

CHAPTER TWO

Mental health in Palestinian University Students: Challenges, Difficulties, and Sources of Resilience

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ABSTRACT

This chapter discusses the mental health of Palestinian university students, investigating the unique challenges and struggles that these young people face (including exposure to violence, restriction of movement, arrest, detention, relocation, lack of resources, etc.) and that increase the risk of negative mental health outcomes (including depression, anxiety, PTSD, hopelessness, addiction, radicalism, etc.). Alternatively, the chapter highlights sources of resilience that been found to produce protective factors against the daily trauma, restrictions, and intergenerational despair. Understanding the complex and multifaceted context in which Palestinian youth mature, study, live, and socialize may provide better insight into the effects of occupation and militarization. This can assist professionals internationally to better advocate for vulnerable youth in geo-political conflict zones, develop programs to bolster naturally occurring protective factors (family, community support, education, religiosity, stress inoculation, etc.), and design appropriate interventions that improve mental health outcomes among Palestinian university students and youth residing in high risk conflict zones generally.

Keywords: Mental Health Problems, Palestinian Students, Resilience, Post-secondary Education.

INTRUDUCTION

The history of Palestine is marked by conflict, and this challenging political context has exerted deleterious effects on Palestinian mental wellbeing and lifestyles. The 1948 Arab-Israeli War is considered by the Palestinians, as the beginning of the ‘Catastrophe,’ known in the Arabic language as ‘Nakba.’ Around three quarters of the Palestinian people were displaced or fled due to the conflict and were then considered refugees by the United Nations (Marie et al., 2016). People lost their lives, and many who survived lost their villages, homes, and lands, and it caused widespread trauma and feelings of psychological defeat. The 1967 War brought additional negative effects on the wellbeing of Palestinians and on their daily lives, and many ended up living in an unstable environment or facing other dramatic changes. Many experienced persecution, deprivation, discrimination, and injustice (El Sarraj & Qouta, 2005).

The First Intifada 1987, or First Palestinian Intifada (also known simply as the intifada or intifadah), was a sustained series of Palestinian protests, and in some cases violent riots, against the Israeli occupation of the West Bank and Gaza that had begun twenty years prior in 1967. It lasted until the Madrid Conference in 1991, though some date its conclusion to 1993, with the signing of the Oslo Accords between Palestine Liberation Organization (PLO) and Israel. After the Oslo agreement, the Palestinian Authority (PA) started to manage all services in the West Bank and Gaza strip, including mental health services (Giacaman et al., 2009).

During the second intifada starting in 2000, Israel intensified its geographic segregation policy by posting hundreds of military checkpoints throughout the West Bank and Gaza Strip and erecting the Segregation Wall to seal off the occupied Palestinian territory from Israel (Khamis, 2002). Since then, life for Palestinians has become even harder, more dangerous, and less secure.

Under the justification of protecting Israelis from Palestinian violence, a massive wall is being constructed between Israel and the West Bank, incorporating areas of the West Bank into Israel. Hundreds of Israeli military checkpoints have been established, accompanied by curfews, invasions, detentions, lethal force against civilians, land confiscations, and house demolitions, all of which have made ordinary life almost impossible. These events entail the systematic collective punishment of the Palestinian population living in the occupied Palestinian territory (Giacaman et al., 2009).

Palestinian university students experience several challenges and difficulties, mainly characterized by environmental stressors (e.g., militarization, poverty, lack of employment opportunities, cultural pressures, future insecurity etc.) and fewer positive social outlets due to the restrictions on movement between communities, lack of recreational facilities, destruction of social networks, and cultural standards of gender separation (Berte et al., 2021; Mahamid & Bdier, 2020; Sweileh et al., 2011).

Another challenge is the lack of mental health care institutions in Palestine due to the lack of qualified specialist staff, insufficient funding, the political conflict, poor community awareness of psychosocial services, and low salaries and unemployment among psychosocial practitioners. Palestinians in general, and university students especially, are therefore unable to get mental health care they need while living under very difficult circumstances (Mahamid & Veronese, 2020; Marie et al., 2016).

Palestinian university students face similar challenges related their studies that any others could, such as high expectations for academic results, both from themselves and from family. Family might also pressure them into choosing a certain program rather than what they are most

interested in. Conversely, being separated from family for the first time if they study in another city or country can be a stressor. Finally, the typical social dynamics among university students can include stressors related to bullying or cyberbullying from peers and difficulties related to romantic relationships (Bostani et al., 2014; Caravaca-Sánchez et al., 2021; Lo et al., 2020; Malkoç & Yalçın, 2015).

Life stressors among Palestinian university students also differ by gender. According to Mosallam and Thabet (2016), stressors for male students were mainly related to economic, family, and personal factors, while female students reported more emotional and university environment stressors.

Mental Health of Palestinian University Students

Mental health problems are very common among university students, as in addition to academic pressures, this is the first time they have to behave as adults—without having yet mastered the skills and cognitive maturity of adulthood. For example, they must deal with other students from different cultures, or they may have to work to support themselves financially, or be in a relationship that may lead to marriage (Pedrelli et al., 2015).

Palestinian university students have been found to show symptoms of anxiety, depression (more so in females), obsessive-compulsive disorder, phobic anxiety (more so in females), and somatization (Abadsa & Thabet, 2012). Depression and anxiety have also been found to be prevalent among Palestinian medical students, which was correlated with low levels of self-rated mental health status, financial status, social life, and religious commitment (Shawahna et al.,

2020). Depression and anxiety rates were also higher among students in their basic academic years who had cited family motives behind their choice to study medicine.

In a study focusing on female Palestinian students, Saleh et al. (2018) found them to have a high prevalence of disordered eating attitudes, and that it differed according to their academic specialization. Those in scientific faculties were found to care less about their body image than those in the humanities, because they had less free time to use social media and be affected by the content that can influence it. Peer, cultural, and family pressure on young women to be socially accepted also plays an important role in these disordered eating attitudes (Saleh et al., 2018). In addition, a cross-sectional study by Badrasawi and Zidan (2019) found a high prevalence of binge eating symptoms among female Palestinian university students that was associated with high rates of depression, anxiety and stress. They have also been found to have higher levels of anxiety and psychosomatic symptoms than male students, which could be due to the fact that girls are given less responsibility and freedom growing up than boys in Arabic countries, tending to stay at home and be more dependent on family, so the transition to a more independent lifestyle can be especially challenging (Nazzal et al., 2017).

Conversely, male Palestinian university students have been found to be lonelier than females, because they are less disposed to share their emotions and problems with others, have fewer social networks, and are under more pressure to plan for their future (i.e., career and marriage) and to take responsibility for their families (Nazzal et al., 2020).

Palestinian university students who are exposed to forms of family violence (i.e., witnessing inter-parental violence or experiencing parental violence) are at risk of developing post-traumatic stress syndrome (PTSS). This is not only because they are exposed to violence, but also

because they live in a toxic family atmosphere characterized by intense fear, anxiety, anger, tension, hopelessness, and lack of trust (Haj-Yahia & Bargal, 2015). It has also been found that students whose parents experienced more conflict in their relationship are more likely to use psychoactive substances such as tobacco and alcohol (Damiri et al., 2020).

As a consequence of the longstanding conflict, Palestinian university Students in the Gaza strip reported different traumatic experiences, such as: seeing bombardment, hearing artillery shelling, being arrested, and hearing the killing of their friends. (18.9%) (Thabet et al., 2015). Another similar study found a similar reported prevalence of seeing mutilated bodies on TV (92.7%), while 47.4% had witnessed the destruction of another's home, 47.1% had witnessed heavy artillery fire at neighbours' homes, and 42.9% had been forced to move from home to a safer place during the war (Thabet & Sultan, 2016). And Wagner et al. (2020) similarly found that being exposed to traumatic occupation-related events severely diminished the well-being of Palestinian university students, and was associated with aggression, academic difficulties and symptoms of post-traumatic stress, anxiety and depression among Palestinian youth.

Palestinian university students in Gaza have been found to suffer from depression and anxiety as a result of the siege-related stressors (e.g., sharply increased prices, cut-off electricity, gas shortages), with 9.5% of males and 12% of females suffering severe depression, while 10.3% of males and 13.8% of females had anxiety (Joma'a & Thabet, 2015). Another study examining the impact of the siege on their mental health showed that 15.8% had severe anxiety and 40.3% had moderate to severe depression (Lubbad & Thabet, 2009). Furthermore, Thabet and Abdalla (2018) found that they had high rates of death anxiety and obsessive anxiety, which could be due to the continuous conflict in the region and repeated exposure to war trauma. They have also

reported the Israeli checkpoints as their main daily concern, reporting negative effects including headache, tension, frustration, and low academic achievement (Abed Al-Hadi et al., 2021). Problematic internet-use also relates to this issue. During a period of heightened political violence in the West Bank, Palestinian university students were found to use social media excessively, and this was associated with posttraumatic stress symptoms among for them (Mahamid & Berte, 2020). Internet use among these students has also been found to be negatively associated with academic achievement and healthy family relationships (Rayan et al., 2017). And in an explorative study conducted at An-Najah National University (ANNU), 47% of students were found to be engaging in addictive patterns of internet use, perhaps because individuals in countries with high geopolitical strife consider social media and the internet as a source of leisure or socialization (Mahamid & Berte, 2019).

Sources of Resilience Among Palestinian University Students

Resilience theory seeks to understand healthy development in the face of dangerous and/or traumatic circumstances, focusing on strengths rather than weaknesses (Windle, 2011). There is no single agreed upon operational definition of resilience; some researchers define it narrowly as the ability to recover from trauma, while a wider definition considers resilience an ongoing protective capability for individuals to maintain healthy development and growth despite challenging conditions (Robertson & Cooper, 2013).

Psychological resilience can be defined as a personal trait and a process. As a personal trait, it is an individual's capacity to maintain psychological and physical well-being in the face of adversity, while as a process it is the capacity of a dynamic system to adapt successfully to

disturbances that threaten system function, viability, or development (Fletcher & Sarkar, 2012; Yi et al., 2008). It can be determined by several factors, ranging from environmental (e.g., community and social resources) to cognitive-behavioural (e.g., problem-solving, reframing: Choi et al., 2019). It is considered a protective factor against mental health illness among university students, reducing the risk of psychological distress, helping to manage academic demands, improving academic outcomes, and facilitating effective coping strategies when faced with academic pressures (Pidgeon et al., 2014).

In a comparative study between university students from the West Bank and Irbid, Jordan, it was found that quality of life between them did not significantly differ, possibly because Palestinian university students have developed a culture of resilience (Asi et al., 2018). This culture of resilience is characterized by the concept of *sumud*, a Palestinian cultural construct which in Arabic translated to steadfastness or perseverance (Hammad & Tribe, 2021). It is considered both a value and an action that manifests via individual and collective actions to protect the wellbeing and dignity of one's family and community, maintain Palestinian identity and culture, and to remain on the land (Hammad & Tribe, 2021).

Mosallam and Thabet (2016) found that positive reappraisal, wishful thinking, and self-control are the main strategies of coping with stress among university students in the Gaza Strip. Other studies have indicated that spirituality and pride in their achievements were their main sources of resiliency, and that male students had more of it than females (Thabet et al., 2015; Thabet & Sultan, 2016). And Joma'a and Thabet (2015) found that comfort in religious beliefs, thinking about what steps to take, and learning to live with the situation were the most frequent coping strategies for these students.

Among Palestinian university students in West Bank, social support from friends, family, and others has been found to be a protective factor against depression and anxiety (Nazzal et al., 2017). And in a study of nursing students at ANNU, it was found that support systems used to build resilience included: family, colleagues, peers and local instructors; academic motivations; some individual capacities (e.g., hope and optimism); interest in nursing profession; and some changes in lifestyle patterns (Jomaa et al., 2016). And in the current context of the COVID-19 pandemic, social skills have been found to positively correlate with resilience for these students (Mahamid & Bdier, 2021)

CONCLUSION

Several studies indicate a high prevalence of mental health problems among university and college students generally, and it is increasing concern worldwide. Young adults entering university have to face and adapt to a new and challenging social dynamics, which makes them vulnerable to developing mental health problems. But the case of Palestinian university students is more complicated, since they face ongoing traumatic life events resulting from the occupation that can lead to depression, anxiety, and PTSD (Nazzal et al., 2017; Sarhan et al., 2020).

Under military rule, Palestinian university students have endured chronic exposure to political violence, oppression, subjugation, and lack of freedom. Generations of these students have suffered human rights violations, including arbitrary arrest, displacement, restricted movement between areas. The Palestinian Authority (PA) has little authority in practice, is burdened by lack of funds and dependence on foreign aid, and has been unable to fulfill the basic needs of the Palestinian universities and their students (Ghandour et al., 2020).

The situation of Palestinian university students is complex. On one hand they are addressed with optimism because they are expected to be a force for change sought by all Palestinians in the form of national unity and liberation from the occupation. On the other hand, their concerns do not receive adequate attention and fail to occupy a central position in the decision-making agenda. This is despite an urgent need for Palestinians to build a more efficient economic, political and social system that would contribute to a better life and safer environment, which cannot be achieved without the involvement of youth as the next generation to build the present and the future of the nation (Ramahi, 2015).

But despite the difficult and traumatic conditions, Palestinian university students have shown high level of resiliency in dealing with them, characterized by positive self-efficacy, high levels of psychological awareness, responsibility, and positive problem-solving strategies (Mahamid, 2020). Prior studies have found sources of resilience among Palestinian university students to include education, family support, community network, social support, and the arts (Qeshta, 2019; Thabet et al., 2008). Political awareness and activity have also helped them to find meaning in their lives and make sense of their struggles.

Further research is required to continue to better understand mental health issues and their associated factors among Palestinian university students, the difficulties and challenges they face, and the sources of resiliency, well-being and other personality factors that may help them to deal with traumatic life events.

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