Journal of Critical Study of Communication and Disability

Anonymous. (2024). Trauma in Genocide. *Journal of Critical Study of Communication and Disability*, *2*(2), 64–70. https://doi.org/10.48516/jcscd_2024vol2iss2.55

Trauma in Genocide

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Article Information

Keywords: trauma, PTSD, collective healing, Palestine, genocide

https://doi.org/10.48516/jcscd_2024vol2iss2.55

Submitted: November 15, 2024 EST

Accepted: December 13, 2024 EST

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Abstract

Might our conceptualizations of trauma be hindering our capacity for collective healing? Currently, hegemonic mental health discourses and services rely heavily on the Post-Traumatic Stress Disorder (PTSD) conceptualization of trauma. While various scholars, activists, and clinicians have argued that this conceptualization is limited in its ability to capture (and consequently, to inform adequate interventions) for minoritized and chronically stressed, oppressed, or traumatized individuals and communities, the provision of services (through institutionalized insurance and healthcare systems, especially) remains largely rooted in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) criteria for PTSD. These criteria often position individuals either as pathologized victims of traumatic incidents or as fortunate/successful survivors of it. This position paper summarizes the need for a more nuanced conceptualization as argued by many decolonial scholars and activists. It highlights an important responsibility for health providers that is often ignored: We must go beyond doing no harm and treating individual symptoms, strive towards social change, and effectively contribute to anti-oppressive and justice-oriented politics. It situates this argument in the ongoing genocide against Palestinians to showcase the collective and cumulative sequelae of continuous subjugation and traumatization, including the adoption of resistance and heroism as adaptive survival tactics.

Conceptualizing health, well-being, and illness in any given society reflects that society's broader philosophies and value systems. In the West, for example, health and lack thereof are often understood in relation to one's ability to function independently but to contribute productively to the collective (Ciziceno, 2022; Lerner, 1973). In traditional African and Eastern cultures, conversely, interdependence and collective well-being are recognized as significant components impacting individual health (Davis, 2015). Relationships are central indicators and outcomes of well-being, and productivity is more flexibly defined in relation to health. Significantly, a widespread understanding of the impact of traumatic exposure in the West is rooted in the Post-Traumatic Stress Disorder (PTSD) model. The PTSD diagnosis was largely developed based on the experiences and symptoms of American combat veterans who participated in the war on Vietnam (Crocq & Crocq, 2022). Many scholars have argued that this model may, therefore, be insufficient for understanding the realities of the individuals and communities victimized by war (Silove et al., 2017). While a significant amount of research has tried to understand the experiences of those victimized by war through the PTSD lens (or tried to adapt the lens to specific cultural components), many decolonial and anti-oppressive scholars continue to take issue with this conceptualization, describing it as ill-suited for contexts of collective and continuous traumatization (Sheehi & Sheehi, 2022). In this position piece, I briefly summarize the need for a reconceptualization of trauma from an anti-oppressive and decolonial framework, centering the genocide inflicted upon Palestinians as a prime and timely example for this need.

How is Trauma Conceptualized?

The mental health care system in the United States relies primarily on the Diagnostic and Statistical Manual (DSM-5; American Psychiatric Association, 2013), a foundational text that provides standardized criteria for diagnosing psychiatric disorders and is an essential tool for clinicians, researchers, and policymakers (Clark et al., 2017). The DSM-5's conceptualization of mental illness, including trauma, reflects American values emphasizing precision, individualism, and the medicalization of human distress (Ciziceno, 2022; Lerner, 1973). The DSM-5 also relies heavily on observable and quantifiable symptoms, resulting in much skepticism and criticism about its utility in the global context as well as with oppressed communities within the United States. Comparatively, much of the rest of the world relies on the International Classification of Diseases (ICD-11; World Health Organization, 2019: a text developed by the World Health Orga-

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nization, offering a more global and multidisciplinary perspective on mental health disorders. Its primary purpose is to guide clinical diagnosis and public health monitoring worldwide, with an emphasis on accessibility for practitioners in diverse settings. It uses descriptive criteria and emphasizes cultural sensitivity.

Significantly, the two texts differ in their conceptualization of trauma, and this position paper primarily focuses on the DSM-5's conceptualization of trauma, namely within the PTSD framework. While the ICD-11's conceptualization of trauma is more cognizant of some of the issues named throughout this paper (i.e., prolonged exposures to multiple traumatic events, interpersonal manifestations, and more complex descriptive symptoms), both conceptualizations position pathology within oppressed individuals. Epistemic violence is rooted in the hegemony of Western ideals of health and well-being, enforcing power over who, where, and how "legitimate" knowledge is produced. It defines stress responses to oppression as pathology and holds the oppressed responsible for their own suffering, completely dismissing the role of the systems that inflict it. It is also manifested through the scarcity of effective and sensitive tools offered to clinicians to address human rights violations against entire communities (Banks et al., 2013; The Love Toward Liberation Collective, 2023; Widdows, 2007). Additionally, this position paper emphasizes the need for a more expansive conceptualization of trauma where clinicians and mental health professionals worldwide are empowered to drive/influence/shape policy and system-level changes that address and alleviate human suffering.

Post Traumatic Stress Disorder Diagnosis (PTSD): A Limited Conceptualization of Trauma

Theorists and scholars have grappled with these limitations of PTSD in a range of minoritized communities facing continuous and cumulative traumatization. Racial Trauma Theory has been presented as an alternative conceptualization to capture the cumulative and intergenerational effects of racism, discrimination, and systemic oppression experienced by individuals from racial and ethnic minoritized groups over their lifetime (Cénat, 2023). Racial trauma can result from "threats of harm and injury, humiliating and shaming events, and witnessing harm to other [people of color and indigenous individuals] due to real or perceived racism" (Comas-Díaz et al., 2019, p. 1). It is a form of race-based stress and its impact on people from minoritized ethnic and racial identities. Racial trauma can occur in both individual and collective contexts, can affect individuals across the lifespan, and can be experienced by people of all racial and ethnic backgrounds, although its effects may be more visible among people of color who experience more frequent and severe racism and discrimination (Cénat, 2023; Comas-Díaz et al., 2019). It is understood to be exacerbated by the systemic and historical context of racism, including ongoing oppression, discrimination, and marginalization. Racial trauma can lead to anxiety, depression, PTSD, and other mental health disorders. It can lead to presenting symptoms of PTSD, such as re-experiencing the traumatic event, avoidance of triggers, negative mood and cognition, and hyperarousal. However, traditional definitions of PTSD may not fully capture the experience of racial trauma, which may involve ongoing or chronic exposure to racism and discrimination, as well as historical and intergenerational factors, such as the legacy of slavery, colonization, and other forms of systemic oppression. Instead, only one traumatic event, which results in death or near death, is required to qualify as PTSD. Nonetheless, pervasive manifestations of racism can be traumatizing without being associated with death or near-death experiences (Cenat 2022; Comas-Díaz et al., 2019). Further, the cultural and social contexts of racial trauma may impact how individuals experience and express symptoms of PTSD (Comas-Díaz et al., 2019). For example, individuals from collectivistic cultures may be more likely to express symptoms of PTSD through physical complaints rather than through traditional psychological symptoms. Also, individuals from marginalized or stigmatized groups may be less likely to seek help for mental health issues due to stigma or lack of access to care. Systemic and historical contexts of racism and discrimination lead to symptoms such as re-experiencing traumatic events, avoidance of triggers, negative mood and cognition, and hyperarousal. The traditional definition of PTSD as a discrete traumatic event does not fully capture the impacts of chronic exposure to discrimination, nor does its criteria consider historical, intergenerational factors such as the legacy of slavery and colonization (Cénat, 2023; Comas-Díaz et al., 2019).

The Specific Case in Palestine

For the past 75 years, Palestinians have suffered from land confiscations, home demolitions, restrictions on movement, military raids, illegal arrests, injury, humiliation, and death under Israeli military and apartheid occupation (Amnesty International, 2022). Political violence is the main contributor to poor mental health among Palestinians (Khamis, 2000; Sarraj & Qouta, 2004; Yudkin et al., 2022). The World Health Organization conceptualizes political violence as the intentional use of force and power to harm or intimidate individuals and communities. They consider it to be a form of collective violence and to include forced deprivation and denial of human rights and basic needs, as well as psychological warfare (World Health Organization, 2002). Over the years, the aggression of the Israeli occupation has resulted in a long and ongoing reality of displacement, loss of homes, land, resources, and loved ones. Many Palestinians have suffered from multiple displacements since 1948, and the traumas they experienced since have had a profound psychological and physical impact on their children and grandchildren. For many, the trauma of displacement and loss of land and homes has become a defining feature of their identity and now shapes their worldview and relationships with others (Amnesty International, 2022; Sarraj & Qouta, 2004; Yudkin et al., 2022). The experi-

ences of trauma and loss are passed down through families and communities, often communicated through stories, songs, and cultural practices. Palestinians share a collective memory of trauma that is deeply embedded in their society.

The current genocide in Palestine exposes a new extremity of the various crimes against humanity and against international law that the state of Israel has been committing for almost a decade (Amnesty International, 2022, 2024). Amnesty International called for an immediate ceasefire in Historic Palestine, denouncing the double standards of the international community (Amnesty International, 2024, pp. 60–61). The Gaza Community Mental Health Programme (GCMHP) situates the ongoing genocide in Gaza within the longstanding conditions that have impaired the physical and mental well-being of Gaza's population for many years (GCMHP, 2024). Significantly, accusations of Israeli aggression have come prior to the extreme escalations of 2023 by scholars and activists alike. In fact, Nijim (2020) argued that a silent genocide has been taking place in Gaza, and Palestine at large, continuing the Nakbah of 1948 and the ensuant flight of the Palestinian people. Nijim argues that Israel had begun a genocide "by attrition" (p. 115) against Gazans since its siege in 2006 by creating dire humanitarian conditions because Israel controls Gaza's resources, economy, and human rights. Abdulhadi (2019) discusses other evidence of normalized incitement of genocide and sexual violence against Palestinians within Israeli society. For example, the author describes how, during and after the war on Gaza in 2014, public rallies were held to celebrate the death of Palestinians, including celebrating Gaza having become a cemetery. Further, Abdulhadi also presents a powerful analysis of how such discourses in Israel promote a false feminism, which not only ignores the state's perpetual violation and erasure of Palestinian femininity, but also reproduces the racist stereotype that Palestinian men are terrorists, savages, and misogynistic. As such, political violence inflicted upon Palestinians, in both direct and indirect ways, has become normalized and justifiable to mainstream media. Consequently, political violence, embodied in a lack of reliable access to resources and rights, a lack of economic opportunities, and a constant threat of and exposure to physical violence and terror, contributes to high levels of mental ailments in this population (Marie et al., 2016; Yudkin et al., 2022). The traumatic impact of Israeli political violence is thus systemic, collective, and compounding.

In a literature review of scientific research on anxiety disorders and PTSD in Palestine, Marie et al. (2020) conclude that these disorders are the most common mental ailments in this population. In this study, the authors report on studies between 1998 and 2019. They indicate a very wide range of prevalence of PTSD and anxiety disorders, with multiple studies finding concerningly high rates of these disorders (as high as 94.9% in one study), particularly among Palestinian youth who have been victims of or witnesses to political violence. Marie et al. (2020) situate their review in the assertion that "[l]ack of feeling safe is the main cause of mental disorders, such as anxiety, phobias, depression, and PTSD" (p. 4). Significantly, this lack of safety is complicating and causing disorganization in Palestinian family dynamics, wherein parents feel helpless and trapped in an inability to protect their children from experiencing and witnessing traumatic events (Sarraj & Qouta, 2004).

This wide range of prevalence raises the question of fit of these diagnoses for the context: If there is low reliability across studies in establishing a sense of how prevalent these disorders are, it might be necessary to conceptualize and measure the impact of trauma differently within this context. While acknowledging that members of the Palestinian community exhibit increased rates of PTSD, many scholars and clinicians note that this Western conceptualization and diagnosis through the DSM-5 are imposed on the Palestinian context. They also argue that while Palestinians have adopted this trauma discourse to draw international attention, it has done little to heal the ongoing sociopolitical collective suffering (Giacaman et al., 2011). These scholars question the utility and applicability of Western conceptualizations in the unique Palestinian context, particularly as Palestinians continue to experience violence and traumatization (Goldhill, 2019; Jabr, 2019; Yudkin et al., 2022). They propose that Western diagnostic tools and conceptualizations risk underdiagnosing, over-diagnosing, and misdiagnosing this population (Yudkin et al., 2022). They follow the tradition of scholars and activists who have argued that a universal Western conceptualization of psychiatric disorders will likely be insufficient at capturing the lived experience of many communities, particularly communities of color, communities in the global south, and communities that are minoritized by white supremacist and Western colonial hegemonies.

The current PTSD conceptualization is critiqued for its focus on individualistic consequences of a discrete traumatic, life-threatening event in contrast to/as opposed to ongoing traumatic events experienced collectively and continuously in Palestine (Cénat, 2023; Comas-Díaz et al., 2019; Yudkin et al., 2022). This argument is largely based on the recognition that traumas inflicted on the majority of the non-Western world (often as a result of Western imperialism) are collective, historical, cumulative, and dynamic. Meanwhile, the conceptualization of PTSD as it currently stands does not capture nor reflect the suffering experienced by individuals and communities continuing to experience the trauma, where there is no "post" yet. Instead, it focuses on individualistic consequences of a discrete traumatic event that is life-threatening (Cénat, 2023; Comas-Díaz et al., 2019; Yudkin et al., 2022). The argument for PTSD's limitations is also rooted in the assertion that different cultures have different ways of expressing emotions and communicating their experiences, which may influence how PTSD symptoms are experienced and expressed (Gilmoor et al., 2019). Further, cultural beliefs about the self and identity may also influence how individuals experience, understand, and communicate their traumatic experiences (Gilmoor et al.,

2019). For example, in some non-Western cultures, individuals may not directly express their emotions but instead use non-verbal cues or somatic symptoms such as headaches and backaches to communicate their distress (Gilmoor et al., 2019). For instance, Punamäki et al. (2010) found that the somatic symptoms (such as weight loss, hypertension, pains, and aches) were associated with Palestinian political prisoners' experiences of psychological torture. They note that this somatic presentation of distress might result from the conditions in prison that prevent emotional expression and force their suppression. This outcome is expanded by the findings of Marie et al. (2020) that Palestinians of different age groups might exhibit somatic symptoms, from generalized pain and weakness to loss of appetite and even disordered eating because of their distress. These symptoms might go unnoticed and untreated if clinicians were to only consider PTSD criteria for diagnosing distress in ongoing traumatic conditions, particularly as it tends to focus on cognitive and psychological rather than somatic symptoms (van der Kolk et al., 1996). Further, literature also suggests that the currently defined symptoms for diagnosing PTSD might not show up until months or even years after the end of the traumatic event, a phenomenon referred to as "delayed onset" of PTSD (Resnick et al., 1993; van der Kolk et al., 1996). This poses questions regarding the presentation of traumatic impact on individuals experiencing continuous traumatization, and highlights the need for reconceptualizing this impact if it's not a time-bound event: How might pervasive and continuous exposure to trauma shape identities, even cultures, beyond observable and discrete symptoms?

Significantly, the current conceptualization of the impact of traumatic events in the field places pathology within individuals instead of the toxic environments and conditions in which they exist. It places the problem, and thus the burden of its solution, within the individual who is consistently trying to survive an abnormal and unsustainable environment. As Yudkin et al. (2022) have argued, while symptoms of distress and suffering certainly impact individuals and their daily lives, focusing solely on these symptoms and pathologizing individuals for their responses, ordinary or not, to unordinary and unbearable circumstances is not only a limitation of the individualized Western approach to mental health but an active barrier for individual and collective healing and social change. Instead, mental health should be conceptualized and understood within the historical, cultural, and sociopolitical contexts of those communities in need of prevention and intervention efforts (Yudkin et al., 2022). Within such a perspective, researchers and clinicians will practice in ways that recognize war and political violence as factors causing a destruction in the fabric of society and a loss in identity and history (Summerfield, 2001).

In this spirit, Palestinian clinicians have argued that the presentation of traumatization in Palestine often may not be accurately captured by the PTSD diagnosis in the DSM-5. Instead, the head of Palestinian Mental Health Services, Dr. Samah Jabr, says (as quoted by Goldhill, 2019), says "The effect is more profound. It changes the personality, it changes the belief system, and it doesn't look like PTSD" (para. 5). Further, Dr. Jabr has also publicly and repeatedly argued that the current and Western conceptualization of trauma does not accommodate the most common experiences of distress for Palestinian clients, including "humiliation, objectification, forced helplessness, and daily exposure to toxic stress" (Jabr, 2019, para. 6). Further, in interviews with Palestinians, Barber et al. (2016) found that Palestinians' framing of their suffering did not fit within common inquiries about symptomatology of depression or trauma-related stress. Instead, participants spoke of "a more existential form of social suffering," and their "expressions included one's self, spirit or future being broken or destroyed" because of the conditions they're living in (Barber et al., 2016, pp. 10–11).

Furthermore, Meari (2015) criticized the paradigms by which the hegemonic trauma discourses in psychiatry view Palestinians as victims in need of saving as opposed to active agents in defiance of their oppression. Meari further argues that these hegemonic discourses inherently depoliticize trauma, reductively centering individual-level psychopathology as the place for psychologists and psychiatrists to intervene, rescuing the victims of oppression. Meari challenges these discourses, asserting that we should instead use the praxis of *Sumud* to understand Palestinian resistance. *Sumud* describes the way Palestinians individually and collectively survive the chronic suffering imposed upon them by Israeli occupation through resistance and steadfastness (Marie et al., 2020). Meari (2015) defines it as a praxis of understanding Palestinian individual and collective struggle, wherein Palestinians are both victims and resilient heroes. For example, Meari expounds how, from a *Sumud* lens, providers must understand that the meaning that Palestinian political prisoners make of the pain and torture they experience while detained in Israeli prisons can transform the way they conceive of and feel about their detention and torture experiences. *Sumud* is not merely a passive approach to survival but a disruption of the imposed colonial approaches to healing. It recenters Palestinians as agents of meaning-making through severe trauma. Relatedly, Helbich and Jabr (2022) argue against omitting the political context when conceptualizing Palestinian mental health, and towards a human rights approach wherein Palestinians are not pathologized but seen as individuals with rights who experience (and resist against) collective victimization. The authors posit that Palestinians' right to health is itself endangered by Israeli violence, and they argue for the need for mental health professionals to include a political lens in their analysis and conceptualization of treatment. Political violence rejects the neutrality endorsed by mainstream professional psychological discourses as necessary for treatment, and they caution that ignoring this analysis can lead to neglect or malpractice.

Additionally, Sheehi and Sheehi (2022) explain that when taking an intersectional view of Palestinian lived ex-

periences, it becomes evident that the impact of Israeli occupation on the Palestinian psyche is a deliberate and intentional one. They argue that the psychological sequelae of oppression are neither accidental nor secondary outcomes of its perhaps more tangible, physical manifestations but calculated extensions of it. These scholars and others understand Israeli violence, in its various forms, as a systemic effort to destroy the Palestinian identity, spirit, and resistance as they directly threaten its colonial mission (Helbich & Jabr, 2022; Meari, 2015; Sheehi & Sheehi, 2022; Shehadeh, 2015). Shehadeh (2015) agrees, labeling the trauma endured by Palestinians in Gaza as a consequence of the 50-day war in 2014 as "engineered". He insists that these psychological sequelae are intentional, denouncing them as the "most disturbing and ominous aspect of this war because it reveals a deliberate and systematic effort at engineering mass torture and trauma against an entire civilian population" (Shehadeh, 2015, pp. 279–280). Such an understanding becomes critically necessary when looking at the experience of Palestinian fathers, whose masculinity and fatherhood are repeatedly and intentionally disrupted by Israeli violence.

Summary

It is thus critical, as much of the previous literature encourages, that scholars and clinicians develop a more comprehensive and systemic understanding of the complex ways ongoing traumas shape the lived experiences of individuals and communities (Cénat, 2023; Comas-Díaz et al., 2019; Summerfield, 2012; Yudkin et al., 2022). Such an understanding would move away from pathologizing individuals to capturing "the collective dimensions of both suffering and resilience, not otherwise tapped within a paradigm of mental illness" (Giacaman et al., 2011, p. 554). It would also entail the paradigmatic shift proposed by Kira et al. (2019), to expand the current conceptualization of what constitutes a traumatizing experience "to include [cumulative stress and trauma], betrayal traumas, and especially the collective identity traumas of oppression and discrimination" (p. 2675). Further, it might help answer the fundamental question that Yudkin et al. (2022) note remains unanswered: whether the hegemonic medicalized Western models and lexicons can sufficiently capture the transgenerational impacts of trauma.

This need for a reconceptualization of trauma is umbrellaed within the need to abolish systems of oppression and dehumanization. It is a step in the broader pursuit of social justice and liberation. As such, our conceptualizations of the impact of oppression must consider individual and collective efforts to not only survive and resist systemic attempts at annihilation but innovative efforts to thrive despite them. Mental health providers' frameworks must go beyond treating individuals' immediate symptoms to treating the social problems that create and perpetuate them. Our responsibility to humankind must expand to nurture a collective sense of social responsibility and dedication to liberation.

Conflict of Interest Statement

The author declares that there is no conflict of interest related to the content of this article.

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