

2 The Will to Live in Palestine

I had patient who suffered from delusions, in the Old City. He was in his 50s and married. He was born and raised in the Old City, as had his family for generations. He felt that if he left the Old City, if he went out of its walls, he would fly away. You know, he thought he would just float away into the sky. When inside the city, he had some anxiety but was functioning. It's only when he'd get close to a [Old City] gate, he'd get panicked and he'd turn away. Sure, he had schizophrenia. The Occupation (*al-ihtilal*) of the Old City was not the cause of his schizophrenia. At least, not directly it seems. But the occupation was the language which his schizophrenia manifested itself.

Ali, a young clinician still in training, shared this case with us in our first meeting at a newly opened clinic in Shu'afat: He and his colleagues also told us about the difficulty they had had in opening a clinic in Shu'afat, a Palestinian neighborhood of Jerusalem; how it took them years and how, when the decision was made, they had to make it happen at breakneck speed within a small window of time. The clinic was underfunded because it serves the "Arab" population of the city. Pre-1948, Shu'afat was a Palestinian village around six kilometers north/northeast of Jerusalem. After 1967, Israel illegally annexed it, redrawing the boundaries of "metropolitan Jerusalem," where all lands outside the 1948 Armistice Line (Green Line) are considered illegally occupied by the international community (mostly specifically, as codified in United Nations Security Council Resolution 242). The "neighborhood" also houses Shu'afat Camp, a refugee camp that holds Palestinians expelled from their villages by the Zionist forces in 1948. The people of Shu'afat Camp were forcibly relocated by the Jordanians from the overcrowded Mu'askir camp in the Old City in 1965.¹ Shu'afat is now divided by the Israeli Apartheid Wall but still remains under "Jerusalem municipality," making the refugee camp the only one of its kind in occupied Jerusalem and under direct Israeli control. Shu'afat, like the Old City, has seen over the past two decades increasing amounts of home demolitions, evictions of Palestinians from their homes, and, of course, Jewish Israeli citizens "acquiring" land, usually by legal force or coercion, and settling there.

A year after our initial conversation with Ali at the clinic in Shu'afat, we met Ahmed in a clinic in Bethlehem during a day-long clinical workshop for clinical students on the *Psychodynamic Diagnostic Manual*. Ahmed, a clinician-in-training, sees patients in Jerusalem and, in keeping with Ali's astute observation about how the occupation dictates the symptomatic symbolism, presented us with a very similar story about a patient who he treated in the Old City. More specifically, Ahmed noted that his patient suffered from severe obsessive-compulsive disorder, not having been able to leave his home past the front gate for several years. Ahmed shared that the patient had been forcibly imprisoned by Israeli forces some years back and, while his mother reported that he had always had some anxiety, that his severe symptoms manifested after his release, causing him to have worries about being "lifted up" or "flying away" should he leave his home. This was compounded by a fear of abandoning his mother, an anxiety symptom that Ahmed accurately read as reality-based. In both these cases, the patients had, indeed, been "lifted up" by forces, lifted from under their arms before political incarceration.

It seemed telling that Ali told us of the case of the "schizophrenic Jerusalemite" in a clinic in Shu'afat considering the parallel histories and contemporary realities of the localities (Shu'afat and the Old City). The case of his patient, at one level, seems overdetermined. How absolutely reasonable, it seems to us, that the fear of Ali's and Ahmed's patients of being wrenched against their will from Jerusalem, "lifted up" outside of their control. The intensity of the campaign by the Israeli government and settler organizations to settle the occupied Old City by expelling Jerusalemites from their homes and seizing their houses is matched by the brutality of the extrajudicial murders (such as the murder of Iyad Halaq, a man with autism, by "Border Police" at Jerusalem's Lion's Gate in August 2020) and juridical revocations of "residency" permits around the "Center of Life" policy.² While the Israeli occupation regime has maintained heavy military presence by the *Magav* or Border Police (formally *Mashmar ha-gavul*) since the illegal occupation of Jerusalem and the West Bank in 1967, they have, in recent years, at every gate around Jerusalem's walls, erected large, elevated, permanent, black-metal sentry boxes that the children of Jerusalem call, "killing boxes," according to Nadera Shalhoub-Kevorkian, whose presence is predominant in this chapter.³

Ali, however, adds another insight, one that can also be extended to Ahmed's patient. His analysis reaches beyond the overdetermination of the justifiable fear of dispossession that rightly emerges from both contemporary reality and historic trauma. His patient did not expel Zionist violence through sublimating it, for example, in commando or knife attacks against settlers, as we will discuss later in this chapter. It is converted into a psychosis that ensures he will be riveted to his ancestral home. The occupation was not only "the language which his schizophrenia manifested

itself”; rather, Ali adds, “the symptom, the fear, assured him that he’d remain in Jerusalem. It kept him near his family.” He laughs and says, “the symptom was a sort of *sumud*. You know, he was not going anywhere.”

In this chapter, we will explore psychological expressions of self and collective assertion as living practices under occupation and settler-colonial violence. While we will examine a number of painful cases of suffering that speak to the politics of asphyxiation imposed upon the Palestinian people, physically and psychologically, we are reminded at every turn and by every clinician with whom we spoke to, of the psychological coherence of the unbroken Palestinian psyche and the “intactness” of the Palestinian ego, collectively and individually. In examining the practices and thoughts of Palestinian clinicians as well as a handful of well-known vignettes of Palestinian national icons, we are, perhaps obliquely, thinking about the psychological structures and mechanisms within “*sumud*,” or stalwartness.

Sumud means a number of things to a number of people, and it may have many forms. It is largely agreed that, in the words of Muhammad Funun, a political prisoner in the 1970s, *sumud* is not a philosophy, but an organic practice and commitment. At its most fundamental level, it operates at the level of the individual but also is a collectively shared system of beliefs and priorities that maintain social cohesion under relentless targeted and indiscriminate psychical and psychological violence.

Its roots grow, bloom, and deepen like a living entity, and it is nourished by every preceding experience (from *sumud* in every previous stage of interrogation [in Zionist prisons] as it is nourished by the will-power and revolutionary fervor. (*al-hamas al-nidali*)⁴

Sumud is built on previous experiences (and victories) of *sumud* but also on patience as a practice and a quality, Funun says.

We will not fully explore *sumud* in this chapter. However, we introduce it as a fixed piece of the psychic-social-political world of the Palestinian people, from the River to the Sea. More specifically, what interests us in this chapter is the complex ideological interface between organizational concepts such as “victim,” “trauma,” “suffering,” “resilience,” and “suicide” as diagnostic, analytic, and political terms. We continue to be guided by Palestinian clinicians, both in practice and analysis, *to identify living and dying, suffering and willfulness* as modes of individual and collective subjective assertion under the Zionist “settler-colonial logic of elimination.”⁵ Further, this chapter shines light on how Palestinians, circumscribed by violence and death, operate internally and communally, within a *psychic political-economy of life* that defies being objectified as victim and seeks to maintain, even though tragic, desperate, and, to some, heroic ways, dignity, commitment, and responsibility to themselves and to others. This chapter builds on the insights of Shalhoub-Kevorkian

about how “psycho-political power” emanating from “sites of death” generates a “collective psychosocial embodiment of everyday resistance.”⁶ More specifically, we identify how the psycho-social practices of Palestinians (through the experiences of clinicians) affirm the centrality of the embodied psyche/*al-nafs*/breath/self as the *primary site for Palestinian life*, willfulness, and *resistance*. What we will be examining, even if we do not fully use this language, is how Palestinian clinical practice and Palestinian “livability” function themselves as various forms of *sumud* and, indeed, refusal to be metabolized by an apolitical and non-structural analysis shored up by international mental health discourse, psychological diagnostics, or Zionist ideological negation.

Resistance-to-[Israeli]-Necropower

In learning how Palestinians maintain psychological coherence, individually and communally, against the vertiginous policies of settler colonialism, we briefly identify the nature of Zionist violence, not in order to exceptionalize the state now known as Israel, but rather, to the contrary, to observe how the state operates within a sadly identifiable modality of settler-colonial power.⁷ Many have come to consider Palestine as the exemplar of this modality and, to be specific, exemplary of the necropolitical condition of settler colonialism. Achille Mbembe defines “how necropower operates” by stating that “the most accomplished form of necropower is in the contemporary occupation of Palestine.”⁸ Necropower, for Mbembe, exceeds the biopower of modern governmentality (where subjects of the state are willfully managed through social and infrastructural practices). Necropolitics is the ways in which governing regimes (state and corporate) manage the social and biological life and death of bodies under their sovereignty. Specifically, what Mbembe is referring to is the necropolitical segment of the apartheid system that operates most glaringly and violently in Gaza, the West Bank, and occupied Jerusalem. Yet, the necropower of Israel as a settler-colonial state unfolds with the complex legal, social, and economic matrix of surveillance, control, and managing the lives and deaths of Palestinians inside the State of Israel as well as in the Palestinian Occupied Territories.

We will witness how this necropower saturates and structures the psychological practices, attempting to conscript captive Palestinian settler-colonial citizens of Israel, as Brenna Bhandar, Nadim Rouhana, Shalhoub-Kevorkian, Elia Zureik, Lana Tatour, and others show us, as well as non-citizen subjects of occupation.⁹ However, we will also understand how victimological and trauma-based manualized discourses and treatments collude with or transect the Israeli settler-colonial regime in reifying, determining, and naming what is mental health, what is “healing,” and what is “normative” at the expense of Palestinian internal and political experiences and realities. Indeed, through our conversations

with Palestinian clinicians, we have come to see more clearly how “perfect victims” are created and therefore become legible by psychology and victimology fields, falling on gendered, raced, and classed lines, always to the exclusion of the most vulnerable. In the case of Palestinians, they are almost always read as victims only vis-à-vis the gaze of the saviorism embedded in psychological practices of trauma alleviation, the central tenets of which function on point-in-time trauma narratives and rely on Eurocentric ideas of health and wellness.¹⁰

We will not ignore in this chapter the imposing weight, whether psychological, political, or social, of the Israeli settler-colonial regime on the Palestinian people and their psyche as our brief discussion of necropolitics shows. However, the thrust of this chapter is to amplify the experience of those such as Ali and Ahmed and, importantly, their intersubjective analysis of the symptoms of their patients. We focus on how Palestinians navigate through clinical practice and through the insights of the clinicians’ *own* profound suffering, which is intentionally, even sadistically, inflicted on them by the state now known as Israel. If we are to locate even symptoms as unconscious manifestations of how Palestinians remain “samidun” (stalwart, resolute, and present), we also note that Palestinian clinical practice, as organic practice and conscious commitment, *reproduces sumud* itself. We note now but will see in the next chapter that clinical practice reproduces the social and psychological processes and practices of *sumud* by shoring up Palestinian psychological defenses and mental health through connecting them to shared experience, but also by refusing to disavow the “madness” (*junun*) of their lived experience as settler-colonial subjects. In Ali’s and Ahmed’s patients with schizophrenia, we have the story of the patient but also that of the clinician. It is through these two interwoven narratives and lived experiences that we are compelled to deliberate the ways in which Palestinians, despite the profound anxieties, fears, and suffering they experience, remain immovable. We dwell on the psychological practice of “livability” forged with the social practice of *sumud* in Palestine, or what Nadera Shalhoub-Kevorkian calls, “the resistance-to-live, but also the voices of those speaking life against those speaking death.”¹¹

“Who Killed Mohannad?”

On August 29, 2017, Mohannad Younis, a 22-year-old promising short-story author, asphyxiated himself in Gaza City.¹² This was not his first attempt at suicide, as he had attempted suicide twice before succeeding. Reportedly, in the year before killing himself, both his paternal uncle and his father kept telling Mohannad that he was a failure even in committing suicide. Mohannad suffered from chronic depression, resulting in two hospitalizations for suicide attempts, psychiatric treatment, and counseling. This sense of malaise, frustration, and depression was expressed in

the plots of his many stories that attracted a considerable audience, especially in Gaza but also throughout Palestine and the Arab world. Mohannad's parents divorced when he was two years old. His father, a physician, was largely absent from his youth and neglected Mohannad, having remarried with children from a second wife. His maternal uncle, Ahmad Ghurab, helped his mother raise him alongside his own children.¹³ After having passed high school with distinction, Mohannad asked his father to support him in continuing his education in Europe, as his father had done for his half-brother. However, his father refused and threw him out of his house. Subsequently, his father told him that he did not consider Mohannad his son.

After self-funding his university tuition fee to study pharmacy, he was awarded a scholarship to continue his education at Hebrew University in Jerusalem at which time "Israeli officials denied him an exit permit."¹⁴ Likewise, as his literary career was blossoming, Mohannad won increased acclaim, which attracted a number of international invitations to participate in literary competitions and events, and, in subsequent years (2014–2015), he was ranked as the best short-story prose author by the Palestinian Ministry of Education. As Mohannad's literary acclaim increased, the Israelis continued to prohibit his travel. While he felt despair, he fell in love with a medical student. In hopes of marrying her, he asked his father to help provide a dowry and assist him in securing a house as is customarily required before marriage. His father, again, denied him and cut off all relations with him.

It is not surprising that many read Mohannad's suicide as an allegory of Gaza's young generation. His death succeeded in opening a brief but public discussion of suicide in Palestinian society as well as drawing attention to a small but conclusive body of data about suicide in Gaza. Gaza officials reported a drastic increase in suicides, up to 200–300 in the Strip between 2015 and 2017, although they are often, as elsewhere, intentionally misreported as accidental due to social stigma.¹⁵ According to one source, hospitals "received on average some 20 suicide attempts a month" the year Mohannad completed suicide (2017), 80% of whom were between 17 and 28 years old and 60% were women.¹⁶ These distressing statistics contrast a previous report that itself was alarming due to the rising number of suicides in the West Bank. In the three years before Mohannad's suicide, suicides rates rose from 8 in 2012, to 19 in 2013, to 32 in 2014 (21 male/11 women; 12 married and 20 unmarried) but, despite this, remained incredibly small compared to the following years, especially in Gaza.¹⁷ The allegorical and inferential reasoning to Mohannad's suicide makes sense when we consider that the Euro-Mediterranean Human Rights Monitor (HRM) reports that, in the ten years after the closure of Gaza, six out of ten families suffer from food shortage and unemployment is among the highest in the world at 49%, with youth unemployment as high as 65%. Electricity is available on average 12 hours a day and

95% of the water is undrinkable. This translates into clear behavioral and psychological consequences where domestic violence has sharply increased to more than 70% of families, where “50% of all children are in need of some psychological support and where 55% of adults suffer from depression.”¹⁸ Two years later, the Euro-Mediterranean HRM reported that 65% of all families in Gaza live in poverty or abject poverty, food insecurity had increased to 72% of families, and Gaza’s total population had access to electricity only four to six hours per day.¹⁹

Despite his father’s neglect, Mohannad, his mother’s only child cared for by his uncle, was comparatively stable financially and insulated from some of the harsher deprivations suffered by his peers and most Gazans. It is, however, evident and the consensus of every source on Mohannad, that the regularity and intensity of Israeli violence and isolation, Israel’s intentional economic siege, and imprisonment within Gaza itself, all contributed to his feelings of despair. Considering Israel’s carceral regime to which all Gazans are subjected, one might ask why Mohannad’s death was impactful to Palestinians in and outside of Gaza.²⁰ The visibility of his suicide was certainly enhanced by the fact that he was a burgeoning literary talent who had a committed following. His writings were imaginative, speculative, and explored individuality, community relations, and emotions of Palestinian youth in Gaza.²¹ He was well read and engaged with the cultural and political issues that defined life for Gazans, Palestinians, and Arabs in general.

Mohannad was deeply wounded by his father (not to mention his paternal uncle, whose behavior was verbally abusive). This, as we were alerted to repeatedly by Palestinian clinicians, however, should not compel us to only consider his father’s abuse as the cause of his suicide. Likewise, we should not confuse perpetual Israeli violence, occupation, and settler colonialism as one additional psychological “stressor” that pushed him to desperation. These are not mutually exclusive, but also not mutually complementary. Ethically and methodologically, any analysis must consider and respect the internal world and psychic interiority of Mohannad. Indeed, as one clinician from Haifa reminded us (speaking about a patient who was “overidentified with” Ashkenazi Israelis and had an abusive father, who himself was thrown out of village Iqrit in 1948 by Zionist forces), “if you’re not equipped to help someone understand the complexity of their situation, you foreclose possibilities of where you can go analytically with them.”

Asphyxiation and the *Nafs*

Within the methodological context of our writing, we read that the Israeli siege of Gaza and Mohannad’s father represent a parallel process, one in which they *replicate* one another, each identifiable as distinctly suffocating forces. The denial of an exit visa, thus prevention of his right to travel,

evokes Mohannad's father's denial; it replicates in a parallel process the *right* to travel, to learn, to be free, to love, and to grow as a writer. In the symbolism of barriers to growth, we come to see the *collusion* between the father and occupation, between structures of oppression, patriarchy, and the right of self-determination. Perhaps, then, it is not coincidental that Mohannad asphyxiated himself. He was already suffocating—a symbolism echoed throughout the clinical notes, thoughts, and vignettes offered to us by psychoanalytic clinicians. This theme was specifically communicated in Mohannad's many short stories. Psychologically, this manner of death is central. His suicide was a taking of his own "breath," or in Arabic, his *nafs*. As a book that engages the Arab world and psychoanalysis, especially under occupation, no word or term is more significant than *nafs*. *Nafs* means breath but also "psyche," "self," and "ego."²² Asphyxiation, then, is an act of taking breath and self. Quite explicitly, Mohannad's self-asphyxiation is a *symbolization* of the condition of "suffocation" (*khanq*) and "suffocating" (*makhnuq*), words that repeatedly came up in our conversations with Palestinian clinicians and in their reflections on work with patients, materializing both in symptoms and in the transference-countertransference space. If we think of psychoanalysis as a means of identifying the desires, drives, defenses, and objects of the self (*al-nafs*) as well as the psychological and social conditions that inform them, Mohannad's story symbolizes the suffocating assemblage of settler colonialism and its dialectics with family and internal dynamics. Indeed, his short stories that connected so palatably with a young Palestinian readership are one more form of this symbolization, providing a frame and structural coherence to desires, hopes, and beauty of *al-nafs* under the suffocating weight of Israeli "spaciocide."

Spaciocide is the objective of Israel's colonial project, and suffocation, the constricting and snuffing out of the Palestinian *nafs*, is its intent. According to Sari Hanafi and Linda Tabar, Israel's spaciocidal regime stretches across all Palestine, proposing to establish agoraphobic fear to move within space and between spaces.²³ This spaciocide, as Hanafi and Tabar describe and as Khalili shows us, is an extension of carceral processes that originate in colonial and imperialist practices and governing structures themselves.²⁴ While concerned with the mechanical relationship between the use of confinement and crushing indigenous resistance, Khalili also notes the importance of "psychological action," including psychological torture, as central to the means to shape behaviors of the colonized.²⁵ Asphyxiation is not an accident, then, of regimes of control.

Jasbir Puar's observations in *Right to Maim* perfectly dovetail with the observations of the politics of asphyxiation in Palestine found in Palestinian scholarship.²⁶ She opens her work with Eric Garner's last words in order to demonstrate asphyxiation as a feature of these carceral regimes of control, from Palestine to the United States. "I can't breathe!" she states "captures the suffocation of chokeholds on movement in Gaza

and the West Bank as it does the violent forces of restraint meted out through police brutality.”²⁷ Particularly to Palestine and indeed to the asphyxiation of Mohannad, Puar clarifies that Israel’s

capacity to asphyxiate is not a metaphor: while the West Bank is controlled largely through checkpoints, the Gaza Strip is suffocated through choke points. The intensification of policing and control thus happens, not despite, “disengagement” and disinvestment, not through checkpoints but through choke points.

Israel’s “asphyxiatory control” is a biopolitical regime that “slows down Palestinian life,” grinding it to a “slow death.”²⁸ The occupation and the siege of Gaza, therefore, attempts to naturalize a sadistic regime of *asphyxiation*, what clinically may be understood as a psychotic process, a cognitive slippage that seeks an omnipotence that can, at its heart, snuff out the psyche of another, rendering the “abnormal,” “normal.” That is, occupation, death, suffering, and psychic annihilation come to be normalized and regularized, sold as necessary or organic processes meant to contain, replicating themselves in the clinical dyad. Such a realization is not ours or Puar’s but expressed in the words of Palestinian clinicians as foundational to their practice. “Ussama,” from who we will hear more in the next chapter, succinctly tells us that the clinician can be a tool for the production of mechanisms of suffering within a settler-colonial context.

We can be the tool for oppression, for the oppression that we oppose. Using CBT to help people to “adapt” to their condition. Their condition is not normal though. It is colonialism. It is occupation. It is violence. But psychoanalysis allows us to identify the psychopathy of the occupation not the patient.

In Mohannad’s case, suffocation was the shared *desire* and *effect* of the psychopathy of the Israelis and of his father. The father’s behavior replicates the operationalized psychotic process and psychopathic sadism of the occupation and spaciocidal siege, a particular form of violent kyriarchal order imposed upon the people of Gaza. In the form of the father, intra- and interpsychic violence is personalized, an anthropomorphized embodiment. Indeed, different analytic perspectives may read Mohannad’s father differently. A classical Freudian (or Lacanian) reading is perhaps most obvious and seductive—not coincidentally seductive because the theory is so intimately connected with creating the depoliticizing and decontextualizing *universality* of the “human” and its psychic structures. Such a bromide reading might posit Mohannad’s father functions like the Israeli colonial, carceral regime. Both are castrating, emasculating, and posit the father as a tyrant that leaves the son impotent and broken in the wake of the apolitical law of the father. His suicide could also be read as

displaced aggression toward the father, toward the occupation, or even toward the mother, who remains absent from his story.

The gendered stories of suicide that we experienced in Palestine (as archetypally presented in Mohannad's story) are not lost upon us and we understand the intricate interweave between cis-heteropatriarchal modalities of Palestinian masculinity and the targeting of it as a means to undermine the social fabric of the Palestinian family as we have seen in Chapter 1. But this type of canned reading (e.g., a shared phallogentrism of Israel and the father as both castrating) is as unethical as it is contextless and apolitical. It wipes out the impact of technologies of occupation and familial dysfunctionality on the individual *nafs*. It also ropes the Palestinian ideal-ego into a universalized model of the Oedipal family that deflects from the structural violence of settler colonialism, a working tenet of which is to vacate colonial subjects of their internal worlds, reducing them only to colonial objects and archetypes of "primitive functioning." Further, it misses how settler colonialism exploits existing modes of gender and sexual oppression as constitutive of its far-reaching violence.

We will see how Palestinian clinicians center on how psychological modalities and archetypal analysis, let alone manualized treatment, often pathologize the colonized rather than affirm the social conditions in which they suffer or from which their suffering might emerge. We will see, for example in Chapter 3, how mechanisms of "defenses" are perceived as "splitting," or where enactments are analyzed as mere pathology. Mohannad's case exemplifies to us a means by which a misaligned psychoanalytic analysis might read his defenses as failing him, while they might actually have been the last bastion of psychic selfhood. What is indisputable for us is that the figure of the father is the mechanism by which the psychological violence of the occupation connected with Mohannad's interior world. That is, not unlike the countless cases we heard recounted to us, the father is the structural psychic means by which Israeli violence is internalized.²⁹ His death—a murder, in line with Leonard Shengold's "soul murder"—his maternal uncle claims, could only have occurred after he was unable to write, unable to escape the physical and the psychological space conjoined by his father's withholding on the one hand, and by Israeli interdictions and deprivations on the other.³⁰

Writing was Mohannad's psychological "therapy."³¹ It was his way to make the abnormal world coherent and make beauty in the coercive violence, beauty which he states he "cannot resist."³² Yet, in this same passage, he wonders "what if it is all a lie, and beauty is a hallucination...I feel I have lived a big lie, that I was deceived. Suicide will be more beautiful."³³ The father's abuse and withdrawal of love throttled the desperately needed oxygen that Mohannad needed to write, to breathe, and, therefore, to live. In a world circumscribed by closures, by "choke points," the loss of beauty and of writing barred the second to last psychic egress.

Suicide, seen in this way, is more than an act of agency or subjective assertion under a condition of imposed asphyxiation. It is simultaneously an act of desperation and suffering and an act of “willful disobedience.” Sara Ahmed asks us to consider the not only the content, but the form of happiness to consider a relationality of subjects to owning their own will. When she observes “even suicide is an expression of the will to happiness,”³⁴ Ahmed is not romanticizing, celebrating, or advocating suicide or the profound suffering that makes it a possibility. Rather, she is gesturing that we realize that suicide may function, like for Mohannad, as a tragically generative subjective act, as a claim to a self-perceived “beauty” that could not be retracted or withheld. Mohannad claimed the *right* to that beauty. He claimed the *right* to the “exit permits,” which Israel denied him. He claimed the *right* to “exit from the social system which power establishes in the name of law and stability,” from the aberrant and violating law of the father and the Israeli siege. In doing so, claiming the “exit,” he claimed the *right* to his breath (*nafs*) in order to exit from imposed social and political asphyxiation. Through his suicide, Mohannad demonstrates he is a speaking subject, a Lacanian subject of enunciation, a *desiring self* (*nafs*) that will not be silenced even when asphyxiated.

Mohannad’s death was an act of refusal—an act of refusal as an affirmation of *al-nafs* (the self and psyche). The understanding of his death as a political and overt act of refusal is commonplace not only among the clinicians we worked alongside, but also as reflected in the Qattan Foundation’s eulogy of him, stating, “While only 22 years old, the trace of Mohannad’s legacy is not easily erased. His death is nothing other than a refusal of the status quo in Gaza and the rest of the nation.”³⁵ Indeed, Mohannad refused the abject reality defined as an object of the spaciocidal law of the father, where his father collaborated, *politically* and *socially* in concert and complicity, with the law of the Israeli occupation to strangle Mohannad’s breath. Enacting, yet rejecting, an essential contradiction of occupation itself, Mohannad’s suicide was therefore simultaneously destructive and life-affirming. In rejecting the conditions imposed upon him, he claimed the *sovereignty of al-nafs* (self/psyche/breath) and the right to his life that also undergirds clinician and patient connection to Palestinian resistance, liberation, and self-autonomy.

Planning Suicide and Protection

We offer, in this chapter, a nonclinical discussion of suicide, death, and “trauma,” because the contradictions and tensions that these stories hold are the very same that were offered to us in various iterations by psychoanalytic clinicians and can themselves be read psychoanalytically in the context of occupation. These contradictions and tensions are precisely

what we seek to explore in this book, amplifying both a psychoanalytic framework and a reading that is operationalized by the clinicians with whom we worked. Their practice and insights permit us to map not only the vectors of Israeli settler-colonial violence but also the psychic political economy of quotidian *sumud*, the livability within the sovereignty of one's own *nafs* in relation to the collective Palestinian soul/psyche/*nafs*.

In this way, we work against prescriptions of pathology that would demand that Palestinians, clinicians, and patients alike conform to a universal idea of "health" that values individuality and the surety of "life," itself coded heavily by a neoliberal and white supremacist notion of what life is worth living and to whom its accessible. For example, between the different stories and localities of Mohannad, Ali's and Ahmed's patients, the experiences of Wadad, a clinical social worker, working in and around occupied Jerusalem, are salient:

Suicidal ideation and suicide attempts, medical overdoses, poisoning, and even cutting. We see them. Anecdotally, it feels like men have suicidal ideations with no plan but women attempt more; could be because men don't admit planning because of being macho. But the planning, thinking about it. It is something important.

Wadad ran a women's clinic in the Old City for a number of years, attending to women's physical and mental health needs, as well as providing skills and job training and social activities. Living in another "Arab neighborhood" of the city, she noted that

there are big differences in people and thought processes [of the women] depending on where they come from. It seems that, no matter if they are veiled or not, working, middle class, whatever, women in the Old City are comfortable talking only with a woman if the person is not from their immediate community because it is so tight. Their problems are very private. They ranged from physical and sexual abuse and incest to real-life or internet relationships that are [consensually] intimate and sexual.

Wadad repeats what we have unsurprisingly heard from other clinicians about the suffering of their patients:

Clinicians have different approaches depending on where they are coming from. It affects the transference. It helps or hinders, sometimes, the therapeutic relationships (i.e., between clinician and patient) and even how symptoms are explained. The treatment depends a lot on context. Are they from 1948, Jerusalem? Are you? Where in the West Bank are they from? Gaza! That is a whole other story!

Wadad's mention of transference returns us to the realization that Yoa'd had with Amjad, or Ali's ability to see the productive nature of his patient's symptom. Wadad adds more to this, saying,

You think just because you speak Arabic, you can understand immediately. The clinician has to also be aware. You have to search for the grammar that binds you. This really makes you take care about locating yourself, to question your own language and experience, which can add but also obstruct the relationship.

It does not seem surprising to us that Wadad, among most of our clinical partners, enunciated a specifically feminist psychoanalytic methodology. Most prominently, this orientation grounds itself in a recognition of ideological constructs of cis-heteropatriarchy and the importance of naming oppressive structures that shore up its primacy. At the heart of feminist psychoanalytic practice is locating oneself, an intersubjective and truly intersectional understanding of one's own sociopolitical position, in varying nuances, as Wadad articulated, and a firm commitment to an ongoing analytic of power in the therapeutic dyad, against what had come to be popularized as an apolitical and apoliticized client-centered approach. Namely, it clinically codifies "the personal is political" with an emphasis on the internalization of oppressive structures, techniques, and modes of being. This approach is especially relevant in the move toward a decolonial reckoning within psychology, the heart of which is a decentering of hegemonic narratives and a recentering of indigenous modes of healing, narratives, and psychological practices.³⁶

What Wadad was communicating to us, in keeping with feminist clinical practice, is not only advice to situate oneself in relation to the patient, but also the conditions of occupation, militarization, surveillance, and settler colonialism under which one practices. Familiar to us was the sentiment we heard from most clinicians with whom we spoke: an appreciation of the different vectors of oppression and degrees of livability that transect Palestinian life. If Zionist settler colonialism has a grammar that seeks to naturalize the security state and seeks to naturalize making the indigenous the guest, intruder, or insurgent, the grammar that connects different language registers between patients and clinicians precisely disrupts the legibility of Zionist grammar and the ways, we will see, it collaborates with humanitarian discourses of "trauma" and "victimhood." More important, however, is this shared grammar, not of occupation but of a shared grammar of Palestinian life, that gives legibility to the exchange in the room. It is this grammar that allows the patient to regain their breath/*nafs*. These conditions actually inform not only the dynamic in the room but, in doing so, generate the content of the therapy. "When they get afraid [their internet relationships] will be found out, they come to us with depression and anxiety. They feel trapped and suffocated."

Wadad's experience also communicates gender and ethnic identification between the woman clinician and her woman patient, though she is clear this does not mean they share the exact same experience. In fact, social distance allowed many of her patients to "breathe comfortably" without the restrictions of their home life or tight community.

Even though you are not from the Old City—or maybe *because* you are not from the Old City—they know they can breathe but also know you understand. As a woman. As an Arab. As someone living under Zionist control.

We cannot help but think of Mohannad or Ali's patient when we think about this description. If Mohannad felt that he did not have the space to breathe, Ali's male patient knew—for all his anxiety and "neuroses"—that he could confide in Ali, who himself was from a Palestinian village inside the Green Line. Wadad herself correlates locality and gender to the transference-countertransference relationship that makes the language of suffering mutually comprehensible, a realization that psychoanalytic psychiatrists Samah Jabr and Elizabeth Berger discuss.³⁷ Her gendered positionality as well as her proximity made her close enough to socially and politically understand as an Arab woman, but distant enough to provide space to relieve the interlinked constrictions of communal and familial surveillance and the violent surveillance of settler-colonial structures in Jerusalem. We notice also that Wadad often speaks in poignant detail even though she tends not to mention specific cases. "We are taught that patients who are late for session are expressing 'resistance' to therapy. This is what we learn in the US, right?" She continues,

But many of my patients have to cross checkpoints. If you're below 50 years old, you have to cross by foot. You get off the bus and have them check you, which takes time. Clinicians problem-solve with patients about this, but the patient has to do the planning. Even though you could leave ten hours before, it wouldn't matter sometimes. Flying checkpoints. They stop your bus. They close checkpoints. The occupation soldiers stop you at the gate to the Old City. Of course, you might never get to the session. Especially if you are a man, you may be arrested. Or killed.

Wadad's language and her warmth in speech should be noted: *her patients have to "plan" to anticipate obstructions and disruptions in seeking care*, just to breathe in her room.

Her description of this attention to planning, this willfulness, is not lost on us. After talking about illicit internet (usually cis-heterosexual) relationships, she says, some are "so scared to be found out" that they consider suicide. She notes the *care in planning* suicides, which her

patients share with her, adding “usually women share their detailed plans more. Men just share their desire to do it.” Here is where Wadad shares a simple but moving statement: “The clinician plans with the patient to keep them safe.” But also, she confides in us, “We can’t protect you (the patient) beyond the checkpoint.”

From Mohannad to Yoa’d, Ali’s and Ahmed’s patients, “crossing boundaries,” “suffocating,” “feelings of being trapped,” along with the desire “to breathe” and the willfulness to avoid being asphyxiated are not narrative tropes but *features* of the Palestinian psychological reality. These recurring features suggest the parallel between material and psychic realities and the ways in which Palestinians may or may not metabolize personal and collective suffering. They also reveal how Palestinian clinicians have been positioned themselves to provide their people “breathing room,” to make sense of (gendered) individual and (national) collective suffering. They provide the space that the Israeli closure regime, whether physical or juridical, seeks to take away. They meet on a plane of shared language that gives meaning to individual suffering within multiple collective contexts, never negating, for example, sexist cis-heteropatriarchal norms or minimizing the way the Israeli occupation regime, especially in the Old City, works on, exacerbates, and mobilizes these norms for its own control and toward anti-Palestinian violence.

Wadad narrates the condition of treating patients in Palestine that allows us to speculate about the lives, death, and resistance of those like Mohannad along with Ahmed’s and Ali’s patients. No Palestinian clinician suggests that all mental illness and psychological suffering is caused directly by the history and realities of the Israeli settler colony. Nor do they diminish or deflect from the internal struggles of those who complete suicide, instead acknowledging the multiple variants of factors that are at the source of the overwhelming psychological pain and suffering of the person who completes or contemplates the act. What strikes us is that the narration of personal suffering and pain, whether directly caused by Israeli blockades, checkpoints, and prisons, or by family and community, is “always haunted by the possibility of violence.”³⁸ The clinician makes this intelligible; they seek to allow the *nafs* to breathe and understand conditions of reality that are often far beyond their control but, in the case of Palestine, rise to the level of a psychopathic abnormality to which they are asked to acclimate, often at their own psychic expense.

Wadad’s insights, gained from the experience of practicing social work in historic Palestine, reveal a clear understanding that suffering and repair originate both from intrapsychic processes and structures and the social environment. She challenges us to consider whether the act or the “planning” of suicide asserts subjectivity over the “slow death” that occupation imposes or a careful surrender to it. Echoing the sentiments of Palestinian clinicians with whom we met and worked, Jasbir Puar introduces Lauren Berlant’s concept of “slow death” in Palestine, encouraging

us to deliberate the grinding and wearing down of the Palestinian people, which is structurally built into Israeli colonialist occupation. As we learned time and again from our clinician colleagues, slow death is not a by-product of occupation, but its goal—that is, the “maintenance” and normalcy of Palestinian death and suffering is a part of the apparatus of control, if only to highlight the vitality of Israeli life.³⁹ But at the same time, Wadad never shares a case of successful suicide; rather, she shares with us stories of “breathing,” of forging solidarity between Arab women, and of searching for strategies of livability that do not succumb to the psychotic desire of the Israeli settler-colonial regime.

Willful Death

Basil al-A'raj was a pharmacist known for his activism against the Israeli occupation of the West Bank. A writer and intellectual, he was born in 1984 and was from al-Walaja, a village southwest of Jerusalem and only a few kilometers northwest of Beit Jala-Bethlehem. The village is one of a handful situated in a vice within Area C that Israelis call “the Seam,” clamped between the 1948 Armistice Line, the illegal settlements of Gilo and Har Gilo, and the Apartheid Wall that snakes into the West Bank. Basil is best known for conducting popular oral history tours throughout the West Bank as part of his participation in the Popular University (*al-Jami'a al-Sh'abiyah*).⁴⁰ These tours revealed the forgotten and fading history of Palestinian militant and civil resistance during the first and second *intifadas* but also contained visits and stories about twentieth-century Palestinian “heroes” with whom he was fascinated and about whom he often wrote. Basil was arrested with four others by the PA at the behest of the Israelis, where they were detained and tortured. He and his comrades conducted a successful hunger strike to bring visibility to their detainment. Almost immediately after their release, the Israelis arrested four of the five, holding all but Basil without charge in administrative detention. Basil lived as a fugitive for several months. The Israeli occupation army continually raided his family's house in al-Walaja. Knowing that his family would be harassed, Basil cut off all communication with them while a fugitive in order to insulate them from any retribution by the Israeli military. On March 6, 2017, the Israeli occupation army raided the apartment where he lived, and Basil was killed. While some contend that Basil was likely executed in his apartment after his ammunition was depleted, it is clear that he put up an armed fight and held the Israelis at bay for two hours.

It is not surprising then to learn that Mohannad admired Basil, who had died only five months before him. Basil's death dovetails with Mohannad's suicide. We were in Palestine when they both happened and we felt the meaningfulness of their deaths reverberate throughout Palestine. Basil's death was identified as an “assassination” in

the Arabic press. He was called “the engaged teacher” (*al-mu'allim al-mushtabak*), the “engaged researcher” (*al-bahith al-mushtabak*), and “the revolutionary intellectual” (*al-muthaqaf al-thawri*). It was consistently commented that he died *as he lived*, as “the complete *fi-da'i*” (*al-fida'i al-kamil*).⁴¹ The eulogies written about Basil interpret his death, in other words, as a murder resulting from one who dares not only to stand up to occupation but also to organize *collectively* to end it along with the oligarchical, collaborative rule of the PA. His murder resulted from his life as a committed individual but also a communal activist, whose life marked the individual resistance with that of the Palestinian people. Basil's own writing repeatedly returned to this connection between individual and collective resistance. He discussed and wrote profiles on a number of Arab and Palestinian heroes from 'Izz al-din al-Qassam to Fawzi Qutb, to Amjad Sukkari to long-forgotten “outlaws,” who disrupted colonial rule. In his multiple discussions of these “heroes,” “outlaws,” and “martyrs,” Basil represents the personal, psychological gravity involved in a life of engaged commitment, particularly because the struggle is circumscribed by death and resistance as the ultimate choice for both individual and communal life.

Fanon himself theorizes the power of armed and cultural resistance as well as the various ways suicide condenses in the imagination of the colonized and the colonizer. He understood the cross-pollination between cultural practices (such as storytelling, poetry, literature, performance, and dance) and the maintenance of “their stamina and their revolutionary capabilities” in the struggle against colonialism. He analyzes how “in the life of the community,” the people recount heroic tales such as that of an outlaw “who holds the countryside for days against the police, hot on his trail, or who succumbs after killing four or five police officers in single-handed combat or who commits suicide rather than “give up.””⁴² It is not coincidental that Basil himself quotes this exact passage in discussing the role of “criminals” in the eyes of the colonial state. Moving from Hobsbawm and Locke to Fanon and Che Guevara, Basil is not considering the “legality” of acts of resistance but, indeed, the “natural right” and the necessity to act “outside the law” in confronting a repressive and exclusionary order. He states,

The principle of every revolution is exit. Exit from the social system which power establishes in the name of law and stability, the common sense and public interest...[From Palestinian “outlaws” that he discusses]. From here also, we are able to understand the hostility of social, political, and economic powers to these exemplars, who use the law as a tool to defame them in order to criminalize them. From here, we understand the seamless transition between the outlaw and the defiant revolutionary. (*al-tha'ir al-muwawwim*)⁴³

Coupling Basil and Mohannad against the stories of Ali, Ahmed, and Wadad's patients forces us to consider suffering, defiance, self-awareness, and resistance as part of the *same psychological process*. Considering suicide/death in Palestine forces us to focus on a constitutive tension that underlies this book, namely, the interlocked relationship between individual psychic turmoil, individual and collective suffering experienced and inflicted as direct (and intended) consequence of brutal colonial occupation, and Palestinian "agency," "consciousness" (*al-wa'i*), and "unconscious." Basil's and Mohannad's lives, writing, and death allow us also to consider suicide juxtaposed next to state-murder, willfulness next to victimization, defiance next to trauma. Pairing the stories and lives of Basil and Muhannad with the lives, experiences, and stories of Ali, Ahmed, and Wadad (and their patients) *redirects us to Palestinian life and "livability,"* to *sumud* as a persistent buttress against the omnipresence of settler-colonial necropower, that is, the ever-presence of death or the grinding process of slow death. The lives, deaths, and writings of Basil and Mohannad—and even psychosis of Ali's and Ahmed's patients and the suicidal planning of Wadad's patients—invite us to consider the interplay of life and death as a question of subjective *consciousness*, willfulness, and defiance. Under occupation, willful defiance of imposed state-asphyxiation is a psychological mechanism that represents *claiming the right to life and death* and, therefore, a refusal of settler-colonial sovereignty and hegemony of these two fields.

Just as this book works with the dynamic and fluid line between the social and the psychic, between the political and the subjective, and between the collective and the individual, we mark *psychic defenses* as commuting between the conscious and unconscious, between willfulness and *eros*, drive for life and continuity. In order to think through the tension, contradictions, and confluences between suffering and willfulness, between the psychological and the social, we locate ourselves as Wadad suggests, and are located by our clinician colleagues, within the nexus of a shared psychoanalytic theory, decolonial methodology, and a shared Arab comity. These theoretical and practical commonalities propel us beyond past positivist methodologies that have often been used to regulate and invalidate the suffering of the oppressed, especially in Palestine and other colonial situations, and push us to the space of Palestinian livability.

Against Ever-Present Death

A psychodynamic psychiatrist in the West Bank, who we will call Nidal, recounts, "After the murder of a classmate by the Israeli occupation army, Ahmad and Hassan Manasrah went and attacked Israelis with a knife, they say." Hassan, aged 15, was shot dead. Ahmed was injured and, a year later, was tried as an adult under military law and given a

12-year prison sentence. “In the Israeli press, they were not reported as children. They were ‘terrorists.’” Nidal’s story is short but dense. The story of the Manasrah brothers is tragic and heroic. In a world where they and their friends are not protected nor have recourse to justice, the boys seek to avenge the murder of their friend. They, too, have been violated, children of occupation subjected to constant structural violence and disempowerment. But they must have known that their act would result in death, or at least a slow death in Israeli prisons. If Nidal refuses to pathologize the Manasrah brothers, it is because the catalyst for their act was not criminality nor psychopathy, an attempt at psychic excavation of intent and context that is often rendered coercively irrelevant by Zionist narratives or the en tout pathologization of Palestinians, especially boys and men.

While suicide bombings are a bygone of the late 1990s and early 2000s, the social psychological suicide theorization was transposed to the *Intifadat al-sakakin* (the intifada of the knives) in 2015–2016 where youth attacked Israeli military personnel with knives, usually resulting in them being shot and killed. It is important to acknowledge that these acts are often not called “suicide attacks” (*a’mal intihariyah*) in Arabic, but an *a’mal fida’iyah*, a term that comes from *fida’i*, which is often translated as “freedom fighter” but also insinuates the willingness to “sacrifice” oneself for their nation. Likewise, these *fida’iyin* are understood a *shuhada’*, martyrs, killed in service of liberating their people from oppression. Scholars such as Shuki Cohen determines through psycholinguistic analysis that suicide bombings during the Second Intifada were not “anti-social” behavior but motivated by “pro-social and interpersonal” motivations.⁴⁴ What is perceived as a terroristic act of irrational anti-Semites is, in actuality, a rational act that arises from a personal sense of “altruism.” This altruism, according to Cohen, results from a “strong sense of social embeddedness and commitment” to their family, community, and identity.⁴⁵ Cohen concludes what Palestinians have said for decades, namely, political acts of political violence in the name of liberation need to be understood as acts of social solidarity and individual self-realization. These acts of self-realization are in response to a sustained hegemonic structure of settler-colonial violence engineered to atomize individuals, attempting to strip them of their communities, their identities, and their internal ego coherence. That is, their actions are a reaction to sociopathic settler-colonial structures.

Nidal continues to tell us that the *Intifadat al-sakakin* started with a 19-year-old university student, Muhannad Halabi. “Muhannad Halabi, he started the knife attacks and was shot dead.” Muhannad was born in the West Bank village of Surda in Area B. He identified himself, however, from Jaffa, his family’s ancestral town before they were expelled in 1948. He was killed by soldiers during the attack in Jerusalem near al-Aqsa. As a consequence, the Israelis demolished his family home, as is their

common practice of collective punishment of families.⁴⁶ The psychiatrist continues,

Young people, especially males, are born in violent realities. They have to maintain particular defensive options and behavior seen as pathological behavior. But this is not pathological. They live in constant threat: harassment, interrogation, detainment, arrest. Palestinians face death every day from an early age. People noticed his name, Muhannad, means “sword.” Why would he not use it?

We are not surprised that Nidal, like so many other clinicians in Palestine, especially those practicing in occupied Jerusalem, the West Bank, and Gaza, frequently refers to themselves as “Fanonian” or reference his influence. In departing from our conversation with Nidal about Muhannad Halabi and the Manasrah brothers, we could not help but be reminded by Fanon’s powerful observation in the opening pages of *The Wretched of the Earth* correlating the colonial control of external space (the closure system), the assault on the interiority of the colonized subject, and the physical and psychological resistance to this systemic, settler violence. The psycho-spatial matrix, he tells us, defines social relations between colonized, colonizer, and the physical as psychic manifestation of settler colonialism. “As soon as [the colonized] are born,” he states, “it is obvious to them that their cramped world, riddled with taboos, can only be challenged by out and out violence.”⁴⁷

The three stories of Muhannad Halabi/Mohannad Younis/Basil (as well as the Manasrah brothers) speak to the psychological interplay of possibilities of living and death, willfulness and victimhood, under occupation, seemingly without end. These deaths belong alongside one another in order to reveal not only the precarity of life for Palestinians, but also the necropolitical settler-colonial conditions in which they live. It is through our conversations with clinicians that we learn how the proximity of death for every Palestinian produces a psychological engagement that is woven into the political and social identities of resistance and will.

“Living, Existence, is Jihad”

The willful lives and defiant deaths of Mohammad Younis, Muhannad Halabi, Basil al-A’raj, and the Manasrah brothers congregate around the willfulness of *sumud* as a psychological practice of defiance and affirmation, despite their tragedy. This congregation educes the practice of comradeship among detainees as well as veteran militants of the Palestinian armed struggle within or who have previously experienced Israeli incarceration. This comradeship is shared among female as well as male political prisoners, militants, and victims of Israeli torture. Their lives and their practices of defiance and livability recall a discussion with a clinician,

who we will not name here because they hold, what Nadim Rouhana and Areej Sabbagh-Khoury call “settler-colonial citizenship” and also advocate BDS.⁴⁸ Politically active, this clinician frequently works with Palestinian political prisoners. “Many political prisoners have told me,” our friend tells us, “You are never truly a complete self (*nafs kamil*) except in the armed struggle (*al-kifah al-musalih*).”

Such a statement might run counter to mainstream psychoanalytic predilections. Indeed, liberal psychoanalysis not only imposes a revisionist history of Fanon’s writing and theorizing on political violence, but also remains complicit through *psychoanalytic innocence* with forms of oppression in that it seeks to graph a universalized “healthy” adaptability and psychic defenses onto colonial and necropolitical subjects whose humanity and psychic interiority are negated. As we will see in this and the following chapter, in a liberalized version of psychoanalytic theory, these colonial subjects are only able to access “empathy” when they occupy the position of “victim,” surrender their rights to the political realities, a “wrecking” psychological process that involves succumbing to power “colonial introjects.”⁴⁹ That Palestinian political prisoners equate quotidian as well as militant practices of *sumud* then force us to think about *sumud* as an “adaptive defense,” as Heinz Hartmann might say, warding off targeted assaults on the Palestinian ego-ideal, and on its collective and individual selfhood.⁵⁰ Political prisoners, our clinician-activist continues,

tell me over and over that ‘the practice of one’s complete self (*mu-maris nafs kamil*) is through the struggle to build internal *sumud*.’ Struggle has so many faces but how important to maintain your mental health under occupation but especially when you have been kidnapped by your jailers.”

In his book *Sahar al-wa’i* (Melting of Consciousness), which was smuggled out of prison as was all of his writing, Walid Daqqa, perhaps one of Palestine’s most prominent political prisoners, identifies the “shock doctrine” of the Israeli authorities against the Palestinian people, let alone those incarcerated, as a program that aims to break down Palestinian “souls/minds” (*nufus*).⁵¹ Israeli “scientific” strategies for breaking Palestinian selfhood, leadership, and social structures “hide behind the idea of fighting terrorism while their true intention is to plant fear thereby reshaping the Palestinians.” This “shock doctrine” or “trauma doctrine” intends to “impact the mind and soul (*‘aql wa nafs*) of the Palestinian citizen.” Daqqa perceives the “the fundamental goal” of the Israelis is psychological. Its objective is “to erase the wholesale concepts and value which forms the fundamental structural meaning of the resistance.”⁵² The Israelis themselves are threatened by the collective, national, and individual self-worth Palestinians feel when they join the resistance, which

is why they work to isolate and alienate Palestinian prisoners. They fear that “in the eyes of Palestinians” who engage in the struggle, there is “dignity in death.” They fear Palestinian “consciousness.”

Sitting in her office in Ramallah, Samah Jabr specifically tells us, “Living, existence, is jihad. It counters and contradicts exile, all the forces of occupation. Living in dignity maintains the coherence and unity of Palestinian social fabric. It is among the basis of psychological well-being.”⁵³ If Jabr contextualizes life as jihad, as an ongoing struggle for a worthy and principled goal, she and Daqqa return to the psychological import of “living with dignity.” The recognition of the interrelationship between subjective realization (or “completion”), self-worth, personal will, the political struggle, and popular and cultural resistance has been the center of the Palestinian liberation movement since its inception. Jabr’s written commentary also corroborates Daqqa’s analysis, which meticulously articulates the field of psychic and ideological and mental health as the plane where Palestinian identity is targeted by the “trauma doctrine” of Zionist settler colonialism in its most explicitly disciplinary instantiation.⁵⁴

In other words, the concept of “living-as-jihad,” living, the-struggle-as-consciousness, *sumud-as-“complete selfhood,”* and the necropolitics of Israeli power is not mutually exclusive. We should not be forced to think or be seduced into splitting of the Palestinian as solely a subject of defiance and perseverance or a “broken or destroyed” victim of settler colonialism.⁵⁵ The plane of the psyche is one of resistance, defiance, and inspiration for *al-nafs al-kamil*, a full psyche/soul/self but that which is most viciously targeted as a field of submission and erasure. We emphasize that this study does not dismiss or minimize emic social and psychological issues (such as mental health illness, domestic abuse, sexual violence, cis-heteropatriarchy), let alone how they are exacerbated by psychological and emotional effects of settler-colonial violence, as many scholars, most notably Rita Giacaman and Brian Barber, have shown.⁵⁶ At the same time, these very scholars also find in their research that political awareness, feelings of political engagement, and membership in community lay at “the essential core of Palestinian [psychological and emotional] functioning given how fundamentally and elaborately [they are] articulated in the interview narratives: from abstract principles of justice to concrete realities of day-to-day movement restrictions.”⁵⁷ Maintaining the values connected to Palestinian communal identity but also self-determination such as “justice, rights, dignity, and self-determination” undergird political and social cohesion, communal identity, and individual mental health as they serve as “key elements” for high functioning.⁵⁸

It is not lost on us that political prisoners, militants, and those clinicians working with them clearly understand the parallel between the system of penal carcerality and settler-colonial regime as a mass carceral

system that designs the whole of Palestinian society under systems of carceral surveillance and control, what we otherwise would call Israeli apartheid. Israeli apartheid as a settler-colonial regime seeks, at best, to disempower Palestinians and to make them “beneficiaries” of the humanitarian or settler state’s largess.⁵⁹ If occupation and settler colonialism is as much a psychological as physical project of erasure, clinicians, like activists, intellectuals, militants, and political prisoners, apprehend the value of “resistance” staving off what, retooling Bion, we might call settler-colonial “attacks on linking” within the Palestinian psychic and social world.⁶⁰ As the revered Palestinian psychologist Adib Jarrar observed, “Resistance to the occupation is one aspect of [Palestinians’] long struggle whether through political action or strategic violence. Through this individual or struggle, they are steadfastly refusing to be victims of humiliation in the psychological sense.”⁶¹

Samah Jabr, and many others, remark that international donor aide to Palestinians “punishes political behavior.”⁶² Before we discuss how the international donor community invests in the apolitical and victim-blaming victimhood of the Palestinian people, the preceding point is that clinicians are cognizant of how Palestinians’ “psychological well-being” is inextricable from how they assert their complete individual and communal selfhood, their *nafs kamil*, which is made aberrant by what is deemed as “normative” by international donors, who work in collusion with Israeli and Western political power. For example, Amira, the pseudonym of a Palestinian therapist working with international donors in Gaza and the West Bank, stressed the pressures in offering diagnostic yearly reports to differentiate between Palestinians with “acceptable” (i.e., non-militant) and those with unacceptable political modes of personal expression. “Rather than pathologize the anger, resentment and frustration—and yes even mental illness—caused by brutal occupation,” she said, “we need to offer responses to how to accommodate militant voices and Islamic militancy voices. This is not the same as endorsing a political organization. It is not even explicitly endorsing BDS—although of course we should!” She continues to locate her critique within clinical practice, with issues of access and of technique. “We should not be pathologizing the desire for active resistance, least of all in the clinic. We need to naturalize those desires as healthy desires. Pathologizing the desire for freedom and liberation is in opposition of our profession.” When we asked another clinician, who had worked with victims of Israeli torture, they replied, “of course, we should not pathologize those who resist—in any form. Freedom is the source of sound mental health.” They continue with a smile, “Actually, Palestinian clinicians themselves should probably create psychologically based resistance groups. Really, after all, we want to practice from a liberation psychology perspective.”

Between Trauma, Victim, and Community

Rana Nashashibi, the Director of the Palestine Counseling Center, who identifies herself within the tradition of liberation psychology, knows this conundrum very well. She states that, “To deal with international donors, psychological categories of mental health are already prescribed categories—trauma, victim, ‘conflict’ not occupation—so we have to practice away from reactivity and to being more proactive.” Nashashibi’s ethos resonates with the tradition with which she identifies. With its roots in Latin America, liberation psychology can be traced back to Ignacio Martín-Baró, a community psychologist and priest, who himself was influenced by Paolo Freire. Martín-Baró envisioned a process by which psychological methods and practice could be used to attend to oppression on both individual and collective levels.⁶³ Notably, liberation psychology has been practiced organically and formally in much of the Global South, including Palestine, where it has a considerable impact on community psychology. Nashashibi’s self-location within the tradition of liberation psychology resonates with what we identify as the decolonial impulse within clinical practice in Palestine that is specifically concerned with “conscientisation,” a term Baró borrows from Freire.

Kapono Ratele locates the relationship between clinical practice and “conscientisation” within an apartheid context that speaks to the condition of Palestine. Namely, he states that a decolonial psychological practice makes the colonized aware of their relationship to settler-colonial structures and systems including capitalism, apartheid, Western supremacy, racism, and cis-heteropatriarchy. This process “brings home to you your own alienated expertise and experiences,” Ratele tells us.⁶⁴ In turn, he states that centering the experience of the indigenous, black South Africans or, in this case, the Palestinians, in relation to their selves (their own collective and individual ego-formation, we may say) as a primary gesture, is not only liberating but creates an indigenous consciousness of psychological, ontological, and social value. Centering indigenous lives, their relationships to their own collectives and communities, and then their relationship to the psychopathy of settler-colonial structures produces critical psychological and social knowledge. The process reveals that the individualized ego (selfhood) of the colonized is indivisible from and draws sustenance from “polyvocality” of the collective communities from which it emerges.⁶⁵

In our conversations with her, Nashashibi squarely considers this polyvocality within the Palestinian communities she serves while understanding the multiple vectors of external pressures, enticements, and coercions impacting those communities. Whether originating from the dictates of donor organizations, the protocols of classical training paradigms, or the requirements of international humanitarian organizations, these pressures impose “normative” treatments and techniques that seek

to psychologically disenfranchise Palestinians in order to treat them. In her office in Ramallah, she articulates specifically a need of conscientisation of the dynamics under which services are made and the ways in which they produce pliable victims. She states that

we shouldn't be agents of the state or international donors. We should be the ones to set the determinants of ill-health, most importantly the political determinants, otherwise mental health issues will never be addressed. Pathologizing the victim is part of the trauma industry, and we are asked to be complicit.

Having worked around issues of gender and mental health in a number of capacities in Jerusalem and the West Bank since the 1990s, Nashashibi's experience surfaces immediately in concise and powerful statements understanding the dynamics of how Palestinian mental health is inextricable from recognizing their political power, individually and communally. "We work from Fanon," she says.

This is why we don't take money. Financial aid agreements criminalize our people, putting conditions on who we see. Imagine the insolence of it all! This is a violation. You can't take it and negotiate. Take a stand and then criticize. No EMDR, no manualized models etc.⁶⁶ We feel inside that there are some practices that aren't right. During technique, we know. We don't have to think about it during the moment (therapy), but, inevitably, the structure is always decolonial. It is natural to us.

In her words and in our conversation, what was made clear to us is the crush and pressure of psychological "neutrality," made both by international donors and by the psychology field at large. What Rana and her colleagues have uncovered, of course, is that the pretense of "neutrality" or the position to "go beyond" violence is precisely part of settler-colonial structures that seek to manage, if not erase, Palestinian lived-world experiences. Neutrality seeks to diagnose Palestinians either as victims without will or as sociopaths and vacates Palestinians of their will just as surely it divests their legitimate claim to Palestine, their ancestral homeland. Listening to clinicians such as Nashashibi and many others who often attend to political prisoners and victims of Israeli torture, it becomes clear that Palestinian clinicians, in the words of Fathy Flefel,

are aware of the pressures to see ourselves as victims, that we see ourselves in need of saving. Victimization singles us out as individuals and it erases that violence that comes from the occupation, not from Mars. As clinicians but also as Palestinians, we reject the helpless victim role and rather see ourselves with agency.

Edward Said's groundbreaking article, titled "Zionism from the Standpoint of Its Victims," published in 1979, succeeded in giving air to an Anglophone academy two interlocking facts otherwise buried in the mainstream media and higher education.⁶⁷ Namely, Zionism is interrelated within and is an extension of the European colonial project, especially in relation to the Western imagination around "Oriental" and "biblical" Palestine/Holy Land.⁶⁸ The divergent European desires and fantasies (Ashkenazi Jewish nationalism, Christian Orientalism, Evangelical anti-Semitism, etc.) for the establishment of a political state for/of the Jews in Palestine, whatever their respective motivations, "rationalized the eradication of present reality in Palestine," and that "the Zionist view of Palestine has always considered all Palestinians without regards to class, creed, or locations, as bodies either to be removed or ignored (if possible)."⁶⁹ The power of Said's work, including the collection, *Blaming the Victim*, some two decades later, powerfully demonstrated that the 1948 Nakba (a term that is, effectively, illegal in Israel) and subsequent events were profoundly "traumatic" to the Palestinian people, who were and who still are victimized targets of a series of state and ideological plans to dispossess and erase not only their culture but their presence from historical Palestine.⁷⁰ Yet, even in making this case, Said was careful to add that "the Palestinian opposition to Zionist settler-colonialism was a *national struggle* enlisting, as it did, all segments of political life (in various complex ways of course)."⁷¹ Palestinian clinicians, those attending to the suffering of their communities, are attentive to the tensions between recognizing the "victimization" of Palestinians at the hands of Israeli settler colonialism (which includes violence and "organized abandonment" of the PA which serves as their quasi-proxy)⁷² and falling into "the trauma and victim trap," as Ussama working in Ramallah called it.

Unfortunately, the critical and insightful work written about "human rights" discourse in Palestine and the ways in which the concepts and institutional practices around "trauma" (which international donor funding plays a significant role in perpetuating) serve to depoliticize the violent realities in which the Palestinians have been forced to live are beyond the scope of this book. Research by scholars such as Didier Fassin, Lori Allen, Ilana Feldman, and Neve Gordon around human rights discourses (often organized around psychological and victimological definitions of "trauma") offer exemplary critiques of, if nothing else, the political price Palestinians must pay to become worthy of being "legitimate" victims.⁷³ Psychologists and "humanitarian psychiatrists" play a central role in "bearing witness to violence" as itself "an act of condemnation as the same time as communication."⁷⁴ What Fassin and Rechtman show us, however, is how "diagnosing" and clinically naming Palestinian suffering as "trauma" "constructs a different landscape, where we neither see martyr nor combatant, nor even ordinary people, but rather the intimate suffering of victims," indeed generic and depoliticized victims.⁷⁵ While

their study shows how humanitarian workers work to give visibility to Palestinian suffering, they also show that making Palestinian suffering legible through a generic psychological etiology of trauma and suffering that “excites sympathy and merits of compassion” erases Palestinian history and the political grievances by placing them in the realm of moral “equivalence” of “suffering of victims on both sides.”⁷⁶ Palestinians know all too well, in Ilana Feldman’s words, as soon as they

express a more robust sense of themselves as social and political actors, they run the risk of losing their categorization as ‘exemplary’ and ‘proper’ victims and thus of falling outside the frame through which humanitarianism can understand and assist them.⁷⁷

Palestinian clinicians negotiate methods to dodge or outright refuse to engage in the transactional political economy of the trauma-NGO industry that leverages recognition and aid for political legitimacy. Linda Tabar, Sari Hanafi, Layana Kayali and others corroborate the stories we hear “from the ground” and “from the clinic.” Also, we recognize how the medicalization and manualization of mental health according to the dictates of international donor organizations not only inordinately and adversely affect Palestinian women but also disempower their position and value in the popular resistance against settler colonialism.⁷⁸

We will see in the following chapter how psychoanalytically oriented and organized “dialogue” initiatives and “mutual recognition” organizations engage in this political economy, thereby functioning as an extension of the settler-colonial closure system.

Contesting medicalization models of trauma does not necessarily mean that Palestinians are not traumatized by the severity of Israeli violence they experience.⁷⁹ Nor does it mean that forms and effects of intergenerational or “transgenerational trauma” do not emerge in the practices of clinicians as Mustafa Qassosqi and Adnan Abu El Hija have shown.⁸⁰ Indeed, we understand historical trauma as a feature of the settler-colonial regime, which includes dispossession, carcerality, police terror, home demolition, extra-judicial murders, and systematic violence on civilians.⁸¹ In Samah Jabr’s words,

In Palestine, the history of the Nakba (Catastrophe) and the frequent wars and intifadas have created a common collective memory. And it is also a trans-generational one, a repetitive trauma... the images of demolishing Palestinian homes and moving them from one place to another is repetitive....⁸²

We must therefore recognize that Palestinians have been doing incredibly powerful and admirable work around trauma, especially for women and children, in the West Bank, but especially the Gaza Community Mental

Health Programme now led by the indefatigable Yasser Jamei and organizations like Palestine Trauma Centre in Gaza, which has been continually subjected to violence at the level of war crimes, which either intentionally targets civilians (including children) or has no regard for them.⁸³ It is in fact Ahmed Abu-Tawahina, the former director of the Gaza Community Mental Health Programme, who tells Gaston and Hill, that the

idea of ‘trauma may make sense in Geneva, where there is safety, stability, and routine,’ but it fails to represent the lived experience of a battered and besieged people in constant fear, including the fear of the next war being just around the corner (and of its being worse than the last, as the 2014 war was indeed unimaginably worse than that of 2008–9). As an alternative to the term trauma, he suggested using “*musiba*”—calamity, misfortune, or ordeal in Arabic—a term which pushes back against the medicalization of distress, restoring pride of place.⁸⁴

In fact, Samah Jabr reminds us that “When the historical trauma of the Palestinians is utterly nullified, it makes it impossible to be discussed and mourned and expressed symbolically, thus, preventing repair and increasing its potential to be acted out.”⁸⁵ International revelry around Israel’s anniversaries and its successes without a reckoning to the historical trauma the state has and continues to cause is actually an extension of the settler-colonial state itself that celebrates “the theft of Palestinians’ land” as a means of negating Palestinian trauma. In other words, Palestinians are psychologically positioned between two positions that yield the same result. To be seen by the international community, they can only appear as victims of a historical truth and pain that is now subscribed to the past. Otherwise, their noncompliance invites them to be erased by Zionist triumphalism and British imperial memory. Jabr understands this pincer move within psychological terms and reminds us of the therapeutic “remedy” for the Palestinian collective. Palestinians, she says,

will voice our historical testimony and tell our narrative to make sense of the senseless grievances of colonialism; anti-oppression activism is our remedy against political trauma and; it will heal us as individuals and help us to heal the injured history of our homeland.⁸⁶

clinicians are acutely aware how identifying Palestinians as “victims” of “trauma” in need of care potentially deflects from the origins of their “trauma” and distracts from the structural nature of violence of a particular episode.

Let us return to Rana Nashashibi’s observation that “pathologizing the victim is part of the trauma industry.” The issue of “victim” and “trauma” is not only a political concern for the Palestinian clinician

whereby suffering may be individualized, culturally or conditionally essentialized, and therefore decontextualized. Rather, as clinicians, they are specifically concerned with psychological consequences of misdiagnosis. Ussama, who has considerable experience in running a mental health clinic in Ramallah, tells us how mental health services often provided directly, funded and/or organized by international organizations, skew diagnosis and treatment because of frameworks and models that are applied tout court and without understanding of the dynamics of military occupation.

They train therapists and counsellors to go to people who just had their homes demolished or someone killed. They have good intentions but they might be *creating* a trauma that would be dealt with in other ways. This is how evidence-based models, at some level, produce ‘illness.’

Reminiscent of Amira’s story regarding international donor organizations, Yoa’d Ghanadry-Hakim, who we met in Chapter 1, recalls the time she was the leading mental health professionals on an internationally funded project studying trauma in school children in UNRWA-run schools. She noted that despite the fact that the 119 counselors in schools and clinics were all trained by Palestinians, pre- and post-research that she conducted did not support the aims and goals of the international funding source, Save the Children, but instead showed what she had feared, that is, “western-imported manualized treatments showed that children’s trauma was actually worse in the post-treatment.” Yoa’d sent the report to Save the Children, but they refused to publish it because it did not fit their saviorism efforts, after which Yoa’d resigned in protest. This example, as countless others, highlights for us the immense failings of international aid that does not center on Palestinian narratives and indigenous healing practices, but, instead, relies and insists on Eurocentric practices that often (by design) miss the political and social nuances of settler-colonial oppression.

We believe that Israel is aware of the effectiveness of this mode of professional and social organizing, and, therefore, the interplay between clinicians and the settler-colonial regime is not one of putting out mental health fires that Israel ignites. Rather, Palestinian clinicians literally work against the social and psychological dismemberment of their people as a counter-technology to the technologies of control and settler colonialism.⁸⁷ Palestinian clinical practitioners are aware not only of the place between two irreconcilable positions in which they find themselves and their patients, but also of its structural nature. Therefore, as we will see in Chapter 4, they counter technologies of control and structures of settler colonialism individually through their own particular technique but also collectively through autonomous institution and community-building to

counter the state and ideological structures of settler colonialism. “Community mental health care,” Jabr tells us,

is often effective for us because treatment, psycho-social education, and counselling for “common” mental disorders, anxiety, depression, issues of sexuality, domestic life, OCD, and suicide. But also, for us, it involves conditions under which Palestinians live, sharing communal trauma, an understanding of daily violence.

One wonders what would be the fate of Mohannad in Gaza if he were able to access a social network that would have allowed him to breathe. Rana Nashashibi seemed to anticipate such a question and resonated with Jabr’s own insights:

When we work with groups, we see how it works systemically, and working within their communities, give them scenarios to think about, not to tell them, think about where they are; get them to be *active*, not be passively receiving information. They actively think about themselves, in relation to the situation. They start to feel they can breathe. They see themselves in relation to others as opposed to think about themselves as solely as victims.

Seizure of the Rights to Life

The stories of Mohannad in Gaza, Basil, the Munasarah brothers and the figures of the Jerusalemite patients with schizophrenia together yield an undeniable realization: they are all stories of defiance. They are stories about subjects, who recognize themselves as individual as well as national subjects, and narrate the relationships between psychology and selfhood, community and occupation, between defiance, consciousness, and resistance, with the *closure* of all other possibilities of *living*. Exploring the lived experience of clinicians and their patients and marking their stories and affect draw us into the very tension that demarcates their lives—that is, the consistent referencing and valuing of self and communal dignity, of personal and political commitment, and of family and national responsibility to keep at bay, to varying degrees of success, the full potential force of structural Israeli political violence.

The power and ubiquity of this metaphor as a psychological description does not only bring us to the hegemonic, and seemingly invincible, power of the settler-colonial regime. Rather, as we read this chapter’s many stories, including the stories of the clinicians themselves, clinicians-as-heroes, as-protagonists, as-agents, we recognize the articulation of this condition itself as the threshold to defiance, refusal, and a stalwart continuity of psychological presence.

Under the sustained, expanding, and structural social and psychological conditions of colonial occupation that seek to asphyxiate the civil population, we have witnessed that Palestinian resistance converts every act of aggression into a counteract of asserting psychological, political, and, indeed, ontological presence in the face of programmatic attempts at erasure. Since Israeli settler colonialism is intent on erasing, suffocating, and/or displacing Palestinians, the nexus of the body and psyche operates as the central locality where living/life and death are negotiated.⁸⁸ At this intersection, the lives and practices of Palestinian clinicians and their patients also teach us about the “livability” of Palestinian psychic reality and social being.

Nadera Shalhoub-Kevorkian has figured prominently in this chapter because her work demonstrates something particularly unique and important. Her work with women and children in occupied Jerusalem, and in particular in the Old City, evinces indomitable life-strategies of indigenous people under merciless and sustained settler state policies. Particularly, she demonstrates how death is manipulated not only as a “means of freedom” but also as a means to “live” for the community that survives. She shows how death is converted into a wellspring for communal life that reintegrates the dying family member back into their family and community. The Arabic idiom “living death” (*ayshna mawt*, which means “living death,” “living in death,” and “living through death”) circulates in the subjects of Shalhoub-Kevorkian’s studies, giving us an opportunity to understand how they conterminously operate within what clinicians consistently described as the embodied psyche of Palestinians under occupation.⁸⁹ She shows how death exists as one more psychic, material, and political space of contention, contention for life, longevity, survival, and visibility. The notion of locale or space is not metaphorical but rather the source of a very real “psycho-political power found (and emerging) from sites of death” that also provides solace and comfort to the suffering and “psychosocial well-being” for the community.⁹⁰

Whether killing, unchilding, or, through extension, prohibiting access to traditional burial sites, plots, family charnel houses, and cemeteries, Shalhoub-Kevorkian relays a number of powerfully moving and inspiring stories from Jerusalem.⁹¹ For example, she entrusts us with the story of Nuhad in Jerusalem and her husband, who was a political prisoner. He fell critically ill while imprisoned. When he petitioned to be released, the Israeli guard taunted him that he will only leave the prison in a black bag. Days later, he died. Receiving his corpse in a black bag, the family took him out immediately. They laid him in an air-conditioned room in his home, where they knew he would be happy. All of the village came to sit with him and “enjoyed him and he was happy...he even squeezed my hand,” Nuhad explains, “to express his contentment. The entire society, everybody, came to see him in that nice room...as if he was really alive and free.”⁹² Yet, the story does not end here. The Israeli state forced

Nuhad to sign a document in exchange for the corpse, requiring them to bury the body at night. “The wife and son,” however, “defied the Israelis because he wanted to be buried in the daylight...All the community walked with us...His funeral was like a wedding, very big, very respectful.”⁹³ His death was transformed into a communal event of life, where

his loss made them all want to continue his struggle, his cause, his aim...They all promised that his death would push all Palestinians to never surrender...This is exactly what he wanted...what he told us. His death was filled with hope and power....⁹⁴

The anecdote is repeated by a number of families throughout Jerusalem and its surrounding villages, where, as Shalhoub-Kevorkian reports, families refused to “allow [the Israeli occupation government] to displace us while dead [*Yshattituni bil-mamat*].”⁹⁵ This the case of Salim, whose infant daughter died by being asphyxiated through tear gas. In trying to bury her, the Israeli occupation army prohibited him and the funeral party from reaching the graveyard. Refusing to be deterred, carrying the daughter’s body with them, the funeral party walked to the checkpoint and stood for four hours. Eventually, the Israelis relented, and the Palestinians won access to the cemetery where she could be buried.⁹⁶ As evident in these stories and the countless others told to us by clinicians, death becomes a space of contestation, refusal, defiance, and indeed victory not only for the families of the dead, but also for the community itself.

Rather than seeking to pathologize these Palestinians as either victims, traumatized, or delusional, Shalhoub-Kevorkian reveals the power of a Palestinian psyche that resists occupation, settler-colonial violence, and historic negation. She shows that the event of death, saturated with the politics of settler colonialism and occupation, is a site for the seizure of the rights to life. She relays stories of families from occupied Jerusalem who fought to “protect our rights to be buried in Jerusalem” through direct confrontation, refusal, guile, and persistence, because “burial represents a performance of remains present in the homeland, not only the individual, but also of the entire Palestinian community displaced by colonial occupation.”⁹⁷ This is not only a social and political practice of refusal and defiance. Reminding us of the life choices of Mohannad, Muhannad, Basil, and the Manasrah brothers, Shalhoub-Kevorkian reveals something that the settler-colonial regime understands and seeks to crush. Namely, her work produces evidence that death as a space of contention of life is a psychological exercise, where “individual psychological interpretation of death” becomes a “collective psychosocial embodiment of everyday resistance.”⁹⁸ The community collectively creates meaning for death, generating it into energy for defiance from being erased by settler colonialism and communally protecting and fighting for one’s right to life and living.

Conclusion

In concluding this chapter, we would like to connect the pieces that we have been interweaving throughout. On the one hand, we understand how discourses of mental health often decontextualize and depoliticize Palestinians as victims and as subjects of trauma. These psychological practices and diagnostic methodologies actually may transform Palestinian suffering into a generic modality of mental and public health concern. Against this background of marking the imagined Palestinian subject that international mental health discourses hope to produce, we have sought to provide an unvarnished accounting of the psychological violence intentionally wrought on the Palestinian people by the Israeli settler-colonialist regime.

But also, if Israeli settler colonialism has made the psyche a plane of contestation, through our conversations and collaborations in Palestine, we have learned that the intersection between psychic and social plane is also where willfulness of the conscious “complete self” (whether seen in the Palestinian political prisoner or *fida’i*) or the unconsciousness of the “schizophrenic patient” (aware how life has been made precarious by Israeli apartheid) becomes manifest. We have become even more interested in the place where the psyche meets the political and strive to amplify clinical voices that describe how life and death are psychological choices of *seizing the right to one’s life*, the willfulness of subjects to defiantly live or die. In this way, we understand the opening death vignettes as two sides of the same struggle, namely, not a question to live or die under oppression, surrender or resist, but rather as an action and practice of exercising a right that is being denied to them, individually and collectively, as Palestinians.

What clinicians have provided in this chapter is a clear picture that Palestinians do not bend to the grammar of Zionist settler colonialism that collaborates with the nomenclature and “grammar” of international humanism.⁹⁹ Rather, a shared grammar or language (even one that considers gender, class, and geographic difference) forms a common fabric that makes up individual and collective identities. The juncture between the ways in which clinicians create together *autonomous* practices and the techniques and strategies they operationalize to attend to the lives and suffering of their patients (including fluid, indigenous and classical ways of diagnosis, victimhood, and treatment without colluding with Zionism) allows clinicians to define and assert both individual and collective subjectivity that pushes back on the impacts and malicious intent of Israeli settler colonialism while also nurturing the groundedness and roots of Palestinian life in Palestinian place and space.

Notes

- 1 See (Shu’afat) Camp profile on United Nations Relief and Works Agency for Palestinian Refugees in the Near East (UNRWA) website, found at: <https://www.unrwa.org/where-we-work/west-bank/shufat-camp>

- 2 Danielle Jefferis, "Center of Life" Policy: Institutionalizing Statelessness in East Jerusalem," *Journal of Palestine Studies*, no. 50 (2012): 94–103. Also, see Danielle C. Jefferis, "Institutionalizing Statelessness: Revocation of Residency Rights of Palestinians in East Jerusalem," *International Journal of Refugee Law*, vol. 24, no. 2 (2012): 202–230.
- 3 Nadera Shalhoub-Kevorkian, "Unchilding and the Killing Boxes," *Journal of Genocide Research* (2020): 1–11.
- 4 [Muhammad Funun], *Falsafat al-muwajjah wara' al-qabadan* (The Philosophy of Defiance behind Bars) ([Beirut?]: Manshurat Dar al-raiyah [1982?], 36. This is a clandestine book released by Funun (potentially a nom de guerre) after being released from an Israel prison in 1978.
- 5 Patrick Wolfe, "Settler Colonialism and the Elimination of the Native," *Journal of Genocide Research*, vol. 8, no. 4 (2006): 387–409.
- 6 Nadera Shalhoub-Kevorkian, "Living Death, Recovering Life: Psychosocial Resistance and the Power of the Dead in East Jerusalem," *Intervention*, vol. 12, no. 1 (2014): 25.
- 7 One example of recent research that discusses the particularities of settler colonialism in Palestine with rigorous detail but, at the same time, showing how Israel is less an exception but more the rule to settler-colonial power, see Noura Erakat's meticulous *Justice for Some: Law and the Question of Palestine* (Stanford, CA: Stanford University Press, 2019).
- 8 Achille Mbembe, *Necropolitics*, trans. Steven Corcoran (Durham, NC: Duke University Press, 2019), 79–80.
- 9 Brenna Bhandar, *Colonial Lives of Property: Law, Land, and Racial Regimes of Ownership* (Durham, NC: Duke University Press, 2018); Nadim Rouhana, ed., *Ethnic Privileges in the Jewish State* (Cambridge: Cambridge University Press, 2017); and Nadera Shalhoub-Kevorkian, "Settler Colonialism, Surveillance, and Fear in Israel and its Palestinian Citizens," in *Ethnic Privileges in the Jewish State*, ed. Nadim Rouhana (Cambridge: Cambridge University Press, 2017), 336–367; Nadera Shalhoub-Kevorkian, "Liberating Voices: The Political Implications of Palestinian Mothers Narrating Their Loss," *Women's Studies International Forum*, vol. 26, no. 5 (2003): 391–407; Lana Tatour, "Citizenship as Domination: Settler Colonialism and the Making of Palestinian Citizenship in Israel," *Arab Studies Journal*, vol. 27 (2019): 8–39; and Elia Zureik, *Israel's Colonial Project in Palestine: Brutal Pursuit* (London: Routledge, 2015) and Elia Zureik, *The Palestinians in Israel: A Study in Internal Colonialism* (London: Routledge & K. Paul, 1979).
- 10 Lara Sheehi and Leilani Salvo Crane, "Toward a Liberatory Practice: Shifting the Ideological Premise of Trauma Work with Immigrants," in *Racial Minority Immigrants and Trauma in the United States*, ed. Pratyusha Tummala-Narra (Washington, DC: The American Psychological Association, 2021).
- 11 Nadera Shalhoub-Kevorkian, "Speaking Life, Speaking Death: Jerusalemite Children Confronting Israel's Technologies of Violence," in *The Emerald Handbook of Feminism, Criminology and Social Change*, ed. Sandra Walklate, Kate Fitz-Gibbon, Jude McCulloch, and JaneMaree Maher (Bingley: Emerald Publishing Limited, 2020), 253–270.
- 12 Sarah Helm, "A Suicide in Gaza," *The Guardian*, May 18, 2019; found at <https://www.theguardian.com/news/2018/may/18/a-suicide-in-gaza>
- 13 "Athar la yashal mahwuhu: Li-madha intahar Muhannad?" In Arab 48, August, 30, 2018; found at <https://www.arab48.com/فسحة/ورق/أدب/30/08/2017/أثر-لا-يسهل-محوه-لماذا-انتحر-مهند> and "Hadha al-Asbab alati j'alat al-shab Muhannad Yunis yuqaddim 'ala al-intihar," *Nabad al-watan*, August 30, 2017; found at <https://nnpress.com/post/188924/هذه-الاسباب-التي-جعلت-الشاب-مهند-يونس-ي>

- 14 The personal biographical information is taken from “Athar la yashal mah-wah: Li-madha intahar Muhannad?” op.cit’, “Hadha al-Asbab alati j’alat al-shab Muhannad Yunis yuqaddim ‘ala al-intihar,” op. cit., and Mohammed Moussa, “What Killed Mohannad.” *We Are Not Numbers*, September 29, 2017; found at https://wearenotnumbers.org/home/Story/What_killed_Mohannad
- 15 Lolo Ap Dafydd, “Despair Drives Increased Suicide Rate in Gaza,” *TRTWorld*, June 21, 2017; found at <https://www.trtworld.com/mea/despair-drives-increased-suicide-rate-in-gaza-8097>.
- 16 Hamza Abu Eltarabesh, “A Life Worth Living?” in *Electronic Intifada*, November 9, 2017; found at <https://electronicintifada.net/content/life-worth-living/22246>
- 17 Police: Suicide Rates Rose Alarminglly in the West Bank in 2014; Ma’an News Agency, March 7, 2015; <http://www.maannews.com/Content.aspx?id=759770>.
- 18 “Euro-Mediterranean Catastrophic Consequences of 10-year Gaza Blockade,” Report by Euro-Mediterranean Human Rights Monitor, Geneva, January 26, 2016; also found at <http://euromedmonitor.org/en/article/1104>. For an updated report on these statistics see, the Euro-Mediterranean Human Rights Monitor report, “Suffocation and Isolation: 15 Years of Israeli Blockage on Gaza,” January 2021; pdf report found at <https://euromedmonitor.org/en/article/4119/Suffocation-and-Isolation..15-Years-of-Israeli-Blockade-on-Gaza>
- 19 See the Euro-Mediterranean Human Rights Monitor’s factsheet, “Gaza Strip: 12 Years of Blockade” found at <https://euromedmonitor.org/en/gaza> (accessed July 1, 2019).
- 20 For an incredibly rigorous and sophisticated discussion of carceral practices within colonial contexts including Palestine, see Laleh Khalili, *Time in the Shadows: Confinement in Counterinsurgencies* (Stanford, CA: Stanford University Press, 2012).
- 21 A selection of Mohannad Younis’s short stories can be found at Muhannad Yunis, *Ultra Sawt* (Ultimate voice) <https://www.ultrasawt.com/مهند-يونس/أصوات> (accessed January 25, 2019).
- 22 For the most complex and thorough examination the term “nafs” within a psychoanalytic context and the Arab world, see Stefania Pandolfo’s rewarding and ground-breaking *Knot of the Soul: Madness, Psychoanalysis, Islam* (Chicago, IL: University of Chicago Press, 2018) and Omnia El Shakry’s illuminating work on the origins of psychoanalytic thought in Egypt, *The Arabic Freud: Psychoanalysis and Islam in Modern Egypt* (Princeton, NJ: Princeton University Press, 2020). Both offer not only rigorous readings of a swath of psychoanalytic literature in Arabic (and French) but also explore decolonial methodologies that explore the relationship between psychoanalysis and indigenous Islamic forms of psychological knowledge.
- 23 Sari Hanafi and Linda Tabar, “Spatio-cide, réfugiés, crise de L’État-nation,” *Multitudes*, vol. 4, no. 18 (2004): 187–196; Sari Hanafi, “Spacio-cide: Colonial Politics, Invisibility and Rezoning in Palestinian Territory,” *Contemporary Arab Affairs*, vol. 2, no. 1 (2009): 106–121; and “Explaining Spacio-Cide in the Palestinian Territory: Colonization, Separation, and State of Exception,” *Current Sociology*, vol. 61, no. 2 (March 2013): 190–205.
- 24 Laleh Khalili, *Time in the Shadows: Confinement in Counterinsurgencies* (Stanford, CA: Stanford University Press, 2012).
- 25 Khalili, *Time in the Shadows*, 145.
- 26 See Jasbir Puar, *The Right to Maim: Debility, Capacity, Disability* (Durham, NC: Duke University Press, 2017) and Nadera Shalhoub-Kevorkian, “Gun to Body: Mental Health against Unchilding,” *International Journal of Applied Psychoanalytic Studies*, vol. 17, no. 2 (2020): 126–145.

- 27 Puar, *Right to Maim*, xxii.
- 28 Puar, *Right to Maim*, 135.
- 29 See Gokani, Bogossian et Akesson, "Occupying Masculinities." Massad, "Conceiving the Masculine," and Otman, "Handcuffed Protectors?"
- 30 Leonard Shengold, *Soul Murder: The Effects of Childhood Abuse and Deprivation* (New York: Fawcett Columbine, 1989).
- 31 Abu Eltarabesh, "A Life Worth Living?" op.cit.
- 32 Mousa, "What Killed Mohannad?" op.cit.
- 33 Mousa, "What Killed Mohannad?" op.cit.
- 34 Ahmed, *Willful Subjects*, 3–4.
- 35 "Athar la yashal mahwuhu: Li-madha intahar Muhannad?" op.cit.
- 36 See, for example, Floretta, Boonzaier, and Taryn Van Niekerk, eds., *Decolonial Feminist Community Psychology* (New York: Springer, 2019); Shose Kessi, "Towards a Decolonial Psychology: Defining and Confining Symbols of the Past," *Museum International*, vol. 71, no. 1–2 (2019): 80–87; and Kathryn L. Norsworthy and Ouyporn Khaunkaew, "Transnational Feminist Liberation Psychology: Decolonizing Border Crossings," in *Liberation Psychology: Theory, Method, Practice and Social Justice*, ed. Edil Torres Rivera and Lillian Comas-Díaz (Washington, DC: APA, 2020).
- 37 Samah Jabr and Elizabeth Berger, "An Occupied State of Mind: Clinical Transference and Countertransference across the Israeli/Palestinian Divide," *Psychoanalysis, Culture, and Society*, vol. 21 (2016): 21–40.
- 38 Shalhoub-Kevorkian, "Speaking Life," 258.
- 39 Puar, *Right to Maim*, 11–12.
- 40 Mu'adh Hamid, "Basil al-A'raj: al-Muthaqat aladhi 'ajiz al-ihtilal 'an al-a'tqalihi," *'Arab 21*, January 4, 2017; found at <https://arabi21.com/story/974995/باسل-الأعرج-المثقف-الذي-عجز-الاحتلال-عن-اعتقاله-فيديو>
- 41 See the commemorative writings by Saif Da'na, Khalid Barakat, Khudr Salamah, Wissam al-Rafidi and others in Basil al-A'raj et al., *Wajadu ajwabati: Hakadha takallam al-shahid Basil al-A'raj* (Beirut: Bissan, 2018).
- 42 Frantz Fanon, *The Wretched of the Earth*, trans. Richard Philcox (New York: Grove Press, 2004), 30.
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- 83 The work being done on the ground in Gaza is immense and deserves far more attention than we are able to provide in this book. Apart from the invaluable clinical work that Gaza Community Mental Health Programme under leaders such as Eyad al-Sarraj, Ahmed Abu-Tawahina, and currently

Yasser Jamei have done, psycho-education, community-based intervention, and children programs like the immensely Juma'at Farah (Happy Friday) by Palestine Trauma Centre must be recognized. See for some discussion, Alex Delmar-Morgan, "Mental Help: The Story of Gaza's Trauma Unit," in *Open Democracy*, June 16, 2017; found at <https://www.opendemocracy.net/en/north-africa-west-asia/gaza-trauma-unit/>. In addition, anecdotally, we have come upon a number of clinicians with successful experiences and practice in art therapy in Jerusalem and the West Bank. For one discussion, see Rajiah Abusway, Rana Nashashibi, Remal Salah, and Reema Shweiki, "Expressive Arts Therapy: Healing the Traumatized: The Palestinian Experience," in *Art Therapy and Political Violence: With Art, Without Illusion*, eds. Debra Kalmanowitz and Bobby Lloyd (London: Routledge, Taylor and Francis Group, 2005), 79–96.

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- 87 For the psychology of "dismemberment" of space and community, see Shalhoub-Kevorkian, "Speaking Life, Speaking Death."
- 88 It bears repeating that when we speak of cultural and subjective erasure since 1948, we are being quite literal and speaking of a complex and sustained set of state policies for the elimination of the Palestinian people from their historical homeland. For another example, a number of studies evince that depopulation, disenfranchisement, and removal (i.e., erasure) have been an Israeli state policy since its inception in 1949. For some further examples, see Noga Kadman, *Erased from Space and Consciousness: Israel and the Depopulation of Palestinian Village of 1948* (Bloomington: Indiana University Press, 2015); Eyal Weizman and Fazal Sheikh, *The Conflict Shoreline: Colonization as Climate Change in the Negev Desert* (Göttingen: Steidl, 2015).
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- 90 Shalhoub-Kevorkian, "Living Death, Recovering Life," 16.
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- 98 Shalhoub-Kevorkian, "Living Death," 25.
- 99 This use of "grammar" is, of course, a play on Hortense Spillers' actual use of "grammar" in relation to the symbolic order of race and the language used to pathologize blackness and normativize racial hierarchies. See Hortense Spillers "Mama's Baby, Papa's Maybe: An American Grammar Book," *Diacritics*, vol. 17, no. 2 (Summer 1987): 64–81.