contrast, the Indigenous perspective offered a broader and more

holistic focus on mental well-being (Kirmayer et al., 2011). The Diagnostic and Statistical

Manual of Mental Disorders (DSM) was the primary classification system for mental

illnesses that the Western model of mental health utilised. The focus was on the identification

and treatment of individual-specific psychiatric disorders. Medication and therapy were the

most frequently implemented strategies and tools in the Western Model, with the primary

objective of symptom reduction in order to restore individuals to a functional state (APA,

2013). However, the connection between the mental, physical, spiritual, and environmental

aspects that culminate in an individual's well-being has long been recognized by numerous

Indigenous perspectives across the globe (Kirmayer et al., 2011). The mental health of an

individual was interpreted holistically in the context of their community and the natural

world. The Indigenous approach integrated strategies and tools such as spiritual practices,

community support, cultural identity, and connection to nature to influence mental well-being (Kirmayer et al., 2011).

Many Indigenous cultures regarded mental health as a shared obligation rather than an individual burden. Ceremonies, stories, rituals, and instruction from community elders (healers) were frequently used in the promotion of healing and restoration to assist an individual back into a state of well-being. This approach acknowledged the necessity of addressing systemic issues and historical trauma, as well as restoring cultural practices to assist the individual (Kirmayer et al., 2011). Furthermore, Indigenous viewpoints provided a deeper understanding of mental exhaustion by taking into account a person's interdependence with their environment. Mental exhaustion was interpreted as a sign of detachment from cultural customs, community support, and a healthy relationship with the natural world. Indigenous techniques for dealing with mental exhaustion frequently included reconnecting with cultural traditions and participating in communal activities, as these activities foster a sense of belonging. These practices not only alleviated symptoms but also promoted resilience and overall well-being (Chandler & Lalonde, 2008).

This study was able to attain a more comprehensive understanding of mental well-being by incorporating elements of both the Western model and Indigenous wisdom. The Western model of mental health unquestionably made a significant contribution to the advancement of understanding and treatment of mental illnesses through its focus on the diagnosis and treatment of psychiatric disorders (APA, 2013). The prioritisation of holistic approaches, community support, and cultural restoration from the Indigenous perspective contributed to a broader view of the individual within their context (Kirmayer et al., 2011). Ultimately, the approach of combining the Western model with Indigenous wisdom promoted the overall health and agency of individuals within their communities. It was crucial to

recognize that the Western model has dominated the field of mental health and has shaped global understandings and interventions. Nevertheless, there was a growing awareness of the model's limitations in portraying the intricate nature of mental health experiences even before this study. Incorporating Indigenous perspectives enriched our understanding of mental health and mental exhaustion through the adoption of efforts that embraced cultural diversity, community strengths, and alternative pathways to healing.

Within the Palestinian context, the unique experiences and obstacles encountered by Palestinians had a significant impact on their perceptions of mental health and mental illness. Israel's ongoing occupation of the Palestinian Territories has significantly impacted the daily lives and well-being of Palestinians. The experiences under occupation triggered psychological and emotional responses like anxiety, depression, and trauma (Giacaman et al., 2007). Exploring the Western model and Indigenous perspectives together shed light on how mental health and mental exhaustion were understood and experienced. The critical examination of Western assumptions was facilitated by the combined nature of this endeavour. Simultaneously, it provided an opportunity for Palestinian voices to influence culturally appropriate mental health interventions. This exploration also aligned with the stated trajectory toward decolonial practices by challenging oppressive systems. Additionally, it recognized the importance of the community and culture, and promoted social justice while addressing mental health needs.

Community Psychology

Community Psychology, as an academic discipline, aimed to advance mental health by comprehending the welfare of individuals within the complex web of their social and cultural environments (Rappaport, 1977). Particularly relevant to Palestine, Critical

Community Psychology examined the multifaceted challenges faced by individuals and communities as a result of political violence and armed conflicts. Makkawi (2009) provided an overview of the changes that are emerging in the field of Community Psychology in order to facilitate the advancement of the new paradigm of Critical Community Psychology in Palestine. The author pushed for a critical approach that transcends individual-level psychological study, specifically one that acknowledges the influence of structural variables and power dynamics as determinants of a community's well-being. The paradigm of Critical Community Psychology in Palestine specifically stressed the importance of investigating local Palestinians and communities within their context. Through a thorough examination of a variety of scholarly sources, this review highlighted the primary theories and applications to mental health in Palestine. Also, it examined the controversies and gaps in knowledge that were present within this framework. This review also brought to light how concepts like resilience and well-being were derived from the empowerment of individuals and communal strategies, and their mitigating effects against the ramifications of trauma.

Cultural and Contextual Elements Role in the Creation of Protective Factors

Critical Community Psychology explored the impact of trauma, whether experienced individually or communally, on individuals through an examination of the contextual and cultural elements that were present in Palestine. Trauma and the mental health of children in the Gaza Strip was a topic that had been a particular area of focused research within Community Psychology. Haj-Yahia et al. (2018) explored the differential impact of trauma types on the mental health of children in this region. The study highlighted trauma's complex

as well as varied effects. Additionally, it emphasised the need for tailored interventions and support systems to address the children's specific needs.

Similarly, Veronese and Pepe (2017) conducted a discriminant analysis titled "Life Satisfaction and Trauma in Clinical and Non-Clinical Children Living in a War-Torn Environment." Their research sought to understand the intricate relationship between trauma and life satisfaction as it affected kids raised in a war-torn environment. Their efforts utilised both clinical and non-clinical populations. Through their analysis, Veronese and Pepe exposed the protective nature of life satisfaction in mitigating the detrimental effects of emotional distress and cumulative trauma experienced by children in Palestine. The findings of their efforts were summarily asserted in the significant concept that life satisfaction acted as a resilience-promoting factor. They emphasised life satisfaction as having the potential to foster well-being among children in challenging circumstances. By viewing the children as a part of the wider community of Palestine, the authors were able to discern a broader view of the sources of trauma as well as the strategies developed to mitigate the harm.

Recognition of Specific Strategies to Promote Well-Being

In further exploration of the developed strategies, Critical Community Psychology explored the concept of agency as a protective factor employed by Palestinians. Cavazzoni, Fiorini, and Veronese (2020) conducted a literature review exploring alternative approaches to capturing the agency of children residing in conflict-affected nations, titled "Alternative Ways of Capturing the Legacies of Traumatic Events: A Literature Review of Agency of Children Living in Countries Affected by Political Violence and Armed Conflicts." The review focused on the significance of acknowledging and amplifying the agency and resilience of the children within contexts characterised by political violence. Along the same

lines of thinking, Veronese, Cavazzoni, and Antenucci (2018) critically analysed the sources

of agency among Palestinian children who endure military violence in their study, "Narrating

Hope and Resistance: A Critical Analysis of Sources of Agency Among Palestinian Children

Living Under Military Violence." The study highlighted the narratives of hope and resistance

that emerge from these children's experiences, thus emphasising their agency in the face of

challenging circumstances. From these studies, the central theme of agency emerged as a

source of resistance and resilience, powerfully impacting the mental health of children.

Building further upon the previous lines of inquiry, another research study sought to

identify the protective nature of agency and life satisfaction for children. Veronese, Pepe,

Cavazzoni, Obaid, and Perez (2019) authored the study "Agency via Life Satisfaction as a

Protective Factor from Cumulative Trauma and Emotional Distress Among Bedouin Children

in Palestine," which delved into the relationship between agency and life satisfaction against

the effects of cumulative trauma and emotional distress among Bedouin children in Palestine.

This research determined that life satisfaction and agency were crucial factors for building

resilience within marginalised communities. The authors described the empowering nature of

life satisfaction in mitigating the harmful effects of cumulative trauma as well as diminishing

the effects of emotional distress. Among populations that face detrimental challenges in their

social and cultural contexts, the potential of life satisfaction could be a key protective factor

for promoting well-being and resilience.

Following the efforts that identified the strategies of agency and life satisfaction,

researchers in the Critical Community Psychology paradigm identified resilience as a primary

strategy to protect mental health. The research, "Survival and Resilience Among Palestinian

Women: A Qualitative Analysis Using Individual and Collective Life Events Calendars" by

Veronese, Sousa, and Cavazzoni (2020), examined the strategies employed by Palestinian

women for survival and resilience. The study utilised individual and collective life event calendars to uncover the complex dynamics of survival and resilience in the face of adversity. The researchers concluded that women in the Palestinian communities utilised resilience as a source of strength for not only individual survival, but as a strategy employed in the aid of their communities as well.

These studies conducted by Veronese, Pepe, Cavazzoni, Obaid, Sousa, and Perez contributed to the growing body of literature on the interconnection between life satisfaction, trauma, agency, resilience, and well-being among women and children in Palestine. The studies also provided useful insights for practitioners, policymakers, and researchers who are developing interventions and initiatives to improve the well-being of children affected by war and marginalisation. Opportunities for empowering children, nurturing their agency, and effecting positive change could be realised in adverse situations by recognizing and cultivating life satisfaction and resilience.

Limitations and Debates in Community Psychology

While the analysed publications provided illumination on the subject of Critical Community Psychology in Palestine, the debates and gaps had to be acknowledged. One point of contention was finding an equilibrium between individual agency and the impact of broader structural factors. Emphasis was given to the active role of agency that individuals, particularly children, embody in navigating challenging circumstances (Cavazzoni et al., 2020). In contrast to this, Makkawi (2009) argued for a critical perspective that concentrates on the impact of power dynamics and structural variables at the community level. While these discussions highlight important theoretical differences, the gaps in empirical research further complicate the issue. For instance, there were notable deficiencies in the existing body

of literature. As an example, there was still a need for longitudinal studies to understand the long-term effects of traumatic events, agency, and resilience in Palestine (Veronese et al., 2010). Further studies should also explore the intersectionality of identities and experiences within the Palestinian population by considering factors such as socioeconomic positions and the experiences of marginalised groups Haj-Yahia et al. (2018). The discipline of Critical Community Pyschology in Palestine encompassed diverse studies that focused on the agency, trauma, and resilience of individuals and communities (Makkawi, 2017a; 2017b; 2014, Atallah, 2021, Meari, 2014). While further research was needed, the reviewed literature helped to improve the understanding of the challenges faced by marginalised communities while also providing a foundation for future research and interventions.

The investigation of Critical Community Psychology within the Palestinian setting has been and remains to be of utmost significance. This area not only explored the intricacies of mental health and well-being but also acknowledged the sociocultural and political influences that have a substantial effect on individuals and the communities they belong to. The evaluated research provided useful insights for conceptualising mental health and mental illness among this research study's general Palestinian population and mental health professionals. Additionally, this literature review introduced the path towards decolonial practices, highlighting the importance of empowering individuals, recognizing agency, and confronting the underlying structural forces that sustain inequalities. By focusing on the experiences of marginalised communities, Critical Community Psychology provided a transformative perspective for scholars and mental health professionals to confront the long lasting impacts of colonialism and conflict. Nevertheless, it remained essential to acknowledge the need to consistently participate in research, promote open communication, and work together with local communities toward the creation of culturally relevant

interventions that contribute to the shared goal of justice, resilience, and well-being in the Palestinian.

Decolonial Psychology

Decolonial Psychology arose as a transformative field through its systematic challenge of the colonial foundations deeply embedded in psychological sciences and practices. This literature review analysed and synthesised important scholarly works, yielding an extensive perspective on the endeavours aimed at decolonizing psychology. The primary emphasis was on the mental health implications of these initiatives in environments that are significantly impacted by colonial legacies, with a particular emphasis on Palestine.

Foundations of Decolonial Psychology

In the foundational landscape of Decolonial Psychology, the contributions of scholars such as Frantz Fanon, Linda Tuhiwai Smith, and Sunil Bhatia stood out for their profound impact on the field. Fanon's seminal works, including "Black Skin, White Masks" and "The Wretched of the Earth," (1952, 1961), offered a profound analysis of the psychological wounds inflicted by colonialism. His exploration into the depths of colonial oppression and its subsequent ramifications on mental health established the pressing necessity for a change toward psychological practices that address and dismantle these legacies. Fanon advocated a course of action that sought to achieve authentic healing and liberation (Fanon, 1952 & 1961).

"Postcolonial Psychology" by Bhatia (2018) extended the dialogue on decolonization by addressing the global implications of colonial histories embedded within psychological theories and practices. He argued for psychology practices that were more inclusive by

recognizing the diversity of human experiences and perspectives. In order to accomplish this, he challenged the discipline to expand its theoretical and methodological perspectives to more accurately represent global diversity. Bhatia's work was crucial in fostering a psychological science that was not only culturally sensitive but also actively engaged in the decolonization process. Furthermore, he asserted the need for further efforts that would produce psychological discourses enriched with various perspectives and experiences.

Building on the previous research, Smith (1999) furthered the field of Decolonial Psychology into the realm of research methodologies with her groundbreaking work, "Decolonizing Methodologies: Research and Indigenous Peoples." Her challenge was for those in the psychology field to critically evaluate their research practices and to then adopt approaches that genuinely respect and integrate Indigenous knowledge systems. Within Psychological research, Smith's call for methodological reform was crucial in the advancement of a decolonization agenda. She argued for participatory and inclusive methodologies that honour the voices and wisdom of Indigenous communities.

Collectively, the works of Smith, Bhatia, and Fanon formed the foundation of Decolonial Psychology. Their endeavours highlighted the interconnected nature of mental health, colonialism, and the pursuit of social justice. Furthermore, their contributions advocated for a change in psychological science to one that actively confronts the embedded colonial legacies, promotes inclusivity, and champions diversity. The intended outcomes of their efforts were the promotion of healing and liberation across diverse communities. Collectively, these scholarly contributions offered a resounding critique of the colonial legacy pervasive within psychology. They presented diverse viewpoints on the unnegotiable process of decolonization by emphasising the interconnectedness of mental health, colonialism, and social justice. The reviewed literature confirmed the tenets of Decolonial Psychology and

their challenge to and redefinition of mental health paradigms. This was particularly salient in

contexts such as Palestine, where the lasting impact of colonialism and conflict was deeply

interwoven into the collective psyche and well-being.

Examination of the Colonial Ideologies Inherent in Psychology

Central to the ethos of decolonial Psychology was the critical examination of how

colonial ideologies have been established and imposed through mental health frameworks.

Nelson (2012) led the way in criticising the negative impact of colonial assumptions on

mental well-being through his study of mental health applications with the Aboriginal people.

Beyond the acknowledgment of the prevailing colonial concepts that are interwoven into the

fabric of mental health knowledge and treatments, Nelson's research highlighted the urgent

need for psychological practices that actively dismantle their influences. Kelley (2021)

enhanced the discourse by conducting an autoethnographic analysis of decoloniality, which

complemented Nelson's contribution. Her efforts revealed the complexities and moral

quandaries encountered by academics who are involved in cross-cultural studies. Kelley's

introspective analysis stressed the importance of rigorous engagement with the power

dynamics that are prevalent in psychological research through self-reflection.

Adams et al. (2015) assembled a thematic segment that was dedicated to the

decolonization of psychological science, further expanding upon the previously mentioned

critiques. In this section, the authors articulated a collective aspiration for psychological

frameworks and practices that transcend colonial biases. Following this, Adams and Estrada-

Villalta (2017) utilised a decolonial perspective to examine the existence of global inequality.

Collectively, these works represented the burgeoning movement within the psychological

community to critically reassess and reconstruct its methodological inadequacies. The authors

sought to address the global demands for social justice and equity by addressing the theoretical underpinnings of the science of psychology.

Decolonial Psychology Applied to the Context of Palestine

In recent years, numerous authors, academics, and specialists have advocated the necessity of applying the Decolonial Psychology framework in the specific context of Palestine. Asi et al. (2022) skilfully addressed the intricate nexus between settler colonialism and mental health. They called for a radical reconceptualization of Palestinian health practices that is informed by socio-political determinants. This perspective was pivotal for comprehending the unique challenges Palestinians face, along with its assertion of the need for a weaving of decolonial principles into health and mental health practices. Marie, Hannigan, and Jones (2016) shed light on the distinct mental health needs and existing service gaps within the West Bank by providing empirical evidence of the acute need for mental health interventions that are contextually relevant in regions marred by colonialism and occupation.

Limitations and Debates in Decolonial Psychology

The reviewed literature on Decolonial Psychology provided information and guidance for this current study. However, the research gaps and limitations of this framework required consideration. Primarily, additional research was necessary for investigations on the efficacy of particular interventions designed to decolonize psychology and address the mental health disparities resulting from colonisation (Adams et al., 2015). Further, the discourse on Decolonial Psychology was deficient in its inclusion of the voices and perspectives of Indigenous scholars and communities (Smith, 2021). Additionally, it was imperative to transition toward the implementation of decolonizing research practices and critical reflection

on research methodologies (Makkawi, 2017b). Future research also needed to focus on the global dimensions of Decolonial Psychology by considering the diverse contexts in which colonial legacies persist (Maldonado-Torres, 2017). To enhance mental well-being and influence social justice, it was imperative to prioritise efforts to address these disparities.

In summary, Decolonial Psychology was recognized as a transformative approach. This research utilised this framework for comprehending and addressing the effects of colonialism on mental health and well-being. It provided potential pathways to justice and healing by challenging hidden assumptions and promoting decoloniality. Centering the voices of marginalised communities was an imperative aspect of Decolonial Psychology. The theoretical foundations, methodologies, and interventions within the Decolonial Psychology framework required advancement through collaborative efforts in ongoing research and critical debates. These forthcoming endeavours would facilitate global transformations toward mental health disciplines that are more inclusive and equitable.

Liberation Psychology

Liberation Psychology was a theoretical framework developed in response to a variety of oppressive sociopolitical conditions around the world. It was conceptualised to advance social justice and empowerment through an emphasis on the well-being of marginalised communities (Martín-Baró, 1994). Key findings and applications of this framework were examined in this section of the literature review. Additionally, this section addressed the controversies, debates, and gaps in knowledge that existed within the field. This synthesis of concepts from authors in the Liberation Psychology research field helped this research study

explore the theoretical foundations, applications, and implications of Liberation Psychology in a variety of contexts.

A Practical Method to Challenge Oppression

Liberation Psychology was rooted in the tradition of Community Psychology and further emphasised the importance of social change, liberation, and well-being (Prilleltensky & Nelson, 2002). As a pioneer in the field, Martin-Baró (1994) proposed the concept of Liberation Psychology as a means to understand as well as address the psychological consequences of socio-political oppression. The theoretical underpinnings of Liberation Psychology were closely related to critical consciousness, which involved the recognition of oppressive structures and the collective effort to challenge and transform them (Montero, 2009).

Liberation Psychology advanced as a key framework with practical applications through the lifelong research efforts of Martín-Baró. He advanced ideas that focused on the interconnectedness of psychology, social justice, and political activism within oppressive regimes and enduring social inequality. Martín-Baró contended that conventional psychological theories and practices frequently overlooked inequalities. Primary, among the highlighted discrepancies inherent in traditional psychology, was how the science was used as a tool to further oppression. He advocated for a psychology that actively confronts systemic harm. Martín-Baró's Liberation Psychology focused on the significance of grassroots organising, critical consciousness, and collective action implemented together as a strategy for achieving social liberation (Martín-Baró, 1994).

To build upon the theoretical foundation of Liberation Psychology while integrating a critical review of the literature, it is essential to explore the contributions of critical scholars

in the field who have further examined its application in diverse contexts. Montero and Sonn (2009), for instance, emphasised that Liberation Psychology extends beyond theory and serves as a vehicle for practical engagement with oppressed communities. Their work elucidates how the framework advocates for collective processes of healing and transformation, positioning psychology not merely as a tool for diagnosing or addressing individual trauma, but as a discipline with the capacity to disrupt the very systems of power that perpetuate such trauma. This perspective is particularly valuable in understanding the role of community in fostering resilience and resistance.

Further expanding on the application of Liberation Psychology, Montero (2007) emphasised the importance of political action as a core element of liberation. Montero argues that psychology cannot remain neutral in the face of injustice but must instead align itself with efforts to address structural inequalities. This aligns with Martín-Baró's emphasis on critical consciousness, wherein individuals and communities actively recognise and confront their oppression. Montero's analysis demonstrates how psychological interventions should incorporate an understanding of political contexts, an approach that is directly applicable to the Palestinian context, where political occupation and resistance are intertwined with mental health outcomes.

In the specific context of Palestine, Harker, Hörschelmann, and Skelton (2017) and Marshall and Sousa (2017) provide a critical examination of how childhood trauma is not just a psychological phenomenon but deeply connected to the ongoing political violence and occupation. Their studies illustrate how Palestinian children's psychological experiences cannot be fully understood through a Western lens of trauma that pathologises responses to violence. Instead, they argue for a decolonial approach to trauma that integrates the historical and ongoing collective suffering of Palestinians. This critique echoes Martín-Baró's assertion

that traditional psychological frameworks often fail to account for the sociopolitical realities of marginalised communities, making the case for the broader applicability of Liberation Psychology.

Moreover, Jabr and Berger (2021) bring to light the unique dilemmas faced by Palestinians living under occupation, particularly in relation to how concepts of "normalcy" are shaped by continuous exposure to violence and oppression. They highlight the need for psychological frameworks that not only recognize the effects of occupation on individual mental health but also validate the coping mechanisms that have evolved in response to such protracted conflict. This aligns with the broader goals of Liberation Psychology, which seeks to empower communities to reclaim their narratives and develop their own frameworks for psychological well-being.

Taken together, these works reinforce the notion that Liberation Psychology, while grounded in theoretical principles, offers practical methodologies for addressing the intersection of mental health and sociopolitical oppression. The critical analysis provided by these scholars illustrates the necessity of incorporating community-led interventions and a decolonial perspective when addressing trauma and mental health in occupied territories. By focusing on the collective dimensions of trauma, these studies underscore the limitations of conventional psychological approaches and advocate for the adoption of frameworks that are culturally relevant and contextually grounded.

Concept of Conscientization

Deeply intertwined with the broader Liberation Psychology framework was Paulo Freire's concept of Conscientization. Freire's contributions enhanced the understanding and implementation of Liberation Psychology (Freire, 1970). Freire's work was constructed in

conjunction with the two primary objectives of Liberation Psychology. The initial appeal was to comprehend the cultural contexts, social structures, and power dynamics that shape an individual's well-being. Secondly, there was the necessary confrontation of the psychological, social, and political repercussions of inequality and oppression (Freire, 1970). The concept of Conscientization not only complemented these fundamental principles but also established the transformative processes that were intended to enhance the critical awareness and consciousness of marginalised individuals and communities. The concepts of Liberation Psychology and Conscientization were united in their emphasis on recognizing the oppressive circumstances and power disparities that perpetuate inequality (Freire, 1970).

Through Conscientization, individuals actively engaged in their own liberation and contributed to broader social transformation (Freire, 1970). Liberation Psychology, in line with Freire's (1970) concept of Conscientization, acknowledged the significance of collective action and social change. It underscored the value of dialogue, critical reflection, and praxis—integrating theory and action—to facilitate transformative change (Freire, 1970). Conscientization empowered individuals to critically examine their social realities, challenge prevailing narratives, and confront oppressive systems (Freire, 1970).

Furthermore, within Liberation Psychology, there was a strong emphasis on examining the cultural and contextual applicability of psychological theories and interventions (Freire, 1970). This emphasis acknowledged that an individual's experiences and values were moulded by their particular cultural, social, and historical circumstances (Freire, 1970). Freire's Conscientization approach centred on the lived experiences of

marginalised communities through a consideration of their distinct cultural and social contexts (Freire, 1970).

The work of Freire has had a significant and far-reaching influence on Liberation Psychology and its practical implementation. His concepts and insights were instrumental in the development of community-based interventions, grassroots movements, and educational approaches that aimed to promote social justice and empower marginalised individuals. Freire's advocacy for Conscientization served as a catalyst for the development of critical awareness, which promoted collective action by enabling individuals and communities to confront oppressive structures. Well-being was intrinsically linked to the individual and collective pursuit of liberation and social transformation through Liberation Psychology and Conscientization (Freire, 1970).

The Psychological Dimensions of Oppression

Fanon's (1952, 1968) influential contributions to Liberation Psychology were notably pioneering, particularly through his renowned works "Black Skin, White Masks" and "The Wretched of the Earth." The psychological repercussions of colonialism, racism, and oppression were the primary focus of his research. Fanon's ideas facilitated comprehension of the psychological consequences of oppression. The discipline of Liberation Psychology was significantly influenced by his research, which was conducted at both the individual and communal levels.

Fanon delved deeply into the internalised repercussions of colonialism and racism by focusing on the mental and emotional health of oppressed individuals. The psychological outcomes resulting from oppressive systems were extensively examined by centering the dehumanisation and alienation that colonised communities frequently experience. Moreover,

Fanon concluded that the psychological impacts of these experiences were not limited to an individual's perspective, but rather had broader implications for the pursuit of communal social and political liberation. This reinforced the critical nature of recognizing the intersections of colonialism, power, and race in the formation of one's psychological identity and well-being.

Moreover, Fanon affirmed the critical significance of collective action and decolonization as fundamental actions in the pursuit of liberation. He argued that psychological liberation could not be separated from political and social liberation. The deconstruction of oppressive systems and the restoration of the oppressed were the primary strategies identified for achieving social justice. Fanon's work established a critical framework for comprehending the psychological dimensions of oppression, thus underscoring the undeniable necessity of resolving these dynamics in the pursuit of social justice and human liberation.

Decolonizing Clinical Psychology

In the broader discipline of Clinical Psychology, there was an increasing consciousness of the necessity to challenge Western-centric perspectives and decolonize principles and methodologies, according to Cullen et al. (2020). These authors examined the decolonization of Clinical Psychology from both national and international perspectives. They argued for the necessity of challenging the dominant paradigms that perpetuate power imbalances and colonial legacies. Clinical Psychology could more effectively address the needs of diverse populations by integrating diverse voices. At the same time, it could be a means to advance social justice by adopting alternative frameworks and knowledge systems (Cullen et al., 2020). The recognition of the need to assess the underpinnings of Clinical

Psychology had to be addressed to build a more robust science that does not perpetuate harm through the continued inclusion of colonial and oppressive systems.

Contributions of Liberation Psychology to Well-being

Liberation Psychology also provided valuable insights into the promotion of well-being in various contexts in coordination with knowledge gained through the simultaneous use of other frameworks. Batliwala (2007) investigated the process of citizenship based on gender classifications in local governance, with a particular emphasis on South Asia. The results of the study clearly showed the necessity of resolving power imbalances, as well as gender inequalities, in establishing participatory and inclusive decision-making processes. In another discussion, (Watts and Serrano-García (2003) utilised the framework of Critical Community Psychology, which incorporated Liberation Psychology principles along with Critical Theory and Action Research. These combined methods accentuated the significance of social change strategies and collaborative endeavours in transforming oppressive systems. In these studies, Liberation Psychology demonstrated its wide application to address global systems of oppression. Furthermore, Liberation Psychology is a framework that compliments and elevates the efforts of other frameworks.

Liberation Psychology in the Context of Conflict and Oppression

One context in which Liberation Psychology has been extensively studied was the Palestinian territories, which were, and continued to be, characterised by political oppression and prolonged armed conflict. The reframing of public health during wartime was the subject of Giacaman's (2018) research. Her work underscored the shift away from a solely biomedical paradigm of public health to an inclusive view that acknowledged the "wounds inside." This viewpoint acknowledged the significance of addressing the psychological and

social aspects of conflict-related trauma in the pursuit of well-being. Veronese et al. (2019)

identified risk and protective factors among Palestinian women residing in this context. Their

research revealed the complexities of resilience and the influence of socio-political factors on

mental health outcomes. Shalhoub-Kevorkian (2015b) also adopted a Liberation Psychology

lens while investigating the role of resilience for Palestinian children in the face of adversity.

They contended that resilience is not solely an individual characteristic, but also a collective

and sociopolitical phenomenon.

The distinguished Palestinian psychiatrist and researcher, Dr. Samah Jabr, made

substantial contributions to the discipline of Liberation Psychology. Her influential

publications investigated the psychological consequences of occupation, displacement, and

political violence on Palestinians. Through her work, Jabr challenged oppressive systems and

advocated for the decolonization of mental health practices. For example, one literature

review conducted by Jabr and Berger (2017) examined the widespread experience of

humiliation among Palestinians residing under occupation. Clinical vignettes and

observations were utilised in the review to illustrate the diverse aspects of humiliation. The

authors incorporated sociopolitical, experiential, and psychoanalytic models in a

multidisciplinary approach to comprehend humiliation as both individual and collective

trauma. Additionally, to facilitate healing and resolve its psychological consequences, they

suggested clinical tools for therapists. Yet, her contributions to Liberation Psychology in the

Palestinian context did not stop at these efforts.

In her article titled "What Palestinians Experience Goes Beyond the PTSD Label"

(Jabr, 2019a), Jabr discusses how Palestinian trauma extends beyond the confines of the label

of PTSD. Jabr argued for a more comprehensive understanding of the psychological impact

of the multifaceted nature of trauma in the Palestinian context; one that took into account

ongoing occupation and political contexts. Jabr (2019b) also documented the obstacles that

Palestinians encounter during the healing process in her article, "Palestinian Barriers to

Healing Traumatic Wounds." She evaluated the direct impact of Israeli policies, social

factors, and cultural dynamics on Palestinians ability to access mental health services in

Palestine. Additionally, she also reviewed the lack of availability of mental health services to

the population. Through further efforts, Jabr (2019b) underscored the necessity of addressing

socio-political factors that impede the healing process and argued for a culturally attuned and

inclusive approach to mental health and psychosocial support. Her varied body of work was

designed to assist Palestinians who were affected by political violence and occupation in their

endeavours to reclaim their well-being.

Limitations and Debates in Liberation Psychology

Liberation Psychology significantly contributed to the understanding of the

psychological repercussions of oppression and the promotion of social justice advocacy.

Nevertheless, the framework remained the subject of ongoing debate. The equilibrium

between individual and collective action was a significant topic of continued discourse.

While some scholars maintained that collective action is indispensable for effectively

confronting oppressive systems, others emphasised the importance of individual

empowerment and agency (Watkins & Shulman, 2008). Scholars like Atallah (2021) have

also expanded this conversation by introducing concepts of decolonial solidarity and radical

love. From this emphasis, healing and resilience practices that centre marginalised voices was

determined to be crucial for collective resistance against oppressive systems. Additionally,

his work stressed the need for community-driven resilience to be integrated into mental health frameworks (Atallah et al., 2019).

Outstanding gaps in knowledge were also present in the framework of Liberation Psychology. One example was the literature's incomplete representation of a variety of cultural contexts. Despite the fact that Liberation Psychology was developed in Latin America and has been implemented in a variety of global contexts, its relevance and application in other oppressed regions, such as sub-Saharan Africa, remain unexplored (Watkins & Shulman, 2008). Additional research was required to investigate the applicability of Liberation Psychology to a variety of socio-political contexts and marginalised populations. Atallah (2023) also highlighted this gap, particularly in regions such as Palestine where colonial violence and neoliberalism exacerbate the psychological suffering of marginalised populations. However, additional research was required to investigate the applicability of Liberation Psychology to a variety of socio-political contexts and marginalised populations.

Liberation Psychology was a critical framework that provided valuable insights into the comprehension of empowerment, oppression, and well-being for this research study. This literature review conducted an analysis and synthesis of the literature on Liberation Psychology by utilising a variety of sources. The review acknowledged the theoretical foundations, applications in conflict and oppression contexts, and contributions to well-being. Additionally, in order to facilitate an in-depth understanding of the framework, acknowledgment of the ongoing debate and gaps in knowledge within the field was included. The inclusion of perspectives on decolonizing clinical psychology, particularly the work of Atallah and Masud (2023), further enriched this review through their emphasis on the importance of challenging dominant paradigms. After the consideration of all sources,

Liberation Psychology remained a dominant framework for promoting social justice, equity, and well-being.

Conclusion

In conclusion, this literature review critically examined the existing mental health assumptions in Palestine and explored alternative approaches from the frameworks of Community Psychology, Decolonial Psychology, and Liberation Psychology. This literature review sought to amass the knowledge and perspectives of authors who challenged the dominant Western model of mental health. From these efforts, the researchers assimilated key points into this research study. First, was the cultivation of an understanding of the application of the Critical Community Psychology paradigm. Although much of the literature came from global contextual sources, it remained pertinent to the distinctive sociopolitical context of Palestine. Second, the importance of comprehending the manner in which Palestinians regard their lived experiences, perceive mental health and mental illness, and embody cultural beliefs, which emphasised repeatedly in the review. Third, the research stressed the importance of utilising local knowledge to challenge ethnocentric assumptions. Fourth, and finally, the literature review examined the path toward decolonial practices in the mental health field. The key recognition was centred on the substantial impact of the occupation and colonisation of Palestine and its effect on the mental well-being of its population.

The integration of Community Psychology, Decolonial Psychology, and Liberation Psychology provided a robust foundation for comprehending and challenging prevailing assumptions regarding mental health in Palestine. This aggregated framework recognized the influence of sociocultural factors, challenged oppressive systems, and promoted social

justice. It called for the centering of Palestinian voices and experiences, fostering resilience, resistance, and hope in the face of challenging circumstances. The reviewed studies shed light on the complexities of mental health challenges in Palestine, particularly the effects of political violence, armed conflicts, and trauma. Resilience, community mobilisation, and agency were identified as critical strategies for addressing the mental health needs of Palestinians. The literature also underscored the interconnectedness of mental health with social, political, and historical factors. A robust comprehension that exceeded the conventional individualistic and non-participatory methodologies was the outcome of these associations.

The controversies, debates, and gaps in knowledge persisted even among the author's invaluable insights and contributions. Further longitudinal research was needed to explore the long-term effects of trauma and resilience in Palestine. Additional research should be conducted on the intersectionality of identities and experiences within the Palestinian population. Finally, the balance between individual agency and structural factors remained a topic of needed ongoing discussion.

In conclusion, the objective of this literature review was to assist in the advancement of contextually relevant and culturally sensitive mental health practices in Palestine. In an effort to generate novel strategies, interventions, and insights for addressing the mental health challenges that Palestinians encounter, it challenged dominant Western assumptions, emphasised Palestinian experiences, and advocated for decolonial practices.

Study Methodology

This study employed a qualitative research approach grounded in phenomenology. This particular approach allowed the researchers to discover a core understanding of an individual's

lived experience of a particular phenomenon. The goal of this research was twofold. The first

goal was rooted in the desire to contribute to the Palestinian Community Psychology field. The

second goal is to enrich the understanding and perception of mental health for the Palestinian

population by incorporating their history, social constructs, and idioms. This study explored the

phenomenological experience of Palestinians regarding mental health and mental exhaustion.

Given the stated goals and purposes of this study, Descriptive Phenomenological

Analysis (Smith & Osborn, 2003) provided the ideal approach. As a qualitative methodological

approach, Descriptive Phenomenological Analysis was applied in an effort to understand how

Palestinians attributed meaning to the events and lived experiences of their lives. This was done

while acknowledging the context of Palestinian culture, collective history, and present-day

experiences. The selected approach also recognized the active role of the researchers in the

investigation process, specifically the subjectivity and personal biases that researchers

invariably bring to the study.

The main question explored in this study was: "How do Palestinian people perceive

mental health and mental illness?" A semi-structured interview format was utilised to explore

the main question by focusing on the perceptions of satisfaction and discomfort in the life

experiences of Palestinian people. Participants were selected using a purposive sample.

Design

The qualitative phenomenological descriptive design was utilised to study the lived

experience of individual Palestinians by describing aspects of their experiences and focusing on

what exists therein. This design did not focus on the interpretation of the experience but used

the interpretations as indicators of the participants' thoughts and feelings (Giorgi & Giorgi,

2003). Semi-structured interviews were conducted with twenty-four Palestinian people over the

age of 18 from different locations within Palestine, as well as differing educational and social backgrounds. Additionally, ten Palestinian mental health specialists were interviewed to provide a focused response in light of their years of experience in the Palestinian mental health field, training, and specialised point of view.

Setting

For this qualitative research, the initial settings in which the interviews were conducted prioritised the comfort and confidentiality of the interviewees. The choice of setting was flexible, intending to accommodate the preferences and convenience of the participants. This flexible-setting approach ensured the interviewees felt at ease and were able to freely express their thoughts and experiences. These settings included private spaces such as quiet meeting rooms, spaces in community centres, or participants' homes. The selection was dependent on the interviewee's preferences and space availability. Every effort was made to prioritise interviewee safety and comfort, even to the detriment of the researchers. Due to the political circumstances and the reality of the military occupation, travel from the researchers' home city to the locations selected by the interviewees was often dangerous and unpredictable. To get a representative sample for the study, the researchers took personal risks while travelling, including closed routes, the inability to return home as scheduled, and active military incursions into the cities they were visiting.

After October 7th, 2023, the mental health specialists' interviews were conducted online. This change was made to mitigate the dangers of the situation and to emphasise the safety of the participants and the researchers. By going online, the participants were able to ensure their own comfort, privacy, and, most importantly, safety. Travelling after October was

often impossible with blockades, military activity, and settler violence. The risk was mitigated by adjusting the location to online meeting spaces.

Finally, the emphasis on confidentiality and privacy was crucial in creating a safe environment where participants felt comfortable sharing their perspectives on mental health and mental exhaustion. Careful efforts were made to maintain the privacy and confidentiality of the participants' identities and responses throughout the research process. Overall, the careful choice of setting created a conducive and respectful atmosphere, which encouraged open dialogue and fostered a trusting relationship between the researchers and the interviewees.

Study Population

The identified population included Palestinian people over the age of 18 from various cities in the West Bank area, as well as from differing educational and social backgrounds. From this population, a sample consisting of twenty-four participants completed the interview. Additionally, ten mental health specialists, also meeting the previous qualifications of the study population, were interviewed for their in-depth knowledge of the research topic.

Participant Samples

The primary qualifying characteristic for participant selection in this study was individuals who identified as Palestinian. Purposive sampling (Smith & Osborn, 2003; Mertens & McLaughlin, 2004), the selection of participants based on the presence of shared characteristics, was utilised to identify participants. Purposive sample sizes are determined based on theoretical saturation (Glaser & Strauss 1999), which was the point in data collection when new data no longer brings additional insights to the research question. Therefore, purposive sampling was most successful when data review and analysis are done in conjunction

with data collection or smaller sample sizes. The snowball technique (Goodman, 1961) was a

common method used in qualitative research to identify and recruit participants through a

recommendation process. This research employed the snowball technique, as it enabled the

identification and recruitment of Palestinian participants through referrals from other

participants. This allowed for the inclusion of individuals who possessed relevant knowledge

and experiences of mental health and mental exhaustion. However, the Palestinian mental

health specialists were specifically selected based on meeting the previous qualifications, as

well as their additional role in the community, detailed knowledge, and education pertinent to the research field.

Sample Size

The sample size for this study was twenty-four people from Palestine, as well as an additional ten mental health specialists.

Inclusion Criteria

Appropriate candidates for inclusion in the study were Palestinian people of any age over 18 years old, from different regional areas, and with different educational and social backgrounds (See Appendix C for Demographic Information).

Exclusion Criteria

Certain members of the population were excluded as available participants for this study:

1. Palestinian people under 18 years old.

2. Palestinian people born and raised in other countries, known as the Palestinian Diaspora.

The first exclusion criterion was the minimum age of 18 years old, as they are minors in a protected class of citizens. While they might have desired to participate in the research, their lack of emotional maturity could provide compromised data for the study. The second exclusion criterion was utilised to ensure the data collected in the study came from Palestinians who have all lived their entire lives in Palestine. Several Palestinians belong to the Palestinian

Diaspora, which was created when Palestinians were forcibly expelled and displaced from their lands and homes in 1948 through a practice that continues to date. There are many Palestinians who have lived many years in other countries, and this change in locality invariably impacts their views, judgments, and experiences. The decision to exclude this portion of the Palestinian population was made to ensure the validity of the study's results.

Selection of Study Instruments

The interview process was conducted using a semi-structured interview (Kallio et al., 2016) guide with different themes chosen from the stated purpose and questions of the study. The interview guide acted as support for various important issues deemed necessary to be targeted during the interview. Additionally, it served to order the themes addressed during the interview. The open questions allowed interviewees to speak freely. Emphasis was given to the expression of the interviewee's thoughts and reflections by using the interview guide as a checklist to ensure that all the themes were accounted for, rather than an inflexible set of questions to be followed strictly. This was intentionally designed to help interviewees feel relaxed and natural throughout the interview process.

At the end of the interviews, interviewees were asked to fill out a life calendar. This task prompted the participants to recollect significant events in their lives. Life calendars have gained popularity in qualitative research, especially in studies focusing on health and well-being. The life calendar functioned as a visual representation of a person's life events as it asked the participants to include significant milestones and transitions. Furthermore, it functioned as a means of recall for participants as well as a tool to aid in the chronological arrangement of their experiences (Brewin, Andrews, & Gotlib, 1993). The life calendar was used to capture a more comprehensive view of the complex nature of human life as it highlights the interactions

between different events and periods (Lepore & Revenson, 2007). Thoits (1995) examined the mechanisms of stress, coping, and social support, and emphasised the necessity for additional investigation in these domains. In conclusion, the life calendar is a valuable tool for qualitative researchers, enhancing the depth and richness of the data and providing insights into the complexity of human experiences.

The semi-structured interviews were used specifically for laypeople, while focus groups were initially planned for mental health professionals. However, due to unforeseen circumstances, these plans were adjusted. Initially, it was planned to conduct focus groups with all mental health practitioners. However, due to the ongoing genocide and the ensuing Israeli military closures between West Bank cities made it unsafe to proceed with this format. The decision was made to shift to individual interviews, with the researcher intending to travel to the practitioners' locations. Nonetheless, due to the continued risk of Israeli settler attacks and the closure of roads, it became impossible for the researcher to travel. Consequently, the method was modified to conduct individual interviews with ten mental health practitioners online through Zoom.

There were differences in the set of interview questions, particularly regarding the future direction of psychology, which was only addressed with mental health professionals. These practitioners, representing Indigenous voices, were asked about the road to developing a Palestinian model of psychology due to their specialised knowledge and expertise in the field. Their input was vital for understanding the future trajectory of psychology in the Palestinian context. Furthermore, the life calendar question was omitted for mental health professionals as

the primary objective was not to delve into their personal experiences but to gain their

professional perspectives on mental health in Palestine as Indigenous experts.

Data Collection

Procedure

Once potential participants were identified, which constituted the study sampling frame

(Mertens & McLaughlin, 2004), the researchers ensured that they had informed consent

documentation. The informed consent documentation consisted of a description of the study,

eligibility requirements, purpose of the study, risks, and confidentiality issues associated with

this study (Appendix B). After reviewing the informed consent, the participants were

encouraged to ask any questions regarding participation in the study. The individuals who

agreed to participate returned a signed copy of the informed consent form. The researchers also

collected demographic information (Appendix C) regarding name, place of origin, gender

identification, age, and level of education. All information contained in the consent form and

the demographic questionnaire was kept separate from all interview material. Participants were

then contacted via telephone to schedule an interview appointment. Interviews were scheduled

on a first-come, first-served basis due to the small number in the sampling frame.

Interviews

All interviews were conducted in person at a private location. During the beginning of

the interview process, the informed consent was reviewed, and participants were provided with

an additional opportunity to ask any remaining questions.

Participants then completed an audio-recorded, semi-structured interview about the

phenomenological aspect of their experiences, which lasted approximately 40–70 minutes. A

series of predetermined questions served to guide the inquiry rather than provide a rigid

structure to the interview (Smith & Osborn, 2003). The questions were supplemented as needed

in order to explore particular areas in greater depth. The core interview questions, which

represent the backbone of the interview, were also provided to the participants in printed format

(Appendix D).

The sound quality was clear, and the voices were intelligible in all recorded interviews

with minimal background sounds. This allowed for accurate and easy transcriptions of the

interviews. Additionally, the interviews were listened to at least once completely and prior to

transcription to aid in accuracy. The interviews were transcribed verbatim, during which

identifying features were removed to ensure anonymity. The interviews were conducted in

Arabic, transcribed in Arabic, and then translated into English for analysis. Some quotes were

saved in their original form due to their significance. Of note, there are also words, concepts,

and idioms that embody beliefs and ideas in the Arabic language that are not translatable to

English. In light of the emphasis placed on the accuracy of the translations, these concepts were

kept in their original Arabic form.

Data Analysis

Phenomenological psychologists analysed the data using a systematic and rigorous

process. Data analysis consisted of four consecutive steps, where each step was a prerequisite to

the next. All steps in the analysis were performed within the phenomenological reduction

(Englander, 2012; Giorgi, 1985; Giorgi, 1997).

Step 1: Get a sense of the whole statement by reading the entire description.

Step 2: Discriminating meaning units within a psychological perspective.

Step 3: Transforming the subject's everyday expressions into psychological language.

Step 4: Synthesising transformed meaning units into a consistent statement of the structure of the phenomenon.

Step 1: Getting the sense of the whole statement by reading the entire description.

The entire interview transcript was read several times in order to get a sense of the whole experience. The idea of the first reading was to obtain a description, not to gather explanations or construct ideas (Giorgi, 1989). Wertz (1985) suggested that readers should see raw data as well as processed data. This was accomplished by having the first reading conducted in the natural attitude (i.e., the everyday attitude). Researchers were told to identify and critically examine their own interests, learnt theories, hypotheses and existential assumptions about the phenomenon and then set them in brackets (Giorgi & Giorgi, 2003).

If certain passages of the collected material were unclear, it was important that the researchers did not pad the information with their own interpretation, but instead went back to the interviewee and asked for clarifying descriptions. If they were unable to collect further information, a description of the uncertainties that exist in the data was deemed necessary. Ambiguities and contradictions in the data did not reduce or declare the basis of possible interpretations, but must always be described accurately as they were. (Robinson & Englander, 2008; Giorgi, 1985).

Step 2: Discriminating meaning units within a psychological perspective

After going through the first step, the whole description was broken into several parts to determine the meaning of the experience with these identified elements expressed by the slashes in the texts (Giorgi, 1985) or by the numbering of lines (Wertz, 1985). Parts that were relevant to the phenomenon being studied were then identified. The process of delineating parts was referred to as meaning units, as they expressed the participant's own meaning of the

experience. They only became meaningful when they related to the structure of all units (Ratner, 2001). A word, a sentence or several sentences could have constituted a meaning unit. Each meaning unit was constituent and therefore focused on the context of the text (Giorgi, 1985). The meaning units were correlated with the researcher's perspective, and therefore two researchers may not have had identical meaning units (Giorgi & Giorgi, 2003). This process took place within a process called reduction, which meant withholding the existential judgement of the experience of the participant.

Step 3: Transforming the subject's everyday expressions into psychological language

In this step, the researchers returned to all of the meaning units and interrogated them for what they revealed about the phenomenon of interest. Once the researchers grasp the relevance of the subject's own words for the phenomenon, they express this relevance in as direct a manner as possible. Through this process, the researchers transformed the subject's lived experience into direct psychological expression, making clear through the description of the intrinsic meaning of the material. Furthermore, the researchers clarified the implicit meaning of the text point. Imperatively, that transformation was kept at a descriptive level that did not go beyond what is directly given in the data.

Step 4: Synthesising transformed meaning units into a consistent statement of the structure of the phenomenon.

In the final step, the researchers made the meaning units coherent by relating them to each other to have meaning statements. Specific statements were identified from individual participants, and a process of analysis was used whereby common themes across the meaning units were elicited. Next, the researchers formed a general structural description, which

became the outcome of the research, where the actual sentence structure of the investigated phenomenon was described (Robinson & Englander, 2008; Giorgi 1985, 1997).

Sentence structure consisted of the elements identified in the previous step as they were understood through their relationships to each other. The sentence structure that was achieved by the researchers in step three makes use of imaginary variations. In step four, researchers arrived at the final, univariable sentence structure. All data was considered using purely descriptive language. If there were contradictions or ambiguities in the material, they were described but not explained through interpretations, theories, hypotheses or other existential assumptions. Context and contextual factors relevant to the phenomenon were also identified and described.

There were three levels at which the structure could be described. The first level was the individual structure, which is based on a description from an informant. The second level was the general structure that can be achieved by having multiple descriptions (usually three). At the third level, researchers found the universal structure, which is located on a philosophical level. Finding the general structure was desirable as it could be generalised to other people experiencing the same type of phenomenon. Once the description of the psychological structure of each individual had been identified, the researcher looked at statements that could be taken as true in most cases.

In conclusion, the analysis followed standard phenomenological processes. First, the interviews were listened to in order to gain an overall idea from the participants. Then, upon transcription and translation, they were coded according to the major themes and subthemes. The intent was to identify common themes and patterns across all data sets. During this process, meaningful quotes were identified. A team of three researchers cross-read,

discussed, and analysed the interviews, thus increasing the validity of the study and decreasing the presence of bias in the research. The presence of multiple researchers also facilitated a more in-depth exploration of the experiences and perspectives of Palestinians regarding mental health and exhaustion, therefore contributing to a deeper understanding of the topics.

Pilot Study

The analysis method described above was tested in a pilot study before the process was implemented for the remainder of the interviews. The pilot study involved one participant. The individual who met the selection criteria of the study was contacted. The selection was voluntary and based on ethical considerations; the interviewee was informed about the study orally and in writing (Appendix B). The consent form was signed, and demographic information was taken at the interview. The harms and benefits of being part of this study were explained to the participants. The interview was conducted in a closed, private room and was audio recorded. The interview was conducted in Arabic, transcribed in Arabic, and translated into English for analysis. The interview lasted for approximately 60 minutes. Then the text was

treated in accordance with the analysis process described previously. For the initial pilot

interview, the structure of the interview questions was as follows:

1. How do you define mental health as well-being?

2. How do you define mental illness?

3. What does it mean to be satisfied in your life? (meaning, definition)

4. When do you feel satisfied? (where and how)

5. What does it mean to not be satisfied in your life? (meaning, definition)

6. When do you feel not satisfied? (where and how)

7. What do you do for yourself to feel well?

8. Calendar/storyline (positive events, negative events)

This pilot interview transcript was included in the aggregate data for the total research

study. The interviewee was a Palestinian mental health practitioner who actively worked in the

mental health field and agreed to participate in the study. This pilot interview was conducted to

test the interview questions as well as to ensure that the data collected would be relevant to the

research question. Following the pilot interview, a detailed discussion was conducted between

the researcher, the Indigenous assistant researcher, and the interviewee (an Indigenous mental

health practitioner). The focus of this discussion was on the need for specific modifications,

which the interviewee had observed during the course of the interview. These modifications

were in regard to the time of the interview, the way of asking the questions, and the wording of

the interview guidance questions.

From the pilot interview, the participant provided the following feedback on the

questions:

1. Question Two:

Original Question: How do you define mental illness?

Revised Question: How do you define the opposite of mental health? How do

you define the concept of mental exhaustion or mental tiredness in relation to

mental health?

2. Question Eight:

Original Question: Draw a calendar/lifeline of the positive or negative events

in your life.

Revised Question: Could you please summarise your life experiences and the

defining moments/milestones that have had an impact on it, using a lifeline

representation? (As the question is being asked, please draw the line on the

provided blank page to aid in understanding.) Afterward, could you indicate

on the lifeline where each event should be placed, specifically in relation to

whether it had a positive, negative, or both impact on your life?

Upon completion of the pilot interview, the researchers revised the final structure of the

interview question as follows:

1. How do you define being in a good place with regard to your mental health?

    The word well-being in Arabic does not convey the same meaning as it does in

    English. Therefore, there was a need to reword the question to reduce

    interviewee confusion and still yield the relevant answers.

2. How do you define mental exhaustion or mental tiredness in relation to mental health?

    What is the opposite of mental health for you?

    The changes in this question were made to alleviate the negative connotation

    around the terms "Mental" and "Illness" in Arabic. The word "Mental" in

    Arabic is "عقلي - *Aqli*" which implies a malfunction in someone's brain

    functions. The word "Illness" is "مرض - *Marad*" which connotes sickness with

    a negative meaning. The sum of these two terms, "Mental Illness", is " مرض

    عقلي - *Marad Aqli*" which means sickness of the brain. Socially and culturally,

    it has a very negative implication and is usually used to describe someone as

    "crazy." Subsequently, there was a need to find the Arabic words that are

    closest to what is meant by the terms in English. This eliminated the negative

    connotation around the wording of the question, so the interviewees could

    answer freely without feeling repulsed. The terms were changed to "Mental

Exhaustion", in Arabic "الإرهاق النفسي - *Al-erhaq Al-nafsi*", and "Mental

Tiredness", "التعب النفسي - *Al-ta'ab Al-nafsi*" in Arabic.

3. What does it mean to be satisfied in your life? (meaning, definition)

> This question remained unchanged from the initial form, as it had the same
> intended meaning in Arabic as in English.

4. When do you feel satisfied? (where and how)

> This question remained unchanged from the initial form, as it had the same
> intended meaning in Arabic as in English.

5. What does it mean not being satisfied in your life? (meaning, definition)

> This question remained unchanged from the initial form, as it had the same
> intended meaning in Arabic as in English.

6. When do you feel not satisfied? (where and how)

> This question remained unchanged from the initial form, as it had the same
> intended meaning in Arabic as in English.

7. What do you do for yourself when you're in a bad place with regard to your mental
   health?

> The translation of the original question in Arabic, "What do you do for
> yourself to feel well?" did not reflect the intended meaning of this question.
> Instead, "to feel well" was replaced with "when you are in a bad place or that
> place." Employing the phrase "in a bad place or that place" was a culturally

sensitive adjustment, which allowed the interviewees to freely express their

thoughts without feeling awkward for not doing well as per Arab cultural

norms. The term "in that place" "في هداك المكان" - *Fi Hadak Al-makan*" helped

interviewees, especially younger people, express themselves more easily.

They could relate to the term without it sounding too complicated or too

Western.

8. Could you please summarise your life experiences and the defining

    moments/milestones that have had an impact on it, using a lifeline representation?

    Afterward, could you indicate on the lifeline where each event should be placed,

    specifically in relation to whether it had a positive, negative, or both impact on your

    life?

The changes to the interview questions made after the pilot program were culturally

responsive, yet they still maintained the intent of the original questions for the research. The

overall goal of interviewee comfort and understanding was prioritised to achieve the best data

for describing the phenomena. The sincerity and careful consideration shown in these efforts

increased the validity of this study.

Reliability and Positionality of the Principal Researcher

Scholars assert that a researcher's positionality can have a significant impact on the

research process and conclusions, thereby compromising the quality and validity of the study.

For instance, Manohar et al. (2019) contended that a researcher's cultural background and

experiences shape their research questions, methodologies, and interpretation of the study's

findings. The rapport between participants and the researcher could also be influenced by

differences in cultural backgrounds. Similarly, the power dynamics with participants as well

as the researcher's interpretations of data could be impacted by the researcher's social location, which includes their gender, race, class, and nationality (Clarke, 2005). Moreover, Holmes (2019) and many other scholars emphasised the importance of researchers engaging in ongoing self-reflection and critical analysis of their positionality. This assessment process is done continuously to negate the researcher's positionality's influence on the study's outcomes. Therefore, it was essential to reflect on and articulate my positionality.

As an Italian researcher who has called Palestine home for the past 18 years while working as a clinical psychotherapist and university professor, my positionality as a researcher investigating mental health assumptions within the Palestinian context was deeply rooted in my personal and professional journey. I have gained a rare insider perspective, resulting from my immersion in Palestinian society. This perspective enriched my understanding of the cultural nuances as well as the societal dynamics that were at play in the mental health experiences of this community and the people who live in it. Upon my arrival in Palestine, I found myself working and living in the midst of the tumultuous Second Intifada. I felt compelled to confront my own cultural beliefs from those very first moments, a feeling that grew each year with the additional accumulation of experiences. During this re-evaluation, I looked at my beliefs through the lens of Palestinian lived realities. I have had the opportunity to personally witness the profound impact of the Israeli occupation on the Palestinian people throughout the years. These experiences fostered a deep empathy and commitment to amplifying Palestinian voices within my research.

Living in Palestine meant living in a constant state of insecurity and unpredictability in a way that revealed how everything I thought I knew was actually uncertain. As a foreigner married to a Palestinian, my visa—subject to renewal every 3, 6, 9, or 12 months at Israel's discretion, regardless of whether we live in the West Bank or Gaza—can be either renewed or

rejected. This precarious situation profoundly influenced my positionality, as I was forced to navigate the same systematic uncertainties that Palestinians endured on a daily basis. My awareness of, and perspective on, the daily hardships that Palestinians face were shaped as a result of this. On the other hand, the possession of a foreign passport in Palestine, such as the international passport I was granted for my Italian citizenship, was an unquestionable privilege. The possession of a foreign passport could be a life-saving factor. Additionally, it granted me a level of freedom in my movements that many Palestinians did not have. This further complicated my positionality by exposing to me the vast discrepancies in experiences and vulnerabilities that existed between the two situations.

The research process was impacted by my positionality through the complex dynamics of power, privilege, and cultural differences. As a researcher who was studying mental health and exhaustion among Palestinians, I was continually committed to adopting a reflective and ethical approach. This was accomplished by acknowledging the role these factors played in shaping my positionality. The autoethnography written by Amber N. Kelley (2021) on the topic of cross-cultural research and decoloniality provided insights on the complexities of researcher positionality in a context such as Palestine. Kelley argued that conducting cross-cultural research necessitates having a critical awareness of the power dynamics and historical legacies of colonialism that impact the relationship between the researcher and the participant. As a researcher who did not come from the same cultural or social background as the people who participated in the study, there was a possibility that colonial attitudes and assumptions would be perpetuated, as well as the reproduction of dominant discourses and power structures. Building on the insights provided by Kelley, my positionality as an Italian psychotherapist who is currently residing in Palestine brought to light the necessity of approaching the research through a lens that is both decolonial and anti-

oppressive. Over the course of the past 18 years, and continuing through this current research,

I have undergone a profound process of growth. I have transitioned from an education and

social fabric background that were centred on the Western world to an understanding of

mental health through the perspective of Indigenous Palestinians. This understanding has

been shaped by experiencing the same traumatic realities that individuals from the Palestinian

community face on various levels.

It was crucial to recognize that neutral research was non-existent, that biases would

inevitably be there, and that 'we' were essentially within our own research. I came to the

conclusion that it was of the utmost importance to not only recognize but also address the

potential biases that could arise as a result of one's positionality. It was reasonable to expect

that some of the participants would see me as an outsider due to my Italian nationality. Their

willingness to openly share their thoughts and experiences could have been influenced by this

perception. Similarly, in my role as a psychotherapist, I might have approached the data with

preconceived notions regarding mental health and distress, which could have impacted the

interpretations. To address this, it was crucial to adopt a critical and reflective approach

toward the research. In order to facilitate this process, I engaged in research methodologies

that were cooperative and participatory, as well as solicited feedback from both the

participants and colleagues.

A collaborative and participatory approach was established in this research through

the continuous presence of two Palestinian research assistants. This intentional approach

throughout the entire research process was to mitigate potential biases and address the

dynamics of my positionality. Their involvement was of paramount importance as they

brought an essential understanding of the cultural, social, and political context. They ensured

that the research was conducted with sensitivity and cultural competence. I ensured that

Palestinian voices and perspectives were centred through a research process that was respectful and empowering by the adoption of a collaborative and participatory approach to the research, as well as by seeking feedback from the participants. Their perspectives and insights provided valuable contributions to interpreting the data which allowed for a more nuanced and authentic representation of the Palestinian participants' experiences.

In conclusion, my positionality as an Italian psychotherapist living in Palestine was both a strength and a challenge when researching mental health and exhaustion among Palestinians. By acknowledging and reflecting on my positionality, I ensured that my research was respectful, ethical, and culturally sensitive. This enabled the production of meaningful and valid insights into the experiences of Palestinians. Ultimately, my journey as a researcher was a testament to the dynamic interplay of personal experiences, professional expertise, and cultural immersion; one that shaped the very essence of my inquiry and its implications for mental health discourse in Palestine.

My positionality was also reflected in my linguistic choices, underscoring the belief that neutrality was unattainable when discussing Palestine. Any account of Palestine's history treaded on contentious ground. Following the perspective of the late Palestinian exile Edward Said (1978), I rejected the 'both sides' approach. Instead, I positioned myself as supportive of the Palestinians' right to self-determination and freedom from oppression. This deliberate stance shaped how I frame and interpret the issues. Thus, I consciously aligned my language and narrative to advocate for justice and equity for the Palestinian people.

Ethical Considerations

The research study followed a procedure for the protection of human subjects, which was approved by An-Najah National University's Research Ethics Boards. (Appendix E) The

participants who met the selection criteria of the study were notified of their approval to participate in the study by telephone. Information about the study, including its aim and objectives, was briefly explained to them during the initial phone call. Before the interview, the participants signed a consent form (Appendix B) and received further information from the researchers. Both verbal and written consent were obtained from all participants.

The interviews were conducted in a private room, where only the participant and the interviewer were present. The interview was recorded after obtaining the participants' permission, adding that no participants would be recognized after the text processing. Information on both recordings and printed materials was strictly confidential and stored in a closed cabinet in a locked room, to which only the principal researcher had a key. The data was stored until the analysis was completed, and, upon the end of the study, all interview materials were deleted or destroyed. The voluntary nature of the study was explained to the participants, so the participants understood that their participation was at will and with the ability to withdraw at any time. Additionally, they were informed that they were able to keep their identities anonymous.

The researchers notified the participants of the associated risks and benefits of the study before the interview. Participants were informed of the potential benefits of this study, being that research has shown talking about painful or difficult experiences can be helpful (Torre & Lieberman, 2018). For instance, after talking or writing about a difficult life experience, people, in general, can experience a sense of emotional release, a greater sense of understanding, and, in some circumstances, can even experience health benefits. In terms of the possible harm of participation in the study, the participants were informed completely, as the risks of participating in this research study were minimal. If participants experienced discomfort as a result of the interview, they were asked to inform the researchers at any point

during or after the interview. The participants were able to stop the interview at any time, with or without reason.

The participants' identities and personal information were protected throughout the whole study. No names were used in the reporting. Our goal has been to sustain ethical research behaviours, which does not relate only to data but also to our personality, sensitivity, and dedication to moral issues and actions.

Results

This chapter delineated the outcomes of our research, which aimed to explore the Palestinian population's psychological experiences and coping mechanisms. The study was predicated on the recognition of the substantial mental health challenges engendered by historical injustices and contemporary conflicts. The multifaceted nature of Palestinian psychological resilience in the face of adversity was the subject of this rigorous investigation.

The main objective of this chapter was to present and analyse the findings derived from our research. We meticulously examined the collected data to identify the variety of coping strategies that Palestinians employ. Among many other strategies, the significance of collective memories in promoting community resilience was one. The objective of this investigation was to enhance comprehension of the psychological dynamics that influence marginalised populations that are affected by conflict and displacement.

Our exploration of the study's outcomes was intended to provide insights that enrich academic discourse while offering practical implications for mental health practitioners, policymakers, and international organisations. By systematically and clearly presenting our findings, we aimed to facilitate a comprehensive understanding of the nuances of Palestinian psychological experiences. Consequently, this research endeavoured to support the development of culturally sensitive interventions tailored to the community's specific needs.

The findings from this research were organised into two primary categories based on interview distinctions: the general population and mental health practitioners. Although there were overlapping themes and subthemes, the insights from mental health practitioners provided a profound understanding of the causes of mental illness as well as the identification of culturally significant coping mechanisms. As a result of this realisation, the research team

determined that to adequately resolve these distinctions following a thorough data review, it was imperative to conduct two distinct analyses and discussions. The following results analysis was divided upon the distinction between those interviewees who belonged to the general population and those who were mental health professionals. Important insights and valuable contributions were provided by both groups.

Beyond the distinction dividing the results based on the sample characteristics, the results were also organised thematically. In order to consider the contextual expressions of each participant, it was imperative to address these sub-themes within the main themes in which they appeared. The significance of these subthemes in the context of Palestinian mental health was underscored by their recurrence. Consequently, these subthemes required a thorough examination, which is elaborated upon in the subsequent sections.

General Population

This portion of the study's findings elucidated the general Palestinian population's diverse psychological experiences and coping mechanisms. Several key themes were identified through thematic analysis of interviews with individuals of varying genders and

ages. They provided insights into the complex interplay between historical traumas, contemporary conflicts, and mental well-being.

Figure 9

Lay People Perception of Mental Health, Themes and Subtheme
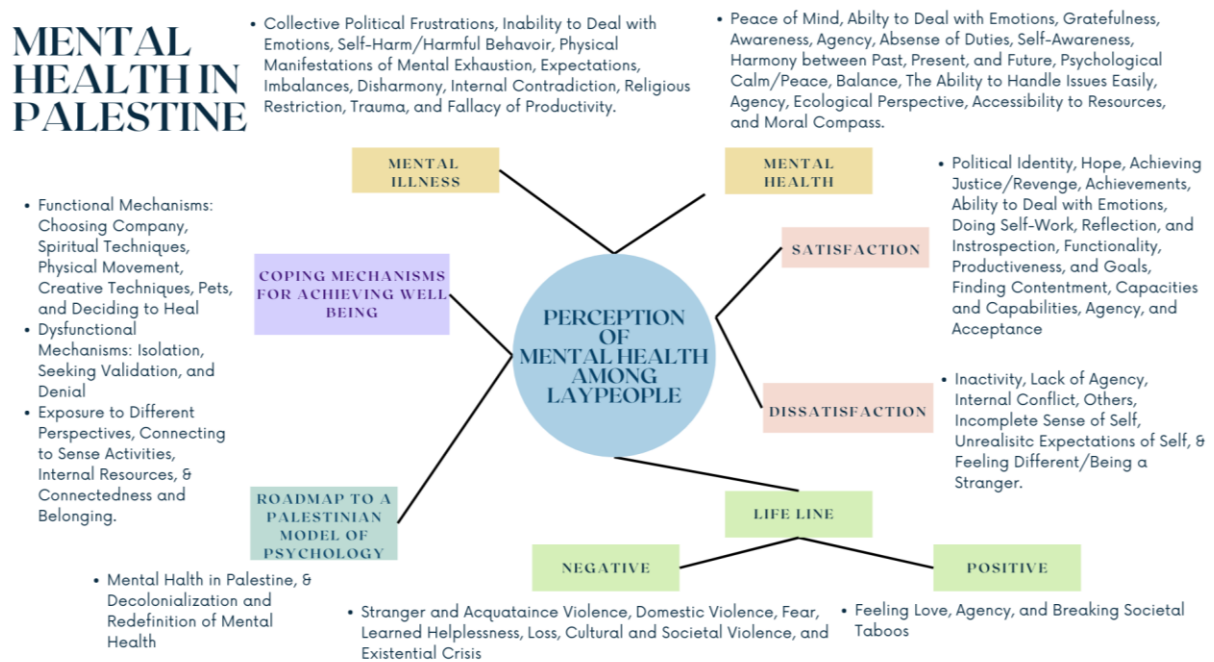
A deeper exploration of these themes and subthemes is presented below and listed under their respective categories.

Interview Response Themes, Subthemes, and Discussion

Mental Health

Mental health was a multifaceted construct that encompassed emotional, psychological, and social well-being. It affected how individuals think, feel, and act, and it also determined how they handle stress, relate to others, and make choices (World Health Organization: WHO, 2017). According to Keyes (2002), mental health was not merely the absence of mental illness but also involves the presence of positive attributes such as life satisfaction, happiness, and the ability to function well both personally and socially.

Table 1

Mental Health Themes and Subthemes

Mental Health Themes	
Main Theme	*Subtheme*
Peace of Mind	
Gratefullness	
Awareness	
Agency	
Absence of Duties	
Ability to Deal with Emotions:	Healing Past Wounds
	Purposefully Communicating

The primary themes identified by the general Palestinian population under mental health included peace of mind, the ability to deal with emotions (sub-themes: healing past wounds and purposeful communication), gratefulness, awareness, agency, and the absence of duties. These themes encapsulated the core aspects of mental health as perceived by the participants. The following sections delved into each theme by presenting detailed insights and direct quotes from the interviewees to illustrate the participants' perspectives.

In the analysis of the results, participants articulated various themes and subthemes regarding their definition of mental health, often using poignant Arabic terms and idioms to express their perspectives. One prevalent theme was the concept of peace of mind, as

described by a participant: *"Mental health is being not stressed, not upset, just comfortable, it is not necessary that I am happy, peace of mind is the most suitable word if I want to use a word to describe it."*

The ability to deal with emotions was another significant theme, where participants discussed the importance of handling their feelings and thoughts effectively, exemplified by another participant's assertion that *"(mental health) is being capable of handling feelings and thoughts effectively."* This ability included sub-themes such as healing past wounds, which underscored the necessity of addressing past traumas without allowing them to interfere with the present. Additionally, purposeful communication emerged as a crucial aspect of emotional management. One participant elaborated on this by stating, *"Mental health is when I feel comfort, comfortable, and confident that I am capable of dealing with the feelings I have, as well as know how to communicate them to those around me."* This quote highlights the importance of not only understanding and managing one's emotions but also effectively expressing them to others. Purposeful communication involves being able to articulate feelings in a way that fosters understanding and support from those around us, which is essential for maintaining healthy relationships and emotional well-being. By being able to communicate emotions clearly and confidently, individuals can ensure that their needs are met and reduce the potential for misunderstandings and conflicts. This holistic approach to dealing with emotions emphasises the interconnectedness of internal emotional regulation and external social interactions.

Participants emphasised the importance of incorporating gratitude into their daily routines. From this, gratitude emerged as a critical aspect of mental health. They noted that focusing on what they are grateful for helps sustain a positive outlook and their resilience.

One participant articulated this by stating, *"It (mental health) is the nights that I can rest my head on the pillow and say thank God for all that I have."*

Participants highlighted the importance of awareness in the preservation of mental health. This theme entailed the conscious awareness of one's emotions, thoughts, and surroundings. The significance of engaging in healthy interactions with oneself and various aspects of life was articulated by the participants. One participant emphasised this by stating, *"I feel that it (mental health) has to do with how much I am aware of my behaviours and their balance with my life flow and how I'm dealing with them."*

The theme of agency was identified as a significant aspect of mental health, as participants discussed the sense of empowerment they experienced when they had control over their circumstances. One participant compared mental health to *"putting together a puzzle, where psychotherapy helped rearrange the pieces to achieve a clearer picture."* They expanded on this analogy, stating, *"Mental health is living a life that I deserve, where I can put things in their order through being mentally well. I sought help to have the whole picture or the whole puzzle, and I was able to put all of the puzzle pieces together."* Participants also noted the absence of pressure to perform and the distinction between internal and external factors, reflecting an evolving perspective on addressing existing problems. Additionally, proverbs, sayings, and idioms were frequently cited to express mental health, with participants associating it with concepts such as innocence, nature, and travel, likening mental health to *"a sense of solidity and fortification in life."*

Finally, the absence of duties was mentioned as important for mental health. Participants associated well-being with a lack of overwhelming responsibilities, allowing them to feel more relaxed and in control. One participant illustrated this by stating *"I envy*

those who sleep with an old and forgone trouble." This sentiment highlights the significance

of being free from excessive obligations and pressures, which contributes to a greater sense

of mental peace and stability.

Mental Exhaustion and Tiredness

Maslach and Leiter (2016) defined mental exhaustion as a condition characterised by

emotional, physical, and mental fatigue as a result of prolonged stress and frustration. This

phenomenon was frequently observed in environments where individuals are subjected to

continuous duress without sufficient relief or support. As individuals endeavoured to satisfy

their communities' unrealistic expectations, they experienced feelings of mental exhaustion

that were further exacerbated by societal and cultural expectations (Hakanen & Bakker,

2017). Participants attributed experiences of mental exhaustion and tiredness to a

combination of several key themes: collective political frustration and political

disappointment, self-harm and harmful behaviours, an inability to deal with emotions,

physical manifestations of mental exhaustion, feelings of helplessness, and various

expectations. Sub-themes such as overthinking, triggers of past wounds, the lack of

boundaries, and lack of control were also prominent.

Table 2

Mental Exhaustion and Tiredness Themes and Subthemes

Mental Exhaustion and Tiredness Themes	
Main Theme	*Subtheme*
Collective Political Frustration & Political Disappointment	
Learned Helplessness	
Self-Harm/Harmful Behaviour	
Physical Manifestations of Mental Exhaustion	
Inability to Deal with Emotions:	Overthinking
	Triggering of Past Wounds
	Lack of Boundaries
Expectations:	Societal and Cultural Expectations
	Work and School
	Self-Expectations

During the analysis of the results pertaining to the definition of mental exhaustion or

mental tiredness, participants provided profound insights using descriptive language and

various Arabic terms to vividly depict their experiences. A recurring theme was the sense of

being overwhelmed or reaching one's limit. One participant described feeling a suffocating

sensation and likened it to an overflowing well that could not contain any more water. *"The*

well has reached its top; it is overflowing, and I cannot tolerate it anymore." This description

emphasised the sense of being overwhelmed and reaching one's limit. Another participant

described mental exhaustion as feeling *"muffled" (مكتومة - Maktumeh)*, indicating a

suffocating sensation. *"When I hear bad news, or when someone asks me to do something*

right away that I do not want to do, and when someone is pestering me about something, at

these times, I feel muffled". Negative energy accumulation was frequently highlighted as a

significant aspect of mental exhaustion. One participant remarked, *"At a certain point, my*

negative energy accumulates, and it is just too much to handle," reflecting the buildup of unresolved stress and emotional burden.

Furthermore, collective political frustration emerged as a prominent theme, with participants expressing profound disappointment and anger towards the political situation. One participant poignantly described their frustration, stating, *"I curse a lot, but what I most curse are things and situations that are related to the country, like economic issues; I curse the Israeli occupation and the political hell we live in."* This sentiment illustrated the pervasive impact of political and societal issues on mental well-being. Political depression and the loss of hope were recurrent themes among participants. One participant noted, *"All of my life, I have been saying that occupation is the occupation of the mind, not the land, and if the land was occupied, we can liberate it if we have the mindset of liberation, but if the minds were occupied and we realised that there is no chance for liberation, then all is lost."* Feelings of betrayal, loss of patriotic spirit, and societal and cultural pressures emerged as significant contributors to mental exhaustion; one participant said, *"We got into a phase where the patriotic spirit is melting slowly, and it is tragic to watch it all go away."* Another pointed out the bleakness of society and the feelings of betrayal from the political aspects by saying, *"Our life is all dark; there is no light in it. They (the Palestinian Authority) took it away."*

One significant theme that emerged from the participants' descriptions was learned helplessness. This concept refers to the state in which individuals feel powerless to change their circumstances due to repeated exposure to uncontrollable and adverse situations. Participants expressed feelings of resignation and futility, as illustrated by one participant who stated, *"...mental exhaustion; the pressure comes when I cannot enjoy what I am doing... When this keeps happening and is repetitive, it makes me feel like I'm impotent,*

helpless, and powerless towards something I'm dealing with." This sense of helplessness can be debilitating, leading to decreased motivation, a lack of effort to improve one's situation, and an overall sense of despair.

Another interviewee reflected on societal expectations, remarking, *"I hold responsibility in a wrong way, according to society, that causes mental stress for me,"* highlighting the detrimental effects of external pressures on mental health. This reflection underscores how societal norms and expectations can impose undue burdens on individuals, leading them to feel inadequate or wrong in their handling of responsibilities. The pressure to conform to societal standards can create significant mental stress, as individuals may constantly feel they are not meeting these expectations. This can lead to feelings of guilt, anxiety, and self-doubt, as they struggle to balance their own needs and desires with the perceived demands of society.

A significant subtheme that emerged under expectations was the lack of boundaries. Participants described how their inability to establish and maintain personal boundaries contributed to their mental exhaustion. One participant explained, "It is when I can't interact with myself or with other people around me because I don't feel good, and no matter how I state this, people don't respect my boundaries." This underscores the emotional toll of having one's boundaries continuously disregarded, leading to feelings of frustration and isolation. Another participant highlighted the invasive behaviours of their parents, stating, "When my parents keep invading my privacy thinking that they are helping; they don't allow me to feel by myself, creating a huge exhaustion on my emotional status." This lack of respect for personal space and autonomy can lead to a heightened sense of vulnerability and stress, exacerbating mental fatigue. These experiences illustrate the critical role that respecting

personal boundaries plays in maintaining emotional well-being and the detrimental effects that arise when these boundaries are not upheld.

Another significant subtheme that emerged under expectations was the impact of work and school on mental exhaustion. Participants highlighted the relentless pressure to perform academically and professionally, which often leads to significant emotional and mental strain. One participant articulated this pressure, stating, "When we say mental exhaustion, studying is the first thing that comes to my mind. I'm always exhausted emotionally trying to keep up with the grades I'm supposed to get regardless of how I feel about studying." This quote illustrates the constant struggle to meet academic expectations, often at the expense of emotional well-being. Similarly, the professional environment can be a source of mental fatigue, as noted by another participant who said, "I am not taken seriously at work... it makes me upset; I have a lot of energy and when I feel that I'm not being taken seriously... I feel it does not allow me to reach my full potential." This lack of recognition and respect in the workplace contributes to feelings of frustration and underachievement, exacerbating mental exhaustion. These experiences underscore the significant impact that academic and professional pressures have on mental health, highlighting the need for supportive environments that recognize and address these stressors.

Furthermore, self-imposed expectations and pressures emerged as a subtheme under expectations, which greatly contribute to mental exhaustion. Participants frequently described feelings of inadequacy and panic stemming from unmet personal goals. One participant articulated this anxiety by stating, "I panic about turning 25, still feeling like a kid and not accomplishing anything... When we were kids, people who were 25 were well accomplished... I'm panicking over what I am doing in my life and where it is going." This reflects the stress and self-doubt experienced when personal milestones are not met, leading

to a pervasive sense of failure. Another participant echoed this sentiment, expressing, "I feel that I'm not giving enough... that I should be doing something that develops me and/or helps others... but I always fall short and don't have the ability to do it like everyone else does." These self-expectations can be incredibly burdensome, creating a cycle of persistent dissatisfaction and mental fatigue as individuals strive to meet their own high standards.

Participants also identified the role of triggers from old traumas as a crucial aspect of mental exhaustion. One participant explained, *"A lot in my life triggers a lot of old traumas, such as injustice and oppression. Sometimes, it also triggers a lot of exclusion situations from my childhood."* They emphasised that mental exhaustion is often cumulative, stating, *"Often, it is not that a specific event exhausted you in itself, but because this event triggered a lot of old stories, injustice, and oppression that you never worked on, the event itself becomes a nightmare, and you become mentally exhausted."*

Additionally, participants discussed both external societal and cultural factors, as well as internal struggles, as causes of mental exhaustion. One participant noted, *"For example, it could be that I have a specific plan or assessments that did not work like I imagined it would or thought about; this internal mental exhaustion,"* demonstrating the impact of unmet expectations on psychological well-being. The pervasive sense of losing control and dignity was poignantly expressed by another participant, who lamented, *"Everything is like shit, everything is shit. I feel debunked, miserable, and losing dignity,"* conveying the profound despair associated with mental exhaustion.

Another significant theme was the concept of spiralling. Participants described their experiences of fast and repetitive thoughts that led to a state of mental collapse. One participant vividly described this, stating, *"I always feel mentally exhausted when I'm having*

a lot of thoughts; they are really fast and repetitive, so I go into a state of spiralling." They

further elaborated, *"I feel like I'm just flat on the ground, like a mat on the floor literally"*

(على الأرض مفلطحة - *Mfaltaha 'Ala El-A'ard).* Overthinking was another significant theme

contributing to mental exhaustion. Participants described the relentless cycle of thoughts that

exacerbated their stress levels and impacted their mental well-being, *"I overthink everything;*

I overthink the littlest stuff in my life; it is crippling."

Moreover, self-harm and harmful behaviours were also reported as causes of mental

exhaustion. One participant shared, *"I isolate from people and myself... I also torture myself*

by not taking medicine that I need to take because I feel that it's not necessary; why live?"

Lastly, physical manifestations of mental exhaustion were commonly reported. Participants

noted physical symptoms such as pressing their hands or teeth, shaking, and constant stressful

movements like shaky legs or biting nails. One participant stated, *"I feel some things are*

reflected physically... compulsory movement like pressing my hands or teeth." Another

participant added, *"Recently, I started realising that I have been stressed all the time. Even if*

I can't specify what it is when I wake up in the morning and find myself pressing on my teeth,

I know there is stress."

Satisfaction

Well-being and quality of life were frequently associated with satisfaction. Diener et

al. (1985) introduced the concept of life satisfaction as a cognitive assessment of an

individual's overall quality of life. Importantly, the criteria used in the process were

personally determined. This enabled individuals to develop a viewpoint that was essential for

comprehending how individuals evaluate their satisfaction levels in a variety of life domains,

such as personal accomplishments and social relationships. Palestinians articulated various

sources of satisfaction, which included a profound sense of empowerment through political identity and hope for the future. The pursuit of justice, whether for personal achievements or societal retribution, was a driving force in their lives. The sense of agency over one's life was identified as vastly important to satisfaction. Furthermore, the capacity to regulate emotions emerged as a critical element, which encompassed sub-themes such as spirituality/consciousness, self-care, acceptance and reconciliation of events. The importance of feeling loved, whether by others or by their homeland, contributed to their overall well-being. The psychological resilience of the participants was collectively shaped by these elements.

Table 3

Satisfaction Themes and Subthemes

Satisfaction Themes	
Main Theme	*Subtheme*
Political Identity	
Hope	
Achieving Justice or Revenge	
Agency (Over One's Life)	
Achievements:	Enjoying the Process
	Enjoying the Results
Ability to Deal with Emotions:	Spirituality/Consciousness
	Morality
	Self-Care
	Acceptance and Reconciliation of Events
	Presence of Supportive Relationships

The participants' opinions of the concept of satisfaction provided valuable insights into the dynamics of fulfilment. This was seen particularly in the context of their personal accomplishments and national Palestinian identity. Participants articulated a profound connection to their homeland and a sense of purpose that was linked to its welfare; in so doing, patriotic identity emerged as a significant theme. For instance, one participant emphasised the integral role of national liberation in personal fulfilment by stating, *"I exist to*

give to the country... if Palestine is fine, I am fine; if Palestine is not fine, I am not fine."
Another participant reinforced this sentiment, sharing, *"I like going on hikes because our lands and nature remind me that this is the beautiful country that we live and die for."*

Hope and the pursuit of justice were also identified as prevalent themes. Participants expressed a desire for accountability and retribution in the face of injustice. A participant conveyed an unyielding ambition for justice, stating, *"Even if today or tomorrow we liberate Palestine, there are people that should be held accountable; they need to pay for all they have done,"* reflecting a deep-seated longing for retribution. Moreover, another participant described vivid fantasies of revenge, expressing, *"I was imagining all of the ways I could harm him because he did not treat me like a human... I want karma and life to turn against him and for his life to fall apart to shit."* This highlighted the intense personal desire for retribution used as a means for restoring dignity and achieving justice. Additionally, hope was a significant theme, with one participant noting, *"When the day ends, this is an accomplishment because it means that my life did not collapse; that there is hope for a new day."* These quotes illustrated the intertwining of personal satisfaction with the quest for justice and retribution and the vital role of hope in sustaining resilience.

Achievements were celebrated as sources of gratification, both in terms of the process and the outcome. Rather than exclusively concentrating on endpoints, participants underscored the significance of discovering joy during the journey. One participant highlighted this by stating, *"When I'm facing a challenge dealing with myself, I focus on actually enjoying whatever step I'm taking, which gives me satisfaction more than reaching the endpoint,"* illuminating the intrinsic value of personal growth and learning. This quote effectively captured the significance of enjoying the process. Another participant stated,

"When I feel that the things I'm doing right now will get me somewhere in my life, upward, I'm achieving things."

Moreover, participants described the importance of self-care and maintaining a positive state of mind as essential components of satisfaction. One participant expressed the transformative power of self-affirmation in fostering fulfilment, stating, *"I am satisfied when I do something small, and while doing it, I give myself love,"* thus showing the significance of self-love and small gestures of care to oneself.

Spirituality and consciousness were vital aspects of participants' concept of satisfaction. Participants emphasised the role of spiritual practices in fostering a sense of peace and fulfilment. One participant shared, *"When I go to my designated corner, to either pray or read the Quran... When I feel closest to God."* This highlights the profound sense of contentment and connection that spiritual activities can provide. Another participant reflected on their journey through an existential crisis, stating, *"... I was in a whirlpool of existential crisis, then I started meditation, this was the first time that I felt satisfied and content... happy and calm."* This illustrates how practices like spiritual meditation can help individuals achieve a state of inner peace and satisfaction. These spiritual and conscious practices contribute significantly to the participants' overall well-being by providing moments of tranquillity and deeper connection to their faith and inner selves.

Additionally, a crucial subtheme under the ability to deal with emotions is the role of morality in achieving satisfaction. Participants emphasised that their sense of fulfilment is deeply tied to their moral values and integrity rather than materialistic gains. One participant shared, *"Satisfaction for me is connected to the moral rather than materialistic aspects in life... I am satisfied when I am content with upholding my morality, my honesty..."* This

perspective highlights how maintaining personal ethics and honesty contributes significantly to emotional well-being and a sense of inner peace. Upholding moral standards provides a stable foundation for participants, enabling them to navigate life's challenges with a clear conscience and a strong sense of self-worth. This intrinsic satisfaction from living in alignment with one's values fosters resilience and emotional stability, crucial components of mental health.

Additionally, the ability to manage emotions emerged as a crucial component, encompassing sub-themes such as spirituality/consciousness, self-care, acceptance and reconciliation of events, agency over one's life, and feeling loved, which were vital components of their well-being. These elements collectively contributed to the psychological resilience of the participants in achieving satisfaction.

Within the theme of the ability to deal with emotions, participants underscored the importance of accepting and reconciling events. As one participant articulated, *"Regardless of whether something, good or not, is happening to me, I feel it's even higher than accepting that it happened; satisfaction has a positive addition to it more than acceptance."* This perspective highlighted how satisfaction transcends mere acceptance, suggesting a more profound, more affirmative stance toward life's events.

Another critical aspect that emerged was the ability to exert control over one's existence, which is referred to as "agency." The realisation of one's desires and personal agency were the primary factors that participants associated with satisfaction. One participant

noted, *"When you do something that you want to do, not have to do, then you feel satisfied."* This sense of agency was juxtaposed with recognising life's inherent ups and downs.

The evolution of emotional experience over time was also discussed as a significant part of feeling satisfaction increasing, with participants reflecting on how their perspectives have changed. *"... negative events were more when I was a child, then I grew up, I started getting more positive... despite negative things, I feel satisfaction from my experiences,"* shared one participant, emphasising satisfaction, personal growth and emotional resilience.

Emotion management and satisfaction were significantly influenced by relationships. The significance of social connections, particularly those with friends, was emphasised by the participants. One participant stated, *"Relationships are very important to me. When the people I love, friends, are around me, I can talk to them, and I feel satisfied."* This reinforced the importance of emotional support systems in fostering a sense of well-being.

Overall, participants provided a nuanced description of how managing emotions, achieving personal agency, and sustaining supportive relationships contributed to their satisfaction. The interplay of these factors displayed the multifaceted character of emotional well-being as well as its essential role. The aspects of affective well-being, personal achievement, and national identity stood out as primary contributors to satisfaction in the Palestinian context. By delving into these themes, participants offered valuable insights into the factors that contributed to their sense of contentment and fulfilment.

Dissatisfaction

Conversely, participants' experiences of dissatisfaction were characterised by inactivity, a lack of agency or learned helplessness, self-sabotage, and internal conflict. They

described struggles with procrastination and nonacceptance, which hindered their ability to achieve a sense of well-being.

Table 4

Dissatisfaction Themes and Subthemes

Dissatisfaction Themes	
Main Theme	*Subtheme*
Self-sabotaging	
Learned Helplessness	
Internal Conflict:	Non-acceptance
Inactivity:	Procrastination

Dissatisfaction was often examined in terms of its impact on mental health and well-being. Dissatisfaction arose from various sources, including unmet needs, unfulfilled expectations, and a perceived lack of progress or success. Deci and Ryan (2000) posited that the fulfilment of fundamental psychological requirements for autonomy, competence, and relatedness was necessary for psychological health and well-being. When these demands were not met, individuals could experience dissatisfaction. This led to a negative impact on their mental health and overall sense of well-being. The concept of dissatisfaction was examined, and it was determined that the Palestinian population's feelings of frustration and discontentment were the result of a variety of factors. A prevalent theme established from the research was the sense of disconnection from oneself, which was characterised by feelings of incapacity and a lack of self-awareness. A participant articulated this sentiment by stating, *"When I'm disconnected from myself... I feel I'm incapable of doing what I want,"* pointing to the profound impact of internal discord on overall satisfaction.

Procrastination and postponing tasks were identified as substantial sources of dissatisfaction during the analysis, with participants describing these emotions as a dearth of inertia and stagnation. One participant exemplified this by stating, *"When I feel like I'm*

postponing a lot, I feel unsatisfied. When I feel like I can't take the decision to move." This articulated the feelings of disappointment and frustration that resulted from procrastination. The inability to take decisive action intensified feelings of helplessness and dissatisfaction by creating a sense of being trapped. These emotions had the potential to create a vicious cycle in which the more duties are postponed, the more daunting they become. The individual's motivation and sense of accomplishment were further eroded by this cycle. Additionally, the sensation of being frozen in the presence of adversity or uncertainty served to intensify feelings of indecision and helplessness. One participant articulated this by stating, *"When I feel frozen and I cannot take any steps forward, I'm stuck."*

Self-sabotaging behaviours were identified as a strong contributing factor to sentiments of dissatisfaction among participants. When a participant's capacity to experience fulfilment was impeded by these behaviours, it frequently resulted from internal conflicts and self-imposed limitations. Two participants shared pertinent insights on the topic. One participant explained, *"When there is something happening that I know will make me happy, but when it happens, I don't feel happy because of the ideas in my head."* This quote underscored the manner in which cognitive distortions and negative self-talk impeded individuals' personal contentment as a result of their self-sabotaging behaviours. An additional participant offered additional insights, stating, *"When I am angry at someone, I don't confront them because my head is saying, 'You don't get to be angry. You shouldn't express your feelings.'"* The impact of self-imposed internalised constraints on their emotional expression was elucidated by this statement. These kinds of self-imposed limitations, unresolved anger, and frustration exacerbated feelings of dissatisfaction. These examples collectively demonstrated the substantial influence of self-sabotaging behaviours on fulfilment. Regardless of whether the behaviours were the consequence of internal

conflicts or negative self-perceptions, they significantly impeded individuals' ability to achieve a sense of well-being.

Dissatisfaction was significantly influenced by the absence of purposeful action and meaningful engagement, as well. Participants expressed frustration when their actions did not correspond with their values and aspirations. A participant stated, *"I feel dissatisfied when I am not doing something that will add value to me as a human."* This led to the observation of the intrinsic connection between personal fulfilment and purposeful action. Additionally, the analysis underscored the causality of dissatisfaction that resulted from an action that was not personally relevant.

Nonacceptance also emerged as a significant contributor to feelings of dissatisfaction. One participant noted, *"If I'm not accepting what is happening, then I'm not satisfied automatically because acceptance comes before satisfaction,"* emphasising that without acceptance, achieving satisfaction was impossible. This highlighted how a lack of acceptance of one's circumstances could lead to ongoing dissatisfaction, as resistance to reality prevents individuals from achieving a state of contentment.

Finally, a lack of control over one's circumstances intensified feelings of dissatisfaction when participants grappled with external constraints and societal expectations. One participant lamented, *"My mother controls my every move. It is like I am living but not alive,"* illuminating a profound sense of confinement and powerlessness due to external restrictions on their autonomy. This illustrated how pervasive external control severely impacted an individual's sense of freedom and agency. Another participant elucidated the sentiment by stating, *"When I feel that I am part of the system that forces individuals to connect satisfaction and content with materialistic aspects... its first and foremost goal is to*

exploit individuals." Dissatisfaction stemming from societal pressures to conform to materialistic values felt exploitative and inauthentic. These examples revealed how external control and societal expectations exacerbated feelings of dissatisfaction and hindered personal fulfilment.

Ultimately, exploring dissatisfaction illustrated the complex interplay of internal and external factors that shaped individuals' perceptions of fulfilment and contentment. By examining these themes, the statements from participants provided valuable insights into the complex nature of dissatisfaction and its profound impact on personal well-being.

Coping Mechanisms for Achieving Well-being

The examination of coping strategies for the purpose of achieving well-being uncovered a variety of approaches, either functional or maladaptive. The participants described a variety of strategies they employed to overcome obstacles and improve their overall mental health. Seeking companionship, participating in spiritual practices, engaging in physical movement activities, finding creative outlets, adopting pets, and deciding to recover were recorded as functional strategies. In contrast, dysfunctional mechanisms in the Palestinian context were identified as emotional suppression, seeking validation, and isolation.

Coping mechanisms were essential for the promotion of psychological well-being and the management of stress. According to Lazarus and Folkman (1984), coping was defined as "constantly changing cognitive and behavioural efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person." Their definition elaborated on the dynamic nature of coping strategies and their function in stress management. Coping mechanisms were further classified into problem-focused and emotion-

focused strategies by Carver, Scheier, and Weintraub (1989). The former sought to directly

address the stressor, while the latter sought to manage emotional responses to the stressor.

The functional strategies that participants identified were either problem-focused, which

involved actively resolving issues, or emotion-focused, which involved alleviating emotional

distress through constructive activities. Conversely, poorer mental health outcomes were

associated with maladaptive coping mechanisms, such as emotional suppression and

isolation. The significance of employing functional adaptive coping strategies to preserve

long-term well-being was emphasised by the participant's stated results from implementing

various strategies.

Figure 10

Functional and Dysfunctional Coping Mechanisms

Functional and Dysfuntional Coping Mechanisms
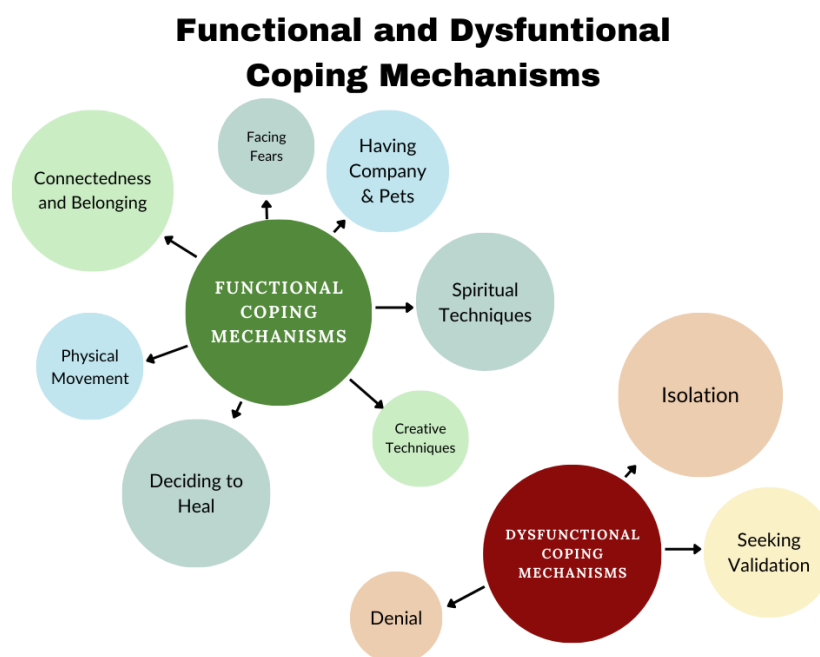
The functional coping strategies were a diverse array of adaptive approaches that were

designed to promote self-care and emotional regulation. These strategies encompassed the

following: caring for pets, making conscious decisions to heal, engaging in spiritual practices,

participating in physical activities, utilising creative outlets, and pursuing companionship.

The significance of seeking social support, participating in physical activities, and utilising creative outlets such as music and the arts to manage stress and cultivate resilience was underscored by the participants. One participant emphasised the importance of outdoor activities and social interaction, stating, *"When I used to break through that feeling and decide to go out, I ended up having a great day, encouraging me to go out more and try new things."* This demonstrated the potential for positive experiences and an improvement in overall well-being by surmounting initial reluctance to participate in social activities.

Among the functional mechanisms for coping, having pets was identified as a functional strategy, since their presence offered emotional support and companionship to participants. A participant described the therapeutic benefits of spending time with their animal companion. *"I spend time with my cat, it is very cathartic... just watching him play... helps me get out of a place where I feel stuck. It is a joy for me to play with him."* This interaction with pets not only provided a sense of relief and joy, but it also assisted individuals in reducing tension and diverting their attention from negative thoughts. The emotional stability and overall well-being of participants were influenced by the unconditional affection and support provided by the companionship of pets.

Spiritual practices and religious beliefs were notable coping strategies that offered participants a sense of spiritual grounding and solace during periods of adversity. A participant expressed the therapeutic benefits of prayer and Quranic recitation by stating, *"When I'm feeling down, I go pray, I read the Qur'an. It takes me to a whole different world."*

Their sentiment was indicative of the significant role spirituality practices played when dealing with stress for the people in Palestine.

In the context of spiritual practices, affirmations and gratitude both were identified as major sub-subthemes that functioned as essential coping mechanisms for the participants. Participants utilised affirmations such as: *"I am present, I am thankful, I am visible, I am worthy."* This cultivated a positive attitude and reinforced their sense of self-worth; as a result, individuals were able to sustain their attention on their intrinsic value and develop a sense of self-appreciation and gratitude. In the spiritual practices of numerous participants, gratitude practices were prominently featured. The importance of prayer with gratitude was clearly stated by one participant. During the interview, they described their personal practice as, *"Praying and recollection after praying; thanking God for all that I have and asking for help in what I need."* Gratitude was observed to not only provide solace but also foster a positive outlook, which in turn facilitated well-being, as evidenced by this and other sentiments.

Prominent functional coping strategies frequently incorporated a proactive approach to personal development and healing. As essential components of their journey toward well-being, participants expressed a desire to confront past traumas, embrace vulnerability, and cultivate self-compassion. One participant articulated this empowering sentiment, stating, *"I don't want to keep blocking. I want to remember my past and deal with it... healing requires confrontation."*

Facing fears and letting go of societal judgments were critical sub-subthemes within the theme of deciding to heal. Participants shared their experiences of confronting and overcoming fears as a critical component of their healing process. One participant recounted,

"When I used to break out of the feeling of being frozen and actually decide to do something about what I'm going through." This underscored the empowerment that individuals achieved by taking proactive measures to confront their challenges. Furthermore, the transformational aspect letting go of societal judgement was identified as a crucial part of deciding to heal . A participant disclosed, *"I was so confined by what people say about me, now I keep repeating this: 'Who among you is without a sin, throw me with a stone'... I stopped caring about what society has to say."* By disregarding societal criticism, participants found it possible to attain self-acceptance and liberation. These changes in perceptions allowed participants to concentrate on their own needs apart from societal judgments, thereby enabling them to experience a sense of well-being that was not influenced by external pressures.

On the contrary, maladaptive coping strategies frequently entailed emotional suppression and forms of escapism. As an example, certain participants disclosed a proclivity for emotional suppression and isolation as a strategy for protecting themselves from distressing experiences. One participant emphasised, *"To defuse the negativity I feel, I remind myself of my most important rule: I have no feelings, I don't care."* This description illustrated the extent to which emotional detachment functioned as a coping mechanism.

Furthermore, the analysis of dysfunctional coping mechanisms also identified two behaviours that were seemingly on opposite ends of the socialisation spectrum: behaviours with the intention to please others or behaviours with the intention to avoid others. Avoidant behaviours were problematic for individuals given the communal nature of social interactions and expectations in Palestinian culture. Conversely, some participants employed self-sacrificing strategies to strengthen their social standing. One participant described how they sought validation through gift-giving, despite their financial constraints. Their intention was to establish a sense of value and recognition for themselves within their community. They

elaborated, *"I want to feel that I exist and that I'm wanted, so I go buy people gifts... even if I barely have money."* The participant's profound desire for social validation led them to detrimental behaviours with their personal finances, thus illustrating the harmful nature of this maladaptive strategy. It showcased the potential for individuals to utilise destructive strategies as a result of their desire to be acknowledged. These maladaptive coping mechanisms resulted from the pressing need to deal with social issues. However, the strategies applied resulted in short-term relief rather than long-term personal well-being.

In conclusion, the interviews described the many maladaptive and functional mechanisms that participants implemented in the pursuit of well-being. The development of emotional regulation and resilience was effectively accomplished through functionally adaptive methods. In contrast, maladaptive strategies rendered individuals vulnerable to harm when their coping mechanisms became counterproductive. It was essential to identify both the functional and maladaptive strategies in order to gain a comprehensive understanding of the individual's efforts to improve their well-being.

Life Line Events Themes and Subthemes

Following the interview, the participants who were part of the general population were asked to fill out a lifeline to identify the significant events that occurred in their lives. Themes and subthemes were identified from these life lines that were grouped according to the participants characterization of positive or negative impacts. Positive events typically occurred around the themes of feeling loved, instances of agency, and breaking societal taboos. Conversely, violence, fears, learned helplessness, loss, and existential crisis were

identified as negative events. The following analysis closely examined the themes and subthemes resulting from Palestinian's life events.

Figure 11

Life Line Events Themes and Subthemes for Laypeople
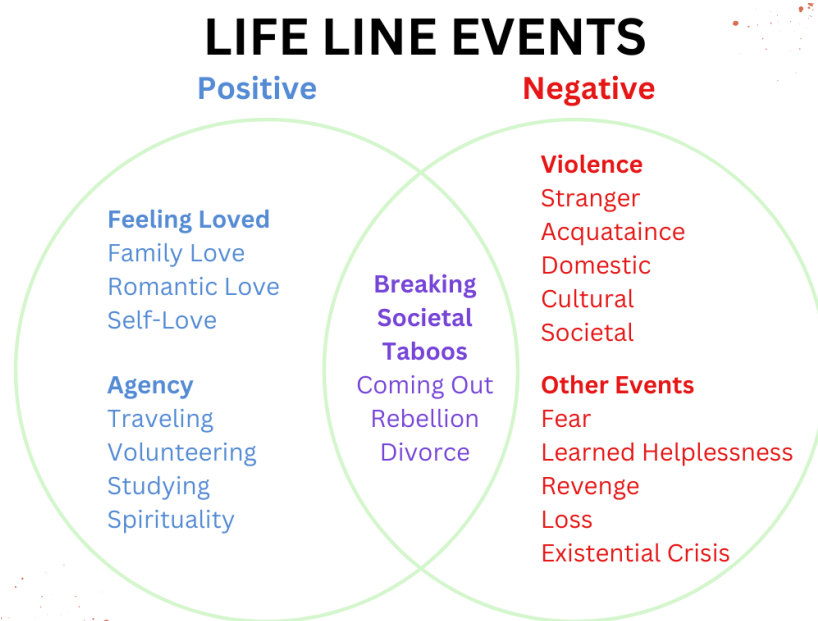
Positive Events

The life line themes reported by participants encompassed both positive and negative aspects of their experiences. Positive themes included feelings of love, agency, and constructive experiences when breaking societal taboos. Delving into the positive events captured in the lifetime calendar offers insights into significant moments that have shaped individuals' experiences and contributed to their personal growth and development.

Feeling Loved

Self-love: Self-love emerged as a fundamental aspect of psychological well-being as it encompassed acceptance, compassion, and care for oneself (Neff, 2003). It involved recognising one's inherent worth and treating oneself with kindness and understanding, even

in the face of mistakes or imperfections. Psychologist Carl Rogers emphasised the importance of self-regard in his person-centred therapy approach when he highlighted how individuals who have cultivated a positive self-concept experienced greater psychological growth (Rogers, 1961). Self-love was not about narcissism or selfishness but rather about fostering a healthy relationship with oneself, which formed the foundation for healthy relationships with others (Branden, 1983). It involved practices such as self-care, self-compassion, and self-acceptance, which contributed to greater resilience and overall well-being. Cultivating self-love involved challenging negative self-talk, setting boundaries, and prioritising one's needs and desires (Neff, 2011). By nurturing self-love, individuals developed greater emotional resilience, authenticity, and a deeper connection with themselves and others. One participant described how receiving validation from others contributed to their sense of potential and self-esteem. They recalled, *"He told me, 'You have a big mind, even though your muscles are small'... this made me feel I do have something to offer even if I don't see it"*, illustrating how hearing this made them feel they had more potential. The development of self-worth was also highlighted as a crucial component of self-love. Participants shared experiences where they began recognising their intrinsic value beyond academic achievements. One participant reflected, *"I felt I had a real sense of worth at the university because experiences taught me that my worth does not solely depend on grades... I realised that I have other qualities people would like me for."* This realisation marked a significant shift in their self-perception, fostering a more profound sense of self-worth.

Participants also elaborated on the ways in which their contributions to the lives of others bolstered their self-esteem. One participant stated, *"It's true that what I did was a simple thing, but it had an impact on someone's life... this made me feel that I can make a*

difference." This acknowledgment emphasised the fact that, for numerous participants, their ability to benefit others served as a means of validating their own self-worth.

Validation: The intrinsic rewards of altruism and giving were described by participants as a source of fulfilment derived from volunteering and community service. One participant stated, "This is the way, helping someone else is helping yourself; we are here for each other." These experiences cultivated a sense of purpose and meaning while fostering personal growth. Interviewees described instances of validation and recognition, affirming their sense of self-worth and value: "The moment I felt the best in my life and knew I'm on the right path, it was from the proud eyes of my father and how people started to look at me." These experiences significantly increased participants' confidence and self-esteem. From anecdotes such as this, the importance of positive acknowledgement from others was seen as an integral part of shaping one's self-perception. These experiences of validation and self-worth influenced participants' recognition of their inherent value. As such, these qualities were determined to be essential components of self-love. By cultivating these characteristics, individuals developed a deeper connection with themselves and others, as well as a higher level of emotional resilience and authenticity.

Mother Love: The development of a sense of love and care in one's existence was significantly influenced by maternal affection. One participant contemplated the profound influence of their mother's affection. The manner in which the mother infused her actions with love and care was particularly significant. The participant explained, *"From the caring love of my mother, I learned how to care and put love in my actions every day."* These

experiences underscored the importance of nurturing relationships and infusing daily activities with warmth and compassion in the developmental stages.

The transformative process of physical growth and development during puberty symbolised a period of transition and maturation. Several participants reminisced about these significant moments, which marked milestones in their journey toward self-discovery and self-awareness. One participant expressed pride in their physical growth by recalling, *"I was so proud when I changed my uniform in school from junior high to senior high; that moment, I felt I was a grownup."* These experiences highlighted the importance of physical changes as markers of personal development and maturation.

First Love: Many of the participants related the ecstatic emotions often associated with first love and new romantic relationships. Many times, these encounters were defined by their warm and exhilarating nature. One participant noted, *"I was extremely happy as she flirts with me... I felt fluffy feelings at that period; it was my first love."* This captured the initial delight and excitement accompanying the first encounters of mutual attraction. On the other hand, another participant related a more complicated experience as they spoke to the bittersweet nature of affection and unrequited emotions. *"He was my first love, yes, but he wasn't the right person because he was dating,"* they said. *"So basically, I was helping him to cheat on his girlfriend."* This participant's perspective highlighted the complex character of first love, encompassing both positive feelings and the possibility of ethical dilemmas. First love's experience usually signalled a major turning point in the participants' life lines.

Self-Awakening: Participants described moments of self-awakening and enlightenment that they characterised as a period when they gained deeper understanding of societal structures as well as personal identity. One participant elaborated, *"I understood how*

the world works... consumerism and capitalism and how this was before the 1800s and the start of Zionism, how Palestine was part of the project... it was an awakening." These experiences prompted critical reflection and awareness of broader social and political issues. As an outcome of these experiences, participants were motivated to acquire further knowledge. Some individuals even acknowledged a personal obligation to advocate for change. This theme emphasised the importance of personal and intellectual growth in the formulation of one's worldview. Furthermore, these experiences fostered a sense of social responsibility.

Seeking Help and Sharing: The value of community and mutual aid was underscored by numerous participants, who emphasised the importance of seeking assistance and support during times of need. One participant stated, *"It was a very intense period, and that's when I understood that it is okay to seek help, so it was the first time I sought help for real."* These experiences cultivated a sense of solidarity and interconnectedness by motivating individuals to show benevolence and compassion toward others. Contributing to a supportive community environment, seeking and offering support strengthened social bonds and improved emotional well-being.

Agency

Bandura (2001) defined agency as the ability of an individual to act independently and make decisions that not only impacted their lives but also the world in which they lived. It was not merely a belief in oneself; agency was a practical instrument that enabled individuals to formulate goals, make decisions, and implement strategies to attain their desired results (Deci & Ryan, 1985). Albert Bandura's social cognitive theory emphasised the active role of agency in human behaviour, suggesting that individuals were not passive

recipients of their environment but proactive agents who exerted control through cognitive

processes such as self-efficacy and outcome expectations (Bandura, 1989). According to

Bandura (2006), agency was not just nice-to-have but essential for personal empowerment. It

played a crucial role in psychological well-being, as individuals who perceive themselves as

agents are more likely to pursue meaningful goals and overcome obstacles.

Cultivating agency was work that entailed the creation of a sense of self-

determination, autonomy, and efficacy, which allowed individuals to confront life's obstacles

with resilience and purpose. By acknowledging and utilising their agency, individuals

actively influenced their lives and made a positive impact on their communities and society

as a whole. Deci and Ryan's (1985) self-determination theory further supported this,

indicating that individuals with a high sense of agency experienced greater motivation and

well-being. One participant highlighted moments of agency and resilience by demonstrating

their ability to navigate challenges and adversity with determination and strength. They

stated, *"And so many times I felt like giving up; there is always a moment in which it feels*

like life has won, but then I get up and fight back again." This statement illuminated how

individuals were able to overcome obstacles and pursue their goals with confidence, fostered

by their perception of agency.

The participants' experiences reinforced the importance of agency in building

psychological well-being. This emphasised the potential for individuals to not only achieve

personal growth but also to develop resilience and have a positive influence on their

communities. By integrating theories of self-efficacy and self-determination, we better

understood the mechanisms through which agency impacted individuals' lives and enhanced

their ability to effect change. This understanding was a powerful tool for psychologists,

researchers, and professionals interested in understanding the role of agency in human

behaviour and well-being.

Breaking Societal Taboos

Breaking society taboos were important moments in participants' lives that involved

confronting long-standing norms, beliefs, and practices deemed forbidden or unacceptable

within a particular society. This idea frequently intersected with issues of social justice,

power dynamics, and identity. Among many other subjects, societal taboos often

encompassed sexuality, gender roles, religion, divorce, rebellion, and politics. Those who

questioned these taboos faced opposition, stigma, and social consequences from their

communities. Breaking social taboos, on the other hand, was also an act of empowerment and

liberation by allowing people to express their authentic selves, assert their autonomy, and be

advocates for social change (UNICEF, 2024). Those who challenged taboos disrupted

repressive systems and advanced inclusiveness, diversity, and acceptance within their society

(Freire, 1970). Often, this process required bravery, resilience, and a dedication to

challenging cultural norms and entrenched structures of power. By their acts, those who

violated social taboos helped to open the path for more understanding, tolerance, and respect

for differences by contributing to wider movements for social progress and cultural

transformation.

Rebellion: Some of the participants recounted instances of defiance and rebellion in

which they rejected societal norms and expectations. One participant noted, *"Everyone*

thought any success I had come from my appearance, so I cut my hair. I shaved it."

Conventional notions of identity and conformity were challenged through experiences such as this, which signified a journey toward self-expression and autonomy.

Coming Out: The critical sub-theme of coming out was identified within the context of breaking societal taboos. Disclosing one's sexual orientation in a highly conservative society came with significant emotional and possibly severe social repercussions. One participant disclosed their struggle and subsequent decision to disclose their sexual orientation to a friend. They explained, *"I was conflicted internally about telling anyone. One day, I just decided to tell a friend that I was gay. He was religiously conservative, yet he was kind and gave me a brother's hug, even though for him what I did was a sin."* This experience emphasised the courage required during the complex process of coming out. However, it also illuminated the unexpected support that can be provided by others. After coming out to their family, another participant expressed the profound relief and authenticity they experienced: *"I couldn't hide who I was anymore, I just had to tell them 'family,' and I felt so relieved to come out and be who I truly am."* These narratives underscored the crucial role that coming out plays in cultivating emotional well-being and self-acceptance, as well as the liberating impact of doing so.

Divorce: Divorce emerged as a significant sub-subtheme within the category of breaking societal taboos. This resulted from the transformative and liberating effects that result from ending an oppressive marriage. The participants discussed their experiences of achieving self-empowerment and freedom as a result of their divorce. One participant recounted, *"I felt better when I got divorced, I felt liberated. No more abuse, no more saying yes to things I did not want."* This statement underscored the sense of relief and autonomy that was experienced upon exiting an abusive relationship. In the same vein, another participant articulated the empowerment and clarity that were attained as a result of the

divorce decision: *"I just took the decision to say no more and I divorced him. I knew the family and society would take long to accept it but it is the time in my life I can honestly say I was free."* These accounts emphasised the significance of divorce as a method of reclaiming one's autonomy and life. By breaking free from societal taboos, these participants took steps toward personal well-being.

Negative Events

In contrast to the positive themes, the profound challenges that participants confronted in their daily lives were identified as negative life line themes. These experiences included violence, fear, loss, poverty, and existential crisis. The ongoing implications of the common life experiences for Palestinians were captured by themes such as learned helplessness, revenge, cultural and societal violence, and transgenerational wounds. Examining the adverse events recorded in the life line calendar provided a glimpse into the hardships that individuals have encountered throughout their lives, thereby influencing their perspectives and experiences.

Stranger and Acquaintance Violence

Stranger and acquaintance violence encompassed a diverse array of detrimental experiences that were perpetrated by individuals who were either unknown to the victim or with whom the victim had a limited degree of familiarity or proximity. This theme in negative life events exemplified the ubiquitous nature of violence in a variety of social contexts, thereby emphasising the potential risks associated with interactions with strangers or acquaintances. Stranger violence was defined by Rennison and Planty (2003) as acts of violence perpetrated by individuals who are unknown to the victim. These behaviours were frequently observed in public locations or during accidental interactions. In contrast, Felson

and Lane (2010) defined acquaintance violence as behaviours committed by individuals with whom the victim has a degree of familiarity, such as classmates, coworkers, or neighbours. Physical assault, sexual harassment, verbal abuse, and intimidation were among the primary manifestations of both of these forms of violence. Consequently, it was essential to comprehend and address the complexities of interpersonal violence that extend beyond the confines of established relationships.

Violence: Some of the participants were subjected to harmful acts of violence. There were numerous forms of these acts. The traumatic experiences of physical abuse and harassment were recounted by some participants, while others described incidents of sexual violence and aggression. The extensive reach of violence was seen by the impact it left on the lives of its victims. One participant expressed, *"From the age of 13 until 21, I have been exposed to sexual harassment from the same person. When I was 21, I told my parents. I'm not sure if that was positive or negative."* The multifaceted and enduring effects of such experiences on individuals were emphasised by stories such as this one.

Bullying: Several participants shared their experiences of bullying and harassment by describing the psychological and emotional impact of peer mistreatment. One participant recollected, *"I went to a new school. I was short and very fluffy as a kid, but the boys at school didn't think so; they hurt and bullied me, and school became difficult."* The type of peer aggression that frequently targets children based on their physical appearance was experienced by this participant. The direct impact of bullying on the emotional well-being and educational experience of children was observed by researchers through this narrative.

However, bullying was not a problem limited only to children. A similar workplace experience was shared by another participant. *"I am being bullied at work. The people I work*

with always exclude me from anything and everything." This narrative highlighted the extent

to which abuse extends beyond childhood to adults in professional environments, as

evidenced by the participant's social exclusion and isolation. The adverse effects of social

exclusion were described in these personal testimonies and supported by many others. The

pervasive impact of bullying in both educational and professional contexts reinforced the

necessity for interventions that foster a supportive and inclusive environment. Furthermore, it

was determined that supportive interpersonal relationships are indispensable for well-being.

Interventions that promote inclusive environments and healthy relationships may have the

capacity to mitigate the long-term psychological harm caused by bullying. Furthermore, these

initiatives would ensure that individuals experience a sense of encouragement and

appreciation within their respective communities.

Witnessing Violence: The enduring psychological effects resulting from witnessing

violence were observed as participants recounted their traumatic experiences. One participant

shared, *"When I was 11, my father was beaten up in front of me by my uncles... I saw my*

father's blood everywhere, and our house was broken into pieces from what happened. I

know this had an impact on me." The profound and enduring psychological effects of

witnessing such violence were vividly illustrated in this narrative. Stories such as this

underscored the necessity of support and intervention in order to disrupt cycles of violence

and the intergenerational transmission of trauma. Comprehensive strategies were found to be

required to address complex issues such as witnessing violence within the family setting, as

these events not only impacted immediate psychological well-being but also influenced

future relational patterns.

Verbal and Sexual Abuse: Many participants shared experiences of verbal and sexual

abuse, which detailed the profound effects of psychological manipulation and violation. One

participant recounted, *"I was 6. I went to the supermarket and asked the salesclerk for bread with half a shekel. He yelled and told me how stupid I was. This caused fear in my life... it was a long time until I was able to go again to the supermarket."* This narrative illustrated the enduring impact of verbal abuse on a child's confidence and sense of security, further emphasising how early negative interactions can instil long-lasting fear and avoidance behaviours. Another participant described an incident of sexual harassment. *"I was 13, I was walking down the street, and there was an old man... he gave me a disgusting look I will never forget and said, 'God bless your vagina'... I was terrified."* This account poignantly highlighted the deep-seated trauma and pervasive fear that such encounters can cause. The phrase "God bless your vagina" exemplified the objectification and sexualization that can lead to a profound sense of violation and helplessness. These types of experiences often resulted in long-term psychological distress and hypervigilance in similar environments.

Experiences of rape further emphasized the severe psychological impact of sexual violence. One participant recounted, *"I was very clear that it was a no... he put his legs on my hands and held me from my hair, then he put it in my mouth. Then he told me, 'it is much nicer because it's against your will',"* highlighting the extreme violation and trauma inflicted by such acts. This narrative illustrated the physical and emotional brutality of rape, where the perpetrator's enjoyment of coercion compounds the survivor's trauma. Another participant reflected on the dehumanising nature of rape, stating, *"He didn't treat me like a human, you know, he stripped me out of my humanity at that moment."* This emphasised the profound

loss of personal agency and humanity experienced by survivors of rape, reflecting the deep

psychological scars that such acts of violence leave behind.

Domestic Violence

The lifeline encompassed a variety of forms of abuse that were perpetrated within

intimate relationships or familial contexts, and domestic violence was a pervasive and

profoundly troubling aspect of the negative life events. Domestic violence was identified by

Stark (2007) as a combination of abusive behaviors, including emotional manipulation,

financial coercion, sexual assault, and physical violence. Victims of this type of violence are

at an increased risk of harm due to their emotional attachment to the relationships and the

perceived absence of secure escape routes, which generally occur in the privacy of the home.

For instance, *"My ex-husband used to hit and insult me all the time,"* revealed one participant,

emphasising the ongoing nature of abuse in certain relationships. Johnson (2008) emphasised

the importance of power and control dynamics in domestic violence, noting that perpetrators

frequently use coercive tactics and manipulation to establish dominance and maintain

authority over their partners. This was illustrated by the experience of another participant,

who stated, *"Sometimes I threaten him, I grab the scraper and hit him with it."* This

participant went further to suggest a cycle of control and retaliation. The experiences of

participants indicated that domestic violence frequently led to more than acute physical

injury. Social isolation and economic instability for victims and their families, in addition to

profound psychological trauma, were frequent results of experiences with domestic violence.

The accounts from other participants underscored the significant concern of

intergenerational transmission of abusive behaviour. An individual stated, *"Today, my son*

called me a 'bitch' in the middle of the street; he heard my mother calling me such names

more than once." This illustrated the perpetuation of abusive language and behaviours within families. In the same vein, another participant recounted their story, saying, *"I was hit by my father a lot of times... My mom hit me for the first time when I was 13. I was a bit shocked because my dad is usually the one who beats me up."* The normalisation of violence in familial settings was observed in this statement.

Emotional Abuse: Participants elaborated on instances of emotional abuse from family members, describing hurtful interactions that left lasting scars. These experiences highlighted the damaging effects of verbal aggression and underscored the importance of supportive relationships during times of distress. One participant shared, *"I was beaten up so many times, not knowing why or what I did,"* illustrating the confusion and pain that accompanies unexplained and arbitrary abuse.

Lack of Freedom and Control: The participants articulated situations of constraint and limitation that gave rise to feelings of powerlessness and a lack of autonomy. These experiences emphasised the significance of agency in promoting personal well-being. Also, they described the detrimental effects of restrictive environments. This sentiment was eloquently expressed by a participant, who stated, *"Relationships make you feel obligated to fulfil duties beyond your desire, forcing you to do things you don't want to do."* This quote expressed how far external pressures and obligations can undermine individual autonomy. The result of which was a feeling of entrapment and compulsion. Another participant commented, *"As long as he (the father) lived, it meant I couldn't do anything I wanted in my life. It always had to be his way."* Authoritative relationships significantly impacted personal freedom, as individuals' desires and aspirations were suppressed in order to satisfy the expectations of the person, or people, in control. The critical necessity of environments that

promote personal freedom and self-determination to improve overall mental health and well-

being was emphasised by these dynamics.

Neglect: Neglect and abandonment were identified by some participants. The

emotional toll of unmet needs and inadequate care was vividly illustrated by these

participants. One participant disclosed, *"My sister-in-law gave birth to their first girl. From*

that day on, I never heard a good word from my mother." This family's context was

characterised by a lack of positive reinforcement and emotional neglect. Another participant

shared a comparable experience: *"I called him and told him, 'Dad, I passed my final year in*

school.' The first thing he asked was, 'What about your brother?'" From this quote, the

widespread sense of neglect that arose when parental attention and validation were withheld

or given to another individual could be seen. The narratives illustrated the substantial

influence of neglect on psychological well-being. The research analysis determined that it

was imperative to cultivate resilience and facilitate healing through supportive relationships

and nurturing environments.

Fears

The category of human fears represented a diverse variety of emotional responses to

perceived threats or hazards. A broad spectrum of anxieties had a substantial impact on the

lives and well-being of individuals. Freud (1920) posited that fear was a natural aspect of the

human psyche, emanating from primordial instincts for self-preservation and survival. These

fears encompassed an extensive array of topics, including existential concerns regarding

mortality and meaninglessness, as well as more immediate anxieties, such as the fear of

abandonment or failure. In a profound manner, they influenced relationships, behaviours, and

beliefs. LeDoux (1998) underscored the importance of the amygdala in the processing of fear

responses, emphasising the neurobiological mechanisms that underlie emotional responses to perceived threats. Although fear could function as a critical survival mechanism, chronic or irrational fears significantly impaired the quality of life and functioning of individuals. They often resulted in avoidance behaviours, anxiety disorders, and other mental health challenges.

Additionally, the research conducted by Öhman and Mineka (2001) further investigated the role of social learning and conditioning in the development of fear responses. Their research focused on the context surrounding the individual, which included societal norms, cultural influences, and prior experiences. Specifically, they investigated the influence of the individual's perception of vulnerability and threat. Consequently, it was determined that a holistic approach that acknowledged the impact of biological, psychological, and environmental factors on the perception of safety and security was required to address human concerns. The data analysis from this study confirmed this research.

Fear of Abandonment: Participants expressed profound fears stemming from feelings of abandonment and rejection. Furthermore, they contemplated the severity of the impact of these perceived threats on their mental and emotional well-being. One participant recollected, *"I was walking with my dad while I stayed focused on my mom... so I wouldn't lose her. I eagerly wanted to be walking with her, but I did not say anything. I was scared she would leave me with him."* This participant's example spoke to the experience of deep-seated anxiety and vigilance that often co-occurred with the possibility of abandonment. Another participant shared, *"There was unappreciation in most of my life, rejection, and abandonment; these three things reoccur through my traumas. These emotions are always present."* The pervasive and recurring character of these fears throughout their life experiences was underscored by their statement. These narratives revealed how an individual's emotional responses and relational patterns can be profoundly influenced by deeply ingrained fears of abandonment.

Fears such as this frequently led to a persistent sense of insecurity in relationships and increased sensitivity to perceived slights. It was crucial to fathom the broader implications for the psychological and emotional development of individuals through attempts to understand the roots and manifestations of these fears.

Fear of Failure: Participants expressed a pronounced fear of failure frequently accompanied by significant anxiety and physical symptoms. A participant stated, *"Every time I thought about going to university, I used to feel so anxious and afraid of failing, to the extent that I felt even my physical being was telling me not to go."* This example revealed the severe anxiety and physical consequences that resulted from the fear of failure. Individuals' academic and personal goals were affected by these manifestations. The accumulation of these fears substantially impeded the mental health and self-confidence of the participants.

Fear of Judgement: The researchers observed that the fear of judgement was a frequent occurrence during the data analysis. This fear was cited by participants as a limiting factor in their willingness to seek assistance or discuss their traumatic experiences with others. One participant shared, *"When he raped me, I couldn't tell my girlfriends. I knew the girls were going to judge me, asking why I was at his place in the first place and so on, so I didn't say anything."* Through this account and others, researchers observed the ubiquitous nature of social judgement and its influence on the willingness of individuals to disclose personal traumas. A substantial psychological barrier was established by the anticipation of negative judgement and victim-blaming, which hindered individuals from obtaining the

necessary emotional and social support. This fear served to exacerbate feelings of isolation and humiliation, thereby complicating the healing process.

Learned Helplessness

Seligman and Maier (1967) conceptualised learned helplessness as a psychological phenomenon that was defined by a perceived lack of control or agency over one's environment. This perception led to sentiments of resignation and powerlessness when faced with adversity. Frequently, individuals who were confronted with unavoidable and intractable stressors developed a sense of learned helplessness. They come to the conclusion that their actions had little to no impact on their circumstances. Decreased motivation, diminished problem-solving abilities, and an elevated susceptibility to anxiety and depression were all associated with this cognitive state (Abramson et al., 1978). According to the participants' lifelines, learned helplessness was evident in a variety of domains in their lives, such as work, relationships, and personal well-being. It perpetuated cycles of passivity and disengagement. In contrast to agency, which involved a sense of empowerment and efficacy in influencing one's outcomes, learned helplessness cultivated a sense of hopelessness and resignation. Individuals experiencing learned helplessness were unable to adapt and thrive in the presence of obstacles. Due to this, the identification of cognitive and behavioural patterns associated with learned helplessness was crucial.

Self-Blame: Some participants contended with feelings of self-blame and guilt, reflecting on internalised narratives of responsibility and inadequacy. One participant shared, *"When I remember the rape incident, it upsets me that maybe I blame myself a little bit... because I went out with him while I knew he was a shitty guy."* The detrimental impact of

internalised negative beliefs, which exacerbated feelings of helplessness and hindered the process of healing and self-compassion was expressed poignantly by this participant.

Resentment and Envy: The detrimental impacts of negative emotions on interpersonal relationships were suggested by the participants' descriptions of resentment and envy. These narratives underscored the significance of cultivating healthy relationships with others by promoting forgiveness and empathy. One participant expressed a particularly poignant reflection: *"I feel so bad for saying this, but many days when I went home, I knew that it would be all gloomy, and my family would treat me like shit because my dad was sick with cancer. I wished he was dead. He always beat me up."* This narrative exemplified the profound inner conflict and remorse that accompanied feelings of resentment. These emotions were especially potent when they were directed at a chronically ill family member. The participant's internal conflict depicted the strained family dynamics and detrimental desires that resulted from unresolved negative emotions.

Loss

The experience of loss was a profound, universal human feeling brought on by a number of circumstances, such as separation, bereavement, or relinquishment. Existential questions and emotional distress were commonly prompted by the experience of loss. Grief, as described by Kubler-Ross (1969), was a natural reaction to these experiences, usually progressing through a series of phases, which included denial, anger, bargaining, depression, and acceptance. Regardless of whether the experience involved the loss of a cherished opportunity, the end of a relationship, or the demise of a loved one, grief possessed a universal quality. During the aftermath of a loss, individuals typically experienced difficult feelings such as sorrow, emptiness, and longing. Moreover, loss challenged individuals' sense

of identity, purpose, and belonging as well as prompting existential reflections on the transient nature of life and the inevitability of change. Through mourning and commemoration rituals, individuals sought to honour the memory of what had been lost while also finding solace and meaning amid grief.

Friendship: The loss of friendships, particularly those that were characterised by toxic dynamics, resulted in complex emotional landscapes. The narrative of one participant spoke to the difficulty of separating from an unhealthy, yet deeply emotional, friendship: *"I loved her, but I knew our relationship was very toxic. It was hard to separate from her, but I feel peace of mind... I had to always think about if she was angry and had to guess why. It's sad to lose a friendship, but at least I have peace of mind."* This account underscored the dual nature of such losses, which encompassed emotions of both relief and sorrow. The process of terminating a toxic friendship was distressing for participants who experienced comparable losses. However, it yielded substantial psychological benefits, including reduced anxiety and improved emotional stability.

Poverty: For many of the participants, the prevalence of systemic injustices sustained cycles of poverty and inequality. Many related stories of poverty and financial struggle. One participant shared, *"Our family's financial situation has been shaped by the day my father burned our house down as revenge... we were forced to live at an abandoned house. We didn't even have beds to sleep on."* This moving story showed how domestic violence could aggravate already unstable financial situations for vulnerable families. The impact of poverty

was not limited to mere financial deprivation; it also affected participants' mental health, relationships, and overall well-being.

Imprisonment: Some participants shared their experiences of imprisonment and persecution, which served as a testament to the influence of political oppression and injustice on personal autonomy and freedom. The narratives underscored the psychological and emotional toll of incarceration, as well as the broader social and political contexts that contributed to such experiences. A participant informed us, *"Three days into his surgery, my brother was imprisoned by the Palestinian Authority without medical treatment... four months later they let him out... only to be targeted and imprisoned by Israeli special forces through Palestinian-Israeli coordination."* This account emphasised the ongoing and multifaceted nature of oppression that individuals encountered; conditions that exacerbated their sense of vulnerability and lack of control over their own lives.

Cultural and Societal Violence

In the course of their daily lives, participants were confronted with the complex phenomenon of violence stemming from cultural and societal sources. This violence was the result of systemic forms of oppression and inequity that were deeply ingrained in the structures of society. These forms of oppression and inequity included nepotism, corruption, and other forms of social injustice. According to Sidanius and Pratto's (2001) Social Dominance Theory, these systemic inequities were maintained by social hierarchies and power dynamics that privilege certain groups over others. Prilleltensky and Prilleltensky (2003) investigated the ways in which these social injustices impact psychological well-being through their establishment of environments characterised by chronic stress and marginalisation. Galtung (1969) provided additional clarification on the concept of structural

violence by illustrating how societal structures perpetuate inequality thus impeding individual and communal well-being. These theoretical frameworks emphasised the widespread influence of cultural and societal violence on the access of individuals to opportunities, legal justice, and overall well-being. In order to address these deeply rooted forms of violence, it was necessary to implement comprehensive interventions that were designed to promote social justice and equity. These endeavours have the potential to facilitate the dismantling of oppressive systems that obstructed personal and collective development.

Corruption: The subtheme of corruption emerged as a significant issue that impacted the lives of the participants in numerous ways. One participant emphasised the widespread nature of corruption, asserting, *"If you know people in high places, you can get anything you want. I have seen this in all aspects of life, job positions, getting into school, getting out of jail... etc."* From other participants' recollections, the researchers observed the extent to which individuals in positions of power could obstruct justice and fairness. Corruption, as illustrated in this instance, fostered an environment in which power and privilege determine the results independent of the conventional systems. An additional participant provided a personal and distressing illustration of the devastating effects of corruption. *"My mom did not want anything but to get divorced and have custody of us, her children. But my dad knew people in court. He wanted to humiliate her. He dragged her in court for 6 years because of his 'people' and eventually stripped her off all her rights to accept to divorce her."* This account demonstrates how corrupt practices resulted in significant injustice and anguish when personal connections and influence were prioritised over legal rights and ethical considerations. Collectively, these narratives underscored the severe adverse consequences of corruption on the lives of individuals. Additionally, they emphasised the necessity of

systemic reforms to guarantee justice and equity by revealing the broader societal

implications.

Nepotism: Nepotism was identified as a significant concern among participants and,

as such, a critical subtheme under cultural and societal violence. Participants illustrated the

way in which favouritism based on personal relationships undermined fairness and equity.

One participant elaborated on this practice. *"I help people with the expectation that they'll*

either repay the favour or show loyalty. Whether they return the favour soon or later, it

shows loyalty. I'll expect their defence if I'm publicly criticised. If I ask for a favour, like

helping someone I know, they'll oblige out of loyalty and gratitude for my past help in

something they don't want to be revealed. In all cases, I maintain the upper hand." This quote

directly illustrated the manipulative and reciprocal nature of nepotism. The participant

directly disclosed the process of exchanging favours and loyalty in order to establish power

and control within professional and social networks. Through practices such as these,

inequality was perpetuated by providing individuals with connections an advantage over

those who lack comparable affiliations. Nepotism was a critical factor in the establishment of

environments characterised by corruption and dependency. Systemic injustices, such as the

erosion of trust in institutions and the reduction of opportunities for merit-based

advancement, were exacerbated by the prevalence of nepotism.

Extortion: The intense fears and anxieties that resulted from coercion and forced

compliance were described by participants who shared experiences related to extortion. A

participant vividly recalled, *"At the age of 8, I was thinking about how I would be forced to*

marry against my will, as well as how I would be asked to do things I don't want or am not

ready for, while knowing there will be consequences if I try to fight." This contemplation

emphasised the gravity of the extortion threat, which involves the coercion of individuals to

comply with demands in order to avoid negative repercussions. Extortion's profound impact

on personal agency, particularly in decision-making processes, was underscored by the quote.

It also demonstrated the broader context of cultural and societal violence, which could

undermine personal autonomy and perpetuate cycles of fear and oppression through power

dynamics and coercion.

Existential Crisis

An existential crisis was defined as a profound psychological and philosophical

upheaval in which individuals confront fundamental questions of existence, meaning, and

purpose (Yalom, 1980). This crisis frequently manifested during periods of transition, loss, or

significant life changes. It compelled individuals to confront the inherent uncertainties and

ambiguities of human existence. Jean-Paul Sartre (1956) defined existentialism as a

philosophy that emphasised the individual's freedom and responsibility, as well as the

absence of inherent meaning in the universe. In the same vein, Viktor Frankl's (1959)

research on logotherapy identified the importance of discovering meaning and purpose in the

face of adversity. Ultimately, after a process of introspection and reflection, individuals

emerged from an existential crisis with a more profound understanding of their significance

in the world, authenticity, and a renewed sense of purpose.

Identity: Several participants reflected on their own personal encounters with identity

conflict and marginalisation. Throughout this process, the challenges of navigating

overlapping social identities in diverse cultural settings were emphasised. By examining their

own thoughts and experiences, they exposed the challenge of preserving a stable and coherent

sense of self in settings that frequently erode particular identities. This struggle was

articulated by one participant, who stated, *"I was always the odd one... I'm the daughter of a*

Christian mother and a Muslim dad; people of both religions do not accept me. I don't either know which one I am." This illustrated the profound existential crisis that individuals who juggle multiple cultural and religious identities encounter. This story, among others, displayed the internal conflict and societal pressure that exacerbated feelings of alienation and uncertainty.

Loneliness: Participants indicated that their mental and emotional well-being was adversely affected by the absence of strong interpersonal relationships. They reported that feelings of isolation and loneliness were the result of this social disconnection. The following narratives revealed the significant impact of loneliness on an individual's well-being; as well as how the adverse effects of loneliness were mitigated by maintaining strong social support systems. One participant observed, *"I always have people around me, but I still feel very lonely."* This served to illustrate the paradox between emotional attachment and physical proximity. Another participant expressed, *"I felt like I was always the piece that does not fit in the picture... I felt loneliness the whole time,"* which depicted the existential crisis of non-belonging. Furthermore, a participant observed, *"I always feel lonely, even though I know that I am not alone. I have a lot of friends... but the feeling still persists."* The persistent existence of loneliness, regardless of social interactions, and the deep longing for genuine connection and understanding were collectively underscored by these quotes.

Divorce: The emotional burden imposed by transitions, divorce, and familial dissolution was the subject of reflection for the participants. These accounts accentuated the necessity of supportive interventions during such transitions, through emphasising the substantial impact of divorce on personal stability and emotional health. One participant recounted, *"When my mom and dad got a divorce, I was 4 years old. I remember we were going out of the courtroom, and my dad was walking me away from my mom, and I just*

wanted to be with her." The profound sense of loss and confusion that children suffer during the separation process of their parents was exemplified by this emotional memory. Another participant shared, *"I married a shitty man; he beat me up every chance he got, and on top of that, he was cheating on me. When he took me to court to divorce me, he hit me in the eye. I was blind for an hour."* This statement explicitly described the cumulative psychological and emotional damage that arose from domestic violence that occurred amidst highly distressing divorce proceedings. These stories highlighted the crucial requirement for a comprehensive support system to assist individuals in navigating the emotional terrain of divorce and its aftermath.

Generational Traumas: Participants described experiences of intergenerational trauma and familial anxiety that resulted from the enduring legacy of past traumas on present-day relationships and experiences. These narratives illustrated how unresolved traumas from previous generations can perpetuate cycles of distress and dysfunction in families. One participant shared, *"Because of my mom's experience, a Christian woman, who ran away with a Muslim man, who turned out to be an asshole. My family was terrified that I would repeat the same mistake and treated me accordingly."* The participant's narrative revealed the prevalent nature of generational trauma, which referred to the significant impact that unresolved traumas from previous generations had on the experiences and perspectives of subsequent generations. It produced a continuation of recurring patterns of anxiety and excessive protection. These challenges in family dynamics and individual behaviours often originated from generational trauma.

Breaking Societal Taboos: Several participants reflected on instances in their lives in which they defied societal norms and taboos. The importance of resilience and courage was established by their experiences as they faced oppressive social systems. One participant

shared, *"When my family found out I'm gay... even though none of them beat me, the amount of verbal abuse was massive, but then I came to accept that I was who I am, and they need to learn to accept it."* This narrative underscored the significant emotional toll and verbal abuse encountered when defying societal expectations while also emphasising the importance of self-acceptance and persistence in the face of adversity. These accounts emphasised the importance of individual agency and resistance in fostering social change and promoting inclusivity and diversity within communities, illustrating how personal resilience can drive broader societal transformation.

These narratives from all the participants in the study offered a profound comprehension of the multifaceted and varied aspects of the human experience for Palestinians. They highlighted the resilience, vulnerability, and capacity for growth that existed in individuals who were confronted with circumstances that were particularly difficult. Through the investigation of the life line question that was posed to the interviewees, the researchers carried out an exhaustive analysis by analysing both the negative and positive experiences that Palestinians have had.

Mental Health Professionals

The insights gleaned from interviews with mental health professionals provided valuable perspectives on the conceptualizations of mental health and illness, sources of satisfaction and dissatisfaction, coping mechanisms employed within the Palestinian

community, and prevailing thoughts on developing a culturally and contextually relevant

model of psychology tailored to the Palestinian context.

Figure 12

Mental Health Professional Perception of Mental Health, Themes and Subthemes
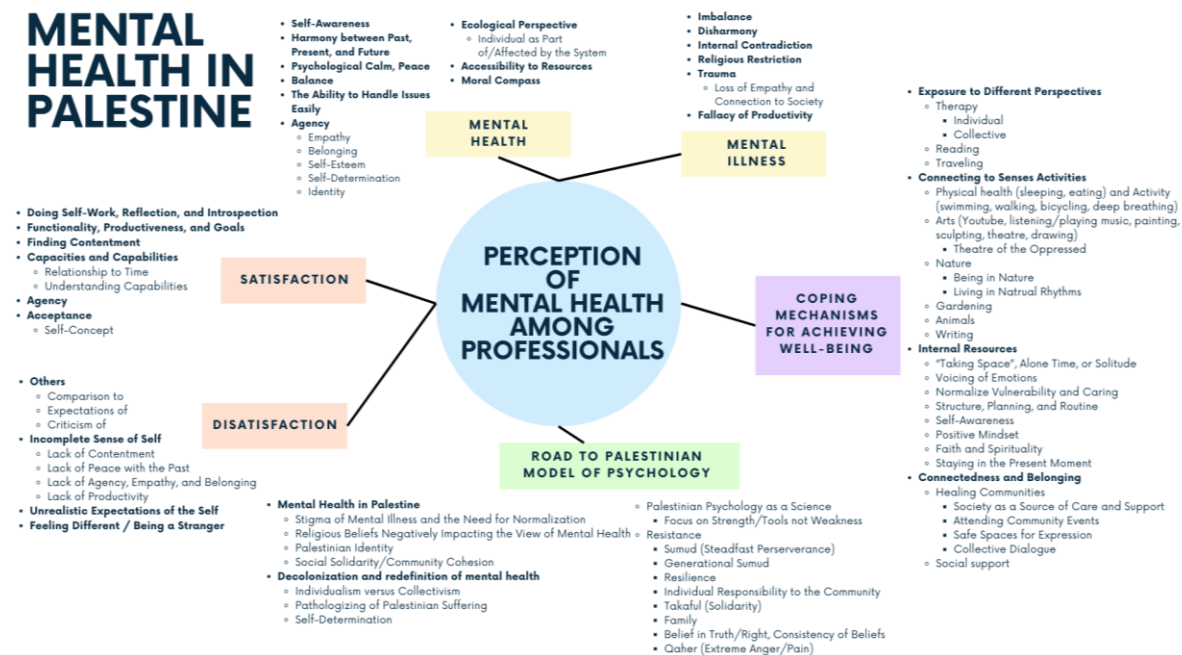
Interview Response Themes, Subthemes, and Discussion

Mental Health

The professionals in the field of mental health identified a number of essential aspects

of mental health, which included self-awareness, harmony between the past, present, and

future, psychological calm, balance, and the ability to easily deal with problems. In addition,

concepts such as agency, empathy, belonging, self-esteem, self-determination, and identity

emerged as essential components of mental health and wellness. Similarly, the Ecological

Perspective was brought to light, which placed an emphasis on the individual's connection to the larger system as well as their ability to access resources.

Table 5

Mental Health Themes and Subthemes

Mental Health Themes	
Main Theme	*Subtheme*
Self-Awareness	
Harmony Between Past, Present, and Future	
Psychological Calm, Peace	
Balance	
The Ability to Handle Issues Easily	
Agency:	Healing Past Wounds
	Purposefully Communicating
	Empathy
	Belonging
	Self-Esteem
	Self-Determination
	Identity
Ecological Pespective:	Individuals as Part of/Affected by the System
Accessibility to Resources	
Moral Compass	

From both the general population and mental health professionals' interviews, mental health was defined as a multifaceted construct of well-being closely entwined with personal, social, and historical contexts. Stemming from the perspective of a specialist who said, *"Mental health is that human beings and people know themselves and are able to have balance with themselves and their surroundings through their self-awareness,"* self-awareness was established as a fundamental pillar. This profound self-understanding extended to harmonising one's past, present, and future, as the specialist further emphasised, *"Our past has a very important role in shaping our present... we can live the present and the future in a much more psychologically balanced way."* As several respondents claimed, achieving psychological calm and peace was absolutely essential for negotiating the complexity of life without constant turmoil. Two professionals described mental health as

"achieving psychological calm, creating balanced relationships with the surroundings," and *"it means being at peace with ourselves and comfortable."*

Within the practitioners' definition of mental health emerged the primary theme of balance. Despite the fact that they articulated this concept from a variety of perspectives, participants underscored the importance of maintaining a balance between one's internal state and external environment. One practitioner noted, *"Mental health is creating a balanced relationship with your surroundings."* This quote spoke to the importance of maintaining equilibrium in interactions with the external world. Another added, "To wake up feeling that you like the place you are at, that you can stand on your own two feet, to feel balanced." The term's significance as a concept for personal satisfaction and stability was underscored by its frequent use by a variety of practitioners. For example, another specialist identified the importance of a balanced approach to life's obstacles. They stated, *"I think that there must be a psychologically balanced approach to everything around us."* These reflections collectively detailed how achieving balance fostered a stable and fulfilling life that was fundamental to mental well-being.

Agency emerged as a pivotal theme in the practitioners' definitions of mental health. It contained the sub themes of empathy, belonging, self-esteem, self-determination, and identity. One practitioner articulated the essence of agency by stating, *"The definition I'm giving… includes that the person still has the ability to act, agency, self-agency. The person remains able to integrate and has not lost empathy, so, has agency, capable of empathising… and is able to be integrated and active in society, connected to society."* This quote underscored the intrinsic connection between agency and empathy. The capacity to understand and share the feelings of others was integral to being an active and engaged member of society. Another specialist elaborated on the relationship between agency and

self-esteem and self-determination, noting, *"On the individual level... mental health, of course, has a relationship with self-esteem, it has a relationship with how much control the person has over their lives, how much they have self-determination, how much they have choices, how much they are able to decide how to go on about their daily life... and to have some positive vision of their identity."* This highlighted how self-esteem, self-determination, and a positive identity were interlinked and significantly influenced by the supportiveness of one's relationships and social networks.

Identity emerged as another significant subtheme under agency, with practitioners emphasising its connection to mental health. A specialist elaborated, *"Mental health is related to how much satisfaction there is... and the identity to be also positive, or to have some positive vision of his/her identity, who he is....but at the same time these are not defined/determined on their own, these are connected to relations and networks of relations that the person exists within, how supportive [the relationships] are."* This statement highlighted the intricate relationship between an individual's sense of identity and their mental health. A positive and coherent sense of identity, supported by a nurturing social environment, contributed to overall well-being. It emphasised the role of social networks and supportive relationships in shaping and reinforcing a healthy sense of self, which is fundamental to one's agency and mental health.

Furthermore, practitioners underscored the importance of access to mental health resources as a fundamental element of preserving one's well-being. The importance of having full and equitable access to support systems and services was underscored within the context of this theme. One practitioner noted, *"This is also connected to the wider context that the person lives in as an individual or a group, for example, as a minority such as women, or people with disability, etc., at the collective level, how are the policies implemented in their*

context, how available are resources, how much accessibility there are and resources, how much justice, I don't want to say equality I say justice to achieve these things." This quote described the complex nature of accessibility in Palestine, which encompassed not just the physical availability of resources but also fairness and justice in their distribution. Ensuring that marginalised groups have access to mental health services was essential for fostering inclusive and supportive environments. Practitioners emphasised that future policies must be designed to establish a just system, in which resources are allocated according to context and need rather than applying a universal approach. The accessibility and availability of mental health resources were therefore demonstrated to be critical components of achieving overall psychological well-being.

The concept of a moral compass was also highlighted as a foundational element of mental health by the practitioners. One expert described it as *"Mental health is taking notice of one's feelings, monitoring one's feelings, dealing with feelings as if they were the direction, as if they were the compass telling them what they want and where in the world to go."* The concept presented by this participant emphasised the significance of self-awareness and ethical guidance in navigating one's life. Another practitioner revealed the intergenerational transmission of these concepts. *"Mental health is when there is a moral compass, having it accumulated from generation to generation upon generation."* The quote highlighted the importance of intergenerational values being passed down through cultural and familial contexts. For the purpose of ensuring mental well-being, it has been recognized as imperative to cultivate a moral compass that is influenced by one's family or society.

By combining various professional viewpoints, it became clear that the concept of mental health included not only an individual's psychological well-being but also the social,

cultural, and systemic dimensions. They collectively clarified the importance of holistic

approaches for fostering the overall well-being of the Palestinian community.

Mental Illness

Conversely, in the category of mental illness, practitioners characterised the concept

with the themes of imbalances, disharmony, internal contradictions, religious restrictions,

trauma, and a loss of empathy and connection to society. The fallacy of productivity and the

perception of oneself as unproductive were also identified as contributing factors to mental

distress.

Table 6

Mental Illness Themes and Subthemes

Mental Illness Themes	
Main Theme	*Subtheme*
Imbalance	
Disharmony	
Internal Contradiction	
Religious Restriction	
Fallacy of Productivity	
Trauma:	Loss of Empathy and Connection to Society

The examination of mental illness within the Palestinian community, as expressed by

both participants from the general population and experts, unveiled a deep comprehension of

psychological distress. A mental health specialist defined mental illness as a "imbalance,"

indicating a fundamental disharmony within individuals. This characterization suggested that

mental illness was not simply the manifestation of symptoms, but rather a more profound

disturbance in the alignment between one's internal states and external behaviours. This

sentiment was reiterated by another expert, who observed that illness frequently originated

from unfulfilled needs. This indicated that psychological distress occurred when basic

emotional or psychological needs were not met. This viewpoint was consistent with
Humanistic theories of psychology, which prioritised the fulfilment of fundamental human
needs for psychological well-being.

These specialists further elaborated on this notion by emphasising the disharmony that
arose when thoughts, feelings, and behaviours fail to align. One specialist stated, *"When my
thoughts, feelings, and behaviours cease to be harmonious... I have a problem with the
concept of mental health."* This highlighted the importance of internal congruence and
coherence for mental well-being, suggesting that psychological health requires a harmonious
integration of cognitive, emotional, and behavioural dimensions. This view was consistent
with cognitive-behavioural models that stressed the interplay between thoughts, emotions,
and behaviours in maintaining mental health.

Another specialist enriched this understanding by depicting individuals living in
contradiction with themselves, pulled in disparate directions by internal conflicts: *"People do
not have this awareness and have a personality that is completely in the dark, and in front of
people is a different personality. There is no balance."* This observation demonstrated the
detrimental impact of internal conflict and a lack of self-awareness on mental health. The act
of presenting a false image that contradicted one's authentic self-resulted in internal
discomfort and psychological conflict. This phenomenon exemplified the concept of
"cognitive dissonance," which referred to the psychological distress that resulted from
holding conflicting beliefs and behaviours.

Other experts emphasised the influence of religious restrictions on mental health,
particularly in relation to the judgmental attitudes and self-righteousness that were prevalent
in the community. A specialist stated, *"Religion is an issue, big time, because people assume*

that they are the police, this self-righteousness; I am right, and you are not." This analysis

clarified the degree to which religious inflexibility and judgmental attitudes contributed to

psychological distress by fostering an atmosphere of intolerance. The presence of community

members acting as moral arbiters created an environment where individuals experienced a

constant sense of scrutiny and judgement. These behaviours, in turn, worsened anxiety, fear,

and the expectation to conform.

Another specialist explained their perspective on the pervasive issue of the effect of

trauma on people as an issue that encompassed the profound loss of agency and a

disconnection to society. *"Let me say that trauma, which is very common in Palestinian*

society, makes a person helpless and does not have agency." This illustrated the influence of

prolonged exposure to trauma, particularly in regions plagued by conflict, on an individual's

capacity to effectively manage their own life. Furthermore, individuals felt a sense of

detachment from their society. The concept of agency, which denoted the capacity to act

autonomously and make independent decisions, was essential for the advancement of

psychological well-being. Individuals' perception of having control over their lives

diminished as a result of persistent trauma, leading to feelings of helplessness and

disempowerment. The gradual deterioration of confidence within their community and the

disruption of interpersonal connections further exacerbated the loss of agency. The

psychological consequences of trauma were exacerbated by these events.

Finally, a practitioner's analysis of the fallacy of productivity challenged deeply

ingrained societal norms. This perspective highlighted the stress that stems from adhering to

pre-established societal norms and the harmful effects it has on an individual's psychological

well-being. *"We are looked at from the idea that we must be productive, to go to work at*

certain times, to produce, you are to be drained." The quote and viewpoints of other

professionals unequivocally illustrated the significant impact of socio-cultural dynamics, historical traumas, and systemic inequalities on mental illness within the Palestinian community. The analysis of themes in the mental illness category underscored the significance of comprehensive strategies that address individual experiences and promote overall well-being.

Satisfaction

In their interviews on satisfaction, mental health practitioners expressed that they experienced contentment by engaging in self-improvement, maintaining functionality, being productive, and achieving their goals. In addition, they recognized that understanding one's capabilities and capacities, accepting oneself, and possessing a sense of agency contributed to one's contentment.

Table 7

Satisfaction Themes and Subthemes

Satisfaction Themes	
Main Theme	*Subtheme*
Doing Self-Work, Reflection, and Introspection	
Functionality, Productiveness, and Goals	
Finding Contentment	
Capacities and Capabilities:	Relationship to Time
	Understanding Capabilities
Agency	
Acceptance:	Self-Concept

The pursuit of satisfaction within the Palestinian community was elucidated through a nuanced comprehension as articulated by the specialists. A mental health practitioner discussed the importance of introspection and self-work for fostering contentment. They stressed the significance of addressing internal conflicts in order to avoid the buildup of

emotional residue. *"With the work that I do, I keep trying not to let anything fester... so I don't end up with residue on myself, my personality, my life, and lifestyle."*

Practitioners also highlighted functionality, productivity, and goal attainment as key components of satisfaction. A specialist remarked on the paradoxical relationship between stress and achievement: *"I feel joy that I am moving forward, and I have space in it, emphasising there is achievement; you feel the achievement faster, even if it is stressful."* An additional practitioner elaborated on this concept by describing the importance of embracing moments of happiness and finding contentment in one's accomplishments. *"Contentment and happiness, I believe, is my ability to seize moments."* Another specialist echoed this sentiment by emphasising the significance of embracing valuable circumstances, stating, *"It means that I am satisfied with the fact that I am standing here today."* Finally, a practitioner placed satisfaction within broader societal frameworks. They highlighted the capitalist ethos that prioritises productivity. *"Of course, people usually connect satisfaction to capitalism and the idea it entails that 'it means to be able to get to work and to be productive, and not just sitting at home."*

Practitioners emphasised the significance of comprehending one's capabilities and the correlation with time; as such, capacities and capabilities emerged as significant themes under satisfaction. One practitioner noted, *"When a relationship is not distorted with time, I can reach a state of satisfaction."* From this statement, temporal clarity was identified as an important element in achieving personal fulfilment. Another practitioner additionally pointed out the concept of shared reflection as a critical component, stating, *"Shared reflection with others, I believe, is one of the successful tools."* This notion underscored the value of collaborative introspection during the process of self-assessing personal capabilities as well as the development of self-awareness. Another participant clarified the concept of interacting

with external perspectives while determining one's potential by stating, *"I give myself space to think or reflect, but I call it a state of thinking. I think with others, meaning I share with others what I think and hear from others what they think."* This collaborative approach enhanced self-awareness by facilitating an accurate evaluation of individuals' capabilities. Additionally, the essence of capacities and capabilities was defined by a practitioner's contemplation of their personal philosophy, relationships, and life journey. *"I imagine that it depends a lot on the person's philosophy in life, his capabilities, and mental abilities, his life's journey, and his relationships. This is what gives him a feeling of satisfaction."* The complex structure of satisfaction was observed through this quote, which exposed the importance of fostering healthy, meaningful relationships as a means of understanding one's capabilities. Lastly, an additional practitioner reinforced the significance of internal convictions in the pursuit of satisfaction. stating, *"A conviction from the inside that the food that is not yours is not yours, and yours is here and not there, you are here and you are satisfied here and not there, and your decision is your decision in every place, that will make you satisfied."* This sentiment was profound in its definition of the importance of self-acceptance and being able to make independent decisions. Collectively, these viewpoints illustrated the profound connection between satisfaction and the development of self-awareness, the acceptance of one's capabilities, and the preservation of a positive relationship with time.

Several participants spoke of the significant role agency played in influencing one's experience of satisfaction, specifically in relation to the resilience needed to navigate through challenging circumstances. One practitioner offered, *"Agency is when a person is able to balance between reflection and action, and the action that follows is towards changing the existing situation for the better."* Acceptance emerged as a central theme as well, with a

practitioner emphasising the importance of accepting others and oneself without the need for change, *"The state of satisfaction is accepting others as they are without making any effort to change them."* Another practitioner tied together self-acceptance and inner peace as a means toward finding satisfaction, *"Satisfaction is that I know and accept myself, and accept my reality without necessarily comparing with others or without jealousy of others."*

Resulting from the practitioners' thoughtful perspectives, the importance of self-awareness for building satisfaction in one's life was observed through the themes of introspection, self-work, and communal self-reflection. The ability to engage in internal reflection increased participants' sense of agency in the concepts of functionality, productivity, and goal setting by recognizing their capabilities, capacities, and relationships with time. From the recognition of these themes within the Palestinian context, a detailed picture of satisfaction was captured, with an emphasis on the interplay of internal reflection, societal expectations, and personal agency in shaping individual well-being.

Dissatisfaction

In contrast to satisfaction, dissatisfaction stemmed from external factors such as comparison, expectations of others, and criticism, as well as internal factors including a lack of contentment, peace with the past, agency, empathy, belonging, and productivity.

Unrealistic expectations of oneself and feeling different or like a stranger were also cited as

sources of dissatisfaction.

Table 8

Dissatisfaction Themes and Subthemes

Dissatisfaction Themes	
Main Theme	*Subtheme*
Unrealistic Expectations of the Self	
Feeling Different / Being a Stranger	
Others:	Comparison to
	Expectations of
	Criticism of
Incomplete Sense of Self:	Lack of Contentment
	Lack of Peace with the Past
	Lack of Productivity
	Lack of Agency, Empathy, and Belonging

The complex nature of the experience of dissatisfaction in Palestine was brought to

light by the perspectives of mental health professionals through an examination of the

negative consequences resulting from engaging in social comparison. The use of social media

was found to exacerbate feelings of inferiority and inadequacy. *"Social media plays a very*

important role in how people's feelings of inferiority and dissatisfaction are magnified."

Another specialist further added to the understanding of the impact of external expectations.

"(Dissatisfaction) comes from the expectations of many people around you." Continuous

comparison and the pressure to conform to external standards were factors that contributed to

an ongoing state of dissatisfaction experienced by the individual. *"When I start wanting*

people to be how I want them to be, when I do not accept them the way they are, I reach a

state of dissatisfaction," according to the reasoning of another expert, who suggested that

dissatisfaction was also caused by the mechanism of social comparison working in the

opposite direction. This practitioner brought attention to the fact that the expectations placed

on other people could also result in feelings of dissatisfaction.

Furthermore, the sense of dissatisfaction was intensified by a lack of inner peace

resulting from past experiences, as well as a feeling of detachment from both oneself and

society. An expert eloquently characterised this struggle by stating, *"Dissatisfaction with life*

is when the person is in a perpetual state of lack of contentment, always in a state of denial

about his feelings and his needs." This feeling of disconnectedness was also influenced by the

experience of being excluded from society. As another expert pondered the ramifications

from being alienated from one's own society, they explained, *"(Dissatisfaction is) when you*

experience the sense of being a stranger within your society at times." Another mental health

professional also referred to the importance of inclusion and social engagement, noting, *"To*

be integrated into society is being able to interact with society, not to be alienated or a

stranger."

In addition, feelings of inadequacy and failure were contributed to by an individual's

unrealistic expectations and a relentless pursuit of productivity. According to the statement of

an expert, *"Dissatisfaction sometimes comes when I feel like I don't know how to be*

productive." This statement acknowledged the pressure that was placed on individuals to

consistently pursue greater results. In addition, another specialist examined the outcomes that

occurred when one sets unrealistic expectations for themselves. *"When I begin to demand of*

myself more than its capabilities, under any justification, it leads me to a state of

dissatisfaction."

In conclusion, mental health professionals in Palestine thoughtfully examined the experiences of dissatisfaction, and after doing so, they described the significant impact that both internal and external factors had on well-being. Criticism, social comparison, and unmet expectations all contributed to an increase in feelings of inferiority. A lack of reconciliation with the past, a disconnection from oneself and society, and unrealistic expectations of oneself all escalated the experience of dissatisfaction. The feelings of inadequacy and failure resulted from the relentless pursuit of productivity and further exacerbated by societal pressures. As a result of this investigation of dissatisfaction, the mental health professional participants emphasised the importance of maintaining a balanced approach to self-evaluation and treating oneself with compassion.

Coping Mechanisms for Achieving Well-being

The mental health practitioners identified a variety of coping mechanisms, including exposure to different perspectives, therapy, engagement in collective activities such as reading and travelling, connecting with nature, engaging in creative arts, accessing internal

resources through solitude and self-awareness, fostering connectedness and belonging within

healing communities, and seeking social support.

Figure 13

Themes and Subthemes for Coping Mechanisms for Achieving Well-being

COPING MECHANISMS

Main Theme	Main Theme	Main Theme	Main Theme
Exposure to different perspectives introduces people to new ideas.	Connecting to one's senses through activities increases overall well-being.	Using internal resources builds resilience in the face of life's adversities.	Connected and Belonging provide essential communal support.

Sub-Themes	Sub-Themes	Sub-Themes	Sub-Themes
Reading, Traveling, and Therapy	Physical Health, Arts, Nature, Gardening, Animals, and Writing Activities	"Taking Space", Voicing of Emotions, Normalizing Vulnerability and Caring, Structure, Self-Awareness, Positive Mindest, Faith, and Staying in the Present Moment	Healing Communities and Social Support

Details	Details	Details	Details
Individual and Collective Therapy	YouTube, listening to and playing music, painting, sculpting, theatre, drawing, being in nature, and living in natural rhythms.	Alone Time, Solitidue, Planning, Routines, and Sprituality	Society as a Source of Support, Attending Community Events, Safe Spaces for Expression, Collective Dialogue

Palestinian practitioners have identified various coping mechanisms aimed at

cultivating resilience and promoting well-being in the midst of adversity. The exposure to

diverse perspectives provided a basis for dealing with challenges, leading to the recognition

of therapy as an essential support. One specialist emphasised the significance of creating

secure environments for vulnerability, stating, "*I always have a therapist. I have safe people*

in life with whom I can be vulnerable." Another practitioner stressed the importance of

collective processing through therapy or communal activities. *"I think that everyone should*

remain very open... there should be open spaces that allow people in a collective way to

process what they went through."

The mental health professionals promoted the participation in a variety of activities that establish a connection with the senses as a critical coping mechanism for achieving satisfaction and fostering mental well-being. It was emphasised that physical health practices, such as maintaining regular sleep and eating patterns and participating in physical activities like swimming, walking, and bicycling, were essential for achieving mental tranquillity and relief. One participant stated, *"It is truly bringing mental calm and relief. The day I don't swim, I don't feel comfortable psychologically, at all. Even if it's one minute, I will go down into the water and come out, I feel comfortable."* The substantial influence of physical activities on psychological well-being was emphasised in this account. Furthermore, the detachment that is frequently experienced during daily routines could be mitigated by engaging with the senses through mindful walking while focusing on the environment. *"Walk for ten minutes a day, at least ten minutes or 15 minutes a day, focusing on our five senses..."* one specialist advised. This strategy illustrated the importance of sensory engagement for mental health. Furthermore, artistic expression through activities such as music, drawing, and sculpting in open studio settings fosters symbolic communication and emotional connection. *"I used to work in such a place that had an atelier... People will start talking and will start connecting and without anyone forcing them."* This participant's experience not only described the therapeutic benefits of participating in forms of creative arts, but also emphasised the additional benefits of artistic spaces that create opportunities for organic social interactions. Nature and gardening were also pivotal in providing a space for self-reflection and the restoration of disrupted personal routines caused by the pace and structure of modern society. Another practitioner reflected, *"The interaction with nature helps us*

maintain our rhythm because one of the problems associated with civilization is the loss of our personal rhythm." Writing, as another form of expression, was valued for creating a space for balancing and reflecting on personal experiences. A practitioner explained, *"I write, even if the action is not for me personally, but the area that can create a specific action gives this balance."* By fostering a connection between individuals and their sensory experiences, these coping mechanisms collectively promote a holistic approach to mental well-being. Every mental health professional interviewed advocated for the development of more robust connections between the individual's inner thoughts, natural rhythms, and the external environment.

Additionally, strategies that were internally driven were identified as essential coping mechanisms, as they provided individuals with the necessary tools to overcome obstacles. The significance of normalising vulnerability and caring was underscored by mental health professionals. One participant noted the necessity of *"legitimising love"* and making it *"allowed"* to be practised. They further explained the cultural restrictions that impeded the open expression of emotions. Furthermore, the participant advocated for the realisation of the therapeutic advantages that can be attained by maintaining emotional openness while embracing vulnerability.

Internal structure, strategic planning, and consistent routines were also recognized as crucial elements for effectively managing daily life to decrease stress. Numerous experts emphasised the significance of maintaining daily routines regardless of the circumstances. One practitioner shared, *"I feel that it is maintaining a certain order... planning is necessary to deal with the ups and downs in mood."* Another added, *"I hold myself accountable... I learned to follow deadlines, put a schedule, organise my time."* In combination, the practitioners described how structured routines produced a sense of control in their lives.

Similar to structured routines, self-awareness was recognized as another essential component. More specifically, participants underscored the significance of engaging in active emotional monitoring and frequent self-reflection. An individual ascertained the importance of self-awareness exercises through the following declaration: *"Every now and then I reflect, does this help me, support me, or does not support me."* Individuals were able to align their actions with their goals and principles through ongoing self-assessment. The participant was motivated to cultivate a deeper understanding of themselves as a result of employing this tool. Another noted, *"I deal with the present... I review my goals with myself,"* emphasising the significance of aligning daily activities with long-term objectives. The internal strategies of self-regulation and alignment to goals worked together to foster an internal environment of reflection and internal adjustments as coping mechanisms for facing the turmoil of one's life.

Mindfulness, faith and spirituality, a positive mindset, and remaining in the present moment were identified as salient coping mechanisms. A practitioner shared, *"I try as much as I can to be positive in my life."* This perspective facilitated the navigation of difficulties and the recognition of setbacks as opportunities for growth. In the same way, participants derived strength from their faith and spirituality, which served as a foundation for their resilience. *"My convictions say that if you can work more on the fact that a person exists on solid ground... then you will be less likely to be in the stage where you are far from this curve that indicates that you are going to the stage of illness."* Staying in the present moment was highlighted as a crucial practice for managing stress and fostering mindfulness. One participant reflected, *"I have to be in the reality, even it is as bitter as it is. I like to be present in it because I feel that my energy here is working more,"* illustrating how grounding oneself

in the present can enhance emotional stability and reduce anxiety. Collectively, these tools

aided in creating a positive and resilient inner landscape.

The themes of connectedness and belonging were found to be crucial elements,

highlighting the importance of societal structures as a means of providing care and support.

Practitioners identified several communal coping mechanisms, such as healing communities,

participation in community events, designated spaces for expression, collective dialogue, and

social support groups. The prioritisation of healing communities and social care was

necessary for enhancing mental health. A participant commented, *"If there is a society that*

cares about the childhood of human beings and cares about a healthier community - it is

possible that psychological stressors will not turn into mental illness." This sentiment

emphasised the importance of societal structures that promote mental well-being from a

young age. Another participant explained the importance of establishing alternative

communities for individuals who were disconnected from their families. *"It is very important*

for us to immediately work on building an infrastructure for alternative communities." This

focus on the individual's requirement for communal inclusion and support should be further

refined into actionable tools for the promotion of well-being.

The significance of establishing safe spaces for self-expression was also emphasised,

as participants advocated for settings that enable individuals to symbolically communicate

their emotions. One expert asserted, *"I think that there is a lack of safe spaces in our society...*

People have difficult stories to tell. Maybe they can do it with music, they can do it with

dance, they can do it with art." The potential for creative expression to be employed as a

therapeutic tool for managing complex emotions was suggested by this practitioner.

Simultaneously, they suggested the concept of establishing a communal area for artistic

expression. In addition, collective dialogue was perceived as a method to reestablish

individuals' connections with their society. A participant expressed, *"Dialogue connects us to society again... What is most relevant is that we talk to each other, that we are in real dialogue with ourselves, and this is missing in Palestinian society."* This implied that engaging in open communication could promote critical awareness and a shared sense of communal identity.

A cornerstone of mental well-being in the Palestinian context was identified as establishing social connections. Maintaining deep and meaningful relationships as well as establishing connections through social events were characterised as key coping mechanisms. Participants expressed that enduring connections and dependable social networks were crucial in helping them sustain emotional balance. One individual stated, *"I also talk to my friends... this gives a form of getting out of reality in a healthy, peaceful, and calm way."* This participant's quote directly identified how communal emotional support had a significant impact on well-being. Participation in community events was another essential coping mechanism that practitioners recommended. They elucidated how participation in cultural, social, and political events maintained social connections and kept individuals informed about societal changes. An individual stated, *"Through this, I maintain two things, to know more about what and where the country is going, and the second thing is also social relationships."* In Palestinian society, the establishment of social connections through a variety of relationships and methods was a critical coping mechanism.

In summary, the Palestinian mental health practitioners called for the implementation of diverse and holistic strategies for achieving overall well-being. Their coping mechanisms built personal resilience by including the essential strategies of community support, the therapeutic benefits of spirituality, and a profound connection with nature. The interdependence of individual well-being with environmental and societal factors was

revealed during the analysis of the interviews with mental health practitioners. Furthermore, the practitioners' viewpoints offered valuable insights for the development of mental health interventions that could be culturally and contextually appropriate. Particularly, interventions based on coping mechanisms that meet the unique needs and experiences of the Palestinian community. Their collective professional viewpoints emphasised the significance of integrating both the personal and communal components of mental health.

Roadmap to a Palestinian Model of Psychology

The mental health professionals expanded on the topic of the unique opportunities and challenges present in the field of mental health in Palestine. Among their defining concepts were the recognition of the influence of religious beliefs on mental health perceptions, the emphasis on Palestinian identity, social solidarity, the decolonization and redefinition of mental health with a focus on strengths rather than weaknesses, as well as the addressing of the stigma of mental illness (Giacaman, 2009; Makkawi, 2017; Jabr et al., 2013). In addition, themes of resilience and resistance were prominent, emphasising concepts such as *Sumud* (steadfastness), generational resilience, individual responsibility to the community, *Takaful* (solidarity), family, belief in truth and consistency of beliefs, and *Qaher* (extreme anger or pain) as forms of resistance against adversity (Meari, 2014; Atallah, 2021; Giacaman, 2023, Veronese et al., 2023).

The Palestinian mental health professionals offered deep and insightful perspectives on the process of developing a unique Palestinian approach to mental health. Their attention was directed towards the widespread social disapproval associated with mental health, as well as the influence of religious convictions. A practitioner described the widespread reluctance toward openly seeking psychological help, noting, *"In the early nineties, when there was*

really a big stigma... people preferred others not to know that they are seeing a psychologist, even in the context of international organisations, where this idea is highly promoted... they want the help if it can be completely discreet." This sentiment exemplified the societal inclination to conceal and keep secret mental health issues as a result of the profoundly ingrained cultural taboos, deep-rooted stigma, and strong negative perceptions that surround obtaining mental health services. The same respondent also noted the significance of religious beliefs in their explanation of the methods by which many Palestinians sought solace by turning to God for support. The Arabic phrase "الله بيعوضنا - *Allah Bey'awedna*" (God will make it up to us) encapsulated this sentiment by underscoring the potential for religious frameworks to both provide comfort and resilience. Still, the same perspective helped to stigmatise mental health problems by confining psychological challenges within the realm of personal faith and divine will. The combined effect of religious beliefs and mental health perceptions produced a complex dynamic whereby faith might both help or hinder the acceptance of psychological support. Faith, spirituality, and cultural norms were identified as defining characteristics at play in the Palestinian context of mental health.

The mental health professionals also emphasised the correlation of Palestinian identity to mental health. One expert explained this belief with, *"The concept of mental health comes from connection to my identity, my country, my people, and the society in which I live."* Their reflection revealed the multifaceted nature of the Palestinian identity. The practitioner's quote encompassed not just a tangible homeland but also an enduring emotional and psychological connection to the shared narrative of struggle and resilience. Another expert questioned the accepted ideas of homeland as a physical place, so extending this conversation. They argued that real belonging derived from a steadfast conviction in the Palestinian cause that went beyond mere comfort. They stated, *"The notion that "your homeland is where your body is*

comfortable" is a practice that many Palestinians reject. No, our homeland is the country we believe in. It is not our physical comfort, as evidenced by the fact that most people who travel, for example, to the US or Australia or... at a certain time they return, or at the very least bring their children back to Palestine to know Palestine, even though the true comfort of their physical being is in the US or Australia and not in Palestine. Yes, they still return." With this statement, the professional challenged the idea that one's comfort comes just from their physical surroundings.

According to multiple practitioners, the Palestinian experience encompassed social solidarity and community cohesion as cornerstone elements. Although Palestinians faced many challenges, an expert observed that there was still a noticeable feeling of interconnectedness and collective thinking within the society. *"Social solidarity exists, meaning that we have not reached an individualistic society; we are still a connected society, and that is not in the follower/subordinate sense.... I don't see collective thinking; I see people thinking in their own ways, but in a collective culture that brings together the presence of people."* Rooted in the values of mutual support and shared obligation, the collective ethos functioned as a protective barrier against feelings of isolation and alienation commonly linked to mental health challenges. Utilising this concept, another expert emphasised the importance of constructing alternative communities to foster social solidarity and community cohesion. They specifically sought to address the psychological needs of Palestinians who had been displaced or separated from their families. *"In Palestine, it is crucial for us to work on building an infrastructure for alternative communities immediately. This is especially important for Palestinians who come from the north or the south and live here, or those from Gaza who are unable to be with their families. Being away from one's family and community can contribute to poor psychological health, and over time, this*

separation and silence can accumulate and potentially lead to illness." The inclusion of a means to ensure social solidarity and community cohesion was identified as a primary component of Palestinian psychology.

In addition to recognizing the unique contextual factors in Palestine, mental health experts called for a movement to decolonize and redefine mental health. The limited efficacy of Western psychological frameworks in addressing the collective trauma and systemic oppression experienced by Palestinians was criticised by a specialist. This expert advocated for a comprehensive approach that recognized the interdependence between personal and collective well-being, challenging the tendency of traditional psychology to focus on individual problems and pathologize them. *"Even community psychology needs a state of stability, and in psychology, let us say that individual Western interventions focus on how to cope with the status quo and how to return to this status quo."* They followed this statement with an explanation of their hope for a more holistic and communal approach. *"What is missing is the collective approach, and the most common trauma is collective. In my opinion, it should not be treated individually. Even when we treat it individually, let us say we start with collective management, and then a few people will need individual intervention, but without the collective, yes, we are pathologizing more. If we give them collective intervention, many people will not need to go to individual sessions."* Similarly, another specialist called for a paradigm shift towards a psychology that embraces Palestinian resilience and agency, rejecting rigid Western frameworks in favour of indigenous approaches rooted in the lived experiences of Palestinians. This specialist further emphasised the need to adapt psychological tools to the individual rather than fitting individuals into pre-existing models, stating, *"To reach mental health, to reach a state of well-being, psychologically, taking into account also the individuality of each person… we can adapt the tool that we use to the*

benefit of the beneficiary, not adapting the beneficiary to the benefit of the tool or the school

[of psychology] in which I am working in." The key recognition of the need to adapt Western

tools and concepts to meet the needs of individuals and communities in Palestine emerged as

a primary theme.

Moreover, as expressed by many practitioners, the theme of self-determination

became clear as a central motif in the quest for a Palestinian model of mental health. Most of

the mental health professionals advised Palestinians to take back control of their identity and

experiences, enabling them to assert agency over their mental health narrative. They saw a

time when Palestinian psychology, rooted in indigenous knowledge and tailored to the unique

needs of Palestinian society, would be accepted as a recognized discipline. One specialist

emphasised, *"With our knowledge, studies, etc., and with the people in the profession, we*

need Palestinian Psychology to be a Palestinian Science, with its components, parts, and

everything. It will be something different that the world can learn from." Another specialist

shared this view and stressed the need of developing a unique Palestinian identity free from

external impositions. *"It is worth that we contemplate over it very well, and we can really*

build upon (the healthy feelings of being proud to be Palestinian) a clear identity for us

without anyone assigning this identity, framing this identity, or drawing this identity for us."

This emphasised the need for a holistic identity, self-defined and inclusive of both

psychological and non-psychological aspects, *"To truly have our own identity, in its*

comprehensive sense, in its psychological and non-psychological sense. I mean, we are

capable, and we have components, and the stage we are going through now, I am telling you,

it has a great, great impact on me in the direction of positive power." The deep yearning for

an independently-defined and recognized Palestinian identity extended beyond the political realms to diverse fields, such as psychology.

The advocates of a different psychological framework demanded the development of Palestinian psychology as a science. They stressed the need to leverage indigenous knowledge in creating a robust body of psychological literature representative of Palestinian experience. One practitioner pinpointed the urgent timeliness of this objective by stating, *"It is in our hands, but we do not see it. How can we take it and exchange it with each other, and how can it be noted and documented to make our literature from it, our own psychological literature for us and using our own tools? And believe me, everyone has something to offer."* With an eye toward an indigenous psychological science, this quest sought to capture the subtleties of Palestinian mental health in ways often disregarded by Western models.

Central to this vision was a focus on strengths and tools rather than weaknesses. Practitioners argued for a shift from the deficit-focused models prevalent in Western psychology to a strengths-based approach, *"In other words, we are starting to see the focus on people's abilities and capabilities, not on their weaknesses, because I believe that Western psychology is based on the weaknesses of human beings. If we want to go more into a slightly different psychology, I believe we want to focus on their strengths and from there we will proceed. If we talk about mental health, it is a mobilisation of the latent capabilities and potentials that exist among human beings to elevate the concept of resilience among them, and thus we will be able to combine mental health, resilience, and... well-being in a somewhat healthy way."* These insights made clear the urgent need for a paradigm shift toward a psychology firmly anchored in Palestinian cultural, historical, and social realities. Focusing on resilience, agency, and indigenous knowledge, practitioners promoted a mental

health model that not only suits the Palestinian community but also empowers them through relevant and effective strategies.

The Palestinian conceptualization of the Arabic word *Sumud* (steadfastness) was a crucial element of Palestinian resilience. One practitioner reflected on the events from Gaza and the existence of *Sumud* in the people's enduring nature. *"You look at this (scenes from Gaza) and think this is steadfastness and Sumud that exist! That is truly the definition of Sumud. What tools do these people have to be able to keep on existing and resisting? Believe me, they have tools... someone just needs to research it more and give people the opportunity to talk about it."* This perspective showed the Palestinian community's inherent resilience and fortitude. Furthermore, it underscored the significance of documenting and researching these indigenous coping mechanisms in order to develop effective mental health interventions. Another specialist highlighted the generational aspect of *Sumud*, noting, *"There are many people who have resilience, Sumud as we call it... my grandmother, grandfather, the people, and Palestinian society that we see now before us, the old man that still stands up for what he believes in and speaks up, all have Sumud... despite that some are refugees who fled the 1948 massacres, or the '67... They still give you a smile and say, 'Thank God, things are okay; we are still alive, we are able to walk, and we are able to find it in our hearts to joke and laugh.' All of this and more are truly worth learning from and being talked about and researched."* From these poignant descriptions emerged the recognition of *Sumud* as a foundational characteristic of Palestinian psychology.

In addition to *Sumud*, resilience was identified as a vital characteristic, uniquely adapted to the Palestinian context. One specialist remarked, *"I believe in native/indigenous resilience. It is that each group, each person, has their own resilience, which also breaks the unified concept of resilience, which is defined as one, two, three, four, five, based on existing*

theories or research. I believe that no, every people, every geographical region, has its own

resilience, which if we return to it, we can deal with it in a completely different way." This

viewpoint emphasised the necessity of recognising and cultivating resilience as defined by

the specific cultural and historical experiences. Family was identified as a cornerstone of

resilience. One practitioner remarked, *"The role of family togetherness is still present (in*

Palestine), which also creates a form of resilience or distinguishes this resilience." This

quote illustrated how cohesiveness and family support encouraged the overall strength of

individuals. Cohesiveness and resilience were also impacted by the belief in truth/right and

the consistency of beliefs. One specialist articulated, "*When we talk about the political*

dimension, for example, there is a deep-rooted and carried-over belief in the truth/right,

meaning you find a ninety-year-old who believes that his country is hers and she has a right

to it, and a two-year-old also believes that this country is his and he has a right to it." This

enduring belief across generations underscored the unwavering commitment to the

Palestinian cause and the sense of justice that fuels resilience. From the mental health

professional's discussions, the theme of resilience emerged as a primary theme. They

collectively noted how resilience sprang from interpersonal social networks that included

families, friends, and the larger society as well as the shared narrative of truth/right and

unwavering beliefs. Resiliency in the Palestinian context was a source of strength and well-

being for the collective just as much as for the individual.

Furthermore, the interviews with mental health professionals identified the theme of

personal responsibility towards the wider society, with a focus on how individual actions

contributed to communal well-being. *"In crisis, we go to individual responsibility to reach*

collective salvation/survival, and thus strengthening the concept of individual responsibility

to reach collective salvation which is a feature that distinguishes the Palestinians throughout

their problems, their tragedy, whatever you want to call it." This viewpoint demonstrated the interdependence of community and individual efforts in fostering resilience and enduring challenges. Solidarity was a similar theme to communal responsibility. *Takaful* (solidarity) was identified as an important topic and, as such, it was prominently addressed by the practitioners. One of them stated, *"When there is a crisis, you immediately see social solidarity (Takaful), regardless of whether it is an individual crisis or a general crisis."* This finding exposed the strong and spontaneous support systems that develop within Palestinian society during periods of adversity. *Takaful* and community responsibility served as tools to strengthen the communal ties and shared accountability needed for collective resilience.

Another main theme that emerged in the interviews with the mental health professionals was Qaher (extreme anger or pain). *"In the case of oppressed societies, where there is oppression and there is Qaher... in which you want to completely destroy the status quo,"* one practitioner said, capturing the great influence of Qaher in the Palestinian context. This intense emotional response was seen not as an illness but as a normal reaction to systematic injustice, oppression, and persecution. Another specialist criticised the Western definition of mental health, pointing out, *"There is also a problem that mental health in the dominant Western concept says that the goal is to go back to a state of comfort and stability; homeostasis is problematic. From the perspective of liberation psychology, that state of homeostasis is problematic."* These experts argued for a re-evaluation of traditional mental health paradigms as well as an acknowledgment of the necessity to incorporate the realities of Palestinian experiences.

In conclusion, mental health professionals offered a rich array of insights into the road map for a Palestinian model of mental health. Through their discourse, the practitioners shed light on the complex interplay between stigma, identity, community, decolonization, and self-

determination in shaping Palestinians' perceptions of mental health. Palestinian society's agency and resiliency were championed through their narratives. They specifically sought to subvert hegemonic narratives and advance holistic, culturally specific approaches to mental health as well as collective empowerment.

Discussion

In this section we discuss the results of the research, unfolding the meanings and the variables that explain the concept of Mental Health in Palestine. The conceptual model that we propose identifies several realms that contribute to mental health and satisfaction among the Palestinian population that can be emphasised and supported, and also factors that contribute to dissatisfaction, mental exhaustion and mental illness that can be addressed to improve overall Mental Health in Palestine.

This chapter provides an in-depth analysis of the findings of our research in relation to the research questions: *How do Palestinian people and practitioners perceive mental health and mental illness?* and *What is the journey towards decolonial practice in the Palestinian context?* These questions guided the exploration of both the individual and collective understandings of mental well-being and coping mechanisms. They also identified how the broader socio-cultural mechanisms impact mental health in Palestine. The results also offer insights into the culturally embedded perceptions of mental illness, which was often framed through experiences such as exhaustion and resistance. Additionally, the research questions highlighted the ongoing journey toward a decolonial Palestinian mental health practice. Specifically, a holistic practice that seeks to redefine psychological well-being through the incorporation of local traditions, resilience, and the unique Palestinian concept of *Sumud* (steadfastness). In this chapter, we will investigate how the views of mental health

practitioners and the lived experiences of Palestinians intertwine to create a holistic understanding of mental health in this complex sociopolitical environment in respect to the core research questions.

Determinants of Mental Health and Exhaustion in Palestinian Experiences: "The Interplay of Emotional Resilience, Learned Helplessness, Political, and Social Factors"

The determinants of Mental Health and Exhaustion in the Palestinian Experiences was determined using an analytical frequency approach from the coding of the total population interviews. From this analysis, themes were counted and weighted by how often they were identified from the interviews. The research identified the major themes of Emotional Resilience and Learned Helplessness that are strongly related and determined by Political and Social Factors.

In the following figure, the themes are displayed in circles and colour coded to the main axis of Satisfactions, Dissatisfaction, Mental Health, and Mental Exhaustion (Illness). The double colours define the overlap of themes among axis, thus highlighting their significance to the interviewees. The size of the circles are indicative of the frequency in which these themes appeared during the analysis of the interviews with larger circles corresponding to the more frequently identified themes and smaller circles representing the themes less frequently identified. It is important to notice that emotional resilience is the compilation of the three major themes of Hope, Ability to Deal with Emotions, and Agency. Additionally, Learned Helplessness is double coloured and large between Dissatisfaction and Mental Exhaustion (Illness) indicating its paramount importance to the findings of this research.

Figure 14

Unified Perspectives of Laypeople and Practitioners on Mental Health, Satisfaction, Mental Exhaustion, and Dissatisfaction

Frequency Analysis of Themes within Satisfaction, Dissatisfactoin, Mental Exhaustion, & Mental Health
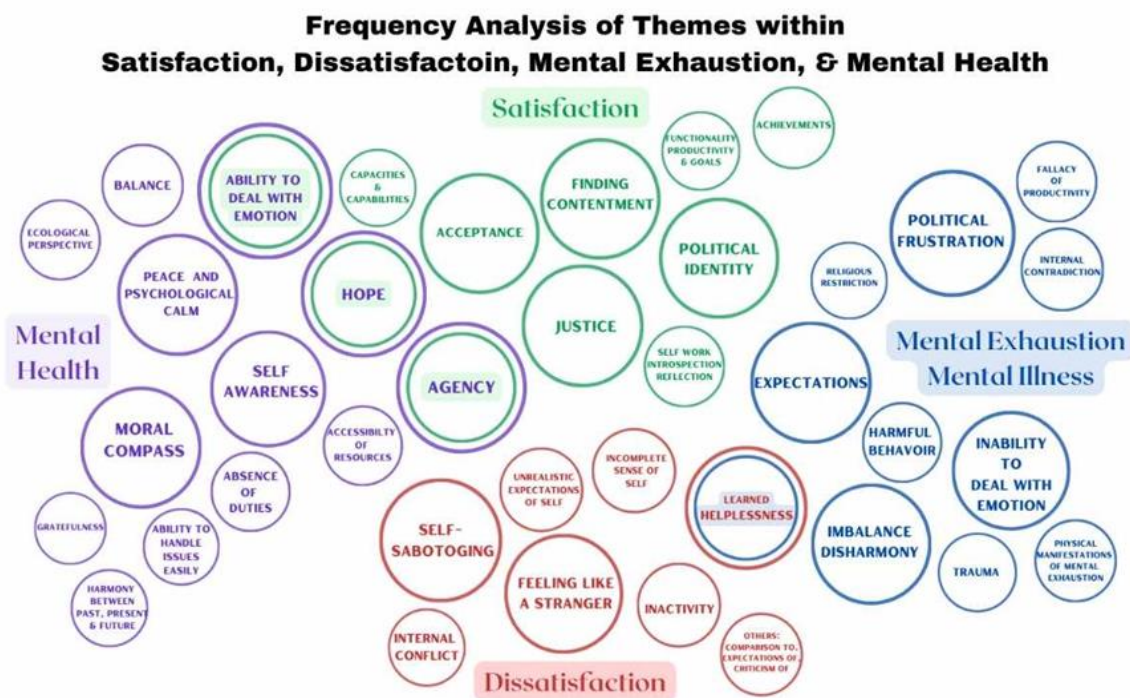
The figure illustrates the shared perspectives of practitioners and laypeople on dissatisfaction, mental exhaustion, satisfaction, and mental health. It exhibits clearly the notable overlap of key determinants. The ability to manage emotions, maintain hope, and retain a sense of agency is significantly correlated with mental health and satisfaction. This finding aligns with existing literature on mental health in the Palestinian context such as Palosaari et al., (2013) and Giacaman, 2007. Emotional regulation and a sense of agency are critical for resilience in communities facing ongoing political conflict, such as Palestine. Specifically, in contexts where hope is tied not only to personal well-being but also to collective survival and resistance (Kanaaneh, 2003). Even in the face of oppressive circumstances, these factors enable individuals and communities to navigate adversity by cultivating a sense of control and optimism.

Conversely, the theme of learned helplessness, a concept that emerges in the context

of ongoing occupation and systemic disempowerment, is deeply interconnected with mental

exhaustion and dissatisfaction (Marie, Hannigan, & Jones, 2016). Palestinians are subjected

to uncontrollable stressors on a daily basis, which can result in feelings of frustration and

powerlessness (Makkawi, 2017a). The correlation between mental exhaustion and

dissatisfaction implies that when individuals perceive that they lack the power to influence

their surroundings, they experience emotional burnout and dissatisfaction with life. This

finding emphasises how mental health in Palestine is influenced by external factors, including

occupation and sociopolitical constraints. The factors erode both personal and collective

agency, in addition to personal capacities (Qouta, Punamäki, & Sarraj, 2008). The

significance of addressing both internal coping mechanisms and external conditions in any

mental health framework for marginalised communities like Palestine is underscored by the

intersection of these determinants.

These findings reinforce the importance of understanding how internal and external

factors influence Palestinian mental health and well-being. The intersectionality of

psychological and sociopolitical elements is revealed through the current research.

Furthermore, the overlap of determinants between mental health, satisfaction, mental

exhaustion, and dissatisfaction reflects the larger narrative of how chronic political violence,

occupation, and social instability not only create a cycle of emotional exhaustion and learned

helplessness, but also provide pathways to hope and agency.

In the Palestinian context, the ability to manage emotions, foster hope, and maintain

agency is crucial for psychological resilience. Scholars such as Giacaman et al. (2011) and

Hammami (2016) have described how these characteristics aid Palestinians in navigating a

highly volatile environment in which the sociopolitical landscape consistently imposes

emotional burdens on individuals and communities. Emotional regulation becomes a key

determinant of well-being, serving as a buffer against the trauma of dispossession and displacement. The overlap seen in the figure between mental health and the themes of hope and agency reflects how essential these factors are for maintaining psychological endurance amidst uncertainty.

In contrast, the overlap of mental exhaustion and dissatisfaction indicates the impact of structural violence on Palestinian mental health. Prolonged exposure to occupation, displacement, and socioeconomic instability has resulted in conditions in which people feel increasingly powerless to change their circumstances. This helplessness often manifests as emotional exhaustion, where individuals feel drained and unable to meet the demands of daily life. The work of Qouta, Punamäki, and Sarraj (2008) highlights how these structural barriers contribute to a collective sense of frustration and dissatisfaction within Palestinian society, reinforcing a feeling of being trapped by circumstances beyond one's control. This learned helplessness, described by (Helbich & Jabr, 2022) in relation to Palestinians living under occupation, reflects a deeply ingrained sense of disempowerment that exacerbates mental health struggles.

Thus, the findings reveal an important aspect of Palestinian psychology: the dual reality of emotional resilience and emotional exhaustion. While individuals possess an incredible ability to cope with and adapt to extreme conditions, these same conditions erode their sense of control. This duality can cause dissatisfaction and poor mental health outcomes, including burnout. This intersection of determinants emphasises Palestine's need for an encompassing, holistic approach to mental health. Specifically, one that addresses the prolonged psychological discomfort directly caused by external conditions of occupation, inequality, and violence, while building internal capacity for emotional control and resilience. notes.

While our study found many factors that contribute to mental health and satisfaction in Palestinians, we also found a number of themes related to mental illness, mental exhaustion and dissatisfaction, including: political frustration, expectations, inability to deal with emotions, imbalance or disharmony and learned helplessness. Harsha et al. (2016) found high levels of ill-being among Palestinians surveyed in their study. The identified chronic exposure to political violence as a main contributing factor to their finding. Similarly, Giacaman (2018) attributes suffering and a lack of well-being amongst Palestinians to political violence.

We found six main themes attributed to mental health among Palestinians: peace and psychological calm, moral compass, self-awareness, hope, agency, and ability to deal with emotion. In relation to a moral compass, Harsha et al. (2016) found more specifically that religious activities were a protective factor against ill-being. As seen in our findings, self-awareness can arise from individual reflection as well as communal self-reflection. Mahamid et al. (2022) also found that a communal aspect and sense of belonging was a protective factor for Palestinians against ongoing traumatic experiences.

Related to mental health was the overarching theme of satisfaction, which has seven main contributing factors: hope, agency, ability to deal with emotion (the three of which are also related to mental health), acceptance, finding contentment, justice and political identity. Giacaman (2019) in her article "Reflections on the meaning of 'resilience' in the Palestinian context", underscores the need for justice and the lack of justice as central to any understanding of mental health in the Palestinian context. Giacaman (2018) further explains in "Reframing Public Health in Wartime: From the Biomedical Model to the "Wounds Inside" that a political domain should be added to population determinants of health in contexts of war. Jabr and Berger (2023) is also in agreement. This work includes key topics

of freedom and human rights in the discussion, noting that these values are fundamental to well-being. Furthermore, Dr. Jabr points out how violations of justice and human rights for Palestinians should be taken into consideration both theoretically and in practice when addressing mental health issues in Palestine.

Coping Mechanisms for Achieving Well-being in Palestine: A Comparison Between Laypeople and Mental Health Practitioners

Coping mechanisms to support mental health have received considerable attention in diverse sociopolitical contexts. Characterised by chronic instability and socio-political adversity, Palestine is a distinctive focal point, as the population's well-being, both of lay people as well as mental health practitioners, is tested daily. While the coping strategies employed by these two groups may differ, both are crucial for navigating life's challenges and promoting psychological resilience.

Participants from the General Population in Palestine employ a wide variety of coping mechanisms that fall into two categories: functional (adaptive) and dysfunctional (maladaptive). These strategies are essential in navigating the daily stressors in an effort toward achieving psychological well-being. Adaptive strategies identified by participants include seeking companionship, engaging in spiritual practices, partaking in physical activities, utilising creative outlets, caring for pets, and consciously deciding to heal. In contrast, maladaptive strategies encompass emotional suppression, seeking validation through detrimental behaviours, and isolation.

Spirituality, particularly prayer and Quranic recitation, emerged from the interviews as a key adaptive coping mechanism among laypeople. One participant stated, *"When I'm feeling down, I go pray, I read the Qur'an. It takes me to a whole different world."* The

significance of spiritual practices in coping with adversity has been emphasised in the broader literature discussing Palestinian mental health. Al-Krenawi and Graham (2000) assert that in Islamic societies, spiritual beliefs furnish individuals with an essential sense of meaning, grounding, and resilience in challenging circumstances.

Another significant coping mechanism identified was physical activity, which was described as a way to break through emotional inertia. One participant remarked, *"When I used to break through that feeling and decide to go out, I ended up having a great day, encouraging me to go out more and try new things."* This resonates with findings from Thabet and Vostanis (2000), who argue that engaging in physical activities helps reduce stress and fosters resilience in children and adults living in conflict zones, including Palestine.

Conversely participants also employed maladaptive strategies, such as emotional suppression and isolation, to protect themselves from painful experiences. These strategies are consistent with the findings in other relevant literature. Afana et al. (2018) shows how avoidance mechanisms can provide temporary relief, however, they frequently exacerbate emotional distress over time. Similarly, seeking validation through detrimental methods, such as excessive gift-giving, reflects societal pressures in communities. In Palestine, self-worth is frequently linked to social acceptance. This pattern is consistent with the findings of Punamäki et al. (2014), who observed that social and financial pressures in conflict-affected areas may drive people to engage in self-sacrificing behaviours in order to gain social approval.

Palestinian mental health practitioners utilise a more structured and holistic set of coping mechanisms to navigate similar socio political environments. They employ a variety

of strategies, such as reading, travelling, reconnecting with nature, engaging in artistic and creative practices, tapping into internal resources through solitude and self-awareness, and maintaining social support systems. Additionally, they seek therapy and foster connections within healing communities.

Practitioners emphasise the importance of self-awareness and following structured routines. One participant noted, *"I hold myself accountable... I learned to follow deadlines, put a schedule, organise my time."* This is consistent with the concept of self-regulation, which has been demonstrated to be an effective tool for mental health professionals working in high-stress situations (Blair, 2010). The literature on professional burnout among mental health practitioners emphasises the importance of routine and structure in managing the emotional demands of their work, especially in conflict zones (Cohen & Collens, 2013).

Other common coping strategies among Palestinian mental health professionals include therapy and creating safe spaces for their expression of vulnerabilities. One participant said, *"I always have a therapist. I have safe people in life with whom I can be vulnerable."* This practice of self-care and reflection is consistent with a global understanding of the value of mental health care for practitioners. According to Figley (1995), professionals dealing with trauma and stress need access to therapeutic interventions in order to process their experiences and maintain their well-being.

Nature and sensory engagement, as coping strategies, also stood out in the narratives of Palestinian practitioners. One practitioner emphasised the importance of physical activity by saying, *"It is truly bringing mental calm and relief. The day I don't swim, I don't feel comfortable psychologically, at all."* This finding echoes studies such as the one by Kaplan (1995), which shows that interaction with nature helps restore cognitive function and reduce

mental fatigue.

Practitioners additionally emphasised the importance of community connection and involvement. They emphasised the importance of healing communities and collective dialogue as tools for improving mental health. One practitioner noted, *"Dialogue connects us to society again... What is most relevant is that we talk to each other, that we are in real dialogue with ourselves, and this is missing in Palestinian society."* This is consistent with the findings of Veronese and Castiglioni (2013), who argue that social capital and community support are critical in reducing the psychological effects of living in conflict zones.

In Palestine, both laypeople and mental health practitioners practise coping mechanisms, but their methods differ significantly. Laypeople's coping strategies prioritise immediate relief from emotional distress. These strategies frequently include physical activities, spiritual practices, and companionship. Mental health professionals employ structured and introspective approaches, such as therapy, self-regulation, and mindfulness. This disparity is attributed to mental health practitioners' professional training and awareness, which allows them to use more sustainable coping strategies.

Furthermore, both groups identified the coping strategy of community and social connections, albeit in different ways. Laypersons commonly depend on friends and family for support. Mental health professionals identified alternative communities of support, such as healing communities and professional networks. Both groups, however, acknowledge the significant protective factor of preserving social connections against the mental health challenges presented by their environment. This idea is well supported by research on resilience in conflict zones (Betancourt & Khan, 2008).

The coping mechanisms employed by both groups align with Lazarus and Folkman's

(1984) model of stress and coping, which categorises coping strategies into problem-focused and emotion-focused approaches. Laypeople tend to rely more on emotion-focused strategies to manage their stress, such as spiritual practices and physical activities. Practitioners are more likely to use problem-focused strategies like therapy and structured routines. However, both approaches are appropriate and valid. The choice of strategies is also highly dependent on each individual's circumstances and availability of access to resources.

We can conclude that the coping mechanisms used by laypeople and mental health practitioners in Palestine are influenced by a complex interplay of personal, social, and environmental factors. While lay people tend to seek immediate emotional relief through spiritual and physical activities, practitioners are more likely to use reflective and structured strategies. Both groups emphasise the importance of community, connection, and resilience in dealing with the mental health challenges posed by life in Palestine. As the literature suggests, these coping mechanisms are crucial for sustaining well-being in a region marked by chronic instability (Veronese et al., 2010). Future mental health interventions in Palestine must take into account these various coping strategies in order to develop culturally and contextually appropriate support systems.

Road Map to a Palestinian Model of Psychology

Helbich and Jabr (2022) reaffirm a call for a new paradigm in: "A Call for Social Justice and for a Human Rights Approach with Regard to Mental Health in the Occupied Palestinian Territories":

> "By drawing on models of decoloniality and liberation psychology, we advocate for a shift from a decontextualized and individualistic approach to mental health to acknowledging the structural, social, and political oppression that are the underlying

factors for suffering in the oPt. In order to alleviate the social suffering of Palestinians and to prevent their victimisation, interventions that acknowledge the political nature of mental health ill-being and promote a human rights approach are needed."

Veronese et al. (2021) found that this need for a new approach to mental health in Palestine is also pointedly felt in relation to children, specifically. They state that basing interventions on purely clinical, Western approaches to mental health and well-being is ineffective in the Palestinian context when working with children affected by traumatic experiences. Similarly, Bosqui et al. (2024) state that "there can be no mental health without respect for human rights."

In addition to an increased understanding of the need for contextualization in the Palestinian mental health field, the synthesis of participants' contributions to this research also provides a roadmap to what this new paradigm could look like. In order to decolonize and redefine mental health in Palestine, forms of Palestinian resistance must be recognized, legitimised and supported. Resistance is defined by participants of this study in a number of ways. *Sumud* (steadfastness) was a main aspect of resistance, also being defined as a way of coping with continuous oppression and political violence. Hammad and Tribe's (2020) literature review of research on *Sumud* in Palestine found that it is a main aspect of Palestinian resilience, defining *Sumud* as a meta-cognitive framework that can manifest in action or can be defined as a value. They emphasise that *Sumud* gives Palestinians a sense of meaning and purpose that is a protective factor against ongoing injustice.

Practitioners also emphasise the need for new approaches and ways of thinking in order to decolonize and redefine Palestine's mental health field. These changes include shifting the focus of interventions from individualism to collectivism and emphasising

strengths and tools over gaps and weaknesses. Furthermore, there are a number of mental health issues in Palestinian society that may impede the implementation of this new paradigm. The ongoing stigma associated with mental illness, which is often based on religious beliefs, has a negative impact on people's perceptions of mental health. Our research has identified social solidarity, community cohesion, and a strong Palestinian identity as factors that are expected to positively contribute to the realisation and implementation of the proposed new paradigm for mental health in Palestine. The figure below summarises the road map developed from in-depth feedback from research participants and existing literature.

Figure 15

Roadmap to a Palestinian Model of Psychology

Roadmap to a Palestinian Model of Psychology

Mental Health in Palestine

- Stigma of Mental Illness and the Need for Normalisation
- Religious Beliefs Negatively Impact the View of Mental Health
- Palestinian Identity
- Social Solidarity / Community Cohesion

Decolonization and Redefinition of Mental Health

- Individualism versus Collectivism
- Pathologizing of Palestinian Suffering
- Self-Determination
- Palestinian Psychology as a Science
  - Focus on Strengths/Tools, not Weaknesses
- Resistance
  - Sumud (Steadfast Perseverance)
  - Generational Sumud
  - Resilience
  - Individual Responsibility to the Community
  - Takaful (Solidarity)
  - Family
  - Belief in Truth/Right, Consistency of Beliefs
  - Qaher (Extreme Anger/Pain)

The research interviews with Palestinian mental health professionals provide a profound reflection on the potential for a decolonized mental health model in Palestine, one deeply embedded in the social, cultural, and political context of the region. To fully appreciate the implications of this vision, it is essential to engage with existing literature that addresses decolonial approaches to mental health, resilience, identity, and the challenges of

incorporating indigenous frameworks in psychological practice.

Decolonizing Mental Health: A Shift from Western Paradigms

Interviews with Palestinian mental health professionals highlight the potential for a decolonized mental health model in Palestine. A model that is deeply rooted in the region's social, cultural, and political contexts. To fully appreciate the implications of this vision, it is necessary to review existing literature on decolonial approaches to mental health, resilience, identity, as well as the challenges of incorporating Indigenous frameworks into psychological practice.

The practitioners' calls for decolonizing mental health in Palestine are consistent with larger critiques of the universal application of Western psychological models. Martín-Baró (1994) advocates for decolonizing psychology by addressing the socio-political realities of oppressed communities. This approach, known as Liberation Psychology, argues that traditional psychological interventions frequently pathologize responses to structural violence rather than addressing the underlying causes of oppression.

The emphasis on collective trauma rather than individual pathology echoes findings in studies of oppressed communities. Summerfield (1999), for example, critiques the pathologization of trauma in conflict zones by Western mental health frameworks, which frequently fail to address the political context of suffering. In this regard, Palestinian practitioners' collective approach is consistent with existing literature, particularly those arguing that psychological interventions must take into account the broader socio political context (Jabr et al., 2013; Kirmayer, 2019).

Religion and Mental Health: Dual Roles of Resilience and Stigma

Religious beliefs emerged as a significant theme during the interviews, as it was identified as both a source of resilience and a contributor to stigma. This duality has been thoroughly documented in the literature. According to studies on mental health in Middle Eastern societies, religious frameworks can provide comfort, community support, and meaning-making during times of distress (Al-Krenawi & Graham, 2000). However, these frameworks may also reinforce stigmatisation of mental illness by attributing it to spiritual weakness or divine will, thereby discouraging people from seeking formal psychological help (Youssef & Deane, 2006).

The statement "الله بيعوضنا - *Allah By'awedna*" (God will make it up to us) captures this complex dynamic. According to Giacaman et al. (2009), religious and cultural norms in Palestine can provide emotional support while also creating barriers to accessing mental health care by framing psychological issues as matters of personal faith. This contradiction highlights the significance of culturally sensitive mental health models that balance religious beliefs with their impact on mental health care access.

Identity and Mental Health: The Palestinian Experience

The relationship between Palestinian identity and mental health was a common theme in this research. Palestinian identity is complex and largely unique because it encompasses the psychological weight of collective experiences of displacement, occupation, and resistance. From within their identity and experiences, Palestinians created concepts unique to their culture and context. For example, the concept of *Sumud* (steadfastness), as discussed by Meari (2014b), as a type of resilience that is intrinsically linked to Palestinian identity and the ongoing struggle for self-determination. The practitioners' reflections on the importance of identity in mental health further echo Atallah's (2021) findings, which stress that identity-

based resilience mechanisms are essential for coping with the long-term stress of occupation.

The interviews revealed a clear connection between Palestinian identity and mental health, contradicting Western notions of mental health that prioritise individual well-being. Instead, as Veronese et al. (2023) assert, Palestinian identity provides a collective narrative of strength and endurance, which is essential for psychological resilience. This perspective is consistent with previous research that emphasises the role of collective identity and social solidarity in improving mental health in conflict zones (Giacaman, 2023).

Resilience and Collective Well-being: The Power of Sumud

The concept of resilience, particularly *Sumud*, pervades much of the discourse on Palestinian mental health. *Sumud*, according to Giacaman (2023), is a form of active resistance rather than simply enduring hardship. It is a resilience based on cultural values, social solidarity, and a common commitment to the Palestinian cause. This collective resilience directly contrasts with Western notions of resilience, which focus on the individual's use of coping mechanisms (Ungar, 2011).

The interviews illustrate how resilience in the Palestinian context is based on communal solidarity, familial support, and the intergenerational transmission of steadfast beliefs. These findings are consistent with previous research on Indigenous resilience, which views resilience as context-dependent and inextricably linked to cultural values and social structures (Atallah, 2021; Veronese et al., 2023). This collective resilience helps to mitigate the psychological weight of living under occupation. Sumud gives people a sense of purpose and belonging, even in the face of extreme adversity.

The Role of Social Solidarity and Takaful in Mental Health

Takaful (social solidarity) is another important theme. Its inclusion in the interviews emphasises the significance of community responsibility in addressing mental health challenges. This finding is supported by research on collective resilience, which indicates that social networks play an important role in protecting individuals from the psychological effects of trauma (Norris et al., 2007). Palestinian society's strong sense of social cohesion serves as a buffer against the isolation and alienation that frequently accompany mental health issues.

As the concept of *Takaful* is rooted in mutual support and shared responsibility, it aligns with Indigenous psychological frameworks that emphasise communal well-being over individualistic approaches. The call to create "alternative communities" for displaced Palestinians mirrors similar initiatives in other conflict-affected regions, where community-based interventions have been shown to be more effective than individualised therapy (Jabr et al, 2013; Veronese et al., 2023).

Indigenous Knowledge and the Development of Palestinian Psychology

The interviews also highlighted the urgent need to develop a uniquely Palestinian psychological science, rooted in Indigenous knowledge and experiences. This reflects broader calls within the field of Indigenous psychology, which challenge the dominance of Western psychological theories and advocate for models that are more attuned to local cultural contexts (Adams et al., 2015).

Palestinian mental health professionals emphasised the significance of documenting Palestinian coping mechanisms, such as *Sumud* and *Takaful*, as part of this decolonized framework. This emphasis on strengths and resilience rather than pathology is consistent with the growing body of literature advocating for strengths-based approaches in psychology,

particularly in non-Western contexts (Ungar, 2011). The practitioners' aspiration is to

establish a mental health model that not only benefits their community but also offers

valuable insights for the global field of psychology through the generation of a body of

psychological literature that is reflective of Palestinian experiences. These findings are

indicative of a burgeoning Palestinian movement to adopt a decolonized, strengths-based

mental health approach based on collective resilience, social solidarity, and Indigenous

knowledge. While providing a more comprehensive view of mental health, this emerging

model challenges the limitations of Western psychological frameworks. This project aims to

empower individuals and communities to take control of their mental health narratives by

highlighting Palestine's unique cultural, historical, and political context. Ultimately, their

objective is to establish a more equitable and just mental health system.

Limitation and Implications for Future Research

Several limitations of this study necessitate further discussion. The first limitation is

the purposefully limited focus on Palestine's unique socio-political context. However, the

generalizability of the findings to other conflict-affected regions is limited by this constraint.

Nevertheless, this limitation exists due to the study's direct intention to examine mental

health within the prolonged occupation, political violence, and cultural factors of Palestine.

Although this strategy enabled a comprehensive examination of the mental health

determinants within this population, the results may not be applicable to other regions that are

confronted with other distinct socio-political circumstances. Other studies that addressed

conflict zones, such as those conducted by Veronese et al. (2021) in the context of Gaza,

encountered comparable constraints. Consequently, the generalizability of these discoveries

is restricted. This limitation can be resolved through future research on comparative studies in

other conflict-affected regions to determine whether similar mental health patterns are

observed.

The study's second limitation is the size and diversity of its sample. Although the research provided valuable insights into mental health, it did not include key subgroups of the Palestinian population, such as rural residents and younger individuals. Participant recruitment issues in conflict zones frequently limit access to a diverse and representative sample (Jabr et al, 2013). The full representation of the spectrum of mental health experiences in Palestine may have been limited by the use of a smaller and less diverse sample. Future research should aim to use a more representative sample to better understand how different groups experience mental health in this context.

The third limitation is the potential for social desirability bias, which is introduced by the reliance on self-reported data. Participants may have portrayed themselves as more resilient or less affected by mental health challenges as a result of cultural expectations of strength and steadfastness (*Sumud*). This limitation was difficult to overcome given the nature of the study, which relied on participants' personal narratives and subjective experiences. Other studies, such as those by Giacaman (2019), have also faced challenges with self-reporting in conflict-affected areas. While this method provided rich, qualitative data, it may have led to an underestimation of the extent of mental health challenges. .

Finally, the investigation concentrated on mental health practitioners and laypeople, overlooking other influential groups, including policymakers, religious leaders, and educators. This limitation is present due to the study's objective to investigate the direct experiences and coping mechanisms of individuals who are grappling with mental health issues, whether personally or professionally. Nonetheless, this narrow viewpoint may have overlooked critical perspectives on how institutional or societal actors influence and shape

mental health. By including these additional voices, future research may gain a more comprehensive understanding of mental health determinants and coping strategies in Palestine. This highlights the importance of multifaceted approaches to understanding mental health in such complex settings.

Although these limitations are significant, they do not undermine the primary findings of the study. Rather, they suggest critical areas for future research. A more nuanced and comprehensive comprehension of mental health in conflict-affected populations could be achieved by addressing these gaps.

The findings of this study have numerous implications for future research. To begin with, there are substantial gaps in the comprehension of the broader significance of the mental health determinants that have been identified in the Palestinian context. The study emphasises the importance of conducting comparative research in other conflict-affected regions to determine whether coping mechanisms such as *Takaful* (emotional resilience) and *Sumud* (steadfastness) are context-specific or universal. The objective of future research should be to address this gap by investigating the impact of a variety of cultural, political, and social factors on the mental health of similarly marginalised populations.

Furthermore, this study raises new research questions based on the dual role of religion. Religion was identified as both a source of strength as well as a contributor to mental health stigma. Future research inquiries may investigate how religious institutions and leaders can participate in culturally appropriate initiatives to reduce stigma and promote mental health resilience. A further significant inquiry is how religious and cultural norms can strengthen social support networks.   .

Interdisciplinary research is also crucial for addressing the complex mental health

challenges in Palestine. Given the intersection of mental health with political, social, and cultural dynamics, future studies should integrate perspectives from psychology, sociology, political science, and religious studies. Interdisciplinary approaches can provide an improved awareness of how different factors affect mental health outcomes. This could be especially useful in developing context-specific and decolonized mental health frameworks that incorporate sociopolitical realities and psychological insights.

In conclusion, future research must address the identified gaps by employing interdisciplinary approaches to improve the overall understanding of mental health in conflict-affected areas such as Palestine.

Recommendations

Based on the findings of this study on mental health in the Palestinian community, the following recommendations are made to support and improve psychological well-being, resilience, and culturally sensitive mental health interventions:

Decolonize Mental Health Services

There is an immediate necessity to decolonize mental health services in Palestine. Contemporary psychological frameworks are often imported from Western models, which inadequately reflect the lived experiences of Palestinians. Mental health services ought to integrate Indigenous principles such as *Sumud* (steadfastness), *Takaful* (solidarity), and collective coping mechanisms. This aligns with Meari's (2014a) advocacy for context-specific mental health strategies grounded in local culture. International organisations and mental health professionals must prioritise the establishment of services grounded in the realities of occupation and collective struggle.

Culturally Relevant Training for Mental Health Practitioners

Mental health practitioners should receive training that equips them to understand the unique sociopolitical and cultural context of Palestine. Incorporating Indigenous coping strategies such as community engagement, religious practices, and collective resilience will ensure that mental health interventions are more effective and culturally sensitive. This recommendation supports Giacaman's (2023) call for an approach to mental health in Palestine that is holistic and community-based, addressing both individual and collective well-being.

Address Structural Factors Affecting Mental Health

External factors such as poverty, political violence, and displacement intertwine, significantly impacting mental health. It is critical that policymakers address these structural determinants of health by implementing policies that mitigate their impact on mental well-being. This necessitates advocating for international action to terminate the occupation and enhance living conditions, which would alleviate the psychological toll on Palestinians. Jabr et al. (2013) emphasise the importance of using a political lens to understand the impact of external conditions on mental health, as well as their approach to reducing psychological distress in marginalised communities.

Promote Community-Based Mental Health Programs

Community-based mental health initiatives that emphasise collective resilience and mutual support should be prioritised. These programs may include peer-led support groups, faith-based interventions, and Indigenous forms of social solidarity like *Takaful*. Such initiatives foster a sense of belonging and shared responsibility, which are critical in

sustaining mental health in the face of occupational pressures. Veronese et al. (2023) highlight the efficacy of community-based initiatives in building resilience in conflict-affected areas.

Integrate Mental Health into Education

Incorporating mental health education into the school curriculum is critical action for developing early mental health awareness and resilience in Palestinian youth. Schools are natural and communal spaces for teaching coping skills and emotional regulation. Schools provide the opportunity to establish community support systems for students, educators, and parents that improve psychological well-being. Early mental health interventions will help students better navigate trauma and adversity directly stemming from the occupation. This recommendation is consistent with Atallah's (2021) emphasis on early interventions to improve community ties and mental health literacy.

Create Support Networks for Women and Children

Women and children, who are particularly susceptible to psychological distress in conflict situations, require specialised support networks. This may encompass specialised mental health initiatives for mothers, trauma-informed care for children, and spaces for women to express and navigate their distinct challenges. Customised interventions that target gender-specific mental health needs can alleviate the adverse effects of societal expectations coupled with the additional responsibilities of caregiving. This corresponds with Giacaman's (2009) findings regarding the unequal psychological burden borne by women in conflict zones.

Develop Policies That Prioritise Mental Health

Mental health policies must be incorporated into comprehensive public health and social welfare frameworks, guaranteeing accessibility of mental health services to all population segments, particularly in rural and marginalised communities. Governments and international bodies should collaborate to ensure that mental health is a priority in humanitarian responses, development programs, and long-term planning. Mental health policy should also be seen as a component of resistance and resilience, as argued by Makkawi (2017b), to empower individuals and communities in their ongoing struggle for justice and dignity.

Strengthen International Advocacy for Palestinian Mental Health

The international advocacy for Palestinian mental health must be strengthened. International organisations and mental health institutions must acknowledge the distinct challenges Palestinians encounter due to occupation and conflict, and promote specific funding and resources to address these concerns. Collaboration between local practitioners and international experts can facilitate the creation of more effective mental health interventions that address both immediate psychological needs and long-term outcomes.

Conclusion

Interviews were conducted with mental health professionals and the general public to obtain a thorough understanding of the psychological experiences, coping strategies, and resilience of the Palestinian community. This study not only examined mental health and illness, it also revealed culturally significant themes such as resiliency, *Sumud* (steadfastness), *Takaful* (solidarity), and resistance, which influence the daily lives of Palestinians. The call for the decolonization and redefinition of Palestinian psychology emerged as a powerful message from these discussions, echoing the need for a mental health

system that reflects the lived realities and collective struggles of Palestinians.

The interviews underscored the significant influence of historical traumas, current political conflicts, and societal expectations on the mental health of Palestinians. Healthy psychological states, characterised by emotional regulation, inner peace, and a sense of harmony across time, were frequently disrupted by mental exhaustion, dissatisfaction, and a diminished sense of agency amid ongoing adversities.

Contributing to resilience and satisfaction, functional strategies such as self-awareness, acceptance, and seeking social support were common. Conversely, maladaptive strategies like isolation and validation-seeking underscored the difficulties of coping with psychological distress in the context of occupation and displacement. This emphasises the need for culturally relevant approaches to coping in marginalised populations.

This study focuses on the intersection of factors affecting mental health in Palestine. Mental health is shaped by socio political dynamics, cultural norms, and personal experiences, rather than being an internal or isolated phenomenon. The study emphasises the importance of acknowledging these intersections by incorporating perspectives from both laypeople and experts.

The findings have significant implications for the development of culturally sensitive policies and interventions. International organisations, mental health practitioners, and policymakers play a crucial role in addressing the distinctive mental health challenges that Palestinians encounter. Stakeholders can more effectively address the needs of marginalised populations by fostering empathy, cultural sensitivity, and customised mental health services. This promotes the call for a decolonized, Indigenous mental health model that prioritises collective healing.

The Palestinian community's inherent strength was underscored by the themes of resilience and resistance that emerged strongly from the interviews. Palestinians demonstrate their unwavering dedication to overcoming adversity and fostering collective well-being through the incorporation of practices such as *Sumud*, generational resilience, and individual responsibility to the community. The concept of resilience, uniquely adapted to the Palestinian context.

The findings from this research paint a comprehensive picture of the strengths and challenges faced by Palestinian people living under military occupation. Their contextually and culturally derived narratives of resilience, agency, and collective strength offer a blueprint for creating a mental health system that upholds justice, solidarity, and human dignity for all the people of Palestine.

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Appendices

Appendix A - Al Jazeera Maps Approval Letter

---------- Forwarded message ---------
From: **Mohammed El-Haddad** <haddadm@aljazeera.net>
Date: Sat, Jun 1, 2024, 6:22 PM
Subject: Re: permission for using your maps
To: sabrina russo <dr.sabrinarusso@gmail.com>

Dear Dr Sabrina,

Thank you for reaching out.

Yes, please feel free to use our maps and credit @AJLabs as part of our Creative Commons license.

Thank you
Sent from my iPhone

Mohammed El-Haddad
Interactive Editor | AJE Online Department
Digital Innovation & Prog. Directorate
Digital Division

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Appendix B - Consent Form

You are being invited to participate in a research on mental health and exhaustion in Palestine. The purpose of this interview is to gather information and insights about experiences related to mental health, exhaustion, and well-being in order to contribute to a better understanding of how palestinian people percive these and potentially inform future interventions and support services. Your participation is entirely voluntary, and this consent form is designed to ensure that you have all the necessary information to make an informed decision about participating.

Study Details:

Title: Challenges mental health assumptions in the Palestinian context

Principal Researcher: Dr. Sabrina Russo

Organization: University of Milano Bicocca

Date:

Participant Consent:

By signing this consent form, you confirm that you understand the purpose, procedures, and potential risks and benefits of participating in the interview. You also acknowledge that your participation is voluntary, and you have the right to withdraw at any time without penalty or loss of benefits.

Confidentiality: Your identity and all information you provide during the interview will be kept strictly confidential. Your responses will be anonymized and aggregated with those of other participants to ensure individual privacy. Audio or video recordings, if used, will be handled securely and only accessed by authorized members of the research team. Data collected during the interview will be stored securely and will only be used for research purposes.

Voluntary Participation: Participation in this interview is entirely voluntary, and you have the right to decline to answer any question or withdraw from the study at any time without consequences. Your decision will not affect your relationship with the researcher or any other organization involved.

Potential Risks: Discussing topics related to mental health and life experiences may be emotionally distressing or triggering for some participants. If you feel uncomfortable or overwhelmed during the discussion, you are encouraged to take breaks, decline to answer specific questions, or withdraw from the focus group if necessary. Support resources will be provided should you require them.

Benefits: While participating in this interview, you will have the opportunity to share your experiences, insights, and recommendations for addressing mental health, well being, and

satisfaction in Palestine. By doing so, you contribute to raising awareness and potentially influencing future support services and interventions.

Contact Information: If you have any questions, concerns, or wish to clarify any aspect of the study, you can contact the Principal Investigator, Dr. Sabrina Russo, at Dr.sabrinarusso@gmail.com. Additionally, if you have any questions about your rights as a participant, you may contact the researchers for more information.

Consent: I have read and understood the information provided in this consent form. I voluntarily agree to participate in the interview on mental health, well-being, and satisfaction in Palestine, conducted by Dr. Sabrina Russo. I understand that my participation is entirely voluntary and that I have the right to withdraw from the study at any time without any penalty or loss of benefits.

Participant's Name: _____

Participant's Signature: _____

Date: _____

Principal Investigator's Name: _____

Principal Investigator's Signature: _____

Date: _____

Appendix C - Demographic Information

#	Age	Gender	Education Level	Place of Origin	Type of Interview
1	58	Female	High-School	Silwad	General
2	28	Male	Bachelor's degree	Skaka - Nablus	General
3	26	Female	Bachelor's degree	Burqa	General
4	30	Female	Bachelor's degree	Hebron	General
5	43	Male	Bachelor's degree	Dayr Tarif	General
6	27	Female	Bachelor's degree	Anata	General
7	24	Male	Bachelor's degree	Bethlehem	General
8	20	Female	Bachelor's degree	Qalandiya Refugee Camp	General
9	62	Male	Bachelor's degree	Battir	General
10	27	Female	Bachelor's degree	Beit Nouba	General
11	27	Male	Bachelor's Degree	Ramallah	General

12	Estimated age (67)	Male	Equivalent to the 3rd grade	Faloujeh - Gaza	General
13	59	Female	None	Ajoul	General
14	49	Male	Bachelor's Degree	Thahirye/ Hebron	General
15	30	Male	Diploma	Deishe Bethlehem Refugee Camp	General
16	63	Female	High School	Ein Karem - Bethlehem Refugee Camp	General
17	36	Female	Bachelor's degree	Jenin	General
18	34	Male	Bachelor's degree	Ya'bad	General
19	34	Male	Bachelor's degree	Abu Qash	General
20	39	Female	Master's degree	Hebron	General
21	39	Female	Bachelor's degree	Jenin	General
22	22	Male	High School	TulKarm	General

23	31	Female	High School	NabiSaleh	General
24	37	Male	None	Balata Nablus Refugee Camp	General
25	30	Female	Master's Degree	Nablus	Specialist
26	42	Female	Doctorate Degree	Jerusalem	Specialist
27	47	Female	Doctorate Degree	Jerusalem	Specialist
28	57	Female	Master's Degree	Ramallah	Specialist
29	45	Male	Master Degree	Qalqilya	Specialist
30	51	Male	Doctoral Degree	Ramallah	Specialist
31	48	Male	Professor	Nablus	Specialist
32	40	Female	Doctorate Degree	Ramallah	Specialist
33	40	Female	Master Degree	Nablus	Specialist
34	52	Male	Doctorate Degree	Bethlehem	Specialist

Appendix D - Interview Questions

Semi-structured interview - General

1. How do you define mental health as well-being?

2. How do you define mental illness?

3. What does it mean to be satisfied in your life? (meaning, definition)

4. When do you feel satisfied (where and how)

5. What does it mean not to be satisfied in your life? (meaning, definition)

6. When do you feel satisfied (where and how)

7. What do you do for yourself to feel well?

8. Calendar/storyline (positive events, negative events)

Semi-structured interview - Practitioner

1. How do you define mental health as wellbeing?

2. How do you define mental illness?

3. What does it mean being satisfied in your life? (meaning, definition)

4. What does it mean not being satisfied in your life? (meaning, definition)

5. What do you do for yourself to feel well?

6. What do you think other people should do to feel well?

Appendix E - Internal Review Board Approval Letter

An-Najah National University
Faculty of Medicine &
Health Sciences
Institutional Review Board

جامعة النجاح الوطنية
كلية الطب وعلوم الصحة
لجنة اخلاقيات البحث العلمي

Ref : Med. 2023/26

IRB Approval Letter

Title of Research:

Challenging mental health assumptions in the Palestinian context

Submitted by:
Souad Belkebir, Sabrina Russo

Approved:
20ᵗʰ June, 2023

Your Study Title "**Challenging mental health assumptions in the Palestinian context.**"reviewed by An-Najah National University IRB committee and was approved on 20ᵗʰ , June . 2023

Hasan Fitian, MD

IRB Committee Chairman

Nablus - P.O Box :7 or 707 | Tel (970) (09) 2342902/4/7/8/14 | Faximile (970) (09) 2342910| E-mail : IRB@najah.edu